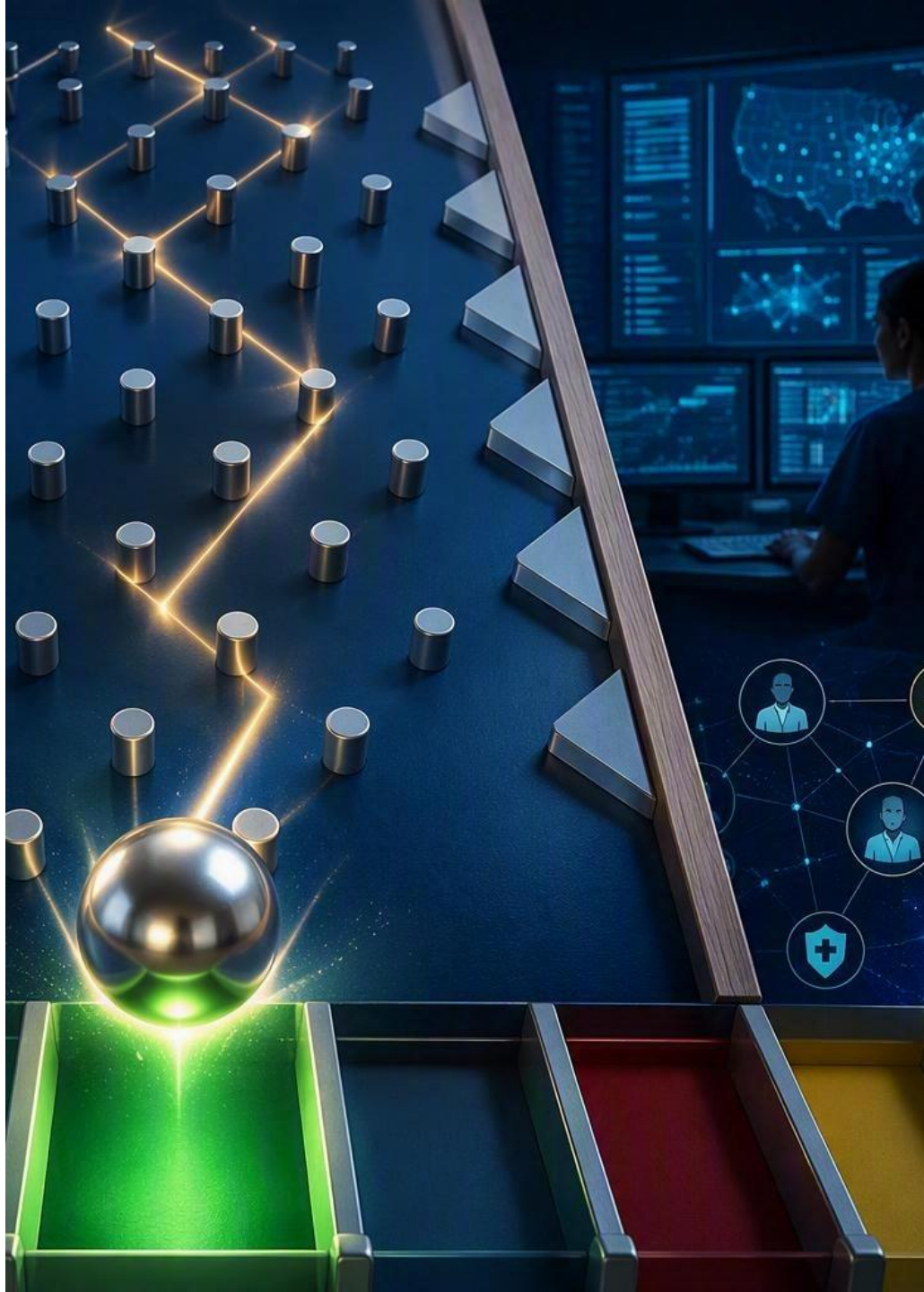
MAYO CLINIC

PLAYING THE MEASLES GAME

MOVING PEGS, IMPROVING RESPONSE

Jean Barth, MPH, BSN, CIC, FAPIC
Alyssa Olson, MSPH, BSN, RN, CIC
Leah Siple, MSN, RN, CIC

Minnesota APIC Fall Conference
September 24, 2026



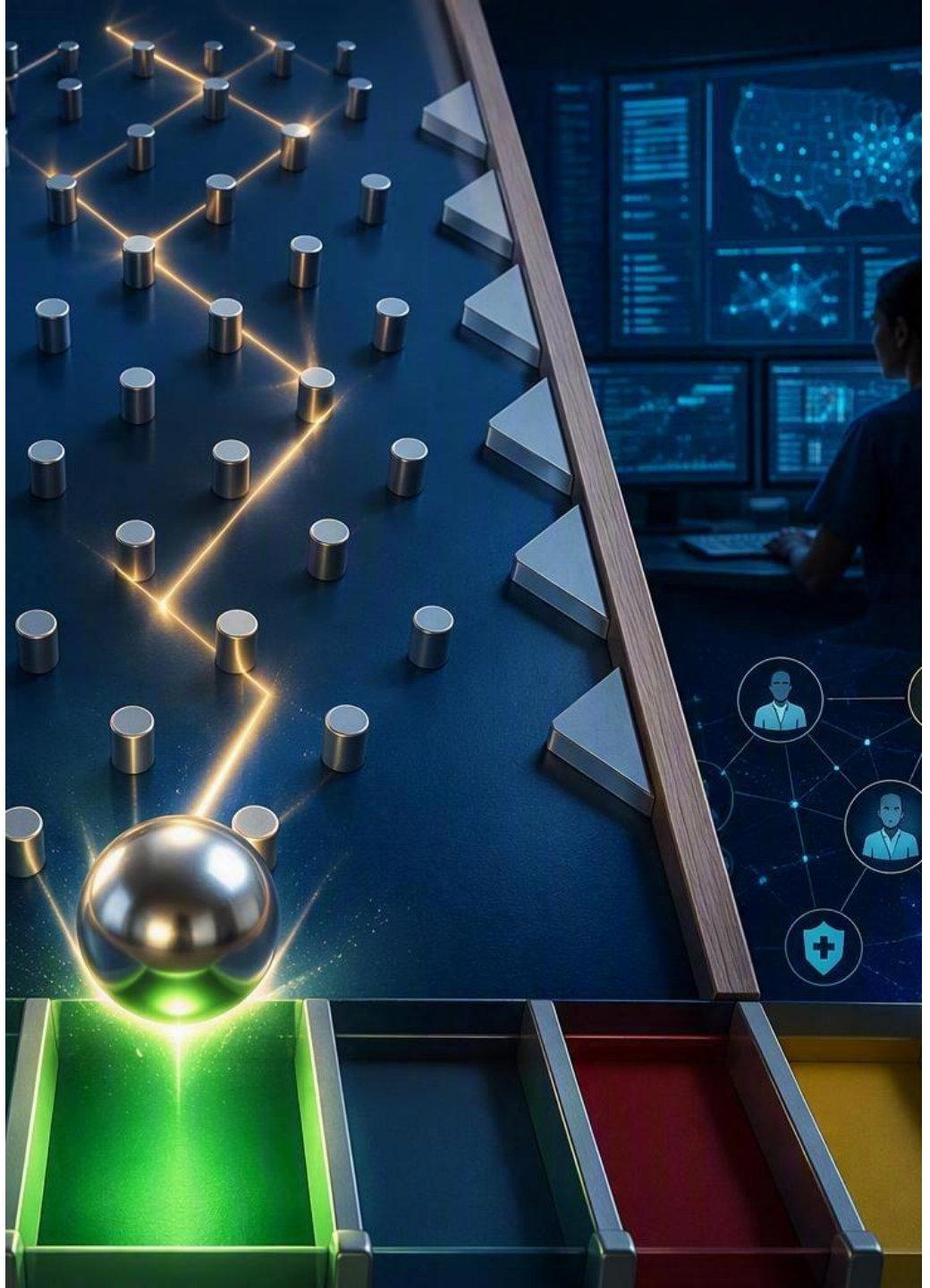
LEARNING OBJECTIVES

1. Describe the impact of high- and low-tech preparedness and response activities
2. Describe the impact of wastewater surveillance
3. Describe how exposures in healthcare settings are unique from community exposures and how these differences influence outbreak response efforts

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DISCLOSURES

- Microsoft Co-Pilot was used in the creation of these slides



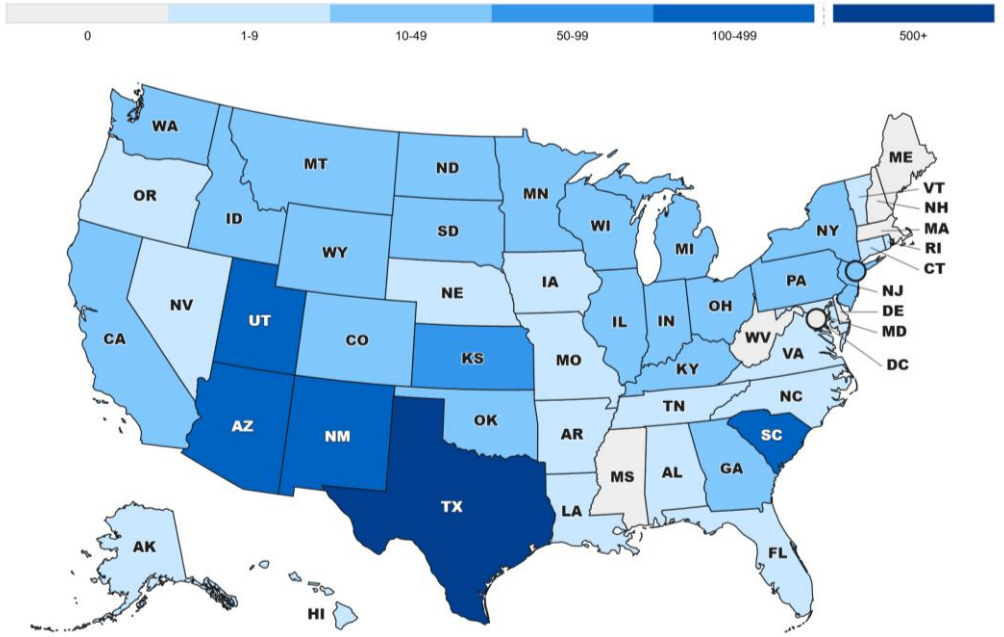
THANK YOU'S

- Our Infection Prevention and Control (IPAC) team
- Olmsted County Public Health Services
- Minnesota Department of Health
- Twenty separate departments at our facility who stepped up without a second thought, especially the Emergency Department, Primary Care and the Infusion Center
- Clinical Decision Support and the Dept. of Laboratory Medicine and Pathology

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SETTING UP THE GAME

Map of measles cases among U.S. residents



Centers for Disease Control and Prevention. *Measles Cases and Outbreaks*. Updated September 18, 2026. Accessed September 22, 2026. Reproduced from CDC.

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THREE CASES, ZERO SPREAD.

DAYS 0 TO 7 — BEFORE WE KNEW
Four encounters across two locations before measles was suspected

DAYS 8 AND 9 — THE RESPONSE BEGINS
From first serology order to first PEP administered

DAYS 13 TO 23 — TWO MORE CASES
Monitoring exposed patients as cases 2 and 3 were declared

0 Secondary Measles Cases

Case 1	Case 2	Case 3
539 patient exposures Delayed recognition	87 patient exposures Initial response implemented	0 patient exposures Refined preparedness and response

More than 850 total exposures (patient + staff)

0 secondary measles cases

Exposure events declined across sequential cases as recognition and response processes were progressively refined.

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6 months before cluster - Planning

High Tech

- ★ **EMR / Tech**
  - Email notification to IPAC when measles PCR testing order placed
  - Measles suspect electronic medical record flag generated by PCR order
  - Employee immunity review via EMR
- ★ **Laboratory Tech**
  - In-house measles PCR testing capability

Low tech

- ★ Measles Response Operational Group
- ★ Availability of post-exposure prophylaxis (PEP); locations of dispensing
- ★ Written procedure for response (definitions, prioritization)
- ★ Risk assessment matrix
- Measles testing algorithm
- ★ Comprehensive webpage with setting specific guidance
- Education and vaccine campaigns
- Identify, isolate, inform model
- Signage development
- Reinforcement of symptom and travel screening
- IPAC assessment of PCR order to provide contact and guidance
- ★ Designated outpatient testing sites identified, with entry and exit plans
- Nurse triage to telehealth visit
- ★ Operational huddles for admissions and transfers
- Oxygen hood for transporting infants and small children
- Visitor guidance

★ Highest value in this response

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PLAN … RESPONSE

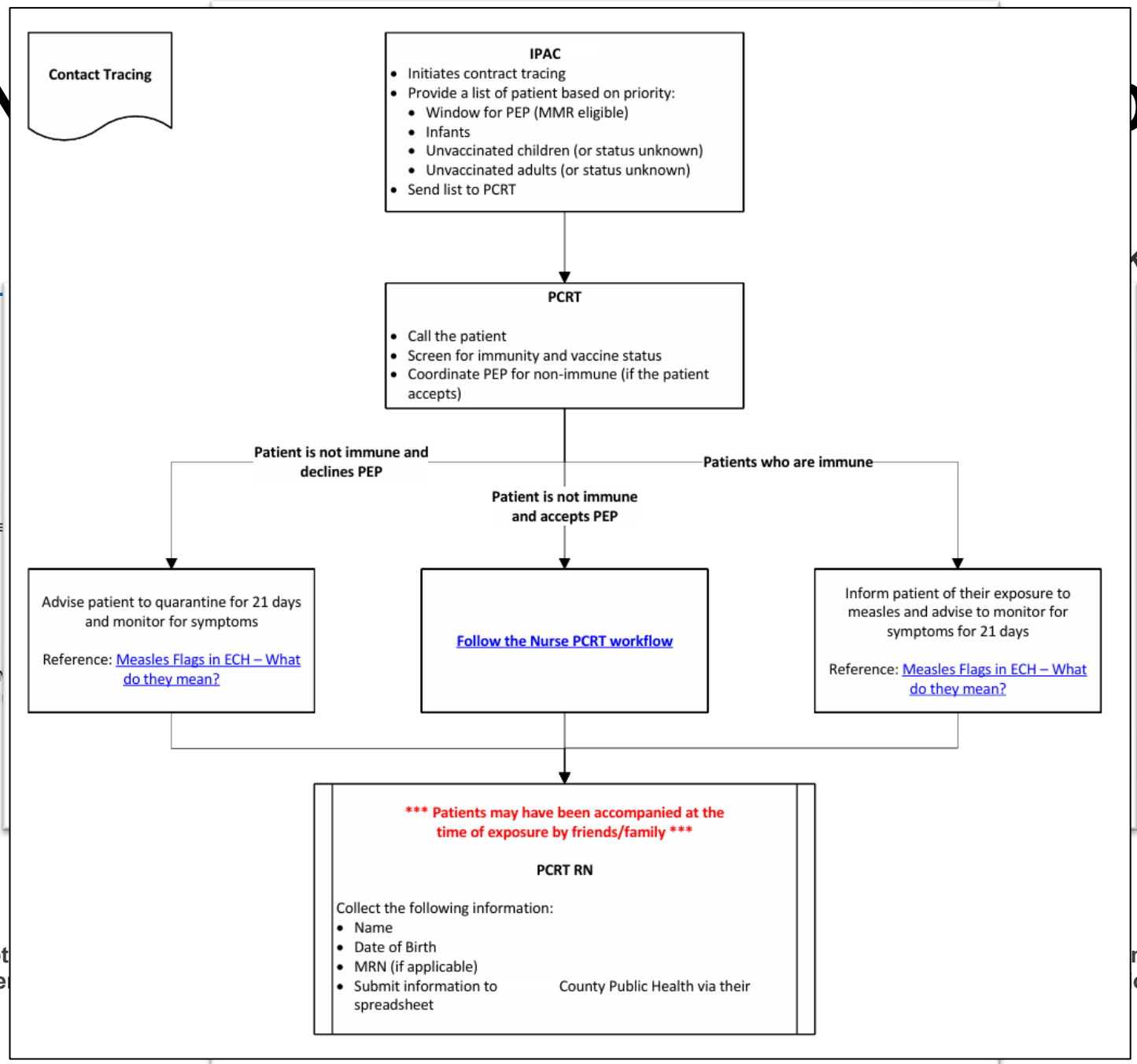
ALERT … KFLOW

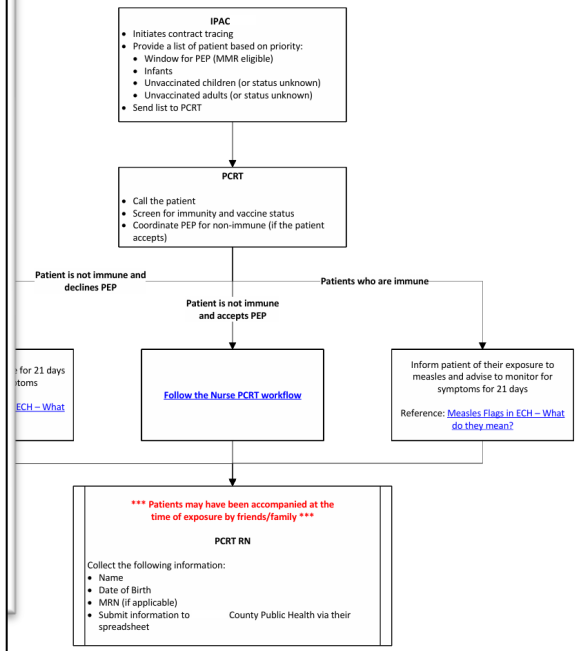
-----Original Message-----
From:
Sent:
To: DL
Subject: Measles PCR orde

MRN: XX-XXX-XXX
Name: XXX XXX
Age: 3
Order Location:

Suspect case reported to M
Patient details, risk, maski
Lab Result:

Automated IPAC not … n algorithm guiding testing, isolation, and a measles PCR orde… on at the point of care

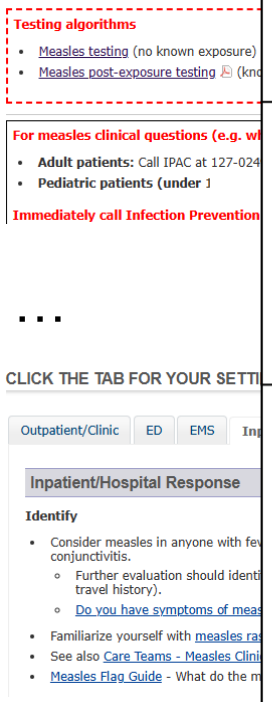




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MA

IPAC WEB

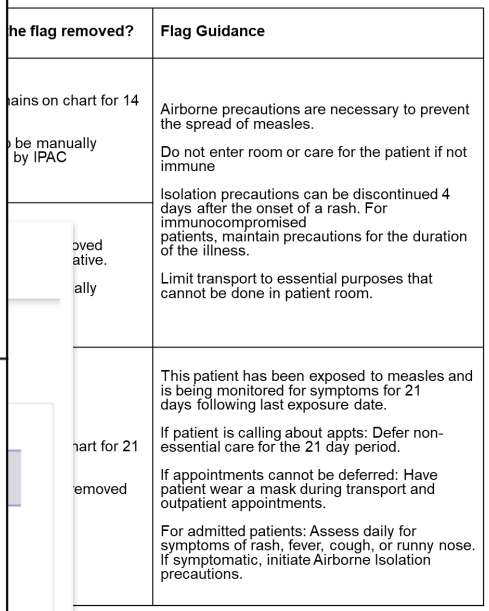


...

Setting-specific
for staff at the p

ATUS LOGIC

Infection Flag	How is flag added?	How is the flag removed?	Flag Guidance
Measles	Automatically triggered by a positive test result. May also be manually added by IPAC or patient's care team	Flag remains on chart for 14 days. May also be manually removed by IPAC	Airborne precautions are necessary to prevent the spread of measles. Do not enter room or care for the patient if not immune Isolation precautions can be discontinued 4 days after the onset of a rash. For immunocompromised patients, maintain precautions for the duration of the illness. Limit transport to essential purposes that cannot be done in patient room.
Measles suspect	Automatically triggered by a measles test order. May also be manually added by IPAC or patient's care team	Automatically removed if test result is negative. May also be manually removed by IPAC	
Measles exposed	Manually added by IPAC.	Flag remains on chart for 21 days. May be manually removed by IPAC	This patient has been exposed to measles and is being monitored for symptoms for 21 days following last exposure date. If patient is calling about appts: Defer non-essential care for the 21 day period. If appointments cannot be deferred: Have patient wear a mask during transport and outpatient appointments. For admitted patients: Assess daily for symptoms of rash, fever, cough, or runny nose. If symptomatic, initiate Airborne Isolation precautions.



gers, and removal criteria
e scenario

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EXPOSURE RISK MATRIX

Exposure Risk Matrix: Measles (symptoms + vaccine + exposure)

Matrix purpose: Once patient has been tested, this helps the infection prevention and control program determine next steps while results are pending

		Epidemiological Risk		
		High (4+)	Medium (2-3)	Low (0-1)
Clinical Risk	High (4+)			
	Medium (2-3)			
	Low (0-1)			

Clinical Risk	Enter Yes / No	Points assigned	Calculated Score
Fever ≥38.3 °C and ≥1 of cough, coryza, conjunctivitis		Y = 2, N = 0	
Fever and Maculopapular rash		Y = 2, N = 0	
Fever and rash: Atypical / likely different disease		Y = 1, N = 0	
Koplik Spots		Y = 4, N = 0	
Amoxicillin in past 10 days		Y = -2, N = 0	
Known other exposure (e.g. roseola at daycare)		Y = -1, N = 0	
Symptoms more consistent with Kawasaki		Y = -2, N = 0	
1st MMR within previous 5-12 days (not for PEP)		Y = -2, N = 0	
			0

Epidemiological Risk	Enter Yes / No	Points assigned	Calculated Score
1 or more MMR Vaccine or known immunity		Y = -2, N = 2	
Travel: International or known outbreak		Y = 2, N = 0	
Travel: Airport or state with active cases		Y = 1, N = 0	
Known Measles Exposure		Y = 4, N = 0	
			0

LEGEND	
	Expedite testing (e.g. out-of-cycle courier) ASAP. IPAC team should take action (e.g. begin contact tracing, review exposed's MMR and immune status, consider prophylaxis); notify partners or leadership that futher action may occur upon a positive test result.
	Discuss if other variables increase risk (e.g. immunocompromise). If not, expedite testing if feasible. Hold on contact tracing until results.
	Wait for results

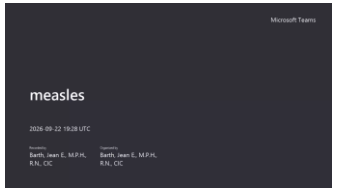
Krier B, Barth J, Huskins WC. Stratifying Suspect Measles Cases: Development and Evaluation of an Infection Prevention Response Matrix. *Antimicrobial Stewardship & Healthcare Epidemiology*. 2026;6(S1):s42-s42. doi:10.1017/ash.2026.10488

Stratifying Suspect Measles Cases: Development and Evaluation of an Infection Prevention Response Matrix

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THE FIRST BALL DROP

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The response, in real time

Team chat threads from Day 8 and 9 — detection, decisions, and workarounds as they actually unfolded

Day 8 – 9:48 AM

Leah

No panic required. You may see a X yr old measles PCR order come through. I am on it already-

They ordered serology on an unvaccinated with recent travel and symptoms. That said, strep positive but… I'm having them do PCR

oh the patient has been admitted-

Deb

shout if you need anything…

Becky F.

In Airborne tho, right?

Leah

yep.

Day 9 – 8:11 AM

Leah

Exposure windows: Day 1 location X, Day 6 location Y, Day 6 location X, Day 7 location Y, Day 7 location X

Leah

Olmsted County Public Health Services says wastewater was positive for measles Day 6.

Jean

WASTEWATER IS THE BEST THING IN THE ENTIRE WORLD

Becky B.

A community doc is scheduled to see the sibling today.

Leah

Well the sibling is already in location Z in a room.

Day 9 – 10:20 AM

Leah

We couldn't plan this scenario if we tried.

Jean

I just talked to the Minnesota Department of Health who likes our plan. X is our contact.

Alyssa

I'm calling the nurse manager right now for outpatient visits on Day 6 and 7.

Jean

Trying to track down a leader to give a heads up we have a suspect case.

Leah

Family X must have left the hospital as at the clinic visit. No other siblings present.

Day 9 – 12:00 PM

Leah

An excellent suggestion from MDH to flag the medical record of all the family members. Has anyone done so?

Becky B.

I can flag the EMR

Jenna

how many times is too many to refresh a patient's chart!?!

Leah

Every 12 seconds too long?

Day 9 – 1:04 PM

Becky B.

I'm about ready to call the lab and see if I can get verbal results — any objections?

Leah

Positive

Leah

Micro fellow paged — never a good sign.

Jean

Let's huddle

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Days 0 to 7: Before We Knew

Four encounters across two locations before measles was suspected

Day 0
Return from travel overseas

Day 1
Presents to location X:
- Pediatric patient
- “Immunized”
- 4 weeks history of rash (pruritic, atypical for measles), with acute open lesions
- Family had similar rash with similar duration
- International travel

Day 6
9:00 AM: Presents to location Y
- Rash, lethargy, vomiting, new fever; lesions improving
- Sent to location X

11:54 AM: Presents to location X
- Family member also reports cough and throat pain
- “Up to date on immunizations”
- Strep throat swab collected and resulted as positive

Day 7
1:30 PM: Presents to location Y
- Persistent vomiting and fever, listless, conjunctival injection, dehydration
- “Under-immunized”

2:46 PM: Presents to location X
4:42 PM: Placed in Airborne Precautions
5:28 PM: Measles IgG and IgM ordered

9:04 PM: Admitted
- Admitted for dehydration and evaluation of etiology of fever and rash

★ **ALREADY IN PLACE BEFORE DAY 0**

- Email alert to IPAC on measles PCR order
- EMR measles-suspect flag from PCR order
- PEP availability and dispensing locations
- Written response procedure
- Setting-specific guidance webpage
- Designated outpatient testing sites
- Operational huddles for admissions and transfers
- Measles Response Operational Group

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Days 8 and 9: The Response Begins

From first serology order to first PEP administered

Day 8

10:00 AM: IPAC

- IPAC alerted of order for measles serology
- IPAC advises throat and urine measles PCR and confirms Airborne Precautions

11:20 PM: IgM positive

Day 9

5:11 AM:

- IPAC notes IgM positive; high suspicion for true measles
- IPAC early response begins, awaiting PCR results

9:15 AM:

- Local public health notifies IPAC of positive wastewater from Day 6
- Started initial response activities (e.g. established roles, established timeline, reported to state health department, began contact tracing line list generation, pulled in early stakeholders, etc.)

1:05 PM: Positive Measles by PCR

- IPAC huddles

3:15 PM: Operational Huddle

3:53 PM: First patient calls made

5:38 PM: First PEP administered

Note: Siblings tested negative

Day 12

Last PEP administered

★ KEY RESOURCES IN PLAY

★ WASTEWATER MONITORING

Community signal detected Day 6 and relayed by public health

★ EMR TECH

Reports, chart flags, and patient lists built to find and track exposures

★ ASSIGNED IPAC ROLES

Named owners stood up for line lists, follow-up, and communication

★ POST-EXPOSURE TESTING ALGORITHM

Standing algorithm guided testing and PEP decisions once PCR confirmed

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Day 8 and 9 – Response

High Tech

- ★ EMR tech
  - EMR reports for patient appointments and ED visits
  - Measles exposed flags added to patient charts in EMR
  - Exposed patients added to a patient list in EMR
- Shared access
  - Shared Excel files on SharePoint
  - A shared folder on SharePoint to house Excel files and other exposure investigation related documents
- Begin developing a new process – Measles Registry

Low tech

- ★ Wastewater monitoring
- Timeline across all 5 encounters hand built
- Exposure window defined
- Teams chats and planning meetings
- ★ Assigned IPAC roles
- Quick prioritization of infants under 1 year inside the PEP window
- Pharmacy inventory and infusion center readiness checks
- Active use of email notification to intervene to guide appropriate testing, patient movement, and isolation
- Emphasized epidemiologic risk in screening
- ★ Measles post-exposure testing algorithm
- Telehealth visits to assess measles risk and direct patients to designated outpatient testing sites.
- Standing operational group and communication channels

★ Highest value in this response

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WASTEWATER

[WastewaterSCAN Dashboard]

The upshot?
Wastewater picked up a signal days before we detected anything

Caveat?
We have to be careful interpreting these signals

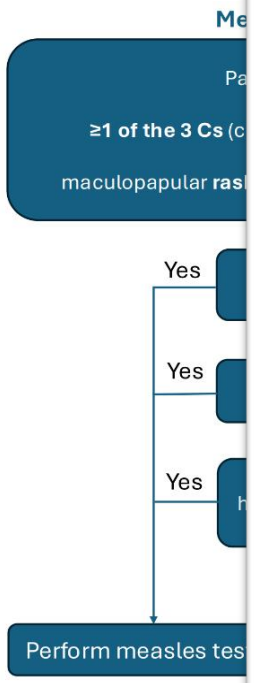


These data were collected as part of the WastewaterSCAN / SCAN project, a partnership between Stanford University, Emory University, and Verily funded philanthropically through a gift to Stanford University.
A. B. Boehm, M. K. Wolfe, A. L. Bidwell, A. Zulli, B. J. White, B. Shelden, D. Duong. Pathogen nucleic acids data in wastewater solids from 147 treatment plants in the United States: 2024-2025. Data in Brief, 2026. Link to paper.

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WHEN TO

SYMPTOMATIC PATIENTS

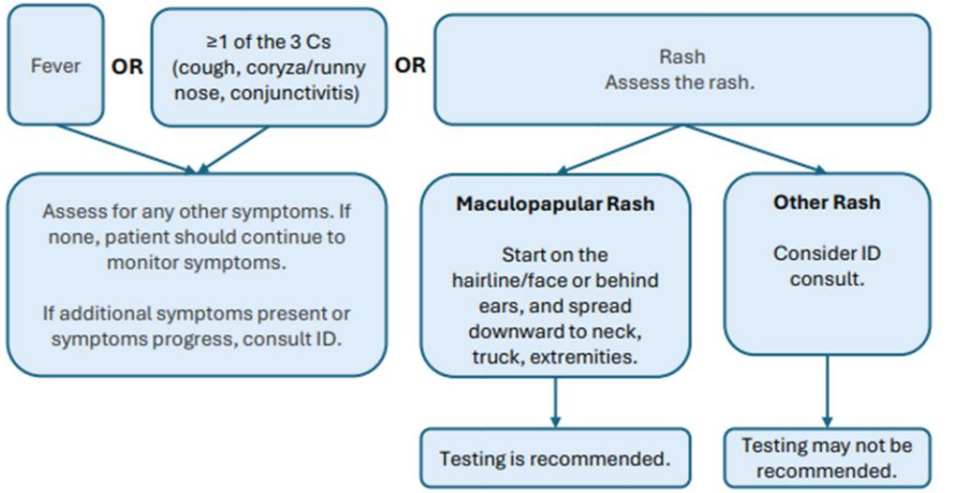


Fever plus the 3 Cs or a consiste

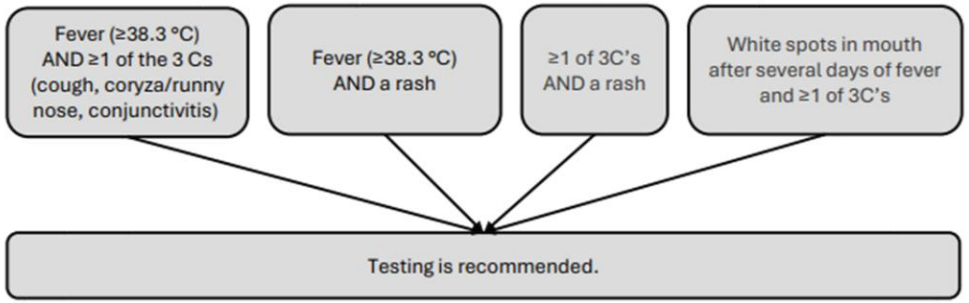
down

Individuals Exposed to Measles Testing Algorithm

Patient/Individual exposed to measles **(> 6 days up to 28 days from exposure)** presents with **ONLY ONE** of the following:

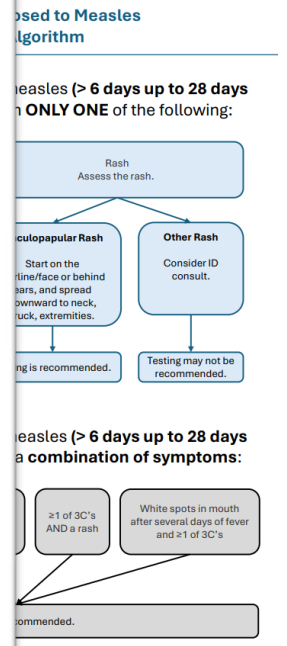


Patient/Individual exposed to measles **(> 6 days up to 28 days from exposure)** presents with a **combination of symptoms:**



Created by IPAC October 22, 2025

osure determine whether testing is



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ROLES AND HUDDLE PARTICIPANTS

01 IPAC Response Assignments

Clinical
Inpatient liaison
ED liaison
Primary Care liaison

Operational
Surveillance – Immunity review
Timeline generation
Exposed line list generation
Patient list management
Communication / scripts
Transport / admissions
PCR watch
Lab liaison
OHS liaison
External public health liaison

Named liaisons give every clinical area and operational task a single accountable owner, so immunity review, line lists, patient follow-up, and communication all occurred in parallel.

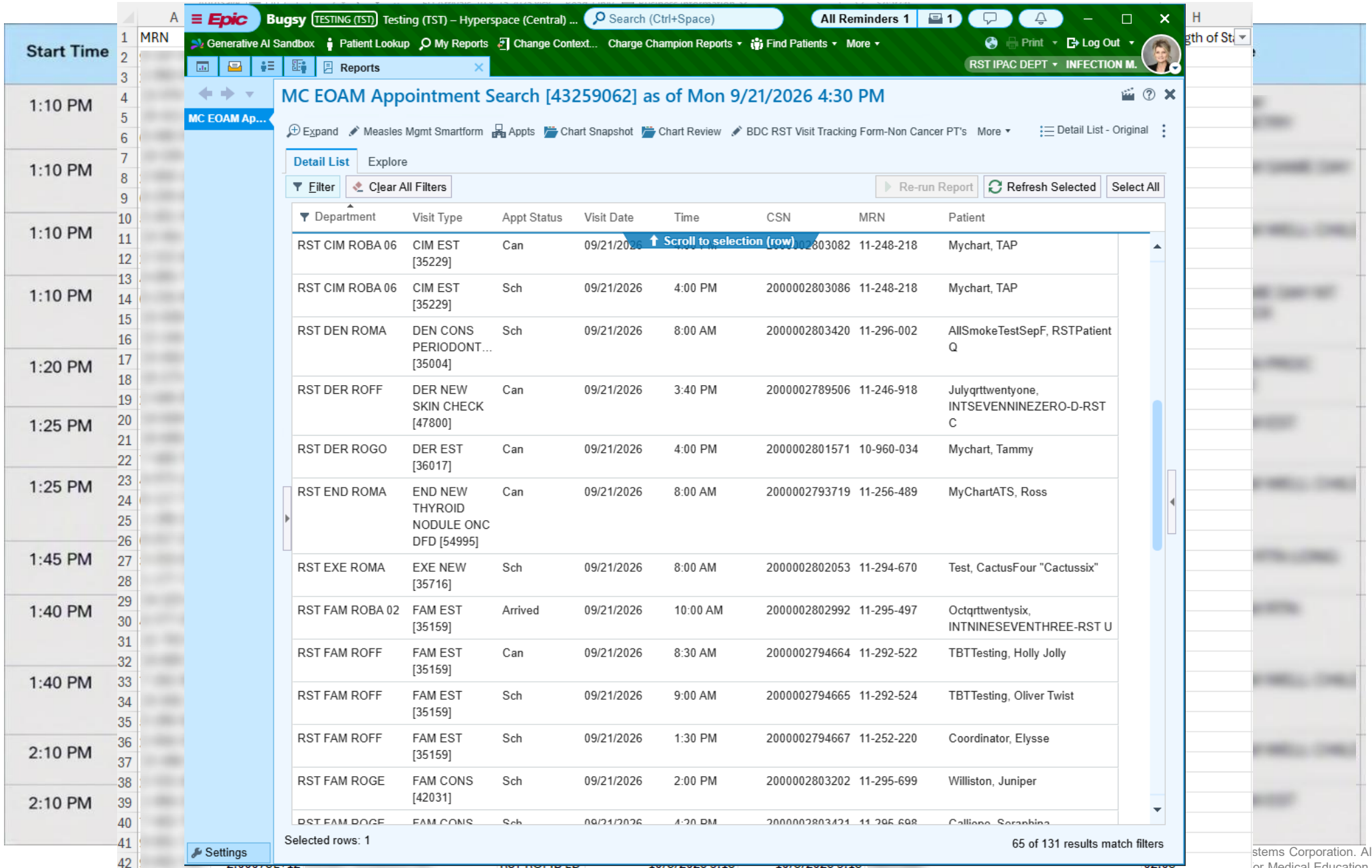
02 Operational Huddle Participants

Infection Prevention and Control
Occupational Health Services
Primary Care
Department of Nursing
Emergency Department
Specialty Pediatrics
Communications
Infusion Center
Dept. of Laboratory Medicine and Pathology
Pharmacy
Call Center
Hospital Practice Subcommittee
Patient transport
Safety
Security
Facilities
Wayfinding
Supply Chain Management
Recovery and Claim Services
Clinical Decision Support

Operational huddles bring these departments to one table, aligning testing, transport, staffing, supplies, and messaging decisions as a case unfolds. This allowed IPAC to delegate efficiently and focus our efforts.

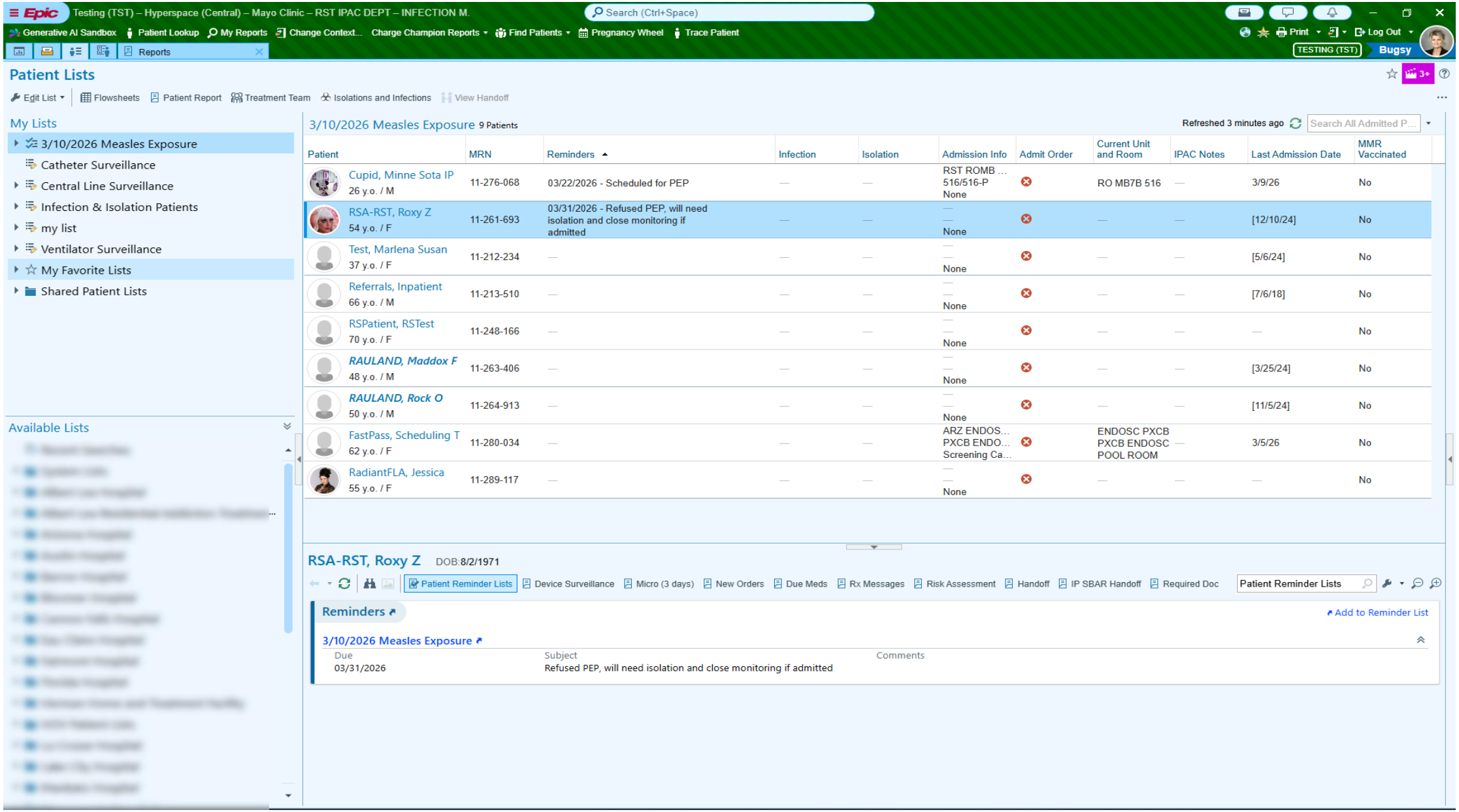
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IDENTIFYING POTENTIALLY EXPOSED



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MONITORING PATIENTS IN REAL TIME



Playground environment – not real patients

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THE SECOND AND THIRD BALL DROP

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Days 13 to 23: Two More Cases

Monitoring exposed patients as cases 2 and 3 declared and closed out

Day 13-17
Managing exposed patients returning for healthcare

Day 17
5:38PM: Parent calls nurse triage with ill sibling
- Local public health did great counseling family to call ahead!
- Tele-MD alerted X desk
- Family plan to be masked

9:15PM: Arrived, went to desk (slight deviation from plan)
- Family quickly transferred to AIIR
- In waiting room time: 3 minutes
- Sibling 1: fever, cough, vomiting, lethargic
- Sibling 2: Fever, rash, cough, raspy/fast breathing

10:27PM: IPAC notified
10:54PM: IPAC huddle, came up with plan
- Used new report for rooming times and patient census
- Screening shows no non-immune children in waiting room
- Internet server impacted huddle timing

Sibling 1: Plan to admit for dehydration
Sibling 2: Sick but comfortable with discharge home

11:30PM: Huddle for transport plan

Day 18
12:29AM: Two PCRs collected
1:40AM: One sibling discharged
- Covered with blanket, hallway closed for 2 hours

2:20AM: One sibling admitted to airborne room, Followed transport plan (masked, hallways closed, elevator closed)

2:22AM: Parent, masked, came back through ED and escorted to unit
4:35AM: Back to normal business

8:19AM: **Parainfluenza positive**

Day 19
8:42AM: Both siblings **PCR positive for measles** (cases 2 and 3)

Day 20 – End of window
Continued management of exposed patients seeking routine healthcare

Day 23
Both cases discharged

★ KEY RESOURCES IN PLAY

★ EMR TECH
Improved order panels, a shared exposure registry, vaccine and immunity tracking reports, and flags carried through the full 21-day window

★ LABORATORY TECH
Expedited testing with out-of-cycle courier runs increased from once daily to three times daily, seven days a week

★ HUDDLE AND PATHWAY SUPPORT
Strengthened transport support, a post-discharge transport plan, and clearer EMS ground and air guidance

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Day 13+

High Tech

- ★ EMR tech
  - Improved order panels
  - EMR tracking reports with measles, mumps and rubella vaccine and immunocompromised status
  - Bulk portal messaging by immunity group via smart phrase
  - Developed and shared EMR exposure registry with Primary Care/Triage
  - EMR patient management line lists to monitor exposed patients seeking care
  - Measles exposed flag carried through the full 21 day monitoring window
  - PEP EMR protocols and management via smart phrases
- ★ Laboratory tech:
  - Expedited testing and out of cycle courier runs, increase from once daily to 3 times daily, 7 days a week

Low tech

- Communications:
  - Refined operational and transport huddles
  - Refined communication channels
  - Held situational debriefs
- Guidance
  - ★ Refined and expanded huddle and pathway support for transport
  - Created post-discharge transport plans
  - Added pathway support and signage
  - Enhanced EMS ground and air guidance
- Assigned wastewater monitoring

★ Highest value in this response

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MO[illegible]Y: PATHWAYS AND TRANSPORT

Measles Tran

Home » Disease Index

A B C D E

Transport Process

Goal: Route suspect

Saint Marys

Initiate Transp

Transport huddle

- Transport tim
- Avoid times
- Pathway sup

Contact the Hous
refers to appropr

▼ Transport Huc

▼ Transport Huc

Activate Pathw

Once transport ti

▲ Pathway Supp

- Pathway s
  - Gen P
  - PICU
  - Adult

Written i
roles, an

Gen Pediatrics Measles Admission Route - Leg 2



setting closure

Gen Pediatrics Measles Admission Route - Leg 1

= Pathway Support Resource
Total Required = 10

= Elevator Support



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Day 13+

High Tech

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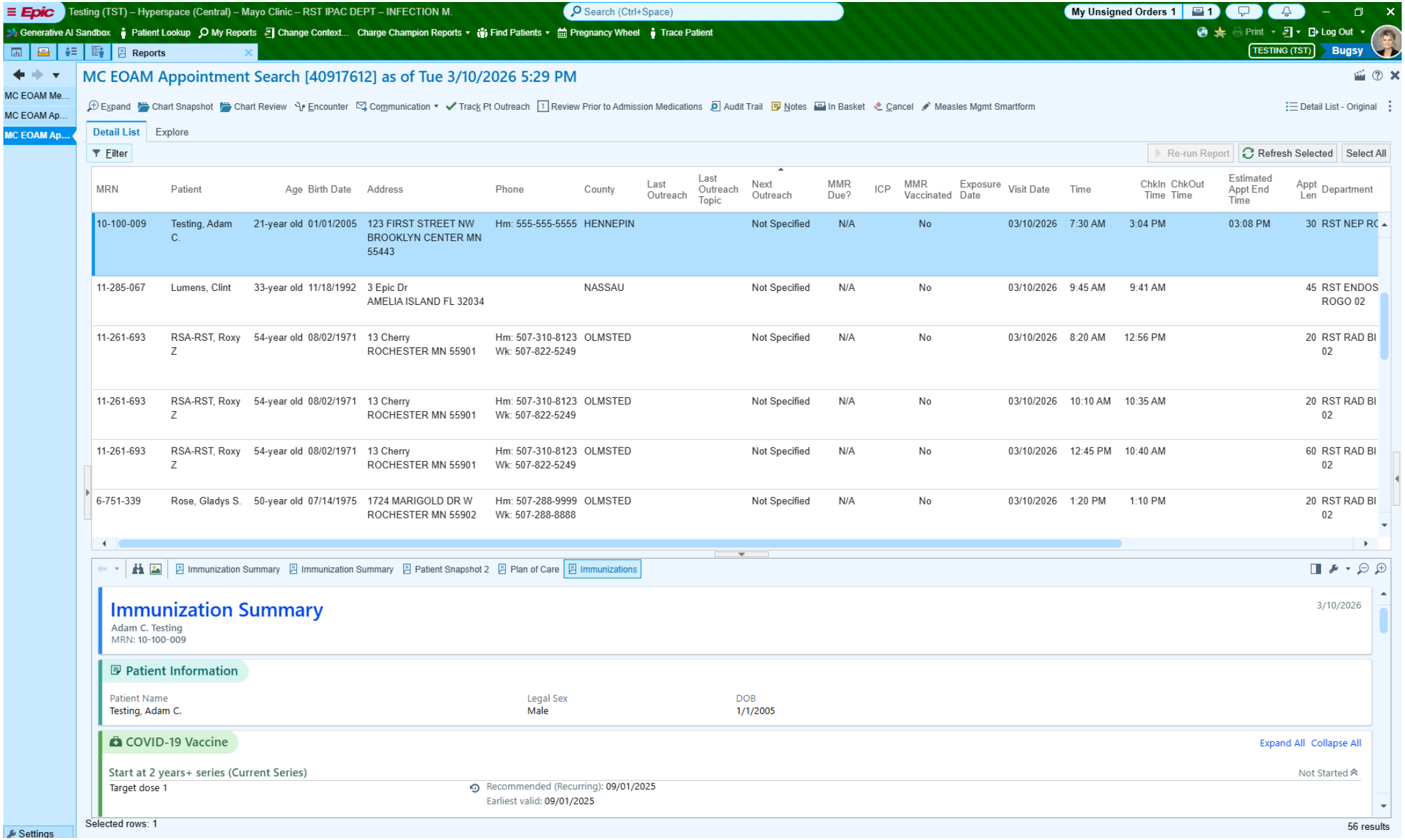
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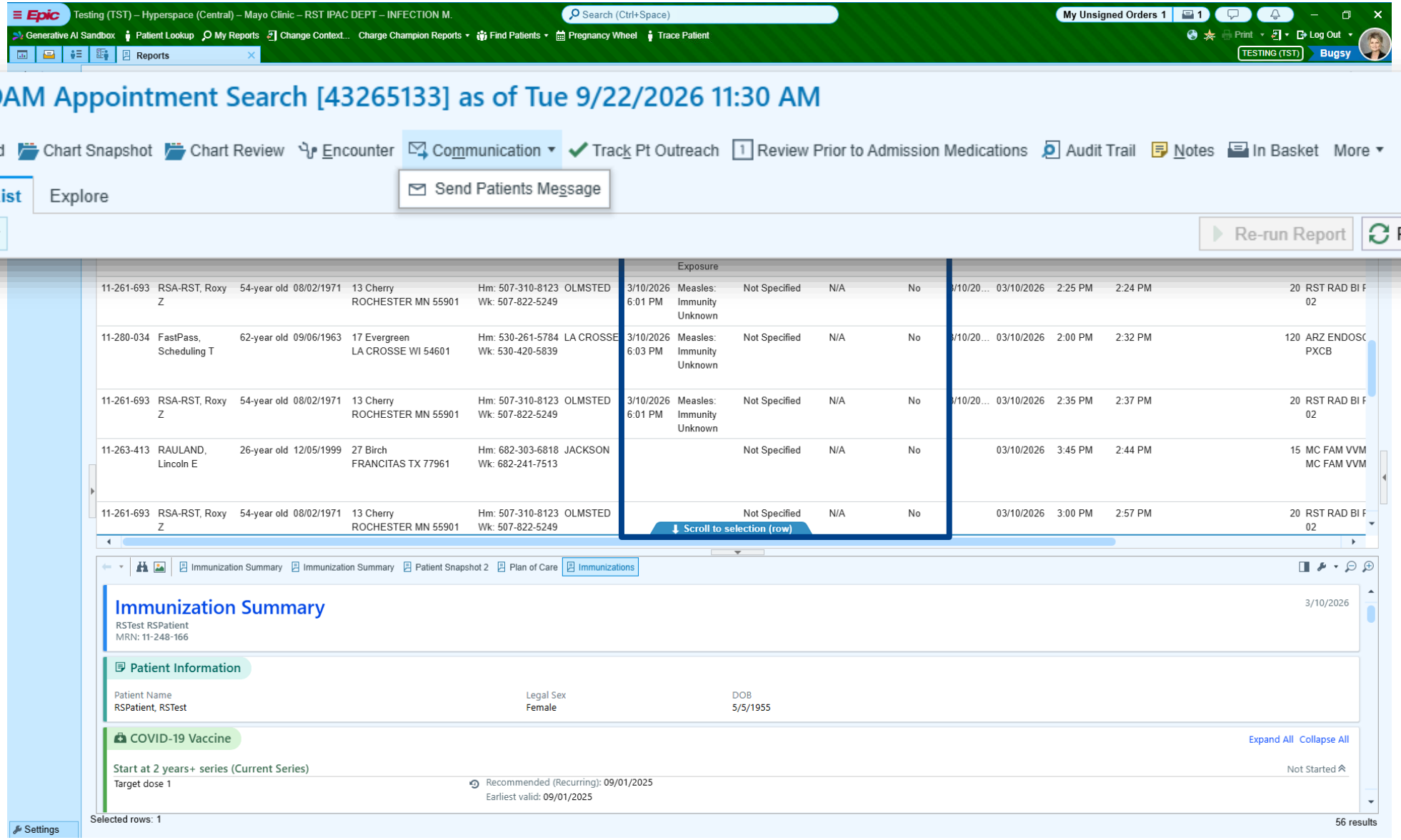
OUTPATIENT REPORT



Playground environment – not real patients

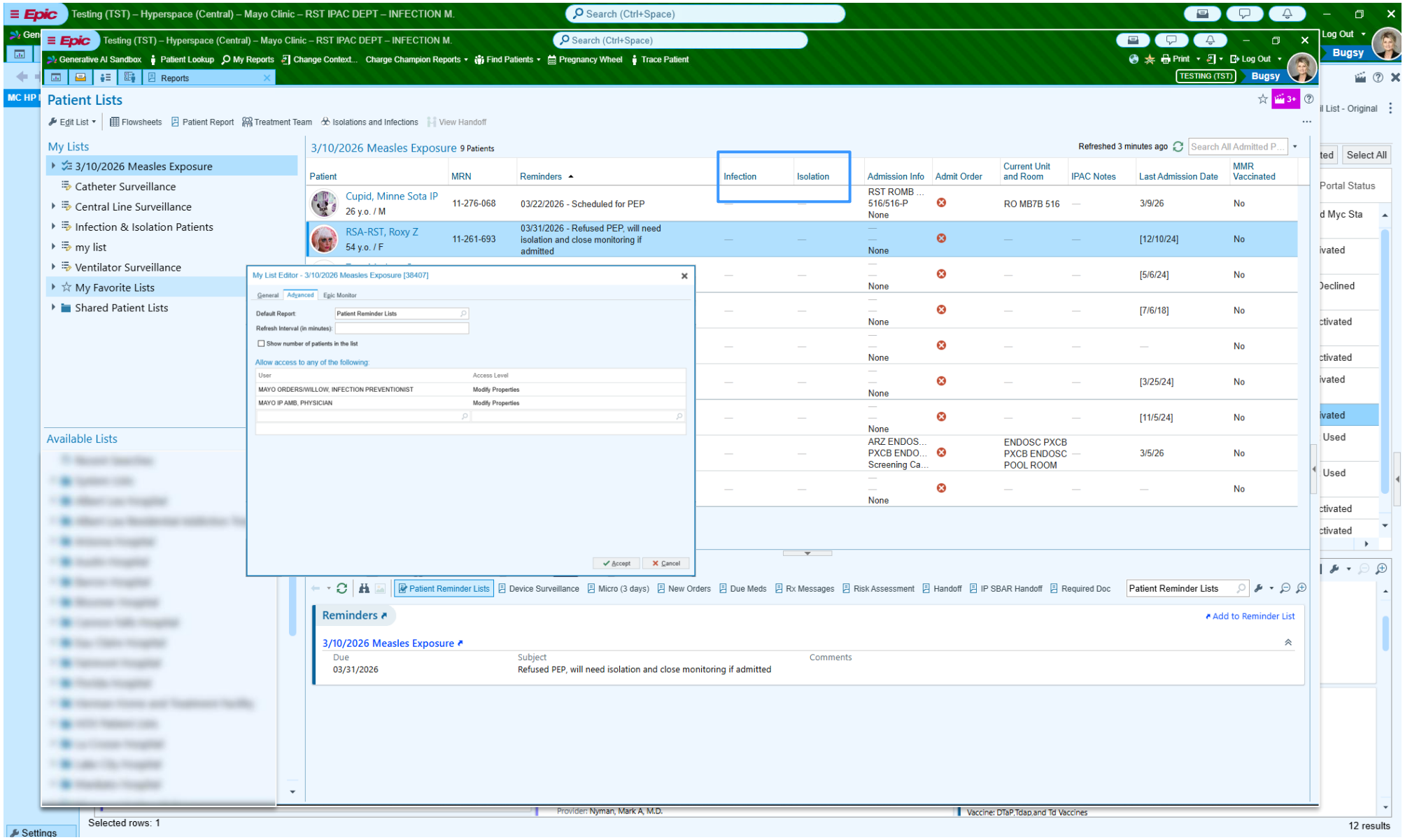
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OUTPATIENT REPORT AFTER IDENTIFYING IMMUNITY STATUS AND ADDING EXPOSURE DATE



Playground environment – not real patients
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MEASLES PATIENT REGISTRY WITH OUTREACH HISTORY



Playground environment – not real patients

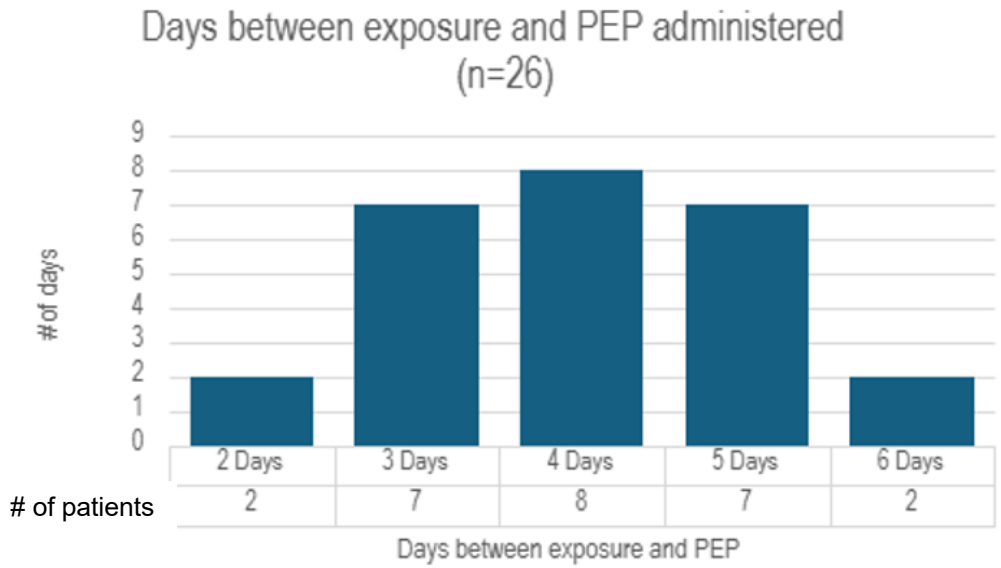
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WHO WON (THIS ROUND)?

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RESULTS

From positive to first exposed patient calls: 3 hours
From positive to first PEP administered: 4 hours



850+
exposures traced

539 → 87 → 0
exposures per case

0
secondary cases

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THE UNEXPECTED HEALTHCARE CHALLENGE

- Our experience
  - Exposed patients returning for repeat ED visits, admissions, and routine outpatient follow-up
  - Advice: Expect frequent returns and plan for how you will react to them:
    - Use Patients Lists
    - Know what your guidance is, example:

      The patient has been exposed to measles and immunity is unknown

      If patient can provide history of vaccine or serology shows positive measles IgG, call IPAC to remove flag

      If admitted, patient needs Airborne Precautions

      If person arrives in clinic/ED, mask patient, room immediately, and call IPAC

      If patient is calling about appointments, defer non-essential care as long as flag remains on

      If procedures are needed, perform in Airborne Precautions unless immunity can be determined

- Our experience: An unanticipated complicating factor – co-infections

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WHAT WORKED WELL

- ✓ **Exposure lists for patients and employees built in hours, not days**
- ✓ Primary Care mobilized resources quickly to contact patients
- ✓ Pharmacy had PEP available
- ✓ Infusion Center was able to staff up and provide PEP
- ✓ Emergency Department refined early identification, isolation and patient movement
- ✓ No exposures in hospital since patients were appropriately isolated at admission
- ✓ **The case / family called ahead**
- ✓ Partnership with the Lab to expedite testing
- ✓ Good, consistent communications with local and state public health
- ✓ Communication channels added complexity, but ultimately were invaluable

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HIGHEST VALUE INTERVENTIONS

High Tech

- Email notification to IPAC when measles PCR testing order placed
- Measles suspect electronic medical record infection status generated by PCR order
- Expedited testing and out of cycle courier runs, increase from once daily to 3 times daily, 7 days a week
- EMR tech
  - Patient appointments and ED visit reports
  - “Measles exposed” infection statuses
  - Serology (immunity) and PCR (active infection) order panels
  - Exposure registry with Primary Care/Triage
  - MMR vaccine and immunocompromised status reports
  - Patient management line lists to monitor exposed patients seeking care
  - Bulk portal messaging by immunity group via smart phrase
  - Auto time set for “Measles exposed” status to carry through the full 21 day monitoring window
  - PEP protocols and management via smart phrases

Low tech

- Prepared stakeholder group
- Availability of post-exposure prophylaxis (PEP); locations of dispensing
- Written procedure for response (definitions, prioritization)
- Comprehensive webpage with setting specific guidance
- Designated outpatient testing sites identified, with entry and exit plans
- Nurse triage to telehealth visit
- Operational huddles for admissions and transfers
- Wastewater monitoring
- Assigned IPAC roles
- Measles post-exposure testing algorithm
- Refined and expanded huddle and pathway support for transport

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LESSONS LEARNED: A PLANNING CHECKLIST

- Identify stakeholders and assign roles before a case arrives — share contact information the moment a result is positive
- Keep raising clinician awareness of measles presentation, and reinforce contacting IPAC for every suspect case
- Decide where patients will be tested — and how you will hold and test a patient who is already on site
- Decide who administers PEP (MMR, IVIG) and who does outreach; they must be able to act within hours of a positive
- Prepare patient-facing scripts and plan who handles inbound calls
- Walk through transport routes inside the hospital and patient movement within the ED
- Plan an operational huddle, plus a separate transport huddle as needed; consider Incident Command activation
- Confirm you can manage an infectious case at night and on weekends
- Establish communications channels/shared documents for staff working on contact tracing
- Plan for expedited shipping of specimens, if possible
- Immediately upon positive, assign roles and share contact information
- Plan who will handle calls from patients
- If able, plan for who can help assess patients for testing (e.g. ID, IPAC)
- Reassure staff that vaccine and PPE are effective and risk to them is low
- Watch wastewater — the signal appeared days before we detected our cases
- Communicate with case / family about calling in prior to returning for care

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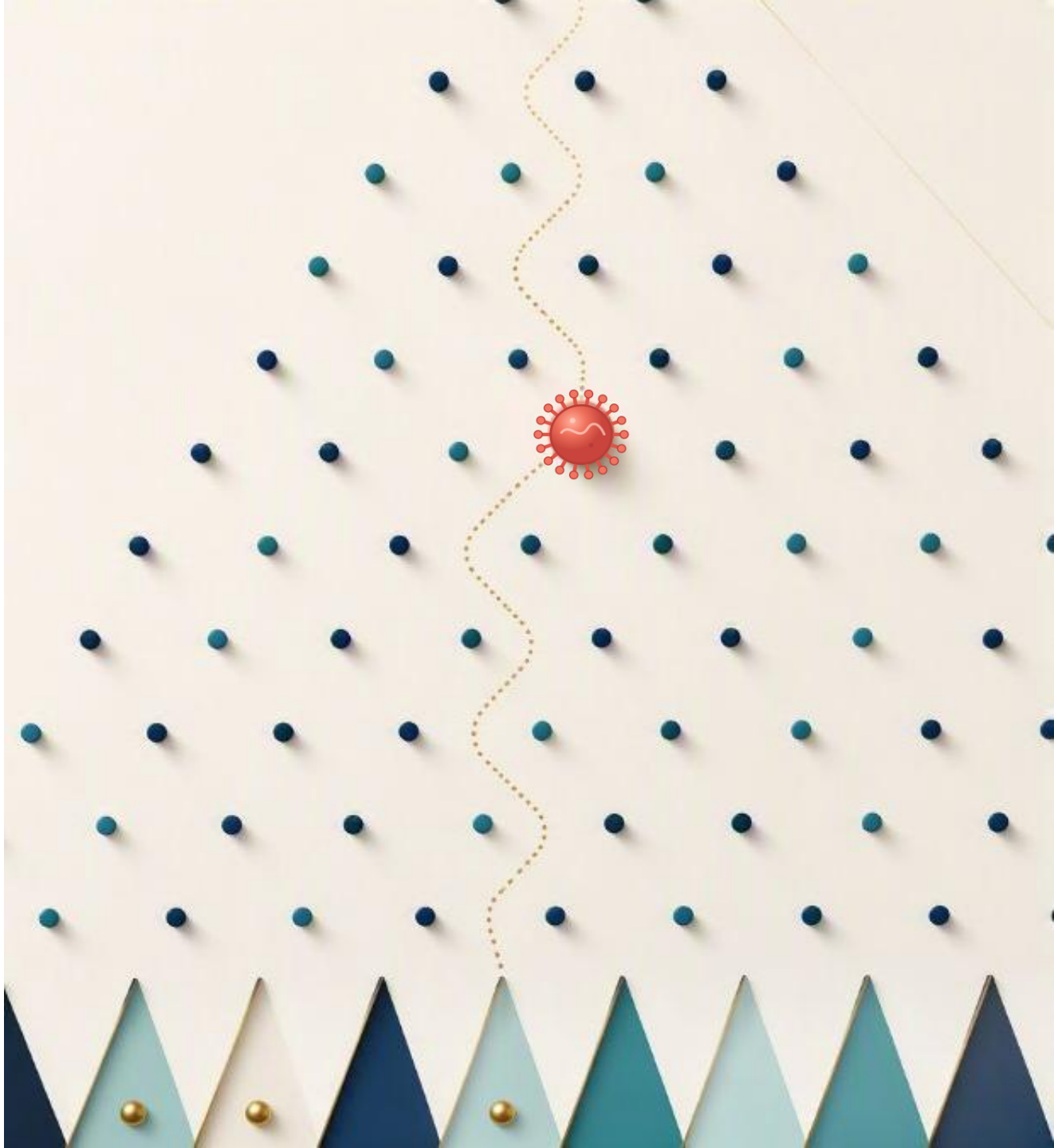
BIG WINNERS!!

2025

PCR order email
Winner

Wastewater
Runner Up

Best result: Technology allowed IPAC to do the human things

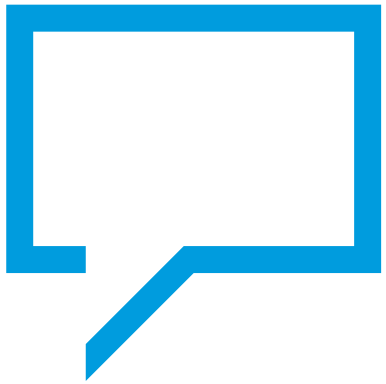


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- Approvals received from Epic Systems Corporation, Dr. Meghan Cain, and other Mayo Clinic colleagues

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QUESTIONS & ANSWERS



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