Measles Alert for Vermont EMS Clinicians

Measles cases are rising across the U.S. and Canada, and Vermont has now identified one isolated case. The Vermont case is not linked to the larger outbreaks in other areas. However, measles is **highly contagious**, and EMS clinicians should remain vigilant.

If you need help accessing or understanding this information, contact vtems@vermont.gov

Why Measles is Dangerous

- **Highly Contagious:** Measles spreads through airborne transmission and can linger in the air for up to two hours after an infected person has left the area.
- **Severe Complications:** Measles can cause pneumonia, encephalitis (brain swelling), and death, particularly in young children, pregnant individuals, and those with weakened immune systems.
- **Long-Term Effects:** Even after recovery, measles can suppress the immune system for months to years, increasing the risk of other infections.

Who is at risk?

- Individuals who are **not fully immunized** (MMR vaccine is recommended at 12-15 months of age and a second dose at 4-6 years of age).
- Anyone who has had contact with a known measles outbreak area.

Signs and Symptoms

- Fever, cough, runny nose, and red, watery eyes.
- Progressive rash that usually starts on the face, proceeds down the body, and may include the palms and soles.
- Koplik spots—blue-white spots in the mouth that appear before the rash and may disappear by day three
- The incubation period after exposure to measles is typically 10-14 days, but it can range from 7-21 days.

EMS Actions for Suspected Measles Cases

- EMS clinicians should don full PPE including fit-tested N95/PAPR, goggles or face shield, gown and gloves.
- Immediately mask the patient (if tolerated)





- Avoid exposure of non-immune crew members (those without documented measles vaccination).
- Limit transport and exposure: Isolate the patient and alert the receiving facility before arrival.
- Notify Medical Direction and the Vermont Department of Health (802-863-7240, option 2) if measles is suspected.

Key Infection Control Measures

- Use airborne precautions for suspected cases.
- Disinfect the ambulance after transport and allow for appropriate air exchange time.

Protect Yourself—Get Vaccinated

- Vermont now has an identified measles case—check your vaccination status.
- If you do not have documentation, reach out to your health care provider or request your vaccination records through your state's vaccination record system. In Vermont, see the instructions for requesting immunization records. For other states, find your vaccination record information through your state's system.
- If you were born before 1957, you are likely to have immunity to measles.
- Two doses of the MMR vaccine are 97% effective in preventing measles.

Measles is a serious public health threat. With a case now confirmed in Vermont, EMS clinicians must remain vigilant, prepared, and immunized.

For more guidance, contact Vermont EMS Medical Direction or the Vermont Department of Health. Refer to the Vermont Statewide EMS Protocols *High Consequence Pathogen Appendix A.3 (Measles section)*

Thank you for your dedication to patient care.

Risk factors:

- Incomplete immunization against measles (MMR vaccine) *sny child on a standard vaccination schedule does not have complete immunity until at least age 4*
- Within last 3 weeks: international travel, OR exposure to someone who has traveled internationally
- Living in OR visiting a community with a known measles outbreak (as of 3/5/2025 – known outbreaks in Texas, New Mexico, Ontario, Quebec, New Jersey, and NYC)

Have a <u>high suspcision for measles</u> in patients:

- Presenting with fever, cough, runny nose, red/watery eyes with any of the above risk factors
- Progressive red rash (begins 2-5 days after symptoms begin) – flat red spots on face, beginning at harline and extending down torso to extremeties
- Koplik spots tiny blue/white dots surrounded by red inside mouth (often presents before rash, may disappear by day 3 of illness)



