

Measles Information for Non-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.

What to do if a patient might have measles:

- 1. **Phone triage when possible:** Patients who have the symptoms listed above or have been exposed to another person with measles and are not immune should not be brought into our facilities if avoidable. If a patient who is attempting to schedule an appointment has measles symptoms or exposure, notify a clinician (physician or nurse) immediately.
- 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. Immediately notify a clinician (physician or nurse) to assist in placing the patient in a room away from other patients

Please contact your local infection prevention team or supervisor with any questions you might have.