

# Guidance for Preparing Your Office to Handle a Measles Case

## General Office and Reception Considerations

- Measles is a highly contagious virus that lives in the nose and throat mucus of an infected individual; it is passed to others by coughing and sneezing, as well as by contact with a contaminated surface or object. The measles virus will live in the air and on objects for 2 hours, infecting 90% of nonimmune people even after the ill person has left the room.
- The measles-mumps-rubella (MMR) vaccine series is safe and highly effective, and immunity is considered lifelong.
- Discuss the importance of MMR vaccine with all patients and their families. Ensure all children are up to date on MMR vaccine:
  - Children need 2 doses of MMR: one dose at 12-15 months and another dose at 4-6 years.
  - Before any international travel, infants 6-11 months need 1 dose of MMR vaccine, children 12 months and older need 2 doses separated by at least 28 days, and teenagers and adults who do not have evidence of immunity against measles need 2 doses separated by at least 28 days.
- Assess patient's immunization history and risk factors for measles, including recent travel or recent contact with person(s) diagnosed with measles or experiencing a febrile rash illness. Current U.S outbreaks are listed at [www.cdc.gov/outbreaks](http://www.cdc.gov/outbreaks). Current international outbreaks and travel health notices can be found at [www.cdc.gov/travel](http://www.cdc.gov/travel).

## Waiting Room and Office Precautions

- Quick screening and masking of patients coming into your office is essential to prevent spread of measles. All patients where measles is suspected should be masked, taken immediately to a clinic room, and that room should not be used for *at least* two hours. Use a negative pressure room if available.
- Consider signage at front/main clinic entrance advising that if a patient is experiencing measles symptoms or has known exposure to a measles case, to stop before entering the waiting room. You may wish to provide masks with the signage, or a phone number for the patient to call so that they can be routed appropriately (for example, meeting the patient at their car or escorting them to a back entrance).

## Staff Immunity

- Proof of immunity either by a positive measles titer or documentation of two MMR vaccines is recommended for adults who work in healthcare facilities, per the Advisory Committee on Immunization Practices (ACIP) and the Centers for Disease Control <https://www.cdc.gov/vaccines/vpd/mmr/hcp/recommendations.html>. Proof will be requested by the health department during the follow up of any confirmed measles case. Individuals where immunity cannot be verified may be quarantined for up to 21 days and will need to be excluded from work.

## Isolation

- A patient with measles must be isolated for the entire infectious period once they are suspected of having measles (4 days prior to rash onset and 4 days following rash onset, with the first day of the rash considered day zero).
- If a patient is leaving your office with measles as a suspected diagnosis, they **must** receive the education from you about remaining in isolation (staying home from work, school, and any other activities; NO mingling in the community!) In addition, please alert your patient that the health department will be following up immediately, in order to prevent further disease transmission among household and other close contacts.

## Laboratory Testing Referrals

- Essential for diagnosis;** should be attempted for all suspect cases fitting the clinical description. Collect a viral specimen (throat or nasopharyngeal swab) and if your location has the ability to perform venipuncture, collect serum (IgM) as well. A throat swab is preferred for viral/RNA detection. Synthetic swabs should be used and placed in viral transport medium; 2-3 mL of whole blood should be collected in a tube without anticoagulant and spun down to separate serum if possible. Specimens should then be kept cold. The Grand Traverse County Health Department does not have measles testing kits! Questions about the correct supplies needed for a viral specimen can be directed to Munson Laboratory – Microbiology (231-935-6123). GTCHD will coordinate with Munson Medical Center Laboratory to make sure specimens are sent to the Michigan Department of Health and Human Services (MDHHS) Bureau of Laboratories. **\*If your facility uses a laboratory other than Munson Medical Center Laboratory, please refer to the Grand Traverse County website <http://www.gtchd.org/1647/Measles-Information> for instructions on sending a sample to MDHHS Bureau of Laboratories.**
- It is best practice to obtain the needed lab specimens at your office on the initial visit. If you do not have the proper supplies to obtain the confirmatory labs, now would be a good time to order them. If you do not perform venipuncture at your office, please do not send the patient to another location to have serum drawn; the viral specimen/swab is the most crucial specimen to collect!
- If you suspect measles enough to obtain labs, then it is reportable to the health department. Before specimens are sent to the state laboratory, the local health department MUST obtain approval for the test to be performed from MDHHS.** When considering measles in your diagnosis, take into account the patient’s vaccination status, history of travel and/or known exposure to a confirmed measles case, and the presentation of the illness including onset of rash (was the rash preceded by 3-4 days of high fever plus either a cough, conjunctivitis, or coryza? A typical measles rash will be maculopapular, beginning on the forehead or hairline and spreading downward to the neck, trunk and upper and lower extremities, with the palms and soles rarely involved). Clinical information and patient history must be reported to the local health department in order for them to obtain approval from the state. Health department staff will complete a measles specimen collection checklist with you at the time of your call. \*MDHHS will not approve sample(s) for testing if patient does not meet clinical criteria or provider does not strongly suspect measles.

## Reporting Suspect Measles Cases

- Mandated reporting by physicians and mid-level providers of ALL suspected, probable and confirmed cases of measles within 24 hours to the local health department of the patient’s residence is required. The sooner we know of even a potential case, the sooner we can initiate case investigation, which is **essential in preventing further spread of the disease**. Please call the following numbers to report a suspect case in:
  - Grand Traverse County - 231-995-6125
  - Kalkaska County – 231-258-8669
  - Benzie County - 231-882-4409
  - Leelanau County – 231-256-0200
  - Wexford County - 231-775-9942
  - Antrim County – 231-533-8670

## Recommended Prophylaxis for Susceptible Close Contacts:

- MMR vaccine, if given within 72 hours of exposure (preferred)
- Immune globulin (IG), if given within 6 days of exposure and for infants under 6 months of age, pregnant women and severely immunocompromised persons. Immune globulin is available at the Munson Medical Center Emergency Department. Please coordinate with the Health Department or the Emergency Department before sending a patient there.
- IG dosage guidelines can be found at [http://www.michigan.gov/documents/mdch/Measles\\_388976\\_7.pdf](http://www.michigan.gov/documents/mdch/Measles_388976_7.pdf) OR <http://www.cdc.gov/measles/hcp/index.html> (under the “For Healthcare Professionals” tab)
- See Health Department document “Measles Post-Exposure Prophylaxis: Recommendations for Non-Symptomatic Susceptible Contacts”