

## NATIONAL AMBULANCE SERVICE INFECTION PREVENTION & CONTROL GROUP (NASIPCG)

### MEASLES POSITION STATEMENT – 6<sup>th</sup> February 2024

#### Background

Measles is now circulating and outbreaks are occurring in the UK. The United Kingdom Health and Security Agency (UKHSA) has declared the outbreak in England as a national incident. It is therefore felt that a timely reminder should be circulated to ensure that all trusts are aware of the latest guidance, information for staff and that trusts are prepared for any local outbreaks.

Updated guidance has also been issued earlier this month: [National measles guidelines - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/national-measles-guidelines)

#### Rationale for action: MMR Vaccination uptake

Coverage for the Measles, Mumps and Rubella (MMR) vaccination programme in the UK has fallen to the lowest level in a decade. Uptake for the first dose of the MMR vaccine in 2-year-olds in England is 89%, and uptake of two MMR doses at age 5 years is 85.5%, well below the 95% target set by the World Health Organization (WHO) which is necessary to achieve and maintain elimination.

#### Measles

Measles is highly infectious, the most infectious of all diseases transmitted through the respiratory route. Measles can be severe, particularly in immunosuppressed individuals and young infants. It is also more severe in pregnancy, and increases the risk of miscarriage, stillbirth, or preterm delivery. **It is vaccine preventable to limit onward spread.** Having the measles, mumps, and rubella (MMR) vaccine is the best way to prevent it.

#### How is it spread?

Measles is an airborne illness that can be transmitted through direct or indirect contact with the nasal and throat secretions and droplets generated by an infected person. Being in close proximity to an infected person for a period of in excess of 15 minutes without wearing appropriate PPE is considered as being at high risk of infection.

It takes from seven to 18 days (average 10 to 12) after exposure for a patient to develop a measles infection. Someone with measles is infectious from four days before the onset of rash to four days afterwards. Any non-immune person (who has not been vaccinated or was vaccinated but did not develop immunity) can become infected.

## Staff Management

**All frontline (patient facing)** staff should have satisfactory evidence of protection against measles to protect both themselves, their families and their patients. Satisfactory evidence of protection includes documentation of having received two doses of measles containing vaccine or a positive measles IgG antibody test.

Exposed double-vaccinated staff can continue to work but must monitor for the development of any clinical symptoms. If symptoms do develop, the staff member must not attend work and seek medical advice. Trusts may need to undertake contact tracing for measles exposure. Unvaccinated and exposed staff not immune and who are considered a contact will need to remain away from work for 21 days

Further information on staff management can be found [National measles guidelines - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/national-measles-guidelines)

## Signs and symptoms

The earliest signs of measles infection include: high fever, runny nose, cough, red and watery eyes and Koplik spots (small red spots with bluish white centres) inside the mouth. After several days a rash appears usually on the face and upper neck. The rash spreads, eventually reaching the hands and feet and lasts five to six days before fading.



Note: the rash looks brown or red on white skin, it may be harder to see on brown and black skin.  
[Measles - Skin Deep \(dftbskindeep.com\)](https://www.dftbskindeep.com/)

## **Containment**

Staff who attend a patient presenting as a possible/confirmed measles case, should use Transmission Based Precautions (TBP) and don personal Protective Equipment (PPE).

- single-use, disposable gloves
- single-use, disposable apron (or gown/ coverall if extensive splashing or spraying, or performing an aerosol generating procedure (AGP))
- A FFP3 mask or RPE hood should be worn when providing direct care and when carrying out Aerosol Generating Procedures
- The staff member must wear the mask they are fit tested for.
- Eye/face protection (goggles or visor)
- If possible, also ask the patient to wear a Fluid Resistant Surgical Mask (FRSM) if tolerated.

## **Notification**

- Hospitals should be notified that you're bringing in a suspected or confirmed measles case allowing time to arrange isolation for the patient.
- Trusts should notify the UKHSA Health Protection Team of any suspected measles (patients or staff) cases via their normal reporting procedures.

## **At Risk Groups**

- Unvaccinated individuals
- Vulnerable patient groups
- People with weakened immune systems
- Infants and children
- Vitamin A disorders
- Pregnant women

## **Decontamination**

Comply with your Trusts IPC policy and procedures as per NIPCM guidance.

## **Health Promotion (Making Every Contact Count)**

Wherever possible, when patients are seen, their vaccination status should be checked, and those who are unvaccinated should be advised to have their MMR. This is particularly important in managing paediatric patients.

Further information and support can be obtained through your Occupational Health Service or Trust IPC lead.

## **NASIPCG**

06/02/2024