


Responses Overview Active

Responses

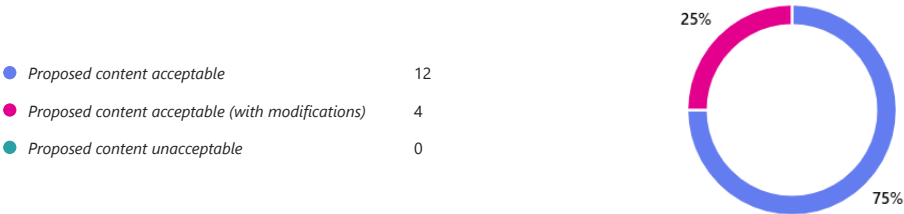
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1. NEW Content

Section 3.1 Measles in settings for underserved populations: Inclusion of **congregate settings section**. Addition of 'Measles in settings for underserved populations' section. This includes sub sections on *IPAS and UCTAT settings, Prisons and Places of detention and other complex residential settings*. Further detail provided in appendix. **Rationale for update:** Decision taken by working group. Sources to inform new section: *Managing measles in asylum seeker accommodation (UKHSA), IPAS Infectious diseases Protocol, Diphtheria in Congregate settings (HPSC), new material from Dr Aileen Kitching.*

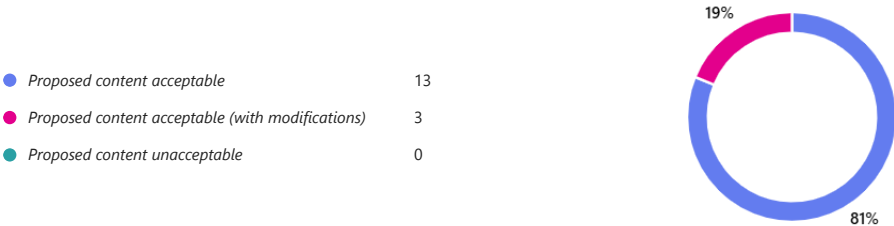
Refer to Working draft **Section 3.1 Measles in settings for underserved populations, 3.1.1 Measles in prisons and places of detention, Section 3.1.3 Other residential settings that may present additional complexity in the management of measles** to review updated content.



2. Updated Content

Section 3.2 Measles in Healthcare Settings: Quick reference guide to NCEC guidance included as appendix. Further information with advice on minimising transmission in various settings, and advice on screening calls added as an appendix.

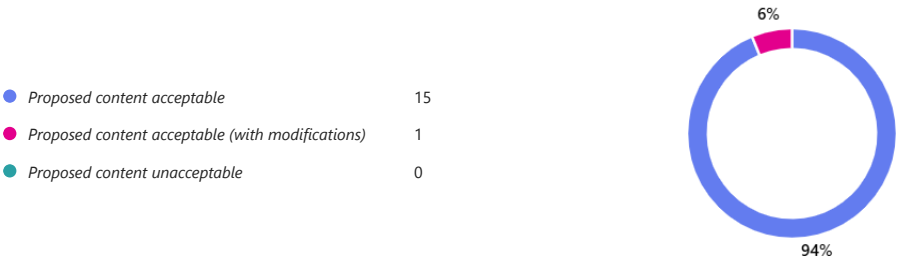
Refer to Working draft **Section 3.2 Measles in Healthcare Settings and Appendices** to review updated content



3. NEW Content

Section 3.2.1 Considerations for Healthcare Staff: Inclusion of sentence or birth in Ireland before 1978. MMR vaccine should be offered to such individuals on request if they are considered at high risk of exposure. Presumptive immunity by birth before 1978 should not be used to confirm immunity in those identified as close contacts with a measles case. Rationale for new content - align with NIAC Chapter 4.

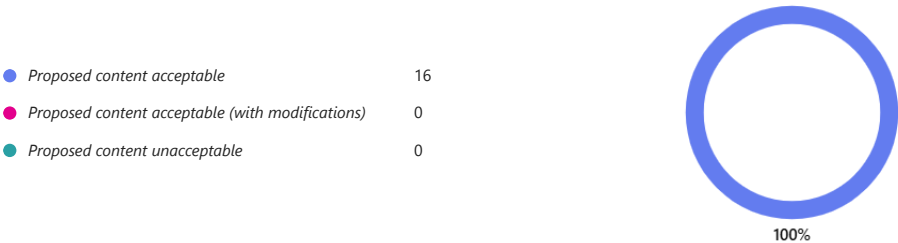
Refer to Working draft **Section 3.2.1 Considerations for Healthcare Staff**



4. NEW Content

Section 3.2.2 Primary Care-Walk-in patient. Add following sentence: This room should not be used for 2 hours after use by a suspected case of measles. Rationale for new content Working group expertise and discussion, NCEC case study, AMRIC IPC.

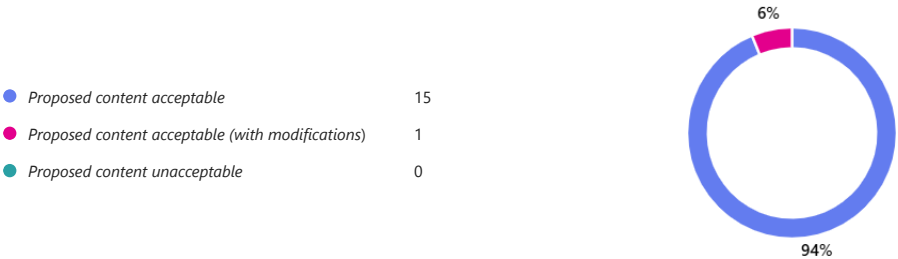
Refer to Working draft **Section 3.2.2 Primary Care - Walk-in patient** - to review NEW content.



5. UPDATED content

Section 3.2.2 Primary Care-Walk-in patient, Public Health Follow Up: Changed sentence 'The GP has a duty of care to these patients and is responsible for their clinical management' to 'Public health will advise on required post-exposure prophylaxis for these contacts.'

Refer to Working draft **Section 3.2.2 Primary Care-Walk-in patient, Public Health Follow Up** to review updated content.



6. UPDATED content

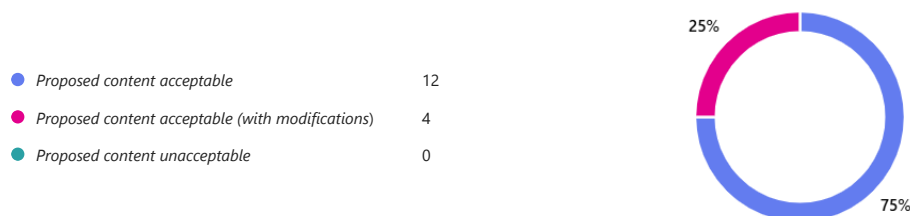
Section 3.2.3 Hospital settings: Change content to: The IMT/OCT will lead on contact tracing and management for hospital contacts, in line with local governance structures including:

Assessing the exposure of patients, with particular attention to identifying and managing immunosuppressed and vulnerable contacts.

Identifying and managing contacts exposed in the hospital setting who are now in the community.

Assessing immunisation status and arranging vaccination/HNIG for healthcare staff identified as contacts

Refer to Working draft **Section 3.2.3 Hospital settings** to review UPDATED content.



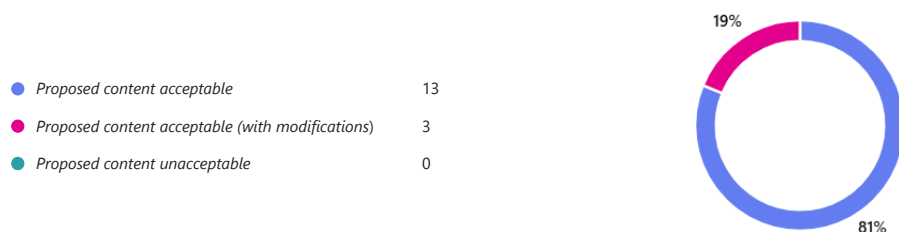
7. UPDATED content

Section 3.2.1 Considerations for healthcare staff:

*Change **UKHSA content** as follows:* "Satisfactory evidence of protection would include documentation of having received 2 doses of MMR or having had positive antibody tests for measles and rubella" to reflect current NIAC and IPC guidance and to ensure consistency between guidelines.

Updated content: According to NIAC, acceptable presumptive evidence of immunity against measles includes at least one of the following: · Written documentation of vaccination with two doses of MMR vaccine at least 28 days apart · Serological evidence of measles immunity (i.e., detectable measles specific IgG from an INAB accredited laboratory) · Birth in Ireland before 1978. Most adults born in Ireland before 1978 are likely to have had measles infection. MMR vaccine should be offered to such individuals on request if they are considered at high risk of exposure. · HCWs born after 1978 without evidence of two doses of MMR vaccine or measles immunity should be offered one or two doses of MMR vaccine as required at least 28 days apart so that a total of two doses are received. Presumptive immunity by birth before 1978 should not be used to confirm immunity in those identified as close contacts with a measles case.

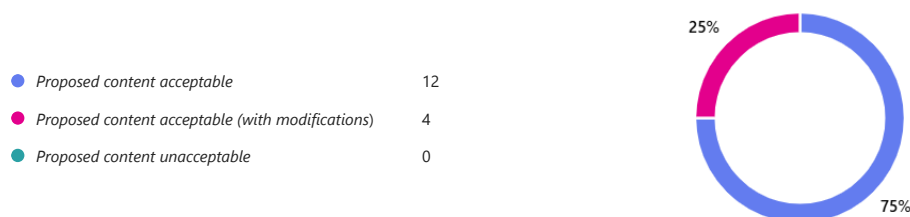
Refer to Working draft **3.2.1 Considerations for healthcare staff** to review UPDATED content.



8. UPDATED content

Section 3.3 Measles in Educational and Childcare settings: Section has been rewritten to reflect Irish Inclusion of text from HPSC Management of Measles Outbreaks specific to schools settings, inclusion of advice on risk assessment for exclusion of children from education and day care settings.

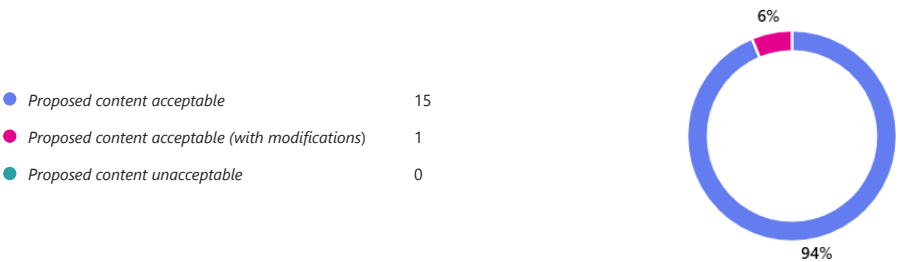
Refer to Working draft **Section 3.3 Measles in Educational and Childcare settings** to review updated content.



9. **UPDATED content**

Section 3.4.1 Air Travel; Updated content as follows; Public health should, on a case-by-case basis and in particular where post exposure prophylaxis may be possible, contact the airline to obtain the flight manifest, and ensure a warn and inform letter is sent to all airline passengers considered to be potential contacts. **Rationale for update**; *Working group discussion of current practice, HPSC port health group review*

Refer to Working draft **Section 3.4.1 Air Travel** to review updated content.

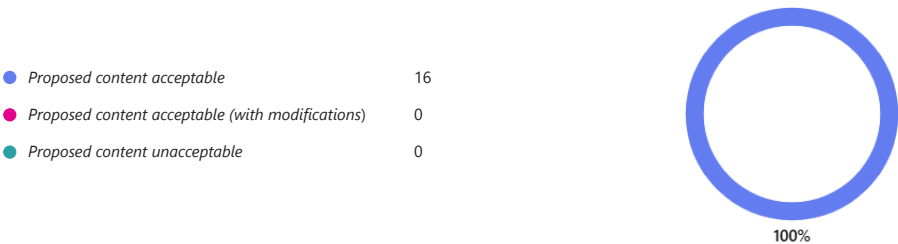


10. **UPDATED content**

Section 2.3.3 Hospital settings - Non-immune staff exposed to measles

UKHSA Guidance states: Return to work following exclusion, in the instance MMR given as post exposure prophylaxis. Guidance from UKHSA is that if symptom free at 14 days, can return to work.
Irish Guidance (as per NIAC): Exclusion from work for susceptible healthcare workers should remain at 21 days, regardless of receipt of MMR **UPDATED content as follows**; 'Susceptible staff who have been exposed to measles should be removed from patient contact and excluded from work from the 5th day after the first exposure to 21 days after the final exposure, regardless of whether they have received post-exposure MMR vaccine.'

Refer to Working draft **Section 2.3.3 Hospital settings - Non-immune staff exposed to measles** to review updated content



11. **NEW content**

3.1.2 Measles in prisons and places of detention
This section was included as an Appendix in UKHSA guidance. Suggestion to move section and include it in the body of text as subsection 3.1.2 within overall Section 3.1 *Measles in settings for underserved populations*.
Refer to Working draft **Section 3.1.2 Measles in prisons and places of detention** to review NEW content

