



Department of Health

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DHDTC DAL#: 26-11
Subject: Measles Preparedness

Dear Chief Executive Officer or Administrator:

The purpose of this letter is to notify hospitals to be alert for measles. This letter provides detailed information regarding the Department's expectations for measles infection prevention and control in hospitals and diagnostic and treatment centers.

Reports of measles infection in susceptible individuals continue to be received in counties in the Western, Central, and Capital District regions. While a few cases have been associated with travel to other states, local transmission has also occurred. Because patients who are suspected or confirmed to have measles often present to hospitals and may present to diagnostic and treatment centers, adherence to infection prevention and control practices is critical to reduce measles exposures and the effects of those exposures in healthcare settings. The Department's expectations are detailed below.

Interfacility / Interagency Communication

- When scheduling appointments by phone for people with signs or symptoms of measles, provide instructions for arrival, including which entrance to use and the precautions to take (e.g., how to notify hospital staff, putting on a face mask upon entry, following triage procedures).
- Emergency services providers should notify the receiving facility in advance when transporting a patient with known or suspected measles.

Triage

- Patients with signs or symptoms of measles, including those with prodromal symptoms, should be identified and provided with a procedure mask or surgical mask to wear that covers the nose and mouth (if $\geq$ age 2). The patient should be separated from others, ideally before or as soon as possible after entry into a facility.
- Patients' adherence to respiratory hygiene, cough etiquette, hand hygiene, and triage procedures should be encouraged by posting visual alerts, (e.g., signs or posters) and by providing instructions on infection control expectations. Ensure face masks and supplies to perform hand hygiene are available and readily accessible.
- **Consider measles in patients of any age or vaccination status who have compatible symptoms:**
 - A prodrome (before the rash) of fever (as high as 105°F), malaise, and at least one of the three "C"s: cough, coryza (runny nose), and/or conjunctivitis.
 - Pathognomonic enanthema (Koplik spots) is sometimes seen before the rash.
 - A maculopapular rash.

The presence of an epidemiological risk factor (see below) should increase suspicion for measles in a person with compatible symptoms.

- **Assess patients for epidemiologic risk factor(s) in the past 21 days:**
 - Known contact with a measles case or an ill person with fever and a rash
 - Resided in or visited a community where [measles cases or outbreaks are known to be occurring \(CDC\)](#); New York data is [here](#).
 - Contact with an international visitor who arrived in the U.S. within the past 21 days
 - Travel outside the U.S.
 - Domestic travel through an airport or bus or train station
 - Visited a U.S. venue popular with international visitors such as a theme park or sporting event or attended a large gathering of members of a community in which measles is circulating (e.g., weddings, markets, auctions).
- **Ascertain measles immunization status**, bearing in mind that cases occasionally occur in partially or even fully immunized individuals.
- **If measles is suspected:**
 - Follow measles infection prevention and control measures, outlined below.
 - Contact the facility's infection prevention/epidemiology staff or clinic leader.
 - Notify the [local health department](#) where the patient resides immediately. Also notify the local health department where the facility is located.
 - Collect a nasopharyngeal swab (preferred) or a throat swab and a urine specimen for measles polymerase chain reaction (PCR) testing, and blood for serologic testing. Submit as directed to the [Wadsworth Center](#).

Infection prevention and control measures

- **Immediately place a patient with suspected or confirmed measles on Standard plus Airborne Precautions in an airborne infection isolation room (AIIR)**, i.e., a room with monitored negative pressure relative to surrounding areas. The patient's room door should remain closed. In acute care hospitals, a patient should be placed in an airborne infection isolation room that is constructed in accordance with [current guidelines](#) for Airborne Precautions.
- **If an airborne infection isolation room is not available, the patient should wear a surgical or procedure mask and be placed in a single room with the door closed.** Transfer the patient to an airborne infection isolation room as soon as possible.
- Airborne Precautions should remain in place for 4 days after the onset of rash (with onset of rash considered to be Day 0). Immunocompromised patients with measles should remain in Airborne Precautions for the duration of illness.
- Restrict room entry to only those healthcare personnel essential for patient care. Healthcare personnel without acceptable presumptive evidence of measles immunity should not enter the room if healthcare personnel with presumptive evidence of immunity are available. Healthcare personnel who work in certain New York State

regulated health care settings are required to provide [documentation of presumptive measles immunity](#).

- Consider maintaining a log to track potential staff, patient, and visitor exposures, including a log of all people entering the patient's room.
- Visitors who have been in contact with the patient or who have had similar exposures in the community could be incubating a measles infection. Hospitals should consider ways to reduce potential hospital exposures, e.g., by providing visitors with a face mask, minimizing the number of visitors, and using a designated hospital entrance and escorting visitors through less crowded hallways and elevators until visitors' presumptive immunity is ascertained.
- Patients with suspected or confirmed measles who will be discharged into the community should be advised to continue wearing a face mask until exiting the hospital, remain home and away from others who are not immune or have unknown immunity to measles (until four days after rash onset or until measles is ruled out), inform healthcare providers of measles infection or the possibility of measles infection before seeking non-urgent medical care, and go directly to the nearest emergency department for a medical emergency, alerting them to the possibility of measles as soon as possible. Patients should be advised that the local health department will reach out to them and that they should follow all directions provided by the local health department.
- After patient discharge, the room should remain vacant for the appropriate time (up to 2 hours) to allow for 99.9% of airborne contaminant removal. (See Appendix B, Table B.1)
- [See the Centers for Disease Control and Prevention \(CDC\) Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings](#) for all additional infection prevention and control guidance.

Identify and manage people exposed to measles at the facility

- If measles is confirmed in a patient, the facility must conduct a measles exposure investigation, a critical and highly time-sensitive activity. Individuals exposed in the facility should be identified rapidly according to exposure criteria (defined below) and evaluated for eligibility to receive post-exposure prophylaxis. Measles, mumps and rubella (MMR) vaccine as post-exposure prophylaxis should be administered to those eligible within 72 hours of exposure, and intravenous immunoglobulin (IVIG) or intramuscular immunoglobulin (IMIG) within 6 days of exposure.
- Hospitals should plan for logistics of serologic testing (measles IgG testing) and administering recommended post-exposure prophylaxis for exposed people for whom it is indicated. See the link to a measles post-exposure prophylaxis table in References below.
- To ensure that doses of measles, mumps and rubella (MMR) vaccine, intravenous immunoglobulin (IVIG) and immune globulin intramuscular (IMIG) are available, hospitals should secure an appropriate amount of product through usual pharmacy suppliers before a measles exposure occurs, taking into account issues such as cost, shelf life, likelihood of use, and return policy. Consider assessing local measles activity and the risk status of the local population served to estimate number of

doses to keep in pharmacy stock and reassess stock needs frequently according to the current incidence of measles in New York State and locally.

- People with measles are considered to be contagious from 4 days before to 4 days after the rash appears.
- Exposed people include patients, visitors, and healthcare personnel who are not wearing recommended respiratory protection (regardless of presumptive evidence of measles immunity status) and who are:
 - In a shared air space with an infectious measles patient at the same time, or
 - In a shared air space vacated by an infectious measles patient within the prior 2 hours.
- Examples of higher risk exposures include, but are not limited to:
 - Susceptible healthcare personnel who are unprotected (i.e., not wearing recommended respiratory protection) and are providing face-to-face care to an unmasked patient
 - Persons in the waiting room with an unmasked measles patient for an extended period.
- When identifying exposed people, consider all groups, including but not limited to, all healthcare personnel, patients, visitors, consultants, emergency medical service (EMS) crews, students, and volunteers.
- Exposure time is defined as time from when the patient with known or suspected measles entered the facility until two hours after the patient vacated the facility or was placed on Standard plus Airborne Precautions. In some settings, the time for identifying exposures can be reduced if the number of air changes per hour in the exposure area can be reliably verified; however, review with the regional epidemiologist is required before reducing the exposure time.
- Exposure areas are defined as locations where the patient was or might have been present or received care, including but not limited to waiting rooms, triage areas, emergency departments, exam rooms, radiology suites, phlebotomy areas, operating rooms, treatment areas, nursing units, intensive care units, cafeteria, common areas, elevators, etc.
- Consult with facility staff who are responsible for maintaining the building's air handling system(s) to assess exposure risk between different rooms or areas of a facility, e.g., to identify where ventilation return air is recirculated (without passing through high-efficiency particulate air (HEPA) filtration).
- The hospital should ensure that all individuals exposed to measles at the facility including patients, visitors, and staff (i.e., those present in the exposure area(s) during the exposure time) are identified, regardless of immunity status, and are promptly notified of their exposure. Additionally, the hospital should ensure that each exposed individual:
 - Receives information about the symptoms of measles and what actions to take if symptoms of measles develop,
 - Is advised to follow all directions provided by the local health department,
 - Has available medical records and/or New York State Immunization Information System (NYSIIS) records reviewed to obtain documentation of presumptive immunity to measles.

- Is offered [post-exposure prophylaxis, if eligible](#), according to current guidance and recommendations. Facilities should arrange for the appointment, including designating the provider, location, and staff to administer post-exposure prophylaxis. [Additional information is available from the Centers for Disease Control and Prevention \(CDC\)](#).
- Is prioritized for post-exposure management if at highest risk for developing measles or severe outcomes, including exposed infants, children, immunocompromised individuals, and susceptible pregnant people, whenever possible.
- Isolate exposed inpatients without [evidence of measles immunity](#) using Standard plus Airborne Precautions for 21 days after the last exposure, or until discharge, whichever is earlier. Those who received immunoglobulin should remain on Airborne Precautions for 28 days after last exposure.

Facilities should contact their [regional healthcare epidemiologist](#) with questions about infection control for suspected or confirmed measles cases in hospitals or diagnostic and treatment centers. General questions about this letter can be sent to icp@health.ny.gov.

Thank you for your attention to this letter and for your ongoing partnership.

Sincerely,

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Director, Division of Epidemiology

Stephanie Shulman, DrPH, MS
Director, Center for Provider
Services and Oversight
Director, Division of Hospitals and
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OPCHSM / DivEpi

References

Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings <https://www.cdc.gov/infection-control/hcp/measles/index.html>

Appendix A: Considerations when Evaluating a Person for Exposure to Measles in a Healthcare Setting <https://www.cdc.gov/infection-control/hcp/measles/appendix-a.html>

Measles Cases and Outbreaks <https://www.cdc.gov/measles/data-research/index.html>

Summary of Recommendations Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007)
<https://www.cdc.gov/infection-control/hcp/isolation-precautions/summary-recommendations.html>

County Health Departments https://www.health.ny.gov/contact/contact_information/

NYSDOH Wadsworth Center Measles Virus Testing Collection, Packaging and Shipping Instructions
https://health.ny.gov/prevention/immunization/providers/measles/docs/testing_collection.pdf

Vaccines for Health Care Personnel
https://www.health.ny.gov/prevention/immunization/health_care_personnel/

Measles post-exposure prophylaxis (PEP) table
https://www.health.ny.gov/diseases/communicable/measles/providers/docs/pep_table.pdf

Measles Vaccine Recommendations
<https://www.cdc.gov/measles/hcp/vaccine-considerations/index.html>

New York State Department of Health measles webinar
[Measles for Health Care Providers](#)

[Measles education materials](#)

Signage:
<https://www.cdc.gov/measles/downloads/measles-factsheet-outbreak-508.pdf>