**Section 690.520 Measles (Reportable by telephone as soon as possible, within 24 hours)**

a) Control of Case.

1) Standard Precautions and Airborne Infection Isolation Precautions shall be followed for patients in health care facilities from diagnosis until 4 days after appearance of rash.

2) Children with measles shall be kept out of school or child care facilities for at least 4 days after appearance of the rash.

b) Control of Contacts.

1) All susceptible contacts (persons age 6 months of age or older who have not yet received a total of 2 doses of measles-containing vaccine) should begin vaccination with live virus measles vaccine. Vaccine should be administered within 72 hours after exposure for maximal protection. When vaccine is given prior to the first birthday, a second dose shall be given on or after the first birthday, and a third dose at least 28 days later but prior to school entry (4 to 6 years of age).

2) Susceptible household contacts with high risk of complications or with measles vaccine contraindications should be given immune globulin (IG) within 6 days after exposure. IG is not indicated for contacts who have received one dose of vaccine at 12 months of age or older unless they are immunocompromised. Live measles vaccine should be given 5 to 6 months later to those IG recipients, provided that vaccine is not contraindicated.

3) Susceptible health care personnel with direct patient contact should be required to provide proof of immunity to measles as described by the Advisory Committee on Immunization Practices (see Section 690.1010(a)(3)).

c) Measles Outbreak Control.

1) Personnel in each attendance center responsible for investigating absenteeism shall report suspected cases of measles to the school principal or the school nurse immediately.

2) On the same day that a report of a suspected case of measles is received, school personnel shall conduct an inquiry into absenteeism to determine the existence of any other cases of the illness in the suspect case's class and school.

3) A telephone report shall be made by the school officials within 24 hours to the local health authority, either a full-time official health department as recognized by the Department or regional office of the Department, specifying the name, age, and sex of any case. The name of the case's private physician, if any, shall also be reported. The Department or local health department shall be contacted by school personnel and involved in the investigation of the outbreak so that all necessary vaccination services are assured.

4) A notice shall be sent home with each student who has not presented proof of immunity, explaining that the student is to be excluded, effective the following morning, until acceptable proof of immunity is received by the school or until 21 days after the onset of the last reported measles case. Acceptable proof shall consist of:

A) a written record from the student's physician or a health professional that indicates dates of vaccination and type of vaccine administered; or

B) a statement from a physician indicating date when student had measles; or

C) a laboratory report indicating the student has a protective measles antibody titer as measured by a test with demonstrable reliability.

d) Laboratory Reporting. Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting measles virus infection, including positive results from IgM (measles specific) serologies, measles virus isolates, or a significant rise in antibody results from IgG (measles specific) between paired sera.

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)