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**Completed MMR Vaccination:**

- Patients received 1st dose of MMR vaccine at >12 months of age
- **AND** 2nd dose at least 28 days after the 1st dose (often given at 4 - 6 years of age)

*Note: Titers are not recommended as an alternative to vaccination, but if a patient has prior titers confirming immunity, then off pathway*

**Measles Exposure Within Last 21 days:**

- Patient has been in shared space with someone with suspected or confirmed measles
- **OR** patient has been in a shared space vacated by someone with suspected or confirmed measles within 2 hours
- **OR** patient has been notified of exposure (by health dept, school, day care, etc.)

**Concern for Measles:**

*No single finding should dictate the plan of care. These features must be interpreted as a whole in the context of the specific patient scenario. If questions, contact an Infectious Diseases specialist or state epidemiologist for assistance.*

**1. Sign & Symptoms:**

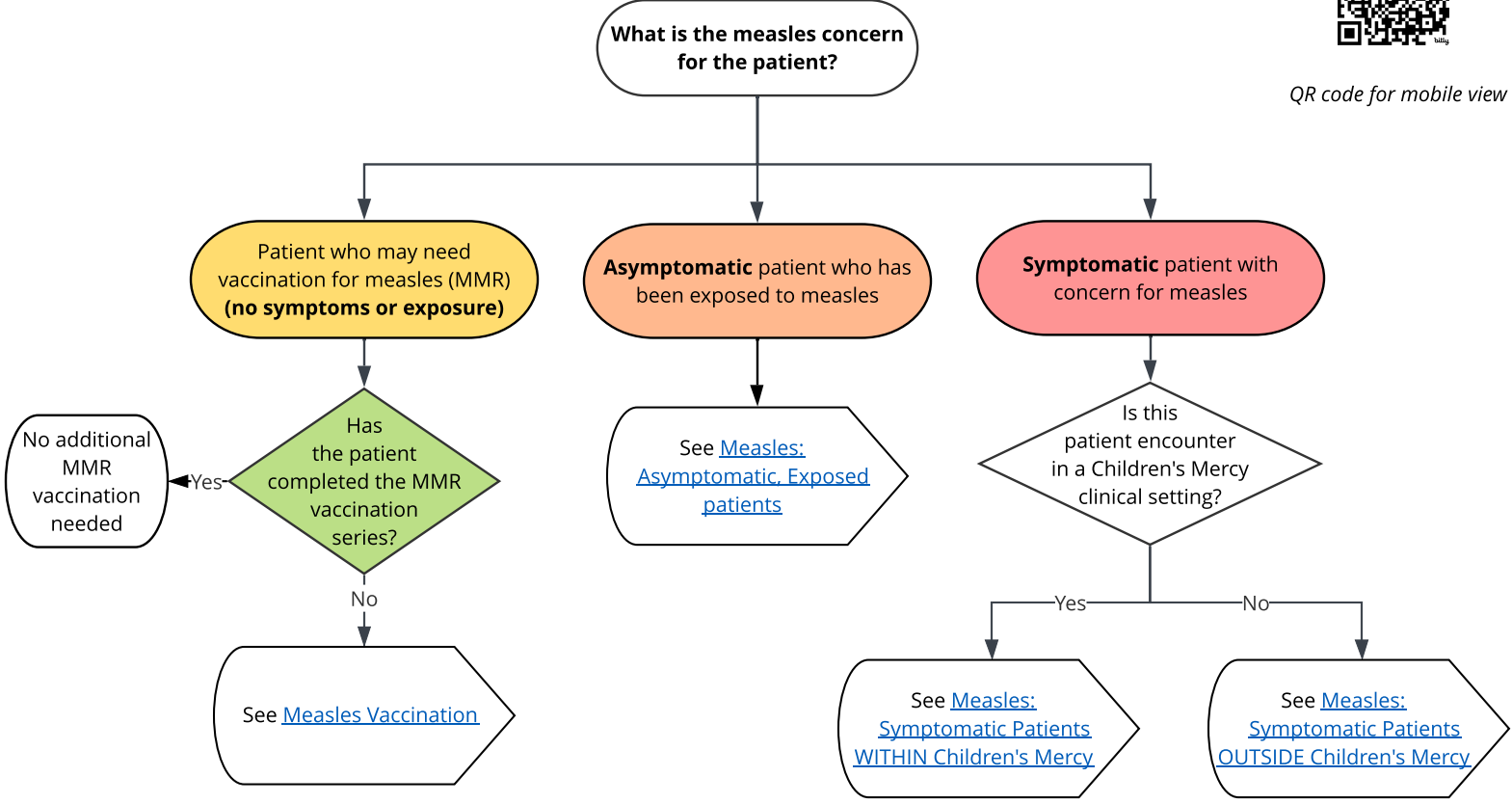
- Fever *plus* at least one of the following:
  - Cough and coryza (runny nose)
  - Bilateral conjunctivitis
  - Koplik spots
  - Maculopapular rash (spreads from head to trunk, then to arms and legs)
- [See AAP Red Book for photos](#)

**2. Risk factors for severe measles disease:**

- Immunocompromised
- ≤ 12 months of age
- Unimmunized or unknown vaccination

*Note: Measles in vaccinated individuals is very rare, but may present with low-grade or no fever and mild rash.*

**3. Measles exposure within last 21 days (see above)**





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## Exclusion criteria:

MMR is a live attenuated virus vaccine and is contraindicated in:

- Immunosuppressed patients  
(Recommend contacting the provider managing the immunosuppression)
- Pregnant individuals

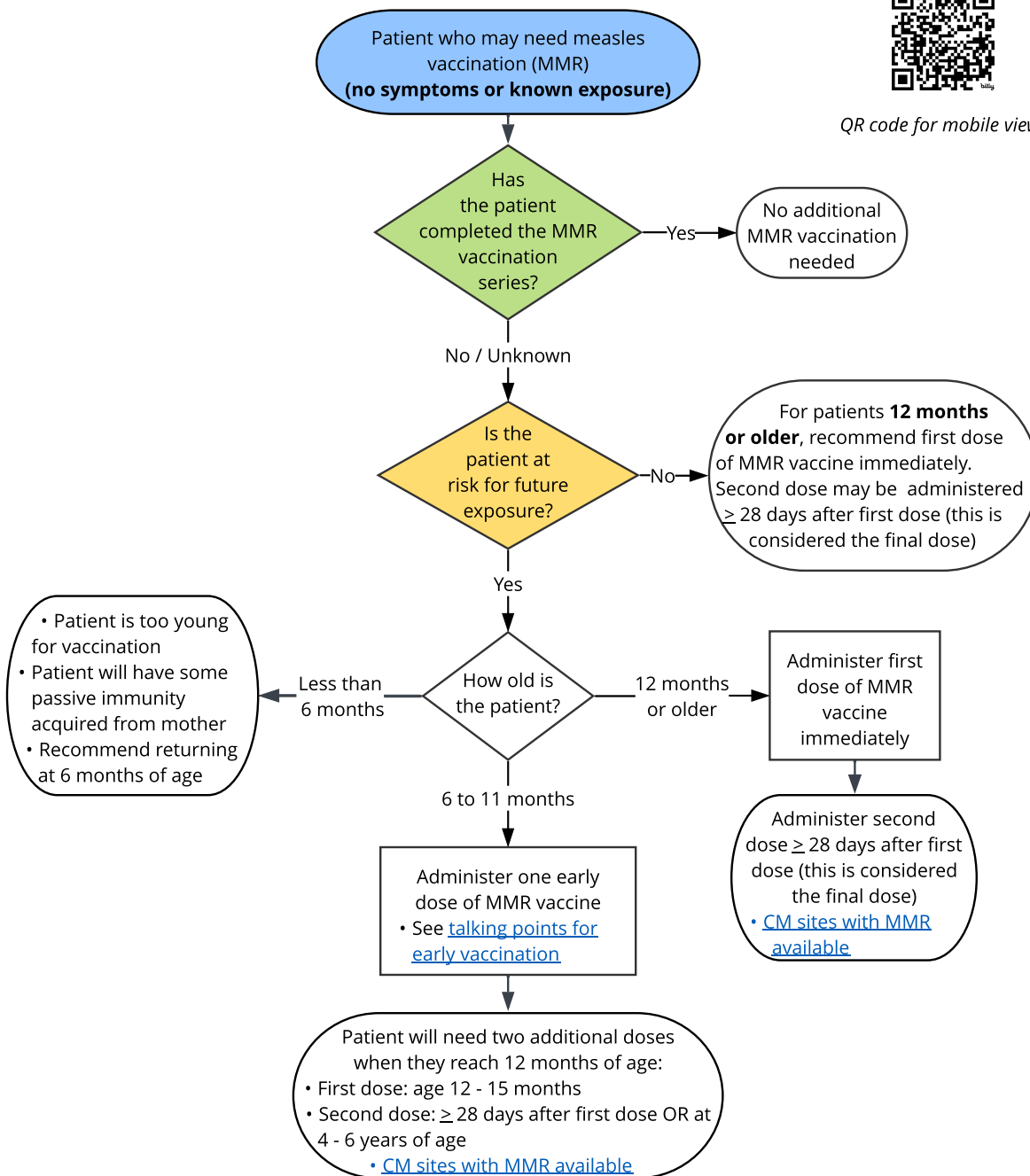
## Completed MMR Vaccination:

- Patients received 1st dose of MMR vaccine at >12 months of age
- **AND** 2nd dose at least 28 days after the 1st dose (often given at 4 - 6 years of age)

*Note: Titers are not recommended as an alternative to vaccination, but if a patient has prior titers confirming immunity, then off pathway*

## Risk for Future Exposure:

- International travel prior to routine MMR vaccine schedule (see [CDC travel recommendations](#))
  - Vaccination recommended at least 2 weeks prior to travel
- Community outbreak as defined by local health department (see [CDC outbreak information](#)):
  - County or bordering county of residence
  - Planned visit to county with outbreak or bordering county
- Or as recommended by local health department



[Measles Home Page](#)

## References:

- [CDC: Measles Vaccination](#)
- [AAP Red Book: Measles](#)

## Abbreviations:

CDC- Centers for Disease Control & Prevention  
MMR- measles, mumps, & rubella



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#### Measles Exposure Within Last 21 days:

- Patient has been in shared space with someone with suspected or confirmed measles
- **OR** patient has been in a shared space vacated by someone with suspected or confirmed measles within 2 hours
- **OR** patient has been notified of exposure (by health dept, school, day care, etc.)

**ASYMPTOMATIC** patient who has been exposed to measles

#### Expedite to room:

- Mask patient and their family members
- Place patient in a negative pressure room and use airborne precautions
- If there is not a negative pressure room available, place patient in a room with the door closed
- Minimize transportation of the patient/family within the clinical setting
  - See [CM Infection Prevention & Control full recommendations](#) to minimize measles exposure

Has the patient had at least one dose of MMR vaccine  $\geq 12$  months of age **AND** is immunocompetent?

Yes

Patient can be moved to regular room (if needed) with standard precautions

No / Unknown

- Quarantine is not recommended
  - Follow-up with PCP as needed
  - Recommend that household members contact their PCP or local health dept. to determine if they are at risk (contact clinic **BEFORE** being seen)
- Note: Measles in vaccinated individuals is very rare, but may present with low-grade or no fever and mild rash.*

#### Notify:

- Infection Prevention & Control in your organization
- **OR** local health dept. (see [Epidemiologist on call by state](#))

Measles testing not recommended for asymptomatic patients

Provide post-exposure prophylaxis (PEP) based on age, immunization status, and time from exposure (see [PEP information](#))

- [CM sites with Ig/MMR available](#)

Room must be closed for at least 2 hours after patient leaves (at least 1 hour for negative pressure room)

- See [CM Infection Prevention & Control full recommendations](#)

Symptomatic patients:

- [Within CM](#)
- [Outside CM](#)

[Measles Home Page](#)

- Instruct patient/household contacts to immediately quarantine at home until contacted by the health dept. with further instruction (*quarantine of 21-28 days may be recommended*)
- Everyone should mask for departure from clinical setting and if encountering others on the way home (e.g., public transportation) (see [instructions for patient/household members](#))
- Monitor for symptoms. If symptoms occur, contact PCP or local health dept. **BEFORE** being seen (see pathways for [symptomatic patients seen within CM](#) or [symptomatic patients seen outside CM](#))
- Recommend that household members contact their PCP or local health dept. to determine need for PEP (contact clinic **BEFORE** being seen)

#### Abbreviations:

PCP = primary care provider  
PEP - postexposure prophylaxis



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#### Measles History and Physical Exam:

No single finding should dictate the plan of care. These features must be interpreted as a whole in the context of the specific patient scenario. If questions, contact Infectious Diseases for assistance.

#### 1. Sign & Symptoms:

- Fever plus at least one of the following:
  - Cough and coryza (runny nose)
  - Bilateral conjunctivitis
  - Koplik spots
  - Maculopapular rash (spreads from head to trunk, then to arms and legs)

[See AAP Red Book for photos](#)

#### 2. Risk factors for severe measles disease:

- Immunocompromised
  - ≤ 12 months of age
  - Unimmunized or unknown vaccination
- Note: Measles in vaccinated patients is very rare, but may present with low-grade or no fever and mild rash.

#### 3. Measles exposure within last 21 days (see below)

#### Measles Exposure Within Last 21 days:

- Patient has been in shared space with someone with suspected or confirmed measles
- OR patient has been in a shared space vacated by someone with suspected or confirmed measles within 2 hours
- OR patient has been notified of exposure (by health dept, school, day care, etc.)

#### Post-Discharge Instructions:

- CM Infection Prevention & Control will follow-up with health dept.
- CM clinician will follow-up with patient with results and treatment recommendations
  - [Vitamin A information](#)

**SYMPTOMATIC** patient with concern for measles seen in a CM clinical setting

#### Expedite to room

- Mask patient and their family members
- Place patient in a negative pressure room and use airborne precautions
- If there is not a negative pressure room available, place patient in a room with the door closed
- Minimize transportation of the patient/family within the clinical setting
  - See [CM Infection Prevention & Control full recommendations](#) to minimize measles exposure

After completing initial history and physical exam, call Infectious Diseases if question of measles concern

Is there still a concern for active measles?

No, but there is concern for exposure

Follow recommendations for [Asymptomatic Exposed Patients](#)

No, and no concern for exposure

#### Discharge:

- Manage according to alternative diagnosis
- Quarantine for measles is not recommended
- Follow-up with PCP as needed
- Recommend that household members contact their PCP or local health dept. to determine if they are at risk (contact clinic **BEFORE** being seen)

Yes

CM clinician seeing the patient to contact Missouri Department of Health (even if patient is seen in Kansas) to determine need for testing:

- 573-751-6113 or 800-392-0272 (after hours)

Notify Infection Prevention & Control ASAP via Web On Call

Perform Measles testing as indicated (remain in the patient's room for testing)

[See testing guidance](#)

Rooms patient visited must be closed for at least 2 hours after patient leaves (or at least 1 hour for negative pressure rooms) See [Infection Prevention & Control full recommendations](#)

Does the patient require admission due to clinical symptoms?

Yes

- Based on mode of transportation, discuss infection control measures with the Contact Center
- See CM admission instructions
- Follow airborne precautions
- Consider ID consult
- See instructions for [post-discharge](#)
- Provide [instructions for patient/household members](#)

No

- See instructions for [post-discharge](#)
- Provide [instructions for patient/household members](#)

#### Abbreviations:

ID - Infectious diseases  
PCP - primary care provider  
PEP - postexposure prophylaxis

[Measles Home Page](#)



#### Measles History and Physical Exam:

No single finding should dictate the plan of care. These features must be interpreted as a whole in the context of the specific patient scenario. If questions, contact an Infectious Diseases specialist or state epidemiologist for assistance.

#### 1. Sign & Symptoms:

- Fever plus at least one of the following:
  - Cough and coryza (runny nose)
  - Bilateral conjunctivitis
  - Koplik spots
  - Maculopapular rash (spreads from head to trunk, then to arms and legs) [See AAP Red Book for photos](#)

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- Immunocompromised
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- OR patient has been notified of exposure (by health dept, school, day care, etc.)

#### Post-Discharge Instructions:

- Ordering clinician to follow up with health dept.
- Ordering clinician to follow up with patient with results and treatment recommendations
  - [Vitamin A information](#)

[Measles Home Page](#)

#### Abbreviations:

PCP - primary care provider  
PEP - postexposure prophylaxis

SYMPTOMATIC patient with concern for measles seen in clinical setting **outside of CM**



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#### Expedite to Room:

- Mask patient and their family members
- Place patient in a negative pressure room and use airborne precautions
- If there is not a negative pressure room available, place patient in a room with the door closed
- Minimize transportation of the patient/family within the clinical setting
- Follow local infection prevention & control precautions to minimize measles exposure
  - See [CM Infection Prevention & Control full recommendations](#) for reference

Recommend call to Infectious Diseases specialist or state epidemiologist if question of measles concern

Is there still a concern for active measles?

No, but **there is concern** for exposure

No, and **no concern** for exposure

Follow recommendations for [Asymptomatic Exposed Patients](#)

Yes  
Contact your local health dept. to determine need for testing  
 • MO: 573-751-6113 or 800-392-0272 (after hours)  
 • KS: 877-427-7317 (24/7), option 5  
 • Others: [Epidemiologist on call by state](#)

**Discharge:**

- Manage according to alternative diagnosis
- Quarantine for measles is not recommended
- Follow-up with PCP as needed
- Recommend that household members contact their PCP or local health dept. to determine if they are at risk (contact clinic **BEFORE** being seen)

Perform Measles testing as indicated (remain in the patient's room for testing) [See testing guidance](#)

Rooms patient visited must be closed for at least 2 hours after patient leaves (or at least 1 hour for negative pressure rooms) See [CM Infection Prevention & Control full recommendations](#)

Does the patient require admission due to clinical symptoms?

No  
 • See instructions for **post-discharge**  
 • Provide [instructions for patient/household members](#)

Yes  
 • Contact admitting hospital to discuss infection control processes for admission  
 • Follow airborne precautions  
 • See instructions for **post-discharge**  
 • Provide [instructions for patient/household members](#)