EMS Policy Memorandum No. 2019-01

DATE: April 2, 2019

TO: Prehospital Care Personnel
    Base and Receiving Hospital Personnel
    EMS Providers

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SUBJ.: Prehospital Measles Response Guidance

The purpose of this memorandum is to provide guidance for handling inquiries and responding to patients with suspected measles symptoms, and for safety of prehospital care personnel. It is the responsibility of all transport and non-transport providers to ensure that their personnel receive this information.

Transmission:

Measles is one of the most contagious of all infectious diseases; up to 9 out of 10 susceptible persons with close contact to a measles patient will develop measles. The virus is transmitted by direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs, or sneezes. Measles virus can remain infectious in the air for up to two hours after an infected person leaves an area.

Symptoms:

The symptoms generally appear about 7 to 14 days after a person is infected, typically beginning with high fever, cough, runny nose (coryza) and red, watery eyes (conjunctivitis).

- Tiny white spots (Koplik spots) may appear inside the mouth, 2 or 3 days after symptoms begin.
- A rash breaks out, 3 to 5 days after symptoms begin. It usually begins as flat red spots that appear on the face at the hairline and spread downward to the neck, trunk, arms, legs, and feet. Small raised bumps may also appear on top of the flat red spots. The spots may become joined together as they spread from the head to the rest of the body.
- Measles should especially be suspected if the patient has recently traveled abroad or was exposed to someone who has recently traveled abroad, or if they haven’t been vaccinated against measles.
EMS patient assessment criteria for isolation/hospital notification:

- Patient presents with clinically compatible symptoms, listed above.

If symptom criteria are met:

- Use universal airborne precautions and standard patient isolation procedures during assessment, treatment, and transport.
- Transport patient to hospital of their choice in accordance with EMS Policy No. 5201 Medical Patient Destination.
- Notify the receiving hospital in advance as soon as possible to prepare to receive a possible/suspected measles patient.
- Keep the patient inside the ambulance until the hospital is ready to transfer the patient to an isolation room.

Ambulance disinfection:

- If a confirmed or suspected measles patient is transported, disinfect all surfaces and air out the ambulance, for a minimum of one hour, prior to returning the unit to service.

If patient is not transported:

- Notify San Joaquin County Public Health Services by telephone prior to returning to service: Business Hours: (209) 468-3822 or After Hours (209) 468-6000.

Additional information:

- Centers for Disease Control and Prevention (CDC) https://www.cdc.gov/measles
- CDC’s Dr. Jane Seward describes measles clinical features and what to do if a healthcare provider suspects measles (5 minute video) https://www.medscape.com/viewarticle/828508?src=par_cdc_stm_mscpedt&faf=1
- Photographs:

  Koplik Spots
  Measles Rash