

# Guidance from the Washtenaw County Public Health Department for Schools, Parents and Medical Providers

October 3, 2007

## General Guidance

- In the context of a confirmed case of measles and a second probable case of measles in a very close contact, **we recommend that all rash illnesses be promptly evaluated by a clinician.**
- Because measles is so highly contagious, the overall goal for the community is to control and stop the transmission of measles.
- The standard for vaccine protection and admission to school is two appropriately spaced Measles, Mumps, and Rubella (MMR) vaccinations.
- Control measures are necessary because there are always susceptible persons in the community. 1-2% of persons who receive two MMR vaccinations fail to develop protective immunity. There are also people who have unknown or undocumented vaccination histories, who refuse vaccination, or whose MMR vaccination is incomplete.

## Guidance for Medical Providers and School Officials Regarding School Admission of Students

The following guidelines for school admission in relation to vaccination status are intended to be used by medical providers and school officials.

1. Children who have had two appropriately spaced MMR vaccinations are considered immune and there is nothing additional to offer them.
2. Children who have had only one MMR need to get a second MMR as soon as possible; they can then be readmitted to school.
3. Children who have had only one MMR and refuse a second one may obtain serologic testing for proof of immunity (lab test for measles IgG). If the IgG is positive, they may be readmitted. If the IgG is negative or equivocal, it means they are not immune and should be excluded from school and related activities. They should stay at home for 21 days from the onset of rash in the last case of measles.
4. Children who have had only one MMR and refuse a second one AND refuse testing for proof of immunity should be excluded from school and related activities and stay at home for 21 days from the onset of rash in the last case of measles. They may seek and obtain Immune Globulin (IG) but will still not be permitted to return to school. The limited supplies of Immune Globulin that are available are intended for pregnant women in certain situations, infants under one year of age, and immune-compromised persons who have been exposed to measles. IG is not recommended for use in outbreak control.
5. Children who have had a waiver and NO MMR are advised to get fully immunized as soon as possible. If they get one dose of MMR now, and agree to get the second one in 28 days, they may be readmitted to school. If they continue to refuse MMR, they should be excluded from school and related activities and stay at home for 21 days from the onset of rash in the last case of measles.

## **Guidance for Employees and Volunteers in Schools With Measles Cases**

1. Adults are considered to be protected against measles **ONLY** if they meet one or more of the following conditions:
  - a. born before 1957
  - b. documentation of physician-diagnosed measles
  - c. lab evidence of immunity to measles
  - d. documentation of receipt of 2 doses of measles-containing vaccine administered at least 28 days apart
2. Exposed adults who do not meet any of the above conditions are considered susceptible and should be vaccinated as soon as possible. Those susceptible adults who are pregnant or who have immuno-compromising disease should contact their physician for advice regarding vaccination or receipt of Immune Globulin.
3. Exposed, susceptible adults who have had only one MMR need to get a second MMR as soon as possible. Those who cannot provide documentation of immunity should be excluded from the school setting until 21 days after the onset of rash of the final case of measles in that school setting. They may request testing for proof of immunity from their clinician.
4. Exposed, susceptible adults who are vaccinated against measles for the first time or who are receiving a required second dose may return to the school setting immediately, although this guidance may be altered depending on the overall measles circumstance.