

Be Ready if a Measles Outbreak Affects Your Hospital

Recent measles outbreaks are making headlines.

A common scenario is when an unprotected traveler picks up measles while abroad...then spreads it to unvaccinated people back home.

Nine out of 10 nonimmune patients will get measles after exposure...and about 1 in 4 or 5 will end up in the hospital with complications (pneumonia, etc).

Expect to see airborne isolation precautions for patients admitted with measles symptoms...high fever, runny nose, cough, pink eye, and a red rash that starts on the face.

Keep in mind, measles is highly contagious, especially from 4 days before to 4 days after the rash starts.

Expect these patients to be treated with fluids and meds to control fever (acetaminophen, etc).

Also be ready to dispense oral vitamin A, especially for children...they're likely to be deficient. Measles can decrease vitamin A levels...and supplementing may decrease complications and severity.

Anticipate dispensing the MMR vaccine for any unvaccinated patients that are exposed to measles. Giving it within 3 days of exposure may help prevent measles or limit severity.

But watch for patients who should NOT get MMR. There's concern the live vaccine could lead to complications in patients with a severely weakened immune system...or birth defects in pregnant patients.

Read vaccine orders carefully...and clarify abbreviations. "MMR" can be mistaken for "MMRV" (measles/mumps/rubella/varicella).

If possible, store the MMR vaccine and its diluent together in the fridge. This helps ensure MMR is reconstituted with the correct diluent...and that the diluent isn't injected alone.

Key References:

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