



## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**SALLY DRESLIN, M.S., R.N.**  
Executive Deputy Commissioner

February 2015

Dear Administrator:

This letter is to reiterate immunization requirements for attendance at post-secondary institutions in New York State (NYS) and to make recommendations to prevent and contain the spread of measles on college and university campuses.

Measles and other vaccine preventable disease (VPD) outbreaks continue to occur in the college and university setting, including one case at a college in New York so far this year. Measles outbreak management can be time consuming, disruptive and costly. Assuring that student immunization records are in order and having protocols in place to address the timely response to a case of measles can help limit the spread of disease and limit disruption.

New York State PHL Section 2165 requires all students attending post-secondary institutions who were born on or after January 1, 1957 and registered for six or more credit hours to demonstrate proof of immunity against measles, mumps, and rubella. Students who are 18 years of age or older may consent to vaccination in New York State and should be offered vaccine if they lack proof of immunity. Medical exemptions may be granted to students if a licensed physician or nurse practitioner certifies that such immunization may be detrimental to the person's health or is otherwise medically contraindicated. Religious exemptions may be granted if an individual holds genuine and sincere religious beliefs which are contrary to the practice of immunization. Please refer to the New York State Department of Health (NYSDOH) website for details:

[https://www.health.ny.gov/prevention/immunization/handbook/section\\_1\\_requirements.htm](https://www.health.ny.gov/prevention/immunization/handbook/section_1_requirements.htm)

In the event of a case of measles, colleges and universities must be prepared to respond in concert with local and state public health departments to prevent further disease transmission. It is strongly recommended that colleges and universities have a written plan that includes collaboration with the local health department (LHD). NYSDOH will help expedite a response. The plan should include the following elements:

- a. A comprehensive list of students who do not have acceptable documentation of measles immunity. The list should be created annually and kept up-to-date throughout the year. A similar list should be maintained for rubella and mumps.
- b. Contact information and phone numbers for the immediate reporting of any suspect case of measles to the LHD in order for the LHD to initiate an investigation and to implement control measures immediately.

- c. Provision to work with the LHD to offer post exposure prophylaxis (PEP) to help limit the spread of measles disease as follows:
  - i. Offer measles, mumps and rubella (MMR) vaccine within 72 hours of exposure to identified susceptible students.
  - ii. Offer or refer for administration of immune globulin (IG) within six days of exposure if a susceptible student has a medical contraindication to receipt of MMR vaccine or more than three days have elapsed since exposure to measles.
- d. A protocol for the immediate exclusion and isolation of all susceptible students who do not receive MMR within 72 hours or IG within six days of exposure to measles. Susceptible students must be excluded for 21 days from the last potential exposure to measles (one incubation period).
- e. A plan for the immediate isolation of a suspect case of measles. Measles is an airborne disease and a student must not share air space with other non-immune individuals. Examples of appropriate isolation would be to have a student return home if he/she lives near the campus (and can be transported without exposing other non-immune individuals), or to house an infected student in a separate guest house/residence with its own bathroom away from the general population. Accommodations should be made for meals and other necessities for the ill student (i.e. staff with demonstrated immunity to measles can deliver food, etc.). If more than one student is confirmed to have measles, students may be cohorted but isolated from other susceptibles. Health/college staff should be able to communicate with the ill student on a regular basis to assess their well-being.
- f. A plan to quarantine those students who are susceptible and exposed to measles and have not been provided post-exposure prophylaxis as described above. Include provisions to meet the student's need for food, housing and health care needs if they remain on campus. Students must be housed away from the student population (not share air space). The plan should include how the formal notification of exclusion will be delivered to the student and the parent/guardian, if appropriate. Student/guardian should receive communication regarding the reason for exclusion/quarantine and the duration of exclusion. If a student cannot be quarantined on campus or wants to return home, they should be informed that travel by air, train, public transportation or possibly private vehicle may not be permitted depending on the date(s) of their exposure and the possibility that they could already be infectious. Consultation with the LHD is needed to make these determinations. Inform the susceptible student of the need for ongoing surveillance of their health for 21 days from the last possible exposure to measles.
- g. A plan for monitoring all susceptible students who are under quarantine or exclusion for 21 days after the last exposure to measles to assess for early signs and symptoms of measles. This would include all non-immune students whether they remain on campus or have returned home. Minimally, monitoring should consist of daily communication to the susceptible individual. The individual should be questioned about morning and evening temperature readings and assessment for symptoms of measles, i.e. malaise, cough, coryza, conjunctivitis and rash. All contact with individuals should be documented in the student's

medical record. If any symptoms consistent with measles occur, the LHD should be notified immediately.

- h. The development and maintenance of educational materials and resources as well as communication templates for the student body, staff and faculty. This will facilitate consistent messaging regarding measles, its prevention, and the response of the college. Communication methods such as text, e-mail or social media should be considered.

Thank you for your attention to this important health matter.

For more information, contact your county health department at:

<http://www.nyscho.org/i4a/pages/index.cfm?pageid=3713> or the NYSDOH Bureau of Immunization at 518-473-4437.

Thank you,

Elizabeth Rausch-Phung, M.D., M.P.H.  
Director, Bureau of Immunization  
New York State Department of Health

CC: local health departments

**Resources:**

Immunization Requirements for Post-Secondary Institutions:

<http://www.health.ny.gov/prevention/immunization/schools/#ln3>

NYSDOH Immunization Homepage: <http://www.health.ny.gov/prevention/immunization/>

CDC Measles Homepage: <http://www.cdc.gov/measles/index.html>