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Executive Office of Health and Human Services  
Department of Public Health  
Office of Emergency Medical Services  
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**TO:** All MA Licensed Ambulance Services  
**CC:** EMCAB Members

**FROM:** Deborah Allwes, BS, BSN, MPH, Director  
Bureau of Health Care Safety and Quality  
Dr. Jonathan Burstein, State EMS Medical Director

**DATE:** May 27, 2014

**RE:** EMS Safeguards Against Potential Measles Exposures

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The Massachusetts Department of Public Health's (Department) Office of Emergency Medical Services (OEMS) has received inquiries about the precautions that should be taken by ambulance services and their EMS personnel when evaluating and transporting patients with suspected measles.

Measles is a highly contagious respiratory disease caused by a virus. Incidence of measles in the U.S. has been up recently, with 187 cases reported from January 1 to May 9, 2014 in the U.S., from 17 states, including Massachusetts, with 8 cases to date, this year. The increase in measles in the U.S. primarily involves people exposed in other countries where more measles occurs.

Based on guidance from the U.S. Centers for Disease Control and Prevention (CDC) and guidance issued by other states specifically for EMS and first responders (primarily that of the New Jersey Department of Health and Senior Services, the Department's OEMS recommends that ambulance services and their EMS personnel take the following precautions:

1. Vaccination: Ambulance service should ensure that all their EMS personnel have presumptive evidence of immunity to measles. This information should be documented and readily available. Presumptive evidence of immunity to measles for EMS personnel includes the following:
  - a. Written documentation of vaccination with 2 doses of live measles or measles-mumps-rubella (MMR) vaccine, as follows: First dose administered on or after first year birthday; second dose administered at least 28 days after the first dose,  
OR

b. Laboratory evidence of immunity or laboratory confirmation of disease. Please note that the majority of persons born prior to 1957 are likely to have been infected naturally and may be presumed immune, depending on the circumstances. Unvaccinated EMS personnel born before 1957, who lack laboratory evidence of measles immunity, should be vaccinated with two doses of MMR vaccine at the appropriate interval.

2. Protective Equipment and Procedures: All EMS personnel should use standard precautions during patient encounters. In order to minimize risk, EMS personnel should wear particulate respirators (e.g., N-95) when responding to patients who have symptoms consistent with suspect measles (fever, rash, runny nose or red eyes). Please note that particulate respirators should only be used as part of a comprehensive respiratory protection program that includes appropriate screening, training and fit-testing. In addition, patients suspected of having measles should wear a surgical mask, if not medically contraindicated.
3. Notification to Receiving Facility: EMS personnel must notify receiving facilities prior to arrival of known or suspected measles patients (fever, rash, runny nose or red eyes), to facilitate implementation of appropriate infection prevention procedures at the hospital.
4. Ambulances: Because measles virus can survive in the air for up to two hours, ambulances should be thoroughly ventilated and cleaned in accordance with standard cleaning practices. .
5. Report and Evaluation of EMS Personnel Exposure: Under 105 CMR 172.001, implementing the state's unprotected exposure statute (commonly known as state "Ryan White Act"), measles is defined as an infectious disease dangerous to the public health. Therefore, EMS personnel who may have had an unprotected exposure to a patient suspected of or confirmed to have measles, whether they were wearing a respirator or not, must file their patient care report with the health care facility to which they transport the patient. EMS personnel who have transported a suspected measles patient and develop measles-like symptoms, including fever, rash, runny nose, cough, loss of appetite and "pink eye," should seek medical attention (with appropriate infection control precautions).

If you have any questions, please contact Patricia Reilly, RN, OEMS Clinical Coordinator, at [patricia.reilly@state.ma.us](mailto:patricia.reilly@state.ma.us).