Measles: Recognition and Referral

UKHSA National Measles Guidelines v7, March 2026 | NHS England Measles Healthcare Guidance, updated 2026

■ ACTION: Call 999 Immediately

- ■ Seizures or altered consciousness (possible measles encephalitis)
- ■ Severe breathing difficulty, chest recession, or cyanosis (pneumonia)
- ■ Collapse or unable to maintain airway
- ■ Signs of meningitis: neck stiffness, non-blanching rash, extreme photophobia

Do not delay 999 to call the GP first. Move patient away from waiting area while calling.

■ ACTION: Isolate, Call Ahead, Same-Day Clinical Advice

- ■ Fever above 38.5 C plus maculopapular rash starting on face/hairline and spreading downward
- ■ Classic prodrome: cough, coryza (runny nose), and bilateral conjunctivitis
- ■ Unvaccinated or single MMR/MMRV dose, OR known measles contact within previous 21 days
- ■ Immunocompromised patient with fever, compatible symptoms, known exposure, or rash (rash may be absent or atypical)
- ■ Pregnant woman with fever, rash, or measles exposure: same-day urgent clinical advice via GP/urgent care/HPT; alert maternity team where local pathway allows

Move patient away from waiting area first. Phone GP/urgent care before the patient travels. Do NOT send unannounced. Notify HPT within 24 hours per local SOP. Do not wait for laboratory confirmation before isolating or calling ahead.

MEASLES: Recognition Framework

M	**MMR/MMRV status**	Unvaccinated or single dose = high risk. From Jan 2026, MMRV used for some age groups.
E	**Exposure history**	Contact with confirmed/suspected measles in the previous 21 days?
A	**Airborne risk: act now**	Move to ventilated room or outside. Small/poorly ventilated room: ask patient to wait outside.
S	**Symptoms: three Cs**	Cough, Coryza, Conjunctivitis with fever above 38.5 C for 3+ days.
L	**Location of rash**	Starts face/hairline, spreads head to toe. On black or brown skin, rash may appear purple or darker; assess distribution, texture, fever and prodrome.
E	**Emergency features = 999**	Seizures, confusion, breathing difficulty, or collapse: call 999 immediately.
S	**Same day + call ahead**	Phone GP before patient travels. Notify HPT per local SOP. Document all actions.

✓ SELF-CARE: Not Suspected Measles Only

- ■ Clearly consistent with non-specific viral rash: well, fully vaccinated, no exposure
- ■ Paracetamol or ibuprofen for symptom relief. No aspirin under 16 years
- ■ Safety-net: see GP or call 111 if rash starts on face and spreads, or fever lasts beyond 3-4 days

If measles is suspected, symptomatic relief may be given alongside (not instead of) isolation, referral, and HPT notification.

Key reminders: The rash appears 3-5 days after the prodrome: an unvaccinated patient with fever, cough, and red eyes is infectious before the rash appears. Suspected or confirmed cases should avoid nursery, school, work and public settings until advised, and for at least 4 full days after rash onset if measles is confirmed. After a suspected case leaves, keep the room out of use and ventilated per local IPC guidance.