

**Hospital: Dayton Hospital**

**Presenter: Karleen Benavides, RN**

Question/case summary:

We are reviewing our employee health files with regard to measles, and will be putting together outbreak protection measures for our HCWs. Since we are such a small hospital and have limited staff, in the event of a measles outbreak, we would not have staff to spare should some of them require quarantine. We would like to pursue an individualized approach rather than the herd immunity approach. Is it reasonable to titer and vaccinate those with what appears to be a waning measles response even if their rubella and mumps responses are within normal limits? I realize the CDC discourages this approach. We are performing a cost analysis, and prior coverage would clearly be cheaper than the alternative. Also, are there any other facilities apart from the "hot zones" who are implementing prevention measures? What is working?

**UW TASP Recommendations:**

Because of the highly infectious nature of the measles virus, we totally agree with your individualized approach to ensuring immunity in as close to 100% of your hospital’s employees as possible.

Here are our suggested criteria for confirming immunity, informed by the CDC recommendations:

- If a HCW has 2 MMRs documented, no action needed

- If only 1 MMR, give a 2nd one, no additional testing needed

- If reported history of measles, mumps & rubella, I rec checking titers for all 3 and if not immune to any of the 3, start the 2-dose series

- If no known history, check titers and start MMR series. If sero-negative, given second MMR

- If vaccinated between 1963 and 1967, reasonable to either repeat the MMR series or check titers and immunize if not immune

There is no risk to receiving an additional MMR vaccine if already vaccinated.

As far as infection prevention, in King County (Seattle area) we are screening for symptoms at clinic front desks and ED triage (respiratory symptoms and/or rash) and moving pts to single person rooms. This makes sense all year and anywhere as good idea to get people with colds, flus, etc out of shared spaces ASAP.

On behalf of the UW TASP Specialist Team:

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