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TO: Youth camp leaders, Administrators, and Staff, Local Health Department Administrators

FROM: Ngozi Ezike, MD, Director, IDPH

RE: Preventing against measles at youth camps

Background:

Measles outbreaks continue to occur nationwide. As of May 24, 2019, 940 cases of measles have been identified in 26 states. This is the greatest number of cases reported in the U.S. since 1994 and since measles was declared eliminated in 2000. A recent summary report of cases shows the median age of cases to be 5 years, and 53% of cases have occurred among individuals between the ages of 16 months-19 years. Among cases, 90% were either unvaccinated or had unknown vaccine status this year. This year, Illinois has had eight known cases. As school ends and summer camp season begins, we want to ensure camp administrators and leaders are aware of this situation, and provide useful resources to prevent and reduce the risk of a measles outbreak.

Measles Basics:

Measles is a serious, highly contagious disease caused by a virus. The virus is spread easily through the air when an infected person coughs or sneezes or by direct contact with infected nose or throat secretions. The infection starts with prodrome symptoms such as fever, cough, watery eyes, and runny nose. A classic rash then develops, starting typically on the face/hairline, and spreading down across the body. The rash is generally red, with flat or slightly raised spots. The fever can become very high. While measles is usually a mild or moderately severe illness, measles can result in complications such as pneumonia, encephalitis, and death. Roughly 9% of recent US cases have required hospitalization.

Measles should be suspected in individuals with symptoms compatible with measles and/or:

- International travel or to an area in the US with known outbreaks
- Exposure to a known case, and/or
- Unvaccinated and / or non-immune status

Recommendations for Camps:

- 1.) Understand the facts about the disease and the ongoing outbreaks.
 - a. Measles is a highly contagious disease caused by a virus. The virus is spread easily through the air, and the virus can live in the environment for several hours.
 - b. Ongoing outbreaks are occurring nationwide and globally.
 - c. The best protection against measles is vaccination. Vaccination not only protects the vaccinated individual; high levels of vaccination rates in a community reduces the chance that the disease will spread in that setting.

- 2.) Educate your healthcare staff about measles and have procedures in place to immediately seek medical care and isolate the case if measles is suspected. See the below sections for more guidance.
- 3.) Vaccination of camp workers:
 - a. IDPH recommends that all staff members at camps be up-to-date on their MMR vaccines, or have presumptive evidence of immunity to measles.
 - i. Acceptable evidence of immunity includes:
 1. Written documentation of adequate vaccination:
 - a. One or more doses of a measles-containing vaccine administered on or after the first birthday for adults not at high risk
 - b. Two doses of measles-containing vaccine for adults at high risk, including college students, healthcare personnel, and international travelers
 2. Laboratory evidence of immunity
 3. Laboratory confirmation of measles
 4. Birth before 1957
 - ii. Written documentation may be retrieved from clinical providers, college or high school immunization records, infant or childhood records kept by parents, place of employment, immunization information systems or electronic health records.
 - b. If the camp is also registered as a child care facility under the Child Care Act of 1969, then employees are required to have 2 doses of the measles, mumps, and rubella (MMR) vaccine or show proof of immunity to MMR. (See 225 ILCS 10/4.6)
- 4.) Vaccination of camp attendees:
 - a. IDPH recommends that all camp attendees be up-to-date on all vaccines, including MMR vaccine.
 - i. Children should have two doses of MMR, with the first dose at 12 through 15 months of age, and the second dose at four through six years of age or at least 28 days following the first dose.
 - b. If the camp is also registered as a child care facility, then children should be in compliance with immunization requirements. (See 77 Ill. Adm. Code 665.240)
- 5.) Vaccine records:
 - a. IDPH recommends that all summer camps request vaccine records or other evidence of immunity from camp attendees and camp staff. This would include asking for the dates (month/year) of MMR vaccines.
 - b. IDPH encourages camps to keep readily available lists of these records. Such records will be urgently requested and used if a case of measles were to occur among someone who attended or worked at the camp.
 - c. IDPH recommends that camp staff make parents / guardians of incoming campers aware of their policy regarding vaccine, and also aware of what would occur if a case of measles occurred at the camp. A sample letter can be found on the IDPH measles resource page.

Immediate Action Steps for Suspect or Confirmed Measles Case:

- 1.) If a suspect or confirmed case of measles occurs among a staff member or camp participant, call your local health department (LHD) immediately ([LHD contact list](#)) and follow your established protocol for appropriate isolation.
 - a. If sending a camper or a staff member to a healthcare facility, notify the facility of your suspicion before sending the patient.
 - b. Promptly mask suspect measles cases and place them away from other individuals. If airborne isolation is not available, the individual should be placed in a single room with the door closed. Rooms where the case inhabited should remain empty for at least two hours after the individual has left.
 - c. If you receive a notification that one of your campers or staff members is diagnosed with measles or is suspected of having measles, call your local health department as soon as possible.

- 2.) If there is a confirmed case of measles among staff or attendees, the local and state public health departments will conduct an immediate investigation with the goal to reduce further exposure. Illinois laws authorize the Illinois Department of Public Health, and its delegates such as LHDs, to both investigate and enforce restrictions, including quarantine, isolation and even closure, when necessary for public health purposes.

Such an investigation would include, but may not be limited to, the LHD:

- a. Working with camp leaders to identify where the case was during the infectious period. Cases are infectious for up to 9 days.
- b. Identifying all potentially exposed individuals.
- c. Requesting and reviewing vaccine records of all staff and camp attendees, as well as visitors, to determine who is susceptible, and at risk for developing infection.
- d. Requiring exposed individuals who are non-immune or non-vaccinated to be excluded from camp from the 5th- 21st day after exposure. This includes staff and camp attendees.
- e. Requesting the camp to notify all staff and attendees (and legal guardians) of the exposure.

Resources:

CDC measles website for up-to-date case counts: [CDC Measles Outbreak Page](#)

IDPH measles website with resources: [IDPH measles website](#)

IDPH Healthcare Provider Measles Infographic: [Measles Infographic](#)

CDC Parent Measles Infographic: [Parent Infographic](#)