NEW YORK STATE OF OPPORTUNITY. | Department of Health

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Governor

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Executive Deputy Commissioner

April 18, 2019

DAL DHDTC 19-05

Dear Chief Executive Officer, Administrator and Physician:

The measles outbreak remains a serious public health concern impacting Rockland, Orange and Westchester Counties along with parts of New York City. As a result of the increasing case counts and high risk for secondary exposures, the New York State Department of Health (Department) is issuing this interim guidance to all providers, including Article 28 hospitals, primary care clinics/health centers, primary care physicians that have urgent care facilities, and private practices acting as urgent care facilities. These providers are encouraged to screen patients as they present for care for clinically compatible symptoms of measles and measles immunity/vaccination history.

Healthcare providers should suspect measles in clinically compatible cases, especially those individuals who reside in or have spent time in the geographic areas experiencing measles outbreaks, have recently traveled internationally, or who were exposed to a person with febrile rash illness. It is important to remember that individuals who were exposed and not immune to measles could develop signs and symptoms of measles 7-21 days after the initial exposure.

Clinically compatible symptoms of measles include: an erythematous, maculopapular rash, a fever that can be up to 105 degrees, cough, coryza, and conjunctivitis. The rash initially presents on the face and spreads downward to the neck, trunk and limbs. Koplik spots (punctate blue-white spots on the bright red background of the buccal mucosa) may be present before the rash develops.

Physicians and other healthcare providers are reminded that under the New York State Sanitary Code (10 NYCRR §2.10), it is mandatory to report suspected or confirmed cases of communicable diseases to the local health department of the jurisdiction where the patient resides, immediately at the time the case is first seen by the physician. Notification is made by calling the local health department and submitting a confidential case report form (DOH-389) to the applicable local health department, or in New York City, submitting report form PD-16 to the New York City Department of Health and Mental Hygiene.

In addition, operators and practitioners should implement a policy to review and verify that all personnel within the organization, including contract personnel, are (1) up to date on vaccinations and immunizations; (2) free of any communicable disease; and (3) adhering to infection control practices and standards to prevent avoidable disease transmission. Failure on the part of any provider to ensure employees are free from health impairment or communicable disease will result in the Department taking an enforcement action against the operator.

Healthcare personnel who cannot be confirmed as immune, and/or those presenting with signs and symptoms of measles, including fever and rash should be immediately furloughed.

Please be reminded that when hiring new employees or reviewing existing employee medical records, specifically as it relates to measles immunization, regulations in Section 751.6(d) and Section 405.3 require that the operator maintain a record of evidence of immunity for all employees as demonstrated by a certificate of immunization against measles for all personnel born on or after January 1,1957, which means:

(i) a document prepared by a physician, physician assistant, specialist assistant, nurse practitioner, licensed midwife or a laboratory possessing a laboratory permit issued pursuant to Part 58 of this Title, demonstrating serologic evidence of measles antibodies; or

(ii) a document indicating two doses of live virus measles vaccine were administered with the first dose administered on or after the age of 12 months and the second dose administered more than 28 days after the first dose showing the product administered and the date of administration, and prepared by the health practitioner who administered the immunization; or

(iii) a document, indicating a diagnosis of the employee as having had measles disease, prepared by the physician, physician's assistant/ specialist's assistant, licensed midwife or nurse practitioner who diagnosed the employee's measles; or

(iv) a copy of a document described in (i), (ii) or (iii) of this paragraph which comes from a previous employer or the school which the employee attended as a student.

Note that documentation of an employee having been diagnosed as having had measles under (iii) must include a laboratory report demonstrating serologic evidence of measles antibodies.

For further information regarding this measles outbreak and the reporting of communicable diseases, you may contact the NYS Health Department Measles Information Line at (888) 364-4837, your local health department, or in New York City, call (866) NYC-DOH1.

Additional resources on healthcare personnel immunization can be obtained by contacting the New York State Department of Health Bureau of Immunization at (518)-473-4437 or by visiting the following websites:

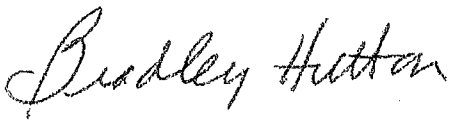
NYSDOH Healthcare personnel immunization:
http://www.health.ny.gov/prevention/immunization/health_care_personnel/

Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP): http://www.cdc.gov/mmwr/pdf/rr/rr6007.pdf

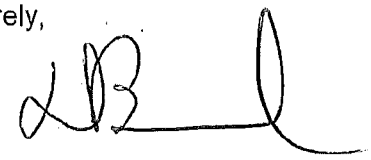
Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013: Summary Recommendations of the Advisory Committee on Immunization Practices (ACIP): http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm

The Department appreciates your cooperation and assistance; and will continue provide periodic updates over the course of the outbreak.

Sincerely,



Bradley Hutton, MPH
Deputy Commissioner
Office of Public Health



Daniel B. Sheppard
Deputy Commissioner
Office of Primary Care and Health
Systems Management

Measles Protection Guidance: Commonly Asked Questions from Healthcare Facilities Serving Individuals from Areas with Ongoing Measles Transmission

Please see NYS Outbreak Control Guidance for Measles (Chapter 3) at https://www.health.ny.gov/prevention/immunization/providers/outbreak_control_guidelines.htm for detailed guidance for outbreak control of measles.

Q: Why should I be concerned about the spread of measles in my healthcare facility?

- Measles transmission has occurred in parts of Rockland, Orange, and Westchester Counties, as well as in NYC.
- Transmission of measles has occurred in healthcare settings.
- Measles is one of the most contagious infectious diseases, with 90% of exposed susceptible individuals developing disease. Measles can be spread from person to person via large respiratory droplets and aerosolized droplet nuclei. The virus can remain suspended in the air via aerosolized droplet nuclei for up to 2 hours after an infectious person has left an occupied area. Airborne isolation precautions should be followed for suspected or confirmed cases of measles if a facility has an airborne infection isolation room (AIIR).

Q: How can I prevent measles exposures in my facility?

A: The best way to minimize the risk of measles exposures within a healthcare setting is to pre-screen patients and visitors prior to entry into a facility.

- The facility should require screening assessments including screening for factors such as fever, rash, known or suspected exposures to individuals with measles, being from a measles outbreak area and evidence of immunity.
    - Temperature screening should be performed to objectively assess for fever status.
- In addition, screening can be accomplished in many ways including, but not limited to:
    - Utilizing a mobile van or area outside of the facility entrance to conduct screening in person
    - Utilizing a separate room/entrance for screening that is separate from a waiting room and away from other patients and/or visitors
    - Telephone pre-screening can also be performed before scheduled appointments to assess for symptoms and status of immunity
    - Facilities must post prominent signage outside the entrance to facility, in the waiting room, and by other access points, such as elevators to inform patients and visitors of the facilities measles screening policy.
- Patients and visitors exhibiting any signs or symptoms of measles or reporting other risk factors such exposure to suspected or confirmed cases of measles and who do not have evidence of immunity should be isolated from other individuals at the facility in a private room (preferably in an airborne infection isolation room if available) until more comprehensive testing and evaluation can occur.
- If an airborne isolation room is not available, the patient should be given a surgical mask to wear and placed in an exam room away from other patients with the door closed.
    - The exam room used to isolate a suspect measles case should not be used for 2 hours after the case leaves the room and the number of people entering and leaving should be minimized. When transporting a patient through the clinic or

hospital, the patient should be masked. If possible, elevators and corridors should not be used for two hours after the patient has passed through them. If possible, any procedures required for the patient should be performed in the patient's room or delayed until the patient is no longer infectious.
    - While a surgical mask does not eliminate exposure risk to others, this action may reduce the exposures to others.

Q: When should visitor restrictions be implemented?
A: In all facilities where potentially exposed visitors may present, facilities are strongly encouraged to implement policies that include the following:

- No visitors with fever shall enter any patient care units that care for:
    - Patients too young to be fully immunized; *or*
    - Patiently who are severely immunocompromised
- In general, the following visitors shall not enter the specified units:
    - Possible exposure to measles *or* from outbreak area; *and*
    - No evidence of immunity
- However, for these visitors (provided they do not have a fever), the hospital may allow visitation:
    - on a case-by-case basis, based on the needs of the patient;
    - if patient is a minor; *or*
    - if patient is in danger of imminent death
- Provided that to allow this kind of visitation, the hospital must be able to mitigate potential exposure between the visitor and other patients and visitors
- All visitation by such visitors must be the minimum necessary to provide necessary care and support for the patient
- Hospitals must post signs at all entrances to the hospital to inform visitors of the visitor screening policy.

- Facilities are encouraged to consider for non-immune persons who live in, work in, or visit areas with measles transmission visiting high risk units that have non-immune or immunocompromised patients such as: pediatrics, newborn nurseries, NICU, PICU, oncology, general transplant, and bone marrow transplant wards. Considerations may be made for removing visitor restrictions when proof of immunity or the receipt of a measles containing vaccine is documented.
- Visitor policies, if implemented, should be written in accordance with federal and state regulations.

Q: What should I do if a patient diagnosed with measles has a visiting family member(s) who is/are non-immune?
A: Consider clinically necessary or reasonable visitor restrictions to exclude non-immune visitors during an outbreak of measles. When the presence of a visitor is medically necessary (e.g. the parent of a hospitalized child, a visitor who needs to provide patient's medical history, etc.), considerations can be made to evaluate the risk of visitation including, evaluation of bloodwork for positive antibody titers to measles, documented vaccination in either the NYSIIS or CIR, and providing either MMR vaccine or immunoglobulin (during appropriate post-exposure prophylaxis windows). In addition, if the patient, and their non-immune visitor can be

isolated in an area or floor away from other high-risk patients, continued visitation could be considered. The overall goal should be to avoid measles exposure to non-immune visitors.

Q: Individuals at my facility were exposed to a person with confirmed measles. How do I determine the extent of exposure to others?
A: Measles is highly contagious. and spreads through the air when an infected person coughs or sneezes. In general, placing a mask on a patient with measles is not enough to eliminate the risk of transmission, although surgical masks may reduce further exposures and is the best course of action when transporting a confirmed or suspected case through a healthcare facility. Exposures to a patient with measles in a healthcare setting should include people located within areas with a common airflow / air handling system and communal spaces such as common hallways or waiting areas.

Q: What other actions should I take to help prevent measles exposures at my healthcare facility?

- Review with staff the signs and symptoms of measles. Cases of fever and rash illness should immediately be placed in airborne isolation or isolated away from others.
- Review staff immunity records and ensure that your facility is in compliance with state and federal regulations.
- Ensure that in the rare situation in which you have a staff member that cannot be immunized due to medical reasons, they do not care for suspected or confirmed cases of measles.
- Ensure all suspected or confirmed case of measles are reported immediately to the local health department by phone.
- Review the air handling system in your facility, including in emergency areas, to assess the system, taking into account the time the infectious person was present and vulnerability of patients in other areas of your facility.
- Close rooms where infectious patients were located for 2 hours if feasible for your facility.
- Review how your healthcare facility triaged patients during past respiratory and airborne outbreaks (such as H1N1 and SARS).
- If a suspected case needs to be sent to another healthcare facility, the receiving facility should be notified before the transfer occurs so that appropriate infection control measures can be taken during transfer and upon receipt of the patient.
- Healthcare facilities should work with EMS crews to ensure communication about suspected cases occurs before patients arrive at healthcare facilities, when possible.

Additional Information:

- Complete information on MMR vaccine recommendations: http://www.cdc.gov/mmwr/pdf/rr/rr6204.pdf
- 2018 Immunization Schedules: http://www.cdc.gov/vaccines/schedules/
- The NYSDOH Measles Fact Sheet is available at: http://www.health.ny.gov/diseases/communicable/measles/fact_sheet.htm

- Destination specific travel immunization information is available on the CDC's Travelers' Health website at: http://wwwnc.cdc.gov/travel/destinations/list
- For additional information on measles outbreak control measures, clinical presentation and diagnostic tests please refer to the CDC website at: http://www.cdc.gov/vaccines/pubs/surv-manual/chpt07-measles.html
- The NYSDOH Outbreak Control Manual is available at: http://www.health.ny.gov/prevention/immunization/providers/outbreak_control_guidelines.htm
- CDC Measles Cases and Outbreaks: http://www.cdc.gov/measles/cases-outbreaks.html
- CDC Measles Elimination: http://www.cdc.gov/measles/about/faqs.html#measles-elimination
- Measles photos: http://www.immunize.org/photos/measles-photos.asp