

Exclusion Assessment Tool for Health Care Workers Exposed to Measles

The purpose of this assessment tool is to assist public health, infection control practitioners, and doctor's office/ clinic staff in evaluating the exposure of workers in a healthcare setting. These are general rules and may be updated as additional information becomes available.

Patients with measles are considered **infectious** from 4 days before to 4 days after rash onset.

All persons who work in healthcare facilities should be immune to measles. **Immunity to measles for a healthcare worker** should be determined by one of the following criteria: 1) laboratory confirmation of disease or immunity; or, 2) two documented doses of measles vaccine (can be measles or MMR vaccine). Birth prior to 1957 or physician diagnosis of disease is not acceptable evidence of immunity for healthcare professionals. Two documented doses of measles-containing vaccine supercedes IgG results.

Irrespective of their immune status, all exposed healthcare workers should report any signs or symptoms of illness during the incubation period from 5 to 21 days after exposure to a possible measles case.

Status	Course of Action
Exposed HCW	<p>Must prove immunity by documentation of previous physician diagnosed measles illness, two doses of measles vaccine, or positive measles IgG.</p> <ol style="list-style-type: none"> 1. <i>Has documentation of immunity:</i> <ul style="list-style-type: none"> • May continue to work. • Educate and monitor for signs and symptoms. 2. <i>Has no documentation or incomplete documentation of immunity:</i> <ul style="list-style-type: none"> • Order serologic test (for measles IgG).¹ • Should remain out of direct patient contact while serology is pending if the person is within the 5th day after the first exposure through the 21st day after the last exposure. <p>If not immune (IgG negative), remain out of direct patient contact from the 5th day after the first exposure through the 21st day after the last exposure. Provide first dose of MMR and second dose no sooner than 28 days later. It is not necessary to draw an IgG to confirm immunity.</p> <p>If immune (IgG positive), HCW may return to work. Educate and monitor for signs and symptoms.</p>
Exposed HCW with special conditions	<p>Consult personal healthcare provider (e.g. pregnant woman should consult with obstetrician).</p>

¹ This is a good opportunity to also assess immunity to mumps and rubella as well.

Additional Notes:

- Patients who have been exposed in a healthcare setting should be informed of their exposure, educated on the signs and symptoms of measles (including prodromal presentation), and asked to contact a healthcare professional if symptoms of measles develop prior to seeking treatment.
- One dose of MMR vaccine is about 95% effective in preventing measles and two doses is about 99% effective; therefore, a small number of vaccinated personnel remain at risk for infection.
- Single antigen measles vaccine was licensed in 1963. MMR was licensed in 1971 and a two-dose MMR recommendation was implemented in 1989.