



# Central California Pediatrics

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Specialty information for physicians who treat children and expectant mothers

## On the Lookout for Measles: When It May Not Be "Just" a Rash



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According to the American Academy of Pediatrics (AAP), "measles was once a common disease among preschool and school-aged children and almost an expected part of growing up."<sup>1</sup> Since the introduction of the measles vaccination in 1963, there has been a 99% decline in the number of measles cases in the United States. Since the measles vaccine has been available, it has virtually eradicated this childhood disease—and it is likely that many of us may have never encountered a case of measles in our practices.

From time to time, there is an outbreak, often untraceable, but thought to be the result of travelers or visitors from other countries exposing an individual here—and then the spread of the disease begins. The last widespread outbreak was in 2015 when nearly 150 people contracted the disease during a trip to Disneyland.

Today, there is a new outbreak underway with 54 confirmed cases (as of February 12, 2019) in Washington state, described as the 'epicenter' of the current outbreak and that number is expected to grow.

Measles present themselves with the classic triad: cough, coryza, and conjunctivitis. These symptoms are accompanied by fever and then followed in 3-4 days by the classic maculopapular rash that begins on the forehead and then spreads downward over the entire body, including the palms and soles.

As you see families for any reason during this time of year, we encourage you to talk with them about the vaccination status of their children. The AAP, the Centers for Disease Control and Prevention, and the American Academy of Family Physicians all recommend children receive the measles, mumps and rubella (MMR) vaccine at age 12-15 months, and again at 4-6 years. High immunization rates in a community will protect those who cannot be vaccinated, including infants under 12 months of age. These infants are at the highest risk of serious illness, hospitalization and death due to measles.<sup>2</sup>

For any family concerned about measles, triage over the phone is the first step as it is very contagious from the onset of fever and through about four days of the rash. Because it is so contagious, please do not send a patient with a concern for measles to another care setting (emergency department or urgent care) without notifying them first so appropriate precautions can be made to limit exposure in waiting areas. Local public health officials will be notified of measles cases so that they can better monitor and stop the spread across a community.

Additional information can be found at the CDC website:  
<https://www.cdc.gov/measles>

<sup>1</sup> AAP, [www.healthychildren.org](http://www.healthychildren.org)

<sup>2</sup> "AAP Urges Parents to Vaccinate Children to Protect Against Measles," 1/23/2015



## Children's Advocacy

### Tim Curley

Director, Community and Government Relations  
Valley Children's Healthcare

### Current Status of California's Vaccination Laws

California is one of the few states that has passed legislation eliminating the personal belief vaccine exemptions for children in both public and private schools. The legislation, which was authored by state Senator Richard Pan, a pediatrician, was signed into law in 2015 after a measles outbreak at Disneyland sickened nearly 150 people and spread across the U.S. and into Canada. The impact of the legislation on childhood vaccination rates has been measurable. In 2014, 70 percent of children throughout California lived in counties in which less than 95 percent of kindergarteners were fully vaccinated. By 2016, 97 percent of children lived in counties in which 95 percent or more of kindergarteners were fully vaccinated. The 95 percent vaccination rate is an important milestone for ensuring that a disease is not able to get a foothold should it appear in a community.

### State and Federal Activity

At the state and federal level, our attention continues to be focused on a number of priorities including preventing premature birth and infant and maternal mortality, maintaining and improving funding for physician training, and reducing the price of prescription drugs. As the budget and legislative picture becomes clearer at the state and federal level, we will have more to report regarding specific legislation and activities.

*For questions or more information on these and other issues, feel free to contact Tim Curley at 559-353-8610 or [TCurley@valleychildrens.org](mailto:TCurley@valleychildrens.org)*

## Medical Staff News

The following pediatric specialists recently joined Valley Children's:

### Pediatric Surgery

Candace Haddock, MD

### Plastic Surgery

Michael Galvez, MD

## CME Registration

We are pleased to announce a new and enhanced CME registration system. This new system will allow you to create a profile so you can save your information for an easier registration process. You will also be able to check into events you have attended, view presentations, complete evaluations online and print certificates on demand. The system will also allow you to generate a transcript of all the live and online events you have attended, in addition to loading outside credit information for non-Valley Children's events you have attended.

*Questions about registering? Contact us at [programs@valleychildrens.org](mailto:programs@valleychildrens.org) or 559-353-6621.*