PIMA COUNTY
HEALTH DEPARTMENT

Measles Exposures in Healthcare Facilities
Guidance for Infection Control Personnel
March 31, 2025

Planning and Prevention

- Consider developing a plan to assess suspected patients with fevers and a suspicious rash outside of your facility - including notification (i.e. advise the patient to wait in their vehicle and call the triage nurse), assessment, and testing.
- Educate community partners to notify triage team of "fever with new rash" or "possible measles" *before* sending the patient to the emergency room.

Entry into facility

1. Educate clinical staff to ask about recent travel history for those with fever and rash.
2. Isolate patients with suspected measles immediately, ideally in a single-patient airborne infection isolation room (AIIR), or in a private room with a closed door until an AIIR is available.
3. Protect healthcare providers by adhering to standard and airborne precautions whenever evaluating suspected cases, regardless of their vaccination status.

Triage and Assessment

1. High fever generally precedes the rash by several days.
2. Look for the "3 C's": Cough, Coryza (runny nose) and Conjunctivitis (red eyes).
3. Koplik's spots (small white spots inside the mouth) are very suggestive of measles, but not always present.
4. The classic measles rash usually appears 3-5 days after the first symptoms. Red, blotchy rash – generally starts on face before moving down to the trunk.
5. Patients with acute measles appear significantly ill and toxic. Other symptoms may include diarrhea, dehydration, and shortness of breath.
6. Verify vaccination status of the patient and any household contacts.
7. Verify recent travel history - international or to a US area with a measles outbreak?
8. Collect diagnostic samples. Coordinate with PCHD Epi on Call (520-724-797) to have samples sent to the AZ State Lab. Try to obtain at least two of these specimens:
    a. Urine - measles PCR (cath UA if infant), OR
    b. NP swab - measles PCR (okay for oropharyngeal swab), OR
    c. Blood- for measles IgM and IgG

If you clinically suspect measles, notify the Pima County Health Department Epidemiology Hot Line at 520-724-7797.
We are on call 24/7/365. Do not wait for test results!
We are glad to review photos of your patient's rash. Call us first.

3950 S. Country Club Road, Suite 100 Tucson, Arizona 85714 • Phone: 520-724-7770

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Post-Exposure Guidance for Facilities and Staff

- Close contaminated rooms and areas for **2 hours after the patient has departed.**
- If inadvertent exposure of other patients or staff:
    1. Review security footage of the waiting room, if any, to confirm how long the case was in the waiting room or emergency room.
    2. Create a line list of patient / family, and staff exposures. Hold on to the line list until a member of the PCHD epidemiology team requests it.
    3. Verify vaccination status of all staff exposed to the potential case. Confirmatory results may take up to 24 hours.
- Begin post-exposure prophylaxis for unvaccinated contacts.
    1. Staff and contacts with proof of measles immunity (2 doses of MMR or a measles titer) do NOT need additional vaccination or prophylaxis.
    2. MMR vaccine, if given within 72 hours of exposure, is highly effective at preventing measles.
    3. Pregnant women and infants < 6 months of age should NOT receive the MMR vaccine. These people should be offered immune globulin within 6 days.
    4. Those 68 years and older are considered immune.
    5. The choice of PEP is based on elapsed time from exposure or medical contraindications to vaccination.
    6. Additional measles resources and references from ADHS.

References

- Measles Surveillance Toolkit, ADHS
- CDC Clinician Information
    - Symptoms
    - Photos
- **Pima County Health Hub** – Weekly hot topic updates for clinical staff.