

Joint Committee on Administrative Rules

ADMINISTRATIVE CODE

TITLE 77: PUBLIC HEALTH
PART 690 CONTROL OF COMMUNICABLE DISEASES CODE
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SECTION 690.520 MEASLES (REPORTABLE BY TELEPHONE AS SOON AS POSSIBLE, WITHIN 24 HOURS)

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

- a) Incubation Period - About 10 days, varying from 8 to 13 days, exposure to onset of fever; about 14 days until rash appears; uncommonly longer or shorter. Late measles immune serum globulin inoculation in attempted passive protection may extend incubation to 21 days.
- b) Control of Case.
 - 1) Respiratory isolation or an equivalent isolation procedure (see Section 690.1010(a)(1) or Section 690.1010(a)(13)) is required in hospitalized patients from diagnosis until 4 days after appearance of rash. Children with measles should be kept out of school for at least 4 days after appearance of the rash.
 - 2) Concurrent disinfection is required of all articles soiled with secretions of nose and throat. (See Section 690.1000(e)(1).)
- c) Control of Contacts. Passive immunization in the form of immune serum globulin, 0.1 cc. per lb. of body weight, should be considered for all unimmunized susceptible close contacts to cases, especially infants under 1 year of age. When gamma globulin is used, it should be followed by active immunization as soon as possible (6-8 weeks). Live-virus vaccine, if given within 72 hours after exposure, may provide protection.
- d) Measles Outbreak Control.
 - 1) Personnel in each attendance center responsible for investigating absenteeism must 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 must 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 State or local health department must be contacted by school personnel and involved in the investigation of the outbreak so that all necessary vaccination services are assured.

- 4) A notice must 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 which 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.

e) General Measures.

- 1) Children should be vaccinated in accordance with the most recent Recommended Childhood Immunization Schedule and most recent recommendations of the Advisory Committee on Immunization Practices (ACIP). Active immunization should be given as soon as possible after 12 months of age and may be given as part of a measles-mumps-rubella (MMR) combined vaccine. Single antigen measles vaccine may be given after 12 months of age. When measles is prevalent in a community, monovalent measles vaccine may be given to infants 6-11 months of age. When vaccine is given prior to the first birthday, a second dose must be given on or after the first birthday, and a third dose at least 28 days later and prior to school entry (4-6 years of age).
- 2) Children 2 years of age and older enrolled in child care facilities must be vaccinated against measles in accordance with the immunization requirements as specified in rules of the Department entitled Immunization Code (77 Ill. Adm. Code 695).
- 3) Children entering school operated programs below the kindergarten level and school (K-12) must be vaccinated against measles in accordance with the immunization requirements as specified in rules of the Department entitled Child Health Examination Code (77 Ill. Adm. Code 665).
- 4) Persons entering a college or university must be vaccinated against measles in accordance with the immunization requirements as specified in rules of the Department entitled College Immunization Code (77 Ill. Adm. Code 694).

- 5) Adults should be vaccinated against measles in accordance with the most recent recommendations of ACIP.

- f) **Laboratory Reporting.** Laboratories are required to report positive IgM (measles specific) serologic test results, or a significant rise to IgG (measles specific) serologic test results, or measles virus isolates.

- g) **Reporting of Cases.** An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 26 Ill. Reg. 10701, effective July 1, 2002)