

MINIMIZE MEASLES TRANSMISSION RISK IN HEALTH CARE SETTINGS

IDENTIFY

Ask patients with a febrile rash illness¹ about a history of international travel, contact with foreign visitors, transit through an international airport, or possible exposure to a measles patient in the 3 weeks prior to symptom onset. Suspect measles in patients with such a history. During measles outbreaks, also suspect measles in anyone with a febrile rash illness in combination with at least one of the following: cough, coryza (runny nose), or conjunctivitis.

ISOLATE

Schedule suspect measles patients at the end of the day if possible.

Mask suspect measles patients immediately. If a surgical mask cannot be tolerated, other practical means of source containment should be implemented (e.g., place a blanket loosely over the heads of infants and young children suspected to have measles when they are in the waiting room or other common areas).

If resources allow during a measles outbreak, strongly consider stationing a greeter at the health care facility entrance to distribute masks to persons with febrile rash illness OR fever in combination with at least one of the following: cough, coryza, or conjunctivitis.

Do not allow suspect measles patients to remain in the waiting area or other common areas; isolate them immediately in an airborne infection isolation room if available. If such a room is not available, place the patient in a private room with the door closed and keep patient masked. For guidance on temporary negative pressure areas see "Airborne Infectious Disease Management" (www.health.state.mn.us/oep/training/bhpp/airbornenegative.pdf).

PROTECT

Do not allow susceptible visitors in the patient room if possible.

Allow only health care personnel with documentation of 2 doses of MMR vaccine or laboratory evidence of immunity (measles IgG positive) to enter the patient's room. Health care workers with documented 2 doses of MMR are considered immune regardless of any measles IgG testing result.²

All health care personnel entering the room should use an N95 respirator (regardless of presumptive immunity status) or a respirator with similar effectiveness in preventing airborne transmission. If N95 or other airborne respirators are unavailable, health care staff should use a general facemask (surgical, laser, or medical procedure mask).

Close examination room for at least 2 hours after the possibly infectious patient leaves.

INFORM

Contact Southwest District Health at 208-455-5442 or the Idaho Division of Public Health, Bureau of Communicable Disease Prevention (208-334-5939) to inform them of a possible case and discuss measles testing.

Notify any location where the patient is being referred for additional clinical evaluation or laboratory testing about the patient's suspect measles status and do not refer suspect measles patients to other locations unless appropriate infection control measures can be implemented at those locations. Patient must wear a mask, if feasible, or loosely cover the heads of infants or young children with a blanket during transport to another clinical area.

Instruct suspect measles patients and exposed persons to inform all health care providers of the possibility of measles prior to entering a health care facility so that appropriate infection control precautions can be implemented.

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FOLLOW UP

Make note of the staff and other patients who were in the area during the time the suspect measles patient was in the facility and for 2 hours after they left. If measles is confirmed in the suspect case, exposed people will need to be assessed for measles immunity.²

Instruct patients with suspected measles to stay at home and that public health workers may be contacting them.

If your facility has questions or is having trouble following these steps, call Southwest District Health at 208-455-5442 or Susan Heppler, Healthcare Associated Infections Program Manager, Idaho Division of Public Health, at 208-334-5871.

¹ Measles typically begins with a mild to moderate fever accompanied by cough, coryza (runny nose), and conjunctivitis. Two to three days later, Koplik's spots (tiny red spots with bluish-white centers inside mouth on the lining of the cheek), which are a characteristic sign of measles, might appear. At this time the fever spikes, often as high as 104°F - 105°F. At the same time, a red blotchy maculopapular rash appears that may become confluent, usually appearing first on the face along the hairline and behind the ears. This slightly itchy rash rapidly spreads downward to the chest and back and, finally, to the thighs and feet. In approximately one week, the rash fades in the same sequence that it appeared.

² Public health officials will assist with these assessments. Healthcare workers with evidence of immunity to measles who have been exposed to a confirmed measles case should still monitor for signs or symptoms of measles and be excluded from work if symptoms of measles develop within 5–21 days following exposure.



For more information on measles and measles testing, see www.swdh.org.