PROJECT FIRSTLINE
CDC'S National Training Collaborative for Healthcare Infection Prevention & Control

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

# Think Measles

**Consider measles in any patient presenting with a febrile rash illness, especially if unvaccinated for measles or traveled internationally in the last 21 days.**

## 1 Measles Symptoms

- High Fever
- Cough
- Coryza (runny nose)
- Conjunctivitis (red, watery eyes)
- Maculopapular Rash
  - Typically appears 2-4 days after symptoms begin
  - Begins at hairline, spreads downward, to face, neck, and trunk
  - Rash appears red on light complexions, but may be harder to see or appear as purple or darker than surrounding skin on dark complexions.

## 2 Pre-Visit Telephone Triage

- For those reporting measles symptoms, assess the risk of exposure:
  - Are measles cases present in your community?
  - Did the patient spend time out of the country in the 21 days before symptom onset?
  - Has the patient ever received the MMR vaccine?
- Triage should only be completed by a clinically trained person.
- If patient will be seen in the office, provide instructions on face masks for patient (2 years of age and older) and family.
- Instruct to arrive to a side or back entrance instead of the main entrance.

## 3 Patients Presenting with Suspected Measles

- Provide face masks to patients (2 years of age and older) and family before they enter the facility. Patients unable to wear a mask should be "tented" with a blanket or towel when entering the facility.
- Immediately move patient and family to an isolated location, ideally an airborne infection isolation room (AIIR) if available. If unavailable, use a private room with the door closed.
- No other children should accompany a child with suspected measles.
- Patients (2 years of age and older) and family should leave face masks on if feasible.

## 4 Infection Prevention Precautions

Only health care providers with immunity to measles should provide care to the patient and family. Standard and airborne precautions should be followed, including:

- Use of a fit tested NIOSH-approved N95 or higher-level respirator.
- Use of additional PPE if needed for task (e.g., gloves for blood draws).
- Cleaning hands before and after seeing the patient.
- Limiting transport or movement of patients outside of room unless medically necessary.

## 5 Public Health Notification

- To ensure rapid investigation and testing with contact tracing, notification should occur immediately upon suspicion of measles. Public health departments will be able to help confirm vaccination history for U.S. residents, provide guidance on specimen collection and submission, and manage contacts of confirmed cases.
- Acute care facilities should immediately notify the hospital epidemiologist or infection prevention department.
- Outpatient settings should immediately notify local or state health departments.

## 6 Clinical Care

- People with confirmed measles should isolate for four days after they develop a rash.
- If an AAIR was not used, the room should remain vacant for the appropriate time (up to 2 hours) after the patient leaves the room.
- Standard cleaning and disinfection procedures are adequate for measles virus environmental control.



**Maculopapular Rash**

Source: CDC PHIL



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**Resources:**

Measles Red Book Online Outbreaks Page

CDC Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings