

Health Alert: Measles Case and Exposure in Sacramento County May 10, 2024

Situational Update

Sacramento County Public Health (SCPH) confirms one case of measles in a child that visited the UC Davis Medical Center (UCDMC) Emergency Department (ED) on May 6th and May 7th. In collaboration with UCDMC and the California Department of Public Health, SCPH is following up with possible exposures.

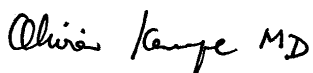
Actions Requested of Healthcare Systems and Clinicians

1. **Identify and immediately isolate** patients with known or suspected measles. Persons with signs or symptoms of measles should be isolated in a single-person exam room or airborne precaution isolation room, if available, as soon as possible. Ensure patient remains masked.
2. **Evaluate** persons for measles symptoms, exposure history, and vaccination status. If possible, implement screening when scheduling appointments by phone.
 - a. Symptoms: mild to moderate fever accompanied by cough, coryza (runny nose), and conjunctivitis (red, watery eyes). Some cases report diarrhea, nausea, and vomiting. A red, blotchy rash appears two to three days later, usually first on the face. This rash rapidly spreads down to the chest, back, thighs and feet. The rash fades after about a week.
 - b. Exposure: Unvaccinated persons or those with unknown vaccination status who were in the UCDMC ED on May 6 between 10:00 pm and 3:15 am the next morning or on May 7 between 11:00 am and 6:45 pm are at risk of developing measles from 7 to 21 days after being exposed.
 - c. Provide immune globulin (IG) as post exposure prophylaxis (PEP) for high risk individuals (e.g., pregnant or immunocompromised).¹
 - d. Vaccination: Review immunization records. Individuals with no history of measles infection or immunization should receive measles, mumps, and rubella (MMR) immunization.
3. **Report** any suspect cases immediately by phone to SCPH at (916) 875-5881.
4. **Collect** samples using one of the methods below. Refrigerate specimens (2-8°C) until transport to lab. Specimens must be transported within 48 hours and may be frozen if delay beyond 72 hours expected.
 - a. Respiratory samples: throat, nasal, or nasopharyngeal, collected no later than 7 days from symptom onset. Use Dacron tipped swabs with a non-wooden shaft. Place specimen in viral transport media (VTM).
 - b. Urine samples: use sterile collection cup and collect within 10 days of symptom onset. Centrifuge samples at 2500 x g for 15 minutes at 2-8°C. Discard supernatant, resuspend cell sediment in 2-3mL of VTM, and withdraw 140µl sample from resuspended VTM for testing. Store at 2-8°C until extracted (store at -20°C if extraction is not performed within 72 hours of collection).
5. **Adhere** to Standard and Airborne Precautions for patients with known or suspected measles.^{2,3}

Resources:

1. Immune Globulin for Measles Postexposure Prophylaxis (CDPH):
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/Measles-IGPEPQuicksheet.pdf>
2. Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings (CDC):
<https://www.cdc.gov/infectioncontrol/guidelines/measles/index.html>
3. Precautions to Prevent Transmission of Infectious Agents (CDC):
<https://www.cdc.gov/infectioncontrol/guidelines/isolation/precautions.html>
4. Measles Quicksheet (CDPH):
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/Measles-Quicksheet.pdf>

Sincerely,



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