

Community pharmacy guidance for risk assessment and infection control and prevention measure for measles

The UKHSA announced a national measles incident in January 2024 following an increase in confirmed cases. In response to this, the ICB has issued guidance on risk assessment and infection prevention control measures. This document outlines the measures to be taken in community pharmacy. The full guidance can be found [here](#).

Measles virus (Rubeola)

Measles is a highly infectious, vaccine-preventable, acute viral disease. There are almost 3 million children under the age of 16 who are not fully protected against measles.

The uptake figures of the MMR vaccine have been in decline over the last 10 years, with on average one in ten children unvaccinated and at risk of becoming seriously unwell. In some areas this is as high as four in ten.

Measles is transmitted via airborne respiratory particles or contact with nasal/ throat secretions of infected individuals. It has an incubation period of 7 – 18 days and individuals are typically infectious from 4 days before and up to 4 days after rash onset. Infected individuals should not attend healthcare settings (unless in an emergency), work, or educational settings for the duration of the infectious period which includes 4 days after the rash appears. Pharmacy Teams should follow the principles of Making Every Contact Count ([MECC](#)) and should use every opportunity to promote vaccine uptake.

Measles is a notifiable disease. In Greater Manchester any known or suspected cases must be reported to:

UKHSA Greater Manchester Health Protection Team

gmanchpu@ukhsa.gov.uk

Telephone number: 0344 225 0562

Symptoms of measles

Typical symptoms of measles are:

- Cold like symptoms (coryza) e.g. runny nose, sneezing or cough
- Sore, red eyes which may be light sensitive
- Watery or swollen eyes
- A high temperature
- Small, greyish-white spots (Koplik's spots) on the inside of the mouth (these are often confused with other mouth lesions, so their presence is an unreliable indicator of measles)
- Aches and pains
- Loss of appetite
- Tiredness, irritability, and a general lack of energy
- Measles rash. This appears on white skin as a brown- red flat or slightly raised spots that may join together into blotchy patches. The rash may be harder to detect on black or brown skin.
- A timeline of the symptoms can be found [here](#)

More information can be found at

<https://www.nhs.uk/conditions/measles/>

[Measles guidance for primary, community care, emergency departments and hospital](#)

<https://www.gov.uk/government/publications/measles-symptoms-diagnosis-complications-treatment/measles-symptoms-diagnosis-complications-and-treatment-factsheet#symptoms-and-signs>

Treatment of measles

There is no specific treatment for uncomplicated measles. Patients should be advised to:

- Take paracetamol or ibuprofen to relieve fever, aches and pain
- Rest and drink plenty of fluids to prevent dehydration
- Use cotton wool soaked in warm water to remove any crusts from the eyes
- Close the curtains (if the patient is photosensitive)

Additionally, patients should avoid close contact with babies and anyone who is pregnant or immunosuppressed. They should stay away from nursery, school, university/college, or work for at least 4 days after the rash appears.

Risk assessment

Contractors should review their premises risk assessment to include the potential for patients with suspected measles entering their pharmacy. Guidance on potential mitigating measures can be found in the [ICB document](#).

The immunisation status of all members of the pharmacy team who may be exposed to suspected/ confirmed cases of measles should be known. Individual risk assessments should be completed for any member of the team who is at high risk of infection and/or complications from infection with measles.

Infection prevention and control (IPC)

The whole pharmacy team should be familiar with the requirements of the standard infection control procedures (SICPs) and Transmission Based Precautions (TBPs) as set out in the [National Infection Prevention and Control Manual](#) (NIPCM) for England (chapters 1 + 2.)

Individuals may access pharmacy services via phone, Pharmacy First referral or attend in person. As part of history taking the pharmacist (or pharmacy colleague) should check the patient's vaccination status and any close contact with infected individuals. Where possible, patients with suspected measles should be advised not to attend the pharmacy in person and the consultation should take place remotely.

Personal Protective Equipment (PPE) should be worn for any face to face consultation. This should consist of single-use disposable gloves and apron, a face mask, and eye/face protection (goggles or visor).

Any surfaces that may have been touched by the patient (e.g. chairs) should be wiped down once the patient leaves the pharmacy.

Appendix 2: Think Measles - Primary Care Actions for Screening, Triage and Management

