**Section 690.520 Measles, Suspect, Probable or Confirmed (Reportable by telephone immediately, within three hours, upon initial clinical suspicion or laboratory test)**

a) Control of Case

All cases, including suspect cases, with measles shall isolate themselves at home and shall be excluded from school, work, and child care facilities for at least four days after appearance of the rash.

b) Control of Contacts

1) All susceptible contacts (persons six months of age or older who have not yet received a total of two doses of measles-containing vaccine) and who have no contraindications to receiving the vaccine) should begin vaccination with live virus measles vaccine. Vaccine should be administered within 72 hours after exposure for maximal protection. When vaccine is given prior to the first birthday, a second dose shall be given on or after the first birthday, and a third dose at least 28 days later but prior to school entry (four to six years of age).

2) Susceptible contacts with high risk of severe illnesses or complications or with measles vaccine contraindications should be given immune globulin (IG) within six days after exposure. IG is not indicated for contacts who have received one dose of vaccine at 12 months of age or older unless they are immunocompromised. Live measles vaccine shall be given five to six months later to those IG recipients, provided that the vaccine is not contraindicated.

3) Susceptible contacts who have not received vaccination within the appropriate time frame shall be excluded from school, workplace, child care facility, or other facilities until 21 days after last exposure to a measles case.

4) Susceptible contacts receiving IG as post-exposure prophylaxis shall isolate themselves at home and shall be excluded from school, work, and child care facilities for at least 21 days after the last exposure to a measles case. Local health authorities may increase this period of exclusion to 28 days if investigation warrants additional measures to prevent further spread of the disease.

5) Health care personnel with direct patient contact shall be required to provide proof of immunity to measles as described by the Advisory Committee on Immunization Practices (see Section 690.20(a)(7)).

6) Susceptible health care workers exposed to measles shall receive a dose of measles-mumps-rubella (MMR) vaccine and shall be removed from all patient contact and excluded from the facility from the fifth to the 21st day after the exposure. Susceptible health care workers may return to work on the 22nd day after exposure. Regardless of vaccination history, personnel who become ill with prodromal symptoms or rash shall be removed from all patient contact and excluded immediately from the facility until four days after the onset of the rash.

7) Local health authorities, in consultation with the Department, may require additional exclusions if there is reason to believe these recommendations will prevent further spread of the disease. (See Section 2310-15 of the Department of Public Health Powers and Duties Law)

c) Laboratory Testing and Reporting

1) Laboratories shall report to the local health authority any request for measles diagnostic testing, including molecular (PCR) testing and measles IgM, immediately, within three hours. Confirmatory (PCR) testing for measles shall be conducted at IDPH Public Health Laboratories.

2) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting measles virus infection.

3) Laboratories shall forward clinical materials that are PCR positive for measles to the Department's laboratory.

4) Upon request, laboratories performing PCR testing shall forward specimens with Not Detected results for measles to the Department's laboratory.

(Source: Amended at 48 Ill. Reg. 15900, effective October 23, 2024)