Frontline healthcare fact sheet Recognizing measles in healthcare clinics

What is measles?

Measles is a **highly** infectious respiratory disease. While not commonly seen in the U.S., reported cases and outbreaks are on the rise.

How does measles spread?

Measles easily spreads person-to-person, through droplets when someone coughs, sneezes, or talks. The measles virus can survive for 2 hours in the air or on surfaces where an infected person has been.

What are the signs and symptoms of measles?

The first symptoms of measles resemble a cold and appear 7-12 days after exposure to the virus. These include a cough, fever of 101°F or higher, runny nose, and red, watery eyes. Sometimes white spots appear in the mouth (called Koplik's spots). These mild symptoms may last 3-5 days.

A few days later, a rash begins around the ears and hairline, and spreads to cover the face, torso, and arms. The rash may last about 5-6 days.

How is measles diagnosed?

Doctors can usually diagnose measles based on the rash and other signs. Perform a blood test or swab from the throat or nose on any person who is suspected to have measles.

What actions can prevent the spread of measles in my facility?

If you suspect measles when the patient makes an appointment, plan which entrance they will use or have staff assess the patient outside or in their car. The staff should don appropriate PPE, such as respirator, gloves, and gown. The patient should wear a mask on arrival and medical staff should move the patient quickly into a room.

If a patient with symptoms of measles or known exposure arrives at your facility **without advance notice**, you should:

- Make sure staff without acceptable evidence of measles immunity stay out of the patient's room.
- Give the patient a mask to wear <u>at all</u> <u>times</u>. If the patient cannot wear a mask, such as an infant, then other alternatives may need to be considered, including tenting the car seat/stroller with a towel or blanket, using a face shield, or using an isolated room.
- Move the patient away from the waiting area. Have the patient wait outside or in a private room with the door closed. If available, use an airborne infection isolation room (AIIR).
- Make sure staff wear an N95 or other respirator and follow airborne precautions, regardless of vaccination.



- Notify public health of the suspected measles exposure.
- Follow standard cleaning and disinfection procedures. Make sure patient room surfaces are pre-cleaned with cleaners and water prior to applying EPA-registered disinfectants.

Who is most at risk?

Individuals who are most at risk include:

- Unvaccinated individuals
- Pregnant women

- Infants younger than 6 months of age
- Individuals who have traveled internationally
- Those who have weakened immune systems are at the most risk

Where can I get more information?

- <u>Utah Department of Health and</u> <u>Human Services</u>
- <u>CDC</u>



If a patient comes in with



This patient may have measles and there is a risk of exposing everyone in the building.

Move them out of the waiting area immediately.

Get them into a private exam room and close the door (a negative pressure/AllR room is best) or have them wait outside.

If a patient calls with these symptoms, have them wait outside or in their car. Arrange for your staff to evaluate them outside or bring them in through an alternative entrance, avoiding as many people as possible.

Povorozniuk, L. (2024). Measles stock photo. iStock. Getty Images. Retrieved March 19, 2024, from https://www.istockphoto.com/photo/viral-disease-measles-rash-on-the-body-of-the-child-allergy-gm2053752276-563466373.





Call (__)__- regarding your symptoms and we will arrange to have you seen.

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