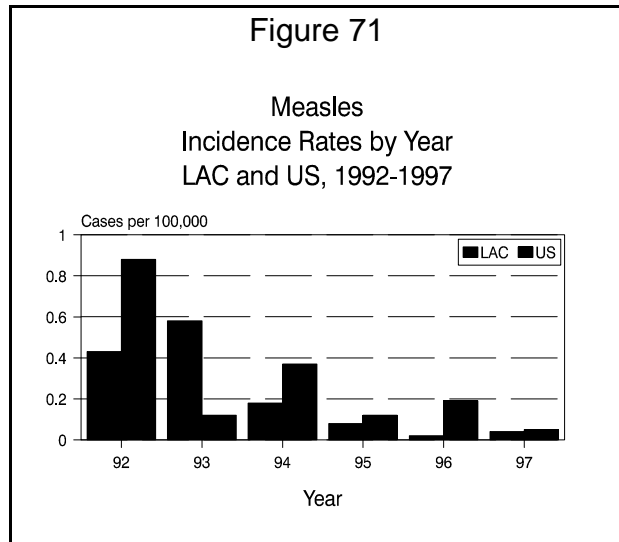


MEASLES

CRUDE DATA	
Number of Cases	4 (2 imported)
Annual Incidence ^a	
LA County	0.04
California	0.06
United States	0.05
Age at Onset	
Mean	10 yrs
Median	6 yrs
Range	10 mos-26 yrs
Case Fatality	
LA County	0.0%
United States	N/A



^aCases per 100,000 population.

ETIOLOGY

Measles virus, a paramyxovirus, genus *Morbillivirus*.

DISEASE ABSTRACT

Since the recent measles epidemic peak in 1990, when the incidence reached 50.5 cases per 100,000, measles incidence in LAC has been on the rapid decline. In 1997, there were four cases of measles compared with two cases in 1996 (Figure 71). Imported cases are beginning to make up a significant proportion of the cases in LAC and the US.

STRATIFIED DATA

In 1997, four cases of confirmed measles were reported (Table 7).

Table 7. Confirmed Measles Case Profiles, 1997

Case	Age	Race/Sex	Rash Onset	# of MMR Doses	IgM	Imported	Hosp.	Birthplace
Case 1	2.5 yrs	Hisp./M	03/97	1 (15 mos)	+	no	yes	USA
Case 2	9 yrs	Asian/F	04/97	unknown	+	yes	yes	Philippines
Case 3	26 yrs	Hisp./M	07/97	unknown	+	yes	yes	Brazil
Case 4	10 mos	Black/M	08/97	too young	+	no	no	USA

Importation Status: Two cases occurred in visitors from countries where increased measles activity was known to be occurring: the Philippines and Brazil.

Hospitalization: Three of the four confirmed cases were hospitalized due to dehydration. Their hospital stays ranged from 3 to 5 days.

Spread: No spread was known to have occurred from any of these cases.

COMMENTS

All reported suspected measles cases are investigated in LAC. Minimum clinical criteria for measles are: fever of at least 101°F (or “hot” to the touch), a generalized rash lasting three or more days, and one additional clinical feature (cough, coryza, or conjunctivitis). A case is confirmed by positive IgM serology or a four-fold increase in acute and convalescent IgG titers. Forty-eight suspected cases were ruled out by negative serology or subsequent diagnosis as another condition such as scarlet fever, chickenpox, or antibiotic allergy.

Of the four confirmed cases, one child had received one dose of MMR. The two imported cases had unknown vaccine history. One case was too young (10 months old) to have been vaccinated.

CDC has implemented strategies to eliminate indigenous measles from the United States. Non-reporting or reporting lag inhibit the health department’s ability to control this disease. This year’s two indigenous confirmed measles cases for which no source could be identified imply that measles reporting is incomplete.