

## 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  $\geq 6$  months should receive MMR as [PEP](#) within 72 hours from first exposure, unless contraindicated
- Persons  $\geq 1$  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  $\geq 1$  year of age
- Offer a second dose of MMR vaccine to eligible patients  $\geq 1$  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>