

MEASLES

Case Management

Look for these symptoms:

- Fever
- Maculo-papular rashes
- Conjunctivitis
- Coryza
- Cough

Key Facts

- Suspected measles case definition: A patient with fever and maculopapular (non-vesicular) rash, or in whom a health care worker suspects measles.
- It is highly contagious disease with incubation period for measles is 7-21 days.
- Rash arises approximately 2-4 days after onset of fever; it consists of an erythematous, maculopapular, blanching rash, which classically begins on the face and spreads cephalocaudally (characteristic of measles) and centrifugally to involve the neck, upper trunk, lower trunk, and extremities
- The period of contagiousness is from four days before to four days after the appearance of rash.
- Complications associated with measles most commonly involve the respiratory and/or digestive tracts: otitis media, pneumonia, laryngotracheobronchitis (croup), diarrhea and stomatitis.
- Measles spread by contact with infected nasal or throat secretions (coughing or sneezing).
- Respiratory droplets can remain airborne for up to 2 hours.
- It can affect all age group but common among children.



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Laboratory confirmation	Clinical Samples to be collected	Method	Time of collection	Remarks
	5 ml blood sample >1 year of age 1ml of blood <1 year of age	Serology/ELISA	3-28 days of rash onset/first contact	In outbreak condition, serum collected after 4 days of rash onset
	Throat swab, urine	Virology/RT-PCR	Within 3-5days of rash onset	Only taken at the time of suspected outbreak - sample should reach to National Public Health Laboratory within 24 hours of collection.
Note: The sample must be stored and transported maintaining proper cold chain (2 – 8°C).				
Treatment	- No specific anti-viral therapy. - Symptomatic treatment for prevention of complications - Treatment is supportive- antipyretics, fluids, and treatment of superinfections like pneumonia and otitis media. - Immediate administration of Vitamin A			
	In children < 6 months- 50,000 IU 6-11 months- 100,000 IU, and ≥ 12 months- 200,000 IU		In Adults 200,000 IU orally once daily for two consecutive days.	
Prevention	- IPC intervention is the first step while handling a suspected measles case. - Immediately place patients with known or clinically suspected measles in a separate area until examined or in an airborne infection isolation room (AIIR), where available. - Vaccination is the most effective way to prevent measles. - Two doses of the MR vaccines are given at 9 months and 15 months of age as per the immunization schedule of the National Immunization Program. - While treating measles, where isolation rooms are not available, a separate area or structure for clinically suspected measles patients should be used. - Isolation should continue until the case is discharged, or for 4 days after rash onset, whichever is later. - Provide patients with confirmed or clinically suspected measles with a medical-surgical facemask and separate these individuals from non-measles patients prior to or as soon as possible upon entering a healthcare facility. - Limit transport of patients with clinically suspected and confirmed measles cases, if transportation is unavoidable provide surgical/medical mask to patient, cover patients body with full sleeves gown. - Encourage patients for proper respiratory hygiene and hand hygiene. - Use disposable patient care equipment if possible. - Cleaning and disinfection of patient care equipment and linen used by patients.			
Note: Fever and Rash case must be reported to Health office or WHO-IPD Surveillance Medical Officer				

*All cases should be reported in SORMAS platform

Reference:

1. World Health Organization. Manual for the laboratory-based surveillance of measles, rubella, and congenital rubella syndrome: chapter 8. Laboratory testing in support of measles and rubella surveillance in elimination settings [Internet]. Geneva: World Health Organization; [cited 2026 Sep 16].
2. World Health Organization. Guide for clinical case management and infection prevention and control during a measles outbreak [Internet]. Geneva: World Health Organization; 2020 [cited 2026 Sep 16].



Government of Nepal
Ministry of Health and Food Safety
Department of Health Services
Curative Service Division



World Health
Organization

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