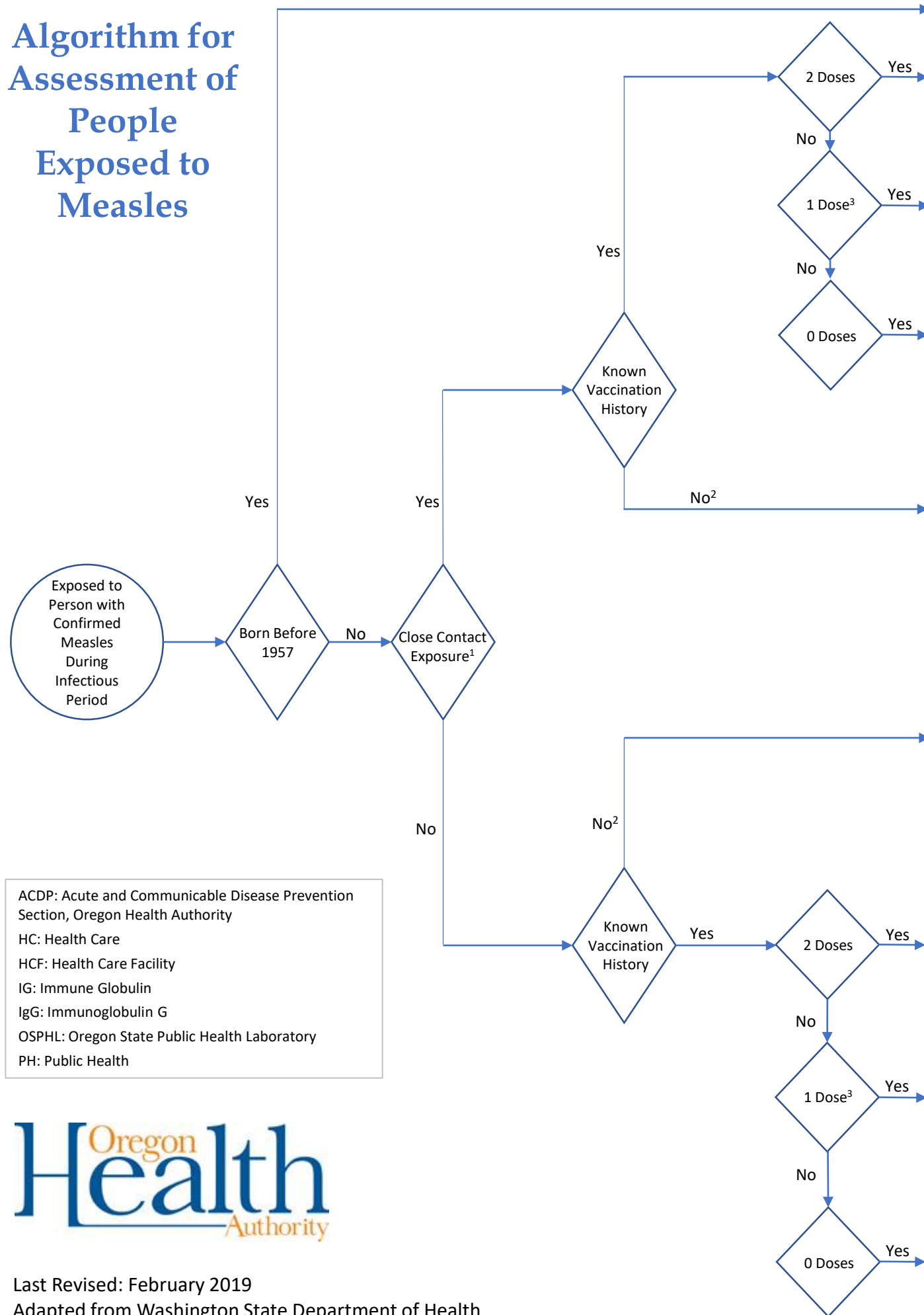


# Algorithm for Assessment of People Exposed to Measles



ACDP: Acute and Communicable Disease Prevention Section, Oregon Health Authority  
 HC: Health Care  
 HCF: Health Care Facility  
 IG: Immune Globulin  
 IgG: Immunoglobulin G  
 OSPHL: Oregon State Public Health Laboratory  
 PH: Public Health



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 Adapted from Washington State Department of Health

Risk Assessment	Prophylaxis	Recommendations	Symptom Watch	Work/School Exclusion	Quarantine at Home	Testing at OSPHL
Presumed immune	None	No recommendations or restrictions	Yes: Discuss date of exposure and symptom watch times.	None unless symptoms develop	No	If rash develops
93% effective	MMR within 72 hours of exposure	Second MMR recommended if needed per ACIP recommendations even if >72 hours after exposure (but MMR within 72 hours preferred)	Yes: Discuss date of exposure and symptom watch times. Explain what to do if symptoms arise: i.e., stay home, call PH/HC provider before going to HCF. Counsel on adverse events <sup>4</sup>	None unless symptoms develop or in a high-risk setting/occupation <sup>3</sup>	No	If rash develops
Susceptible!	MMR within 72 hours of exposure or consider IG (if indicated <sup>5</sup> ) within 6 days of exposure <sup>6</sup> (not both)	MMR recommended even if MMR not given within 72 hours of exposure <sup>7</sup>	Yes: Discuss date of exposure and symptom watch times. Consider active monitoring if possible, with check-in every 1-2 days. Explain what to do if symptoms arise: i.e., stay home, call PH/HC provider before going to HCF. Counsel on adverse events <sup>4</sup>	Yes <sup>8</sup> until 21 days after exposure, whether or not given MMR or IG <sup>9</sup> .	Yes <sup>8</sup> and no non-immune visitors	If symptoms develop, discuss with ACDP Epi
Presume susceptible	MMR within 72 hours of exposure or consider IG (if indicated <sup>5</sup> ) within 6 days of exposure <sup>6</sup> (not both)	If asymptomatic, encourage IgG titer and then give a dose of MMR through HC provider (in special situations PH can support testing)	Yes: Discuss date of exposure and symptom watch times. Consider active monitoring if possible, with check-in every 1-2 days. Explain what to do if symptoms arise: i.e., stay home, call PH/HC provider before going to HCF. Counsel on adverse events <sup>4</sup>	If titer negative or not done: Yes <sup>8</sup> for 21 days after exposure. <sup>9</sup> If titer positive: no further restrictions; no MMR needed.	Yes, stay home from day 7 after exposure until titer results available. If titer negative or not done: Isolate for 21 days after exposure. <sup>9</sup>	If symptoms develop, discuss with ACDP Epi
Presume susceptible	MMR within 72 hours of exposure or consider IG (if indicated <sup>5</sup> ) within 6 days of exposure <sup>6</sup> (not both)	If asymptomatic, encourage IgG titer or dose of MMR through HC provider	Yes: Discuss date of exposure and symptom watch times. Explain what to do if symptoms arise: i.e., stay home, call PH/HC provider before going to HCF. Counsel on adverse events <sup>4</sup>	None unless symptoms develop or in a high-risk setting/occupation <sup>3</sup>	No, unless symptoms develop. If symptomatic during the 21 days after exposure, isolate <sup>8</sup> and test for measles if rash develops. If titer positive: no further restrictions. If titer negative or not done: Isolate for 21 days after exposure. <sup>9</sup>	If rash develops
Presumed immune	None	No recommendations or restrictions	Yes: Discuss date of exposure and symptom watch times.	None unless symptoms develop.	No	Clinical measles <sup>10</sup>
93% effective	MMR within 72 hours of exposure	Second MMR recommended even if >72 hours after exposure (but MMR within 72 hours preferred)	Yes: Discuss date of exposure and symptom watch times. Explain what to do if symptoms arise: i.e., stay home, call PH/HC provider before going to HCF. Counsel on adverse events <sup>4</sup>	None unless symptoms develop or in a high-risk setting/occupation <sup>3</sup>	No	Clinical measles <sup>10</sup>
Susceptible!	MMR within 72 hours of exposure or consider IG (if indicated <sup>5</sup> ) within 6 days of exposure <sup>6</sup> (not both)	If asymptomatic, encourage HC provider give a dose of MMR	Yes: Discuss date of exposure and symptom watch times. Explain what to do if symptoms arise: i.e., stay home, call PH/HC provider before going to HCF. Counsel on adverse events <sup>4</sup>	None unless symptoms develop or in a high-risk setting/occupation <sup>3</sup>	No, unless symptoms develop. If symptomatic during the 21 days after exposure, isolate <sup>8</sup> and test for measles if rash develops.	If rash develops

<sup>1</sup>Yes: Household, close social contact, small space for extended time, direct caregiver to case, classroom, health care setting OR named close contacts who can be monitored daily and have had a specific measles exposure identified.

No: Possible exposure to measles because of being in the same place/time as an infectious measles case but not a named contact. This excludes other members of the general public (who should be recommended to follow CDC vaccination schedules and get up-to-date on vaccines).

<sup>2</sup>Claims to be vaccinated but has no documentation and no serology; self-report of prior measles and no serology done

<sup>3</sup>High-risk setting/occupation: health care, day care, schools with MMR rates less than 95%, direct contact with pregnant women, direct contact with immunocompromised, direct contact with infants, direct contact with unvaccinated. Healthcare Workers (HCW) born in 1957 or later who have had one dose of MMR and who have a definite or possible measles exposure (i.e., who are named close contacts or visited an exposure venue) should be treated as a close contact with unknown MMR status and should be excluded from work until 21 days after exposure. This additional caution is necessary due to the higher risk that a HCW contagious for measles might expose medically fragile individuals. The local health officer has discretion not to recommend exclusion in these situations. Healthcare workers born before 1957 are encouraged to get a second MMR but would not be excluded from work.

<sup>4</sup>Possibly 5-12 days after MMR received: 5% get rash, 5-15% get fever. Rash and fever rates after MMR refer to adverse events after the first dose; fever and rash are less common after the second dose.

<sup>5</sup>Indications for IG include: Age <1 year, pregnancy, immunosuppression.

<sup>6</sup>Vaccination and IG recommendations (such as recommended timing between MMR doses, vaccination of infants <1 year, and circumstances under which to give IG), may vary between local health jurisdictions depending on outbreak circumstances in each locale.

<sup>7</sup>People who receive MMR vaccine or immunoglobulin (IG) as post-exposure prophylaxis to measles should be monitored for signs and symptoms consistent with measles for at least one incubation period

<sup>8</sup>Quarantine and isolation are at the discretion of each LHD and are typically voluntary, but under some circumstances quarantine/isolation may be legally mandated or enforced, as per LHD discretion and determination.

<sup>9</sup>Exclusion for 28 days after exposure if received IG. If received MMR <72 hours after exposure, may return at discretion of local health officer

<sup>10</sup>Compelling presentation with some convincing combination of fever, cough, coryza, conjunctivitis, and a morbilliform rash

