

Measles Readiness Toolkit



Wisconsin Immunization Program
Division of Public Health
Wisconsin Department of Health Services

About this toolkit

This toolkit is intended to help you prepare for suspected cases of measles in your community. Please adapt the tools as needed to best align with your facility's policies.

The toolkit contains a readiness checklist that has separate lists applicable to local and Tribal health departments, health clinics, and schools, daycares, and summer camps and programs. This toolkit also includes a door sign that can be displayed on clinic entrances. The sign is designed for you to add your own logo and phone number to before displaying. Also included in the toolkit is a resources page that has links to helpful webpages, fact sheets, and graphics.

Measles Readiness Checklist

Local and Tribal health department (LTHD) preparedness

Internal LTHD preparedness

- ☐ Review the Incident Management System (IMS)/Incident Command System (ICS) structure in the event of a measles outbreak.
 - ✓ Be sure to have a specific set of criteria for activation and deactivation (for example, benchmarks for containment) based on risk stratification.
 - ✓ Review and update as needed the IMS/ICS organizational chart considering the breadth of response activities needed for a measles cluster or outbreak (for example, community engagement, surveillance, laboratory, and communications).
 - ✓ Pre-identify key personnel required for infectious disease emergency response across health systems and governmental agencies.
- ☐ Ensure staff have been evaluated, vaccinated, medically cleared, and trained to manage measles cases and contacts.
 - ✓ Assess measles immunity status for staff.
- ☐ Ensure staff are trained on current protocols for management of suspect measles cases.
 - ✓ [Measles resources](#) are available on the PCA portal.
- ☐ Be aware of global measles outbreaks.
 - ✓ DHS sends a Vaccine Preventable Disease newsletter to all LTHDs each month.

- ❑ Create general reminders on the importance of keeping children up to date on all childhood vaccinations, including measles.
 - ✓ [Childhood Vaccination Resources for Healthcare Providers | CDC](#)
 - ✓ [Vaccine Confidence Toolkit - Association of Immunization Managers](#)
- ❑ Survey health care facilities on availability of intravenous immunoglobulin (IGIV) and intramuscular immunoglobulin (IGIM) supply for post-exposure prophylaxis. Consider developing educational materials or trainings on administration of post-exposure prophylaxis.
- ❑ Consider conducting tabletop exercises on responding to an outbreak with exposures in multiple settings (for example, schools, health care, and in a higher-risk setting such as a shelter) that would also require identifying areas for isolation of cases and higher-risk contacts not able to safely isolate or quarantine at home.
- ❑ Partner with local providers and/or labs for drawing titers. If the LTHD will draw titers:
 - ✓ Obtain test kits (and check with medical director)
 - ✓ Stock appropriate PPE and have staff fit tested

Community preparation for LTHDs

- ☐ Identify sub-populations within your jurisdiction with lower [rates of measles vaccination](#), specifically, close-knit communities with persistently low vaccination rates or poor access to health care and prior vaccine-preventable disease outbreaks, as well as settings at high risk for transmission such as schools, daycares, and shelters.
 - ✓ Focus on culturally competent community engagement, education, and vaccination efforts.
 - ✓ Identify and establish relationships with trusted community partners who work with these subpopulations who can amplify messages that raise measles awareness and the importance of vaccinations.
 - ✓ Ensure health systems that directly serve these subpopulations are prepared to identify and respond to measles cases including testing, isolation, case investigations, contact tracing, postexposure prophylaxis, and quarantine with symptom monitoring.
- ☐ Review and update plans for larger scale vaccination efforts for potential measles cases in settings with low vaccination rates (for example, planning for mobile vaccine clinics).
- ☐ Consider partnerships with local immunization or health coalitions.
- ☐ Remind people to be up to date on MMR vaccination before traveling.
 - ✓ Refer travelers to their health care provider or travel clinics for vaccinations needed before international travel as recommendations for international travel may differ from routine MMR vaccine recommendations.

- ☐ Provide education to your health care providers and share guidance such as Measles Communicable Diseases Case Reporting and Investigation Guidance for Clinicians, P-00892A (PDF): a 2-page summary for clinicians.
 - ✓ Provide guidance on recognition, triage, diagnosis, and management of measles cases.
- ☐ Ensure that providers know how to contact state, local, or Tribal public health regarding suspect case reporting and testing.
- ☐ Encourage all health care personnel, including ancillary staff, to have appropriate evidence of immunity with two MMR vaccine doses, and to have evidence of immunity readily available to the health system if measles exposures occur.
- ☐ Encourage health care systems and providers to have pop-up alerts in place in their electronic health record (EHR) systems to remind providers when vaccines, including MMR, are due.
- ☐ Prepare to provide guidance to health care personnel who may have been exposed to measles.

Health clinic preparedness

- ☐ Ensure health care personnel have evidence of immunity to measles. This includes all paid and unpaid individuals serving in health care settings who have the potential for direct or indirect exposure to patients or infectious materials.
- ☐ Increase awareness for front-line staff, especially if a measles case has been identified in the state.
 - ✓ Place signs (a sign template is available in this toolkit on page 9) at entrances to primary or acute care settings for patients and visitors to alert staff, patients, and visitors about signs and symptoms of measles.
- ☐ Consider alternative methods to seeing patients in the clinic (for example, telehealth or car visits).
- ☐ Train staff, including front desk and triage staff, to know [how to recognize](#) suspected cases of measles, to be alert for suspected cases of measles, and to immediately isolate suspected cases and minimize exposure to others.
 - ✓ Encourage patients or providers to call ahead to ensure patients are met at an access point that limits exposures (for example, a back or side door).
 - ✓ Identify room(s) for isolation of suspect cases (airborne infection isolation room [AIIR] preferred).
 - ✓ Familiarize health care providers with appropriate infection prevention and control procedures, including use of respiratory protection (N95 or higher) when caring for a suspected case of measles.
 - ✓ Be prepared to identify all patients, visitors, and staff who may have been exposed during the period when transmission-based precautions were not in place.
 - ✓ Review exposure classification criteria (for example, high risk, low risk).
 - ✓ Review guidance on infection prevention for health care personnel.

- ❑ Ensure coordination with other health care providers and public health.
- ❑ Be sure that other key clinical care partners know how to triage, manage, and report concerns, as well as manage exposures (for example, Emergency Medical Services) and provide education on what and when to communicate with public health.
- ❑ Consider targeted outreach to health care settings in proximity to areas of [lower measles vaccination rates](#), as these areas are more likely to see index cases and outbreaks.
 - ✓ Share information on [who needs a measles vaccine](#).
 - ✓ Encourage health care system partners to have established protocols for measles testing (for example, routing specimens to Wisconsin State Laboratory of Hygiene (WSLH) and for post-exposure prophylaxis).

School, daycare, and summer camp and program preparedness

- ❑ Prepare to contact and share information with the Department of Public Instruction (DPI) and regulatory offices that oversee daycares and summer camps.
- ❑ View current data on [school, daycare](#), and [child vaccination rates](#) for awareness of areas with lower vaccination rates.
- ❑ Prepare letters in advance for notifying parents and staff about potential measles exposures. A [sample letter from DPI](#) is available.



DO NOT ENTER IF

you have a fever and a rash

OR

**you think you have been
exposed to measles**

Call the number below for help

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Resources

- DHS graphic — [Should I Get a Measles Booster](#)
- DHS graphic — [Measles can easily spread from person to person: Call your doctor](#) (available in English, Spanish, and Hmong)
- DHS graphic — [Put Measles on the Spot](#) (available in English, Spanish, and Hmong)
- DHS fact sheet — [Suspect Measles? Isolate. Test. Report. Vaccinate.](#)
- DHS fact sheet — [Measles](#) (available in English, Spanish, Hmong, and Somali)
- DHS fact sheet — [Traveling? Get protected from measles first](#)
- Immunize.org fact sheet — [MMR Vaccine Does Not Cause Autism -- Examine the evidence!](#)
- [Immunizations: Measles | DHS](#)
- [About Measles | Measles \(Rubeola\) | CDC](#)
- [Be Ready for Measles Toolkit | Measles \(Rubeola\) | CDC](#)