



April 18, 2019

TO: Local Health Departments (LHDs)

FROM: New York State Department of Health (NYSDOH)

HEALTH ADVISORY: MEASLES

SUMMARY

The scale, duration, and complexity of the current measles outbreak in New York State has underscored the need for prompt and effective implementation of evidence-based containment measures and public health engagement to foster trust within the communities we serve. Contact tracing and management is one of the interventions that has been used to effectively control prior outbreaks. This advisory provides interim guidance to LHDs in geographic areas currently impacted by the measles outbreak regarding individuals identified as having been exposed to measles.

CURRENT SITUATION

As of April 17, 2019, there have been over 500 confirmed cases of measles in New York State since October 1, 2018. The initial index cases were unvaccinated and acquired measles on a visit to Israel, where a large outbreak of the disease is occurring. Since then, there have been additional people who were unvaccinated and acquired measles while in Israel. Measles has also spread within communities in the state.

The geographic areas currently impacted by the measles outbreak include:

- Rockland County: 190 confirmed cases, most recent onset 4/11/2019
- New York City: 329 confirmed cases, most recent onset 4/10/2019
- Orange County: 20 confirmed cases, most recent onset 4/11/2019
- Westchester County: 10 confirmed cases, most recent onset 4/12/2019
- Sullivan County: 2 confirmed cases, most recent onset 3/8/2019

GENERAL CONSIDERATIONS

The interim guidance below applies to individuals who:

- Are not known or suspected of being infected with the measles virus; and
- Have been identified as having been exposed to measles; and
- Do not have documented evidence of measles immunity; and
- Were unable or unwilling to receive timely measles post-exposure prophylaxis and
- Choose to voluntarily restrict their movements and premises (VRMP).

Persons who agree to VRMP must be treated with compassion and respect. LHDs should attempt to help meet these individual's social, cultural, medical, mental health, and economic needs. Examples of the types of issues that may need to be addressed include but are not limited to:

- Provision of basic needs like food, shelter, and medications.
- Mental health and social service needs.
- Telephone counseling.
- Assistance in accessing resources to help pass the time while under VRMP including but not limited to television, movies, radio, internet, board/card games, books or other culturally appropriate resources.
- Communication needs (e.g. working telephone, cellular phone, email, internet).
- Provision of supplies needed for personal hygiene.
- Financial resources needed as a result of the restrictions (e.g. if not able to go to work).
- Support needs, including but not limited to, family members, friends, and pets.

PRE-IMPLEMENTATION CONSIDERATIONS

Prior to seeking VRMP, LHD staff should assess whether the residential setting is suitable and appropriate and whether the individuals (and any caregivers) can adhere to the precautions that will be recommended. If the home is not appropriate, the LHD should identify an appropriate location for the individual(s) to live during the time period or temporarily until issues have been resolved.

IMPLEMENTATION

In a culturally and linguistically appropriate manner, LHD staff should explain to individuals (and any caregivers) what steps should be taken during the time period and staff should assure that the information is fully understood. Individuals who agree to VRMP, should specifically be told to take the following actions to protect themselves and their families:

- Stay home and restrict all activities outside the home. They should not go to work, school, camp or public areas, and not use public transportation or taxis. Visitors to the home who do not have an essential need to be in the home should be restricted, unless they have documented immunity to the measles virus. Shared spaces in the home should have good air flow, such as by an air conditioner or an opened window, weather permitting.
 - Individuals under voluntary movement restrictions can walk outside their house on their own property, if they reside in a single-family home or a detached, single family unit of a rental unit or condominium. They should not come within six feet of neighbors or other members of the public. All individuals participating in VRMP should refrain from walking in their neighborhood.
- Wash their hands often and thoroughly with soap and water. They can use an alcohol-based hand sanitizer if soap and water are not available and if their hands are not visibly dirty. Individuals should avoid touching their (or others') eyes, nose, and mouth with unwashed hands.
- Avoid sharing household items such as dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with other people in the home. After using these items, they should wash them thoroughly with soap and water.
- Perform regular cleaning of all "high-touch" surfaces, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, every day. Labels of cleaning products should be read, and recommendations provided followed. Individuals should read and follow directions on labels of laundry or clothing items and detergent.

- Monitor for signs and symptoms of measles and call their healthcare provider if they become ill as soon as possible. It is important that ill individuals call ahead before visiting the provider and tell them that they have been exposed to measles. This will help the healthcare provider's office take steps to keep other people from getting infected. Unless a true medical emergency exists, in which case 911 should be called, ill individuals on VRMP should contact the LHD to assist with non-public transportation to the provider.
- Cooperate with LHDs in the investigation of measles cases.

LHDs should also provide the individuals who have agreed to VRMP with the date that they can resume normal activities and social interactions, as appropriate, and a local telephone number that is answered after hours and on weekends in case individuals become ill or have questions.

A document template will be provided for LHD use and should be modified to include individualized information for the individual to whom it is given and be provided in their language of choice, as appropriate and feasible.

LHDs who have questions should contact the NYSDOH Bureau of Communicable Disease Control via e-mail at bcdc@health.ny.gov or by phone at (518) 473-4439.