



# County of Santa Cruz



## HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1080 Emeline Ave., SANTA CRUZ, CA 95061-0962

TELEPHONE: (831) 454-4000 FAX: (831) 454-4488 TDD: Call 711

## PUBLIC HEALTH ALERT

<b>To:</b>	<b>Santa Cruz County Healthcare Providers</b>
<b>From:</b>	<b>Lisa B. Hernandez, MD, MPH, County Health Officer</b>
<b>Subject:</b>	<b>Measles Exposure in Santa Cruz County</b>
<b>Date:</b>	<b>July 8, 2024</b>

### Situational Update:

Santa Cruz County Public Health was notified of an individual with confirmed Measles who traveled to Santa Cruz County on July 1, 2024. The individual dined at Taqueria Los Pericos, located at 139 Water Street in Santa Cruz. Unvaccinated persons or those with unknown vaccination status who were at Taqueria Los Pericos during 6 p.m. to 10 p.m. on July 1, 2024 are at especially risk of developing measles from 7 to 21 days after being exposed. In collaboration with the California Department of Public Health, Santa Cruz County Public Health is following up with possible exposures.

Measles is a highly contagious viral illness and can cause severe health complications, including pneumonia, encephalitis (inflammation of the brain), and death, especially in unvaccinated persons. Measles typically begins with a prodrome of fever, cough, coryza (runny nose), and conjunctivitis (pink eye), lasting 2 to 4 days before rash onset. The incubation period for measles from exposure to fever is usually about 10 days (range 7 to 12 days), while rash onset is typically visible around 14 days (range 7 to 21 days) after initial exposure. The virus is transmitted through direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs, or sneezes, and can remain infectious in the air and on surfaces for up to 2 hours after an infected person leaves an area. Individuals infected with measles are contagious from 4 days before the rash starts through 4 days afterward

### ACTIONS REQUESTED OF HEALTHCARE PROVIDERS

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 at Taqueria Los Pericos, 139 Water St., Santa Cruz on July 1, 2024, between 6 p.m. and 10 p.m. are at risk of developing measles from 7 to 21 days after being exposed.
  - c. 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 the Santa Cruz County Communicable Disease Unit at (831) 454-4838.
4. **Collect samples** using one of the methods below. Refrigerate specimens (4°C) until transport to lab. For storage longer than 24 hours, process serum and urine. Ship all specimens on cold pack within 24 to 72 hours.
  - 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 2 weeks of rash onset. Collect from the first part of the urine stream. The first morning void is ideal. Process the urine: Centrifuge at 500-600 x g for 10 minutes at 4°C. Resuspend the pellet in 2-3 ml of viral transport medium. If processing is not possible, store and ship the sample at 2°- 8°C within 24 hours.
  - c. Serum IgM or IgG testing: Collect 7-10 ml of blood in a red top or serum separator tube. Capillary blood (finger or heel stick) can be used for pediatric patients, if necessary; at least 3-5 capillary tubes are needed at least 72 hours after rash onset. Serum collected before then may be falsely negative, but can be tested. If initial IgM testing is negative in an unvaccinated person and measles is strongly suspected, a second serum sample and specimens for PCR should be collected. IgG testing can be done on case contacts to determine prior exposure to the virus.
5. **Adhere** to Standard and Airborne Precautions for patients with known or suspected measles.<sup>2,3</sup>

#### ADDITIONAL 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>

**Health Alert:** conveys the highest level of importance; warrants immediate action or attention.

**Health Advisory:** provides important information for a specific incident or situation; may not require immediate action.

**Health Update:** provides updated information regarding an incident or situation; unlikely to require immediate action.