



**Public – To be published on the Trust external website**

# **Title: Measles (Rubeola) procedure**

## **Ref: IPC-0001-025-v1**

**Status: Approved**

**Document type: Procedure**

**Overarching Policy: [Infection Prevention and Control](#)**

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## 1 Introduction

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Measles is an acute viral notifiable disease that is transmitted via the respiratory route. It is highly infectious and can be very severe, particularly in people who are immunosuppressed, pregnant or very young infants.

According to UK Health Security Agency (2024) In the UK, people born between 1998 and 2004 are currently the most measles susceptible group of people, due to poor vaccine uptake in this particular birth cohort. Other groups identified to be under vaccinated include the Charedi Orthodox Jewish community, the traveller community, Steiner (Anthroposophic) community and recent migrants. London is identified as the most vulnerable region of the UK, with immunity targets not achieved for many birth cohorts.

The most effective way to prevent measles is via appropriate vaccination (2 doses) with the Measles, Mumps & Rubella (MMR) vaccine.

This procedure aligns with our journey for change as set out in the overarching [Infection Prevention and Control Policy](#)

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## 2 Purpose

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Following this procedure will help the Trust to:-

- Ensure patients with suspected or confirmed Measles are cared for appropriately and actions are taken to minimise risk of cross infection to others.
- Ensure the safety of all patients in our care by implementing infection prevention and control controls and measures promptly.
- Ensure any member of staff with confirmed or suspected measles are excluded from work until deemed non-infectious.
- Ensure contacts of measles cases are appropriately managed.

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## 3 Who this procedure applies to

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- All trust Staff.
- This procedure aligns with the Trust values as we listen to staff and respect their views. We ensure any staff member who has difficulties with the measures detailed in this procedure can discuss their needs so that standards are maintained while individual differences are recognised and supported.

## 4 Related documents

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Standard precautions for [Infection Prevention and Control Policy](#) which you must read, understand and be trained in before carrying out the procedures described in this document.

This procedure also refers to the following trust procedures: -

- [Standard IPC Precautions](#)
- [Hand Hygiene](#)
- [Decontamination of equipment](#)
- [Infectious diseases](#)
- [Laundering and safe handling of linen and clothing procedure](#)
- [Acute Respiratory Infection Patient Management procedure](#)
- [Personal Protective Equipment \(PPE\)](#)
- [New and Expectant Mothers Procedure](#)
- [Risk Assessment \(Health & Safety\) Procedure](#)

## 5 Measles - background

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Measles is a highly contagious viral infection that spreads very easily and can cause serious problems in people who are non-immune. Non-immune refers to people who have not had measles in the past or have not had 2 doses of the MMR vaccine. It can be more severe during pregnancy. Immunosuppressed individuals are at higher risk of developing prolonged and severe measles, and of suffering complications.

National guidance advocates that **All** patients admitted into in patient settings should have their vaccination history checked and documented as part of routine admission screening. Those with unknown or incomplete vaccination history should be offered MMR vaccination following national guidance.

Further information regarding MMR vaccination can be found here: [MMR \(measles, mumps and rubella\) vaccine - NHS \(www.nhs.uk\)](#)

Measles should also be considered in patients presenting with respiratory symptoms, please refer to the [Acute Respiratory Infection Patient Management procedure](#)

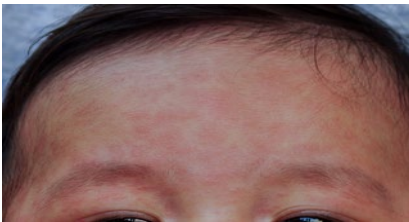
## 5.1 Symptoms of measles

Measles usually begins with coryza (cold like symptoms) including fever, conjunctivitis, cough, runny nose and sneezing. In some cases small grey/white spots (Koplik's spots) can also appear on the inside of the mouth and lips. These can last for 2-4 days:



Picture taken from NHS Measles information [Measles - NHS \(www.nhs.uk\)](https://www.nhs.uk) accessed 23/01/24

Measles rash usually develops 2 – 4 days after the onset of fever. The rash usually starts on the head particularly the face and behind the ears and spreads to the body over the next 3-4 days:



Pictures taken from NHS Measles information [Measles - NHS \(www.nhs.uk\)](https://www.nhs.uk) accessed 23/01/24

The spots of the measles rash are sometimes raised and join together to form blotchy patches. These are not usually itchy. The rash looks brown or red on white skin and may be harder to see on brown and black skin tones.

## 5.2 Clinical features of Measles

Clinical features of measles are outlined in the table below taken from UKHSA 2024

Clinical features	Symptoms
Classical primary measles: generally very unwell and considered measles until proven otherwise	<ul style="list-style-type: none"> <li>• fever equal to or over 39°C in the absence of antipyretics, and</li> <li>• generalised maculopapular rash, and</li> <li>• one or more of:                             <ul style="list-style-type: none"> <li>• conjunctivitis</li> <li>• cough</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• coryza (cold like symptoms)</li> </ul>
Mild: generally a milder illness	<ul style="list-style-type: none"> <li>• fever typically 37.5°C to 39°C</li> <li>• rash may be more localised</li> <li>• may not have conjunctivitis, coryza or cough</li> </ul>
Rash or fever following vaccination	Rash and mild fever on day 10 or 11 post-MMR vaccination is likely to be vaccine related

Case definitions for measles are shown in the table below:

Case definition categories	Definition
Laboratory confirmed	A suspected case with laboratory confirmation of acute infection.
Epidemiologically confirmed (a term used for surveillance purposes to define confirmed cases in the absence of a laboratory test to confirm measles)	A clinically classical case of measles with a direct epidemiological link to a confirmed case (where onset of symptoms occurred within 7 to 21 days of exposure), or related to another epidemiologically confirmed case (for example in an outbreak setting).
Likely (probable)	A clinically classical case of measles with epidemiological features that either increase the likelihood of the patient having been exposed and/or favour the diagnosis of measles relative to other causes of rash illness.
Likely breakthrough	A suspected case of measles in a patient who has had 2 doses of measles containing vaccine (usually at least 6 years after vaccination) or has confirmation of previous measles infection (IgG positive). The case will usually have mild symptoms and epidemiological information that suggest exposure to measles. Please note these cases are rare.
Unlikely (possible)	A suspected case of measles which does not meet the definition of a likely case, either because it is not clinically classical or because the epidemiological context is not suggestive of measles.

### 5.3 Mode of transmission

Measles is transmitted via the airborne route from respiratory particles or by direct contact with nasal and/or throat secretions of infected individuals.

Measles is highly contagious, 15 minutes in-direct contact with someone infected with measles is sufficient time to transmit the virus to non-immune people.

## 5.4 Period of incubation and infectivity

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The incubation period for measles ranges from 7 to 21 days (mean 10-12 days)

Individuals who have measles are typically infectious from 4 days before and up to 4 full days after the initial onset of the rash.

Non-immune patients and staff who have been significantly exposed to an individual with measles will require isolation (patients) or exclusion from work (staff). The IPC Team will assist in risk assessment and management of such cases and must be informed of any suspected or confirmed case via [tewv.ipc@nhs.net](mailto:tewv.ipc@nhs.net)

### 5.4.1 Breakthrough Measles (reinfection) Cases

The term breakthrough measles is used to describe a confirmed measles case when the person has already either had measles infection, or has had 2 doses of MMR vaccine, typically this can occur from 6-30 years following initial infection or vaccination.

Breakthrough measles infections are usually associated with intense or prolonged exposure to a person with measles infection and is usually only seen in household contacts and healthcare workers. Breakthrough measles cases tend to be milder, have shorter duration and are much less infectious.

## 6 Management of patients with suspected or confirmed Measles

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Admission of patients with measles is strongly advised to be avoided wherever possible, until the period of infectivity has subsided. If admission cannot be deferred or avoided, the patient with suspected or confirmed measles must be isolated on admission in an ensuite room with the door closed, and the IPC team must be informed.

If an inpatient develops measles symptoms, they must be assessed by a Dr or Physical Health Nurse Practitioner and isolated in a bedroom with ensuite facilities, and the door must be closed. In rooms that are not ensuite, a commode must be provided for that patient's personal use only and this must be cleaned after each use.



Over recent years incidence of measles cases within the UK have been low, and because of this the reliability of clinical diagnosis has declined. [Nice guidelines - how to diagnose measles](#) have been produced for clinicians to refer too, to aid diagnosis.

If a measles case is identified or suspected, then the ward Dr or Physical Health Nurse practitioner must undertake an assessment to identify any vulnerable or unvaccinated patients or staff. If any patients are identified, the IPC team must be informed to discuss post exposure prophylaxis options, Staff must be referred by their manager to the Occupational Health Team to seek further advice.

Measles is a notifiable disease all confirmed and suspected cases must be reported to IPC who will then report to the [local Health Protection Team](#). Out of IPC hours any suspected and or confirmed cases must be discussed by the ward Dr with the local health protection team or the on- call microbiologist from the nearest NHS Acute hospital trust.

Further advice and information is available within the [UKHSA National Measles Guidelines \(2024\)](#)

## 6.1 Infection Prevention & Control Precautions

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The Infection Prevention and Control Team must be informed of any patient, who has a suspected or confirmed case of measles. The Occupational Health and Infection Prevention Control teams must be informed of any staff cases of Measles, especially if the staff member has been working in the 4 days prior to their rash appearing. This is to instigate contact tracing if required.

All staff with patient contact should have adequate evidence of immunity to measles. Immunity to measles must be evidenced in one of the following ways:

- Positive measles IgG (evidence from a blood test).
- Documented evidence of 2 doses of measles containing vaccine such as MMR.

Ward and team managers are strongly advised to hold vaccination status information for all staff in their personal files in case contact tracing is required, for instance in an outbreak situation.

Any staff member who is concerned that they may not be immune to measles is advised to ask their manager to refer them to the Occupational Health Team for further advice, screening and if required immunisation. Staff without confirmed immunity to measles must not care for patients with confirmed or suspected measles.

### 6.1.1 Patient Isolation

Confirmed and suspected measles cases must be isolated for the duration of the infectious period, this includes to the end of 4 full days after the onset of the rash. The day the rash initially appeared is counted as day 0. During the isolation period the patient's mental wellbeing must be considered.

People who are immunosuppressed may be infectious for longer and may not display typical symptoms, isolation for these patients should be discussed further with the IPC team.

Only staff who are immune to measles should enter the isolated patient's room wearing appropriate personal protective equipment (PPE).

Transfers to other departments or healthcare facilities should be avoided unless deemed detrimental to the patients care. Risk assessment must include Consultant to Consultant discussion. Where transfer is unavoidable the receiving healthcare provider must be informed prior to the patient leaving their current unit in order to ensure appropriate measures are put in place to minimise risk of further transmission.

Patients with confirmed or suspected measles wherever possible without compromising care are advised to wear a fluid resistant surgical mask during transfer or whenever they are in communal areas.

### 6.1.2 Personal Protective Equipment

During the period of isolation anyone entering the patient's room must wear the following PPE:

- Single use disposable gloves
- Single use disposable apron (or long-sleeved gown if extensive splashing or undertaking aerosol generating procedure (AGP's))
- Single use FFP3 mask – please note staff must be fit tested every 2 years as per HSE (2023) guidance and must perform a fit check each time they wear a new FFP3 mask.
- Single use face protection (visor)
- Hands must be washed or decontaminated with alcohol hand sanitiser before donning and after removal of PPE.
- See following NHS England guidance for donning and doffing PPE- [Putting on and Removing PPE v3 \(england.nhs.uk\)](https://www.england.nhs.uk/guidance-and-support/clinical-guidance/putting-on-and-removing-ppe-v3/)

Please consult the [National Infection Prevention and Control Manual \(NICPM\) for England](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/842222/nicpm-for-england-2022.pdf) for further information on appropriate use of PPE.

### 6.1.3 Disposal of clinical waste

All clinical waste is potentially infectious and must be disposed of in the infectious waste stream. This includes all gloves, aprons and any disposable articles which may have been

in contact with the patient for the duration of isolation including tissues. Once waste bags are 2/3 full the neck must be tied securely, and the bag removed to the disposal area.

#### **6.1.4 Hand Hygiene**

Hand hygiene with soap and water or alcohol hand sanitiser must be undertaken prior to donning PPE. Following removal of PPE/when leaving the patients room hands must be washed with soap and water. Patients should also be encouraged to wash their hands regularly especially after contact with respiratory secretions or items containing respiratory secretions such as tissues.

#### **6.1.5 Cutlery/Crockery**

Normal ward issue can be used, following use these items must be sanitised in the ward kitchen sanitising unit or dishwasher after each use.

#### **6.1.6 Linen/ Laundry**

Hospital Linen will be treated as 'infected linen' (red soluble plastic bag inside the linen bag) as per the [Laundering and safe handling of linen and clothing procedure](#).

Bed linen and towels must be changed daily. Patients should be encouraged to change and launder clothing daily.

Curtains must be sent as infectious linen to the laundry contractor for processing on patient discharge.

#### **6.1.7 Nursing and medical equipment**

Wherever possible all equipment used with patients whilst they are deemed infectious must be either disposable or be able to withstand cleaning/disinfection with 1000ppm million chlorine releasing agent (such as Chlorclean). It is best practice to dedicate medical equipment to the isolated patient. All non disposable equipment including toys and games must be cleaned after each use with universal Clinell wipes.

#### **6.1.8 Routine environment / room cleaning**

The patient's room must be cleaned daily with 1000ppm chlorine releasing agent (Chlorclean) including all equipment and horizontal surfaces. Staff entering the room to clean must wear PPE as outlined above.

#### **6.1.9 Terminal Cleaning**

The patient's bedroom and ensuite must be terminally cleaned as soon as the patient is deemed no longer infectious and isolation discontinued, or on discharge/transfer of the patient. New patients must not be admitted to the affected area until terminal cleaning has been performed. If the patient is transferred to an alternative healthcare provider, the receiving area and transport team must be informed of the patient's infection status in advance.

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### 6.1.10 Visitors

Non-essential visitors should be minimised.

Only visitors with known immunity should enter the patient's room. Non-immune visitors must be advised of the risks and excluded from visiting during the period of infectivity. It is advised that visiting should be restricted to close contacts only with known immunity.

Information for patients and visitors is available in appendix 4.

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## 6.2 Managing Contacts of Cases

The IPC team in conjunction with the relevant Health Protection team will consider contacts of each case and if deemed appropriate will undertake contact tracing including providing advice and support for contacts.

Significant contact with an infectious person is defined as being present in the same room (regardless of how brief) with a person with measles.

Contact tracing will consider the whole infectious period. This must take into account 4 days prior to appearance of the rash until 4 full days after the onset of the rash. The first day the rash appears is day zero.

Contact tracing will focus on non-immune people:

- People who have had face to face contact for any length of time
- People who have been in a small confined area (such as a bed room) without face to face contact for more than 15 minutes

### 6.2.1 Deciding if the Contact is Non-Immune

All patients and staff who have been exposed to someone with measles must be asked if they have had measles or measles vaccination (MMR) in the past. Documented evidence of 2 doses of MMR vaccination or measles disease is required to prove measles immunity status.

Staff who are identified as non-immune must be referred by their manager to Occupational Health for advice and management.

Patients who are non-immune may require post exposure prophylaxis especially if they are vulnerable or immunocompromised. Please discuss individual cases with the IPC team.

Any immunocompromised child or child who has not received the MMR vaccine, who is exposed to a child with measles should be considered for prophylaxis with immunoglobulin.

Treatment of a child with measles must be determined by the responsible clinician based on UKHSA guidance.

Guidance on the use of immunoglobulin for immune-compromised children and adults is complex and outside the scope of this policy. Please see the [National Measles Guidelines](#) if required.

### **6.2.2 Preventing Non-Immune Staff & Patients Infecting Others**

Non-immune staff who have been exposed to a patient with measles infection must be excluded from their workplace from the 5<sup>th</sup> day after the first exposure until 21 days after their last exposure. The Occupational Health team must be involved in this medical suspension process, and wherever possible staff will be advised to work from home during this imposed suspension.

If staff are tested rapidly after exposure and are found to be measles IgG positive within 7 days of exposure, they can continue to work as this is deemed too early to be IgG positive from this most recent exposure. The Occupational Health team will advise further on this.

Non-immune patients who have been exposed to a case of measles must be isolated from the 5<sup>th</sup> day after the first exposure until 21 days after their last exposure. If patients are unsure of their immunity status, blood samples can be taken for measles IgG to ascertain previous exposure and to determine further management. Each individual case must be discussed with the IPC team.

National guidance indicates that all patients admitted to TEWV inpatient services are advised to have their vaccination history checked and recorded as part of their admission screen.

Similarly, all team managers are advised as per national recommendations to hold up to date vaccination/immunity status for all staff, this is especially important if contact tracing is required.

### **6.2.3 Pregnant Staff**

Measles can be severe in pregnancy and can lead to an increased risk of prematurity and foetal loss. Pregnant staff must avoid contact with measles cases especially during the infectious period.

Any non-immune, pregnant staff member who comes into contact with a patient with measles infection must seek advice from their Midwife and the Occupational Health team immediately. Post exposure prophylaxis can be of limited effectiveness, however, may be offered to exposed vulnerable contacts including pregnant people. Pregnant staff who have been exposed to measles are advised to have their immune status checked as they may need prophylaxis with human normal immunoglobulin.

### Assessment and treatment of pregnant women / people

Born before 1990	History of measles infection	Assume immune
	No history of measles infection	Test and administer HNIG within 6 days only if measles antibody negative
	History of 2 measles containing vaccines	Assume immune
Born 1990 or later	History of 2 measles vaccines	Assume immune
	History of one measles vaccine	Test and administer HNIG within 6 days only if measles antibody negative
	Unvaccinated	Test and administer HNIG if measles antibody negative. If not possible to test within 6 days of exposure, offer HNIG.

MMR vaccine is avoided in pregnancy and staff members are advised to avoid becoming pregnant for 1 month after immunisation.

Staff who are pregnant are advised to update their new and expectant mothers/people risk assessment.

### 6.2.4 Measles Mumps Rubella (MMR) Vaccine for Staff

Vaccination with MMR vaccine is strongly advised to protect non-immune staff from acquiring measles, mumps and rubella. When new staff members commence employment, they should be screened and history of previous disease or vaccination identified by the Occupational Health team. Staff members who cannot recall having had a definite episode of measles will be offered a blood test to look for antibodies. If staff members, are found to have negative or equivocal antibodies MMR vaccine (2 doses), will be offered, and advised.



All staff are advised to have Measles immunity – check with the Occupational Health Team if you are unsure.

## 7 Terms and definitions

Term	Definition
MMR	<ul style="list-style-type: none"> <li>Measles, Mumps, Rubella Vaccination</li> </ul>
UKHSA	<ul style="list-style-type: none"> <li>United Kingdom Health Security Agency</li> </ul>
IgG	<ul style="list-style-type: none"> <li>Immunoglobulin (blood test used to detect antibodies)</li> </ul>
PPE	<ul style="list-style-type: none"> <li>Personal Protective Equipment</li> </ul>
FFP3	<ul style="list-style-type: none"> <li>Filtering Face Piece (3 refers to the level of protection)</li> </ul>
AGP	<ul style="list-style-type: none"> <li>Aerosol Generating Procedure</li> </ul>
HSE	<ul style="list-style-type: none"> <li>Health and Safety Executive</li> </ul>
1000ppm	<ul style="list-style-type: none"> <li>1000 parts per million (used to identify the strength of the chlorine solution required for adequate cleaning)</li> </ul>
Coryza	<ul style="list-style-type: none"> <li>Cold like symptoms (runny nose, blocked nose, sneezing)</li> </ul>
IPC	<ul style="list-style-type: none"> <li>Infection Prevention Control</li> </ul>

## 8 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and external website.
- Line managers will disseminate this procedure to all Trust employees through a line management briefing.

### 8.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Physical Health Nurse Practitioners and Support Infection Prevention Specialist (SIPS) Staff	Face to face / via Microsoft Teams	15 minutes	Once – updates to be provided if national guidance changes

## 9 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Reviewing infections reported by nursing staff	IPC quarterly report to the IPC committee members	IPC committee

## 10 References

- Health and Safety Executive (2023) [Fit testing basics - Respiratory protective equipment\(RPE\) \(hse.gov.uk\)](https://www.hse.gov.uk/fit-testing-basics-respiratory-protective-equipment-rpe/) - accessed 01/02/24
- NHS England 2024 [NHS England » Guidance for risk assessment and infection prevention and control measures for measles in healthcare settings](https://www.nhs.uk/guidance/2024/01/guidance-for-risk-assessment-and-infection-prevention-and-control-measures-for-measles-in-healthcare-settings/) accessed 01/02/24
- National Institute for Clinical Excellence (2023) How should I diagnose Measles [Clinical diagnosis | Diagnosis | Measles | CKS | NICE](https://www.nice.org.uk/clinical-guidance/2023/01/how-should-i-diagnose-measles/) accessed 01/02/24
- UK Health Security Agency (2024) National Measles guidelines [National measles guidelines January 2024 \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/124444/national-measles-guidelines-january-2024.pdf) accessed 01/02/2024
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- NHS (2020) [MMR \(measles, mumps and rubella\) vaccine - NHS \(www.nhs.uk\)](https://www.nhs.uk) accessed 22/02/24

## 11 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	16 April 2024
Next review date	16 April 2027
This document replaces	N/a – new document
This document was approved by	IPCC
This document was approved	16 April 2024
This document was ratified by	n/a
This document was ratified	n/a
An equality analysis was completed on this policy on	19 April 2024
Document type	Public
FOI Clause (Private documents only)	n/a

### Change record

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Version	Date	Amendment details	Status
1	16 Apr 2024	New document	Approved

## Appendix 1 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	IPC
Title	Measles
Type	Procedure
Geographical area covered	Trust wide
Aims and objectives	Prevention and Management of Measles Cases
Start date of Equality Analysis Screening	January 2024
End date of Equality Analysis Screening	19 April 2024

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Patients, Families, Carers, Staff and visitors
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	<ul style="list-style-type: none"> <li>• <b>Race</b> (including Gypsy and Traveller) <b>NO*</b></li> <li>• <b>Disability</b> (includes physical, learning, mental health, sensory and medical disabilities) <b>NO*</b></li> <li>• <b>Sex</b> (Men, women and gender neutral etc.) <b>NO</b></li> <li>• <b>Gender reassignment</b> (Transgender and gender identity) <b>NO</b></li> <li>• <b>Sexual Orientation</b> (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) <b>NO</b></li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Age</b> (includes, young people, older people – people of all ages) <b>NO*</b></li> <li>• <b>Religion or Belief</b> (includes faith groups, atheism and philosophical beliefs) <b>NO</b></li> <li>• <b>Pregnancy and Maternity</b> (includes pregnancy, women who are breastfeeding and women on maternity leave) <b>NO*</b></li> <li>• <b>Marriage and Civil Partnership</b> (includes opposite and same sex couples who are married or civil partners) <b>NO</b></li> <li>• <b>Veterans</b> (includes serving armed forces personnel, reservists, veterans and their families) <b>NO</b></li> </ul>
Describe any negative impacts	NO* this procedure aims to protect people with these protective characteristics who may be more at risk of contracting measles especially if they are not immunised, or are immunocompromised.
Describe any positive impacts	Aim to prevent further transmission of Measles and raise awareness of importance of MMR vaccination.

<b>Section 3</b>	<b>Research and involvement</b>
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	UKHSA guidelines NICE guidelines NHS guidelines
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	yes
If you answered Yes above, describe the engagement and involvement that has taken place	IPC team, IPC Committee will review and approve this document (committee includes patient representatives) and also to be put out for all staff trustwide consultation (staff includes all protected characteristics)

If you answered No above, describe future plans that you may have to engage and involve people from different groups	n/a
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<b>Section 4</b>	<b>Training needs</b>
As part of this equality analysis have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	n/a
Describe any training needs for patients	n/a
Describe any training needs for contractors or other outside agencies	n/a

**Check the information you have provided and ensure additional evidence can be provided if asked**

## Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes / No / Not applicable	Comments
<b>1.</b>	<b>Title</b>		
	Is the title clear and unambiguous?	yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	yes	
<b>2.</b>	<b>Rationale</b>		
	Are reasons for development of the document stated?	yes	
<b>3.</b>	<b>Development Process</b>		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
	Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
<b>4.</b>	<b>Content</b>		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
<b>5.</b>	<b>Evidence Base</b>		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
<b>6.</b>	<b>Training</b>		
	Have training needs been considered?	Yes	
	Are training needs included in the document?	Yes	
<b>7.</b>	<b>Implementation and monitoring</b>		

	<b>Title of document being reviewed:</b>	<b>Yes / No / Not applicable</b>	<b>Comments</b>
	Does the document identify how it will be implemented and monitored?	Yes	
<b>8.</b>	<b>Equality analysis</b>		
	Has an equality analysis been completed for the document?	Y	
	Have Equality and Diversity reviewed and approved the equality analysis?	Y	
<b>9.</b>	<b>Approval</b>		
	Does the document identify which committee/group will approve it?	y	IPCC
<b>10.</b>	<b>Publication</b>		
	Has the policy been reviewed for harm?	Y	No harm
	Does the document identify whether it is private or public?	y	public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	

## **Appendix 3 – MMR information for staff and patients**

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[MMR vaccination \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

[Measles leaflet English \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

[Measles poster English \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

[Putting on and Removing PPE v3 \(england.nhs.uk\)](https://england.nhs.uk)



## Appendix 4 – Measles Flowchart (patients)

If any patient displays respiratory symptom's please consider Measles:

1. Check the patient's immunisation history and whether they have previously had measles (measles is very unlikely in people who have had 2 doses of MMR or documented measles infection in the past)
2. Consider measles in patients presenting with a rash, fever and cold like \*symptoms
3. Determine whether the patient has had \*\*significant contact with a possible case of measles
4. Ask has the patient recently travelled from an area of the UK or a country currently reporting increased measles cases
5. Measles is highly contagious from the onset of symptoms usually 2-4 days before the rash appears
6. Measles is most likely in people who are not fully immunised and have no history of measles infection, the group most at risk are young adults



### Possible or confirmed Measles case

1. \*\*\*Isolate the patient immediately – if unable to isolate in a bedroom, isolate an area for this patient only
2. Bedroom door or area doors if isolating in an identified area must be closed, IPC precautions including FFP3 masks must be worn when in the patient's room.
3. Inform IPC team [tewv.ipc@nhs.net](mailto:tewv.ipc@nhs.net)
4. At weekends/Bank holidays inform the [local Health Protection Team](#)



### Laboratory testing

- If measles is strongly suspected the Doctor must contact the relevant local acute trust microbiologist to discuss measles testing
  - **North Yorkshire/York area** – contact IPC team (or health Protection Team out of hours) requesting swab kits which are couriered (will wait and return or return later in day not feasible).
  - **Rest of TEWV** – contact [NUTH.newcastleirology@nhs.net](mailto:NUTH.newcastleirology@nhs.net) Viral throat swab taken and sent in taxi to Freeman Hospital Microbiology & Virology laboratories
- Inform the IPC team of any patients tested for measles confirmation [tewv.ipc@nhs.net](mailto:tewv.ipc@nhs.net)

### \*Symptoms of Measles

- 2-4 days high temperature
- A runny or blocked nose
- Sneezing
- A cough
- Conjunctivitis – red, sore, watery eyes

Followed by

- Small white spots that may appear in the inside of the mouth
- Measles rash – this usually appears 2-4 days after the initial cold like symptoms. the rash usually starts on the face and spreads to the rest of the body.

### \*\*\*Isolation

**Staff providing direct care to a Measles patient must:**

- Wear respiratory protection including an FFP3 mask (staff must be fit tested for FFP3 masks).
- Perform fit check for FFP3 mask
- Wear gloves and aprons
- Donning and doffing areas must be provided at the isolation area

Isolation must continue until 4 full days from the onset of the rash

Discuss with IPC as soon as possible – send an email marked urgent to [tewv.ipc@nhs.net](mailto:tewv.ipc@nhs.net) if it is out of hours.

**\*\*significant contact is being in the same room for 15 mins or more, or any face to face contact with a measles case**

- For further information please consult:
- [National Measles Guidelines](#)
- [Acute Respiratory infection patient management procedure](#)

## Appendix 5 – Measles Flowchart (staff)

All staff are advised to ensure that they are immune to measles and to have documented evidence of their Measles status:  
Immunity to Measles is defined as:

- Documented evidence of 2 doses of MMR vaccine
- Documented evidence of previous measles infection (GP may hold this information)

Staff who cannot clarify their measles status are advised to contact the Occupational Health Team to arrange a blood test to check their immunity status and if required MMR vaccination.



Non-immune staff exposed to measles outside of work must:

- Inform their line manager
- Exclude from work from the 5<sup>th</sup> day after the first exposure to a confirmed or likely measles case
- Line manager must inform the Occupational Health Team
- Occupational Health team will advise on returning to work



Non-immune staff exposed to measles at work must:

- Inform the IPC team
- Exclude from work from the 5<sup>th</sup> day after first exposure to a confirmed or likely measles case
- Discuss each individual case with IPC and the Occupational Health Team

**Please note:**

In the absence of documented evidence of immunity, the Occupational Health Team may arrange for staff to have measles IgG tests. This is a blood test that looks for antibodies. If staff are tested rapidly after exposure (within 7 days) and found to be IgG positive, they may be able to continue working as this is deemed to early to be due to infection from recent exposure.