IOWA Health and Human Services

August 2026

Measles Control in Healthcare Facilities

Guidance to see patients safely and reduce the risk of transmission in healthcare settings

Immediately notify Iowa HHS of any suspect measles patient by calling:

1-800-362-2736
during business hours

(515) 323-4360
after business hours

Ask patients with a febrile rash illness about

- A history of international travel,
- contact with international visitors,
- transit through an international airport,
- domestic travel to an area with known measles transmission,
- or possible exposure to a measles patient in the three weeks prior to symptom onset.

If a patient calls into the facility with suspected measles,

- Make arrangements to reduce exposure to others,
- see the patient at the end of the day,
- meet the patient in the car in the parking lot,
- or have them enter through a non-public entrance, masked, and directed to an airborne isolation room if available, or a room distant from public areas.

If a patient shows up unexpectedly at the facility,

- Mask suspect measles patients immediately. If a surgical mask cannot be tolerated, other practical means of source control should be implemented (e.g., place a blanket loosely over the heads of infants and young children suspected to have measles when they are in the waiting room or other common areas).
- Do not allow suspect measles patients to remain in the waiting area or other common areas. Isolate them immediately in an airborne infection isolation room if available. If such a room is not available, place the patient in a private room with the door closed and keep patient masked.
- If resources allow during a measles outbreak, strongly consider stationing a greeter at the healthcare facility entrance to distribute masks to persons with febrile rash illness **or** fever in combination with at least one of the following: cough, coryza, conjunctivitis, or otitis media.

In the exam room

- Allow only healthcare personnel with documentation of two doses of MMR vaccine or laboratory evidence of immunity (measles IgG positive) to enter the patient's room. Healthcare workers with documented two doses of MMR are considered immune regardless of any measles IgG testing result.

- All healthcare personnel entering the room should use an N95 respirator (regardless of presumptive immunity status) or a respirator with similar effectiveness in preventing airborne transmission. If an Airborne Infection Isolation Room (AIIR) is unavailable, CDC recommends a masked patient in a private room with the door closed pending transfer to a facility with an AIIR.
- Notify any location where the patient is being referred for additional clinical evaluation or laboratory testing about the patient's suspect measles status. Do not refer suspect measles patients to other locations unless appropriate infection control measures can be implemented at those locations. Patient must wear a mask, if feasible, or loosely cover the heads of infants or young children with a blanket during transport to another clinical area.
- If not admitted, maintain respiratory isolation for the duration of the visit including while the patient is exiting the facility through a non-public exit.
- If admitted, maintain on airborne precautions (in addition to standard precautions) while infectious in a negative pressure room. Patients are considered infectious for four days before through four days after rash onset, counting the day of rash onset as day zero.
- Make note of the staff and other patients and family members who were in the area during the time the suspect measles patient was in the facility and for two hours after they left. If measles is confirmed in the suspect case, exposed people will need to be assessed for measles immunity.
- Close examination room and other exposed areas for at least two hours after the possibly infectious patient leaves.
- Perform routine cleaning as you would normally between patients.