

Public Health Management of Asymptomatic Close Contacts of Measles Cases



Immunization Status	2 doses, birth before 1957, or laboratory evidence of immunity or disease	1 dose	0 doses	Unknown
Risk Assessment	Presumed immunity (97% effective)	Presumed immunity for young children, and adults not at high risk (93% effective)	Susceptible	Presumed susceptible
Post-exposure Prophylaxis	If severely immunocompromised ¹ , consider IG.	MMR if >12 months old and ≥28 days from the first dose. If severely immunocompromised ¹ , consider IG.	MMR if ≥6 months old, within 3 days of initial exposure, and without contraindications. IG if <6 months old, pregnant without evidence of measles immunity, or severely immunocompromised ¹ , within 6 days of initial exposure. If ≥12 months old and ≥3 days of initial exposure, IG is not typically indicated. If 6–11 months old, IG can be administered if ≥3 days and within 6 days of initial exposure.	
Active Monitoring	None	Monitor for 21 days following last exposure (28 days if IG was administered) regardless of PEP administration. The frequency of active monitoring may be reduced for individuals who have received PEP. Health care facilities typically monitor their staff.		
Exclusion	None	<p><i>School and child care settings:</i> At health officer’s discretion, students may return to school but should receive the second dose of MMR vaccine ≥28 days following the first dose.</p> <p><i>Health care settings:</i> Staff can continue working, but should receive the second dose of MMR vaccine ≥28 days following the first dose.</p>	<p><i>School, child care, and healthcare settings:</i> Exclude students and staff from 5 days following first exposure through 21 days following last exposure (28 days following last exposure if IG was administered).</p> <p><i>School and child care settings:</i> At health officer’s discretion, students and staff can be readmitted after having initiated a vaccination series for measles.</p> <p><i>Other high-risk settings:</i> Recommend voluntary quarantine for individuals.</p>	

For full recommendations and sources, refer to the [Oregon Disease Investigative Guidelines for measles](#).

¹ Severely immunocompromised patients may include, but are not limited to, people with a history of: combined primary immunodeficiency (e.g., severe primary immunodeficiency); cancer chemotherapy; bone marrow transplant within 12 months after immunosuppressive treatment, or longer with graft-versus-host disease; solid organ transplantation within 2 months; treatment for ALL until at least 6 months after immunosuppressive chemotherapy; AIDS or HIV with CD4 percent <15% (all ages) or CD4 count <200 lymphocytes/mm³ (aged >5 years), or without receiving MMR vaccine since receiving effective ART, or without recent confirmation of immunologic status or measles immunity; daily corticosteroid therapy with a dose ≥20 mg (or >2 mg/kg/day for patients <10 kg) of prednisone or equivalent for ≥14 days; or certain biologic immune modulators, including TNF-α blockers or rituximab. After HSCT, immunosuppression duration is highly variable and depends on type of transplant, type of donor and stem cell source, and post-transplant complications. (See [MMWR 2013](#) and [IDSA 2013](#)).