



## County of Sacramento

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### MEASLES HEALTH ADVISORY

May 24, 2019

#### Situational Update

As of May 24, 2019, no additional cases of measles have been identified in Sacramento County beyond the three family members identified in April with a history of international travel. Since Sacramento County Public Health Laboratory (SCPHL) began offering reverse transcription polymerase reaction (RT-PCR) for measles testing, 47 specimens have been tested. Besides those from the confirmed cases, none have tested positive except for five related to recent vaccination. Please see below (and attached) guidance from the California Department of Public Health (CDPH) and Centers for Disease Control and Prevention (CDC).

#### Guidance from CDPH – [Measles Clinical Guidance](#):

1. While providers should consider measles in patients with fever and a descending rash, measles is unlikely:
  - In the absence of **ongoing** measles outbreaks in your community or
  - History of travel or exposure to travelersConsider alternative diagnoses for patients with fever and rash as provided by the guidance.
2. If a recently vaccinated patient has fever and rash but no epidemiologic risk factors for measles within the 21 days before rash onset, wild measles infection is extremely unlikely and testing is usually unnecessary. Epidemiologic risk factors include:
  - Known contact with a measles case
  - Contact with an international traveler
  - Travel outside of the U.S., Canada, or Mexico
  - Domestic travel through an international airport
  - Lives in or visited a community in the U.S. with recently confirmed measles cases

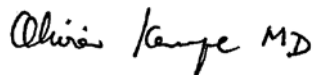
Specialized testing can be done at the State lab if such patient does have an epidemiologic risk factor. Testing should be coordinated with Sacramento County Public Health (SCPH) by calling (916) 875-5881.

**Guidance from CDC - [Letter to Providers on Adult Measles Vaccination \(5/17/19\)](#):**

1. Providers do not need to actively screen adult patients for measles immunity. This is because of high population immunity and low risk of disease among adults in non-outbreak areas in the U.S.
2. Providers should make sure patients have measles protection before international travel. U.S. residents traveling internationally are at high risk for acquiring measles abroad. They can also transmit measles to susceptible persons, such as infants, when they return home.
3. If a patient is traveling internationally and measles immunity is unknown, providers should vaccinate, unless there are contraindications. Serologic testing for measles immunity is not recommended.
4. During outbreaks, providers should consult with local health departments for the most up-to-date recommendations for their community. This may include additional disease of the measles mumps and rubella (MMR) vaccine for your patients.

For more information about measles, visit the Center for Disease Control and Prevention's website at <https://www.cdc.gov/measles/hcp/index.html>, CDPH's website at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/measles.aspx>, and SCPH's website at <http://www.dhs.saccounty.net/PUB/Pages/Communicable-Disease-Control/GI-Measles.aspx> or call SCPH at (916) 875-5881.

Sincerely,



Olivia Kasirye, MD, MS  
Public Health Officer