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EMS MEDICAL DIRECTOR'S GUIDANCE ON MEASLES FOR EMS PROFESSIONALS

The 2025 rapidly spreading measles outbreak in the United States highlights the important role that frontline EMS professionals play in mitigating the spread of infectious diseases. Rapid identification and isolation of suspected measles patients with timely notification of public health authorities is critical (*Identify, Isolate, and Inform*).¹

This memo highlights key actions to take before, during, and after a potential measles exposure.2

1. BEFORE

Confirm Measles Immunity: EMS agencies should maintain readily available documentation of employee immunity (i.e., two doses of MMR vaccine or laboratory evidence).

Provide Measles Education: Teach EMS clinicians to identify and manage suspected measles patients.^{3, 4} **Dispatch Notes:** Assess for warnings related to infectious disease risk.

2. DURING

Don Personal Protective Equipment: Measles is spread via airborne transmission and direct contact with infectious droplets. EMS professionals should wear N95 respirators or equivalent in addition to applying standard precautions (gloves, eye protection, gown).⁵

Minimize Exposures:

- Assign one crew member to perform initial patient assessment
- Direct patient to a well-ventilated area, when possible (e.g., meet patient outside residence)
- Place surgical mask on patient for source control
- Limit number of people entering and exiting the ambulance
- Separate patient cab from driver compartment; if unable, driver should wear N95 respirator
- Ensure adequate airflow in the ambulance (i.e., set patient compartment exhaust vent to and driver compartment ventilation fans to high, without recirculation, or open front windows)

Notify Receiving Facility Prior to Arrival

• Be prepared to follow hospital policies and procedures for infectious patient management

3. AFTER

Notify Agency Supervisor or Designated Infection Control Officer (DICO)

• Contact San Diego County Public Health Services per Agency Protocol (866-358-2966, option 5 during business hours or 858-565-5255 after hours)

Decontamination:

- Decontaminate surfaces/medical equipment using an EPA-registered hospital disinfectant
- Keep ambulances out-of-service for at least 2 hours

In addition to mitigating measles spread, these actions may reduce public health-imposed quarantines. Thank you for your contributions to preserving our emergency healthcare system.

Respectfully,

Kristi Koinig

Kristi L. Koenig, MD, FACEP, FIFEM, FAEMS, Medical Director

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cc: Seema Shah, MD, MPH, Medical Director, EISB, Public Health Services Andy Parr, EMS Administrator

REFERENCES

- 1. Identify-Isolate-Inform: A Tool for Initial Detection and Management of Measles Patients in the Emergency Department
- 2. EMS Medical Director's Advisory Committee Evidence-Based Medicine (EBM) Presentation Measles: What EMS Professionals Need to Know, by <u>Erik Berg, MD</u> (video recording <u>here</u>)
- 3. Clinical Overview of Measles | Measles (Rubeola) | CDC
- 4. Measles Pearls (below)
- 5. California Workplace Guide to Aerosol Transmissible Diseases

MEASLES PEARLS

- 1. Measles is contagious from 4 days before until 4 days after the rash presents.
- 2. As of mid-April, approximately 25-30% of measles patients from the 2025 U.S. outbreak have been hospitalized.
- Measles virus can remain airborne for up to two hours and can also contaminate surfaces.
- 4. Measles classically presents with high fever and the "3 C's" [Cough, Coryza (runny nose), and Conjunctivitis].
- 5. About 90% of vulnerable (unvaccinated) patients with an exposure to measles will contract the disease.
- 6. Complications of measles can include pneumonia, encephalitis, and subacute sclerosing panencephalitis (7-10 years after infection).
- 7. Two doses of the MMR vaccine are 97% effective in preventing measles.
- 8. Measles can result in "immune amnesia," whereby an individual can lose the ability to resist other infections.

SLIDES

Measles: What EMS Professionals Need to Know by Erik Berg, MD (attached)