

Massachusetts Department
of Public Health



MDPH Tuesday Infectious Disease Webinar Series

Follow-Up for Contacts to Measles: 2026 Refresher

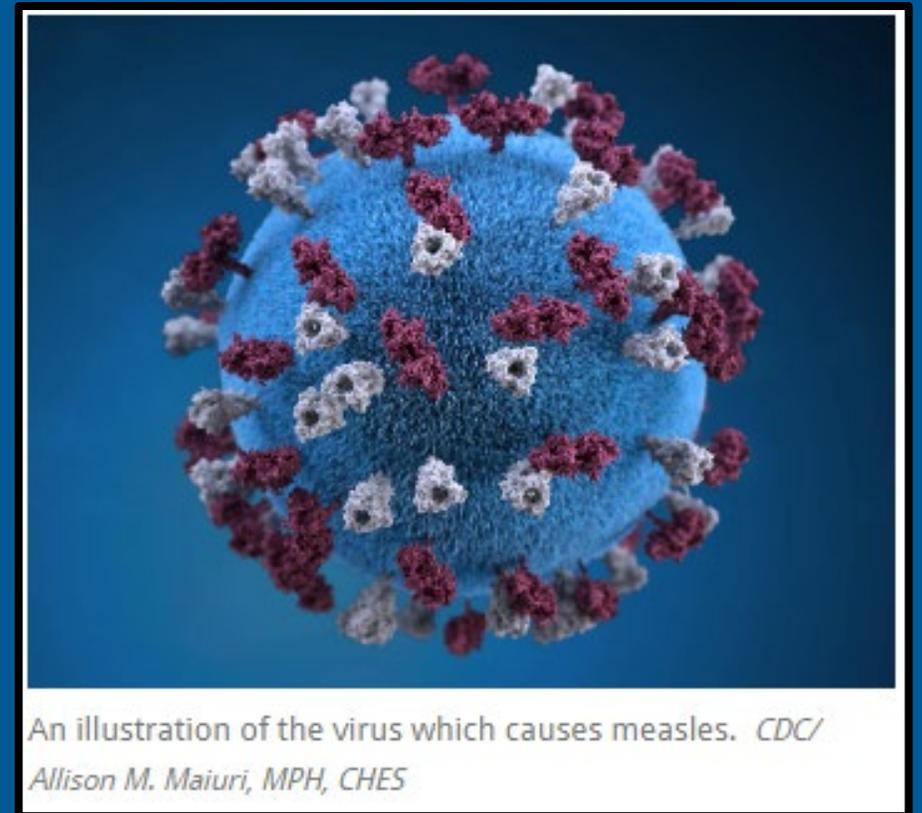
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Hillary Johnson, MHS

Senior Epidemiology Advisor to Local Health, Division of Epidemiology

Petra Schubert, MPH

Emerging Infections Coordinator, Division of Epidemiology



An illustration of the virus which causes measles. *CDC/
Allison M. Maiuri, MPH, CHES*

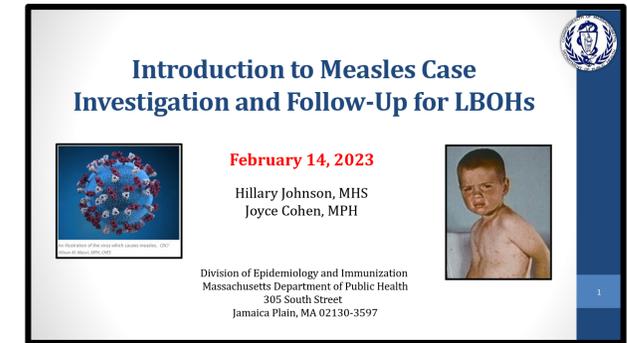
Follow-up for Contacts to Measles: Agenda

- Defining Exposure
- Most Common Exposure Settings
- LBOH Actions for Contact Events in MAVEN.
 - Assessing Immunity
 - Postexposure Guidance
 - MMR
 - Immune Goblin
 - Quarantine
- Contacts Seeking Testing
- Reminders about Suspect Cases
- Key Takeaways



Introduction to Measles Case Investigation

- Full Introduction to Measles Case Investigation and Follow-up Training for LBOHs Webinar available on [MAVEN Help](#) in the Vaccine Preventable Disease Resources Folder.
 - Be sure to check out this previous recording.
- Today: Let's focus on Contacts.



[Slides](#), [Recording](#)

Intro to Measles Case Investigation and Follow-up



Who is a Contact to Measles?

- **Potential Exposure:** Those individuals present at the same time as the case in a shared airspace, as well as in the determined airspace for 2 hours after the case left.
- Depending on the setting, shared airspace within two hours can encompass many potential people.
 - Some are clearly close contacts.
 - Some are not close contacts, but they may be considered to have a theoretical risk (LOW But Not NO Risk.)



Contacts

- The most common locations of exposure include **household** and **medical facility settings** (from when the patient sought care prior to diagnosis).
 - A person that sat in the same waiting room or utilized the same medical exam room after the case would be considered a close contact and should be prioritized for outreach.
 - We work hard to notify other non-close contacts with theoretical risk when we are able, either through targeted contact information or through general notifications.



General (Public) Notifications

- **Some exposures may occur in locations where individual contact identification is not possible:**
 - **Examples:** Retail Establishments, Public Transportation, Public Spaces.
 - Sometimes there are clear groups that can be targeted (like staff that worked during a particular timeframe or a list of patients that were in a waiting room).
 - Other times we may have to rely on broader outreach so that potentially exposed individuals can self-identify.
- This may involve working with an establishment to post a **General Notice** or **Advisory** with recommendations for next steps if someone believes they may have been at a particular location during a designated time period. This could be through a Press Release.
 - For example, if a case reported shopping in a specific **Target from 2:00-2:15 pm**, we might create a press release with a general advisory for anyone who may have been in the facility from **approximately 2:00-4:15 pm**.

Non-Close Contacts (Theoretical Risk)

- Occasionally, coordination with a facility or location can identify some potential shared air space where we may determine the **risk is low, but not no risk**.
 - Examples include being elsewhere in the same building in the following two hours.
 - These contacts can fit into a gray area where notification is prudent, but intense follow-up may not be required.
 - In general, CDC recommends that quarantine should be prioritized for those with clear, prolonged exposure to a measles case and should be implemented for people without evidence of any protective immunity to measles.
 - When resources are limited, prioritize contacts at higher risk such as:
 - Pregnant women
 - Immunosuppressed individuals
 - Infants <12 months of age

LBOH Actions for Contact Events in MAVEN

- Close contacts and those at highest risk should be:
 1. Notified about their exposure;
 2. Assessed for susceptibility to measles; and,
 3. Given guidance on applicable next steps if relevant (PEP/IG/Quarantine, etc.).
- Be sure to read the MAVEN Event notes to determine what actions have already been taken and what are the current recommendations for a specific contact.
- Often close contacts have already received notification about their exposure (such as from their HCP or from DPH Epi). But this should be indicated in the MAVEN Event. If notes are not available or the situation is not clear, feel free to ask DPH.

LBOH Notification re: a Contact Event

- **MAVEN NOTE:** Contact Events (as opposed to suspect cases) will not flow into your notification workflows. DPH Epis will work to notify you directly when you have a Contact Event in your jurisdiction (call, email, etc.).
- You can still view Contact Events through other means (searches, bookmarking, MAVEN ID, etc.)



Notify Contact About Exposure

- **Be sure to read notes in the MAVEN Event regarding exposure and recommended guidance** (which may vary, depending on what is known about the exposure).
- Contact Information is not always perfect and may require a little sleuthing.
- **Notification:**
 - Inform the Contact about their potential exposure, discussing dates and potential risk.
 - Ask about any possible companions that may have been with the contact during the exposure and who may have also been exposed.
 - Examples: a medical office might have a list of patients that were in the waiting room, but family/companions that accompanied the patients would not be on their list.

Are Contacts Immune or Susceptible?

- **LAB TESTS:** Obtaining a titer to assess immunity may be an option for individuals who lack vaccination records but are fairly confident they are immune.
- **Titer Collection Timing:** Close Contacts of a confirmed case without other evidence of immunity and who are asymptomatic may seek a new titer following exposure (ideally collected as soon as possible).
- Contacts may be released from quarantine following the +IgG titer results, provided they were asymptomatic at the time of collection (and beyond).

Official Evidence of Immunity

1. **VACCINE RECORD:** Documentation of 2 appropriately timed doses of measles containing vaccine; or
2. **LAB TEST:** Serologic evidence of immunity or laboratory evidence of disease; or
3. **AGE:** Birth in the US before 1957 (unless a healthcare worker)

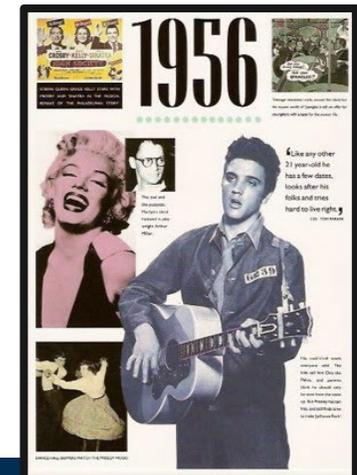


Are Contacts Immune or Susceptible?

- 3. AGE:** Individuals born in the US before 1957 are considered immune to measles due to the likelihood of childhood disease in an era when measles was widespread.
 - When prioritizing follow-up of contacts, it is reasonable to deprioritize people born prior to 1957.
 - **Healthcare Workers:** All health care workers, regardless of year of birth must have documentation of 2 doses of measles containing vaccine or serologic evidence of immunity or lab evidence of disease.
 - **Born Outside the US:** Foreign-born individuals (including those born before 1957) must have documentation of immunization, serologic evidence of immunity, or lab evidence of disease.

Official Evidence of Immunity

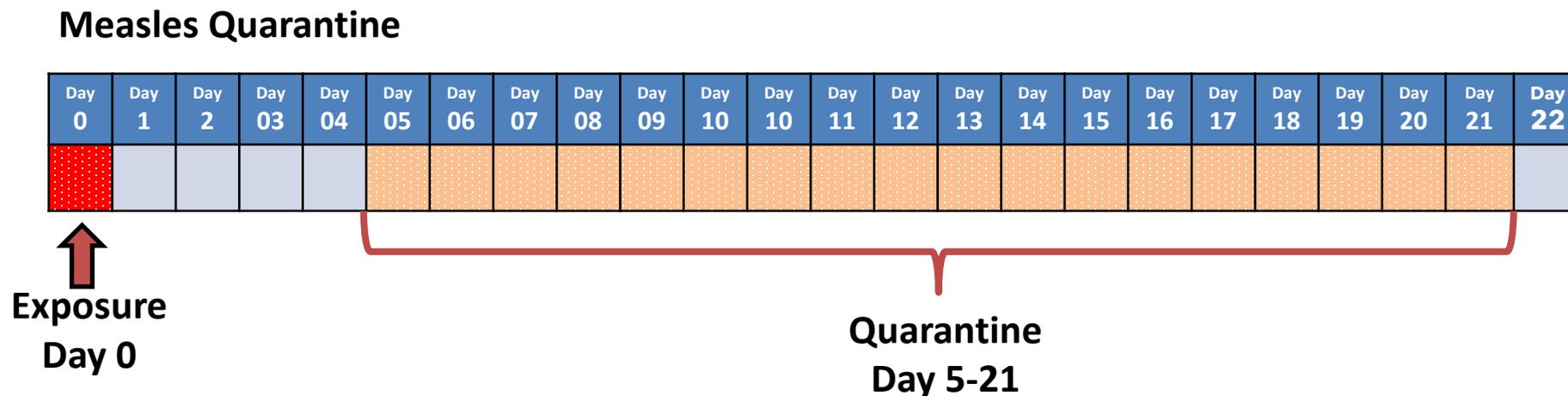
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- 2. LAB TEST:** Serologic evidence of immunity or laboratory evidence of disease; or
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- **Identify close contacts who do not have evidence of immunity and recommend postexposure MMR or (for some situations) immune globulin (IG).**
 - **Vaccination:** Measles vaccine given within 72 hours of exposure may prevent disease.
 - Beyond 72 hours, vaccine is still recommended to provide protection against exposure to future cases of measles.
 - **Immune Globulin:** IG may prevent or modify measles in persons who are nonimmune, if given within 6 days of exposure.
 - This is typically recommended for individuals who are at risk for severe disease and complications from measles (e.g., infants <12 months of age, pregnant women without evidence of measles immunity, and severely immunocompromised persons regardless of vaccination status because they might not be protected by the vaccine)
 - Decisions on use of IG should be between the individual and their medical provider.

Quarantine for Susceptible Close Contacts

- Exclude susceptible close contacts unable to be vaccinated, or not vaccinated quickly enough, from **day 5 through day 21 after exposure**.
- In most low-risk settings, susceptible contacts may be readmitted immediately after they receive a dose of MMR, even when given >5 days post exposure. (local discretion)
- Susceptible close contacts who receive IG (instead of vaccine) should be quarantined.



Thanks for the Info, Now What?

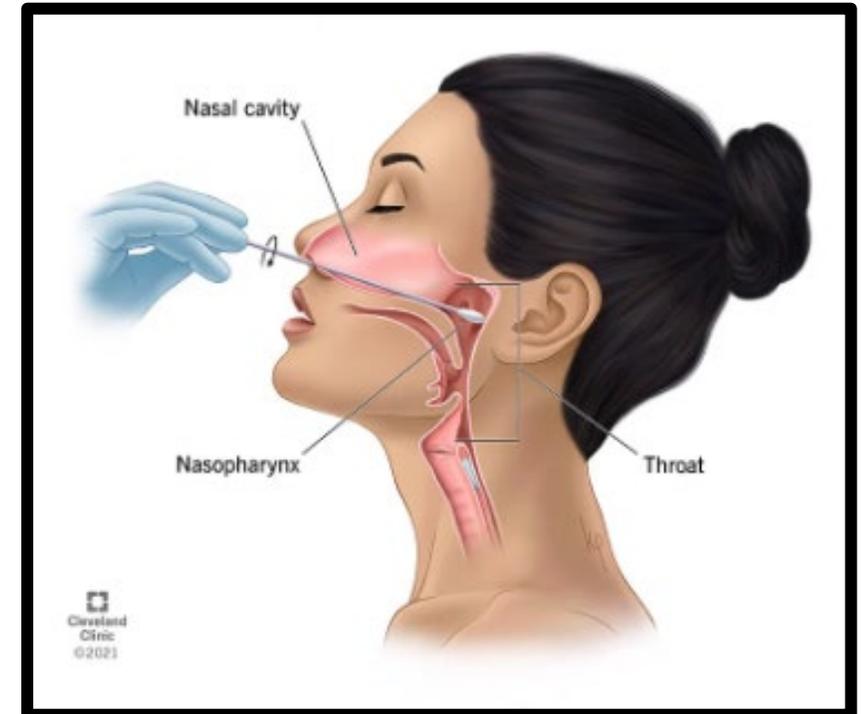
- **Once you have notified a close contact about their exposure and determined if they have evidence of immunity (or not),** make sure they know the time period to be watchful for symptoms (Day 5-21 Following Exposure).
 - Discuss where they should seek care if they develop symptoms and whom they will contact.
 - **Q. How long does it take to show signs of measles after being exposed?**
 - **A.** For measles, there is an average of 10 to 12 days from exposure to the appearance of the first symptom, which is usually fever. The measles rash doesn't usually appear until approximately 14 days after exposure (range: 7 to 21 days), and the rash typically begins 2 to 4 days after the fever begins.

Exposed Contacts Seeking Testing

- **No Asymptomatic Testing.** Contacts without symptoms should NOT be tested for measles. Only symptomatic contacts need to seek testing. Rash onset is required for measles testing.
- **Get Prepared:** Have a plan for where your residents can seek testing if needed. Ensure they have a way to contact the provider office AHEAD of their visit to ensure they are seen in a manner that can limit potential additional exposures.
 - Ensure recommended facilities have the correct specimen collection materials for testing.

Nasopharyngeal (NP) Swab: Preferred Specimen (PCR Testing)

Serum: Additional Specimen (IgM Testing)



Exposed Contacts Seeking Testing: Best Practices

- **Testing for Measles?** Avoid additional exposures at the medical office by calling ahead to arrange testing.
 - Symptomatic contacts should be masked when seen.
 - Pre-arrange a time when exposing other staff/patients can be minimized (before opening/after closing).
 - Meet the patient at the door and immediately mask them to prevent the generation of droplets.
 - Escort the patient through a separate entrance to a private waiting area or exam room, preferably a negative pressure room.
 - Be creative. Consider collecting a specimen outside/through car window.

Provider Office Collecting Measles Specimens must call **DPH Epi Program (617-983-6800)** right away to ensure proper specimen collection and transport to **State Lab**.

SUSPECT Measles Events are Expected

- **When measles is in the news, our volume of provider calls requesting measles testing increases.**
 - DPH Epi review and approve these testing requests individually and create **SUSPECT Measles Events** in MAVEN when testing is approved.
 - You may see more SUSPECT Measles Events. Be sure to review notes and guidance from DPH Epi.
 - **Remember:** Due to high vaccination rates in MA and the US at large, measles is still relatively rare.



SUSPECT Measles Events are Expected

- **SUSPECT** measles events reported to DPH will be assessed as **Low** or **High Suspect** based upon:
 - clinical presentation, vaccination status of the patient, and additional known risk factors (typically travel or known exposures).

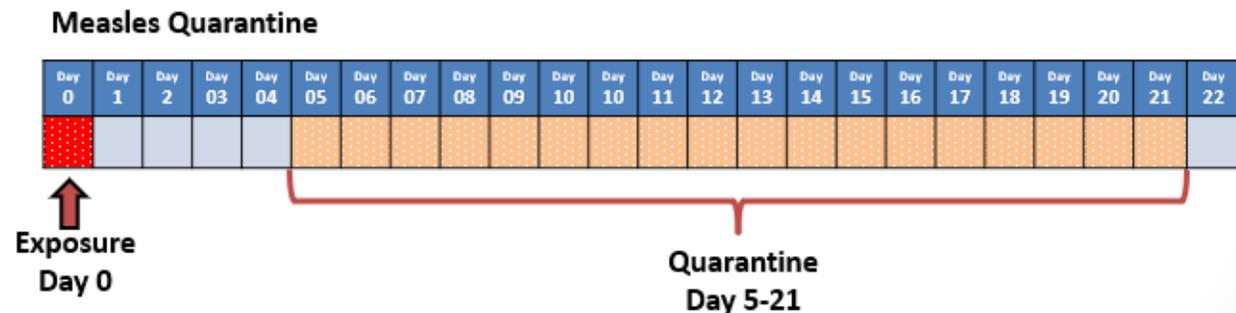
High Suspect Measles	Low Suspect Measles
<ul style="list-style-type: none">• International traveler• Recent travel to an area with known confirmed cases• Sick contacts• Unvaccinated or vaccinated abroad• Classic symptom presentation	<ul style="list-style-type: none">• US born• No known risk (no travel, no sick contacts)• Fully vaccinated in the US• Alternative diagnosis in differential• Doesn't meet clinical case definition

- **Public Health Actions** while awaiting test results will be based upon how high the likelihood is the test results will be positive.

Questions? Call Epi Program 617-983-6800.

Measles In Review – Exposed Contacts

- **Contacts with Evidence of Immunity do not need to quarantine:**
 - 2 doses of MMR Vaccine
 - Lab test showing immunity or Lab evidence of previous disease.
 - Birth before 1957 (non-HCWs)
- **Quarantine for Susceptible Contacts:** Day 5 through 21 following exposure. Exposure = Day 0.
 - **Vaccine:** Post Exposure MMR within 72 hours may prevent disease (and quarantine requirements).
 - **Immune Globulin:** IG may prevent or modify measles in persons who are nonimmune, if given within 6 days of exposure.



Measles Exposure Takeaways

- All else fails, get a dose of vaccine (if not contraindicated). An additional dose of MMR in a previously vaccinated individual is safe, even if you already have immunity.
- We don't always have all the information when we receive a notification about a contact. We do the best we can.
- Not all exposures (or potential exposures) present the same level of risk. Be sure to read the MAVEN Notes and ask questions if you are unsure about recommendations.
- Remember that **a Contact is not a Case**. Vaccine rates are generally high in MA.
- You've Got This!

Resources

- MDPH [Clinical Advisories](#)
- [MAVEN Help](#) Trainings
 - Introduction to Measles Case Investigation for LBOH [Slides](#), [Recording](#)
- [10 Year Table](#) of Vaccine-preventable diseases reported in Massachusetts
- CDC's [Travelers' Health](#) website
- CDC's [Outbreak](#) website
- CDC's [Be Ready for Measles Toolkit](#)

