



## PUTNAM COUNTY DEPARTMENT OF HEALTH

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A PHAB-ACCREDITED HEALTH DEPARTMENT

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## Infection Control During a Measles Outbreak

Measles is one of the most contagious diseases with approximately 90% of susceptible persons in close contact with measles actually becoming ill with the disease. The virus is transmitted by airborne particles, droplets, and direct contact with respiratory secretions of an infected person. **The measles virus can live for up to 2 hours in the airspace where an infected person coughed or sneezed.**

Here are some recommendations for prevention and screening of measles during an outbreak which will help when formulating your own protocols.

### INCREASE STAFF AWARENESS:

- **Educate ALL staff, including non-medical staff.** Educate staff on what a classic measles symptoms, including what a classic measles rash looks like as well as review atypical presentations.
- **Review facility policy and procedures for measles.** This includes:
  - What to do if someone enters the facility with symptoms of measles and/or recent exposure.
  - Procedure/protocol for escorting patient to room, caring for patient, testing, and cleaning of room.
  - Who to notify including immediate notification of local health department in county where patient resides.
  - Ensure staff have access to the New York State Immunization Information Registry (NYSIIS) where possible.

### DISPLAY SIGNAGE:

- **Place a sign in full view at the entry of your facility.** You may want additional signage in wait rooms, and other areas in your facility. The sign might ask a person to use hand sanitizer and wear a mask before entering or may ask them to return to their car and call the facility number.
- For an example or to download a printable sign, visit <https://www.putnamcountyny.com/health/for-health-care-providers/>.

### SCREEN ALL PATIENTS:

- **If a patient is reporting fevers (without rash), they should be screened** for prodromal symptoms including the 3 Cs (cough, coryza, conjunctivitis) → If screen is positive, ask about risk factors to determine whether measles needs to be considered → If patient reports any of the following risk factors → **mask patient and isolate**
  - Travel within 21 days to a country with endemic measles virus circulation (see <https://www.cdc.gov/measles/travelers.html>).
  - Lived, visited, or worked in an affected neighborhood or area in the last 21 days.

- **Review all upcoming appointments and flag anyone due for an MMR.** At the appointment, check with the individual regarding immunity. If an adult has no proof of immunization or immunity (except for non-healthcare workers born before 1957), the options include drawing a titer or giving an MMR.
- **Ask all patients about measles immunity and encourage them to have proof of their immunity status.** Check NYSIIS for immunization status. NYSIIS will have status for all children under age 19 who have received vaccinations in NYS and adults vaccinated in NYS who have consented to entry in NYSIIS.
- **Phone screen patients.** When scheduling an appointment, screen patients for symptoms of measles, including prodromal symptoms. If the person has a fever, rash, or any of the 3 C's, and especially if they have any of these symptoms and have been in an area with a measles outbreak, consider the following:
  - See those with suspected measles after hours, when other patients have gone home; OR
  - Instruct them to call upon arrival, before entering the facility. Greet them at the entry and have them wear a surgical mask. Clear a path to walk them straight to a negative pressure room or, if no negative pressure room is available, a private room. If possible, utilize an alternate entrance that does not expose the waiting room. If measles is in the differential diagnosis, keep the room empty for at least 2 hours after conclusion of the visit and clean thoroughly before using the room again.
  - Only staff with documented measles immunity should care for patients with suspect measles.
  - Staff should wear a fitted N-95 respirator regardless of their immunity status. If not fitted or no N-95 is available, staff should wear a surgical mask but be aware **surgical masks do not provide full protection from measles.**

#### **MINIMIZE EXPOSURE DURING TRANSPORT:**

- **When transporting a patient with suspect measles, patient should wear a mask.** If transporting a patient in a facility hallway patient should wear a surgical mask. If not able to wear a mask, look for an alternative option. One option may be to wrap a blanket loosely over the head of an infant or child.
- **Alert the Emergency Department head of time.** If a health care provider sends a person to a hospital ED with suspected measles, they should call ahead to alert that ED of that diagnosis. This gives the ED time to implement infection control measures.
- **Avoid public transportation.** When a person with suspected measles leaves a facility or office, they should wear a mask and use a private vehicle if possible.