COLORADO
Department of Public Health & Environment

# Public Health Measles Quick Sheet: Assessing Contacts

| Determining Low-Risk vs. High-Risk Measles Contacts | |
|---|---|
| **Risk status** | **Criteria** |
| **Low-risk contact** | ● Members of the general population who are mostly healthy and may have had passing or indirect contact with the case<br>○ Visited the same store, gym, restaurant, etc. |
| **High-risk contact** | ● Work in a health care setting<br>● Had close, prolonged exposure to a case<br>○ E.g., household members, classmates, childcare provider, sitting in the doctor's office next to the case, co-workers<br>● Infants <12 months of age<br>● Immunocompromised individuals<br>● Pregnant people |

| Assessing Immunity of Low-Risk Measles Contacts | |
|---|---|
| **Immunity Status** | **Criteria** |
| **Immune** | Recommended presumptive evidence of immunity to measles:<br>● Written documentation of adequate vaccination:<br>○ 1 or more doses of a MMR/MMRV vaccine administered on or after the first birthday for preschool-age children and adults not at high risk<br>○ 2 doses of MMR/MMRV for school-age children, adolescents, and adults at high risk, including college students, healthcare personnel, and international travelers<br>● Laboratory evidence of immunity (positive measles IgG test)<br>● Laboratory confirmation of disease<br>● Born before 1957 |
| **Likely immune*** | ● Verbal confirmation of at least one dose of measles virus-containing vaccine.<br>● Born in 1970 or later and went to elementary school in US<br>● Entered the US in 1996 or later with an immigrant visa or have a green card<br>● Served in the US armed forces |
| **Susceptible** | ● No evidence of immunity to measles |
| ***LPHA can choose to use this category at its own discretion.** | |

## Assessing Immunity of High-Risk Measles Contacts

| Immunity Status | Criteria |
|---|---|
| **Immune** | • Health care personnel must have either:<br>    ○ Two documented doses of MMR vaccination, separated by 28 days,on or after their first birthday<br>    ○ Laboratory evidence of immunity (positive measles IgG test) prior to exposure<br>    ○ Born before 1957<br>• People with close, prolonged contact with the case who are not severely immunocompromised should be appropriately vaccinated for age. |
| **Susceptible** | • People with severe immunocompromise are considered susceptible (regardless of vaccination status)<br>• Healthcare workers and people with close, prolonged contact who do not meet the above criteria |

## Measles Contact Monitoring for Low- and High-Risk Contacts

| Immunity Status | Disease Control Recommendations |
|---|---|
| **Immune** | • No active monitoring or quarantine required<br>• Provide measles education |
| **Likely immune** | • No quarantine required<br>• LPHA may consider exclusion from high risk settings (e.g., health care, child cares, schools) based on risk assessment<br>• Provide measles education<br>• Consider weekly check-in via phone call, text, or email for 21-days after last exposure to case |
| **Susceptible** | • Active 21-days symptoms watch with daily calls, texts, or emails<br>    ○ Contacts that receive IG PEP should be monitored for 28-days<br>• If no PEP is received, quarantine and/or exclude from high-risk settings (e.g., health care, child cares, schools) from Day 7 (health care workers should be excluded from health care settings starting at day 5) after first exposure through Day 21 after last exposure.<br>• Recommend MMR vaccination if outside of PEP window to protect from future exposures.<br>• Further disease control recommendations are based on low-risk vs. high-risk contact and what type of contact they fall under (See table below)<br>• Could consider measles IgG testing as soon as possible after exposure to determine susceptibility to avoid quarantine. |

COLORADO
Department of Public Health & Environment

| Disease Control Recommendations for Contacts (from measles CDM) | | | | |
|---|---|---|---|---|
| **HIGH-RISK CONTACTS** | | | | |
| **Contact Type** | **MMR PEP** | **IG PEP[2]** | **Exclude from high-risk settings[3,4]** | **Quarantine[7]** |
| **Infants <6 months** | No | Yes, if within 6 days of initial exposure | Yes | Yes, if no PEP |
| **Unvaccinated infants 6-11 months** | Yes, if within 72 hours of initial exposure; preferred to IG[1] | Yes, if within 6 days of initial exposure | Yes, if no MMR PEP | Yes, if no PEP |
| **Pregnant people[5,6]** | No | Yes, if within 6 days of initial exposure[5,6] | Consult CDPHE | Yes, if no PEP |
| **Immunocompromised people[6]** | No | Yes if within 6 days of initial exposure[6] | Consult CDPHE | Consult CDPHE |
| **Household contact or other prolonged exposure** | Yes | No[6] | Yes | Yes, if no PEP |
| **Health care personnel** | Yes | No | Yes | Yes, if no PEP |
| **LOW-RISK CONTACTS** | | | | |
| **Low-risk contact** | **MMR PEP** | **IG PEP[2]** | **Exclude from high-risk settings[3,4]** | **Quarantine[7]** |
| **Adults** | Yes, if within 72 hours of initial exposure | No[6] | Yes, if no MMR PEP | Consult CDPHE |
| **Children ≥12-months** | Yes, if within 72 hours of initial exposure; preferred to IG[1] | Consult CDPHE [6] | Yes, if no MMR PEP | Consult CDPHE |

Last updated 5/20/2025

1. For healthy infants aged 6-11 months, MMR vaccine is preferred to IG if the exposure to measles occurred within 72 hours. MMR doses for children <12 months are for immediate protection against a measles exposure and do not count towards vaccine recommendations. IG is recommended for infants <6 months.

2. IG should be administered within six days of exposure and can extend the incubation period for measles. Monitor contacts who received IG for 28 days after last exposure to the case.

3. Exclude from high-risk settings (e.g., health care, child care, schools) from day 7 (day 5 for health care personnel) after first exposure through day 21 after last exposure until they are able to provide proof of immunity to measles.

4. People who receive IG PEP should be excluded from health care settings. In other settings such as child care, schools, or workplaces, factors such as the intensity and duration of their exposure, vaccination status of people in the setting, and presence of populations at risk for severe measles disease should be taken into consideration when weighing the risks and benefits of excluding those receiving IG PEP.

5. If it can be done rapidly, recommend that people who are pregnant be tested for measles IgG prior to receiving IGIV if there is a possibility they received a vaccine or had disease. Administer IGIV if the patient is IgG negative, or has unknown status and testing cannot be completed by day 6 after exposure.

6. There is no public health recommendation for IGIM in susceptible people >30 kg (66 lbs). If within 72 hours of exposure, MMR is preferred for people >6 months of age without a contraindication to MMR. An intravenous version of IG (IVIG) is available for people who qualify for IG and cannot get MMR or IMIG, such as those who are pregnant or immunocompromised. See “Immune globulin (IG)” section below for more information.

7. If implemented, quarantine should last from day 7 after first exposure through day 21 after last exposure unless the exposed person meets a presumption of immunity or receives PEP within the appropriate timeframe.