

## WHAT TO DO WHEN YOU SUSPECT PATIENT HAS MEASLES.

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### **Brief background**

Healthcare providers should consider measles in patients who present with febrile rash illness and clinically compatible measles symptoms (i.e. cough, coryza, or conjunctivitis) *especially if they:*

- 1) *Have not been vaccinated against measles*
- 2) *Live in a community where measles is currently occurring*
- 3) *Recently traveled abroad or were exposed to someone who recently travelled abroad*

Common complications from measles include otitis media, bronchopneumonia, laryngotracheobronchitis, and diarrhea. Severe complications occur in one out of every 1,000 measles cases and include acute encephalitis and death from respiratory or neurologic complications.

People at *high risk for severe illness and complications* from measles include: Infants and children aged <5 years, adults aged >20 years, pregnant women, people with compromised immune systems, such as from leukemia and HIV infection.

(<https://www.cdc.gov/measles/hcp/index.html>; <https://www.health.ny.gov/publications/2170>)

**SUNY Upstate Employees:** If you need to confirm your immunization status -- you may go to your employee health record and search under immunizations tab: <https://eshportal.upstate.edu/>. If you have any questions, please contact Employee/Student Health at ESHealth@upstate.edu, or call 315-464-4260 .

### **Act Fast!**

- Move patient to a private room with ear loop mask on the patient to minimize exposure to others
- Patients with measles are infectious from 4 days before through 4 days after rash onset.
- Patients must be placed in an Airborne Isolation room or have a microcon machine used.
- Do not use any regular exam room for at least 2 hours after a suspected measles patient has left the room
- Contact Infection Control at 315-464-5258 Downtown and 315-492-5907 at Community.
- Contact Administrative Supervisor 315-464-6158 or 315-492-5803 at the Community Campus and advise them of the situation.
- Report the suspected case to a local department of health (based on patient's county of residence). Infection Control can assist with reporting.
- Suspected case that does not require hospitalization and can be discharged home will need close follow up by a local DOH (LDOH). Please notify LDOH of patient's residence so they can address and manage quarantine or voluntary restriction of movement with the patient.

**Laboratory evaluation:**

- Expedite diagnostic evaluation. Inpatient, ambulatory, Emergency Department EPIC has functional smart order set labeled “Suspected Measles SmartSet” to ease the ordering for providers. Please see the screenshots for both ambulatory and inpatient settings at the end of this memo. The order set includes the following laboratory evaluation:
- Measles IgG – order code LAB657 (gold top tube, minimum volume 0.5mL)
- Measles serology and PCR performed by the DOH:
  - IgM and IgG (gold top tube, minimum volume 1mL)
  - PCR
    - urine - sterile collection NOT required (minimum 0.25 mL)
    - nasopharyngeal swab - use UTM medium/FLOQ swab, the same as used for the respiratory panel
  - order both serology and PCR as “Microbiology Miscellaneous” tests



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## Ambulatory Suspected Measles SmartSet

### Suspected Measles [2106666200]

If patient is suspected to have measles, **ACT FAST**

- Expedite patient placement in a private room with ear loop mask to minimize exposure to others (patients and staff). Patients with measles are infectious from 4 days before through 4 days after rash onset.
- Contact Infection Control at 315-464-5258 at Downtown and 315-492-5907 at Community.
- Report the suspected case to a local department of health (based on patient's county of residence). Infection Control can assist with reporting.
- Suspected cases that do not require hospitalization will need close follow up by a local DOH (LDOH). Please notify LDOH of patient's residence so they can address and manage quarantine or voluntary restriction of movement with the patient.
- Do not use any regular exam room for at least 2 hours after a suspected measles patient has left the room.

### Clinician Actions

#### Measles Clinician Orders

- |   |                        |
|---|------------------------|
| <input checked="" type="checkbox"/> Move patient into private room with ear loop mask   | STAT, Clinic Performed |
| <input checked="" type="checkbox"/> Contact Infection Control   | STAT, Clinic Performed |
| <input checked="" type="checkbox"/> Report the suspected case to a local department of health   | STAT, Clinic Performed |
| <input checked="" type="checkbox"/> Quarantine any regular exam room for at least 2 hours after a suspected measles patient has left the room | STAT, Clinic Performed |

### Lab Tests

#### Measles Testing

All orders default to clinic collect. Please collect the specimen as directed.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Rubeola antibody IgG  | STAT, Clinic Collect<br>Gold top tube.  |
| <input checked="" type="checkbox"/> Microbiology Miscellaneous - Measles IgM and IgG, Serum       | STAT, Clinic Collect<br>Sent to State Lab. Gold top tube.   |
| <input checked="" type="checkbox"/> Microbiology Miscellaneous - Measles PCR, Urine               | STAT, Clinic Collect<br>Sterile collection urine cup NOT required. Minimum of 0.25 mL. Send to State Lab. |
| <input checked="" type="checkbox"/> Microbiology Miscellaneous - Measles PCR, Nasopharyngeal Swab | STAT, Clinic Collect<br>Use UTM medium/FLOQ Swab (same swab for Respiratory Panel). Send to State Lab.    |

## Inpatient Suspected Measles SmartSet

Measles Care, Isolation and Testing IP/ED [Personalize](#) [⌵](#)

### ▼ Disease / Condition Specific

#### ▼ Measles Isolation and Testing

- ☒ Expedite patient placement in a private room with ear loop mask to minimize exposure to others (patients and staff). Patients with measles are infectious from 4 days before through 4 days after rash onset. Do not use any regular exam room for at least 2 hours after a suspected measles patient has left the room.  
Routine, UNTIL DISCONTINUED, starting today at 1300, until Sun 6/16, for 30 days
- ☒ Airborne Isolation  
Routine, CONTINUOUS, starting today at 1300, until Sun 6/16, for 30 days
- ☒ Request for Infection Update  
Routine, ONCE, First occurrence today at 1300  
This order can be used to request infection control to modify the patients infection status and/or isolation if physician believes they are clinically inappropriate. Please indicate.
- ☒ Use ear loop face mask during patient transportation  
Routine, UNTIL DISCONTINUED, starting today at 1300, until Sun 6/16, for 30 days
- ☒ Rubeola antibody IgG  
STAT, First occurrence today at 1300  
Gold top tube, Tier 1 (all credentialed providers)
- ☒ Microbiology Miscellaneous - Measles IgM and IgG, Serum  
STAT, First occurrence today at 1300  
Send to State Lab. Gold top tube, Tier 1 (all credentialed providers)
- ☒ Microbiology Miscellaneous - Measles PCR, Urine  
ONCE, First occurrence today at 1300  
Sterile collection urine cup NOT required. Minimum of 0.25 mL. Send to State Lab, Tier 1 (all credentialed providers)
- ☒ Microbiology Miscellaneous - Measles PCR, Nasopharyngeal Swab  
STAT, First occurrence today at 1300  
Use UTM medium/FLOQ Swab (same swab used for Respiratory Panel). Send to State Lab, Tier 1 (all credentialed providers)