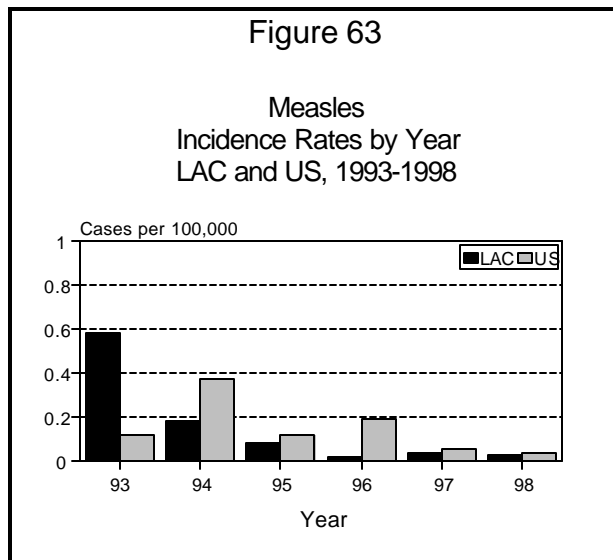


## MEASLES

CRUDE DATA	
Number of Cases	3 (all imported)
Annual Incidence <sup>a</sup>	
LA County	0.03
California	0.02
United States	0.04
Age at Onset	
Mean	9 yrs
Median	6 yrs
Range	7 mos-19 yrs
Case Fatality	
LA County	0.0%
United States	N/A



<sup>a</sup>Cases per 100,000 population.

### ETIOLOGY

Measles virus, a paramyxovirus, genus *Morbillivirus*.

### DISEASE ABSTRACT

Imported measles cases continue to make up a significant proportion of the cases in LAC and the US. In 1998, all three measles cases were imported from abroad. Since the recent measles epidemic peak in 1990, when the incidence reached 50.5 cases per 100,000, measles incidence in LAC has been in rapid decline (Figure 63).

### STRATIFIED DATA

In 1998, three cases of confirmed measles were reported (Table 8).

**Table 8. Confirmed Measles Case Profiles, 1998**

Case	Age	Race/Sex	Rash Onset	# of MMR Doses	IgM	Country of Importation	Hosp.	Birthplace
Case 1	19 yrs	Asian/M	06/98	unk	+	Japan	no	Japan
Case 2	6 yrs	Pac. Isl./F	08/98	unk	+	New Guinea	yes	New Guinea
Case 3	7 mos	Hisp./F	10/98	too young	+	Argentina	no	USA

**Vaccination Status:** Of the three confirmed cases, two had unknown vaccine history, and the third case was too young (7 months old) to have been vaccinated.

**Importation Status:** All three cases were imported from outside the United States. Two cases occurred in travelers visiting the USA. The third occurred in an infant who had traveled to Argentina, a country where increased measles activity was known to be occurring.

**Hospitalization:** One of the cases was hospitalized due to mouth lesions causing inability to eat.

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

## **COMMENTS**

All reported suspected measles cases are investigated in LAC. The 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-four suspected cases were ruled out by negative serology or subsequent diagnosis as another condition such as scarlet fever, chickenpox, or antibiotic allergy.