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PIN 19-15-ASC

TO: ALL ADULT AND SENIOR CARE FACILITY LICENSEES

FROM: *Original signed by Pamela Dickfoss*
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Community Care Licensing Division

SUBJECT: **MEASLES AND MEASLES PREVENTION IN ADULT AND SENIOR CARE FACILITIES**

Provider Information Notice (PIN) Summary

PIN 19-15-ASC provides information regarding the measles and measles prevention in Adult and Senior Care facilities.

Widespread measles outbreaks continue in the United States (U.S.) and internationally. The [Centers for Disease Control and Prevention](http://www.cdc.gov) (CDC) reported that as of June 6, 2019, there have been 1,022 confirmed cases this year, the largest number since measles was eliminated from the U.S. in 2000. It is anticipated that the risk of measles within California will remain elevated into the near future, particularly for those who are not appropriately protected.

Given the possibility of rapid transmission in a congregate setting, a particular concern is how measles could impact community care facilities. The Community Care Licensing Division (CCLD) reminds licensees that taking proactive steps to prevent a measles outbreak is vital to the health of residents/clients in care.

Impact of Measles

Measles is highly contagious and can lead to serious illness and even death. Even a mild case of the measles may result in missed work days for facility staff. Most people

who have not been immunized against and have not previously had measles will get the disease if they have contact with or are exposed to the virus. Because residents/clients of adult and senior care facilities may have guests or leave the facility, residents/clients could be exposed to measles both within the facility or outside the facility in the community.

A person with measles can spread the virus even before they have symptoms. Because the measles virus can live in the air and on surfaces for hours, an individual can also be infected by being in a room that an infected person was in or by touching an object that an infected person has touched. Thus, one case in a facility can easily turn into many cases if people are not already protected from measles.

Recommendations

Given the risk for the spread of measles in a congregate setting for those not already protected, please consider the following recommendations to protect residents/clients, facility staff and the community at large.

Confirm measles immunity status for residents/clients, facility staff and volunteers.

An individual is protected from measles if they are immunized against the measles, has official documentation of having the measles in the past or has a blood test result verifying immunity to measles. Encourage individuals who are unsure of their immunity status to contact a health care provider to review their immunization history, discuss their individual risk, and consider either testing their blood for immunity or receiving one or two doses of the measles-mumps-rubella (MMR) immunization, based on their history and risk.

Note: If facility staff cannot provide documentation of immunity to measles, consider reassigning them out of areas with residents/clients who are at highest risk for serious illness or complications (e.g. the elderly or those who have weakened immune systems).

Encourage non-immune residents/clients, facility staff, volunteers and guests/visitors to the facility to get immunized.

The best way to prevent measles is to get the MMR immunization, which is 93% effective with one dose and 97% effective with two doses. Pregnant women, infants, and some people with weakened immune systems – who may be among a facility's residents/clients, facility staff, volunteers or guests/visitors – cannot be immunized for documented medical reasons and may be particularly vulnerable to severe measles complications. These individuals rely on high rates of immunization among the rest of the population for protection from measles.

Two doses of MMR immunization are recommended for school-aged children and for adults at increased risk of measles, including health care personnel and those 12

months of age and older people who will travel internationally. At least one dose is recommended for all other adults.

Measles immunizations are available from health care providers or local pharmacies and are covered by most insurance plans. Public Health clinics also offer no-cost or low-cost immunizations for facility staff who are uninsured or underinsured. Please visit the [CDPH Immunization Branch](#) or call 2-1-1 for more information on where to get immunizations statewide.

Be vigilant for potential measles cases.

Be alert for symptoms of measles and arrange for a medical attention if needed. Measles symptoms include fever, cough, runny nose, red and watery eyes, and a rash that starts on the face and spreads to the rest of the body. A suspected measles case will have both a fever and rash.

If a resident/client has measles-like symptoms, arrange for them to be seen by a medical provider. Before the resident/client goes to the provider's office, call the office and inform them that the resident/client may have measles, so that steps can be taken to prevent its spread. The provider will determine whether the patient may have measles and if so, report the case to the local health department.

Be prepared in case a person is suspected or confirmed to have measles at your facility.

- **Immediately isolate the person with symptoms of measles.** The person should be masked (if they can tolerate a mask) and placed in a room alone with the door closed. Only people who have confirmed their immunity to measles (2 doses of MMR or a blood test showing immunity) should enter the room.
- **Quickly develop a list of individuals who are present in the facility and potentially exposed to measles.** Measles exposure would be for all individuals who shared air space with or who were in the air space within two hours after the individual with measles departed the facility. The local health department may work with the licensee to determine the need and methods of separating facility residents/clients (those who have been exposed or not been exposed) to prevent further transmission of measles.
- **Develop a list with documentation of the measles immunization/immune status of all facility staff and volunteers.** If there is an exposure in the facility, facility staff who cannot provide satisfactory documentation to the local health department will be excluded from work until either their immunity can be established or until they no longer present a substantial risk of developing measles and transmitting it to others, which could be for up to 21 days after their last exposure.

Note: *It is strongly recommended that the immunization/immune status of all facility staff and volunteers be known before a measles exposure occurs.*

Reporting an Outbreak

A licensee is required to report a suspected or confirmed outbreak as soon as possible to the local health department, local [Adult and Senior Care Regional Office](#), and the resident's/client's authorized representative, as required by applicable regulations (California Code of Regulations, [Title 22, section 80061\(b\)\(1\)\(H\)](#), [Title 22, section 81061\(b\)\(1\)\(G\)](#), [Title 22, section 82061\(a\)\(1\)\(F\)](#), and [Title 22, section 87211\(a\)\(2\)](#)).

If you have any questions regarding this PIN, please contact your local CCLD Regional Office.