

PREPARING AND RESPONDING TO MEASLES: Checklist for Healthcare Workers



WHY SHOULD HEALTHCARE WORKERS PREPARE FOR MEASLES?

Measles is caused by a highly contagious virus that spreads through the air when an infected person coughs or sneezes. If one person has measles, up to 9 in 10 people nearby will become infected if they are not protected.

The risk for widespread measles in the U.S. remains low. However, measles cases occur in the U.S. every year when unvaccinated travelers get measles while they are in other countries. Outbreaks then occur when measles spreads in under-vaccinated communities. Anyone without immunity to measles is at risk.

A person with measles can present for care to any type of healthcare facility. Having a plan in place to respond when measles is suspected can protect healthcare workers, patients, and visitors. This checklist highlights several key action items for healthcare workers seeking to prepare for measles.

PREPARE FOR MEASLES BEFORE SEEING PATIENTS

- Be familiar with CDC's recommendations on [measles vaccination](#) and [interim infection prevention and control recommendations for measles](#).
- Know how to contact your facility's infection preventionist (IP) and [health department](#) for assistance when measles is suspected in healthcare workers, patients, and/or visitors. Refer to CSTE's [Epi-on-Call list](#) for healthcare providers.
 - » Develop a response plan and discuss any questions you may have with your facility's IP or with your health department.
- Identify which of your patients do not have presumptive evidence of measles [immunity](#) and be prepared to talk with them about MMR vaccination if they are eligible.
- Check that you are immune to measles with two doses of MMR or other presumptive evidence of measles immunity.
 - » If you do not have presumptive evidence of measles immunity, talk with your occupational health program or similar entity about vaccination, if eligible.
 - » There is no harm in getting another dose of MMR vaccine if an individual may already be immune to measles (or mumps or rubella).
 - » CDC recommends that healthcare workers without presumptive evidence of measles immunity be excluded from work if they are exposed to measles.
- If you have not been [fit-tested for a NIOSH-approved N95 or higher-level respirator](#) within the last 12 months, confirm whether fit-testing is needed with your occupational health program.
 - » The respirator you need should be available in the areas where you work.
- Know how to [identify measles](#).
 - » Stay alert for patients with fever and other early signs and symptoms of measles:
 - **First symptoms:** Fever with cough, runny nose, and/or red, watery eyes
 - **3–5 days after symptoms start:** [Rash](#) (flat, red spots that appear on the face at the hairline and spread downward to the neck, torso, arms, legs, and feet)
 - » Assume a patient has measles if they have measles symptoms and at least one of the following:
 - Spent time in an area in the U.S. with a known measles [outbreak](#)
 - Had recent contact with someone with measles
 - Traveled internationally in the last 21 days
 - Has not been vaccinated for measles or doesn't know their vaccination status

- Be familiar with your facility's triage process for identifying someone with a potentially contagious infectious disease such as measles.
 - » Screening patients for risk factors and symptoms of measles by phone, electronic screening, or outside of the facility (e.g. tent, patient's car) can identify patients who need additional isolation before entering the building and minimize exposures.
- Know where in your facility a patient with measles symptoms should be isolated and how they should be transported there.
 - » An airborne infection isolation room (AIIR) with functional negative pressure, stocked with all needed PPE, is the best option. If an AIIR is not available, a private room with a door that shuts and doesn't vent air into the facility can be used. Identify potential patient transportation routes to the room that minimize contact with people not essential to care.
- Know where masks are available for patients.
- Know how to **test a patient for measles** and how long it will take to get results.
- Know **who to refer** for post-exposure prophylaxis (PEP), in the event of a measles exposure.
 - » PEP needs to be given within 6 days to be effective.
 - » Your health department or facility IP can help guide you through PEP and follow-up.

RESPONDING TO MEASLES IN CLINICAL SETTINGS



IMMEDIATE ACTIONS – WHAT TO DO IN THE FIRST 10 MINUTES AFTER MEASLES IS SUSPECTED

When a healthcare worker, patient, or visitor has measles symptoms, take these actions IMMEDIATELY:

- Identify** persons with known or suspected measles and isolate them in an AIIR (if available) or private room with the door shut to protect others from exposure.
- Limit spread** by giving the person a **mask** (if 2 years or older and able to wear a mask) to wear until isolated in AIIR or until they have left the facility. To limit the spread of respiratory secretions, masks should be well-fitting and cover the person's mouth and nose.
- Protect yourself** by wearing a fit-tested, N95 or higher-level respirator, even if you are vaccinated, when entering the isolation room. Rarely, a person with measles immunity can still get measles, so all healthcare workers should follow **Standard** and **Airborne Precautions** when caring for the patient.
- Inform** your facility's IP or health department as soon as possible. They should have further guidance for isolation, testing, care, and transport, if needed, for the person with measles symptoms and for preventing measles among exposed individuals.
- Seek emergency care** for any patient experiencing signs of severe disease. If transferring to another health facility, be sure to alert the facility in advance of your concern for measles so they can put in place appropriate precautions.

RESOURCES

Health Department Directories:

www.cdc.gov/public-health-gateway/php/communications-resources/health-department-directories.html

CSTE Epi-on-Call Numbers for Healthcare Providers:

libraries.cste.org/after-hours-contact/

CDC's MMR Vaccination Guidance for Healthcare Providers:

www.cdc.gov/vaccines/vpd/mmr/hcp/index.html

Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings:

www.cdc.gov/infection-control/hcp/measles/index.html

Infection Control in Healthcare Personnel: Epidemiology and Control of Selected Infections Transmitted Among Healthcare Personnel and Patients (2024):

www.cdc.gov/infection-control/hcp/healthcare-personnel-epidemiology-control/measles.html

Standard and Airborne Precautions:

www.cdc.gov/infection-control/hcp/basics/standard-precautions.html;
www.cdc.gov/infection-control/hcp/basics/transmission-based-precautions.html

Clinical Overview of Measles:

www.cdc.gov/measles/hcp/clinical-overview/index.html

Laboratory Testing for Measles:

www.cdc.gov/measles/php/laboratories/index.html

ACIP Recommendations on Measles Prevention:

www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm#Tab3

Be Ready for Measles Toolkit:

www.cdc.gov/measles/php/toolkit/index.html

Adult MMR Vaccination Decision Tree:

www.cdc.gov/measles/downloads/adult-mmr-algorithm-508.pdf