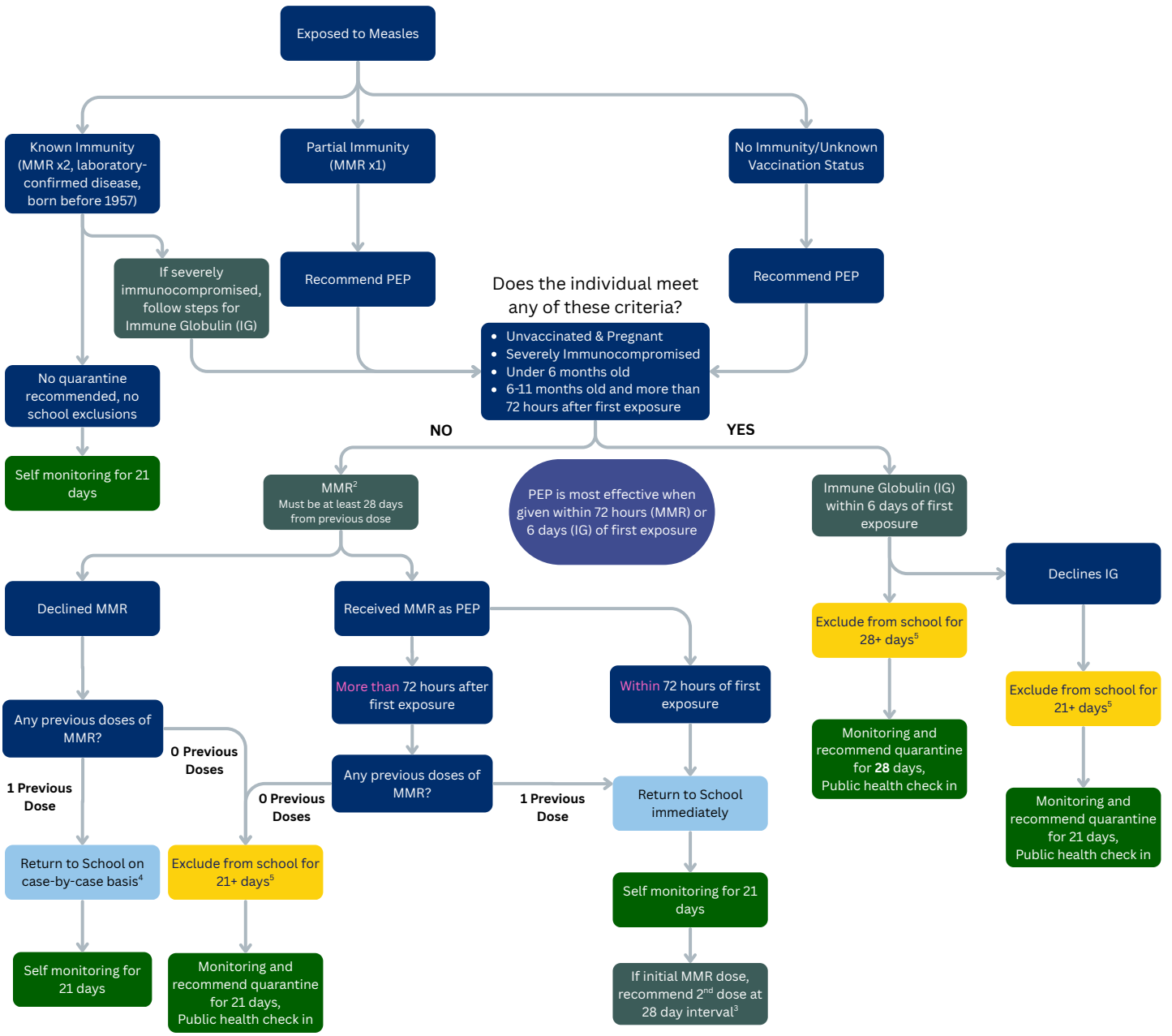
Public Health Measles Exposures Flowchart

This flowchart is designed to help public health navigate general public measles exposures. General considerations for using this flowchart are included below.

- This flowchart is not for use with healthcare workers who are exposed to measles.
- If the exposed person does not attend school (K-12 or post-secondary), disregard exclusion/return to school boxes.
- Immune Globulin (IG) recommendation and administration is under the management of a medical provider in a healthcare setting.
- Quarantine is a recommendation, please consult your attorney for their legal interpretation.[1]



[1] Quarantine is a recommendation but should be implemented with considerations for the Montana Human Rights Act (§ 49-2-312, MCA), which prohibits discrimination against a person based on vaccination status. Please consult your attorney to obtain advise with respect to whether a particular policy, practice, or procedure is compliant with the Montana Human Rights Act (§ 49-2-312, MCA), or whether such action may constitute a prohibited act of discrimination.

[2] MMR should be offered at any interval following measles exposure; protection is best if given within 72 hours of first exposure. Only doses within 72 hours of exposure are valid for return to school in children without any documented doses.

[3] Persons who receive their first dose of MMR as PEP are recommended to receive their 2nd dose 28 days later to complete the 2 dose series. Infants under 12 months who receive their first dose of MMR should also complete 2 doses at least 28 days apart after their 1st birthday.

[4] Return to school for students with only 1 dose of MMR who are unable or unwilling to receive a 2nd dose should be considered on a case-by-case basis. Consultation between the school and public health is recommended.

[5] Length of exclusion dependent on outbreak duration and public health discretion

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