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DATE: May 15, 2019

TO: Healthcare facilities leadership, Chief Medical Officers of hospitals, Emergency Room Medical Directors, Infection Preventionists

FROM: Dr. Jennifer E Layden, MD, PhD; Chief Medical Officer and State Epidemiologist, IDPH

RE: Updated Measles prevention guidance and healthcare personnel immunity

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**Recommendations and Action Items:**

- 1.) Healthcare personnel<sup>1</sup> should have documented evidence of measles immunity or be offered two doses of measles, mumps, and rubella (MMR) vaccine
- 2.) Healthcare facilities should maintain lists of immunity status of all health care personnel
- 3.) Healthcare facilities and providers are encouraged to enhance efforts to ensure their patient populations have received on time, age-appropriate MMR vaccine

Measles outbreaks continue to occur nationwide. As of May 10, 2019, 839 cases of measles have been identified in 23 states. Illinois has had seven known cases, with no known ongoing outbreaks. Previous health alerts have provided testing, reporting, and prevention guidance to local health departments, facilities, and providers. A new [IDPH health alert](#) has been sent today that summarizes current vaccine recommendations, reinforces testing and isolation guidance, and encourages facilities to enhance vaccine efforts, focusing on age-appropriate, on-time vaccination of children, and high-risk adults.

Healthcare providers and systems are vital partners in our efforts to prevent a large-scale measles outbreak in our state. As leaders of your healthcare facilities, we ask that the Health Alert be shared widely across your healthcare system.

This memo also serves to reinforce prior guidance regarding Healthcare personnel (HCP) [immunity](#). ACIP guidelines<sup>2</sup> recommend that all HCP<sup>3</sup> have evidence of immunity to measles. Facilities should have these records readily available during an exposure incident where prompt action is critical. If a measles exposure occurs in a facility, non-immune exposed HCPs are required to be excluded from work from the 5<sup>th</sup>- 21<sup>st</sup> day after exposure regardless of whether they received post-exposure prophylaxis.

For HCPs, presumptive evidence of immunity to measles for persons includes any of the following:

- written documentation of vaccination with two doses of live measles or MMR vaccine administered at least 28 days apart
- laboratory evidence of immunity (e.g., positive measles serum IgG)
- laboratory confirmation of disease, or
- birth before 1957<sup>3</sup>

For HCPs without presumptive evidence of immunity, pre-vaccination antibody screening before MMR vaccination is not necessary, unless the medical facility considers it cost effective. Serologic testing for immunity is not recommended for HCP who have two documented doses of MMR vaccine.

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<sup>1</sup>Healthcare personnel are defined as all paid and unpaid persons working in health-care settings.

<sup>2</sup>Immunization of Healthcare personnel: <https://www.cdc.gov/mmwr/pdf/rr/rr6007.pdf>.

<sup>3</sup>For unvaccinated personnel born before 1957 who lack laboratory evidence of measles immunity, health-care facilities should recommend 2 doses of MMR vaccine during an outbreak of measles