

Measles Toolkit/Exposure Management

Last Edited 1/28/2026

Situation

Measles Management/Post-Exposure Prophylaxis

Background

Measles is a highly contagious **airborne** infectious disease. It is contagious from the prodrome period (ie fever etc) through 4 days after the appearance of the rash. Exposure can occur for those in the same space (e.g., room, office, waiting area) even as long as 2 hours after leaving. Vaccination is highly effective at preventing illness if exposed, but declining vaccination rates along with an increase in cases necessitate a post exposure process.

Assessment

Those exposed to measles who a) are not immune or b) cannot readily show that they have adequate immunity against measles should be offered post-exposure prophylaxis (PEP).

There are two types of PEP for measles:

- Preferred (if no contra-indication): MMR vaccine, if administered within 72 hours of initial measles exposure.
- 2nd line (if contra-indication to MMR): Immunoglobulin (IG), if administered within 6 days of exposure. IVIg or IM (GamaSTAN®). The dose for IVIg is 400mg/kg. For IM->see NCDPH guidance/per the GamaSTAN® Package Insert for dosing specifics.
 - ***Don't administer MMR vaccine and IG simultaneously!!!***

Recommendation

What to do if exposure??

- 1) Assess immune status->***In most situations, immune individuals do not require PEP!!***
- 2) If non-immune and/or immunity unknown:
 - a. if no contra-indication to MMR, give the MMR vaccine within 72 hours of exposure (see below link for contraindications to MMR vaccine).
 - b. If high risk/contra-indication/etc, IG (see above)

For ECUH Team Members: Notify your immediate manager or Nursing Supervisor/(Patient Care Coordinator on weekends/nights), Occupational Health, and Infection Control.

For Health Departments: HD to have IMIg for most situations, but if IVIg needed, notify local hospital Infection Preventionist if any need for IVIg.

I'm a provider and I have a patient for whom I'm concerned about measles? What do I do?

- 1) **Isolate!!**-> airborne+contact isolation required (see PolicyStat for full details)
- 2) Put on an N95
- 3) Mask the patient (hopefully would have already had if having respiratory symptoms).
- 4) Inform Infection Prevention (EComm and EMC workflow details below)
- 5) Testing: nasopharyngeal PCR AND serum IgM->**notify Infection Prevention to help facilitate**->will most likely be through the state lab/state epidemiologist but Quest offers too. **Do not send to ER merely for testing!!** As much as clinically possible, keep the patient in the same location until further guidance from infection prevention.
- 6) Treatment: supportive->other than Vit A in malnourished children, there's really no effective antiviral. Be mindful, like other respiratory viruses, secondary bacterial processes can occur.

Important Links:

[Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013](#)

[Measles Vaccination | Measles \(Rubeola\) | CDC](#)

[Measles Cases and Outbreaks in North Carolina | Division of Public Health](#)

State Epi on-call number: 919-733-3419

EComm Infection Control on-call: Occ Health and Infection Control during business hours. Nursing Supervisor/(Patient Care Coordinator on weekends/nights).

Medical Center Infection Control on-call: 252-561-9600

ECUH Physicians Clinics Infection Preventionists:

- Academic- Candace Woolard 252-945-6618
- Community- Stacey Jorge 252-531-3050
- After hours would follow above EMC On Call