ILLINOIS DEPARTMENT OF PUBLIC HEALTH
IDPH
PROTECTING HEALTH, IMPROVING LIVES

HEALTH ADVISORY

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Health Advisory to Long Term Care Facilities Regarding Measles in Illinois, 2024

Summary and Action Items

1) Provide awareness about confirmed **measles** cases in Illinois.
2) Remind long term care facilities that all persons who work in their facilities should have presumptive evidence of immunity to measles. The facility should know the immune status of their residents and offer vaccination if their residents do not have presumptive evidence of immunity.
3) Suspect cases (individuals with compatible symptoms) should be immediately masked and isolated, preferably in a negative pressure room, and airborne isolation precautions should be initiated.
4) Remind facilities to **immediately report to their local health departments** any suspect measles cases at the time it is first suspected and prior to clinical testing, and to take appropriate steps for diagnosis and infection control and isolation.
5) Review current vaccine and isolation/quarantine guidance. Recommend facilities take steps to ensure that they have policies and procedures in place should a resident or HCW present with signs and symptoms of measles.
6) Facilities should **exclude sick visitors and HCWs**

Background

Illinois was notified of confirmed cases of measles through the Chicago Department of Public Health (CDPH) in March. The situation has grown to several confirmed cases in the community. Thus far in 2024, the CDC has already confirmed an increase in cases compared to 2023. This is reflective of a rise in global measles cases and a growing global threat from the disease.

Prevention

Vaccination is the best protection against measles MMR is a measles containing vaccine that is highly effective in providing measles immunity. It is recommended that facilities keep records of their employees' vaccinations to facilitate a prompt response to a measles exposure, should one occur.

Healthcare personnel (HCP) (all paid and unpaid persons working in health-care settings) should have presumptive evidence of immunity to measles. Presumptive evidence of immunity is defined as:

a) written documentation of vaccination with 2 doses of live measles or MMR vaccine administered at least 28 days apart,
b) laboratory evidence of immunity (positive serum IgG),
c) laboratory confirmation of disease, or

d) birth before 1957. *(Unvaccinated HCP born before 1957 that lack laboratory evidence of measles immunity or laboratory confirmation of disease, health care facilities should consider vaccinating personnel with two doses of MMR vaccine at the appropriate interval.)*

Facilities should assess the immune status of their residents and offer vaccination if their residents do not have presumptive evidence of immunity.

Diagnosis and Treatment

Long Term Care facilities should be alert for possible measles cases.

The measles prodrome usually lasts for two to four days but may persist for as long as eight days. Symptoms typically include fever, malaise, and anorexia, followed by conjunctivitis (red, watery eyes), coryza (runny nose), and cough. The prodromal symptoms typically intensify a few days before the rash appears. The measles rash is typically maculopapular and starts on the head or hairline and spreads down the body.

If you suspect measles:

- **immediately place the resident in airborne isolation, single room**
- **implement the facility policy for measles**
- **notify facility the infection preventionist**
- **notify the local health department.**

The local health department can advise on testing. Have supplies available for testing include swab and viral transport media for throat or NP swab for PCR (to send to the state lab) and supplies to send serum for serologies [(IgG and IgM) to send to a commercial lab].

Facilities should develop policies on how to manage suspect or confirmed case of measles, if one does not already exist, and ensure staff are trained on how to implement the policy. Consult the **CDC's Interim Guidelines on Measles Infection Control in Healthcare settings.**

HCW who are not immune and become exposed to measles should be excluded from work from Day 5 of the first day of exposure to day 21 from the last day of exposure. Residents and HCW who are non immune should be considered for post exposure prophylaxis for measles with the vaccine (within 72 hrs) or the immunoglobulin (within 6 days) from the first (not last) day of exposure.

HCWs with suspect measles should be immediately excluded from work. The HCW should be masked and should notify their healthcare provider so they can arrange safe and appropriate evaluation. HCW with confirmed measles will be instructed by the health department on the duration of isolation.

Visitors with suspect measles should not be allowed entry. Post notification of signs and symptoms and consider active screening of visitors. If symptoms develop while visiting, the visitor should be masked, escorted out of the facility, and directed to their healthcare provider for further instructions.

Reporting

Long Term Care facilities need to immediately report suspect measles cases to their local health department, or to IDPH. **This means reporting at earliest clinical suspicion and at the point testing is requested; do not wait on laboratory confirmation or rely on laboratory reporting.** Delays in reporting might result in avoidable exposures as well as missed prophylaxis options for

nonimmune close contacts. If unable to reach their local health department after-hours, providers can call IEMA at 217-782-7860 to reach someone at IDPH.

Transmission

The measles virus spreads easily through contact with respiratory droplets and via airborne spread. The virus can remain airborne for up to two hours after an infectious person leaves an area. Measles is highly contagious. Up to 90% of susceptible people who have contact with someone with measles will develop measles.

Patients are contagious starting four days before through four days after rash onset (with rash onset date being day zero).

Anyone with measles should isolate during that time except to seek necessary medical care. If medical care is required, patients should call to notify the facility of their diagnosis in advance.

Infection Prevention Precautions

Only healthcare providers with immunity to measles should provide care to the patient and family. Standard and airborne precautions should be followed including:

- Use of a fit tested NIOSH-approved N95 or higher-level respirator.
- Use of additional PPE if needed for task (e.g. gloves for blood draws)
- Cleaning hands before and after seeing the patient
- Limiting transport or movement of patients outside of room unless medically necessary

If an airborne infection isolation room (AIIR) was not used, the room should remain vacant for the appropriate time (up to 2 hours) after the patient leaves the room.

Standard cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying disinfectants to frequently touched surfaces or objects for indicated contact times) are adequate for measles virus environmental control in all healthcare settings. Use an EPA-registered disinfectant for healthcare settings, per manufacturer's instructions. Manage used, disposable PPE and other patient care items for measles patients as regulated medical waste.

Additional Resources & References:

- CDC: Measles
- CDC: Measles Vaccination Information
- IDPH: Measles Testing Instructions
- Infection Control Guidelines
- CDC Measles Factsheet
- Global Measles Outbreaks

Target Audience: Long Term Care Facilities