Children's of Alabama

UAB The University of Alabama at Birmingham

Outpatient Clinical Pathway for Suspected Measles Infection or Exposure

***PRIOR to sending to COA ED**
- Call ED regarding measles concern
- Limit ED visit to the patient and one parent
- Provide masks to the patient and parent (patients unable to wear masks should be "tented" with a blanket or towel when entering facility)

Definitions	
Measles symptom criteria	**Fever plus > 1 of the following:** • Cough or coryza or conjunctivitis • Koplik spots (1-3 mm white/gray elevations with an erythematous base on palate or buccal mucosa) • Rash on face, neck, trunk within 24 hours (may not appear in immunocompromised patients)
Exposure criteria	Known or possible exposure to measles **AND / OR** Travel in the last 21 days
Immunocompromise	Severe immunodeficiency

Classification	
Disease Severity	**Mild:** Symptoms present, <u>not</u> requiring hospitalization for support (no respiratory requirement, able to self-hydrate). GO TO ALGORITHM BELOW. **Moderate:** Symptoms present requiring **COA ED evaluation*** (desaturations, increased work of breathing, dehydration requiring IV fluids). Call ED prior to sending patient. **Severe:** Symptoms present requiring **COA ED evaluation*** (sepsis, rapid worsening, altered mental status). Call ED prior to sending patient.

If mild disease and/or exposure:

Age < 6 months
No immunocompromise

≤6 days after exposure

Alternate clinic entry or see in car (no waiting room)

Send to COA ED for IGIM or IGIV **(call the ED prior to sending)***

Give prescription for oral Vitamin A**

Age 6–11 months
No immunocompromise

≤72 hours after exposure

Alternate clinic entry or see in car (no waiting room)

Give MMR vaccine

Give prescription for oral Vitamin A**

4-6 days after exposure

Alternate clinic entry or see in car (no waiting room)

Send to COA ED for IGIM or IGIV **(call the ED prior to sending)***

Give prescription for oral Vitamin A**

Age ≥ 12 months
Unimmunized
No immunocompromise

Alternate clinic entry or see in car (no waiting room)

Give MMR vaccine

Give prescription for oral Vitamin A**

Age ≥ 12 months
1 MMR vaccine
No immunocompromise

Alternate clinic entry or see in car (no waiting room)

Give MMR vaccine (If within 72 hours of exposure and ≥ 28 days after prior dose)

Give prescription for oral Vitamin A**

Age ≥ 12 months
> 1 MMR vaccine
No immunocompromise

Child is immune; **consider another diagnosis**

Any age
Immunocompromise

Send to the COA ED (call the ED prior to sending)*

****Oral Vitamin A prescription** to be filled and taken by patient only if positive measles test.

VITAMIN A

Vitamin A is recommended for all patients with measles regardless of nutritional status or country of origin, unless extreme vitamin A supplementation has recently been given.

Infants < 6 months: 50,000 units/day for 2 days.
Infants 6 to 11 months: 100,000 units/day for 2 days.
Children ≥ 12 months: 200,000 units/day for 2 days.

Vitamin A comes in soft-gel capsules and sublingual dissolvable tablets. Children with measles who are not requiring hospitalization should be prescribed Vitamin A at the above dosing via soft-gel capsules or dissolvable tablets. If the child cannot tolerate capsules or dissolvable tablets, please consider ABDEK pediatric multivitamin in chewable tablet form or liquid form.

- For the liquid pediatric multivitamin: Please discuss with pharmacist to find product with most Vitamin A per mL or dropper to meet equivalent dose above (range from 5 mL to 10 mL per dose).

In the outpatient setting, if the child is unable to swallow pills and the outpatient pharmacy is unable to draw up sufficient dose effectively, then the provider may defer on vitamin A prescription.

WHO TO TEST FOR MEASLES?

Please send measles testing on patients who:

- Meet symptom criteria AND < 2 MMR vaccinations (with the last MMR vaccine administered > 14 days prior to symptom onset)
- Meet exposure criteria AND < 2 MMR vaccinations

If the most recent MMR vaccine was administered 10–14 days prior to symptoms onset AND patient is not toxic-appearing, DO NOT TEST *(timeline and symptoms are most likely consistent with vaccine-associated rash illness).* Reassess if new symptoms or clinical changes. Please notify **your county's health department** for all suspected or confirmed measles cases. **For testing, please collect a throat swab.** If sending a measles PCR to Quest Laboratory or Labcorp, place the swab in universal transport media (UTM, purple top, pink media). If sending the measles PCR to ADPH, place the swab in viral transport media (VTM, purple top, clear media). Further instructions for ADPH collection and shipping are linked **HERE**. **For ADPH notification (regardless of where testing is sent), please use this link or scan QR code to fill out form for reporting purposes.**

POST EXPOSURE CONSIDERATIONS: In suspected or confirmed measles case:

- Must remain in isolation at home for at least 4 days after the rash appears.
- Advise parents to keep the child at home (no return to daycare or school) **until notified by your county's health department.**

SHOULD UNIMMUNIZED CHILDREN GO TO SCHOOL OR CHILD CARE DURING A MEASLES OUTBREAK?

- Children who have not received a measles vaccine (MMR or MMRV) should be excluded from school.
- Unimmunized children with no known measles exposure can return to school immediately after they receive a dose of MMR or MMRV.
- Unimmunized children who have a known measles exposure, but receive a dose of MMR or MMRV within 72 hours after their first exposure, can return to school immediately.
- Unimmunized children who have a known measles exposure, but receive a dose of MMR or MMRV more than 72 hours after their first exposure, should be excluded from school for 21 days from the time of the last (most recent) exposure.
- Unimmunized children who do not receive MMR or MMRV vaccine during the outbreak, regardless of whether they have a known exposure, should be excluded for 21 days after the onset of rash in the last case of measles in the school or community.

The above information was adapted from the American Academy of Pediatrics (AAP), the Centers for Disease Control (CDC), and "Measles Clinical Pathway" from Children's Minnesota.