



**NORTHWEST
COMMUNITY
EMERGENCY
MEDICAL
SERVICES
SYSTEM**

Measles information

What to do if a patient presents with suspected measles

Connie J. Mattera, EMS Administrative Director
Puja Pathak, MPH and Cara Coomer, CIC
Infection Prevention, Northwest Community Healthcare

Revised 03/2019

Signs and Symptoms

S&S generally appear about 7-14 days after person is infected

Measles typically begins with:

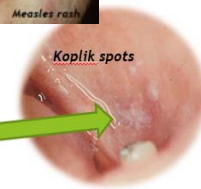
- ▶ High fever
- ▶ Cough
- ▶ Runny nose (coryza), and
- ▶ Red, watery eyes (conjunctivitis)

2-3 days after symptoms begin,
Koplik spots (tiny white spots) may appear inside the mouth.

3-5 days after symptoms begin, a rash breaks out.

- ▶ Flat red maculopapular spots appear on the face
- ▶ Rash normally starts from the hairline and spreads downwards to the neck, trunk, arms, legs, and feet

Patients are infectious 4 days before and 4 days after rash onset!!



Transmission

- ▶ Measles is a highly contagious virus that lives in the nose and throat mucus of an infected person
- ▶ It can spread to others through coughing and sneezing
- ▶ Measles virus can live for up to two hours in an airspace where the infected person coughed or sneezed
- ▶ If other people breathe the contaminated air or touch the infected surface, then touch their eyes, noses, or mouths, they can become infected
- ▶ Measles is so contagious that if one person has it, up to 90% of the people close to that person who are not immune will also become infected

If patient presents with suspected measles

- ▶ Mask patient immediately
 - ▶ If patient has a rash, place surgical mask on pt. and bystanders
 - ▶ Limit contact with other persons as much as possible
- ▶ EMS Personnel
 - ▶ Wear an N95 mask and take droplet precautions/PPE
 - ▶ If possible, allow only healthcare personnel with documentation of 2 doses of MMR vaccine or lab evidence of immunity (measles IgG positive) to care for the patient

Questions to ask patient/family

1. When did symptoms start?
2. Where is the rash and when did it start? (Face, neck, trunk)
3. Does patient have a fever, if so when did it start?
4. Has patient received the measles vaccine (MMR)?
5. Is patient on new antibiotics or other medications?
6. Does patient know anyone with similar symptoms or have a known contact with measles?
7. Was patient in contact with people that have infections with similar presentation (chicken pox)?
8. Any travel history or contact with foreign visitors in past 21 days?
9. Anyone at home that may be susceptible (children, elderly, immunosuppressed, pregnant or unvaccinated)?

After a call where measles is confirmed or strongly suspected by hospital

- ▶ Try to take vehicle OOS for 2 hours after the call
- ▶ Thoroughly clean and disinfect the inside of the vehicle per I-2 policy and anything that EMS personnel or the patient may have come in contact with or touched, using an approved disinfection product (Purple top PDI wipes)
- ▶ Maintain wet dwell time per manufacturer's instructions prior to wiping dry
- ▶ Also disinfect stethoscope/BP cuff, O₂ tanks if used, hand holds, steering wheel, etc.
- ▶ No bleach cleaning is required.

