

Be Ready if a Measles Outbreak Affects Your Hospital

Recent measles outbreaks are making headlines.

A common scenario is when an unprotected traveler picks up measles while abroad...then spreads it to nonimmune people back home.

Nine out of 10 nonimmune patients will get measles after exposure...and about 1 in 4 or 5 will end up in the hospital with complications (pneumonia, encephalitis, etc).

Look for symptoms, such as fever, the "three Cs"...cough, coryza (runny nose), and conjunctivitis...and a rash starting on the face.

Get these patients into airborne isolation ASAP. Measles is highly contagious, especially from 4 days before to 4 days after the rash starts.

But consider isolating immunocompromised measles patients during their entire hospitalization...since they may shed the virus longer.

Work with ID. Also notify the health department to report suspected measles cases...and for testing and treatment guidance.

Use supportive care as needed with antipyretics, fluids, etc.

And give oral vitamin A, especially to children...they're likely to be deficient. Measles can decrease vitamin A levels...and supplementing may decrease complications and severity.

Suggest postexposure prophylaxis for any exposed nonimmune contacts. Giving MMR vaccine or immune globulin may help prevent measles or limit severity.

Cast a wide net when offering. The measles virus can linger in the air for up to 2 hours after an infected person leaves the area.

Offer MMR to nonimmune contacts within 3 days of exposure.

But don't give MMR to patients who are severely immunocompromised or pregnant...since it's a live vaccine. Instead, use immune globulin within 6 days of exposure.

Reassure vaccinated patients that MMR boosters aren't recommended during a measles outbreak yet. About 97% of people develop lifelong immunity after two doses of a measles vaccine. And if they do get measles, explain it's usually milder than in unvaccinated patients.

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Cite this document as follows: Article, Be Ready if a Measles Outbreak Affects Your Hospital, Hospital Pharmacist's Letter, March 2024

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Committee on Immunization Practices (ACIP). MMWR Recomm Rep. 2013 Jun 14;62(RR-04):1-34.
Hospital Pharmacist's Letter. March 2024. No. 400322

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