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TO:  Vaccines for Children (VFC) Providers

FROM:  Maria E. Volk, MPA, Acting Chief Center for Infectious Diseases
        Division of Communicable Disease Control, Immunization Branch

SUBJECT:  Current Measles Outbreak--Resources for your Practice and Patients

A measles outbreak originating in one of the state’s amusement parks December 2014, has now spread to over 102 people throughout California and 14 other states. On January 23, 2015, CDC issued a Health Advisory to notify public health departments and healthcare facilities about this multi-state outbreak and to provide guidance for healthcare providers nationwide.

Public health staff at state and local health department levels continue to collaborate on statewide outbreak control and response efforts. We are grateful for your continued efforts as a VFC Program participant in ensuring California’s children are protected against all vaccine-preventable diseases, including measles.

Measles is a highly contagious viral disease that can lead to otitis, pneumonia, encephalitis, and (rarely) permanent disability or death. A patient with measles is highly contagious and could quickly infect your waiting and examination rooms.

Please refer to the following information and resources to keep your patients safe, make sure your staff isolates patients who might have measles, and help stop measles spread.

Ensure Children and Adults are Fully Vaccinated

• Administer MMR on schedule to children. Catch-up vulnerable adults; MMR recommendations are based on age and risk.
• Ensure that you have an adequate supply of MMR vaccine, including VFC-supplied MMR for VFC-eligible patients and privately-purchased MMR (if clinic also serves non-VFC eligible patients).
• Educate parents about the dangers of measles and the benefits of timely MMR vaccinations.
• Ensure that your staff have documentation of immunity to measles (two doses of MMR or measles IgG positivity), mumps, rubella, and varicella. Also check for a Tdap vaccine and an annual flu shot.
Recognize Measles

- Fever spikes, often as high as 104º to 105º F.
- Remember the 3 C’s: Cough, Coryza, Conjunctivitis.
- Koplik’s spots (tiny blue/white spots on the bright red background of the buccal mucosa) may be detected earlier in illness.
- Descending rash that starts on face/head. If there’s no rash on face/head/neck or if rash starts on trunk, then measles is unlikely.

Suspect Measles in patients with fever, rash, and who have been in the last 3 weeks

- In contact with a person with measles or febrile rash illness
- In locations or communities with cases of measles
- Outside of the U.S. or in contact with international visitors
- Visited sites popular with international visitors (tourist attractions, airports, etc.)

If You Suspect Measles

- Immediately use airborne infection control precautions; mask and isolate the patient in a negative pressure room, if available.
- Permit only staff immune to measles to be near patient.
  - Staff should use N95 respirators, if available.
- Notify your local health department immediately.
- Expedite measles PCR testing at a public health lab.
- Protect others: Ensure airborne infection control precautions during transport and at receiving facilities.
- Do not use exam room for at least 1 hour after suspect case has left.

Resources

- Patient informing materials
  - Measles: Make Sure Your Child is Fully Immunized
  - MMR vaccine recommendations for all ages from the CDC
  - Measles: Questions and Answers about the disease and vaccines
  - Vaccination Information Statement (VIS), Measles, Mumps & Rubella (MMR) vaccine

- For the latest guidance
  - Measles investigation quicksheet
  - Infection control recommendations for suspect measles patients
  - Immune globulin (IG) for the prophylaxis of measles

- Coming soon on EZIZ.org
  - “Alert: Measles is very contagious and is spreading in our community.” This poster may be posted in your waiting rooms to assist patients in recognizing measles symptoms and to encourage vaccination.
  - “Put Measles on the Spot/Measles Alert” flyer with symptoms and infection control.