



County of Santa Cruz



HEALTH SERVICES AGENCY

Public Health Division

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PUBLIC HEALTH ADVISORY

To:	Santa Cruz County Healthcare Providers
From:	Lisa B. Hernandez, MD, MPH, County Health Officer
Subject:	Measles Cases on the Rise in the United States
Date:	April 24, 2025

Situational Update:

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. Currently, there are a number of active large [measles outbreaks occurring in the U.S.](#) Since January 2025, [California has had 9 confirmed measles cases](#), all linked to international travel. Measles typically begins with a prodrome of fever, cough, coryza, and conjunctivitis. Some cases also report diarrhea, nausea, and vomiting. A red, blotchy rash appears two to three days after the initial symptom onset, usually appearing first on the face. This rash rapidly spreads down to the chest, back, thighs, and feet, fading after approximately a week.

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. Particles can remain 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. Do not allow patients with suspected measles to remain in the waiting room or other common areas of the healthcare facility. Persons with signs or symptoms of measles should be assessed before entering the building and then isolated in a single-person exam room or airborne precaution isolation room, if available, as soon as possible. Ensure patient remains masked, especially when indoors.
2. **Evaluate** persons for measles symptoms, exposure history, and vaccination status. If possible, implement screening when scheduling appointments by phone.
 - a. Consider measles in patients of any age who have a fever ≥ 101 F, plus at least one of the 3 "Cs" (cough, coryza or conjunctivitis) and a descending rash that starts on the face. The rash typically follows the onset of illness within 4 days.
 - b. If the patient has fever + >1 "C" + rash + any epidemiological risk factor, measles should be considered regardless of measles vaccination history.
 - c. Collect additional information about exposure and vaccination history

- i. **Exposure:** Assess for travel to areas [within](#) or [outside the U.S.](#) where there are currently known cases of measles or contact with ill or potentially exposed persons traveling from such areas.
 - ii. **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 (CDU) at (831) 454-4838.
 - a. Arrange with CDU for permission to send laboratory specimens to Santa Clara County Public Health Lab (SCCPHL).
4. **Collect samples** for testing.
 - a. Preferred Testing Methods: Detection of viral RNA by reverse transcription polymerase chain reaction (RT-PCR). Urine and throat or nasopharyngeal (NP) swab are the preferred specimen types.
 - b. Acceptable Testing Methods: Serum measles IgM antibody positive; isolation of measles virus; or significant rise in serum measles IgG antibody between acute and convalescent titers. Note that false positive measles IgM results are common.
 - c. Fill out the [SCCPHL specimen submittal form](#) and include a separate form for each specimen submitted. (SCCPHL will remit the results report according to submitter's information as included on the form.)
5. Specimens approved for submittal by CDU may be dropped off at 2220 Moorpark Ave., 2nd floor, San Jose – Monday-Friday (excluding holidays), no later than 4PM.
6. **Adhere** to Standard and Airborne Precautions for patients with known or suspected measles.^{2,3}
7. **Instruct** patients with known or suspected measles to **isolate at home** until further notice. Provide work/school notes as requested.

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/infection-control/hcp/measles/?CDC_AAref_Val=https://www.cdc.gov/infectioncontrol/guidelines/measles/index.html
3. Precautions to Prevent Transmission of Infectious Agents (CDC): https://www.cdc.gov/infection-control/hcp/isolation-precautions/precautions.html?CDC_AAref_Val=https://www.cdc.gov/infectioncontrol/guidelines/isolation/precautions.html
4. Measles Clinical Guidance (CDPH): <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/Measles-ClinicalGuidance.pdf>
5. 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.

Think Measles

Immediately report all suspect measles cases

to the Communicable Disease Unit (CDU) at 831-454-4838



	Risk Assessment Questions	Yes	No	Comments
A	Fever: Measles is always accompanied by fever; even if reported as subjective			Onset date: Tmax: or Subjective fever? ** If fever disappeared before rash onset without antipyretics, measles is unlikely
B	Rash: Preceded by prodromal symptoms (see 3 Cs below)			Onset Date: ** Rash onset typically occurs 2-4 days after fever (>101°F) and one or more of the 3 C's (cough, coryza, conjunctivitis.) ** Rash is red, maculopapular, and may become confluent. Rash does not begin to disappear until at least day 3 and occurs in the order it presented.
	Did fever overlap rash?			
	Did rash start on head/face and spread down the body?			** Rash not typically itchy; but if itching occurs, it is usually not until after 4 days of rash. ** Examine mouth for tiny white spots (Koplick spots). ** For vaccinated patients, presentation may be atypical.
C	3 Cs of measles: Does patient have cough, coryza, or conjunctivitis?			
D	Unimmunized , or unknown immune status in those born in 1957 or later?			DOB: Vaccine Dates: #1 #2
E	Exposure to a known measles case?			Date: Location:
F	Travel outside of North America or to a U.S. community with measles cases or contact with international visitors in the 21 days before rash onset?			Travel references: Measles Cases and Outbreaks CDC Plan for Travel - Measles CDC
G	Recent MMR Vaccine , with no high-risk exposure as described in sections E and F above?			Date: ** Fever and rash can occur following MMR vaccination, typically 6-12 days after immunization, or longer. Reactions can be clinically identical to measles infection; however, these patients are not infectious.

Measles should be highly suspected if you answered YES to A, B **and** C, **PLUS** a YES in D **or** E **or** F regardless of MMR vaccination status. See [CDPH Measles Clinical Guidance](#) for additional information including alternate diagnoses to consider.

If measles is suspected, take **IMMEDIATE** action:

- Mask patient and healthcare providers and isolate the patient preferably in airborne infection isolation room (AIIR) **AND**
- Call Public Health CDU to report a suspected case and coordinate testing:
 - 831-454-4892 during normal business hours (8am-5pm, M-F)
 - 831- 471-1170 after hours – ask for Public Health Manager or Health Officer
- If indicated, collect diagnostic specimens in coordination with CDU:
 - Throat (preferred) or nasopharyngeal swab for PCR:** Use sterile synthetic respiratory swab (e.g. Dacron®). Place in sterile tube with liquid viral or universal transport media. Label and refrigerate promptly **AND**
 - Urine for PCR:** Collect 10-50 mL urine in sterile container. Label and refrigerate promptly **AND**
 - Serology** (measles IgM and IgG): Collect at least 3-5 mL blood in serum separator tube (yellow top). Label and refrigerate.



THINK IT MIGHT BE MEASLES?

If you have **ANY** of
these symptoms:

- ✓ Cough
- ✓ Runny Nose
- ✓ Red Eyes
- ✓ Fever
- ✓ Rash

PUT A MASK ON
and call to let staff
know you are
outside:
