

Measles

HEALTHCARE PROVIDER FAQs



Last Updated: June 17, 2025

CLINICAL GUIDANCE

What are symptoms of measles in patients?

Measles typically begins with a prodrome of high fever (101°F that can spike to 105°F), cough, coryza (runny nose), and conjunctivitis. These symptoms are followed by a maculopapular rash that usually starts at the hairline and progresses down to the trunk and outward to the arms and legs. The rash typically appears 3 to 5 days after the onset of symptoms.

When is a patient with measles contagious?

A patient with measles is contagious from 4 days before the rash appears to 4 days after rash onset.

What infection control measures should be followed in a clinical setting?

Patients with suspected measles infection should be placed in airborne isolation immediately. The room should not be used for at least 2 hours after the patient leaves. This applies even if the patient was masked, as masking reduces but does not eliminate airborne spread.

How should I handle testing if measles is suspected?

Providers should contact the South Dakota Department of Health at 800-592-1861 for testing guidance. Information on proper specimen types, collection, and transport instructions will be provided, helping prevent false negatives and delays.

Should I call before testing for measles?

Yes. Please notify the South Dakota Department of Health before submitting specimens. Early consultation ensures proper coordination and response.

Please visit doh.sd.gov/diseases/measles for more information and the latest information

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VACCINATION & IMMUNITY

Can a healthcare worker get an MMR booster if their immunity status is unknown?

Yes. It may be more cost-effective to administer a dose of the MMR vaccine than to perform a titer test.

Are there any concerns about the MMR vaccine supply with increased demand?

Currently, there are no known concerns regarding vaccine availability in South Dakota.

What are the MMR vaccine recommendations for healthcare personnel?

Healthcare workers should have documented evidence of immunity. This includes:

- Two doses of MMR vaccine
- Laboratory evidence of immunity
- Laboratory confirmation of measles

Birth before 1957 (though some facilities still require documentation regardless of age)

Should patients with weakened immune systems be revaccinated?

This depends on the condition and treatment history. For example, patients who received chemotherapy after full vaccination may need titers or additional doses. Clinical evaluation is needed.

Is administering a third dose of the MMR vaccine harmful?

No. There are no known safety concerns with receiving a third dose. A third dose is recommended in certain circumstances, such as international travel for infants between 6 and 11 months of age.

What is the recommended accelerated MMR vaccine schedule for infants during an outbreak or before international travel?

Infants aged 6–11 months may receive one dose of MMR before travel. This dose does not count toward the routine 2-dose series, which should begin at 12–15 months and the second at 4–6 years.

Will the Vaccines for Children (VFC) program cover the MMR vaccine in infants 6-11 months of age if they are in a high-risk area?

Yes, it is permissible to use VFC for an early dose of MMR vaccine for infants aged 6–11 months who live in or are traveling to an outbreak area and are VFC-eligible.

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REPORTING & COMMUNICATION

Do I need to report suspected cases of measles?

Yes. Measles infections are reportable, even upon suspicion (Category I disease). Early consultation ensures proper coordination and response.

How do I notify the Department of Health that I suspect a case of measles?

Providers should contact the South Dakota Department of Health at 800-592-1861. During nights and weekends, follow the options to reach the on-call staff.

Where can I find Measles Response Webinars to watch?

A recording of the May 22 Measles Response Webinar is available on the [DOH Provider Education Hub](#).

RISK TO STAFF & FACILITY PLANNING

What should I do if a healthcare worker is exposed to a confirmed measles case?

The CDC has released a preparedness checklist for medical facilities (and health departments), which can be found [here](#).

How long should an exam room remain empty after a suspected measles patient?

Two hours. Measles virus can remain in the air for up to two hours after the person has left, even if the patient wore a mask.

Where can healthcare providers find resources and training about measles response?

Visit the [DOH Provider Education Hub](#) for webinars, clinical guidance, and response tools.

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