Measles 'At-a-Glance'

Definition	• **Measles is spread through coughing and sneezing, close personal contact, or direct contact with infected nasal or throat secretions.** • 15 minutes in direct contact with an infected case is sufficient to transmit the virus. • The incubation period is 1-3 weeks from exposure, and patients are infective from 4 days before to 4 days after onset of the rash. • Symptoms include fever, coryzal symptoms, cough and conjunctivitis before the rash breaks out. The **measles rash typically starts on the face before spreading down the body.** Diagnostic Koplik's spots (small white spots) may be visible inside the cheeks. • Immunosuppressed patients and pregnant women are more at risk of severe disease.
Management	**Patient** • The patient must be isolated in a side room with respiratory precautions immediately on suspicion of measles • If the patient has confirmed or suspected measles, then if possible/tolerated they should wear a surgical face mask in communal areas/on transfer • Vistors should be limited to those who are known to be immune whilst patient considered infectious **Staff** • Gloves and aprons must be worn • An FFP3 mask and eye/face protection should be worn for all patient contact • Hand hygiene as per 5 moments • Only staff who are known to be immune to measles should look after the patient **Testing** • Measles is a notifiable disease, and the IPC team and local public health team (Tel **0344 225 3861)** must be informed based on clinical suspicion and should not await laboratory confirmation. The Health Protection Team will arrange for a test kit to be sent to the patient. If urgent confirmation of the diagnosis is required (i.e. at risk contacts may have been exposed) a throat/mouth swab in virus transport medium should be sent to the laboratory ('Measles virus PCR, IgM serology' on EPR) **Contact Tracing** • Any at risk contacts should be identified (Infants under 1 year, individuals with incomplete immunisation history, Immunosuppressed or pregnant patients or staff) • If exposure risk is uncertain (i.e. in the ED waiting room), then known immunosuppressed individuals should be identified as close contacts. • At risk contacts will be assessed on an individual basis by the IPC team and may require Post-Exposure Prophylaxis.
Cleaning	• Where possible dedicated equipment should be used • Daily enhanced clean should be performed • A terminal clean should be performed on discharge • All equipment should be cleaned with green Clinell wipes before use on other patients

Stop isolation ?When	**<u>Patients should be isolated until 4 days after the initial development of the rash (day 0) and has no fever or symptoms.</u>** Immunosuppressed patients may require longer isolation (please discuss with IPC if there is any uncertainty