

<h1>MEASLES</h1>	
<p><b>OVERVIEW:</b> Measles (also called rubeola, red measles, or hard measles) is a highly contagious virus and is a serious illness that may be prevented by vaccination. Currently, measles most often occurs in susceptible persons (those who have never had measles or measles vaccine) who are traveling into and out of the United States.</p>	<p><b>SIGNS/SYMPTOMS:</b> <i>Initial symptoms non-specific</i></p> <ul style="list-style-type: none"> <li>• High fever</li> <li>• Watery eyes</li> <li>• Runny nose</li> <li>• Cough</li> </ul> <p>A red blotchy rash appears 3 to 5 days after the start of symptoms, usually beginning on the face (hairline), spreading down the trunk and down the arms and legs. The rash usually lasts 4 to 7 days. The fever may still be present after the rash starts.</p> <p>Measles is sometimes complicated by diarrhea, ear infection, or pneumonia.</p>
<p><b>TRANSMISSION:</b></p> <ul style="list-style-type: none"> <li>• Airborne through coughs, sneezes, and breathing. In some cases, the virus can be airborne up to two hours after a person with measles leaves the room.</li> <li>• Handling or touching contaminated objects and then touching your eyes, nose, or mouth.</li> <li>• Patient is contagious from 4 days before the rash becomes visible to 4 days after the rash appears.</li> </ul>	<p><b>DIAGNOSIS:</b> Clinical picture and lab confirmation</p>
<p><b>INCUBATION PERIOD:</b> 7-14 days from exposure until cold-like symptoms appear.</p>	<p><b>TREATMENT:</b></p> <ul style="list-style-type: none"> <li>• No specific antiviral therapy for measles.</li> <li>• Supportive care to relieve symptoms and address complications is necessary.</li> </ul>

<h2>PPE CONSIDERATIONS</h2>
<p><b><u>ALL STAFF</u></b></p> <ul style="list-style-type: none"> <li>• All staff should observe "<b>Standard, Airborne, and Respiratory Precautions</b>" when caring for patients with suspected or confirmed measles, regardless of immunity.</li> <li>• All healthcare staff entering a suspected/confirmed measles patient's room should use respiratory protection consistent with <b>airborne infection control precautions</b>, including the use of a fit-tested <b>NIOSH N95 respirator</b>. While the possibility of MMR vaccine failure is low for healthcare providers exposed to measles-infected patients, providers should still observe all airborne precautions in caring for these patients.</li> </ul>
<p><b><u>SPECIAL CONSIDERATIONS - HEALTHCARE WORKERS</u></b></p> <p>* Healthcare workers should ensure that they are appropriately vaccinated with MMR (2 doses). If a healthcare provider without evidence of immunity is exposed to measles, MMR vaccine should be given within 72 hours, or IG should be given within 6 days when available. Exclude healthcare personnel without evidence of immunity (i.e. written documentation of adequate vaccination or laboratory evidence) from duty from day 5 after first exposure to day 21 after last exposure, regardless of post-exposure vaccine.</p>