

Minimize Measles Transmission in Health Care Settings

Follow these steps to minimize the risk of measles transmission:

1. **Ask patients with a febrile rash illness¹** about a history of international travel, contact with foreign visitors, transit through an international airport, or possible exposure to a measles patient in the three weeks prior to symptom onset. Suspect measles in patients with such a history. During measles outbreaks, also suspect measles in anyone with either a febrile rash illness **OR** fever in combination with at least one of the following: cough, coryza, conjunctivitis, or otitis media².
2. **Mask suspect measles patients immediately.** If a surgical mask cannot be tolerated, other practical means of source containment should be implemented (e.g., place a blanket loosely over the heads of infants and young children suspected to have measles when they are in the waiting room or other common areas).
3. **Do not allow suspect measles patients to remain in the waiting area or other common areas;** isolate them immediately in an airborne infection isolation room if available. If such a room is not available, place the patient in a private room with the door closed and keep patient masked. For guidance on temporary negative pressure areas visit [Airborne Infectious Disease Management \(www.health.state.mn.us/communities/ep/surge/infectious/airbornenegative.pdf\)](http://www.health.state.mn.us/communities/ep/surge/infectious/airbornenegative.pdf).
 - If resources allow during a measles outbreak, strongly consider stationing a greeter at the health care facility entrance to distribute masks to persons with febrile rash illness **OR** fever in combination with at least one of the following: cough, coryza, conjunctivitis, or otitis media.
4. **Allow only health care personnel with documentation of two doses of MMR** vaccine or laboratory evidence of immunity (measles IgG positive) to enter the patient's room. Health care workers with documented 2 doses of MMR are considered immune regardless of any measles IgG testing result³.
5. **All health care personnel entering the room should use an N95 respirator** (regardless of presumptive immunity status) or a respirator with similar effectiveness in preventing airborne transmission. If N95 or other airborne respirators are unavailable, health care staff should use a general facemask (surgical, laser, or medical procedure mask).
6. **Do not allow susceptible visitors** in the patient room if possible.

¹ Measles typically begins with a mild to moderate fever accompanied by cough, coryza, and conjunctivitis. Two to three days later, Koplik's spots (tiny red spots with bluish-white centers inside mouth on the lining of the cheek), which are a characteristic sign of measles, may appear. At this time the fever spikes, often as high as 104-105°F. At the same time, a red blotchy maculopapular rash appears that may become confluent, usually appearing first on the face - along the hairline and behind the ears. This slightly itchy rash rapidly spreads downward to the chest and back and, finally, to the thighs and feet. In approximately one week, the rash fades in the same sequence that it appeared.

² Patients presenting with any respiratory illness should be masked at check-in to prevent potential spread of an infectious disease.

³ Health care workers with evidence of immunity to measles who have been exposed to a confirmed measles case should still monitor for signs or symptoms of measles and be excluded from work if symptoms of measles develop within 5–21 days following exposure.

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7. **Close examination room for at least two hours** after the possibly infectious patient leaves.
8. **Schedule suspect measles patients at the end of the day** if possible.
9. **Notify the Minnesota Department of Health immediately** of any suspect measles patients; arrange for measles testing at MDH by calling 651-201-5414 or toll free 1-877-676-5414.
10. **Notify any location where the patient is being referred** for additional clinical evaluation or laboratory testing about the patient's suspect measles status and do not refer suspect measles patients to other locations unless appropriate infection control measures can be implemented at those locations. Patient must wear a mask, if feasible, or loosely cover the heads of infants or young children with a blanket during transport to another clinical area.
11. **Instruct suspect measles patients** and exposed persons to inform all health care providers of the possibility of measles prior to entering a health care facility so that appropriate infection control precautions can be implemented.
12. **Make note of the staff and other patients** who were in the area during the time the suspect measles patient was in the facility and for one hour* after they left. If measles is confirmed in the suspect case, exposed people will need to be assessed for measles immunity.

*Persons who were in the same airspace from the time the infectious patient arrived in the area until one hour after the infectious person left the area or was placed in an AIIR are considered exposed. Note (change as of 2023): While CDC recommends using a two-hour window, there is only one report in the literature of measles transmission >60 minutes after an infectious person has left an area.

- Visit [Measles Information for Health Professionals \(www.health.state.mn.us/diseases/measles/hcp/index.html\)](http://www.health.state.mn.us/diseases/measles/hcp/index.html) for more information on measles and measles testing.

Note: If your facility has questions or is having trouble following these steps, call MDH at 651-201-5414 and we will work with you.

Adapted with permission from the California Department of Public Health.

Vaccine Preventable Disease Section
625 Robert Street North, PO Box 64975
St. Paul, MN 55164-0975
651-201-5414
www.health.state.mn.us/immunize

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To obtain this information in a different format, call: 651-201-5414.