

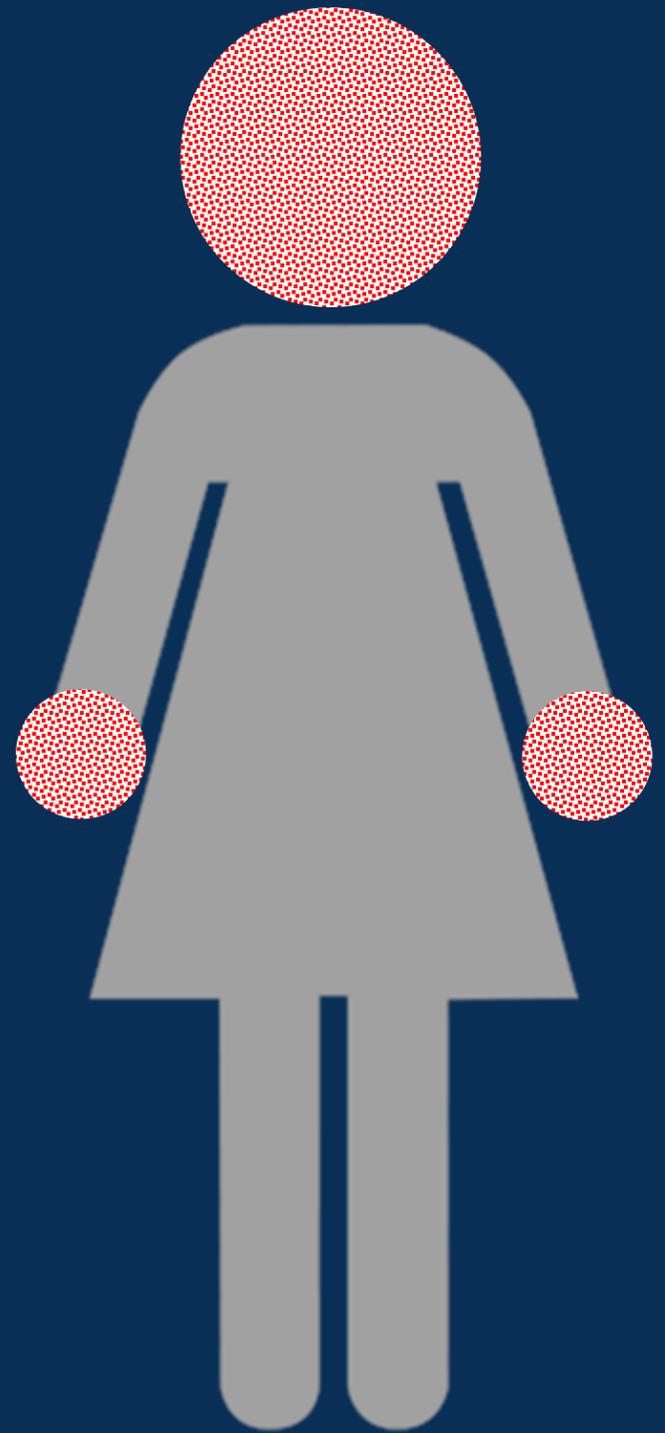
Recognizing the Measles

Measles (rubeola) is a highly contagious viral infection, generally seen in unvaccinated infants and children. Emergency department and clinic nurses may be the first contact when these patients present with measles. As such, they should be able to recognize the signs and symptoms of measles to keep themselves, their patients, and the community safe from further exposure.

How is it spread? Measles is spread by airborne transmission (inhalation) through coughing, sneezing, or breathing. The virus can be airborne for up to two hours after a person with measles leaves the room. Measles can also be spread by coming in contact with a contaminated object or surface and then touching your eyes, nose, or mouth.

How long is the incubation period? The incubation period (exposure to onset of symptoms) is 7 to 14 days. However, many patients are contagious from 1 to 2 days before symptoms appear. Healthy children are also contagious during the period from 3 to 5 days before the appearance of the rash, and up to 4 days after the onset of rash. Remember, immunocompromised individuals can be contagious throughout the entire duration of the illness. The patient's history may be significant for measles exposure, recent international travel, or exposure to someone who recently traveled; be sure to ask!

What are the signs and symptoms? Measles usually starts with a high fever (often 104° F [40° C] or higher), and then the “three Cs” — cough, conjunctivitis, and coryza (runny nose). On occasion, small, white spots are seen in the mouth (Koplik spots). A red, blotchy rash appears 3 to 5 days after the start of symptoms, and usually begins on the face (hairline), spreading down the trunk and into the extremities and lasting 4 to 7 days. It is important to note that the patient may still be febrile after the rash starts.



There are already cases in Georgia. It's just a matter of time.

What do I do if I suspect a patient has the measles?

- ◆ Act quickly to limit exposure. Alert your charge nurse and initiate immediate airborne precautions.
- ◆ A surgical mask should be placed on patients requiring airborne precautions as soon as the need is identified. This should be maintained until the patient can be placed in a negative pressure room. If a negative pressure room is not immediately available, place the patient in an exam room at the farthest distance from other patient rooms and place a portable HEPA machine in the room.
- ◆ The door must remain closed at all times and an airborne precautions cart is required.
- ◆ All staff should wear N-95 masks regardless of immune status. Staff who have not been fit tested or who have failed the fit test cannot enter airborne precautions rooms.
- ◆ N-95 masks or respirators are single-use only, unless authorized by Infection Prevention. The respirator is donned before entering the room and removed after leaving the room.
- ◆ Restrict susceptible persons from entering room of known or suspected measles patients if other staff are available.
- ◆ All visitors are informed of precautions and associated risks. Those entering an airborne precautions room are instructed on the proper use of wearing a mask, which must be worn at all times while visiting the patient.
- ◆ Consult with Infection Prevention (1-2224) and notify the Infectious Disease physician on call.

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