

Measles Protocol

- Measles is a highly infectious viral disease.
- It is spread through aerosol and droplet transmission.
- Patients are infectious from 5 days before the onset of rash until 4 days after the rash appears.
- Immunocompromised or pregnant patients should be considered infectious for the duration of their illness.

For the purposes of infection control and patient pathways the following case definitions apply:

1. **Possible case:** fever **and** a generalised maculopapular rash **and** either cough, coryza or conjunctivitis
2. **Probable case:** fever **and** a generalised maculopapular rash **and** either cough, coryza or conjunctivitis **and** an epidemiological link to a laboratory confirmed case
3. **Confirmed case:** a laboratory confirmed case **and** fever **and** a generalised maculopapular rash **and** either cough, coryza or conjunctivitis, and who has not been recently vaccinated (most commonly rash occurs about a week after immunisation)

ALL cases should be notified urgently to the:

- Health Protection Team (Public Health) on 0131 465 5420 / 465 5422
- Duty Virologist 24/7 (contact via main hospital switchboard)
- Infection Prevention and Control Team on 0131 536 3373 (Internal: 63373) Monday to Sunday 08.30-16.30

Immediate patient management (patient placement) at front door

Possible case:

- Admit the patient to the clinical area or hospital only if clinically necessary to do so.
- Where possible, admit the patient to a side room and avoid the patient waiting in a communal area
- **When you see a patient face to face**, please wear a fluid shield surgical face mask (all sites have these), gloves and aprons

Probable or confirmed case:

- Admit the patient to the clinical area or hospital only if clinically necessary to do so.
- **Isolate immediately in Surgical Procedure Room.** Isolation for these cases **MUST** be prioritised by clinical and bed management teams.
- **Do not allow the patient to wait in communal waiting areas.** Transmission of Measles can occur in as little as 15 minutes where there is direct contact.
- Keep the door to the room closed at all times.
- DO NOT admit to high risk areas such as Oncology, or Transplant medicine unless on the specific advice of the Consultant Virologist,
- All staff must wear full respiratory protective equipment (FFP 3 respirator mask OR Jupiter Hood) for all patient contact
- Pregnant staff should not provide patient care
- Limit visitors and discourage any visitors who may not be immune (as above).
- Use chlorine based cleaning agents (e.g. Chlor-Clean) at 1,000ppm for all domestic and equipment cleaning.

PPE Guidance:

Possible case:

- Surgical face mask, gloves and aprons

Probable or confirmed case:

- All staff must wear full respiratory protective equipment (FFP 3 respirator mask OR Jupiter Hood) for all patient contact, plus gloves and aprons.
- If staff provide direct patient care without use of PPE as above (e.g. in a clinical emergency), they should advise infection Prevention & Control Team, and Occupational health of this as soon as possible.

Diagnosis: Testing is urgent; send samples to the Virology laboratory without delay.

- Throat swab in Viral Transport Medium (VTM) – request Measles PCR
- If available, urine in a plain universal container.



Ensure the VTM is in date. (Expiry date printed on tube label)

Rotate the swab firmly over the tonsils and back of the throat. Place the swab in the viral transport medium. Break the plastic handle at the indicated break point.

***If a urine sample is unavailable, then please DO NOT delay sending a throat swab*.**