

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

MITIGATING THE IMPACT OF COMMUNITY MEASLES IN YOUR CLINIC

Measles is highly contagious and can linger in the environment for up to two hours, potentially exposing health care personnel (HCP), staff, and patients in a short period. If measles cases have been identified in your community, be on heightened alert for potential cases in your clinic. The following recommendations can help mitigate the impact of measles on clinic operations. Refer to CDC's [Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings](#) for more comprehensive guidance.

Update appointment scheduling and patient triage protocols

- Via your clinic's preferred communication methods (e.g., patient portal, website, automated messages, etc.), ensure that ALL patients are aware that if they exhibit measles symptoms, they should call first for instructions and avoid walking in. This may include patients with appointments for reasons other than measles-compatible symptoms.
- Precaution instructions can include information such as which door to arrive at, how to notify staff of arrival, and whether to wear a face mask upon entry (or, if unable to wear a face mask, to place a blanket loosely over their head), among other details.
- Persons with signs or symptoms of measles should be kept separate from other patients.
 - Consider having individuals wait outside and call for escorted admittance.
 - Directly escort the patient to an airborne infection isolation room (AIIR), or if no AIIR is available, a private room with a door, rather than the patient waiting room.
- Consider reviewing scheduled appointments for secondary triage by clinical staff to identify patients at high risk of measles.
- If possible, schedule high-risk patients (e.g., symptomatic or unvaccinated patients) for the end of the day so their appointment overlaps with as few other patients as possible.

Post visual alerts

- Post signs at the entrance directing people with signs or symptoms of measles on what to do upon arrival, including masking and alerting triage staff to their risk of measles.



- Provide supplies (e.g., face masks, hand hygiene) near visual alerts if possible.
- Post reminders in health care worker spaces, including signs and symptoms of measles, testing procedures, isolation protocols for patients with suspected measles, and reporting activation procedures.

Implement airborne precautions

- Immediately place patients with known or suspected measles in an AIIR.
- If an AIIR is not available:
 - Place the masked patient in a private room with the door closed.
 - Transfer the patient to a facility with an AIIR as soon as possible. Notify the receiving facility of any suspected measles cases and plan a route that minimizes contact with individuals not essential to patient care.
- Consider evaluating a patient with signs or symptoms of measles outside the clinic (e.g., in their car, outdoors) if the patient's condition is suitable.

Protect health care staff

- HCP should use respiratory protection (e.g., fit-tested, NIOSH-certified N95) upon entry to the care area of a patient with known or suspected measles, regardless of presumptive evidence of immunity.
- HCP without acceptable presumptive evidence of measles immunity should not enter the room of a patient with known or suspected measles if HCP with presumptive evidence of immunity are available.
- During a measles outbreak, proof of two doses of measles virus-containing vaccine is recommended for all HCP, regardless of year of birth.

Communicate and collaborate with public health authorities

- Immediately notify [public health authorities](#) of patients with known or suspected measles.
- Coordinate laboratory testing with public health, as appropriate, to confirm infection.
- Ensure that clinic notification chains are kept up to date.