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Work Shouldn't Hurt

Measles Update:

Occupational Health Guidance for AFT Members in K-12, Higher Education and Public Services

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AFT members work closely with many people. It is important to know the facts about measles and the vaccine to protect yourself and others. Measles is a serious disease that can cause pneumonia, brain swelling and death. The risk of complications is high for babies and children, pregnant people and individuals with compromised immune systems.

Measles is also extremely contagious and spreads quickly in communities with low vaccination rates. One infected person will infect 90 percent of the unvaccinated people around them. Schools, universities and other congregate settings are all locations where it is easy for the infection to spread among unvaccinated people. Most people can get the measles vaccine. If more than five percent of eligible people in a population are not vaccinated, the risk soars for the few who cannot get the vaccine.

What Is Measles and How Is It Spread?

Measles is spread primarily through airborne transmission. Tiny viral particles are released into the air when an infected person exhales, speaks, sings, coughs or sneezes. These particles can linger in the air for at least two hours. Measles can also be transmitted by touching contaminated items.

It can take seven to 21 days for symptoms to appear. People with measles are infectious to others for four days before the onset of the rash and for four days after. Symptoms include a rising fever, cough, runny nose, red eyes, and are usually followed by a rash. White spots in the mouth, ear infections and diarrhea are common. Pneumonia can develop, and roughly 20 percent of unvaccinated people are hospitalized. Brain swelling can occur, causing intellectual disability and loss of hearing and sight. Measles also erases immune memory, making people vulnerable to other diseases they already had or were vaccinated against.

Information About the Vaccine and Immunity

Because measles is spread through the air and is so contagious, the best way to protect yourself and your community is through vaccination. The first shot works quickly to provide 93 percent protection, and the second is 97 percent effective.

The MMR and MMRV (measles, mumps, rubella, varicella [chicken pox]) vaccines are safe and effective. They are well studied and continue to be studied. Extensive, unbiased empirical studies have not found any link to autism. The medical community, including the American Academy of Pediatrics, stands behind the safety and benefits of the vaccines. The Centers for Disease Control and Prevention has been tracking vaccine reactions since 1990 and has provided open access to the data for researchers and other members of the public.

Most people born in the United States after 1963 received the MMR or MMRV vaccine as children. While the two-shot series is 97 percent protective, immunity does wane over time. People born before 1957 are assumed to have natural immunity. It is safe to be vaccinated again if you are concerned about your immunity. You can also get titer testing to check for antibodies in your blood.

The following people should not receive the MMR or MMRV vaccine:

- People who have had an allergic reaction to the MMR or MMRV or have severe, life-threatening allergies;
- People who are pregnant or plan to conceive within the next month;
- People with weakened immune systems due to disease or medical treatment, or a family member with a weakened immune system;
- People who have ever had a condition that makes them bleed or bruise easily; and
- People with tuberculosis.

People should consult with their healthcare provider and may need to wait to receive the vaccine if they:

- Have recently had a blood transfusion or other blood products;
- Have had any other vaccines in the past four weeks;
- Have a history of seizures, or a parent or sibling with seizures;
- Are taking or plan to take salicylates (such as aspirin); or
- Are feeling sick.

Workplace Protection

Because measles is a very infectious airborne disease, vaccination is the most effective control we have. Isolation and other infectious disease practices can also help to reduce the chance that an unprotected person will be infected with measles.

1. If someone in your workplace exhibits respiratory symptoms and a rash, isolate them in a closed room right away. Open windows if that is possible. They should wear a medical mask if they can tolerate it. If the facility has a negative pressure room, isolate the person in that room.
2. If you have access to an N95 respirator or a stronger respirator, put it on before you isolate the person. If you do not, put on a medical mask. Do not touch the outside of the N95 or mask when you remove it. Discard the mask; do not reuse it. Wash your hands.
3. Arrange for the person to be transported to a hospital or other medical facility as quickly as possible. The person must wear a mask while being transported to get medical care.
4. Notify the caretakers, emergency response providers, or anyone providing transportation to the person that they should protect themselves by wearing an N95 respirator if possible, or at least wear a medical mask. If they are transporting the person in their own vehicle, they can open the windows. If they are not going directly to a hospital or doctor's office, they should isolate the person at home.
5. Healthcare personnel receiving the person should be notified that measles is suspected.
6. Once the person has left the building, do not allow anyone to enter the room where they were isolated for at least two hours.
7. When cleaning the room after at least two hours have passed, wear an N95 respirator and gloves. Use a regular household disinfectant to clean surfaces. Use wet cleaning methods, such as a wet mop. Do not use a broom or other dry cleaning methods, which can stir up viral matter in the air.
8. Conduct contact tracing. Notify anyone who had been in contact with the person within four days of the appearance of the rash. While it can take up to 21 days from when a person is infected for symptoms to begin, the infectious period begins four days before the rash.
9. Be sure to maintain the person's privacy. Recommend that contacts confirm their vaccination status or seek a booster if they are concerned.

Workplace Preparedness in Case of Community Outbreak

If measles is found in the local community or there is an outbreak in the geographic region, the employer must initiate an infectious disease plan for measles. It is better to be prepared and not need it than the opposite case. If the employer does not already have an infectious disease/measles plan, they should develop one in collaboration with the union.

1. Training for staff to recognize symptoms. A screening process may be necessary during a measles outbreak.
2. Training for staff to initiate the isolation process above and to protect themselves. Isolating a person who may have measles should be done in a caring and non-stigmatizing way and the person's privacy should be protected.
3. Education for the people you serve (students, parents, clients, etc.) to recognize symptoms and encourage people to stay home if they are feeling sick. Stop punitive attendance policies.
4. If a measles case has been identified, contact tracing should be done.
5. The employer can facilitate vaccination for staff if that is desired, allowing time off for vaccination and a sick day for anyone experiencing side effects.

Sources

How Measles Spreads | Measles (Rubeola) | CDC

About Measles | Measles (Rubeola) | CDC

Vaccine Adverse Event Reporting System (VAERS)

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