Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

Date: October 23, 2025

To: All Assisted Living Providers

From: Tia Witherspoon: Executive Director, Office of Health Care Quality (OHCQ)

RE: COMAR 10.07.14.20 and Evidence of Immunity - Measles, Mumps, Rubella, Varicella

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Thank you for reaching out to the Office of Health Care Quality (OHCQ) regarding the recent Frequently Asked Questions (FAQ) document on the new Assisted Living Program (ALP) regulations posted on OHCQ's website. Under COMAR 10.07.14.19 *Other Staff- Qualification,* the language clarifies permissible evidence of immunity for staff working in ALPs.

The FAQ states, *"A self-attestation would not be considered evidence. Evidence would be demonstrated by test results, lab results, vaccine record, or copy of a medical record, for example."* We recognize that this clarification substantially differs from older guidance issued in 2011, but it brings Maryland's requirements into alignment with national standards for documentation of presumptive immunity to measles, mumps, and rubella as written documentation of adequate vaccination, laboratory evidence of immunity, or laboratory confirmation of disease. **The rationale for this decision is provided beginning on page 3 of this document**. OHCQ will update the FAQ on this topic for clarity.

OHCQ is seeking to pursue a targeted regulation change to revise the assisted living regulations to be more in line with nursing home regulations and allow for a medical or religious exemption.

OHCQ is committed to working with the ALP community to help mitigate challenges a staff member may face in order to comply with the updated guidance, including obtaining childhood records or the cost of immunizations or serology studies for staff without health insurance or for whom employer-provided vaccinations or serology is not available.

- OHCQ is granting an additional 180 day extension for ALP staff that do not have documented evidence of immunity per *COMAR 10.07.14.20* *Personnel Records*. For new hires, the 180 day extension is granted individually for staff actively scheduling the completion of two-dose series or awaiting lab results.

- From November 1, 2025 through May 1, 2026, surveyors will educate ALPs on acceptable documentation as evidence of immunity of MMR and varicella and will not issue citations for self attestation.

- Some local health departments provide low/no cost adult vaccine clinics available such as the Baltimore City Health Department - Immunization Program, the Baltimore County Health Department, and the Montgomery County Health Department. Please use this link to local health department websites to contact other local health departments regarding low/no cost vaccine programs.

OHCQ values your advocacy on behalf of the assisted living community and greatly appreciates your continued partnership as we implement the revised assisted living regulations. Your collaboration is essential to ensuring regulatory compliance and protection of vulnerable residents.

If you have further questions, please contact the Assisted Living Unit at AL.Help@maryland.gov

Sincerely,

Tia Witherspoon
Executive Director
Office of Health Care Quality

Rationale

Under [*COMAR 10.07.14.20*](#) *Personnel Records* states, *"The assisted living program shall maintain the following information for each staff member: J. Documentation that the staff is: (1) Free from tuberculosis in a communicable form in accordance with Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Facilities; and (2) Immune to measles, mumps, rubella, and varicella as evidenced by history of disease or vaccination;*

OHCQ's updated FAQ, issued on October 21, 2025, clarifies that self-attestation is no longer considered valid evidence of immunity. Instead, acceptable documentation includes test results, laboratory reports, vaccine records, or a copy of a medical record.

This clarification is consistent with public health guidance from Centers for Disease Control and Prevention (CDC) and national medical organizations, which define acceptable presumptive evidence of immunity to measles, mumps, and rubella as written documentation of adequate vaccination, laboratory evidence of immunity, or laboratory confirmation of disease. Guidance from the World Health Organization (WHO) similarly advises that healthcare workers should provide documented proof of immunity or immunization against measles and rubella as a condition of employment. CDC similarly recommends healthcare institutions maintain documented evidence of varicella immunity (defined as proof of varicella vaccination, laboratory evidence of immunity, or verified history of varicella/herpes zoster disease diagnosed by a healthcare provider) for all healthcare personnel readily available at the healthcare personnel's work location. Self-attestation is not recognized as sufficient evidence for healthcare personnel, and OHCQ's updated FAQ brings Maryland's requirements into alignment with these national and international standards.

Since 2011, the epidemiologic context has changed substantially. The United States is experiencing its worst measles year in decades: 1,454 confirmed cases and 37 outbreaks reported* in 2025. Maryland has reported multiple confirmed measles cases in 2025, highlighting ongoing exposure risks in our state even without a large, sustained in-state outbreak. Because many ALP residents are especially vulnerable due to waning immunity, immunocompromising conditions, or incomplete vaccination, self-attestation is not acceptable evidence of immunity to MMR or varicella for ALP staff.

The rationale that makes self-attestation unacceptable as evidence of immunity for ALPs includes:

- **High risk to vulnerable populations:** Healthcare providers frequently come into contact with patients who are immunocompromised or seriously ill. These individuals are at a high risk for severe complications or death from vaccine-preventable diseases like measles and varicella. Measles is extremely contagious, and the virus can remain in the air for up to two hours after an infected person has left the room.

- **Unreliable personal recall:** A person's memory of having a mild or atypical childhood illness may be inaccurate. Other conditions can mimic mild cases of varicella (chickenpox), making a self-reported history unreliable.

- **Need for two doses:** The standard for most healthcare personnel is two doses of the MMR and varicella vaccines. Self-attestation cannot confirm that a provider received the necessary number of doses.

- **Outbreak control:** In the event of an outbreak, facilities must quickly determine which staff members are immune and which are susceptible. Accurate, documented proof of immunity is necessary for implementing effective infection control measures, which may include recommending additional doses of vaccine or temporarily excluding staff.

For healthcare personnel, the standard for presumptive evidence of immunity includes:

- Written documentation of two doses of vaccine for each disease

- Laboratory evidence of immunity through serologic testing (blood test) is a reasonable alternative to repeating vaccination among staff who do not have records of vaccination. Tests of MMR immunity are widely available at commercial labs.

- Example: https://www.labcorp.com/tests/058495/measles-mumps-rubella-mmr-immunity-profile

- Laboratory confirmation of disease (history of the illness)

According to the CDC, a healthcare provider's diagnosis or verified history of varicella (chickenpox) or zoster (shingles) is also acceptable proof of varicella immunity. Prior to documenting such a diagnosis, CDC recommends that providers inquire about either an epidemiologic link to another typical varicella case or to a laboratory-confirmed case, and evidence of laboratory confirmation if testing was performed at the time of acute disease.

*Source: https://www.cdc.gov/measles/data-research/index.html