IOWA | Health and Human Services

September 2026

EMS Measles: Overview

This overview offers infection prevention and control guidance to EMS professionals responding to a patient with suspected or confirmed measles. EMS professionals should adhere to their service's infectious disease policies as appropriate.

Key Facts:	▪ Highly contagious virus that spreads via airborne droplets. Measles is infectious in the air and on surfaces for up to 2 hours. ▪ Common in unvaccinated population, recent travelers and outbreak areas. ▪ Infectious period: generally infectious from four days before through four days after rash onset, with rash onset considered day 0.
Symptom Description & Timeline:	▪ High fever (may spike to more than 104°F), cough, runny nose, red watery eyes. Appears 7-14 days after measles exposure. ▪ Koplik spots (tiny white spots inside the mouth). Appear 2-3 days after symptoms begin and may appear prior to rash but do not always appear. ▪ Red, blotchy rash that appears on the face and then spreads downward to the neck, trunk, arms, legs and feet. Appears 3-5 days after symptoms begin.
PPE & Isolation (EMS):	▪ N95 Respirator (fit-tested) or PAPR (if available). If neither is available, follow your service's respiratory protection guidelines. ▪ Gloves Follow **Standard and Airborne Precautions**. Wear a fit-tested N95 respirator or higher-level respiratory protection and gloves. Add a gown and eye protection based on the anticipated exposure. Wear an N95 or higher-level respirator, gown, gloves and eye protection during aerosol-generating procedures.
PPE & Isolation (Patient):	▪ Place appropriately sized surgical mask on patient unless medically contraindicated. ▪ Minimize aerosol-generating procedures. ▪ If bag-valve ventilations are performed, ensure the use of an attached HEPA filter.
Transport considerations (Before/After):	▪ Turn on exhaust fan in patient compartment; isolate cab from patient compartment. ▪ Notify the receiving facility prior to arrival of a febrile patient with suspected measles (with or without rash). ▪ Have a plan for any persons accompanying the patient, as they may need isolation. ▪ Follow your service's decontamination policy for infectious diseases, specifically airborne pathogens. ▪ Standard cleaning and disinfection using an EPA-registered hospital disinfectant (List S) are adequate for measles. ▪ Consider keeping the ambulance out of service for two hours in an open area with the doors open after transporting a suspected measles patient.
Additional Information	▪ Iowa HHS Disease Information ▪ Interim Infection Prevention & Control Recommendations for Measles in Healthcare Settings (CDC) ▪ ASPR EMS Infectious Disease Playbook