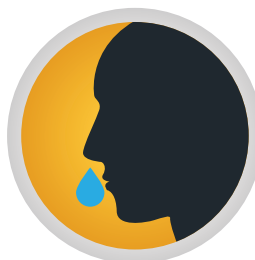
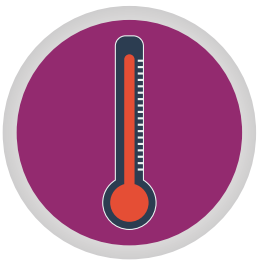


MEASLES IN LONG-TERM CARE

Consider measles in any resident presenting with an illness characterized by a rash and fever, especially if unvaccinated for measles.

IDENTIFY MEASLES SYMPTOMS

- High Fever (fever can spike to 104° F)
- Cough
- Runny nose
- Conjunctivitis (red, watery eyes)
- Rash
 - Typically appears 2-4 days after symptoms begin.
 - Begins at hairline, spreads downward, to face, neck, and trunk.
 - Rash appears red on light complexions but may be harder to see or appear purple or darker than surrounding skin on dark complexions.



ISOLATE RESIDENTS WITH PROBABLE OR SUSPECTED MEASLES

- People with suspected, probable and/or confirmed measles should be isolated for four days after they develop a rash. Suspected exposure is counted as day zero.
- Immediately mask and move resident to an isolated location, ideally an airborne infection isolation room (AIIR) if available. If unavailable, use a private room with the door closed.
- Place resident in airborne precautions.
- Avoid having residents with measles or suspected measles enter or walk through shared indoor spaces. If they must enter a shared space (for example, when leaving to seek medical care):
 - Clear the space of other residents, visitors, and staff, make sure that no one else is in the space before the resident exits their room and enters a shared space.
 - Provide a face mask to the resident to put on before they leave their isolation room. Residents unable to wear a mask should be “tented” with a blanket or towel.
 - No other residents should accompany a resident with measles or suspected measles.

- If residents will be seen at their provider's office: call ahead, wear a face mask and use alternate entrances as directed by the provider's office.
- Only health care providers with immunity to measles should provide care to the resident
- Health care providers that provide care to resident should wear a NIOSH approved respirator, such as a fit-tested N95.
- If an AIIR was not used, the room should remain vacant for the appropriate time (up to 2 hours) after the resident leaves the room.
- Standard cleaning and disinfection procedures are adequate for measles virus environmental control. Consider using isolation signage.

DETERMINE IF THE RESIDENT:

- Had visitors or staff in their room who have traveled internationally in the last 21 days
- Has been in contact with someone who has suspected, probable or confirmed measles
- Had visitors without history of vaccination or lab confirmed immunity to measles

NOTIFY PUBLIC HEALTH

- Measles is a notifiable condition. To ensure rapid investigation and testing with contact tracing, notification should occur immediately upon suspicion of measles. Public health departments will be able to help confirm vaccination history for U.S. residents, provide guidance on specimen collection and submission, and manage contacts of confirmed cases.
- Long-term care staff should immediately notify the infection prevention department.

HOW CAN I PROTECT MYSELF?

- Anyone who is not protected against measles is at risk. An unvaccinated person can get measles when traveling abroad or in the U.S.
- The measles, mumps, and rubella (MMR) vaccine is safe and effective at protecting against these viruses.
- Two doses of MMR vaccine provide better protection against measles than one dose.