

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

PREPARING YOUR CLINIC AHEAD OF TIME FOR MEASLES

Measles is highly contagious and can linger in the environment for up to two hours. Transmission of measles can occur in health care settings without a clearly defined plan to mitigate its spread. Take these actions before measles is identified in your community to prepare your clinic with best practices that can prevent the spread of measles.

Identify work-ready staff: To help maintain clinic staffing and normal operations in the event of measles transmission in the community, ensure ahead of time that all health care professionals (HCP) have presumptive evidence of immunity to measles, as without proof of immunity, exposed staff will need to be restricted from the workplace through the 21st day after last exposure or until proof of immunity is shown.

- Presumptive evidence of immunity to measles for HCP includes:
 - Written documentation of vaccination with two doses of measles virus-containing vaccine (the first dose administered at age ≥ 12 months; the second dose no earlier than 28 days after the first dose); OR
 - Laboratory evidence of immunity (measles immunoglobulin G [IgG] in serum; equivocal results are considered negative); OR
 - Laboratory confirmation of disease; OR
 - Birth before 1957.
- Consider vaccinating HCP born before 1957 who do not have other evidence of immunity to measles.
- Recommendations on immunization of HCP for measles are maintained by CDC and the Advisory Committee on Immunization Practices (ACIP).



Train and educate health care personnel (HCP)

- Provide HCP with job- or task-specific education and training, including refresher training, on preventing transmission of measles.
- Train, medically clear, and fit-test HCP for respirators (e.g., NIOSH-certified disposable N95).

Maintain coordination protocols with other HCP and with public health

- Implement mechanisms and policies that promptly alert key facility staff, including hospital leadership, infection control, health care epidemiology, occupational health, clinical laboratory, and frontline staff, about patients with suspected or known measles, along with protocols on how and when to communicate with public health.
- Establish procedures for measles testing (e.g., routing specimens to public health laboratories as appropriate) and for post-exposure prophylaxis.

Identify and improve capacity for treatment of patients requiring airborne precautions

- Procure in advance an adequate supply of personal protective equipment (PPE) (e.g., NIOSH-certified N95 respirators for HCP, other face masks for patients) and hand hygiene supplies.
- Identify airborne infection isolation rooms (AIIR) and preemptively map out workflow protocols to safely escort a patient with suspected measles into one.
- If no AIIR is available in your facility:
 - Identify in advance facilities with an AIIR where patients with suspected measles can be transferred.
 - Identify a private room(s) with a door where patients with suspected measles can wait until transferred.