

## Measles Frequently Asked Questions

### Vaccination Requirements and Titers

**Question:**

Is a positive Measles, Mumps and Rubella (MMR) titer sufficient proof of immunity for health care workers, or are two documented MMR doses still required regardless of titer or vaccination history?

**Answer:**

Centers for Disease Control and Prevention (CDC): [Table 3. Acceptable presumptive evidence of immunity for healthcare personnel](#)

- Documentation of vaccination with two doses of live measles virus-containing vaccine, OR
- Laboratory evidence of immunity (positive measles IgG titer), OR
- Laboratory confirmation of disease, OR
- Born before 1957 (for unvaccinated personnel born before 1957 who lack laboratory evidence of measles, rubella, or mumps immunity or laboratory confirmation of disease, health-care facilities should consider vaccinating personnel with two doses of MMR vaccine at the appropriate interval).

**Question:**

What is the protocol for individuals with only one documented MMR dose or who received a second dose decades later?

**Answer:**

If a healthcare worker only has one documented dose of MMR vaccine and is exposed to measles, they have 72 hours from their first exposure to get a second dose as postexposure prophylaxis. If they receive the second dose within this timeframe, they do not need to quarantine away from working in a healthcare setting. If they do not get the second dose within 72 hours, they will need to quarantine away from working in a healthcare setting for 21 days after the last exposure.

The second dose of MMR vaccine should be given at least 28 days after the first dose. Even if there is a decade between the first and second dose, we would consider this sufficient evidence of immunity for healthcare workers.

## Healthcare Worker Protocols

### Question:

What are the isolation, exclusion, and/or quarantine requirements for health care workers without full MMR documentation, especially if exposed?

### Answer:

If a healthcare worker only has one documented dose of MMR vaccine and is exposed to measles, they have 72 hours from their first exposure to get a second dose as postexposure prophylaxis. If they receive the second dose within this timeframe, they do not need to quarantine away from working in a healthcare setting; however, they will need to quarantine away from working at a healthcare facility until they receive the second dose. If they do not get the second dose within 72 hours, they will need to quarantine away from working in a healthcare setting for 21 days after the last exposure, unless they are able to provide another acceptable form of proof of immunity.

If a healthcare worker is diagnosed with measles, like everyone else, they will need to isolate at home and away from others for four days after rash onset. After this period, they are no longer considered infectious to others.

### Question:

What if a health care worker is allergic to the MMR vaccine?

### Answer:

Any healthcare worker without presumptive immunity, if exposed to measles, would need to quarantine away from working in a healthcare facility for 21 days since last exposure. In this scenario, if the healthcare worker developed measles disease, it would be advisable that they are tested so that they have laboratory evidence of previous disease for any future exposures. If they did not develop disease, they would still be considered lacking presumptive immunity and, should they be exposed again, would need to quarantine away from working in a healthcare facility for 21 days since last exposure.

## Contagion and Transmission

### Question:

How transmissible is measles, and is asymptomatic spread possible (e.g., contagious without rash)?

### Answer:

Measles is caused by a highly contagious respiratory virus that spreads when an infected person coughs, sneezes, or talks. The measles virus can live in the air and on surfaces up to two hours, which also increases the chances of infection.

A person is considered contagious to others for four days before rash onset to four days after rash onset. Persons may experience no or non-descript respiratory symptoms during the period four days prior to rash onset and still be able to spread the virus.

If persons who are not immune to measles are exposed to the virus, nine out of 10 people will develop measles.

**Question:**

How effective is the post-exposure prophylactic MMR dose?

**Answer:**

One dose of the MMR vaccine is considered 93% effective at protecting against disease; two doses are considered 97% effective: [CDC](#)

Evidence of the effectiveness of MMR or measles vaccine administered as postexposure prophylaxis is limited and mixed and might depend on timing of vaccination and the nature of the exposure. This is why only those who become age or risk-appropriately vaccinated with a PEP dose are eligible for release from quarantine.

### **Vaccination Strategy & Shortages**

**Question:**

Are there concerns about vaccine shortages for public health administration or general availability?

**Answer:**

At this time, both GSK and Merck have confirmed there is no shortage of MMR vaccine. If a facility is experiencing limited availability through a wholesaler or distributor, privately purchased MMR vaccine can be purchased directly from the manufacturer.

**Question:**

Should facilities outside the current exposure area proactively offer vaccines, or would that risk be contributing to a shortage?

**Answer:**

Facilities outside of the currently identified exposure areas should continue to follow CDC routine vaccination recommendations. At this time, there is no shortage of MMR vaccine. Proactively vaccinating according to the recommended immunization schedule will not contribute to a shortage.

### **Insurance Coverage & Access**

**Question:**

What insurance coverage exists for adult MMR vaccinations, and what is the best route for uninsured or underinsured individuals to receive vaccines?

**Answer:**

In outbreak affected areas, as identified on the [KDHE Measles Dashboard](#): 317-funded outbreak MMR vaccine is available to anyone, regardless of insurance status, at the local health departments.

### **HIPAA & Employee Vaccination Status**

**Question:**

Are there HIPAA concerns when reviewing employee vaccination records for infection control?

**Answer:**

No. The HIPAA Privacy Rule recognizes the legitimate need for public health authorities and others responsible for ensuring public health and safety to have access to protected health information to carry out their public health mission. The Privacy Rule permits covered entities to disclose protected health information, without authorization, to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability: [U.S. Department of Health and Human Services](#)

## **Triage & Public Education**

**Question:**

When should clinics and health care facilities begin triaging patients for measles symptoms?

**Answer:**

Clinics and healthcare facilities should begin triaging patients for measles symptoms if there are identified cases in the community or surrounding regions. Screening also should be conducted when international travelers return and have symptoms consistent with measles. The [KDHE Measles Assessment Guide \(PDF\)](#), also available on the [KDHE Measles page](#), can help with this screening process by identifying high and medium risk patients.

## **Contact Tracing & Exposure Response**

**Question:**

Is contact tracing currently being recommended or required for measles exposure in healthcare or community settings?

**Answer:**

Yes. If there is a measles exposure in a healthcare setting, or any setting, KDHE Epidemiology staff will work with local health departments and facilities/settings to identify anyone who may have been exposed. Of the people potentially exposed, we will work together to identify who is susceptible to developing disease based on a lack of evidence of presumptive immunity and enroll them in monitoring for their 21-day incubation period.

## **Group Settings & Long-Term Care**

**Question:**

Is it advisable for nursing homes or group settings to test all residents for measles immunity (titers) and administer vaccines if needed?

**Answer:**

KDHE is not recommending that all nursing homes and group home settings test residents for immunity or offer MMR doses. In this specific scenario, it is important to remember that people born before 1957 are likely to have natural immunity to measles because, prior to the vaccine introduction, most people developed measles disease as children.