NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

April 18, 2019

TO: Local Health Departments (LHDs)

FROM: New York State Department of Health (NYSDOH)

HEALTH ADVISORY: MEASLES

SUMMARY

The scale, duration, and complexity of the current measles outbreak in New York State has underscored the need for prompt and effective implementation of evidence-based containment measures and public health engagement to foster trust within the communities we serve. Contact tracing and management is one of the interventions that has been used to effectively control prior outbreaks. This advisory provides interim guidance to LHDs in geographic areas currently impacted by the measles outbreak regarding individuals identified as having been exposed to measles.

CURRENT SITUATION

As of April 17, 2019, there have been over 500 confirmed cases of measles in New York State since October 1, 2018. The initial index cases were unvaccinated and acquired measles on a visit to Israel, where a large outbreak of the disease is occurring. Since then, there have been additional people who were unvaccinated and acquired measles while in Israel. Measles has also spread within communities in the state.

The geographic areas currently impacted by the measles outbreak include:

- Rockland County: 190 confirmed cases, most recent onset 4/11/2019
- New York City: 329 confirmed cases, most recent onset 4/10/2019
- Orange County: 20 confirmed cases, most recent onset 4/11/2019
- Westchester County: 10 confirmed cases, most recent onset 4/12/2019
- Sullivan County: 2 confirmed cases, most recent onset 3/8/2019

GENERAL CONSIDERATIONS

The interim guidance below applies to individuals who:

- Are not known or suspected of being infected with the measles virus; and
- Have been identified as having been exposed to measles; and
- Do not have documented evidence of measles immunity; and
- Were unable or unwilling to receive timely measles post-exposure prophylaxis and
- Choose to voluntarily restrict their movements and premises (VRMP).

Persons who agree to VRMP must be treated with compassion and respect. LHDs should attempt to help meet these individual's social, cultural, medical, mental health, and economic needs. Examples of the types of issues that may need to be addressed include but are not limited to:

- Provision of basic needs like food, shelter, and medications.
- Mental health and social service needs.
- Telephone counseling.
- Assistance in accessing resources to help pass the time while under VRMP including but not limited to television, movies, radio, internet, board/card games, books or other culturally appropriate resources.
- Communication needs (e.g. working telephone, cellular phone, email, internet).
- Provision of supplies needed for personal hygiene.
- Financial resources needed as a result of the restrictions (e.g. if not able to go to work).
- Support needs, including but not limited to, family members, friends, and pets.

PRE-IMPLEMENTATION CONSIDERATIONS

Prior to seeking VRMP, LHD staff should assess whether the residential setting is suitable and appropriate and whether the individuals (and any caregivers) can adhere to the precautions that will be recommended. If the home is not appropriate, the LHD should identify an appropriate location for the individual(s) to live during the time period or temporarily until issues have been resolved.

IMPLEMENTATION

In a culturally and linguistically appropriate manner, LHD staff should explain to individuals (and any caregivers) what steps should be taken during the time period and staff should assure that the information is fully understood. Individuals who agree to VRMP, should specifically be told to take the following actions to protect themselves and their families:

- Stay home and restrict all activities outside the home. They should not go to work, school, camp or public areas, and not use public transportation or taxis. Visitors to the home who do not have an essential need to be in the home should be restricted, unless they have documented immunity to the measles virus. Shared spaces in the home should have good air flow, such as by an air conditioner or an opened window, weather permitting.
    - Individuals under voluntary movement restrictions can walk outside their house on their own property, if they reside in a single-family home or a detached, single family unit of a rental unit or condominium. They should not come within six feet of neighbors or other members of the public. All individuals participating in VRMP should refrain from walking in their neighborhood.
- Wash their hands often and thoroughly with soap and water. They can use an alcohol-based hand sanitizer if soap and water are not available and if their hands are not visibly dirty. Individuals should avoid touching their (or others') eyes, nose, and mouth with unwashed hands.
- Avoid sharing household items such as dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with other people in the home. After using these items, they should wash them thoroughly with soap and water.
- Perform regular cleaning of all "high-touch" surfaces, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, every day. Labels of cleaning products should be read, and recommendations provided followed. Individuals should read and follow directions on labels of laundry or clothing items and detergent.

- Monitor for signs and symptoms of measles and call their healthcare provider if they become ill as soon as possible. It is important that ill individuals call ahead before visiting the provider and tell them that they have been exposed to measles. This will help the healthcare provider's office take steps to keep other people from getting infected. Unless a true medical emergency exists, in which case 911 should be called, ill individuals on VRMP should contact the LHD to assist with non-public transportation to the provider.
- Cooperate with LHDs in the investigation of measles cases.

LHDs should also provide the individuals who have agreed to VRMP with the date that they can resume normal activities and social interactions, as appropriate, and a local telephone number that is answered after hours and on weekends in case individuals become ill or have questions.

A document template will be provided for LHD use and should be modified to include individualized information for the individual to whom it is given and be provided in their language of choice, as appropriate and feasible.

LHDs who have questions should contact the NYSDOH Bureau of Communicable Disease Control via e-mail at bcdc@health.ny.gov or by phone at (518) 473-4439.

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

April 18, 2019

Dear Children's Camp Operator:

The New York State Department of Health (NYSDOH) would like to alert you to the continuing measles outbreak in New York State (NYS) and how it affects your camps. New York State is experiencing the largest outbreak in more than two decades. Since October 2018, over 500 individuals have been infected in multiple areas of NYS, including New York City, Rockland, Orange and Sullivan Counties. Measles was introduced by several individuals who were exposed while traveling abroad. There are several large outbreaks going on in different countries around the world. Imported cases among international travelers can rapidly spread measles in communities with high numbers of unvaccinated individuals.

Ongoing transmission continues in the current outbreak areas and it may spread throughout communities this summer affecting your campers and staff. Measles is a highly infectious disease that can be spread rapidly, especially in a camp setting where groups of children congregate. It is important to monitor for measles cases, and promptly identify and report any suspect measles cases among campers and staff to your local health department, in order to rapidly contain an outbreak. Delays in reporting can allow measles to spread, disrupt the camp season, and result in further transmission to additional communities once campers and staff return home. An outbreak at your camp could result in campers who are unimmunized being sent home, or even in your camp having to be closed early for the season. This letter is to provide you with guidance on the recommended vaccines for both campers and staff, how to monitor campers and staff for signs and symptoms of measles, recognize and report measles to the local health department, and includes steps you can take to help minimize disruptions at camp if a case of measles is identified.

PREVENTING MEASLES

The best protection against measles is broad vaccination coverage. Therefore, vaccination of all individuals who will be working in or attending summer camps is **strongly recommended**.

Individual camps may also choose to recommend or require specific immunizations of their campers and staff. **NYSDOH recommends two doses of measles vaccine for all campers and camp staff born on or after January 1, 1957.** Experience with outbreaks has shown two doses of measles vaccine is more effective at preventing infection and spread of disease than one dose. Two doses of the measles vaccine are about 97% effective at protecting against measles. Most U.S. residents receive two doses of measles vaccine in the form of the combined measles, mumps, and rubella vaccine (MMR) with the first dose at age 12-15 months, and a second dose upon school entrance at ages 4-6 years. However, international camp employees and some campers may have received only one dose, or no doses, of the measles vaccine.

To ensure maximum protection against measles, the NYSDOH recommends two doses of MMR vaccine as soon as possible for all campers and camp staff who:

- Were born on or after January 1, 1957;
- Have had fewer than two doses of MMR; and
- Have no history of measles.

ADDITIONAL IMMUNIZATION RECOMMENDATIONS FOR CAMPERS

There has been an increase in the number of cases of vaccine-preventable diseases (VPDs) in the United States over the past several years. **The best protection against vaccine-preventable diseases is broad vaccination coverage.**

- The part of the State Sanitary Code that applies to campers is Subpart 7-2, which requires that the camp maintain immunization records for all campers. It does not, however, specify which vaccines are required for camp attendance.
- Individual camp policy may choose to recommend or require specific immunizations of their campers. For the optimal health and safety of all campers and camp staff, the NYSDOH **strongly recommends** that all campers meet the age appropriate immunization schedule as set forth by the Advisory Committee on Immunization Practices (ACIP): http://www.cdc.gov/vaccines/schedules/index.html
- At a minimum, campers should meet the same immunization requirements as school-aged children as indicated in Public Health Law (PHL) Article 21, Title 6, Section 2164. Refer to New York State Immunization Requirements for School Entrance/Attendance, available at: https://www.health.ny.gov/publications/2370.pdf
- In New York State, PHL Article 21, Title 6, Section 2167 also requires the notification of campers and parents about recommendations for and the availability of meningococcal vaccine for all campers attending overnight camps for a period of 7 or more consecutive nights. Meningococcal ACWY (MenACWY) vaccine is recommended at age 11 or 12 years, with a booster dose at age 16 years. In New York State, meningococcal vaccination at the recommended ages is required for school attendance. Please note that the NYSDOH does not recommend that campers receive either dose of MenACWY vaccine before the recommended ages. **Students who are vaccinated before the recommended ages may need to have the doses repeated in order to attend school.**

ADDITIONAL IMMUNIZATION RECOMMENDATIONS FOR STAFF

- Individual camp policy may choose to recommend or require specific immunizations of their staff. For the optimal health and safety of all camp staff, including international staff, the NYSDOH **strongly recommends** that all staff meet the age appropriate immunization schedule as set forth by the Advisory Committee on Immunization Practices (ACIP): http://www.cdc.gov/vaccines/schedules/index.html
- At a minimum, immunizations that are routinely recommended (if not already administered, a history of disease does not exist, or serology has not proven immunity) include:
  - 2 measles, mumps, and rubella (MMR) vaccine doses,
  - 1 tetanus, diphtheria, and acellular pertussis (Tdap) vaccine booster dose within the last 10 years, and
  - 2 varicella vaccine doses.
- Hepatitis B vaccine is recommended for staff with reasonably anticipated risk for exposure to blood or body fluids (e.g. health care workers, lifeguards).

MAINTAINING VACCINATION RECORDS

Subpart 7-2 of the New York State Sanitary Code requires camps to maintain immunization records for all campers which includes dates for all immunizations against diphtheria, haemophilus influenza type b, hepatitis b, measles, mumps, rubella, poliomyelitis, tetanus and varicella (chickenpox). The record must be kept on file for every camper and updated annually. Camps should also maintain current, complete immunization records for all camp staff.

To facilitate a timely and appropriate public health response and minimize any disruptions at summer camp in the event a suspect measles case or other VPDs case is identified, camps should maintain a detailed list of staff, campers and other individuals who are not fully immunized and protected against VPDs, including against measles, as these individuals are at risk of getting sick if exposed. This list of susceptible individuals should clearly identify which disease(s) an individual is at risk of contracting. This immunization and health information should be readily available as camps will need this information to quickly identify at-risk individuals if a suspect case of a measles, or other vaccine-preventable disease, occurs during the summer camp season. Camps will be expected to review their plan and share developing lists of susceptible individuals with inspectors during pre-operational visits, and to show updated lists to health department staff who perform other visits during the season.

MONITORING FOR MEASLES

To prevent measles from entering and spreading in camp, it is important to screen all campers and staff at time of camp entry for any signs of illness, and for recent measles exposure.

- Subpart 7-2 of the New York State Sanitary Code requires camp safety plans to include an initial health screening of all campers. Each camper should be screened for measles symptoms prior to camp entry by asking the parent or guardian if the camper has had any recent illness symptoms, including fever, cough or rash in the preceding four days. **If a camper has a positive screen NYSDOH recommends the camper not be permitted to enter a camp or a camp transportation vehicle without clearance from a healthcare provider.**
- It is **recommended to screen for measles exposure** by asking the parent or guardian if a camper has had any close family members or other contacts with measles or with fever and cough or rash symptoms in the preceding 21 days. NYSDOH recommends:
    - Unvaccinated campers, or those with only one dose of MMR, with a **known measles exposure** be excluded from camp and the local health department should be notified immediately.
    - Campers with two documented doses of MMR vaccine with a known exposure to measles do not need to be excluded from camp. They should be monitored closely while at camp for any developing signs or symptoms of measles, consistent with camp safety plan requirements for daily health surveillance of campers in Subpart 7-2 of the New York State Sanitary Code.
- Local health departments may also implement further exclusions of unvaccinated campers based upon local measles outbreaks. Please speak with your local health department with any questions regarding this.

RECOGNIZING MEASLES

Symptoms usually appear about 7 to 14 days after a person is exposed to measles but can take as long as 21 days. The first symptoms are usually:

- High fever and;

- Cough
- Runny nose
- Red watery eyes
- Rash
  - Small red spots, some of which are slightly raised.
  - Spots and bumps in tight clusters give the skin a splotchy red appearance.
  - Usually appears 2 to 4 days after the fever begins and lasts 5 to 6 days.
  - Begins at the hairline, moves to the face and neck, down the body and then to the arms and legs.

If a camper or staff member develops any of these symptoms while at camp, it is critical that the camp health director or the camp director be notified right away. Steps should be taken to **immediately** isolate the individual away from other campers and staff, and airborne precautions should be implemented while the local health department and parent/guardian are being notified. These precautions should include placing the individual in a private room, such as a cabin or tent with a door that closes if possible, placing a mask on the individual and restricting susceptible individuals from entering the space. This is important to help protect other campers and staff from getting sick. Additionally, if an individual in whom measles is suspected requires transfer to a medical facility, it is imperative that the responding emergency medical services team be notified of the concern for measles so proper precautions can be taken to prevent further exposures.

REPORTING MEASLES AND OTHER VPDs

Most VPDs are reportable by law. Measles is required by New York State Public Health Law to be reported to local health departments. The camp health director or other healthcare provider should discuss with staff the symptoms of measles, along with symptoms of other VPDs, prior to the camp season so they can assist in identifying anyone with signs of illness. The need to report the first sign of illness to the camp health director or camp director in accordance with established procedures for handling outbreaks in the approved camp safety plan, should be stressed with all staff.

If measles is suspected in even one camper or camp staff member, your local health department must be notified **immediately**. Delays in reporting have led to large outbreaks of vaccine-preventable diseases at camps in the past. Camp operators must also report the case of illness within 24 hours to the permit-issuing official in accordance with Subpart 7-2 of the New York State Sanitary Code.

ADDITIONAL INFORMATION

An educational flyer titled, *You Can Prevent the Spread of Measles at Summer Camp*, is included with this letter. Please share the flyer with the parents or guardians of campers before campers arrive at camp this season.

For more information about measles or the measles vaccine, call the New York State Measles Hotline at 888-364-4837 or your local health department. More information about measles can be obtained at the NYSDOH measles website at http://www.health.ny.gov/measles/.

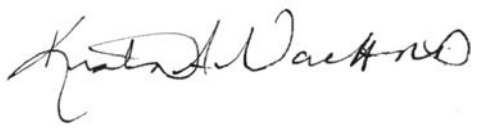
For NYS vaccine schedules and school entrance requirements:
https://www.health.ny.gov/prevention/immunization/childhood_and_adolescent.htm.

More information can also be obtained at the CDC website at: http://www.cdc.gov/vaccines/.

Communicable Disease Fact Sheets are available from the NYSDOH at: http://www.health.ny.gov/diseases/communicable/

Thank you for your partnership and efforts to keep camps free of measles and other vaccine-preventable diseases, and to provide a safe and healthy summer camp season for all campers and camp staff.

Sincerely,



Kristen A. Navarette, M.D., M.P.H., F.A.A.P
Medical Director
Center for Environmental Health
New York State Department of Health

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

April 18, 2019

DAL DHDTC 19-05

Dear Chief Executive Officer, Administrator and Physician:

The measles outbreak remains a serious public health concern impacting Rockland, Orange and Westchester Counties along with parts of New York City. As a result of the increasing case counts and high risk for secondary exposures, the New York State Department of Health (Department) is issuing this interim guidance to all providers, including Article 28 hospitals, primary care clinics/health centers, primary care physicians that have urgent care facilities, and private practices acting as urgent care facilities. These providers are encouraged to screen patients as they present for care for clinically compatible symptoms of measles and measles immunity/vaccination history.

Healthcare providers should suspect measles in clinically compatible cases, especially those individuals who reside in or have spent time in the geographic areas experiencing measles outbreaks, have recently traveled internationally, or who were exposed to a person with febrile rash illness. It is important to remember that individuals who were exposed and not immune to measles could develop signs and symptoms of measles 7-21 days after the initial exposure.

Clinically compatible symptoms of measles include: an erythematous, maculopapular rash, a fever that can be up to 105 degrees, cough, coryza, and conjunctivitis. The rash initially presents on the face and spreads downward to the neck, trunk and limbs. Koplik spots (punctate blue-white spots on the bright red background of the buccal mucosa) may be present before the rash develops.

Physicians and other healthcare providers are reminded that under the New York State Sanitary Code (10 NYCRR §2.10), it is mandatory to report suspected or confirmed cases of communicable diseases to the local health department of the jurisdiction where the patient resides, immediately at the time the case is first seen by the physician. Notification is made by calling the local health department and submitting a confidential case report form (DOH-389) to the applicable local health department, or in New York City, submitting report form PD-16 to the New York City Department of Health and Mental Hygiene.

In addition, operators and practitioners should implement a policy to review and verify that all personnel within the organization, including contract personnel, are (1) up to date on vaccinations and immunizations; (2) free of any communicable disease; and (3) adhering to infection control practices and standards to prevent avoidable disease transmission. Failure on the part of any provider to ensure employees are free from health impairment or communicable disease will result in the Department taking an enforcement action against the operator.

Healthcare personnel who cannot be confirmed as immune, and/or those presenting with signs and symptoms of measles, including fever and rash should be immediately furloughed.

Please be reminded that when hiring new employees or reviewing existing employee medical records, specifically as it relates to measles immunization, regulations in Section 751.6(d) and Section 405.3 require that the operator maintain a record of evidence of immunity for all employees as demonstrated by a certificate of immunization against measles for all personnel born on or after January 1,1957, which means:

(i) a document prepared by a physician, physician assistant, specialist assistant, nurse practitioner, licensed midwife or a laboratory possessing a laboratory permit issued pursuant to Part 58 of this Title, demonstrating serologic evidence of measles antibodies; or

(ii) a document indicating two doses of live virus measles vaccine were administered with the first dose administered on or after the age of 12 months and the second dose administered more than 28 days after the first dose showing the product administered and the date of administration, and prepared by the health practitioner who administered the immunization; or

(iii) a document, indicating a diagnosis of the employee as having had measles disease, prepared by the physician, physician's assistant/ specialist's assistant, licensed midwife or nurse practitioner who diagnosed the employee's measles; or

(iv) a copy of a document described in (i), (ii) or (iii) of this paragraph which comes from a previous employer or the school which the employee attended as a student.

Note that documentation of an employee having been diagnosed as having had measles under (iii) must include a laboratory report demonstrating serologic evidence of measles antibodies.

For further information regarding this measles outbreak and the reporting of communicable diseases, you may contact the NYS Health Department Measles Information Line at (888) 364-4837, your local health department, or in New York City, call (866) NYC-DOH1.

Additional resources on healthcare personnel immunization can be obtained by contacting the New York State Department of Health Bureau of Immunization at (518)-473-4437 or by visiting the following websites:

NYSDOH Healthcare personnel immunization:
http://www.health.ny.gov/prevention/immunization/health_care_personnel/

Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP): http://www.cdc.gov/mmwr/pdf/rr/rr6007.pdf

Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013: Summary Recommendations of the Advisory Committee on Immunization Practices (ACIP): http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm

The Department appreciates your cooperation and assistance; and will continue provide periodic updates over the course of the outbreak.

Sincerely,

Bradley Hutton, MPH
Deputy Commissioner
Office of Public Health

Daniel B. Sheppard
Deputy Commissioner
Office of Primary Care and Health
Systems Management

Measles Protection Guidance: Commonly Asked Questions from Healthcare Facilities Serving Individuals from Areas with Ongoing Measles Transmission

Please see NYS Outbreak Control Guidance for Measles (Chapter 3) at https://www.health.ny.gov/prevention/immunization/providers/outbreak_control_guidelines.htm for detailed guidance for outbreak control of measles.

Q: Why should I be concerned about the spread of measles in my healthcare facility?

- Measles transmission has occurred in parts of Rockland, Orange, and Westchester Counties, as well as in NYC.
- Transmission of measles has occurred in healthcare settings.
- Measles is one of the most contagious infectious diseases, with 90% of exposed susceptible individuals developing disease. Measles can be spread from person to person via large respiratory droplets and aerosolized droplet nuclei. The virus can remain suspended in the air via aerosolized droplet nuclei for up to 2 hours after an infectious person has left an occupied area. Airborne isolation precautions should be followed for suspected or confirmed cases of measles if a facility has an airborne infection isolation room (AIIR).

Q: How can I prevent measles exposures in my facility?

A: The best way to minimize the risk of measles exposures within a healthcare setting is to pre-screen patients and visitors prior to entry into a facility.

- The facility should require screening assessments including screening for factors such as fever, rash, known or suspected exposures to individuals with measles, being from a measles outbreak area and evidence of immunity.
    - Temperature screening should be performed to objectively assess for fever status.
- In addition, screening can be accomplished in many ways including, but not limited to:
    - Utilizing a mobile van or area outside of the facility entrance to conduct screening in person
    - Utilizing a separate room/entrance for screening that is separate from a waiting room and away from other patients and/or visitors
    - Telephone pre-screening can also be performed before scheduled appointments to assess for symptoms and status of immunity
    - Facilities must post prominent signage outside the entrance to facility, in the waiting room, and by other access points, such as elevators to inform patients and visitors of the facilities measles screening policy.
- Patients and visitors exhibiting any signs or symptoms of measles or reporting other risk factors such exposure to suspected or confirmed cases of measles and who do not have evidence of immunity should be isolated from other individuals at the facility in a private room (preferably in an airborne infection isolation room if available) until more comprehensive testing and evaluation can occur.
- If an airborne isolation room is not available, the patient should be given a surgical mask to wear and placed in an exam room away from other patients with the door closed.
    - The exam room used to isolate a suspect measles case should not be used for 2 hours after the case leaves the room and the number of people entering and leaving should be minimized. When transporting a patient through the clinic or

hospital, the patient should be masked. If possible, elevators and corridors should not be used for two hours after the patient has passed through them. If possible, any procedures required for the patient should be performed in the patient's room or delayed until the patient is no longer infectious.
    - While a surgical mask does not eliminate exposure risk to others, this action may reduce the exposures to others.

Q: When should visitor restrictions be implemented?
A: In all facilities where potentially exposed visitors may present, facilities are strongly encouraged to implement policies that include the following:

- No visitors with fever shall enter any patient care units that care for:
    - Patients too young to be fully immunized; *or*
    - Patiently who are severely immunocompromised
- In general, the following visitors shall not enter the specified units:
    - Possible exposure to measles *or* from outbreak area; *and*
    - No evidence of immunity
- However, for these visitors (provided they do not have a fever), the hospital may allow visitation:
    - on a case-by-case basis, based on the needs of the patient;
    - if patient is a minor; *or*
    - if patient is in danger of imminent death
- Provided that to allow this kind of visitation, the hospital must be able to mitigate potential exposure between the visitor and other patients and visitors
- All visitation by such visitors must be the minimum necessary to provide necessary care and support for the patient
- Hospitals must post signs at all entrances to the hospital to inform visitors of the visitor screening policy.

- Facilities are encouraged to consider for non-immune persons who live in, work in, or visit areas with measles transmission visiting high risk units that have non-immune or immunocompromised patients such as: pediatrics, newborn nurseries, NICU, PICU, oncology, general transplant, and bone marrow transplant wards. Considerations may be made for removing visitor restrictions when proof of immunity or the receipt of a measles containing vaccine is documented.
- Visitor policies, if implemented, should be written in accordance with federal and state regulations.

Q: What should I do if a patient diagnosed with measles has a visiting family member(s) who is/are non-immune?
A: Consider clinically necessary or reasonable visitor restrictions to exclude non-immune visitors during an outbreak of measles. When the presence of a visitor is medically necessary (e.g. the parent of a hospitalized child, a visitor who needs to provide patient's medical history, etc.), considerations can be made to evaluate the risk of visitation including, evaluation of bloodwork for positive antibody titers to measles, documented vaccination in either the NYSIIS or CIR, and providing either MMR vaccine or immunoglobulin (during appropriate post-exposure prophylaxis windows). In addition, if the patient, and their non-immune visitor can be

isolated in an area or floor away from other high-risk patients, continued visitation could be considered. The overall goal should be to avoid measles exposure to non-immune visitors.

Q: Individuals at my facility were exposed to a person with confirmed measles. How do I determine the extent of exposure to others?
A: Measles is highly contagious. and spreads through the air when an infected person coughs or sneezes. In general, placing a mask on a patient with measles is not enough to eliminate the risk of transmission, although surgical masks may reduce further exposures and is the best course of action when transporting a confirmed or suspected case through a healthcare facility. Exposures to a patient with measles in a healthcare setting should include people located within areas with a common airflow / air handling system and communal spaces such as common hallways or waiting areas.

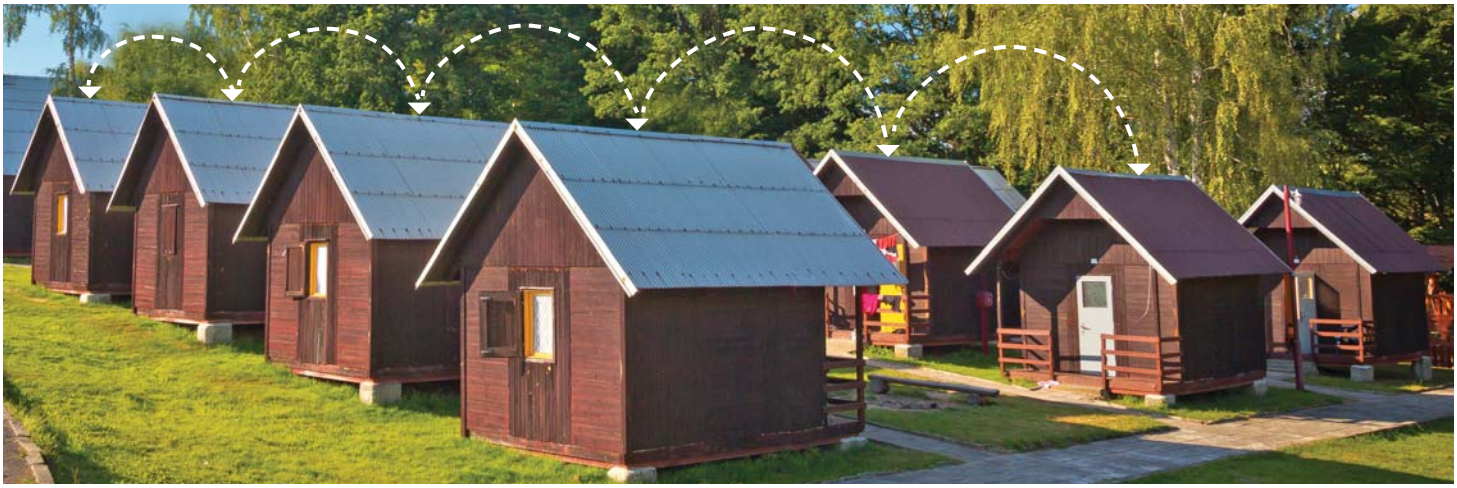
Q: What other actions should I take to help prevent measles exposures at my healthcare facility?

- Review with staff the signs and symptoms of measles. Cases of fever and rash illness should immediately be placed in airborne isolation or isolated away from others.
- Review staff immunity records and ensure that your facility is in compliance with state and federal regulations.
- Ensure that in the rare situation in which you have a staff member that cannot be immunized due to medical reasons, they do not care for suspected or confirmed cases of measles.
- Ensure all suspected or confirmed case of measles are reported immediately to the local health department by phone.
- Review the air handling system in your facility, including in emergency areas, to assess the system, taking into account the time the infectious person was present and vulnerability of patients in other areas of your facility.
- Close rooms where infectious patients were located for 2 hours if feasible for your facility.
- Review how your healthcare facility triaged patients during past respiratory and airborne outbreaks (such as H1N1 and SARS).
- If a suspected case needs to be sent to another healthcare facility, the receiving facility should be notified before the transfer occurs so that appropriate infection control measures can be taken during transfer and upon receipt of the patient.
- Healthcare facilities should work with EMS crews to ensure communication about suspected cases occurs before patients arrive at healthcare facilities, when possible.

Additional Information:

- Complete information on MMR vaccine recommendations: http://www.cdc.gov/mmwr/pdf/rr/rr6204.pdf
- 2018 Immunization Schedules: http://www.cdc.gov/vaccines/schedules/
- The NYSDOH Measles Fact Sheet is available at: http://www.health.ny.gov/diseases/communicable/measles/fact_sheet.htm

- Destination specific travel immunization information is available on the CDC's Travelers' Health website at: http://wwwnc.cdc.gov/travel/destinations/list
- For additional information on measles outbreak control measures, clinical presentation and diagnostic tests please refer to the CDC website at: http://www.cdc.gov/vaccines/pubs/surv-manual/chpt07-measles.html
- The NYSDOH Outbreak Control Manual is available at: http://www.health.ny.gov/prevention/immunization/providers/outbreak_control_guidelines.htm
- CDC Measles Cases and Outbreaks: http://www.cdc.gov/measles/cases-outbreaks.html
- CDC Measles Elimination: http://www.cdc.gov/measles/about/faqs.html#measles-elimination
- Measles photos: http://www.immunize.org/photos/measles-photos.asp



You Can Prevent the Spread of Measles at Summer Camp

Measles is highly contagious and can spread easily at camp. When a person sick with measles coughs or sneezes, the virus gets into the air where it can stay for two hours. Anyone who is not immune can get measles if they are in that area. People who get measles can be very sick, and will not be able to stay at camp.

Protect yourself, your family, and the community by following these 5 steps:

1. Know if you and your family are immune.

You are considered immune if you:

- Were born before 1957,
- Have a written record of 1 or 2 doses of measles-containing vaccine (depending on age), or
- Have a laboratory test showing you are immune.

If you are not sure about immunity, talk to your health care provider before going to camp.

2. If you are not immune, get vaccinated.

Two doses of the MMR (measles, mumps, rubella) vaccine will provide the best protection from the measles. Make sure everyone in the family is properly vaccinated or immune before going to camp.

3. Know the signs and symptoms of measles.

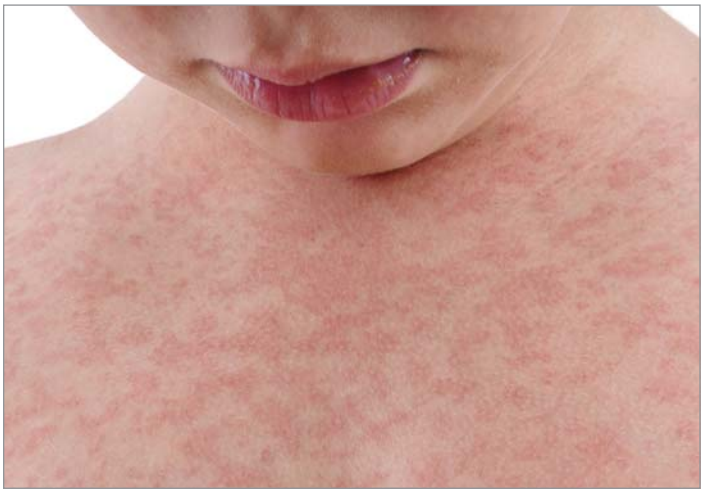
Symptoms appear about 7 to 14 days after exposure but may take as long as 21 days, starting with a high fever, cough, runny nose and red/watery eyes. A rash usually starts 2 to 4 days after the fever begins, spreading from the face and neck to the body, arms, and legs. Any child who feels sick at camp should tell a health or camp director for immediate medical care and to protect other campers.

4. Stay home if you are sick.

Since measles spreads quickly and is contagious even before the rash starts, stay home at the first sign of fever or cough. Do not come to camp. It is important to prevent measles from spreading to other people.

5. Call ahead before seeking medical care.

If you think someone has measles, call before seeking medical care so the office, clinic or emergency room can take steps to prevent other people from being exposed to measles.



Call your health provider or your local health department if you need a vaccine or want to learn more about preventing measles. More information is also available at:

health.ny.gov/measles

NEW YORK STATE | Department of Health