

MEASLES (Rubeola) – 3.2025 Update for BCH Oakland

Measles is an acute viral respiratory illness, characterized by a prodrome of fever (as high as 105°F) and malaise, cough, coryza, and conjunctivitis (the three “C” s), a pathognomonic enanthema (Koplik spots) followed by a maculopapular rash.



Photo credit: CDC website (<https://www.cdc.gov/measles/hcp/index.html>)

Suspect measles in patients:

1. With fever, rash, and any of the “3 Cs” – cough, coryza, or conjunctivitis:
 - a. Rash usually appears about 14 days after a person is exposed, and it spreads from the head to the trunk to the lower extremities
 - b. Patients are considered contagious from 4 days before to 4 days after the rash appears (however, viral shedding can be prolonged in immunocompromised patients)
2. Patients who have no evidence of immunity against measles (vaccines are highly effective in the US and natural disease provides life-long immunity). Acceptable evidence of immunity includes **at least** one of the following:
 - a. Written documentation of adequate vaccinations: 2 doses of measles virus-containing vaccine (the first dose administered at age ≥ 12 months; the second dose no earlier than 28 days after the first dose); OR
 - b. Laboratory evidence of immunity (measles IgG); OR
 - c. Laboratory confirmation of disease; OR
 - d. Birth before 1957
3. Patients with travel history in the last 21 days (any of these):
 - a. Travel outside of North America; OR
 - b. Transit through U.S. international airports; OR
 - c. Interaction with international visitors (including at U.S. tourist attractions); OR
 - d. Known exposure to someone with confirmed measles infection

Prevent spread if measles is suspected:

1. **Mask the patient and accompanying family members immediately.** If an infant or young child cannot wear a surgical mask, use another practical means of source containment during escort to an isolation room, such as placing a blanket loosely over the head (to not restrict breathing).
2. **Bypass the waiting room if possible:** keep patients out of the waiting area or other common areas.
3. **Order Airborne Isolation and immediately place patient in the negative pressure room (room 5 in main ER or room 24 in the ED annex).** If no negative pressure room is available, place patient and family members in a private room with the door closed and instruct all to remain masked at all times.

4. All healthcare personnel entering the patient room, regardless of immune status, should use respiratory protection at least as effective as an N95 respirator per Cal/OSHA requirements.
5. **Please discuss questions about every suspected case with ID on-call provider**
6. **See Alameda County Measles Situation (updated March 21, 2024)** <https://acphd.org/measles/for-clinicians/>

Required notifications

1. **ED provider must call ID on-call physician:** Each case suspected of measles should be discussed in detail with ID providers first, before ordering any specimen for evaluation for measles.
2. **After discussion with ID on-call physician, ED provider then will need to call public health department, to get APPROVAL, before collecting samples for measles testing, while the patient is still in your office or ED.**
 - a. Please contact Alameda County Public Health Department, Acute Communicable Disease Section by phone at (510) 267-3250; or after hours call (925) 422-7595 and ask for the Public Health On-call Duty Officer
3. **ED provider must also notify Infection Control Team at UCSF Benioff Oakland by sending an email to** SuJin.Joo@ucsf.edu Ann.Petru@ucsf.edu Amanda.Lucas@ucsf.edu Katherine.Eng@ucsf.edu (so that Infection Control Team can provide further notifications as needed, based on confirmation of the test results and track tests and results).

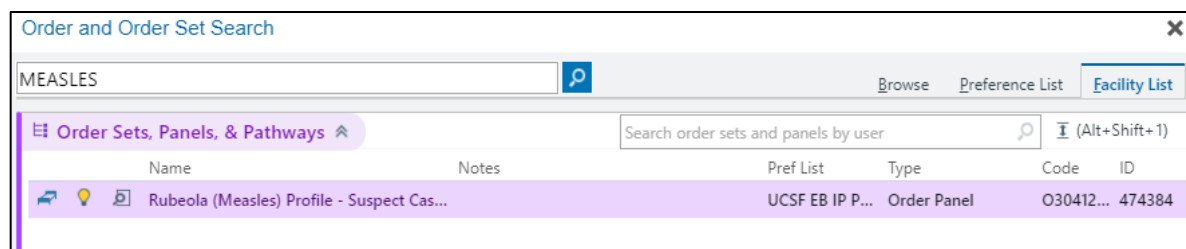
Please be advised that Measles is an immediately reportable condition per Title 17 Section 2500 of the California Code of Regulations. A suspect case of Measles must be immediately reported by telephone to the local health jurisdiction. Delays in reporting can result in delayed diagnosis and on-going transmission. In addition, healthcare providers may be subjected to citations and fines.

Lab studies: can be ordered only after obtaining approval from Alameda County Public Health Department (in discussion with ID on-call physician).

DO NOT ORDER THESE WITHOUT APPROVAL PROCESS (See above, for Required notifications).

1. PCR tests: 1) urine *and* 2) nasopharynx *and* 3) oropharynx/throat
2. Serology (measles IgM and IgG): sensitivity of IgM varies by timing of specimen collection, immunization status and the assay method (up to 20% may have a false negative result within 72 hours of rash onset)

These tests can be also found in the order set in Apex as below:



Name	Notes	Pref List	Type	Code	ID
Rubeola (Measles) Profile - Suspect Cas...		UCSF EB IP P...	Order Panel	O30412...	474384

Disposition:

1. **If admitted:** Stay in airborne isolation until 4 days after the onset of rash
2. **If planning to discharge:** Instruct to remain in isolation at home for at least 4 days after the onset of rash, or clearance from ACPHD (with confirmed testing results)

If you have any questions, please reach out to the Infection Prevention & Control Team.

SuJin.Joo@ucsf.edu Ann.Petru@ucsf.edu Amanda.Lucas@ucsf.edu Katherine.Eng@ucsf.edu