

## Interim Guidance for the Management of Patients in Outpatient Settings Relative to the Current Measles Response in Tennessee

### Introduction and Rationale:

With the identification of the first measles case in TN during the recent U.S. disease resurgence outpatient healthcare facilities have reached out to public health for guidance. Measles is a highly contagious illness and preventing transmission in the outpatient setting is challenging. Whereas most of these facilities are not designed to fully implement airborne isolation there are basic infection prevention measures can be implemented to reduce the risk of transmission. Special consideration may be given for those clinics classified as high-risk that serve populations at high risk for severe disease and complications e.g. infants and immunocompromised persons. Higher risk level is also driven by epidemiological findings within local/regional geographic area e.g. more stringent interventions for an area of ongoing transmission.

### Goals:

1. Describe basic infection control measures to be routinely implemented in the outpatient setting.
2. To prevent entry to facilities of an infectious person with measles when other approaches may be safely taken e.g. phone triage and/or home visit assessment.
3. To decrease the risk of measles exposure to susceptible persons.
4. To provide guidance and epidemiological information to local/regional public health staff, healthcare facilities and systems for a tiered infection prevention management for measles.

### General Recommendations Checklist:

- Early detection of and management of potentially infectious patients at initial points of encounter who have signs/symptoms compatible with measles.
  - Screen for cough, fever, rash, conjunctivitis, coryza (runny nose)
  - Screen for exposure/possible exposure to measles based on current public health alerts
- If suspect case contacts the provider, please instruct the caller to contact the health care facility (e.g. Urgent care clinic) prior to going to the facility and upon arrival.
- Post signs at entrance for instructions to patients with symptoms of or exposure to measles.
- Provide masks for symptomatic patients upon entry to facility.
- Promptly place patient in a single-patient room with the door closed. Patient must continue wearing mask in the exam room.
- All facility staff including workers that do and do not provide direct care must have presumptive immunity to measles; review all staff persons records for:
  - Written documentation of 2 doses of MMR or measles-containing vaccine
  - Written documentation of a rubeola IgG showing immunity is acceptable for presumptive immunity
  - There are no exceptions to these criteria

- Healthcare workers must wear a mask to enter the exam room. Limit the time in the room to essential tasks/personnel.
- Make timely arrangements for transfer to a facility with airborne isolation capacity if medically indicated, notify receiving facility in advance.
- Door to patient exam room must remain closed and unoccupied for a minimum of 2 hours after patient leaves the room. Usual cleaning/disinfection of the patient room and equipment with an EPA registered disinfectant will suffice. <https://www.epa.gov/pesticide-registration/list-d-epas-registered-antimicrobial-products-effective-against-human-hiv-1>

**Notify your local public health department immediately of a suspect measles case.**

**Enhanced recommendations** may be considered for high-risk clinics\* if:

- 1)  $\geq$  one measles cases have been identified in your geographic region or ongoing transmission and
- 2) infrastructure and resources allow. Enhanced management includes implementation of basic measures as described above along with screening and possible restriction of visitors. The decision to move to a higher level of management for each hospital/healthcare system's affiliated clinics should be based on their infection prevention team's assessment.

TN Department of Health personnel are available for consultation regarding infection prevention issues at local/regional health departments or by email [HAH.Health@tn.gov](mailto:HAH.Health@tn.gov) or by phone at 615-741-7247.

***\*High risk clinic = Clinics that provide care to infants, oncology patients, or HIV-infected patients. Facilities may identify other high-risk populations and clinics.***

#### References:

1. CDC Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care  
See pages 14 – 15; Respiratory Hygiene/Cough Etiquette and Considerations Related to Transmission-based Precautions  
<https://www.cdc.gov/HAH/settings/outpatient/outpatient-care-guidelines.html>

Appendix A: Infection Prevention Checklist for Outpatient Setting

<https://www.cdc.gov/infectioncontrol/pdf/outpatient/guidechecklist.pdf>

See sections:

Infection Control Program and Infrastructure

Infection Control Training and Competency

Personal Protective Equipment (PPE)

Healthcare Personnel Safety

Respiratory Hygiene/Cough Etiquette

2. Interim Visitor Restriction Guidelines for Portland Area Pediatric Facilities with High-Risk Pediatric Patients During a Measles Outbreak Version February 6, 2019. Oregon Health Authority  
<https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/DISEASESAZ/Measles1/2019-measles-visitor-restriction-guidance.pdf>