



EXERCISE-SPECIFIC OBJECTIVES

1. Determine immediate and ongoing response activities.
2. Determine Incident Command System (ICS) positions and staff responsibilities.
3. Determine immediate infection control measures.
4. Determine communication needs during the event.
5. Identify key stakeholder partners and which communication methods to share situational information with them.
6. Determine when to issue public information alerts, warnings, and notifications.

MEASLES PRIMER

Overview

- Measles is characterized by high fever, cough, runny nose (coryza), red, watery eyes (conjunctivitis), and a rash that develops 3-5 days after symptoms begin as flat red spots.
- Measles is highly contagious. It lives in the nose and throat mucus of an infected person and spreads through coughing and sneezing. Other people can get sick if they breathe the contaminated air or touch an infected surface then touch their eyes, nose, or mouth. The measles virus can live for up to 2 hours in an airspace.
- Infected people are contagious and can spread the virus to others from 4 days before through 4 days after rash develops.

Stages

1. Incubation period
 - Averages 10-12 days from exposure to prodromal symptoms and 14 days (range 7-21) from exposure to onset of rash
2. Non-specific signs and symptoms
 - Typically lasts 2-4 days (range of 1-7 days)
 - Includes fever, cough, coryza, and conjunctivitis
 - No asymptomatic infectious carriers
3. Acute illness and rash
 - Typically lasts 5-7 days, appearing along the hairline and behind the ears, then spreading to the trunk, thighs, and feet
 - Small white spots, known as “Koplik” spots may appear on the gums and inside cheeks

Recommended Exclusion

- Suspect, probable, and confirmed cases should isolate until 5 days after rash onset.

Prevention

- Unless there is evidence of measles immunity, students, travelers, and healthcare personnel should have 2 doses of the MMR vaccine given on or after age 1, at least 28 days apart.
- MMR can be administered as a post-exposure prophylaxis.
- All individuals born before 1957 are assumed to have immunity.

EXERCISE SCENARIO

Tuesday, May 7, 2024: A 24-year-old Patient Care Assistant (PCA) recently returned from an international holiday. The PCA works for a temporary staffing agency for healthcare workers, primarily employing immigrants. The PCA works fulltime, but is frequently assigned to various long-term care facilities (LTCFs) throughout the Greater Hartford area. She is a resident of West Hartford. On 5/7/2024, the PCA seeks care from their primary care provider (PCP) after 2 days of experiencing symptoms of fever, cough, and itchy red eyes with drainage. She is diagnosed with conjunctivitis, given antibiotics, and told to stay out of work for 24 hours.

MODULE 1

Thursday, May 9, 2024: The PCA returns to work on 5/9/2024. After returning home from her shift, she notices a new rash on her face and a few spots on her trunk. She goes to the emergency room, thinking it is an allergic reaction to the antibiotics to treat the conjunctivitis. The hospital reviews exposure history, including travel, and runs several additional tests.

Friday, May 10, 2024: On 5/10/2024, WHBHD is notified of the lab-confirmed positive measles case via a phone call from the CT Department of Public Health (DPH). The Health District later receives a phone call from one of the local LTCFs in West Hartford reporting a healthcare worker who recently tested positive for measles and is asking for guidance.

MODULE 2

Friday, May 10, 2024 through Friday, May 17, 2024: 5-12 days after symptom onset

CT DPH and WHBHD immediately begins conducting an epidemiological investigation and learns the PCA worked at 2 different LTCFs (1 inside WHBHD’s jurisdiction and 1 in a neighboring jurisdiction) in the 4 days before onset of symptoms, and had contact with several dozen patients and staff over that period. WHBHD recognizes the large scope and scale of this event and knows that they do not have enough epidemiologically trained staff to conduct all of the contact tracing needed. Thus, WHBHD requests regional help to identify staff from other LHDs to assist with the investigations and possible vaccination needs for residents and staff.

News outlets have picked up on the incident and the story is gaining local attention. Worried-well calls have increased from residents of West Hartford and families of LTCF residents seeking situation updates and potential impact. The Health District is learning about misinformation being shared on Facebook message boards.

MODULE 3

Wednesday, May 18, 2024 through Friday, June 7, 2024: The LTCF in WHBHD’s jurisdiction notifies to indicate 1 resident and 1 staff member became symptomatic and were tested. Results were confirmed positive for measles on May 21st. The LTCF has offered to assist in conducting additional contact tracing for exposures.

PROTECTIVE MARKING, AS APPROPRIATE

DISCUSSION QUESTIONS

Module 1

1. Determine immediate ongoing response activities:
 - a) Roles
 - b) Notifications
 - c) Vaccination
 - d) PPE
 - e) Resource needs
 - f) Contact tracing
2. Determine immediate infection control measures:
 - a) Epidemiologic investigation
 - b) Case definition and case/contact identification
 - c) Resource needs
 - d) Communication with partners
3. Determine ICS positions and staff responsibilities

Module 2

1. How does the Health District plan on following up on the undocumented vaccination status for exposed individuals?
 - Vaccination needs
2. Determine communication needs during the event:
 - PIO?
 - Who crafts the messages that will be shared with stakeholders and the public?
 - Messaging
 - Media monitoring
3. Identify key stakeholder partners and which communication methods to share situational information with them:
 - Partners
 - Legality / confidentiality

Module 3

1. What mitigation strategies are recommended (Q/I recommendations)
2. Determine when to issue public information alerts, warnings, and notifications:
 - a. At what point does the public need to know about the event?
 - b. What information can be shared?
 - c. When is communication shared, frequency?
3. What educational resources does the Health District have to assist in epi and clinical investigation?
 - a. What additional resources are needed?

