

Provider Guidance: Managing the Utah Measles Outbreak

Clinical Guidance for Imperial Health Plan Providers

Utah Measles Outbreak Response

Dear Colleague,

Imperial Health Plan is supporting providers in responding to the current measles outbreak in Utah. This guidance summarizes key clinical recommendations and available resources.

Current Situation

The Utah Department of Health and Human Services has confirmed breakthrough measles infections in vaccinated healthcare workers who continued providing care while symptomatic. High community transmission is expected to continue.

Vaccination Recommendations for Your Patients

Infants 6-12 months (outbreak areas):

- Provide early MMR dose (MCV0)
- This dose does not count toward the routine series
- Administer routine doses at 12-15 months and 4-6 years as scheduled

Children >12 months with one dose:

- Accelerate second dose (minimum 28-day interval from first dose)

Adults born before 1989:

- Many received only one MMR dose
- Offer second dose to increase protection from ~94% to 97-99%

Unknown vaccination status:

- Either check measles IgG or vaccinate immediately
- No harm from additional doses if already immune

Healthcare Worker Protections

Vaccinated HCWs with known exposure:

- Monitor closely for fever, cough, conjunctivitis, or rhinorrhea
- Breakthrough infections can be significantly milder

- Self-isolate immediately if any symptoms develop, even minor ones

Vaccinated HCWs without known exposure:

- Consider masking if experiencing mild, afebrile respiratory illness

Unvaccinated HCWs:

- Exclude from practice for 21 days post-exposure
- Quarantine at home

Clinical Suspicion and Testing

Suspect measles in patients with:

- Fever $\geq 101^{\circ}\text{F}$ (38.3°C)
- Generalized maculopapular rash
- Cough, coryza, or conjunctivitis

Testing:

- Nasopharyngeal or throat swab for RT-PCR
- Serum for IgM/IgG
- Consider urine specimen to improve sensitivity

Immediately notify Utah Department of Health and Human Services for any suspected case.

Infection Control

- Isolate suspected cases immediately in airborne isolation room or private room with closed door
- Only immune clinicians should provide care
- Use N95 respirators
- Do not use examination rooms for 2 hours after patient departure

Post-Exposure Prophylaxis

Nonimmune exposed individuals:

- MMR vaccine within 72 hours of exposure, OR
- Immune globulin within 4-6 days of exposure

Special populations (infants 6 months, pregnant, immunocompromised):

- Immune globulin only

Imperial Health Plan Support

- **No prior authorization required** for MMR vaccination during outbreak
- **No cost-sharing** for preventive MMR vaccination
- **Serologic testing covered** when vaccination status unknown
- **24/7 clinical consultation** available through our Medical Director line

Resources

- CDC Measles Guidance: www.cdc.gov/measles
- Utah DHHS 24-hour Epi On Call: [contact information]
- Imperial Health Plan Medical Director: [contact information]

Thank you for your continued partnership in protecting our members.

Sincerely,

Dr. Muthukumar Vaidyaraman, MD, MBA, FACHE

Chief Medical Officer

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