Interim Infection Prevention and Control Recommendations for Measles in Healthcare Setting from CDC

As of July 25, 2019, 60% of the states in the U.S. have reported measles cases. There are a total 1,164 cases of measles in 2019, this represents the highest number of cases reported in the U.S. since 1992 and since measles was declared eliminated in 2000.¹

Measles outbreaks, defined by the Centers for Disease Control and Prevention (CDC), are currently ongoing in 2019 in the following jurisdictions: New You State, Rockland County; New York City; Washington; California, LA County; Texas, El Paso.¹ These outbreaks are linked to travelers who brought measles back from other countries such as Israel, Ukraine, and the Philippines, where large measles outbreaks are occurring.

The majority of measles cases occur in the unvaccinated population. Measles is still common in many parts of the world. In a given year, more measles cases are occurring due to an increase in the number of travelers who get measles abroad and bring it into the U.S. and then further the spread of measles in U.S. communities with pockets of unvaccinated people.¹

The CDC has updated the Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings. Measles is most commonly acquired from persons in the household or community, but the spread of measles can also occur in healthcare settings. During 2001-2014, 6% of non-imported measles cases in the United States resulted from transmission in healthcare facilities.²

While the most important measure to prevent measles transmission in all settings is ensuring community immunization, core measles prevention in healthcare settings requires a multi-faceted approach including:³

- Ensuring healthcare professionals (HCP) have presumptive evidence of immunity to measles (see Recommendations section)³
- Rapidly identifying and isolating patients with known or suspected measles
- Adhering to Standard and Airborne Precautions for patients with known or suspected measles³
- Routinely promoting and facilitating respiratory hygiene and cough etiquette
- Appropriately managing exposed and ill HCP³
This interim guidance should be implemented in the context of a comprehensive infection prevention program to prevent transmission of all infectious agents among patients, HCP, and visitors.

**Adult Recommendations for Measles Vaccination**

Due to the current increase in measles cases in the United States, the CDC has developed the following summary for vaccination of adults against measles with measles, mumps, rubella (MMR) vaccine. Recommendations for vaccination and assessing immunity in adults have not changed since the publication of the Advisory Committee on Immunization Practices (ACIP) recommendations for the Prevention of Measles, Rubella, Congenital Rubella syndrome, and Mumps in June 2013.

**WHAT ADULT PROVIDERS NEED TO KNOW:**

- Providers do not need to actively screen adult patients for measles immunity. This is because of high population immunity and low risk of disease among adults in non-outbreak areas in the U.S.

- Providers should make sure patients have measles protection before international travel. U.S. residents traveling internationally are at high risk for acquiring measles abroad. They can also transmit measles to susceptible persons, such as infants, when they return home.

- If a patient is traveling internationally and measles immunity is unknown, providers should vaccinate, unless there are contraindications. Serologic testing for measles immunity is not recommended.

- During outbreaks, providers should consult with local health departments for the most up-to-date recommendations for their community. This may include additional doses of MMR for your patients.

Certain adults are considered to be at high risk for either acquiring measles and/or transmitting disease to vulnerable persons.

**High-risk adults include:**

- students at post-high school educational institutions
- healthcare personnel
- international travelers to any country outside the United States

High-risk adults need written documentation of two doses of MMR vaccine (each dose separated by at least 28 days), or other presumptive evidence of immunity. Other presumptive evidence of measles immunity includes:

- Birth before 1957
- Laboratory evidence of immunity
- Laboratory confirmation of disease

Healthcare facilities should consider vaccination of healthcare personnel born before 1957 with two doses of MMR who lack laboratory evidence of immunity or laboratory confirmation of disease.
During outbreaks, health departments may provide additional recommendations to protect their communities. The at-risk population is defined by local and state health departments, depending on the epidemiology of the outbreak. Thus, if the outbreak is affecting adults with community-wide transmission and ongoing risk of exposure to adults, a second dose should be considered for adults in these affected areas (including visitors) who have previously received one dose. During an outbreak of measles in a health-care facility, or in healthcare facilities serving a measles outbreak area, two doses of MMR vaccine are recommended for healthcare personnel regardless of the birth year who lack other presumptive evidence of measles immunity. There are no recommendations to receive a third dose of MMR vaccine during measles outbreaks.

One dose of MMR vaccine, or other presumptive evidence of immunity (listed above), is sufficient for other U.S. adults. Some adults may have received a killed measles vaccine during the 1960s. The killed measles vaccine was available from 1963 to 1967 and administered to less than 5% of adults. The ACIP recommendation is to revaccinate anyone who received the killed vaccine or vaccine of unknown type. However, this only affects a very small proportion of adults who were vaccinated during those years. There is no recommendation for a catch-up program among adults for the second dose of MMR (e.g., persons born before or after 1989).

If a patient’s measles immunity is unknown, providers should vaccinate with MMR, unless there are contraindications. Contraindications to MMR vaccination include a history of a severe allergic reaction to any component of the vaccine, pregnancy, and immunosuppression. MMR vaccine is safe, even if given to persons who were previously vaccinated or had the disease prior. IgG serologic testing to assess measles immunity is NOT recommended during this period of increased measles activity. IgM testing should ONLY be used for patients suspected to have measles.

Rabid Bats

Jackson County Public Health is warning area residents to take precautions after a rabid bat was found in Medford, Oregon.

Rabies is a viral disease affecting the central nervous system. It is transmitted from infected mammals to humans and is invariably fatal once symptoms appear. Fortunately, only a few cases are reported each year in the United States. Rabies is almost always contracted by exposure to a rabid animal. Exposure is usually through bites and the saliva of an infected animal in contact with broken skin. Scratches from rabid bats could potentially serve as source of infection.

According to the Oregon Health Authority, bats are the most common carriers of rabies in this state. About 8-10% of the bats tested for rabies are positive every year. However, the bats that are tested are usually found because they are sick; the incidence of rabies in healthy bat populations is much lower. So far in 2019, 2 bats have tested positive for rabies in Oregon.

All mammal bites to humans need to be reported within one local public health authority working day. All reports should be made using the Jackson County Animal
Bite Reporting Form. Click on the link to access the form. These reports enable Jackson County Public Health and Animal Services staff to conduct their investigation.

If you have questions regarding rabies post-exposure prophylaxis, refer to the algorithm at OHA Rabies Post-Exposure Prophylaxis Algorithm Form. You can also contact Jackson County Public Health Communicable Disease at 541-774-8045.

The Animal Bites: Reporting and Rabies information is located on the Jackson County Public Health website. Additional information can be found on the Rabies/Hydrophobia/La Rabia/Animal Bites from the Oregon Health Authority.

“The mission of Jackson County Health and Human Services is to plan, coordinate and provide public services that protect and promote the health and well-being of county residents.

REFERENCES