



Preparing Your Facility for Suspect and Confirmed Measles Cases

In 2025, the United States is facing multiple measles outbreaks, with over 1,000 cases reported to date. Globally, measles activity has reached record-high levels. With increased travel during the summer months, there is a heightened likelihood that your institution may encounter patients with measles. Hospitals and healthcare facilities should take proactive steps now to ensure readiness for identifying, isolating, and managing suspected cases and their contacts effectively.

- **Ensure All Health Care Personnel (HCP) Have Documented Presumptive Immunity to Measles**
 - Maintain MMR/MMRV vaccine records or proof of immunity (serology with IgG) for all HCP. Exposures may occur during the weekends, holidays and evenings and require immediate action to assess immunity in those exposed.
- **Develop a Protocol for Handling Suspect Measles Cases and Train Staff**
 - Any patients with a febrile rash illness should be immediately requested to don a well-fitting medical mask or respirator, removed from waiting rooms and other common areas, and placed in a private room with a closed door.
 - If available, place patients in airborne infection isolation room (AIIR).
 - Consider developing a protocol to evaluate suspect cases outside if no AIIR is available.
 - Familiarize your staff with the [LAC DPH Measles checklist](#) for assessing suspect measles cases and post copies in shared workspaces.
- **Purchase [IMIG](#) and [MMR](#) vaccine and create protocols to administer post-exposure prophylaxis (PEP) to any exposed staff members, patients and visitors.**
 - If [PEP](#) is indicated, **it is the healthcare facility's responsibility to arrange for PEP administration.**
 - Unvaccinated people of age ≥ 6 months without contraindications for MMR vaccine should receive MMR vaccine PEP < 72 hours of exposure.
 - Unvaccinated infants < 12 months of age and unvaccinated children < 30 kg (< 66 lbs) who are not eligible for MMR PEP or have a contraindication for MMR PEP should receive intramuscular immune globulin (IMIG) if it is ≤ 6 days of exposure.
 - Susceptible pregnant women and severely immunocompromised individuals should receive intravenous immune globulin (IVIG) if it is ≤ 6 days of exposure.

Additional Resources

- [Infection Prevention & Control Recommendations for Measles in Healthcare Settings](#) (CDC)
- [Measles Clinical Diagnosis Fact Sheet](#) (CDC)
- [B73 Measles](#) (LACDPH Case and Contact Investigation Protocol)
- [Measles Information for Public & Providers](#) (LACDPH)
- [Immune Globulin for Measles Postexposure Prophylaxis](#) (CDPH)
- [Measles Healthcare Exposure Investigation Quicksheet](#) (CDPH)