


UCSF Measles Tip Sheet

<p>Identify Consider measles</p>	<p>Consider measles in patients</p> <ul style="list-style-type: none"> - With fever, rash, and one of the 3 C's (cough, coryza (runny nose), conjunctivitis) <ul style="list-style-type: none"> o Maculopapular rash usually appears 3-5 days after symptoms being, starts at hairline and descends - Who in the last 21 days had one of these epidemiologic risk factors: <ul style="list-style-type: none"> o With known contact with a measles case or an ill person with fever + rash o International travel and/or domestic travel through airport o Contact with international visitor or visited a venue popular with international visitors including theme parks o Lives in or visited a community in the US community where there are measles cases - Suspect measles if the patient has fever, rash, at least one of the 3 C's and any of the epidemiological risk factors, regardless of measles vaccination history. <ul style="list-style-type: none"> o Patients who are unvaccinated or have only received 1 MMR vaccine are at highest risk. <p>Refer to this clinical algorithm to help evaluate patients with fever + rash</p>
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<p>Isolate patients with suspected or confirmed measles immediately</p>	<ul style="list-style-type: none"> - Mask patients immediately. For pediatric patients who cannot tolerate being masked, place a blanket loosely over the face if clinically safe. - Room the patient immediately: <ul style="list-style-type: none"> o In ED/inpatient settings, prioritize placement into an Airborne Infection Isolation Room (AIIR) with the door closed. o If an AIIR is not immediately available, place masked patient into a private room with the door closed and move them into an AIIR as soon as possible. o In ambulatory settings, place patient in a private exam room and close the door. Keep the door closed for the entire visit. - Staff entering the room should wear a fit-tested N95 or PAPR. - Keep the door closed after the patient leaves for 1 hour. Do not enter the room during this time unless wearing a fit-tested N95 respirator or PAPR.
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<p>Inform Call Infection Prevention immediately</p> 	<p>West Bay Infection Prevention (Parnassus, Mt Zion, Mission Bay, BCH-SF) Business Hours, Mon-Fri 8am-4pm -Pediatric services voalte (628) 248-8503 -Adult services voalte (628) 248-9059 -Main line (415) 353-4343 After Hours, via the Hospital Supervisor -BCH-SF (415) 504 0728 -Moffitt Long (415) 353-8036, (415) 353-1964 -MB Adult Hospital (415) 502-0562</p> <p>BCH-Oakland: call the on call pediatric ID team</p>	<p>Measles Testing</p> <p>Use the inpatient or ambulatory "Measles (Rubeola) Testing Panel for Suspected Infection" to order both of these tests:</p> <ol style="list-style-type: none"> 1) Throat (preferred) or nasopharyngeal (alternative) swab for measles PCR 2) Urine specimen for measles PCR <p>Measles testing must be approved by Infection Prevention (west bay locations) or Pediatric Infectious Diseases (BCH-Oakland) and the Department of Public Health before testing is ordered:</p> <ul style="list-style-type: none"> -San Francisco: (628) 217-6100 -Alameda: (510) 267-3250, off hours (925) 422-7595
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