

PREPARING AND RESPONDING TO MEASLES: Checklist for Congregate Shelters



WHY SHOULD CONGREGATE SHELTERS PREPARE FOR MEASLES?

Measles is caused by a highly contagious virus that spreads through the air when an infected person coughs or sneezes. If one person has measles, up to 9 in 10 people nearby will become infected if they are not protected through vaccination or previous infection.

Measles can spread quickly in congregate shelters because program participants/clients, staff, and volunteers are in close contact and may use shared spaces with many other people. Measles is more than just a rash — it can cause serious health complications and even death. About 1 in 5 people who get measles will be hospitalized. The best protection is the **measles, mumps, and rubella (MMR) vaccine**.

The risk for widespread measles in the U.S. remains low. However, measles cases occur in the U.S. every year when unvaccinated travelers get measles while they are in other countries and return to the U.S. Outbreaks also occur when measles spreads in under-vaccinated communities. Anyone without immunity to measles is at risk.

PREPARE FOR POSSIBLE MEASLES CASES

- **Know how to contact your health department** when measles is suspected. Ideally, have a point of contact ahead of time and discuss plans for how to respond to a measles case.
- **Communicate with staff and volunteers** about shelter **plans and procedures**:
 - » **Requirements for staff and volunteers to stay at home when they are sick.**
 - » **Procedures for staff or volunteers with measles symptoms**, including leaving immediately or waiting in a designated isolation space until transportation is arranged.
 - » **Applicable state, local, or shelter MMR vaccine recommendations or requirements.** The best way to prevent the spread of measles is to ensure that all who are eligible are vaccinated or **immune to measles**.
- **Determine where you will refer people with measles symptoms for testing or care.**
 - » **Encourage program participants/clients, staff, and volunteers to be watchful for measles symptoms in themselves and their families.** Early symptoms can seem like a common cold and include fever; cough; runny nose; red, watery eyes; and/or tiny white spots in the mouth. A rash generally occurs 3-5 days after symptoms begin and usually appears on the face and behind the ears first and then spreads down the body.
 - » **Always call a healthcare facility before sending someone or seeking care for measles.** They may have specific instructions about where to go to minimize potential exposure to others.
- **Make sure your shelter has a supply of masks** to give a person with measles symptoms, and **respirators** for fit-tested staff.
- **Identify an isolation space where a person with measles symptoms** can stay while awaiting medical evaluation, to prevent other people from getting sick. See page 2 for isolation considerations.
- **Consider establishing separate sleeping spaces** for people at **higher risk for measles complications**, to protect their health (e.g., infants, pregnant women, people with weakened immune systems).
- **Create lists of who was in the shelter each day and night, ideally with a list of people by room or a bed map.** This will help a health department identify people who need follow-up.
- **Maintain documentation of measles immunity status for staff and volunteers**, to the extent possible. If helpful, see **sample immunity status documentation template**.
 - » This will help the health department recommend next steps for people who are exposed and not immune.
 - » Ensure record keeping is consistent with any state and local legal requirements and considers privacy and confidentiality.
- **Educate program participants/clients, staff, and volunteers that MMR vaccination is the best protection against measles.** Working through **peer ambassadors** can help increase vaccine acceptance.

ISOLATION FOR PROGRAM PARTICIPANTS/CLIENTS

- Ideally, people should be isolated in an **airborne infection isolation room (AIIR)**, typically found in hospitals. People do not need to wear a mask while in an AIIR.
- When isolation in an AIIR is not feasible, use a separate room with a solid door that closes, and, if possible, a dedicated bathroom.
 - » Because measles is highly contagious, isolation in a separate room is the minimum action to reduce risk of transmission.
 - » Ideally, this room would have a window and **directional airflow**, meaning air exhausts from the isolation room to the outdoors and not to other parts of the facility.
 - » Shelters can use HEPA filtration to create directional airflow in **temporary isolation rooms**.
- People should wear a mask as much as possible when isolating anywhere except an AIIR.
- To the extent possible, use a separate isolation space for each person or family with measles symptoms. Multiple people with measles infection confirmed by a healthcare provider can be isolated in the same room.
- Guardians and family members can accompany children in isolation if they have evidence of **immunity to measles** or also have measles infection confirmed by a healthcare provider.
 - » To the best of your ability, ensure that only staff with evidence of immunity to measles are supervising children when their guardians cannot accompany them in isolation.
- Continuum of Care leadership can review the entire shelter system for facilities with isolation spaces that could be made available to anyone in the system.

RESPONDING TO MEASLES IN CONGREGATE SHELTERS



IMMEDIATE ACTIONS – WHAT TO DO IN THE FIRST 10 MINUTES AFTER MEASLES IS SUSPECTED

When a program participant/client, staff member, or volunteer has **measles symptoms**, take these actions IMMEDIATELY:

- Give the person a **mask** (if 2 years and older). To limit the spread of respiratory secretions, masks should be well-fitting and cover their mouth and nose.
- Isolate the person with measles symptoms to protect others from exposure.
 - » Instruct a **staff member or volunteer** to isolate at home and advise them to seek medical care.
 - » After a person with measles symptoms leaves the isolation space, it should remain vacant for at least two hours. Then, clean and disinfect the space with an **EPA-registered disinfectant** suitable for hepatitis B and HIV (these are also effective against the measles virus). Anyone cleaning and disinfecting the space should have **evidence of immunity** to measles and should wear a well-fitting **respirator** (preferred) or **disposable mask**.
- Contact your health department. They will have further guidance for isolation duration, testing, care, and transport, if needed.
- Seek emergency care if the person who is sick **gets rapidly worse** or if they experience trouble breathing, pain when breathing or coughing, dehydration, a fever or headache that won't stop, confusion, decreased alertness or severe weakness, blue color around the mouth, or low energy. **Notify staff at the healthcare facility of your concern for measles before arrival so that they can put procedures in place to prevent spread.**
 - » If a person with measles symptoms is transported elsewhere for care or isolation, ensure they wear a mask during transport.
 - During transport, staff and volunteers transporting or escorting should also have **evidence of immunity** to measles and should wear a well-fitting respirator (preferred) or a **disposable mask**.
 - After transport, open the doors or windows to air out the vehicle. Then, clean and disinfect vehicle surfaces with an **EPA-registered disinfectant**.

ADDITIONAL ACTIONS AFTER ISOLATION

Be prepared to work with your health department on the following actions, based on their recommendations:

- **Make a list of people who might have been exposed to the person with suspected measles, using daily/nightly participant lists or bed maps.**
 - » The health department might recommend or offer vaccination or medication to prevent infection after exposure, also called **post-exposure prophylaxis**.
 - » The health department may also recommend temporarily cohorting (i.e., grouping together non-immune people who have not been exposed, particularly if they are pregnant, have weakened immune systems, or otherwise at **higher risk for measles complications**, and limiting their interactions with others. The health department might also recommend that staff meeting these criteria be temporarily excluded from the shelter or given duties with lower risk for exposure.
- **Gather information** about facility layout and ventilation to share with the health department.
- **Notify other nearby shelters and service providers** (e.g., food pantries, employment services) where exposed people may have spent time. The health department can notify other service providers, as long as they know which service providers people typically utilize.
- **Inform program participants/clients, staff, and volunteers if they have been exposed.** Ask them to watch for measles symptoms in themselves and their families for 21 days after their last exposure (even if they are immune) and seek medical care if symptoms develop. The health department may ask for shelter support to locate or contact exposed individuals.

CONSIDERATIONS FOR HEALTH DEPARTMENTS WORKING WITH CONGREGATE SHELTERS

- Coordinate with local **Health Care for the Homeless programs**, Federally Qualified Health Centers, or other clinical providers in the community about onsite vaccination options. The best way to prevent the spread of measles is to ensure that all program participants/clients, staff, and volunteers are vaccinated or are immune to measles.
- Consider **data sharing** between homeless management information systems (**HMIS**) and your state's immunization information system, subject to applicable state or local law, to determine measles immunity status of program participants. This will help identify people who are not immune to measles, so that they can be offered **post-exposure prophylaxis** to help prevent them from getting sick if they are exposed.

RESOURCES

About Measles:

www.cdc.gov/measles/about/index.html

Be Ready for Measles Toolkit:

www.cdc.gov/measles/php/toolkit/index.html

Measles Isn't Just a Little Rash Fact Sheet:

www.cdc.gov/measles/resources/measles-isnt-just-a-little-rash-infographic.html

Measles Education Videos:

www.cdc.gov/measles/resources/videos.html

Measles: Info You Should Know:

files.hudexchange.info/resources/documents/Measles-Info-You-Should-Know-English.pdf