HAI-Lights Newsletter

An infection prevention and control resource for academic partners

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HAI-Lights Refresher Question – The Spring 2025 newsletter discussed bloodborne pathogens. Answer this question to test your memory; find the **solution on page three**.

Select all correct answers: Which of the following are methods to prevent bloodborne pathogen transmission and improve workplace safety?

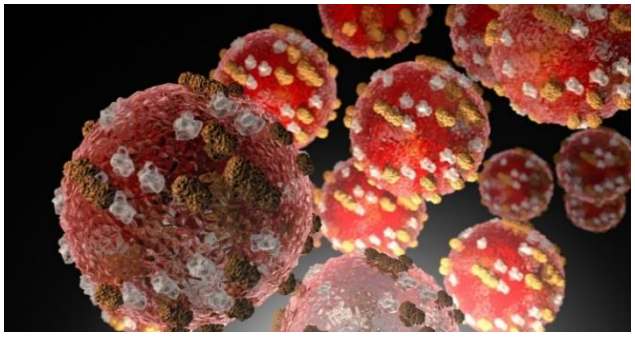
a) Elimination or substitution of risk
b) Standard precautions
c) Administrative policies and procedures
d) Engineering controls

Contents

Measles Overview

Texas epidemiologists responded to an increase in reported measles cases in 2025, particularly in West Texas. **Measles is a highly contagious virus** that lives in an infected person's nose and throat. Most people who have not received the vaccine will get measles if exposed to the virus (DSHS, 2025).

A typical measles case begins with mild to moderate fever, cough, runny nose, red eyes, and sore throat. Two or three days after symptoms begin, tiny blue-white spots, known as Koplik spots, may appear inside the mouth. **Koplik spots are considered unique to measles**. A red or reddish-brown rash appears three to five days after symptoms start, beginning on the face, then moving downward to the neck, trunk, arms, legs, and feet. When the rash appears, a person's fever may spike to more than 104°F (DSHS, 2025).



Disease Transmission

Measles is **highly contagious**; 90% of people who are not immune (i.e., unvaccinated or not previously sick with measles) and have close contact with an infected person will also become infected with the virus (DSHS, 2025). Measles transmission occurs when droplets spray into the air as an ill person sneezes or coughs (DSHS, 2025). The measles virus can **live in the air for up to two hours.** If people breathe contaminated air or touch contaminated surfaces, then touch their eyes, noses, or mouths, they can become infected (DSHS, 2025). Measles is most contagious during the three to four days preceding rash onset, but people have passed the virus to others four days before rash onset and up to four days after rash onset (DSHS, 2025).

Infection Prevention

When transporting patients with known or suspected measles, instruct Emergency Services to **notify the receiving facility and accepting physician in advance** (CDC, 2025).

Use existing triage stations to rapidly identify and isolate patients with measles. People showing signs or symptoms of measles should be **provided arrival instructions** (e.g., how to notify hospital staff, wear a mask upon entry, follow triage procedures), a facemask to wear, and **separated from other patients** before, or as soon as possible after, entry into a facility.

Patients in a healthcare facility suspected or confirmed with measles should be cared for using airborne and standard precautions for four days after rash onset (CDC, 2025). Immunocompromised patients with measles should remain in airborne precautions for the duration of illness due to **prolonged virus shedding** (CDC, 2025).

Patients should be placed in a closed **airborne infection isolation room (AIIR)**, and staff should monitor air pressure daily with visual indicators (CDC, 2025). If an AIIR is unavailable, transfer the patient as soon as possible to a facility that has one, when feasible. While awaiting transfer, place the masked patient in a private, closed room. If possible, the patient should continue wearing a mask during their time in the non-AIIR room. Whenever feasible, place the patient in a room where exhaust is recirculated through high-efficiency particulate air (HEPA) filtration (CDC, 2025). After the patient leaves, the room should remain unoccupied for at least two hours to allow for 99.9% removal of airborne contaminants (CDC, 2025).

Healthcare workers treating measles patients should have **documented measles immunity** and wear a **fit-tested N95 respirator** (CDC, 2025). Evaluate exposed staff, patients, and visitors for presumptive evidence of measles immunity, and follow CDC and ACIP recommendations for post-exposure prophylaxis. Those exposed should be monitored for 21 days after the last exposure; exposed patients without presumptive evidence of measles immunity should be placed on airborne precautions for 21 days after last exposure, or until discharge, if earlier (CDC, 2025).

For additional information on infection prevention for measles, view Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings from CDC.

Measles is an immediately notifiable condition in Texas. If suspected, call your Local Health Department.

CDC Project Firstline

When we practice consistent infection control–every person, every action, every day–lives are saved. The Healthcare Safety Unit joins Project Firstline, a CDC-led **infection control training collaborative for healthcare workers**. Explore these resources and share them with peers: 1) Recognizing Risks in Healthcare; and 2) Learn Where Germs Live in Healthcare.

Project Firstline offers resources for public health and healthcare workers combating measles outbreaks:

- Project Firstline's New Measles Micro-Learn - Use this resource to lead a quick, on-the-job training about recognizing measles and preventing its spread.
- CDC's Be Ready for Measles Toolkit - Tools and communication materials to make it easier to communicate with the public, clinicians, and partners before and during a measles outbreak.
- AMA Measles Resources - AMA resources and information for clinicians and public health professionals.

Antimicrobial Use and Resistance

Help promote responsible antimicrobial use via shared infection control measures and patient safety goals. Proper infection control precautions prevent the spread of **antimicrobial-resistant organisms** like bacteria or fungi that no longer respond to the medications meant to kill them. As a result, infections are reduced. To learn more, visit: CDC's Controlling Antimicrobial Resistance.

Healthcare Safety Unit

The Department of State Health Services Healthcare Safety Unit promotes **safe and quality healthcare through awareness, education, transparency, monitoring, and response**, improving the well-being of all Texans. The Unit has two multidisciplinary groups: 1) Epidemiologic Investigations and 2) Data and Training.

Additional Resources

- Subscribe to the HAI-Lights Newsletter and provide feedback to help us improve
- CDC Infection Control Basics
- Association for Professionals in Infection Control and Epidemiology
- Texas Society of Infection Control and Prevention

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b) Standard precautions
c) Administrative policies and procedures
d) Engineering controls

All of the above!

References

Centers for Disease Control and Prevention. (2025). *Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings*. https://www.cdc.gov/infection-control/hcp/measles/index.html

Texas Department of State Health Services. (2025). *Measles*. https://www.dshs.texas.gov/immunizations/what-we-do/vaccines/measles