Lessons Learned & Best Practices for Measles Cases in Healthcare Settings

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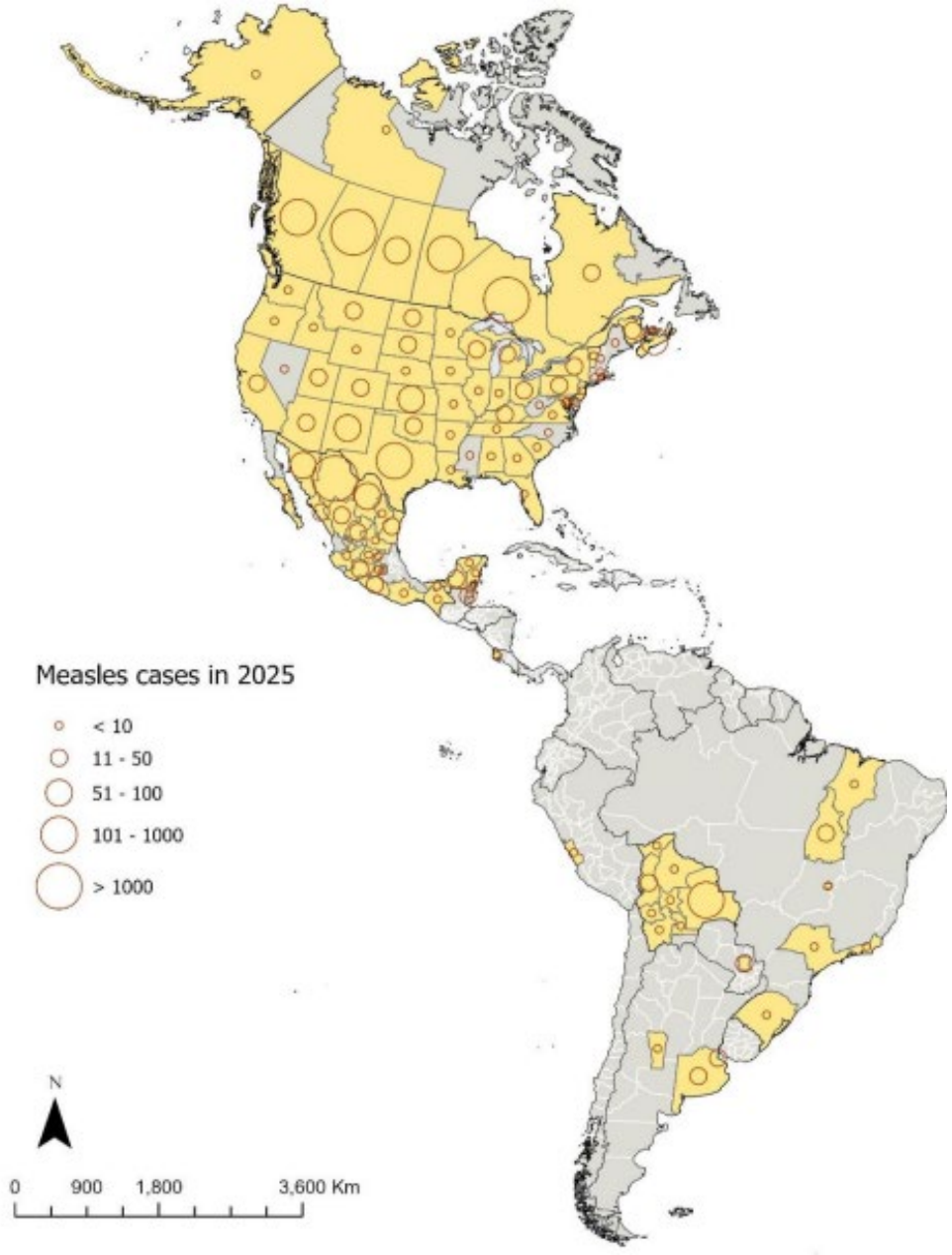
TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

Outline

- Measles surveillance update
- Kentucky measles cases: lessons learned
- Recommendations for healthcare settings
- Public health notification & laboratory testing
- Measles resources

Measles surveillance update



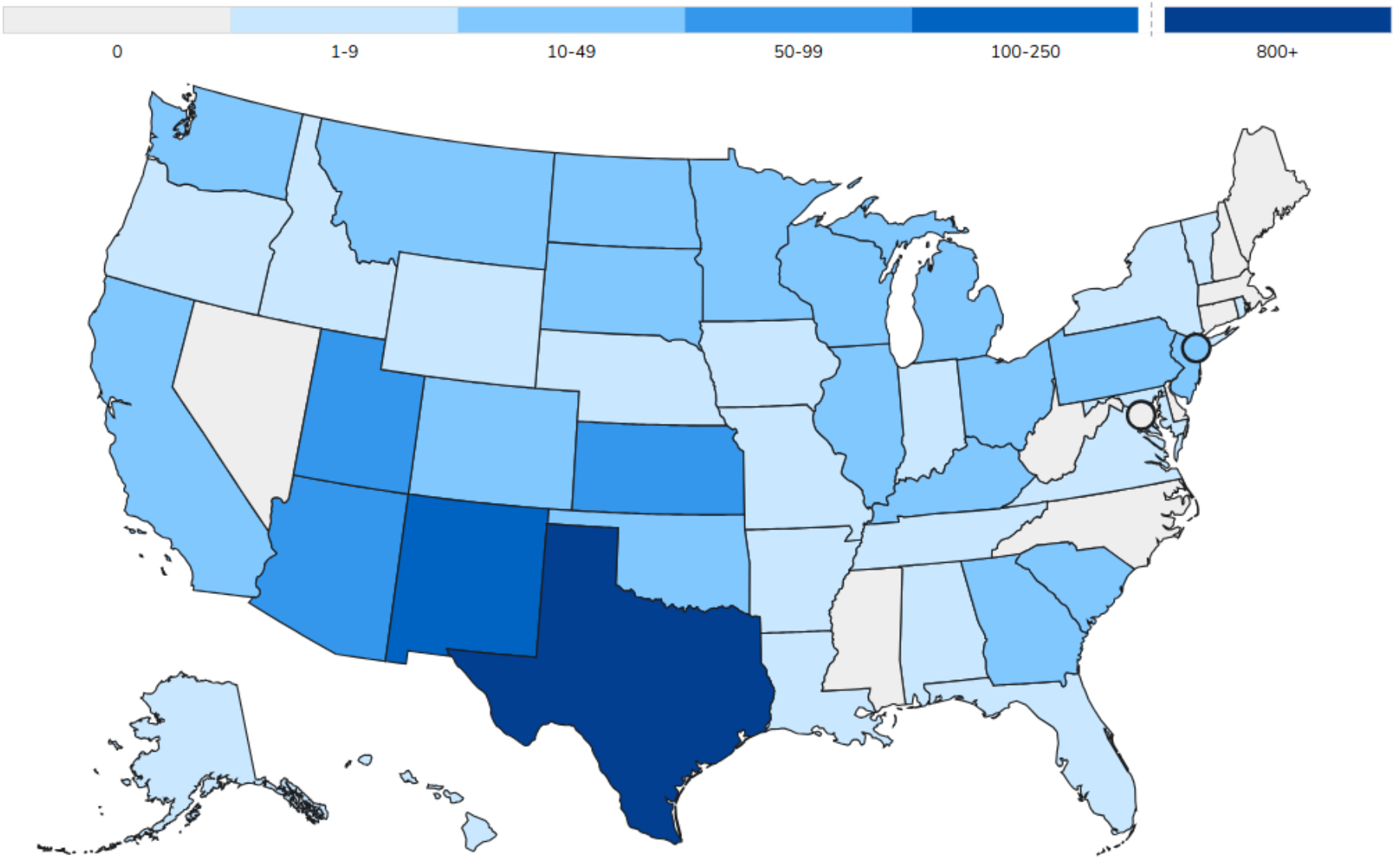
Source: Pan-American Health Organization

Measles in the United States - 2025

- As of Oct 28, 2025*:
  - 1,648 total **confirmed** cases in US in 42 jurisdictions
    - 1,625 among US residents
  - 92% unvaccinated or unknown vaccination status
  - 27% under age 5 years
  - 12% hospitalized
  - 3 deaths (2 pediatric, 1 adult)
- 43 total outbreaks
  - 3 or more cases
- 87% of confirmed cases are outbreak-associated
- Majority of cases associated with ‘Southwest Outbreak’
- Large outbreaks ongoing in SC, UT, AZ

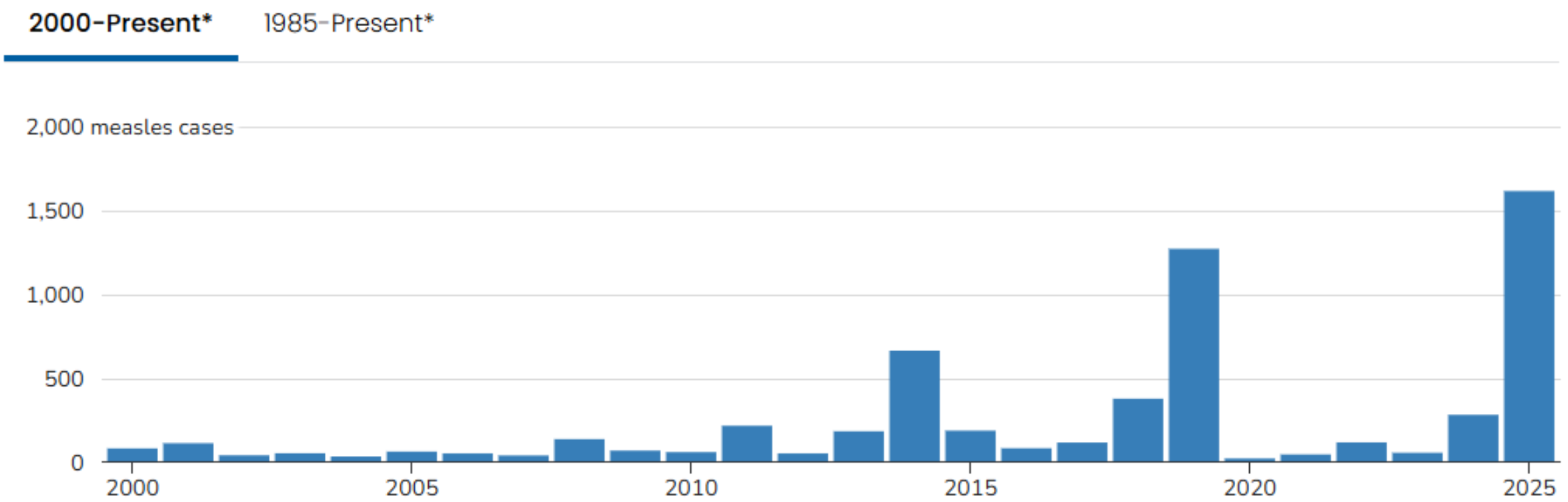
*CDC Measles Cases and Outbreaks page updated weekly on Wednesdays. Case counts often lag reports by individual states.

2025 US measles cases (as of Oct 28)



Source: CDC

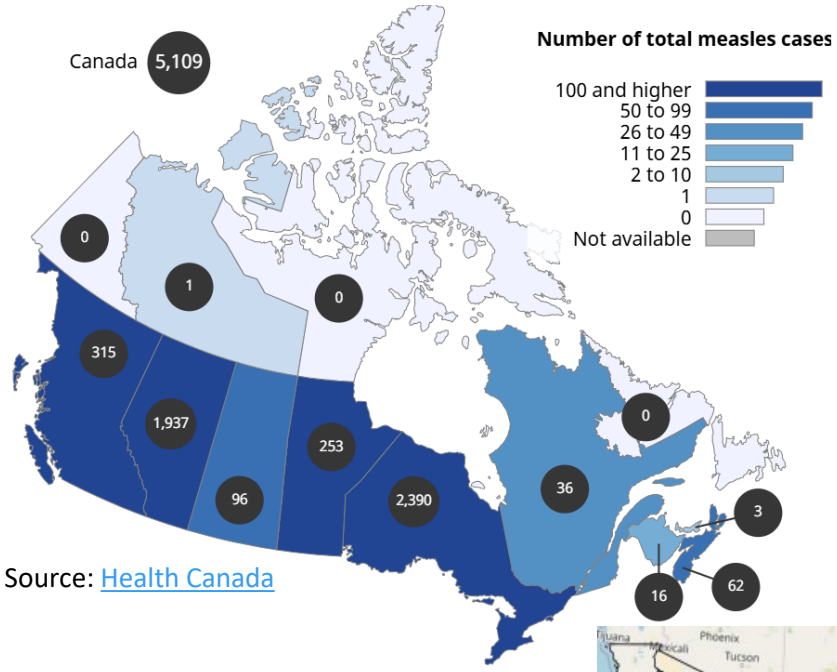
U.S measles cases by year since elimination



Source: CDC

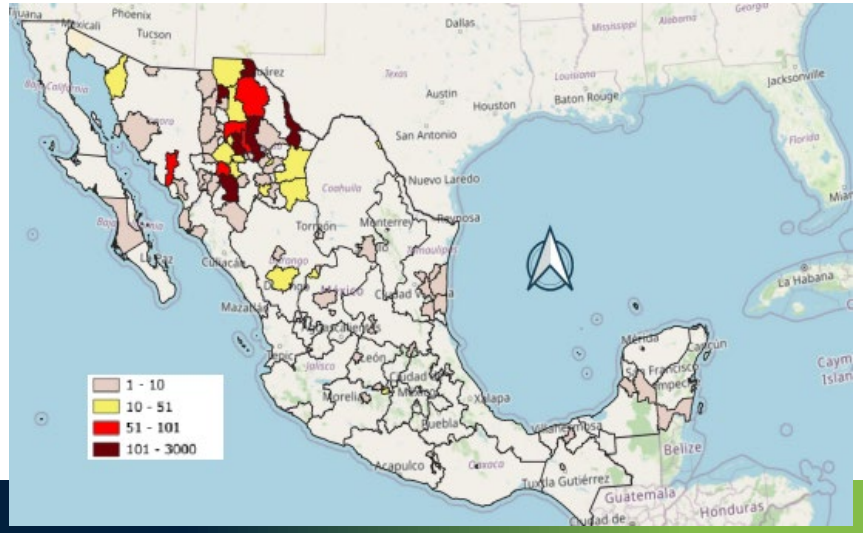
International cases & travel recommendations

- Large outbreaks ongoing in Canada and Mexico
  - Many cases associated with Mennonite communities
  - Account for ~50% of U.S. measles importations in 2025
- **All** international travel should be considered a risk factor
  - All KY cases this year connected to international travel
- CDC recommends full vaccination for all international travelers age ≥6 months **at least 2 weeks prior to travel**



Source: Health Canada

Source: Outbreak News Today



Kentucky measles cases

Kentucky Measles Case Data

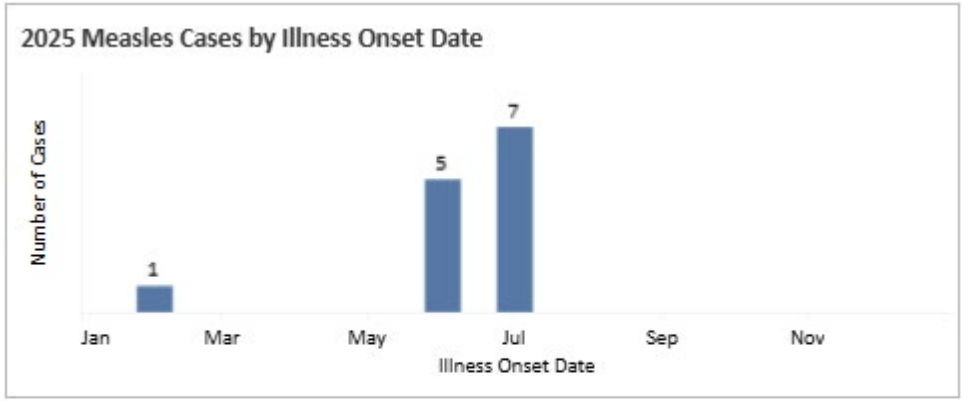
Refreshed Date: 10/13/2025

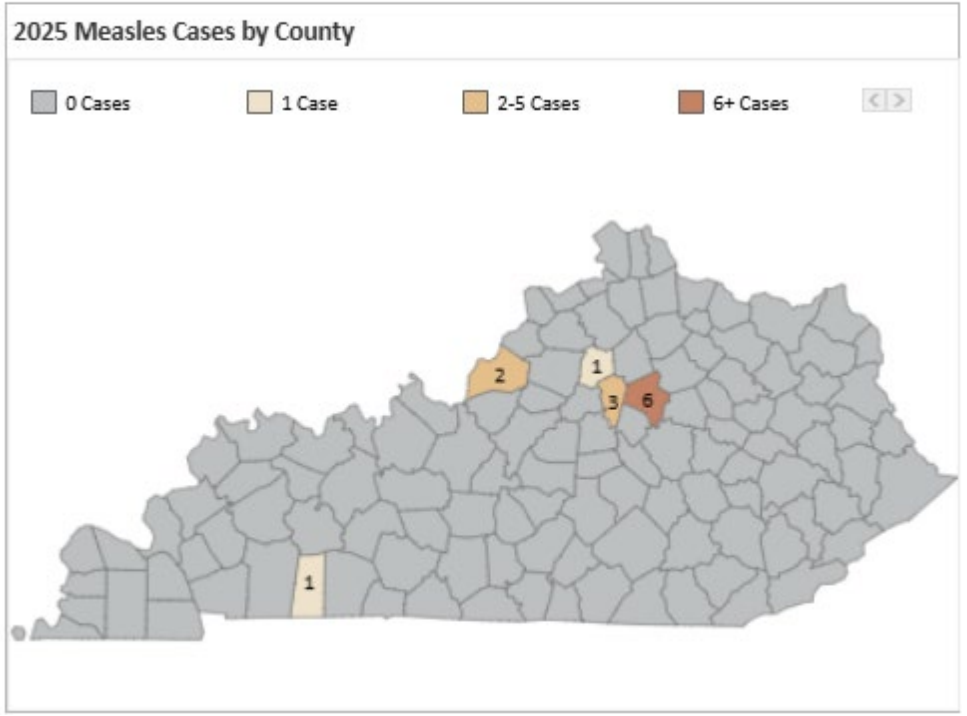
2025 Confirmed Cases	Number of Hospitalizations	Number of Deaths
13	2	0

2025 Measles Cases by County	
Fayette County	6
Franklin County	1
Jefferson County	2
Todd County	1
Woodford County	3

2025 Measles Cases by Age Group	
<5 years	0
5-17 years	10
18+ years	3

2025 Measles Cases by Vaccination Status	
Unknown/unvaccinated	12
1 MMR Dose	1
2+ MMR Dose	0



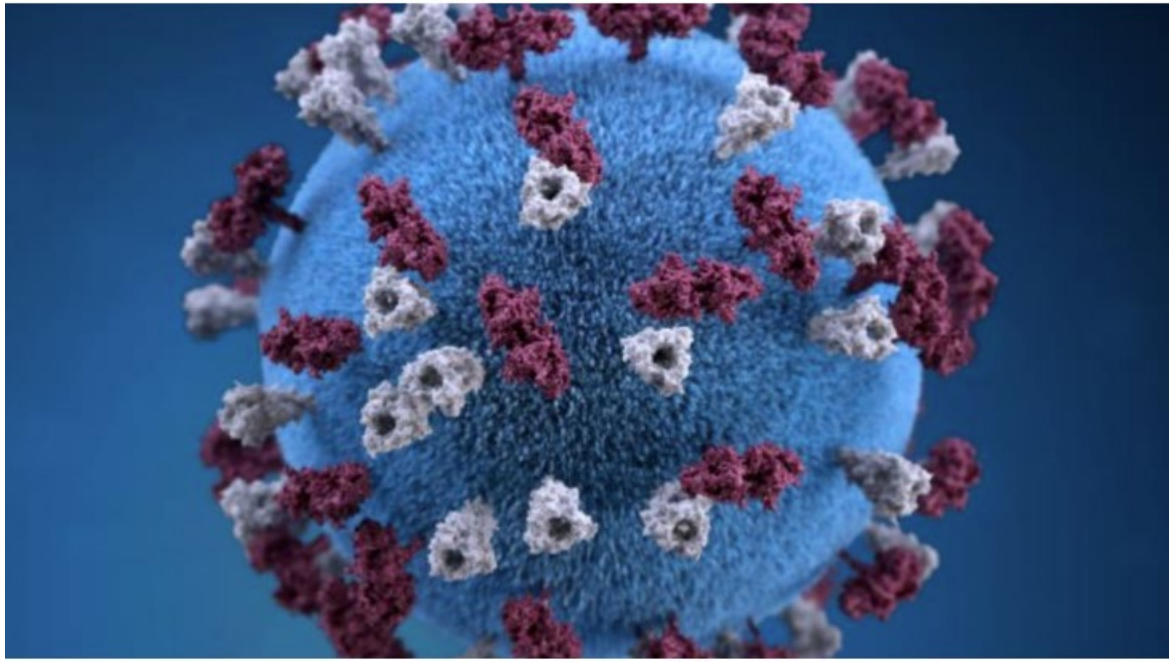


[KDPH measles website link]

Kentucky measles cases: lessons learned

KENTUCKY

Measles outbreak spreads to KY. Who is at risk and who needs to update their vaccine



Measles — which can live in the air up to two hours after someone infected leaves — is highly contagious but rare. Win McNamee *Getty Images via Idaho Capitol Sun*

Case scenario 1

- Day 0: A middle-aged adult KY resident returned from travel to a country endemic for measles
- Day 5: Initial symptoms begin—flu-like symptoms x5 days
- Day 7 (infectious): Patient visits multiple public locations and private homes
- Day 8 (infectious)**:** Patient interacts with family, including un/under-immunized young children
- Day 9: (infectious) Rash begins—maculopapular, spreading from head downward

Case scenario 1

- Day 10: (infectious): Symptoms worsen, patient admitted to large hospital in another county
  - Initially seen in ED at second hospital
- Day 11: (infectious): Measles swab collected and sent to **Labcorp** for PCR
  - Patient reports being vaccinated but does not have documentation (eventually located by public health)
  - Patient also diagnosed with COVID-19 & bacterial GI illness; discharged home until end of infectious period
- Day 14: Electronic lab results received by hospital late in the evening
- Day 15: Patient has follow-up visit with provider, given measles diagnosis
  - Measles case reported to local health department via fax and KDPH via electronic lab report; case investigation begins

Lessons learned

- All international travel is a risk factor
  - Diagnosis can be complicated by co-infection and by other common pathogens in countries visited
- MMR vaccination is highly effective (even 1 dose), but not 100% protective
- Public health should be contacted **immediately** when measles is **suspected**
  - 4 days of response time were lost due to specimen going to commercial lab
- Proper signage & procedure can help avoid exposures in ED settings

Case scenario 2

- Day 0: Adolescent KY resident returns from international travel to a country with a large ongoing measles outbreak
  - Specific location they stayed in had no recent cases, but they passed through an area with cases
- Day 1: Symptoms begin—headache, body ache, chills, eventually high fever, cough, red eyes
- Day 2 (infectious): Visit to outpatient clinic
  - Not initially reported by patient and not confirmed until Day 9
- Day 4 (infectious): Visit to second outpatient clinic for worsening symptoms
  - Onset of descending maculopapular rash
  - Patient's mother reports they are fully vaccinated, but no documentation ever located
  - Patient has a relative at home that is unimmunized

Case scenario 2

- Day 5 (infectious): Visit to emergency department at large hospital for worsening symptoms
  - Triaged immediately upon entering ED, placed in **non-**airborne precaution room for 25 minutes, then moved to airborne precaution room
  - Patient negative for Group A strep, mono and full respiratory panel
  - Measles is suspected and swab is collected for testing but stored until next business day (2 days later)
  - Patient sent home to isolate until results come back
- Day 7 (infectious): Hospital calls local health department first thing in the morning to notify them of case and seek approval for testing at state lab
  - LHD notifies DPH, who approves testing
  - Specimen arrives at state lab mid-day
  - PCR results come back positive for measles ~4:00 PM

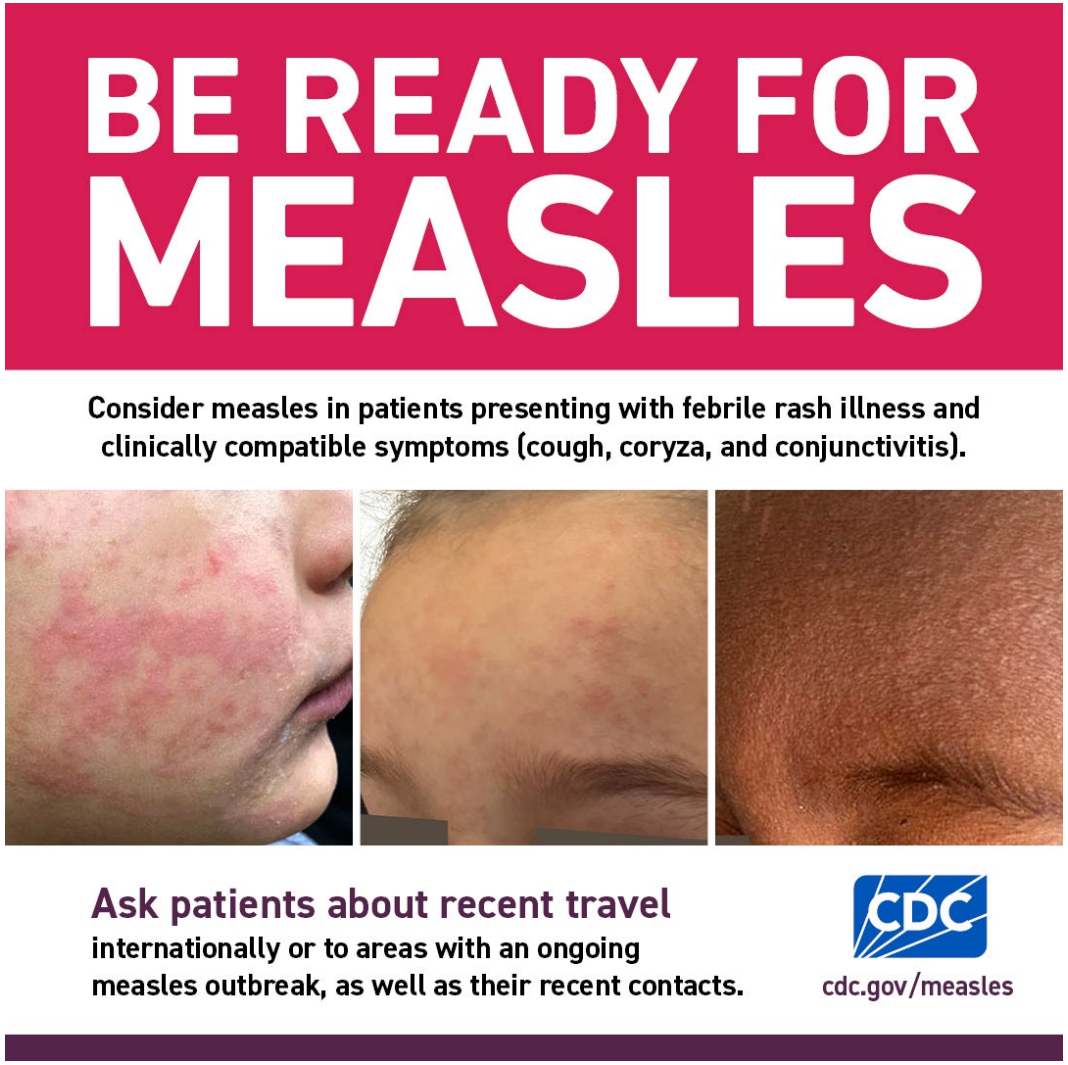
Case scenario 2

- Day 8: Call takes place with KDPH, local health department, & representatives of the second outpatient clinic & large hospital
  - Contact tracing begins
  - Several individuals exposed at both locations, including un/under-vaccinated infants who required (and were given) post-exposure prophylaxis (PEP)
  - Several exposed individuals were eventually tested
- Day 19: Local health department is notified during monitoring call that unvaccinated relative of the index case developed fever and rash one day prior
  - No other secondary cases were identified

Lessons learned

- Documentation of immunization is critical
- Patients/families are not always great historians and may not always be forthcoming
- Facilities should have a plan in place to provide PEP to individuals exposed in their facility
  - Large hospitals could potentially be asked to support public health with administration of PEP to people exposed in the community
- Facilities should have a good understanding of shared airspaces
- Close coordination between healthcare and public health is critical

Recommendations for healthcare settings



Source: CDC

Critical steps when measles is suspected

- Isolation & infection prevention
- Detailed clinical assessment / differential diagnosis
- Ascertain immunity
- Identify possible exposures
- Collect appropriate specimens for diagnostic confirmation
- Notify public health
- Post-exposure prophylaxis for susceptible contacts

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- **Encourage patients to call ahead**
- **Post signage**
- **Mask patient and family**
- **Move to isolation room**
- **Appropriate PPE**
- **Limit transport/movement**
- **Ensure providers have immunity**

Critical steps when measles is suspected

- Isolation & infection prevention
- Detailed clinical assessment / differential diagnosis
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- **Cough**
- **Coryza**
- **Conjunctivitis**
- **Fever**
- **Koplik spots**
- **Maculopapular rash (2-4 days after)**
- **Note onset/progression of each**
- **Rule out other etiologies**

Critical steps when measles is suspected

- Isolation & infection prevention
- Detailed clinical assessment / differential diagnosis
- Ascertain immunity
- Identify possible exposures
- Collect appropriate specimens for diagnostic confirmation
- Notify public health
- Post-exposure prophylaxis for susceptible contacts

- **Documented MMR vaccination (2 doses, depending on age)**
  - **Check KYIR**
- **Previous measles infection**
- **Born before 1957**

Critical steps when measles is suspected

- Isolation & infection prevention
- Detailed clinical assessment / differential diagnosis
- Ascertain immunity
- Identify possible exposures
- Collect appropriate specimens for diagnostic confirmation
- Notify public health
- Post-exposure prophylaxis for susceptible contacts

- **Consider 21 days before rash onset**
- **Exposure to measles case**
- **Travel history**
- **Interactions with foreign visitors (home, tourist attractions, etc.)**
- **Other congregate settings?**

Critical steps when measles is suspected

- Isolation & infection prevention
- Detailed clinical assessment / differential diagnosis
- Ascertain immunity
- Identify possible exposures
- Collect appropriate specimens for diagnostic confirmation
- Notify public health
- Post-exposure prophylaxis for susceptible contacts

- **NP/OP swab in VTM for PCR – high priority**
- **Serum for IgM serology –send to reference lab**
- **Epi approval needed for testing at state lab if high suspicion**

CDC measles testing recommendations

	Measles Tests		When to Collect?
Acute Disease	PCR	Nasopharyngeal (NP) or Throat (OP) Swab 	As soon as possible upon suspicion of measles: ideally **0-3 days** after rash onset, up to **10 days** after rash onset.
Acute Disease	PCR	Urine 	**Within 10 days** of rash onset **Collecting a urine specimen along with an NP/OP swab may improve test sensitivity, especially if at the end of the PCR detection window.*
Acute Disease	IgM	Serum 	Collect with specimen for PCR. Can be negative up to 3 days after rash onset. IgM **can be detected for 6–8 weeks** after acute measles.
Immunity	IgG	Serum 	When assessing evidence of immunity, can be detected ~**2 weeks** after MMR vaccination

- Gold standard, preferred by KPDH
- **Can** be done at DLS

- Not generally requested by KDPH, but can be sent if paired with swab
- May show positive later than NP swab

- Should only be done in conjunction w/ PCR
- **Cannot** be done at DLS (can send to reference lab)

- Immunity testing only
- **Can** be done at DLS

Source: CDC

Critical steps when measles is suspected

- Isolation & infection prevention
- Detailed clinical assessment / differential diagnosis
- Ascertain immunity
- Identify possible exposures
- Collect appropriate specimens for diagnostic confirmation
- Notify public health
- Post-exposure prophylaxis for susceptible contacts

- **Immediately upon suspicion to ensure rapid investigation**
- **Request approval for testing at state lab (DLS)**
- **Management of exposed contacts**

Critical steps when measles is suspected

- Isolation & infection prevention
- Detailed clinical assessment / differential diagnosis
- Ascertain immunity
- Identify possible exposures
- Collect appropriate specimens for diagnostic confirmation
- Notify public health
- Post-exposure prophylaxis for susceptible contacts

- **For known susceptible contacts**
- **MMR within 72 hours**
- **Immune globulin (IG) up to 6 days post-exposure**

Public health notification & laboratory testing

KDPH measles testing overview

- Measles PCR testing for highly suspicious cases is available at the state public health laboratory (DLS) **with KDPH Epidemiology approval**

- KDPH Epi approval is *not* meant to indicate whether measles testing is clinically warranted
  - Rather, purpose is to ensure that risk is sufficient to warrant use of finite public health resources + identify true cases as quickly as possible
  - Providers may still pursue testing at commercial lab if approval for DLS testing is not granted

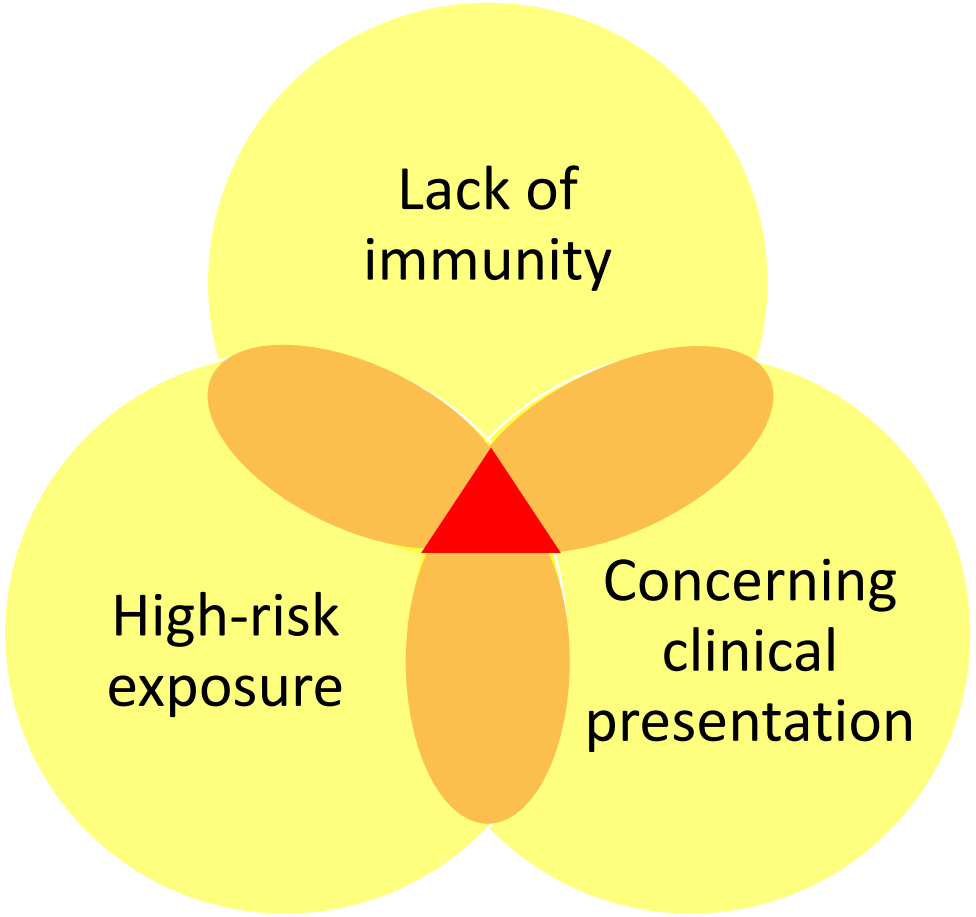
Public health notification

- Encourage providers to contact the **local public health department** covering the **patient's** jurisdiction as soon as measles is suspected
  - Particularly during business hours
  - Some LHDs have after-hours on call numbers
  - LHD Website
    - Select 'Directors Listing' for contact info

KDPH Epidemiology must give approval before specimens can be sent to the state lab.

- If unable to reach LHD, can contact KDPH
  - **Business hours** (8:00-4:30, M-F): (502) 564-4478
  - **After hours** (nights, weekends): 888-9-REPORT

Approval criteria for measles testing



Specimen collection and transport

- Refrigerate (4° - 8°C or 39.2° - 46.4°F) all specimens immediately after collection
- If specimen cannot be shipped immediately, freeze at -70°C or -94°F and ship on dry ice. DO NOT store samples in a standard freezer
- The Lab Form 275 Virology should be completed and sent with all specimens going to DLS.
- KDPH and DLS do not have a dedicated courier
  - Coordinate with a birthing hospital and send via **newborn screening courier**
  - Use other private courier
  - Coordinate with LHD for private transport

Obtaining results

- Results typically available same day if specimen arrives by ~12:00
  - Results available early next morning if received in early/mid-afternoon
  - Weekend testing reserved for very high-risk circumstances

- Tests can be ordered, and results obtained, through Outreach website
  - DLS website homepage includes Outreach access instructions

- Local health department will also call to communicate results

Measles resources

Source: CDC

KDPH measles website

Health Care Provider Resources:

When Measles is Suspected

When to Test for Measles

CDC| Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings

KDPH | Measles Investigation Quicksheet

KDPH| Measles Post-Exposure Prophylaxis (PEP) for Non-Symptomatic Susceptible Contacts

MMR Vaccination & Management of OBGYN Patients During a Measles Outbreak

Additional Resources:

KDPH | Measles Response Guide

News and Alerts:

- KDPH Press Release - Jun. 30 Health Officials Announce Measles Outbreak in Central Kentucky
- KDPH Press Release - Jun. 27 Kentucky Health Officials Report 4 New Measles Cases
- Health Care Providers: Health Alert Notification (HAN) - June 27, 2025

Kentucky Health Care Provider Information

When Measles Is Suspected

ISOLATE THE PATIENT IMMEDIATELY UPON SUSPICION OF MEASLES
- Provide instructions for arrival to facility, including entrance to use and precautions to take (such as wearing mask), put in Airborne Infection Isolation Room (AIIR) or private room with door closed.

WEAR PPE
- Follow guidelines for airborne precautions while in contact with patient.
- Healthcare personnel should have documented immunity against measles.

OBTAIN A THOROUGH MEDICAL HISTORY
- This should include possible exposures, symptom onset, siblings in home or others who may have been exposed and vaccination status.

LOOK FOR THE 3-C'S (COUGH, CORYZA, AND CONJUNCTIVITIS) + plus fever and then rash
- Koplik's spots may appear 2-3 days before the rash.

COLLECT SAMPLES FOR LABORATORY CONFIRMATION OF MEASLES *
- Preferably nasopharyngeal swab or oropharyngeal swab (or both) for PCR, put into Viral Transport Media (refrigerate at 4°C or freeze). **

* https://www.chfs.ky.gov/agencies/dph/oc/Documents/FY26-Clinical-Service-Guide.pdf#page=280
**https://www.chfs.ky.gov/agencies/dph/dls/Documents/Multishipperwithcoldpackvirusweb.pdf

NOTIFY LOCAL HEALTH DEPARTMENT *(EVEN IF ONLY SUSPECTED CASE)*: *
- Follow their recommendations for sending lab specimen to KY State Lab for testing.
  *Local Health Department Listing: https://www.chfs.ky.gov/agencies/dph/dafm/LHDInfo/AlphaLHDListing.pdf

PLEASE DO NOT SEND SPECIMEN TO YOUR NORMAL LAB COMPANY FOR TESTING FOR HIGH SUSPICION CASES! (Most lab companies take several days to result, which may impede investigations).
- Contact your LHD first, if unavailable, call: **1-888-9-REPORT** (1-888-973-7678)

OFFER POST-EXPOSURE PROPHYLAXIS (PEP)
- Offer PEP to patients exposed to measles with no history of vaccination or immunity.
- The MMR vaccine can be administered within 72 hours of initial exposure or immunoglobulin (IG) within 6 days of last exposure. **(Do not administer together)**.

PROVIDE SUPPORTIVE CARE FOR PATIENTS POSITIVE FOR MEASLES
- There is no specific treatment for measles.
- Encourage fluids, including treatment for fever, discomfort and other treatable symptoms.
- Educate the patient and their family about the contagious nature of measles and the importance of isolation to prevent further spread.
- Monitor the patient for complications, such as pneumonia or encephalitis, and provide appropriate treatment as needed.

PATIENTS NEGATIVE FOR MEASLES
- Follow up with the exposed individuals after PEP to ensure they have received their second dose of MMR vaccine, if needed.

Scan the QR code to view CDC Interim Infection Prevention and Control Recommendations or visit:
https://www.cdc.gov/infection-control/hcp/measles/index.html

Kentucky Public Health

[When Measles is Suspected]

[When to Test for Measles]

Kentucky Health Care Provider Information on

When to Test for Measles

Kentucky Public Health

MEASLES TESTING MAY BE RECOMMENDED

DOES THE PATIENT HAVE:

FEVER + RASH

AND one of the following:

COUGH

RUNNY NOSE

CONJUNCTIVITIS (Pink Eye)

If the patient was born before 1957 OR have received 2 doses of MMR vaccine:

Did any of the following events take place in the 21 days before having symptoms?
- Came into contact with a person who has or was exposed to measles
- Any international travel or travel to an area with a measles outbreak
- Exposure to someone who has recently traveled

YES — Could it be a rash from an allergic reaction, roseola, recent vaccination or strep throat?

NO — It is unlikely that the patient has measles. Screen for other illnesses

YES — No testing is required

NO — Has the patient been having symptoms for more than 10 days?

YES — It is not measles and no testing is required

NO — Measles is probably unlikely due to vaccination but **isolate**, **call** your local health department and **collect** specimen by obtaining nasopharyngeal or oropharyngeal throat swab and put in Viral Transport Medium (may collect both types of specimens and put both in same Viral Transport Medium)

If the patient was born after 1957 AND has not received 2 doses of MMR vaccine:

Did any of the following events take place in the 21 days before having symptoms?
- Came into contact with a person who has or was exposed to measles
- Any international travel or travel to an area with a measles outbreak
- Exposure to someone who has recently traveled

YES — **Isolate**, **call** your local health department and **collect** specimen by obtaining nasopharyngeal or oropharyngeal throat swab and put in Viral Transport Medium (may collect both types of specimens and put both in same Viral Transport Medium)

NO — Has the patient been having symptoms for more than 10 days?

YES — Measles is not likely but call your local health department to make sure

NO — **Isolate**, **call** your local health department and **collect** specimen by obtaining nasopharyngeal or oropharyngeal throat swab and put in Viral Transport Medium (may collect both types of specimens and put both in same Viral Transport Medium)

REPORTING

Kentucky Department for Public Health, Immunization Branch: 502-564-4478 (8:00am- 4:30pm)
- **After office hours reporting:** 1-888-9-REPORT

Send collected specimens to the Division of Laboratory Services (DLS) for testing after receiving KDPH approval

Kentucky Department for Public Health (KDPH)
Kentucky Measles Response Guide
For Health Care Providers & Local Health Departments (LHDs)

Table of Contents

Kentucky Division of Lab Services website

Updated Documents:

Reference List of Tests

Outreach Test Codes

Email Outreach registration forms to:

chfs.csco@ky.gov

Outreach Information

- KDLS Outreach Access Request Form .pdf
- HIPAA form
- Password Procedure for Outreach
- Outreach User Manual
- Outreach Test Codes

Laboratory Submission Forms

- Lab Form 194 CTGC
- Lab Form 197 HIV
- Lab Form 212 Prenatal Profile
- Lab Form 213 Serodiagnosis
- Lab Form 254 Rabies
- Lab Form 275 Virology
- Lab Form 207 Mycobacteriology

Collection and Packaging Instructions

- Multishipper Instructions
- Enteric and Norovirus Collection and Packaging Guidelines
- Food Collection
- **HPAI Collection and Shipping Guidance**
- Method for Sputum Collection
- Multishipper with Cold Pack Blood
- Multishipper with Cold Pack Hepatitis A
- Multishipper with Cold Pack Hepatitis C
- Multishipper with Cold Pack Virus-Swab
- Newborn Screening Collection
- Rabies Packaging
- Water Collection

CDC “Be Ready For Measles” Toolkit

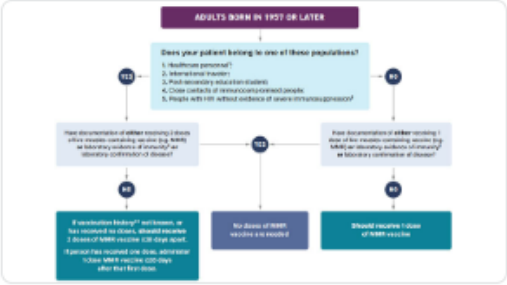
For providers

Measles alerts

Learn what you can do to help protect your patients during a measles outbreak.

- Healthcare Providers: Stay Alert for Measles Cases
- Expanding Measles Outbreak in the United States and Guidance for the Upcoming Travel Season

Adult MMR vaccination decision tree



Measles vaccine recommendations for non-pregnant adults aged 19 or older, by birth year in the United States PDF

Providers can use this visual aid to make decisions about MMR vaccination for adults.

MAY 23, 2025

Download PDF

Fact sheets

Caring for Patients with Measles Fact Sheet PDF

Information for providers about supportive care to help manage measles complications.

Measles Clinical Diagnosis Fact Sheet

Learn the disease course and symptoms for measles and what to do if you have a suspected case.

Preparedness and response tools

Preparing and Responding to Measles: Checklist for Healthcare Workers PDF

Clinical Provider Flowsheet: A tool to guide providers in evaluating a patient presenting with rash and fever PPT

Clinical Overview of Measles: Diagnosis, Lab Testing & Outbreak Response (See video description for CE)

Recommendations for Testing Measles, Mumps, Rubella, and Varicella PDF

CDC – Measles Preparedness & Response in Healthcare Settings


Measles Assessment Tool (MAT) for Infection Control in Healthcare Settings: Measles Preparedness and Response During Community Outbreaks

This Measles Assessment Tool (MAT) is intended to be a resource for use by health departments and/or healthcare facilities to aid in a focused review of measles prevention and response policies and procedures at a healthcare facility and guide infection prevention and control (IPC) observations during an outbreak of measles in the community. Findings from this assessment can help the healthcare facility determine if it is currently able to safely identify, isolate, and care for a patient with measles. It also facilitates addressing any identified gaps. Ideally, this assessment would be used by a health department or healthcare facility to proactively identify and address any gaps in IPC policies and practices before a measles exposure occurs, either through importation or community transmission.

A healthcare facility may implement different policies to minimize measles exposures based on the burden of measles transmission in the community or healthcare setting. If used as a preparedness tool, before measles is identified in the community, some questions may need to be rephrased to ask about the addition of measures (e.g., use of measles-specific signage) that would be taken in response to cases in the community. Further, as practices related to screening and rapid isolation broadly apply to anyone presenting with signs or symptoms of acute respiratory illness, concepts could be broadened to address pathogens beyond measles.

This MAT includes information for different types of facilities and units (and their related specific challenges). To

Measles Assessment Tool (MAT) for Infection Control in Healthcare Settings PDF

Tool to facilitate a conversation and prompt action, if appropriate, during community outbreaks.

Download PDF

- Similar to CDC Infection Control Assessment and Response (ICAR) Tool
- Includes “Patient Tracer” exercise that includes recommendations for shared airspaces


Steps for Responding to Measles Exposures in Healthcare Settings

This document is intended for use in healthcare settings. It provides examples of how to implement a measles exposure investigation and can complement existing applicable tier- and public health department guidance. Refer to Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings | Infection Control | CDC for recommended practices when caring for a patient with suspected or confirmed measles. A sample script and notification letter are available to assist with notifying patients and visitors and assessing their eligibility for post-exposure prophylaxis.

Key Terms:

- Definition of exposure to measles in healthcare settings: Exposure to measles in a healthcare setting means spending any time within (unprotected (i.e., not wearing recommended respiratory protection)):
  - 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. See Appendix A.

Measles is one of the most infectious known pathogens. Effectiveness of source control measures for measles has not been formally studied in healthcare settings. However, to date and based on available information, measles transmission has not been reported when a suspect measles patient is appropriately identified at entry, masked, and quickly transported to an airborne infection isolation room (AIIR). In such scenarios exposure risk is considered low, but is technically not zero.

*Measles has been reported to remain infectious in air for up to 2 hours. For spaces with a defined rate of air changes per hour (ACH), see the following for additional considerations about estimating the time for 99.9% removal efficiency of airborne contaminants: Table B1. Air changes/hour (ACH) and time required for airborne contaminant removal by

Steps for Responding to Measles Exposures in Healthcare Settings PDF

Guide to implement a measles exposure investigation. Can complement guidance from health departments.

Download PDF

- Good supplement to Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings
- Facilities may handle contact tracing for staff, provide info on exposed patients to public health


Sample script to assess patients and visitors in healthcare settings for exposure to measles and need for post-exposure prophylaxis

Users: Health department or healthcare facility personnel

Intended Use: This sample script is intended to help assess patients and visitors in healthcare settings for exposure to measles and need for post-exposure prophylaxis. This does not address any community restrictions that might be recommended by a health department for exposed individuals who do not have presumptive evidence of measles immunity and did not receive post-exposure prophylaxis; such jurisdiction-specific information may be added by users where appropriate.

This script could also be adapted to assess healthcare personnel (HCP) for exposure to measles and need for post-exposure prophylaxis. If used for that purpose, include additional details about exposure (e.g., use of a NIOSH-approved® N95® respirator) and, if indicated, recommendations for work exclusion. Additionally, HCP may be exposed outside of their work (e.g., as a visitor to an ill family member outside of work duties). HCP exposed to measles outside of work should inform their occupational health program for assistance with appropriate work exclusions, if necessary.

Appendix A of the Interim Infection Prevention and Control Recommendations for Measles in Healthcare

Sample Script to Assess Patients and Visitors in Healthcare Settings PDF

Assess if someone was exposed to measles and is eligible for post-exposure prophylaxis.

Download PDF

- Website includes customizable version of script, as well as exposure notification letter

Closing recommendations

- Develop a facility-specific measles response plan and review annually
- Incorporate measles detection and response into regular staff trainings
- Work with Facilities Management to identify shared air spaces
- Ensure **all** staff have documented measles immunity
- Explore addition of triggers/alerts in EMR systems reminding providers to contact public health when measles is suspected

Thank you!

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