



Ready for Measles

Measles Preparedness and
Response Strategies for Virginia
Healthcare Facilities



July 15, 2026



Objectives

- Describe current measles epidemiology in Virginia and the United States
- Identify key measles infection prevention and control strategies
- Review essential measles preparedness steps for healthcare facilities
- Explain components of measles exposure management and response

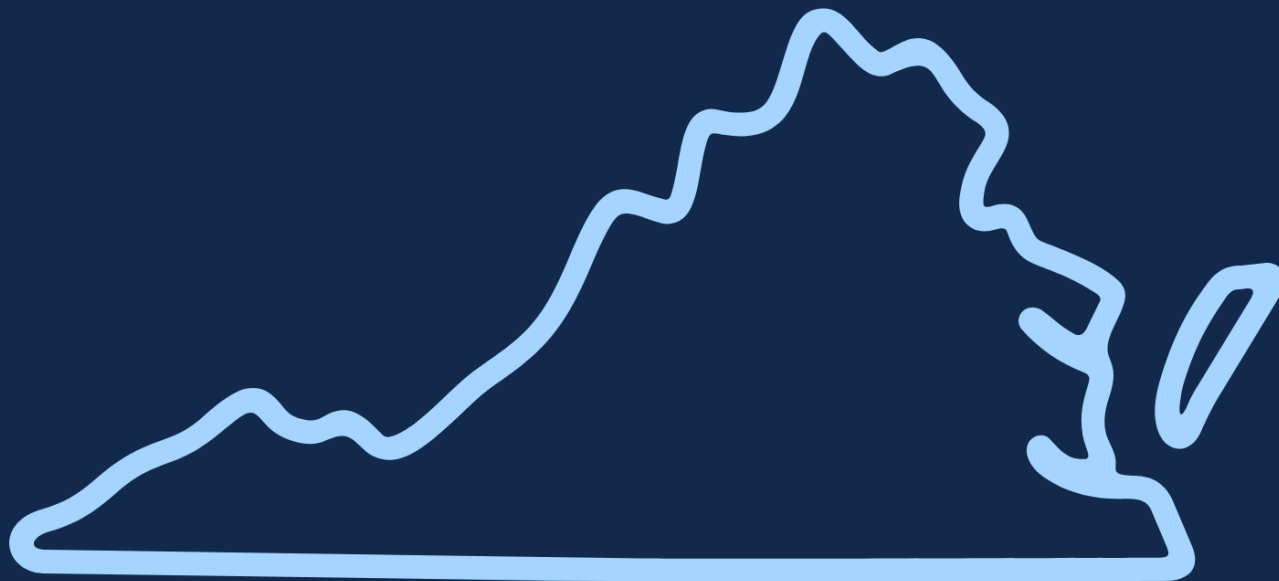
Polling Question

- If a patient with suspected measles arrived today, how prepared would your staff and facility be?

Fist to Five	
	Our team wouldn't be ready
	We'd be scrambling to figure it out
	We'd rely heavily on guidance
	We have a plan and know our resources
	Most staff would know what to do
	Our response would be smooth and coordinated

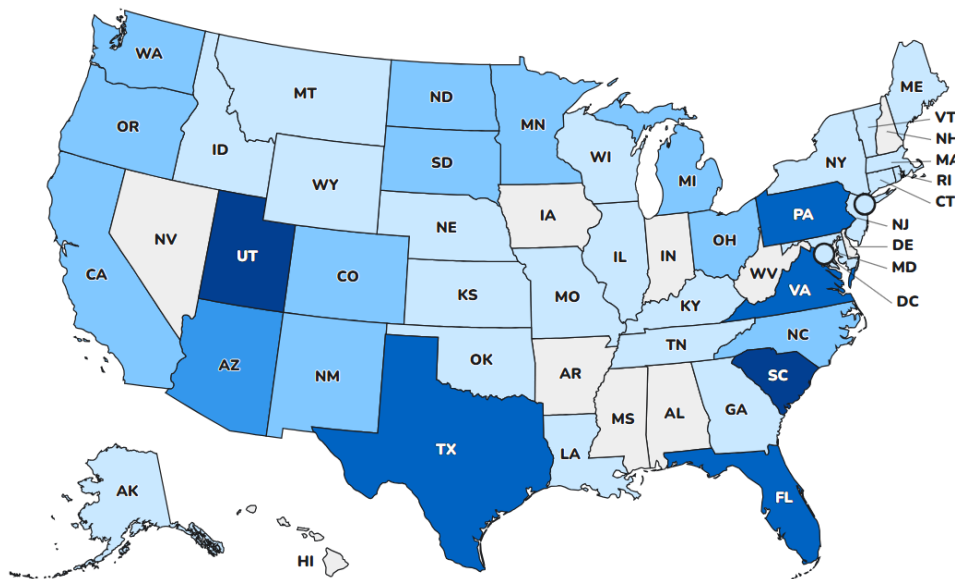


Measles in Virginia



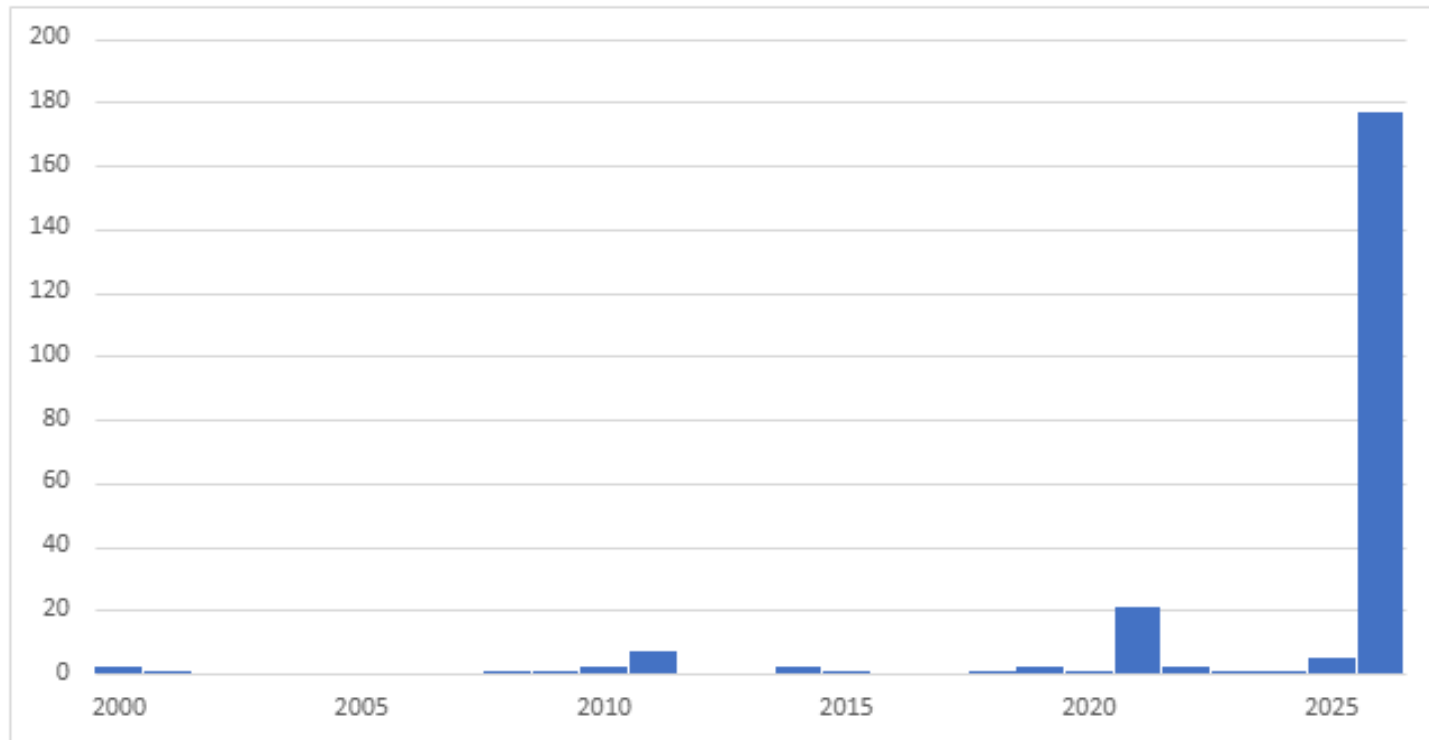
Map of 2026 Measles Cases among U.S. Residents

2026 2025 2024



- **2,231 cases** from **42 states** or territories
- **32 new outbreaks**
- Largest outbreaks in **South Carolina** (997 cases) and **Utah** (696 cases)
- **93%** of patients with unvaccinated or unknown vaccination status
- **6%** of patients hospitalized

Annual Measles Cases in Virginia: 2000-2026



2026 Measles Cases in Virginia

177 confirmed cases

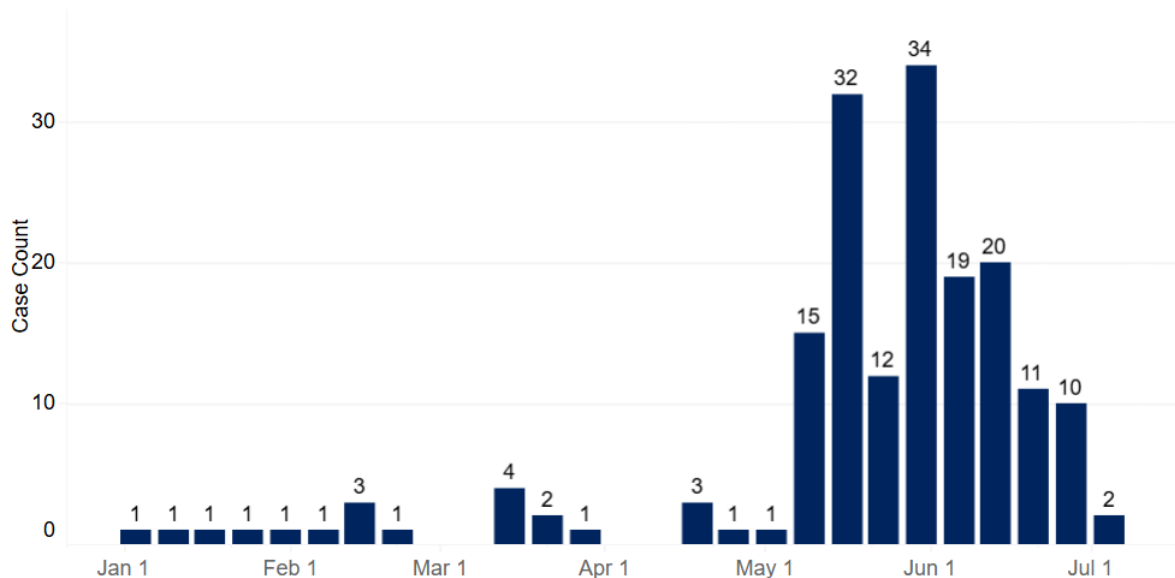
87% associated with VA outbreak

95% unvaccinated for measles

5% required hospitalization

33 public exposure sites

New Weekly Measles Cases by Rash Onset Date



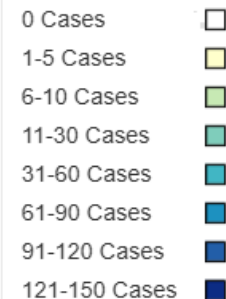
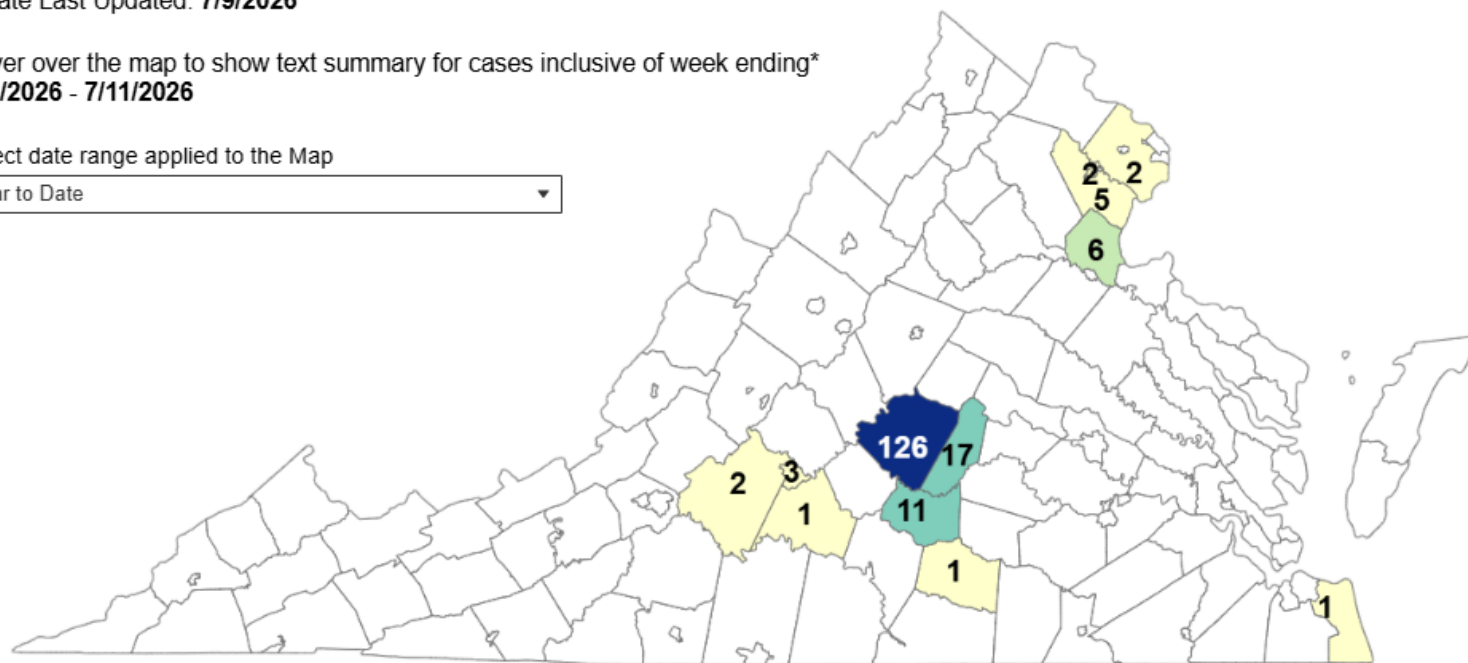
2026 Measles Cases in Virginia

Date Last Updated: 7/9/2026

Hover over the map to show text summary for cases inclusive of week ending*
1/3/2026 - 7/11/2026

Select date range applied to the Map

Year to Date



*Only shows data by MMWR weeks which ends on Saturdays



Prepare



Be Prepared: Vaccination



Maintain staff vaccination records and encourage vaccination for all healthcare personnel.

Only staff with presumptive [evidence of measles immunity](#) should administer care to patients with suspected or confirmed measles.

Be prepared to talk to patients about MMR vaccination if they are eligible.



Accessing Your Vaccine Record

- Access your Virginia vaccine record with secure electronic portals
- View, download, or print records for you or your family



MyIR Portal

Register and access your official immunization record.

New!



COVID and MMR Immunization Portal

Access specific official COVID and Measles, Mumps, and Rubella (MMR) immunization records.



Legacy Immunization Record Request

If you're unable to access your record above or if you need a hard copy mailed to you, submit a request [here](#). Note, requests through this portal take 3-5 business days.

Be Prepared: Know Your Protocols



Ensure staff are **trained on current protocols** for management of suspect measles cases and up to date with **N95 fit testing**.

- Respiratory protection program, availability of personal protective equipment
- Scheduling options for those with suspected measles or exposure
- Triage process, masking patients promptly
- Placement of patients with measles symptoms
- Transport of a patient with suspected/confirmed measles to a negative pressure room
- Testing protocol
- Plan for identifying contacts following a potential exposure event

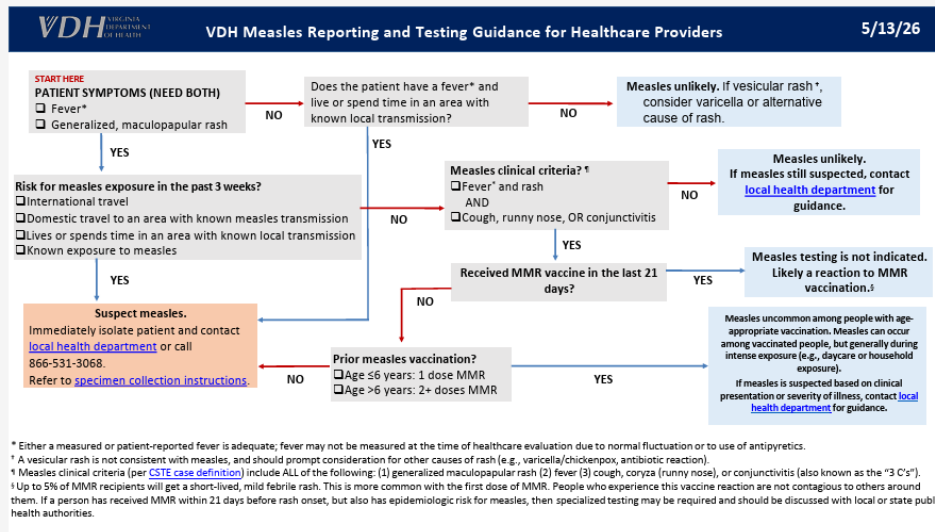
Measles Testing

- Public health testing requires VDH approval through your local health department

- PCR:

- Primary specimen: nasopharyngeal swab
- Secondary specimens: Oropharyngeal/throat swab, urine

- Serology: serum specimen
- [DCLS testing instructions](#)
- Turnaround 1-2 days



[VDH Measles Reporting and Testing Guidance for Healthcare Providers](#) (updated 7/14/2026)

Be Prepared: Know Your Contacts and Disease Trends in Your Community



Know how to contact your [local health department](#) and facility infection preventionist, including outside business hours, to ensure swift communication during a measles response



Be aware of measles trends in Virginia and the United States

- [VDH Measles Website](#)
- [CDC Measles Cases and Outbreaks](#)

Be Prepared: Educate Staff

- Increase awareness for frontline staff
- Know how to identify measles

Think Measles

Consider measles in any patient presenting with a febrile rash illness, especially if **unvaccinated for measles** or **traveled internationally** in the last 21 days.

1 Measles Symptoms

- High Fever
- Cough
- Coryza (runny nose)
- Conjunctivitis (red, watery eyes)
- Maculopapular Rash
 - Typically appears 2-4 days after symptoms begin.
 - Begins at hairline, spreads downward, to face, neck, and trunk.
 - Rash appears red on light complexions, but may be harder to see or appear as purple or darker than surrounding skin on dark complexions.

2 Pre-Visit Telephone Triage

- For those reporting measles symptoms, assess the risk of exposure:
 - Are measles cases present in your community?
 - Did the patient spend time out of the country in the 21 days before symptom onset?
 - Has the patient ever received the MMR vaccine?
- Triage should only be completed by a clinically trained person.
 - If patient will be seen in the office, provide instructions on face masks for patient (2 years of age and older) and family.
 - Instruct to arrive to a side or back entrance instead of the main entrance.

3 Patients Presenting with Suspected Measles

- Provide face masks to patients (2 years of age and older) and family before they enter the facility. Patients unable to wear a mask should be "tent" with a blanket or towel when entering the facility.
- Immediately move patient and family to an isolated location, ideally an airborne infection isolation room (AIIR) if available. If unavailable, use a private room with the door closed.
- No other children should accompany a child with suspected measles.
- Patients (2 years of age and older) and family should leave face masks on if feasible.

4 Infection Prevention Precautions

- Only health care providers with immunity to measles should provide care to the patient and family. Standard and airborne precautions should be followed, including:
- Use of a fit tested NIOSH-approved N95 or higher-level respirator.
 - Use of additional PPE if needed for task (e.g., gloves for blood draws).
 - Cleaning hands before and after seeing the patient.
 - Limiting transport or movement of patients outside of room unless medically necessary.

5 Public Health Notification

- To ensure rapid investigation and testing with contact tracing, notification should occur immediately upon suspicion of measles. Public health departments will be able to help confirm vaccination history for U.S. residents, provide guidance on specimen collection and submission, and manage contacts of confirmed cases.
- Acute care facilities should immediately notify the hospital epidemiologist or infection prevention department.
- Outpatient settings should immediately notify local or state health departments.
- Visit CSTE for reporting contact information: <https://www.cste.org/page/EpiOnCall>

6 Clinical Care

- People with confirmed measles should isolate for four days after they develop a rash.
- If an AIIR was not used, the room should remain vacant for the appropriate time (up to 2 hours) after the patient leaves the room.
- Standard cleaning and disinfection procedures are adequate for measles virus environmental control.



Maculopapular Rash
Source: CDC PHIL



Resources:

- [Measles Red Book Online Outbreaks Page](#)
- [CDC Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings](#)

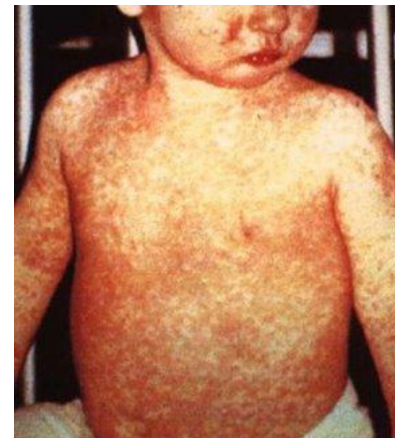
Project Firstline is a national collaborative led by the U.S. Centers for Disease Control and Prevention (CDC) to provide infection control training and education to frontline healthcare workers and public health personnel. American Academy of Pediatrics is proud to partner with Project Firstline, as supported through Cooperative Agreement CDC-RFA-OT18-1802. CDC is an agency within the Department of Health and Human Services (HHS). The contents of this flyer do not necessarily represent the policies of CDC or HHS and should not be considered an endorsement by the Federal Government.

Measles Symptoms

- Start 7–14 days after exposure but can appear up to 21 days later
- **Early symptoms (fever + 3Cs)**
 - High fever (can be $>104^{\circ}\text{F}$)
 - **C**ough
 - Runny nose (**C**oryza)
 - Red, watery eyes (**C**onjunctivitis)
 - Koplik spots (white spots in mouth)
- **Rash**
 - Red and blotchy, not itchy
 - Starts on face near hairline, spreads down



Koplik spots. Role of hospital pharmacist in two major pediatric diseases: Rotavirus & Measles (Khanpara & Chandpa, 2023). <https://doi.org/10.35629/7781-080512151236>



Measles Symptoms in Virginia's Outbreak: Notes from the Field

- Headache
- Photophobia
- Mild runny nose
- Cough starts closer to rash onset; not very predominant in most. Range of cough severity.
- Fever higher closer to rash onset
- Prodrome +/- 4 days
- Sometimes rash has been noted at base of hairline behind the ears
- Overall, patients have experienced mild prodrome. Symptoms typically worsen on day 0 of rash.

Be Prepared: Educate Patients and Visitors

- Signage at facility entrances – what to do if you suspect measles or exposure
- Encourage wearing a mask and proper hand hygiene when ill
- Other education resource: [VDH "Five Facts About Measles" Flyer](#)

If you think you may have
MEASLES

**IMPORTANT: BEFORE ENTERING THE FACILITY,
call this phone number for instructions:**

Measles can be dangerous, especially for babies and young children. Help prevent the spread.

Measles Symptoms

The most common symptoms of measles are:

High fever
(may spike to more than 104°F)

Rash
(breaks out 3-5 days after symptoms begin)

Runny nose

Red and/or watery eyes

Cough

[Stop Sign for Facility Entrances](#)

MEASLES

IT ISN'T JUST A LITTLE RASH

Measles can be dangerous, especially for babies and young children.

Measles symptoms typically include:

High fever
(one spike to more than 104°F)

Cough

Runny nose

Red and/or watery eyes

Rash
(breaks out 3-5 days after symptoms begin)

Measles can be serious.
Measles can cause severe health complications, including pneumonia, swelling of the brain (encephalitis) and death.

1 out of 8 people who get measles will be hospitalized.

1 out of every 1,000 people with measles will develop brain swelling, which may lead to brain damage.

1 out of every 20 children with measles will get pneumonia, the most common cause of death from measles in young children.

1 to 3 out of 1,000 people with measles will die.

Long-term complications
A very rare, but deadly disease called subacute sclerosing panencephalitis can develop 7 to 10 years after a person has recovered from measles.

www.cdc.gov/measles

You have the power to protect your child.
Provide your children with safe and long-lasting protection against measles by making sure they get the measles-mumps-rubella (MMR) vaccine. Talk to your healthcare provider.

[CDC Measles Flyer](#)

Be Prepared: Plan for Post-Exposure Prophylaxis



Assess availability of intravenous immunoglobulin (IGIV) and intramuscular immunoglobulin (IGIM) supply for post-exposure prophylaxis. Consider developing educational materials or trainings on administration of post-exposure prophylaxis.

VDH VIRGINIA
DEPARTMENT
OF HEALTH

Postexposure Prophylaxis for Asymptomatic Persons Who Were Exposed to Measles:
Recommendations by Age, Health Status, and Level of Measles Immunity

Age or Health Status Category	Measles Immune Status	Time From First Exposure ^a		
		<72 hours	>72 hours-6 days	>6 days
All ages	Immune ^b	• PEP not indicated when exposed person has presumptive evidence of immunity • No quarantine or exclusion from congregate setting/work needed • Monitor for symptoms for 21 days after exposure		
<6 months, not severely immunocompromised ^c	Non-immune	• Give IGIM^d • Quarantine and monitor for symptoms for 28 days after last exposure		• PEP not indicated (too late) • Quarantine and monitor for symptoms for 21 days after last exposure
6-11 months, not severely immunocompromised ^c	Non-immune	• Give MMR^e vaccine (preferred) or IGIM^d • If vaccinated: no quarantine or exclusion from congregate settings needed. Monitor for symptoms for 21 days after last exposure • If IGIM^d: quarantine and monitor for symptoms for 28 days after last exposure		• Give IGIM^d • Quarantine and monitor for symptoms for 28 days after last exposure • PEP not indicated (too late) • Quarantine and monitor for symptoms for 21 days after last exposure

[VDH's Postexposure Prophylaxis \(PEP\) Guidance for Measles Exposures](#)

Be Prepared: Know Your Air Handling



Collaborate with building engineering and be aware of all areas on the same shared air-handling systems (e.g., hallways, triage areas).

Have appropriate signage for airborne isolation rooms and a plan for how to monitor that negative pressure remains in place.

Evaluating Heating, Ventilation, and Air Conditioning Systems in Healthcare Facilities That Care for Measles Patients

This checklist aims to help public health partners work with healthcare facilities to quickly assess heating, ventilation, and air conditioning (HVAC) systems in specific areas of the facilities where care for measles patients could occur, improving worker, patient, and visitor safety. Infection preventionists and healthcare facility managers can also refer to this checklist to consider actions they can take to prepare for a patient with measles.

The following departments at the healthcare facility may be involved to complete this checklist:

- **Facilities Management (FM):** Evaluate and adjust HVAC systems according to applicable building codes, regulations set by authorities having jurisdiction, evidence-based guidelines, and professional association recommendations. Consult with HVAC professionals as needed.
- **Infection Prevention and Control (IPC):** Coordinate with FM to identify and assess areas at increased risk for measles transmission, such as those where environmental conditions could most promote transmission of the virus to persons in those areas.
- **Clinical Leadership:** Provide support and resources to implement recommended ventilation interventions.
- **Environmental Services:** Support ventilation interventions where needed.

This checklist is solely to assist in applying existing guidance from the [CDC Guidelines for Environmental Infection Control in Health-Care Facilities](#) and [ASHRAE Standard 170—Ventilation of Health-Care Facilities](#), and is not new or independent guidance. It is meant to support but does not replace a complete evaluation of the facility's overall readiness or HVAC systems and does not replace the need for hospitals or facilities to regularly check their HVAC systems to meet applicable building codes, local regulations, and [ASHRAE Standard 170](#). For detailed guidance on ventilation design, operation and maintenance, refer to the relevant standards and local regulations. See the Resources section of this checklist for links to web resources.

*Disclaimer: references to non-CDC sites on the Internet are for information purposes only and do not constitute an implied endorsement of these organizations or their programs by CDC or the U.S. Department of Health and

[CDC, NIOSH Evaluating Heating, Ventilation, and Air Conditioning Systems in Healthcare Facilities That Care for Measles Patients](#)



Airborne Contaminant Removal

Air changes per hour	Time (mins) required for removal – 99% efficiency	Time (mins) required for removal – 99.9% efficiency
2	138	207
4	69	104
6	46	69
8	35	52
10	28	41
12	23	35
15	18	28
20	14	21
50	6	8



Immediate Response



Timely Communication

- Inform:
 - Facility infection prevention program
 - Local health department



Source Control and Personal Protective Equipment



Patient:

- Surgical mask or N95 over mouth and nose (if 2+ years and able to wear a mask)
- Blanket over carrier for infants (tenting)



Healthcare personnel:

- Fit-tested N95 respirator
- Add other PPE per Standard Precautions

Patient Placement and Visitation

- Airborne infection isolation room (AIIR) with **door closed**
 - Activate negative pressure
 - [Daily physical monitoring](#)
 - Signage to inform persons before entry into the space and minimize risk
- Manage visitor access



Example sign: Patient in room
[CDC Airborne Precautions sign](#)

Patient Transport

- **Plan**

- Use a route that avoids contact with anyone not directly involved in the patient's care
- Limit transport to essential purposes (e.g., diagnostic procedures that cannot be performed in the patient's room)

- **Protect**

- **Patient:** Facemask (if tolerated)
- **Transporter:** Fit-tested N95 respirator

- **Communicate**

- Ensure clear communication during transport and care transfers
 - Within the facility
 - Emergency medical services
 - Receiving healthcare facility – alert in advance



Image: Canva

Stop Ongoing Exposures

- If the patient with measles is still in the facility or left the facility within the prior 2 hours
 - Close areas known to be measles-contaminated airspaces for appropriate time (up to 2 hrs)
 - Place signage
 - Inform patients/visitors who choose to enter the space that they will be considered exposed



Image: Canva

Example sign: Room closed
[VDH example room closure sign](#)

Environmental Infection Control

- Standard cleaning and disinfection procedures are adequate
- Use an [EPA-registered disinfectant](#)
- Manage used, disposable PPE and other patient care items as regulated medical waste



Image: Canva

What Does VDH Do If There Is a Measles Case?

- Confirm the diagnosis
- Ensure person with measles is isolated and that appropriate infection control measures are in place
- Interview the patient
- Identify and notify people who have been exposed and are not protected
- Provide guidance on post-exposure prophylaxis and ensure it is provided, if indicated
- Start additional control measures
- Look for more cases



Image: Canva



Measles Exposure Management and Investigation





10
Healthcare
Exposures
in 2026

**VDH has reported
10 healthcare
exposures in 2026.**

**EMERGENCY
DEPARTMENTS**



URGENT CARES



**PRIMARY CARE
OFFICES**



**Healthcare exposures pose
a significant risk for secondary
transmission to vulnerable
populations.**



INFANTS



**PREGNANT
WOMEN**



**PEOPLE WHO ARE
IMMUNOCOMPROMISED**



**Small steps make a difference
in the scale of a healthcare
exposure response.**



**Act quickly
to reduce risk.**



What Should a Healthcare Facility Do When There is an Exposure?

While awaiting lab results:

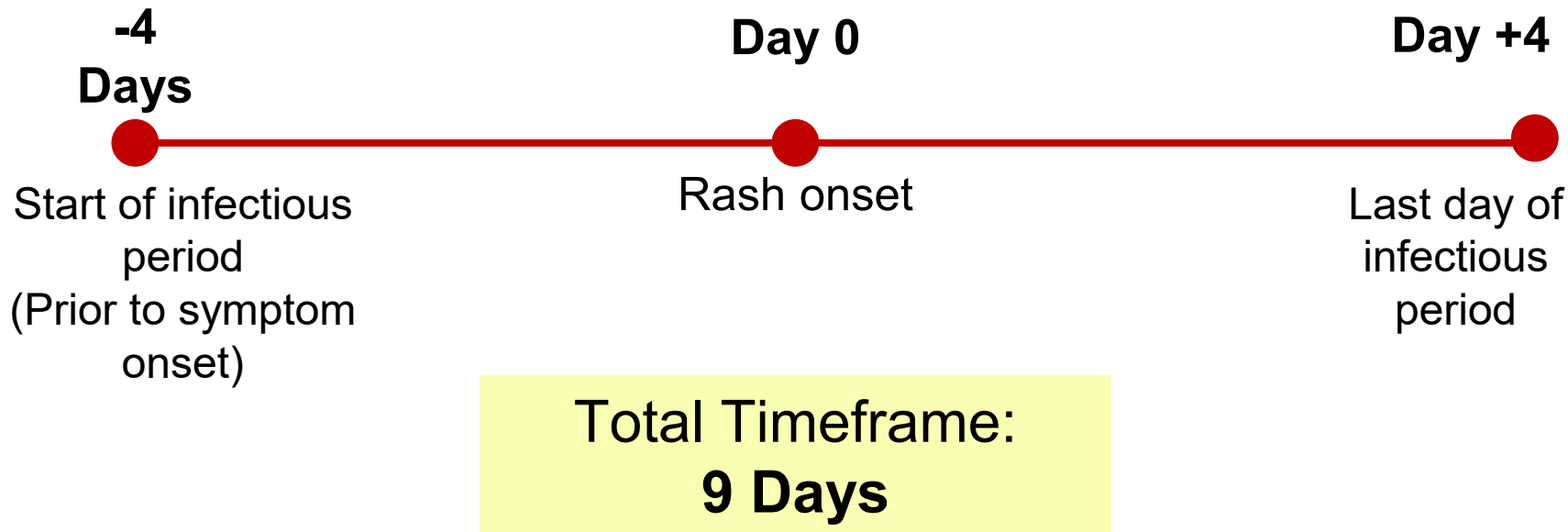
- Assemble a team
- Define exposure areas, shared airspace, and time periods
- Identify all who were in affected airspace (patients, visitors, and staff)



Following confirmation of measles infection:

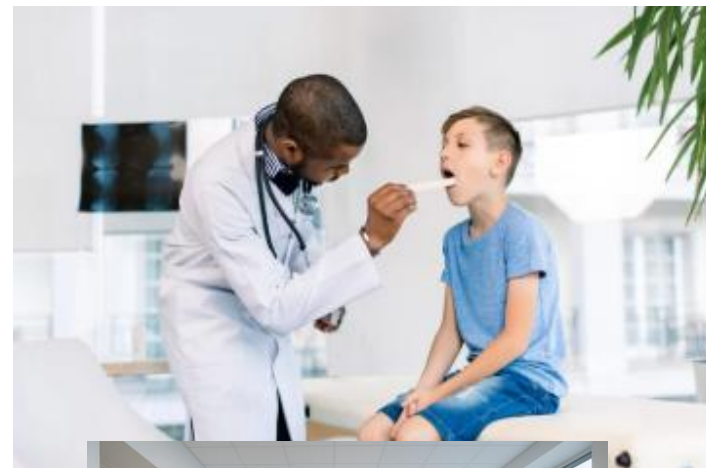
- Contact all who may have been exposed
- Provide post-exposure prophylaxis <72 hours of exposure, if indicated
- Monitor exposed staff and admitted patients
- Communicate promptly and regularly with your local health department

Defining the Exposure Window



Exposure Definition

- Spending any time unprotected (i.e., not wearing fit-tested respirator) in a **shared air space** (regardless of presumptive evidence of immunity):
 - While a patient with measles **is present** or
 - Location vacated by a patient with measles **within the prior 2 hours***
 - Unless air changes per hour (ACH) are known and time to remove 99.9% airborne-contaminants is shorter



Images: Canva

*Measles can remain infectious in air up to 2 hours. For spaces known air changes per hour (ACH), see: Table B1 [Air changes/hour \(ACH\) and time required for airborne-contaminant removal by efficiency](#)

Identify the Exposures

A child with fever, cough, conjunctivitis, and rash spends 35 minutes in the ED waiting room, 20 minutes in triage before being masked, and is then transported to an AIIR.

- Unmasked patients and caregivers were in the waiting area
- The triage nurses were wearing surgical masks
- The waiting area was continued to be used after the patient left the space

Who would you consider initially exposed?

Identify the Exposures: Answer

- **Exposed areas:**
 - ED waiting area
 - Triage area
 - All hallways used during patient transport to the AIIR
 - Locations on the same air handling system as the above areas
- **Exposure time:**
 - While patient was present + 2 hours (unless ACH known)

Shared Airspace

- Any non-AIRR room or area where the patient was present and
- Connected locations that share the same air-handling system
 - Possible exception: Air is directed through a HEPA filter



What Shared Air Spaces Can You Identify?

An unmasked patient with signs and symptoms of measles came to an urgent care center in a medical office building.

- The patient walked through the **lobby**, took the **elevator** to the 2nd floor, exited the elevator, walked through a **hallway**, and entered the urgent care **waiting room**.

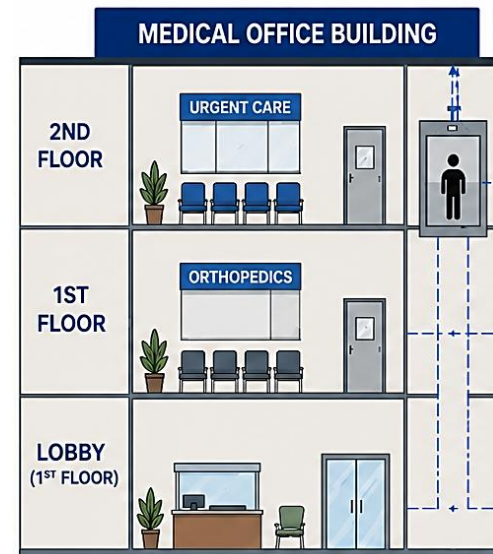
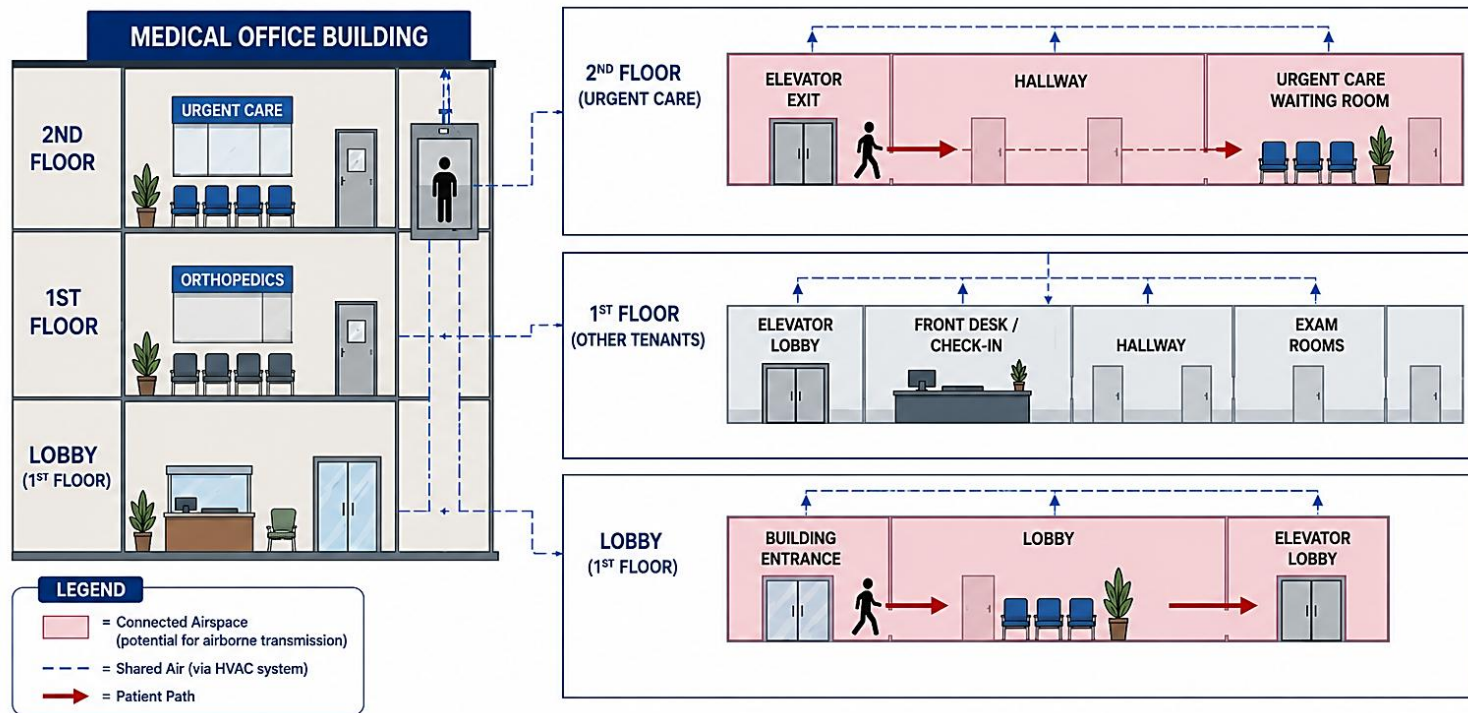


Image generated with “graphic to visualize connected airspace of locations in a medical office building: Patient with measles entered medical office building+walked through the lobby+elevator to the 2nd floor+exited elevator+walked through hallway+entered urgent care waiting room” by ChatGPT Plus, 2026

Shared Air Spaces: Answer





Exposure Locations & Times Sample Template

Date in Location	Day of Infectious Period w/ Visit*	Location(s) Visited	Shared Air Spaces**	Start Time in Location (Exposure Start)	End Time in Location	Air Changes per Hour (if known)	Airborne Contaminant Clearance Time (2 hrs/120 mins. if ACH unknown) ***	Exposure End Time
6/10/2026	Day 0	Clinic waiting room	None	10:15	10:30	4	104 minutes	12:14
6/10/2026	Day 0	Clinic exam room 2	Nurses station, Bathroom A, Exam rooms 4,6,8,10	10:30	11:16	Unknown	120 minutes	13:16

*Day of infectious period can range from 4 days before the day of rash onset (day 0) through the 4 days following rash onset.

**Considerations for [defining shared airspace](#)

***Air changes/hour (ACH) and time required for 99.9% airborne-contaminant removal by efficiency

Identify Exposed Staff

- Identify staff in measles-contaminated air spaces during risk times
 - Review work schedules, camera footage
- Determine if recommended respiratory protection was worn
- Evaluate presumptive evidence of measles immunity
- Identify date of first and last exposure
- Note type of exposures (e.g., distance from patient, duration, patient care activities, was patient masked during care, patient symptoms)



Identify Exposed Patients and Visitors

- Identify all patients and visitors in measles-contaminated air spaces during risk times
 - Review available records (e.g., census, visits, sign-ins)
- Determine presumptive evidence of measles immunity
- Identify the date of first and last exposure for each exposed patient
- Note type of exposures (e.g., distance from patient, duration)



Other Tips For Using Electronic Health Records and Communication Platforms

- Use your patient portal (e.g., MyChart) to notify measles contacts of the exposure
- Flag records of non-immune exposed patients
 - Non-immune contacts should be placed in an AIIR and use Airborne Precautions if they seek care during their monitoring period
- Use tracing features to identify potentially exposed staff



Image: Microsoft Powerpoint by Unknown
Author licensed under [CC BY-SA-NC](#)

Issuing a News Release

- VDH will issue a public notice if all contacts cannot be reached directly.
 - Commonly needed for high-traffic locations (e.g., EDs, urgent cares).
- Facilities are encouraged to coordinate with VDH on press releases or posting exposure details online.



Virginia Health Officials Investigating Confirmed Measles Case in Northern Region

February 16, 2026

Media Contact: Brookie Crawford, brookie.crawford@vdh.virginia.gov

Virginia Health Officials Investigating Confirmed Measles Case in Northern Region
Virginia Department of Health is Working to Identify People Who Are at Risk

RICHMOND, Va. – The Virginia Department of Health is reporting a confirmed case of measles in a resident of Northern Virginia. The patient is an adult who recently traveled internationally. To protect the patient's privacy, VDH will not provide any additional information about the patient. Health officials are coordinating an effort to identify people who might have been exposed.

Listed below are the dates, times, and locations of the potential exposure sites in Virginia:

- Giant Food, located at 8941 Ox Road in Lorton, between 3:30 p.m. and 5:45 p.m. Wednesday, February 11.
- Inova-GoHealth Urgent Care – Lorton Marketplace, located at 9427 Lorton Market St. in Lorton, between 9:30 a.m. and 1:30 p.m. Friday, February 13.
- Inova HealthPlex Lorton Emergency Room, located at 9321 Sanger St. in Lorton, between 10 a.m. and 12:30 p.m. Saturday February 14.

To date in 2026, Virginia has eight reported cases of measles. Any additional exposure sites identified in Virginia will be posted to the [VDH Measles website](#).

Post-Exposure Prophylaxis (PEP)

PEP options for measles:

1. MMR vaccine if within 72 hours of exposure **or**
2. Immunoglobulin (IG) if **within six days** of exposure
 - Prioritize those at risk of severe disease or complications and cannot be vaccinated





Exposed Healthcare Personnel Management

Healthcare Personnel Immunity Evidence + PEP After Exposure	Signs & Symptoms Monitoring	Self- Quarantine	Work Exclusions
● Evidence of immunity (PEP n/a)	21 days	No	None
● 1 prior MMR dose + 2 nd dose as soon as possible	21 days	No	None (receive 2nd dose when due)
● No immunity + 1 st MMR within 72 hrs	21 days	No	Days 5–21
● No immunity + No MMR within 72 hrs	21 days	21 days	Days 5–21
● Received IG within 6 days of exposure	28 days	28 days preferred*	Immediately & through Day 28* *21 days minimum

Exposed Patient & Visitor Management

- Provide PEP based on age, health, and immune status
- Self-monitor for signs and symptoms of measles for 21 days after last exposure
 - Extend to 28 days if IG received
- Quarantine or self-quarantine, as indicated
 - Stay home and away from others, including not going to school, work, or public spaces and not using public transportation.

VDH VIRGINIA DEPARTMENT OF HEALTH				
Postexposure Prophylaxis for Asymptomatic Persons Who Were Exposed to Measles: Recommendations by Age, Health Status, and Level of Measles Immunity				
Age or Health Status Category	Measles Immune Status	Time From First Exposure ¹		
		≤72 hours	>72 hours-6 days	>6 days
All ages	Immune ²	• PEP not indicated when exposed person has presumptive evidence of immunity • No quarantine or exclusion from congregate setting/work needed • Monitor for symptoms for 21 days after exposure		
<6 months, not severely immunocompromised ⁵	Non-immune	• Give IGIM³ • Quarantine and monitor for symptoms for 28 days after last exposure		• PEP not indicated (too late) • Quarantine and monitor for symptoms for 21 days after last exposure
6-11 months, not severely immunocompromised ⁵	Non-immune	• Give MMR⁴ vaccine (preferred) or IGIM³ • If vaccinated: no quarantine or exclusion from congregate settings needed. Monitor for symptoms for 21 days after last exposure • If IGIM³: quarantine and monitor for symptoms for 28 days after last exposure	• Give IGIM³ • Quarantine and monitor for symptoms for 28 days after last exposure	• PEP not indicated (too late) • Quarantine and monitor for symptoms for 21 days after last exposure

[VDH's Postexposure Prophylaxis \(PEP\) Guidance for Measles Exposures](#)



Resources to Support Your Response

SAMPLE Measles Exposure Notification Letter for Patients and Visitors

This is a sample letter that can be adapted and used to notify patients or visitors who may have been exposed to measles in a healthcare setting. Because of the limited time to administer post-exposure prophylaxis (72 hours to administer measles vaccine and 6 days for immune globulin) to eligible individuals following an exposure, whenever possible, outreach by phone is preferred.

A factsheet can be created, using information from the following websites, and included with the letter to provide additional information about measles, including signs and symptoms and how measles spreads:

- [Measles Symptoms and Complications | Measles \(Rubeola\) | CDC](#)
- [Questions About Measles | Measles \(Rubeola\) | CDC](#)

Dear <PATIENT>.

We are contacting you because you may have been exposed to someone with measles while in our <FACILITY NAME>. We learned that a measles exposure may have occurred in <LOCATION(S)> on <DATE(S)>. If you were present in these areas between <TIME(S)> then you may have been exposed.

Measles is **highly contagious**, which means it spreads easily from person to person. The virus can be infectious in the air for up to 2 hours after someone with measles leaves the area. Measles can cause serious health problems, especially for babies, young children, pregnant women, and people with a weakened immune system. If you are not already protected from measles, you may be able to receive post-exposure prophylaxis or PEP, which can help prevent or reduce the symptoms of a measles infection.

Steps to Take:

1. **Share this information:** Please share this information with any friends or relatives who came with you, as they may have also been exposed.
2. **Determine if you are protected from measles:** CDC considers you protected from measles if you have written documentation (records) showing at least one of the following:
 - a) you received two doses of measles-containing vaccine, and you are a school-aged child (grades K-12) or an adult who will be in a setting that poses high risk for measles transmission (including students at post-high school education institutions, healthcare personnel, and international travelers);
 - b) you received one dose of measles-containing vaccine, and you are a preschool-aged child or an adult who will not be in a high-risk setting for measles transmission;

Sample script to assess patients and visitors in healthcare settings for exposure to measles and need for post-exposure prophylaxis

Users: Health department or healthcare facility personnel

Intended Use: This sample script is intended to help assess patients and visitors in healthcare settings for exposure to measles and need for post-exposure prophylaxis. This does not address any community restrictions that might be recommended by a health department for exposed individuals who do not have presumptive evidence of measles immunity and did not receive post-exposure prophylaxis; such jurisdiction-specific information may be added by users where appropriate.

This script could also be adapted to assess healthcare personnel (HCP) for exposure to measles and need for post-exposure prophylaxis. If used for that purpose, include additional details about exposure (e.g., use of a NIOSH-approved* N95* respirator) and, if indicated, recommendations for work exclusion. Additionally, HCP may be exposed outside of their work (e.g., as a visitor to an ill family member outside of work duties). HCP exposed to measles outside of work should inform their occupational health program for assistance with appropriate work exclusions, if necessary.

[Appendix A](#) of the Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings further addresses considerations when evaluating a person for exposure to measles in a healthcare setting.

Fill in this information before calling the patient, subject to applicable state privacy laws and the healthcare facility's policies regarding privacy:

Medical record number	
Last name	
First name	
Date of Birth	
Location(s) of exposure	
Date of exposure	
Time of exposure*	From: To:
Based on date/time of call:	☐ Patient is within 72 hours of exposure ☐ Patient is within 6 days of exposure ☐ It is more than 6 days after patient's exposure and patient is not eligible for post-exposure prophylaxis
Date 21 days after exposure (measures on ongoing exposure)	

*Include time after the measles patient leaves the area based on air changes per hour for 99.9% removal efficiency of airborne contaminants (Appendix B, Air)

Customizable Sample Measles Exposure Notification Letter for Patients and Visitors

Customizable Sample Script to Assess Patients and Visitors



VDH Is Here to Support You



Putting the Pieces Together

- Self-assessment: [CDC's Measles Assessment Tool for Infection Control in Healthcare Settings](#)
- Reach out to your local health department for additional support (e.g., onsite assessment, consultation)



Image: Canva

How Can We Support You?

- Have your community members **expressed concerns** about measles in Virginia or the United States?
- Are there specific **educational resources or tools** that VDH can develop on measles or vaccination that would help your facility or community?
- What **barriers** are you aware of that limit members of your community from accessing care or vaccine?
- What **questions** do you have for VDH?

Polling Question

- How confident are you that you know the next steps if a patient with suspected or confirmed measles arrives?

Fist to Five



I wouldn't know where to start



I have some idea, but I'd feel overwhelmed



I know some of the steps but would need significant guidance



I know where to find the resources and who to contact



I feel confident I could help guide the response



I'm ready to take action and feel confident leading the next steps

Resources

- VDH [Measles Information for Healthcare Providers](#) website
- [VDH 5 Facts About Measles](#)
- CDC [Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings](#)
- CDC [Measles Assessment Tool \(MAT\) for Infection Control in Healthcare Settings](#)
- CDC [Preparing and Responding to Measles: Checklist for Healthcare Workers](#)



Thank you!



Image: Canva

Visit the VDH HAI/AR Website:

<https://www.vdh.virginia.gov/haiar/>

Contact Us:

hai@vdh.virginia.gov