

Infection Control for Measles

Identify

Prodrome (two to four days, range one to seven days): Fever, cough, runny nose, conjunctivitis.

Rash (three to seven days): red, blotchy, maculopapular rash develops at hairline or behind ears and spreads to rest of body.

Exposure: someone who has confirmed measles or travels to an area with measles outbreak.

Isolate

Clinic: provide procedural mask for symptomatic patients.

Prioritize triage and evaluation outside the clinic. When necessary, use a single patient room with door closed.

Inpatient: Use Airborne & Contact isolation in single patient room

PPE required: N95 respirator, eye protection, gown, gloves

Provide a procedural mask for the patient when outside patient room

Inform

Call your local health department to get approval for lab confirmation using the WV Office of Laboratory Services (OLS), infection control support, and exposure follow-up.

Initiate Care

- Collect nasopharyngeal or throat swab and urine for testing at the State Laboratory using gown, gloves, N95 respirator, and face shield
- Dedicate patient equipment and limit staff traffic in and out of the room
- Rest patient room for 2 hours after patient discharge unless patient was in an airborne infection isolation room (AIIR)
- Follow organizational procedures for isolation room clean using [EPA-approved cleaners](#)
- Follow organizational procedures for occupational exposures to measles

Additional Resources:

- [Interim infection prevention and control recommendations for measles in healthcare settings. Centers for Disease Control and Prevention \(CDC\) 12 April 2024.](#)
- [Chapter 7: Measles | Manual for the Surveillance of Vaccine-Preventable Diseases | CDC.](#)
- [Measles \(Rubeola\) | Yellow Book | CDC](#)
- [National Emerging Special Pathogens Training & Education Center](#)

