Recent measles outbreaks have been occurring in the U.S. Measles is highly contagious. Please protect patients, visitors, and staff!



Keep an eye out for measles symptoms

Suspect measles in patients with:

- · fever and rash
- history of international travel in the past 3 weeks, travel to an area affected by a measles outbreak, contact with international visitors, or exposure to a known case.

Note: A history of 2 doses of MMR vaccine does not exclude a measles diagnosis.

Prodrome

- Mild to moderate fever
- Cough
- Coryza
- Conjunctivitis

Rash onset

- Fever spikes, often as high as 104° to 105° F
- Red, maculopapular rash that may become confluent—typically starts at hairline, then face, and spreads rapidly down body
- Koplik's spots (tiny blue/white spots on the bright red background of the buccal mucosa) may be present





Act immediately if you suspect measles

- Implement airborne infection control precautions immediately, mask, and isolate patient—negative pressure room, if available.
- Permit only staff immune to measles by 2 documented doses of MMR or lab evidence of IgG immunity to be near and care for the patient.
- Notify the local health department immediately. Your health department can provide guidance on appropriate isolation, and help monitor the patient after they leave the facility.

- Do not use any regular exam room for at least 2 hours after a suspected measles patient has left the room.
- Expedite measles serologic testing (IgM and IgG) to a commercial lab and PCR testing at IDPH lab; contact your local health department for guidance on testing.
- Safeguard other facilities: assure airborne infection control precautions before referring or transferring patients.

