

Suspect Measles: NMG/RMG/Outpatient Clinics

Employee and Patient Safety is NM's main priority. The focus of care is to efficiently **IDENTIFY** and **ISOLATE** measles suspect patients, **TREAT** promptly, and prevent further airborne transmission.

Patient Service Center or Triage Staff

- If a patient calls and mentions measles or measles-like symptoms (fever, rash, cough), they should be triaged to an RN at the clinic level for potential exposure and symptoms of measles. They should not be directed to go to any office or clinic. The triage RN should follow the steps outlined below.

Clinic Staff Responsibilities

If it is possible to screen patients calling for a sick visit, guidelines are:

SCREEN: Patients calling for appointments should be screened for symptoms (fever, rash that starts on the head and descends, and 1 or 2 of cough, coryza, and conjunctivitis) and potential exposure to measles.

- **HIGH suspicion of measles (fever, rash that descends and 1 or 2 of cough, coryza and conjunctivitis), please call the local health department and NM Infection Prevention [phone numbers below] for next steps and directions for the patient/caregiver. DO NOT HAVE THE PATIENT COME TO THE CLINIC.**
- **LOW** suspicion of measles (fever, localized rash, no other symptoms), schedule the patient to come in at end of day when other patients are gone. (If needed, consider other practical actions to prevent exposure of potentially susceptible patients in waiting areas, i.e. bring patient in through a back entrance and place immediately in an exam room, or to go out to patient vehicle to evaluate or collect specimens.) The patient with a fever and rash is to wear a mask immediately upon arrival and those with suspected communicable diseases (measles, chicken pox, etc) be isolated as quickly as possible. **If there is a HIGH suspicion of measles on presentation or further evaluation, please follow the guidance below.**

TRIAGE: If patient arrives without prior notification and has a fever and rash, place a mask on the patient and isolate as quickly as possible. If there is a HIGH suspicion of measles on further evaluation, please follow the guidance below.

1. **MASK** all suspect measles patients immediately. If a surgical mask cannot be tolerated, other practical means of source containment should be implemented (e.g. place a blanket loosely over the heads of infants and young children suspected to have measles when they are in the waiting room or other common areas). If those accompanying the patient are not confirmed immune, mask them as well.
2. **ISOLATE:** Do not allow suspect measles patients and accompanying people to remain in the waiting room or other common areas; isolate them immediately in the closest exam room, that provides the shortest route and keep the door closed. A negative pressure room should be used if available. All staff entering the patient room are to wear at the minimum, a surgical mask. If N95 masks are available and employees have been fit tested, these should be worn during patient interaction. The patient should keep their mask on for the duration of the visit.
***** Susceptible (non-immune) HCWs should not care for these patients or enter the room if immune care providers are available.**
3. **Call the local health department and page NM Infection Prevention (North/Central: 312-695-9196; West Region: 630-255-1293) for next steps.**
 - Chicago: 312-747-9884

- Cook: 708-633-4000
 - Dekalb: 815-748-2467
 - Dupage: 630-221-7553
 - Kane: 630-208-3801
 - McHenry: 815-334-4500
- All tests and procedures should be completed in the patient room unless absolutely necessary. Patients should not leave their room unless needed for emergency care. All additional clinical evaluations or laboratory testing must be done in the patient room.
 - If the health department advises for the patient to go home, counsel suspect patient/guardian to remain at home with no visitors until testing is complete and measles is ruled out. Provide surgical masks to patients in the event they would need to leave their home.
 - Care of the environment: **rooms should remain vacant with the door closed for 2 hours after a suspected measles patient has left. If staff must enter the room during this time period, surgical mask or N95 (if applicable) must be worn.** Signage may be used. Clean and disinfect all surfaces using standard cleaning procedures and approved disinfectant.

Additional Clinic Staff Responsibilities

- **Create a list of the staff and other patients who were in the area during the time the suspect measles patient was in the facility and for two hours after they left. If measles is confirmed in the suspect case, exposed people will need to be assessed for measles immunity. This will be led by Infection Prevention and public health.**
- If the measles case is confirmed, Infection Prevention will enter the exposure information into SafetyNet. IP will coordinate with the clinic to ensure all exposed staff are entered.
- Health Care Providers (HCP) without presumptive evidence of immunity who have been exposed to measles should be vaccinated and offered immune globulin, relieved from patient contact, and excluded from the facility from the 5th day after the first exposure through the 21st day after the last exposure, regardless of whether they received vaccine or intramuscular immune globulin after the exposure.
- If immune globulin is administered to an exposed person, observations should continue for signs and symptoms of measles for 28 days after exposure since immune globulin may prolong the incubation period.
- HCP who develop measles should be relieved from all patient contact and excluded from the facility for four days after they develop rash.

Testing

- **Coordinate with the local health department:** Both serology and confirmatory PCR should be performed for highly suspect cases. Infection Prevention can help with communications and coordination with public health.
 - Serology testing for measles
 - IgG: Rubeola Antibody
 - IgM: Measles IgM
 - Confirmatory PCR testing for measles (performed at IDPH lab)
 - Measles RT-PCR at IDPH
 - Nasopharyngeal specimen is collected (same swab that's used for RVP testing) and sent to lab

