



# PPHSN Infection Prevention and Control Guidance

## Measles

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## INTRODUCTION

### Transmission:

Measles is **highly contagious infectious disease and is spread by airborne route or direct contact with respiratory secretions of infected persons.**

In some cases, infection can be transmitted from contact with articles freshly soiled by nose and throat secretions, although this is less common as the virus is rapidly inactivated by contact with sunlight, heat and has a short half-life in the environment.

### Infectious period:

From four days prior to the onset of the rash to four days after the rash erupts.

Measles is a vaccine-preventable disease; therefore, immunisation is the only effective preventive measure against acquiring measles.

## INFECTION PREVENTION AND CONTROL PRECAUTIONS

Standard precautions must be maintained at all times by healthcare staff. Airborne transmission-based precautions must be implemented immediately following the notification of suspected or confirmed measles. These precautions apply to all persons entering the room (including Medical staff, Nurses, Physiotherapists, Cleaning staff, patient relatives and visitors).

### a) Personal Protective Equipment (PPE)

Staff should wear the following PPE when assessing or managing patients with confirmed or suspected measles:

- Put on P2 or N95 mask and protective eyewear prior to entering the room.
- Protective eyewear and P2 or N95 masks **must** be worn during intubation and suction.
- Take note of Doffing of PPE procedure – recommending the removal of mask and eyewear outside of the room

### b) Airborne Transmission Based Precautions

Airborne transmission-based precautions apply to patients known or suspected to be infected with measles which is transmitted by airborne droplets:

- Perform hand hygiene before and after patient contact.
- Don a P2/N95 mask and protective eyewear prior to entering the room.
- Take note of Doffing of PPE procedure – recommending the removal of mask and eyewear outside of the room.
- Patients with measles should be cared for using airborne precautions until 4 days after rash appears (where day 0 is the date of onset of rash).

### c) Inpatient Care Equipment

Ensure there is dedicated equipment in the isolation room, such as stethoscopes and observation equipment and that this equipment is not removed and used for other patients.

Upon discharge of the patient, the equipment should be wiped with a disinfectant wipe or 70% Isopropyl alcohol or alcohol-impregnated wipes and allowed to dry before being returned into general circulation.

## PATIENT PLACEMENT

In the Emergency Department, if a child has suspected measles or is a known measles contact, the child must be placed in a single room with doors that must remain closed.

- Place a patient with suspected or confirmed measles in a single room with doors and an ensuite bathroom.
- Ensure, minimal essential items are in the room and remove unnecessary items.
- Keep the room door closed at all times and the patient in the room. When a single room is unavailable, cohort the patient with confirmed measles in a room with a patient who has active infection with measles, unless either patient has another infection (e.g., respiratory/gastro illness or MRO).
- If a single isolation room is not available, cohort patients with confirmed measles with other patients confirmed to have measles.

## ISOLATION ROOM AND ENVIRONMENTAL CLEANING

### Note:

On patient discharge: the room must be left for 30 minutes with the door closed before cleaning.

Conduct a **terminal clean** of the room and bathroom, with attention to the bed locker and all surfaces and fixtures. The bed side and shower curtains are to be changed.

2- Steps for cleaning:

- First, thoroughly clean with water and neutral detergent all hard surfaces and all frequently touched surfaces (e.g. door handles, furniture, light switches).
- Second, wipe again, all hard surfaces and all frequently touched surfaces (e.g. door handles, bedside rails, etc.) with household bleach and water (0.1%).

The room can be used following cleaning.

#### a) Linen and Waste

Used linen and waste should be managed as per Standard Precautions. Linen and waste bags should be removed from the room and taken directly to the collection area.

#### b) Food

- The patient may use his/her own eating utensils, otherwise notify the Food Services Department if used eating utensils will be returned on the food trolley for appropriate cleaning processes.
- Perform hand hygiene after removing the food tray.

#### c) Parents, Carers, Relatives and Visitors

- Visitors other than parents or carers are not allowed to visit the patient unless considered to be immune. This must be ascertained before entering the room.
- Encourage parents, carers or visitors to perform hand hygiene upon entering and exiting the patient's room.

## OTHER DEPARTMENTS FOR DIAGNOSTIC TESTS

If a child with measles requires a diagnostic test (e.g. x-ray), this must be discussed with relevant staff in conjunction with the IPC focal person.

- The receiving department must be notified in advance of the patient's positive measles status.
- All surfaces, such as the chair and x-ray table used by the patient, must be cleaned thoroughly with standard cleaning products following completion of the test.
- Cleaning must be performed before the equipment is used for another patient.

**Note:** The room must be left for 30 minutes, and the door must be closed following the patient's procedure and before commencing cleaning. The room can be used following cleaning.

### a) Operating Theatre

- If a child with measles requires emergency surgery, this must be negotiated with operating theatre suite staff and an IPC team.
- The operating theatre team must be notified in advance of the patient's measles status to prepare the theatre space as per their guidelines for patients with infectious diseases.
- All surfaces, such as the bed and theatre table used by the patient, must be cleaned. The cleaning must be attended to before another patient uses the equipment.

**Note:** The room must be left for 30 minutes, and the door must be closed following the patient's procedure and before commencing cleaning. The room can be used following cleaning.

## References

Health Protection Surveillance Centre. (2025, June 17). *Infection Prevention and Control for Measles in Healthcare Settings*. Retrieved from <https://www.hpsc.ie/a-z/vaccinepreventable/measles/guidance/IPCMeaslesHealthcareSettings.pdf>

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