



Measles 'At-a-Glance'

Definition	<p>A clinical diagnosis of measles is likely if the patient has a history of a high fever (often >39°C), followed by a maculopapular rash (red-brown, blotchy, typically starting on the face and spreading to the body), and the "3 Cs" (cough, coryza/runny nose, and conjunctivitis/red eyes). Diagnostic Koplik's spots (small white spots) may be visible inside the cheeks.</p> <p style="text-align: center;">AND</p> <p>Is unvaccinated or partially vaccinated</p> <p style="text-align: center;">AND</p> <p>has an exposure to a suspected or confirmed case of measles in the 7–21 days prior to symptom onset; or recent travel to countries or regions where measles is endemic or experiencing an outbreak; or there is an ongoing community, school, or workplace outbreak.</p> <p><u>Measles is spread through respiratory droplets, close personal contact, or direct contact with infected nasal or throat secretions.</u></p> <p>15 minutes in a small, confined area with an infected case is usually sufficient to transmit the virus, though even more casual contact should be considered for immunosuppressed individuals</p> <p>The incubation period is 1-3 weeks from exposure, and patients are infective from 4 days before to 4 days after onset of the rash (with the date of the rash being day 0 – meaning the infectious period is 9 days total).</p> <p>Immunosuppressed patients and pregnant women are more at risk of severe disease.</p>
Management	<p>Patient</p> <ul style="list-style-type: none"> • <u>The patient must be isolated in a side room with airborne precautions immediately on suspicion of measles.</u> • <u>While infectious probable/confirmed cases should remain isolated (not access communal areas) and only transferred if clinically necessary. If transfer required, the patient should wear a surgical face mask if tolerated.</u> • <u>Limit Visitors to those who are known to be immune whilst patient is infectious</u> <p>Staff</p> <ul style="list-style-type: none"> • <u>Gloves and aprons must be worn</u> • <u>An FFP3 mask and eye/face protection should be worn for all patient contact</u> • <u>Hand hygiene and changing of gloves as per 5 moments</u> • <u>Only staff who are known to be immune to measles should look after the patient</u> <p>Testing and Notification</p> <p>Measles is a notifiable disease, and the IPC team (bleep 1747) and local health protection team (HPT) (Tel 0344 225 3861) must be informed based on clinical suspicion and should not await laboratory confirmation. <u>All notified patients will be sent a postal testing kit by the HPT which takes 2 weeks to process. Urgent testing may be indicated; if the patient has been discharged, the HPT will arrange for a test kit to be sent to the patient.</u> For patients on site, if urgent confirmation of the diagnosis is agreed with the HPT (e.g. at risk contacts may have been exposed) an oral fluid kit can be requested from the Microbiology laboratory (contact 20874 to arrange collection). Request 'Measles acute PCR' on EPR. The HPT will arrange a courier to pick up the sample from the Microbiology laboratory for urgent testing.</p> <p>Contact Tracing</p> <ul style="list-style-type: none"> • <u>Together with the IPC team, any at risk contacts should be identified (Infants under 1 year, individuals with incomplete immunisation history, Immunosuppressed or pregnant patients or staff)</u> • If exposure risk is uncertain (e.g. in the ED waiting room), then known immunosuppressed individuals should be identified as close contacts. • At risk contacts will be assessed on an individual basis by the IPC and clinical infection teams and may require Post-Exposure Prophylaxis in line with UKHSA guidance.

Cleaning	<ul style="list-style-type: none">• Where possible dedicated equipment should be used• Daily enhanced clean should be performed• A terminal clean should be performed on discharge• All equipment should be cleaned with Clinell universal wipes (green packet) before use on other patients
Isolation	<p><u>Patients should be isolated until at least 4 days after the initial development of the rash (day 0).</u></p> <p>Immunosuppressed patients may require longer isolation (please discuss with IPC if there is any uncertainty).</p>