SUSPECTED MEASLES CASES

Key facts:

- Highly contagious virus spreads via airborne droplets infectious in air/on surfaces for up to 2 hours
- Infectious period: 4 days before the rash to 4 days after
- Common in unvaccinated, recent travelers, and outbreak areas

Signs and symptoms

- Initial: Fever (<u>101-105°F</u>), **Cough, runny nose, red eyes**
- After 2-3 Days: Koplik spots (tiny white/blue spots on red buccal mucosa not always visible)
- After 3-5 Days: **Rash** (red/blotchy); starts on the face and spreads down, lasts 4-7 days

PPE AND ISOLATION

You (EMS):

- N95 Respirator (Fit-tested) or PAPR (if available).
 If neither is available, follow your agency's respiratory protection guidelines
- Eye protection
- Gloves
- Fluid-resistant gown or coveralls

TRANSPORT CONSIDERATIONS

Before Transport:

- Turn on the exhaust fan and isolate the cab from the patient area
- Prior to arrival, notify the hospital of febrile patients with suspected measles (with or without a rash)
- Note if family/supports are present, have a plan for if they can accompany, as they may also need isolation

Patient:

 Exposed family/support should not enter the hospital unless medically necessary and coordinated with hospital staff

After transport:

- Follow your agency's decontamination protocols for infectious diseases, specifically for airborne pathogens
- Consider keeping ambulances out of service for 2 hours after transporting a suspected measles patient
- If decontamination must occur within that period, N95 respirators must be worn, surfaces wiped down, and the doors left open for air circulation

IMMUNITY REQUIREMENTS

All EMS staff should:

- Have 2 MMR doses, lab-confirmed immunity, or proof of past infection
- Born before 1957? Still, vaccinate if there is no lab-confirmed immunity

REPORTING EXPOSURE

- Report on suspected cases to the local health department immediately
- **Post-exposure:** If not immune, MMR vaccine within 72 hours; symptom monitoring for all exposed staff for 21 days; will require furlough (day 5-21 post-exposure) for staff without evidence of prior immunity
- SYMPTOMATIC STAFF SHOULD NOT WORK call ahead to your provider before seeking care
- EMS/Public Safety personnel who experience a significant exposure should complete the <u>Significant</u> <u>Exposure</u> report form and follow agency protocol
- Refer to the *EMS Infectious Disease Playbook V2.0* (P. 34 for airborne precautions)



DEPT. OF HEALTH AND HUMAN SERVICES

- Put an appropriately sized surgical mask on the patient (unless medically contraindicated)
- Minimize aerosol-generating procedures
- Use a HEPA filter if bag-valve venting