

Measles Exposure

Policy Title: Measles Exposure	
AAAHC Chapter(s) and section(s): 4E	
Affected Unit(s): all SHS staff	Date Created: 05 / 04 /2019
Effective Date: 07 /15 /19	Dates of Revisions: 07/12/19
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Scope:

Staff members working in the following Student Health Services units:

- Administration & Governance (Accreditation, Director's Office)
- Business Office (Financials, HR)
- Student Services (Reception, IT, Insurance)
- University Compliance Office (Immunization, Orientation)
- Clinical Care (Providers (including Psychiatry), Nursing, Medical Assistants)
- Ancillary Services (Laboratory, Dietetics, Physical Therapy, and Athletic Training)
- Outreach (Health promotion)

Definitions:

- Vaccine-preventable infectious diseases include but not limited to the following: varicella (chickenpox), diphtheria, influenza, hepatitis A, hepatitis B, Haemophilus influenza type B, Herpes Zoster (shingles), Human Papillomavirus (HPV), measles (rubeola), meningococcal, mumps, pertussis (whooping cough), pneumococcal, polio, rotavirus, rubella (German measles), and tetanus.
- Communicable diseases transmitted via respiratory mechanisms (droplets, aerosol, etc.) include but not limited to: influenza, measles, mumps, rubella, varicella, and other respiratory virus infections (e.g., Ebola, SARS, etc.). See the National Respiratory and Enteric Virus Surveillance System of the CDC (influenza, coronavirus, rotavirus, and adenovirus infections and epidemics) - <https://www.cdc.gov/surveillance/nrevss/index.html>

Purpose:

Augusta University Student Health Services (AU SHS) has a policy to protect the health and well-being of the University community and prevent transmission of measles and other communicable diseases through education, prevention, early recognition, treatment, and isolation if medically necessary.

Policy:

All students are required to comply with the USG immunizations policy. However, there may be specific situations when a student may still not be immune to measles (e.g., vaccine non-responder, religious waiver, medical contraindications, etc.). Students with suspected measles should be isolated immediately upon arrival to the Student Health Clinic and care provided with the appropriate personal protective equipment (PPE) by the fewest staff members possible.

- Students who contract measles may need to be excluded from campus, participating in clinical activities, attending classes and laboratory work, athletic events, and/or may be required to find off-

campus living accommodations until after resolution of the specific outbreak. Clearance by a SHS provider may be required before the student resumes classes, activities, or returns to the residence halls.

- The diagnosis of measles must be reported to the Georgia Department of Health (<https://dph.georgia.gov>). All Georgia physicians, laboratories, and other health care providers are required by law (*OCGA 31-12-2*) to report patients with certain conditions as listed at: <https://dph.georgia.gov/sites/dph.georgia.gov/files/Georgia.DPH.Notifiable.Disease.Posters.FINAL.PRESSENTATION.JUL.30.18.pdf>.
- Measures are taken to protect others from exposure to measles, as appropriate.

Procedure:

1. Identification of patient with potential diagnosis of measles
 - a. Does patient have signs and symptoms of measles (prodrome with fever, cough, coryza, conjunctivitis that is followed in 3-5 days by generalized descending maculopapular rash, and/or Koplik spots)? AND
 - b. Does patient have risk factors for measles (history of international travel/study abroad, contact with travelers or links to a known outbreak or case, or no/unknown immunity)?
2. If yes to #1, patient is to be masked with a surgical mask while in waiting room and taken immediately to an exam room by clinical support staff for additional evaluation.
 - a. Regardless of presumptive immunity status, all healthcare staff entering the exam room should wear a N95 respirator and disposable PPE.
 - i. If possible, only health care clinicians with documentation of two doses of MMR vaccine or laboratory evidence of immunity (measles IgG positive titer) will be able to enter the patient's room.
 - b. The nurse will order in-house lab testing based on nursing standing orders.
 - c. The patient is referred to an appropriate healthcare provider depending on the urgency of care.
 - d. The provider will conduct a history of present illness, pertinent physical exam, and order appropriate diagnostic studies and treatment, and/or refer to the Emergency Room, depending on the severity and acuteness of the patient's symptoms.
 - e. The provider will order laboratory testing as follows:
 - i. Serum for measles specific IgM antibodies; may also consider ordering acute and convalescent measles IgG antibodies.
 - ii. Provider may also order Rubella IgM and acute/convalescent IgG as this diagnosis is similar.
 - iii. Lab specimens will be collected in the exam room to minimize potential communicability.
 - f. Patient will be sent to the Richmond County Department of Public Health for collection of nasopharyngeal or oropharyngeal swabs.
 - g. The provider will make a diagnosis based on the clinical case definition.
 - h. If a diagnosis for measles is made:
 - i. The patient is advised to rest at home and not attend classes, work, athletic competition, clinical rotations, recreational sports, etc. for at least 4 days after the onset of rash. If requested, this information will be provided to patient in writing.
 - ii. The provider will request that the patient return to the AU SHS for medical follow-up and, when clinically appropriate, to obtain clearance to return to class and other activities. If requested, this information is provided in writing to the patient. If

necessary, the patient is given documentation of the clearance to return to class to share with professors and other university officials, as necessary.

- iii. The provider will notify the Georgia Department of Public Health immediately of any suspect measles patients and arrange for measles testing at the Georgia Public Health Laboratory by calling 404-657-2588 or 1-866-PUB-HLTH (after hours 24/7).
- iv. The student's vaccination record will be reviewed to check on vaccination dates. If inadequate for the specific infectious disease in question, the student will not be permitted to visit campus, attend classes, live in on-campus housing, participate in athletic events, or other practicum activities.
- v. People exposed to measles who cannot readily show that they have evidence of immunity to measles should be offered post-exposure prophylaxis (PEP): MMR vaccine within 72 hours of initial measles exposure or immunoglobulin (IG) within six days of exposure.
 - 1. Student Health Services only provides vaccination; refer students to Richmond County Department of Public Health to receive IG.
 - 2. If period of prophylaxis has passed, counsel susceptible contacts to call the Student Health Clinic or their health care practitioner if they develop respiratory symptoms and/or a rash, and report their exposure.
- vi. **Period of Communicability is 4 days before until 4 days after rash appears.**
 - 1. Assess for potential transmission and identify contacts: The SHS provider or nursing staff will ask patient more questions to help establish a complete history of contact for the 7-21 days prior to onset of symptoms (including family members, recent travel, visiting tourist attractions, hospitals, airports, schools, churches, etc.).
 - 2. The Director, Chief Clinical Officer or designee will work with Housing and Residence Life staff (if student lives on campus), Athletics (if patient is a student athlete), and the AU Environmental Health and Safety office to identify others who may have shared the same airspace with the patient with suspected measles. These individuals will be contacted to review their immunity status to measles and if they are AU students, will be offered an immediate appointment to be seen at the Student Health Clinic.
 - 3. Student Health Services staff without evidence of immunity will be excluded from work from day 5 through day 21 following exposure.
- vii. The exam room will be left vacant for at least two hours after the patient's visit and then treated with an appropriate verucidal disinfectant according to AU policies of Environmental Health and Safety.
- viii. The Front Office staff will obtain the names of staff, visitors, and other patients who were in the area during the time the suspect measles patient was in the facility and for two hours after they left. If measles is confirmed in the suspect case, exposed people will need to be assessed for measles immunity.
- i. SHS personnel follow the guidance of the Richmond County Department of Public Health, the Georgia Department of Public Health (<https://dph.georgia.gov/disease-reporting>), and Centers for Disease Control and Prevention (CDC) regarding personal protective equipment indicated during certain outbreaks. Unless guidance from these authorities differs, a surgical mask is used. All clinical staff members are fitted annually for N95 masks and are to be used under these clinical circumstances.
- j. The Dean of Students Office is notified of any patient diagnosed with measles that requires isolation from other students, based on the Richmond County Department of Public Health

guidelines. The Office of Housing and Residence Life is notified if the patient lives on campus. The patient signs an *Authorization for Release of Medical Information* to provide information to these departments.

- k. The patient is responsible for informing his/her professors of his/her illness and absence from classes. The patient may choose to sign an *Authorization for Release of Medical Information* permitting SHS to provide information to designated professors, etc.
 - l. Conduct surveillance for secondary cases and contacts.
 - i. The initial case is monitored to identify any clusters or trends in specific groups (e.g., Athletics, Residence Halls).
 - m. The Richmond County Department of Public Health is consulted for guidance when necessary and whenever certain trends are discovered.
3. Measles Outbreak in the Central Savannah River Area (CSRA):
- a. When a measles outbreak is declared by the local county Department of Public Health in the Central Savannah River Area (i.e., Richmond, Columbia, Aiken counties), the Director or designee, will notify all AU SHS staff, the VP of the Division of Enrollment and Student Affairs (ESA), and Division Directors. He/she will provide periodic updates until the outbreak/epidemic has passed.
 - i. The Student Health Office of Health Compliance will run a report to provide a list of all currently enrolled students with medical or religious exemptions.
 - ii. Students with such vaccination exemptions without proof of measles immunity, will be excluded from visiting all AU campuses and attending classes (at any location, including clinical care sites) until 21 days after the onset of rash in the last case of documented measles.
 - iii. The Director or clinical designee will remain in close contact with the Medical Director of the Richmond County Department of Public Health, and will request clinical assistance, medical supplies, vaccines, and any other available resources, if needed for our students and the greater AU community.
 - b. Based on the severity of the outbreak and the student demand for acute care services at SHS, some or all previously scheduled routine appointments will be cancelled or postponed to enable as many patients with acute viral symptoms to be seen, diagnosed, and treated.
 - c. Referrals will likely need to be made to the County Health Department where the student resides, especially for laboratory confirmed cases.
4. General actions after a confirmed case of measles:
- a. Advise patient to restrict activities (i.e., do not come to any University campus nor attend classes, clinical sites, work, athletic events, student events, on-campus residence, etc.) until 7 days after onset.
 - b. If patient lives on campus housing, they will need to return to their permanent address or other private residence until 7 days after onset of rash.
 - c. Advise all students, faculty, staff to establish their immunity status (i.e., check immunization records) and if not immune, to see the Student Health Clinic or their private physician.
 - d. Based on the state of Georgia recommendations, all students, faculty, and staff who cannot document adequate immunity should be vaccinated.
 - e. Based on Richmond County Department of Public Health recommendations, considerations can be given to cancel or quarantine all events that involve large gatherings (such as athletic events, convocation, commencement, etc.).

Addendum:

- Review: Steps for Responding to Measles (modified for Augusta University using the step-by-step plan courtesy of UCLA):
 1. Immediately start notifying AU colleagues who would have an interest in this: Vice President of Enrollment and Student Affairs (who will notify Academic Affairs), Assistant VPs, Directors, Housing and Residence Life, Environmental Health and Safety, MCG, School of Public Health, others?
 2. Determine exactly where this student with suspected measles has been and when.
 - a. Living arrangements, close contacts (family/friends/roommates, athletic team, intramural team, etc.)
 - b. Recent travel
 3. Work with Registrar's Office to pull rosters for any classes where the student could have exposed the virus.
 4. Advise close contacts (roommates, on-campus housing inhabitants, friends, those in the same classes, co-workers, etc.) who have been exposed from 4 days prior to onset of rash until currently to establish immunity status. They should attempt to call their local physician, the Student Health Center, or the Public Health Department immediately.
 5. Work with the Public Health departments of the state of Georgia as well as the county health departments of Richmond, Columbia, and Aiken counties to determine the number of suspected and confirmed measles cases in the local area, and to determine if an outbreak/epidemic status will be called.
 6. Review student immunization records to determine which exposed students do not have immediate proof of vaccination or immunity.
 7. Determine if we will require isolation/quarantine of these students until they show proof of vaccination or immunity. If local outbreak, then the answer is "yes".
 8. Contact such students (close contact with the index case).
 9. Determine possible staff and faculty who may have been exposed.
 10. Determine steps to address immunity status of faculty and staff.
 11. Determine if we will require isolation/quarantine of these staff/faculty until they show proof of vaccination or immunity.
 12. Implement marketing campaign (press releases, med clinic web site notices, campus wide e-mail, etc.). Work with Richmond County Dept. of Public Health, MCG/AUMC, and the AU Communications Dept.
 13. If county places a quarantine order for anyone who is not able to show immunity, notify students that they need to self-isolate or quarantine.
 14. Set up a quarantine area for students, staff, faculty who are unable to go home. [*Housing and Residence Life, Facilities, ?*]
 15. Initiate a university-wide educational campaign regarding prevention: Handwashing, vaccine, recognition of early symptoms of disease including self-care, prevention of transmission to others, and treatment, etc.
 16. Provide MMR immunizations/titer testing to clear students who do not have immunization records to document vaccination or immunity.
 17. Determine if we will provide immunizations/titer testing for staff & faculty.
 18. Determine/warn k-12 populations (schools, camps, conferences, field trips, etc.) who have not been vaccinated from visiting campus.
 19. Offer a third MMR vaccine to non-immunized/ non-vaccine responders.
 20. Other university-wide responses and issues

References, documents:

- Georgia Department of Public Health Epidemiology Branch: Measles (Rubeola) Protocol: https://dph.georgia.gov/sites/dph.georgia.gov/files/ADES_Measles_Protocol_FINAL%20%282%29.pdf
 - Includes algorithm for determining measles prophylaxis for exposed persons and a form for tracing contacts who were potentially exposed
- Vaccine Preventable Diseases: <https://www.cdc.gov/vaccines/vpd/vaccines-diseases.html>
- Notifiable Disease – Condition Reporting to GA Department of Public Health: <https://dph.georgia.gov/sites/dph.georgia.gov/files/Georgia.DPH.Notifiable.Disease.Poster.FINAL.PRESS.JUL.30.18.pdf>
- Minimize Measles Transmission in Healthcare Settings: https://dph.georgia.gov/sites/dph.georgia.gov/files/ADES_Minimize_Measles_Transmission_Healthcare_Settings.pdf
- National Respiratory and Enteric Virus Surveillance System – CDC: <https://www.cdc.gov/surveillance/nrevss/index.html>
- Suspecting measles: FL Dept. of Health of Broward County - handout (attached)
- Measles Healthcare Algorithm from Broward County, FL Dept. of Health – handout (attached)
- Measles: Specimen Collection and Submission Instructions – Georgia Division of Public Health recommendations: Send to Acute Disease Epidemiology in Atlanta
http://dph.georgia.gov/sites/dph.georgia.gov/files/ADES_Measles_Specimen_Collection_Guidelines.pdf
 - Serologic Testing: Information and instructions about collecting serum (acute – IgM and first IgG) and convalescent serum (second IgG)
 - Viral Testing - virus isolation and PCR (urine specimen and throat swab)

Approved by Providers Council:

Chief Clinical Officer (Chair)

Date

Approved by Executive Council:

Director, Student Health Services (Chair)

Date