

Key Points

- 1) Ensure all health care personnel (HCP) have documented [evidence of immunity](#) on file at their work location
- 2) Encourage symptomatic patients to call BEFORE visiting a health care facility. Post signage directing staff and/or patients to identify anyone presenting with fever and rash
- 3) Mask (if tolerated) and place all patients with suspected measles in airborne isolation immediately. All staff should wear a fit-tested respirator (e.g. N95) when caring for patients with suspected/confirmed measles
- 4) Ask about risk factors (including recent travel internationally or to communities with current measles [outbreaks](#)) in patients with febrile rash illness consistent with measles
- 5) Obtain appropriate clinical specimens
- 6) Ensure all patients, including travelers, are up-to-date with their MMR vaccines
- 7) Providers serving communities impacted by outbreaks should follow the New Jersey Department of Health immunization and other guidance
- 8) Report all suspect measles cases **immediately** to the local health department. *Do not wait for laboratory confirmation to report a case or institute infection control measures*

Clinical Presentation

Always consider measles when evaluating patients with fever and rash

Measles symptoms include:

- High fever (>101)
- Cough, coryza, and/or conjunctivitis
- Generalized maculopapular rash which usually begins at the hairline and spreads downwards to the neck, trunk, arms, legs and feet

Laboratory Testing

If you suspect measles, collect:

- A nasopharyngeal/throat swab for measles PCR testing (test not available commercially)
- Blood specimen for IgM/IgG
- Urine may also contain virus so, if feasible, collection of both respiratory and urine specimens can increase likelihood of detecting the virus

See [Quick Guide for Measles Specimen Collection and Testing](#) for additional information

Post-Exposure Prophylaxis (PEP)

- Non-immune individuals ≥ 6 months should receive MMR as [PEP](#) within 72 hours from first exposure, unless contraindicated
- Persons ≥ 1 year of age with 1 dose of MMR before exposure should receive a 2nd dose (if at least 28 days since previous dose)
- Immune globulin (IG) should be given to non-immune individuals who are exposed to measles and at high risk for complications including: infants <6 months, infants 6-12 months who didn't receive MMR within 72 hours of exposure, non-immune pregnant women, and severely immunocompromised persons

Outbreak Vaccine Recommendations

HCP treating patients who live in/[travel](#) to outbreak communities should:

- Consider offering MMR vaccine to all infants 6-11 months of age without contraindications
- Offer MMR vaccine at the earliest opportunity to all unvaccinated eligible patients ≥ 1 year of age
- Offer a second dose of MMR vaccine to eligible patients ≥ 1 year who have previously received one dose of vaccine, separated by at least 28 days
- Offer teenagers and adults without documented evidence of immunity against measles two doses of MMR vaccine separated by at least 28 days. Extra doses of MMR are not harmful

Reporting

Report all suspect measles cases (febrile illness accompanied by generalized maculopapular rash) **immediately (DO NOT WAIT FOR LABORATORY CONFIRMATION)** to the [local health department](#). If unable to reach the local health department, notify the NJDOH during regular business hours at (609) 826-5964. After business hours, or on the weekend, call NJDOH at (609) 392-2020.

For detailed information and outbreak-specific, laboratory, exposure, and clinical guidance, please see:

<http://www.nj.gov/health/cd/topics/measles.shtml>