

Measles (Rubeola) Care Guideline



Outpatient / Urgent Care / Emergency Department

Inclusion Criteria:

- Fever ($\geq 38^{\circ}\text{C}$) **AND**
- Generalized maculopapular rash **AND**
- At least one of the "3 C's"
 - Cough, Coryza, Conjunctivitis
- Recent exposure or travel to outbreak area
- Unvaccinated or unknown MMR status

Exclusion Criteria:

- Alternative confirmed diagnosis (e.g., varicella, drug rash)
- Rash without fever or without infectious symptoms
- Patient requiring higher level of care (redirect to ED)

Recommendations/Considerations

- Reference Infection Prevention Policy IP512 – Measles (Rubeola) Exposure Management Guidelines.
- Avoid unnecessary labs/imaging, and patient movement unless clinically indicated
- Supportive care:
 - Antipyretics
 - Hydration
- Consider Vitamin A supplementation per physician/medical staff discretion and current clinical guidance
- Reinforce the importance of measles vaccination for household contacts and exposed individuals, as appropriate
- Monitor closely for complications including pneumonia and encephalitis

Scenario 1: Patient Identified Before Arrival (Call Center Notification)

- Patient/family reports fever/rash symptoms prior to arrival.
- Patient remains outside / in vehicle upon arrival.

OR

Scenario 2: Patient Presents Without Prior Notification

- Patient identified in clinic with fever/rash symptoms concerning for measles.
- Immediately place patient in designated isolation room and initiate airborne precautions/or patient to remain outside / in vehicle.

Assessment

- One physician/medical staff in strict PPE compliance with N95/PAPR performs focused exam and obtains vital signs.
- History:
 - Travel/exposure
 - Vaccination status (MMR doses)
 - Symptom onset timeline
- Physical exam:
 - Rash progression/staging(face $\rightarrow$ trunk $\rightarrow$ extremities)
 - Koplik spots (buccal mucosa)
 - Pulmonary and neurologic status
- Vital signs, hydration status

Measles Suspected

- Physician/medical staff to contact the Health Department at 714-834-8180 prior to collection of testing
- If testing indicated:
 - Same physician/medical staff collects throat swab.
 - Urine specimen cup for home collection / Health Department process.

Measles unlikely

Discharge home with follow-up instructions.

If testing sent:

- Instruct caregivers on staying home and isolating.
 - Those infected are contagious from 4 days prior to the development of rash and 4 days after for 4 days or until contacted by Health Department

Further Recommendations/Considerations

- Monitor for worsening symptoms:
 - Difficulty breathing
 - Dehydration
 - Altered mental status
- Consider admission for:
 - Infants
 - Immunocompromised patients
 - Severe symptoms

- **If the patient requires direct admission, call the ER ahead of time to ensure a designated isolation room with airborne precautions is available.**

Patient Education

- Kidshealth.org –
 - Measles for Parents
 - Measles: What You Need to Know
 - Your Child's Vaccines: Measles, Mumps & Rubella (MMR) Vaccine
- UpToDate Lexidrug –
 - Measles
 - Measles, mumps, and rubella blood tests
 - Measles, mumps, and rubella vaccine
 - Viral skin rash – Discharge instruction
 - Viral skin rash – ED instructions

Discharge Criteria

- Mild illness, stable condition/vital signs
 - No respiratory distress or dehydration
- Isolation period clearly defined and feasible at home
- Notify Infection Prevention of patients with suspected rule-out measles
- Follow-up plan in place
- Return precautions clearly documented

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Inpatient



Inclusion Criteria:

- Confirmed or highly suspected measles **AND**
- Meets admission criteria:
 - Respiratory compromise
 - Dehydration
 - Neurological Symptoms
- High-risk population:
 - Infants
 - Immunocompromised

Exclusion Criteria:

- Stable patients appropriate for outpatient management

Assessment

- Continuous monitoring:
 - Vital signs
 - Respiratory status
 - Neurologic status
- Daily reassessment for complications:
 - Pneumonia
 - Encephalitis

Interventions

- Place patient in Airborne Infection Isolation Room (AIIR)
- Strict PPE compliance with N95/PAPR
- Supportive care, as indicated:
 - IV fluids
 - Antipyretics
 - Oxygen/respiratory support
 - Consider Vitamin A supplementation per physician/medical staff discretion and current clinical guidance
- Treat complications as indicated
- Notify Infection Prevention at extension 98588
- Infectious Disease consult
- Ongoing coordination with Infection Prevention/Health Department for suspected measles cases/testing.

Further Recommendations/Considerations

- Restrict visitors and siblings (only immune parents/guardians allowed)
- Consider post-exposure prophylaxis for contacts:
 - MMR vaccine
 - Immune globulin

Discharge Criteria

- Afebrile or improving clinically
- No need for inpatient-level support
- Isolation period clearly defined and feasible at home
- Notify Infection Prevention at extension 98588 of patients with suspected rule-out measles
- Follow-up plan in place
- Return precautions clearly documented

Recommendations/Considerations

- Reference Infection Prevention Policy IP512 – Measles (Rubeola) Exposure Management Guidelines.
- Place patient in an Airborne infection isolation room (AIIR), when AIIR is not available, place High-Efficiency Particulate Air (HEPA) filter in a regular room.
- Monitor closely for complications including pneumonia and encephalitis.
- Avoid unnecessary labs/imaging, and patient movement unless clinically indicated.
- Reinforce the importance of measles vaccination for household contacts and exposed individuals, as appropriate.
- Stay home and isolate:
 - Those infected are contagious from 4 days prior to the development of rash and 4 days after.

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References

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