

## Measles Information for Clinicians

January 2019

### Symptoms:

- Fever, cough, coryza (runny nose), and conjunctivitis (red eyes).
- The rash usually starts on the head and then spreads to the trunk followed by the extremities.
- The rash presents a few days after the onset of the fever and other symptoms, but the patient is infectious prior to the rash appearing.

### Who is at the highest risk?

NON-IMMUNE PERSONS IN CLOSE CONTACT WITH A KNOWN CASE. CLOSE CONTACT IS DEFINED AS A PHYSICAL DISTANCE ROUGHLY WITHIN 30 FEET (10 meters) FOR 20 MINUTES OR LONGER. (Per Oregon DOH)

### Determining if a patient is immune:

People with documented prior measles immunizations (MMR vaccine) or who were born prior to 1957 are considered immune to measles. No further testing or isolation for measles is necessary if a patient meets these criteria.

### Responding to a possible measles patient:

1. In individuals that have a clinical syndrome consistent with measles and are non-immune, every attempt should be made to avoid bringing them into the outpatient setting.
  - a. Call county health department and the Infectious Disease physician on call. They will help assess the need for further testing. The county may be able to make home visits, at this point, for a patient determined to be at the highest risk.
2. If individuals present to an outpatient clinic or Providence Emergency Department complaining of exposure or signs and symptoms consistent with measles:
  - a. Give the patient a surgical mask immediately.
  - b. Room the patient as far from other exam rooms as possible. Shut the door and keep it shut.
  - c. Have the patient seen by immune staff, with surgical masks on.
  - d. Assess the patient's immune status. IF PATIENT IS NON-IMMUNE-CALL THE COUNTY AND THE Infectious Disease Physician ON-CALL to facilitate laboratory diagnosis. The measles PCR test is run by the state public health lab.**
  - e. Do labs and assessment in the room (do not send to XRAY or Lab)
  - f. Send the patient home in a mask, advise them to stay home until test is back. The same applies to patients presenting to the ED who are discharged. If patient is admitted, follow routine procedures for admitting patient in airborne precautions.
  - g. Leave the room closed for 2 hours prior to standard cleaning with red top wipes.
3. Individuals who are not sick with unknown vaccine status should be offered a dose of MMR if there are no medical contraindications. Titers should not be sent on asymptomatic patients.

**\*If a patient presenting to an outpatient location is acutely ill, they should be referred to the Emergency Department for further evaluation. The Emergency Room staff needs to be notified about a potential measles suspect arriving so they can take proper precautions.**