



# Infection Control for Measles

## Identify

**Prodrome** (lasts 2-4 days, range 1-7 days):

Fever, cough, runny nose, conjunctivitis.

**Rash** (lasts 5-6 days):

Rash with flat and raised features that develops at hairline or behind ears and spreads to rest of body.

**Exposure:** Contact with someone who has confirmed measles or travel to area with measles outbreak.

## Isolate

**Clinic:** Provide a procedural mask to symptomatic patients.

Prioritize triage and evaluation outside the clinic, when safe to do so. When necessary, use an AIIR or a single patient room with the door closed.

**Inpatient:** Use Airborne and Standard Precautions in single patient rooms.

**PPE:** Fit-tested N95 respirator required per Airborne Precautions, and other PPE (gown, gloves, and eye protection) as needed per Standard Precautions.

**Provide a procedural mask for the patient when outside the patient room. Limit transportation outside of the patient room, when possible.**

## Inform

Notify your local/tribal public health jurisdiction of all suspected or confirmed measles cases to help coordinate specimen submission to the Montana Public Health Laboratory (all positive samples must go to the MTPHL), infection control support, and exposure follow-up.

## Initiate Care

- Collect nasopharyngeal or throat swab for testing at your facility's reference lab or at the MTPHL using fit-tested N95 respirator and other PPE, such as gown, gloves, and eye protection, as needed, per Airborne and Standard Precautions.
- Dedicate patient equipment and limit staff traffic in and out of the room.
- Rest non-AIIR room for 2 hours after patient discharge. Assess your facility's air exchanges for an AIIR.
- Assess for shared air spaces to identify additional exposures and other areas that may need to be closed down for 2 hours after patient discharge. Consider starting a line list of potentially exposed individuals to assist with contact tracing.
- Follow organizational procedures for isolation room cleaning and disinfection using EPA-approved cleaners.
- Follow organizational procedures for occupational exposures to measles.

### Additional Resources:

- [CDC Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings](#)
- [CDC Infection Control Appendix A: Considerations when Evaluating a Person for Exposure to Measles in a Healthcare Setting](#)
- [CDC Measles Infection Control in Healthcare Personnel: Epidemiology and Control of Selected Infections Transmitted Among Healthcare Personnel and Patients \(2024\)](#)
- [CORHA Measles Information](#)
- [APIC Measles Information](#)
- [CDC Clinical Overview of Measles](#)
- [Appendix B. Air](#)
- [Montana Public Health Laboratory Testing Guidance](#)



- Fever, rash.
- Exposure to someone with measles or travel to area with measles outbreak.



- Provide a procedural mask & use single patient room (AIIR, if available).
- Fit-tested N95 (required) and other PPE as needed (eye protection, gown, gloves).



- Report suspect or confirmed cases to your local/tribal public health jurisdiction.



- Test via NP or throat swab; all positive samples must be sent to the MTPHL.
- Dedicate patient equipment.
- Follow organizational cleaning/disinfection procedures.



MONTANA  
INFECTION CONTROL AND  
HEALTHCARE-ASSOCIATED  
INFECTIONS SECTION