

# SPEED READ



For ease of access, please print and leave in staff areas for colleagues.

All (non-Covid) Speed Reads are available on the [news sections on the intranet](#)

ISSUED: 27 March 2026

## Important Information

### Measles Update

#### All Staff Update

**Current situation:** There has been a confirmed case of Measles in a patient who has had hospital attendance in Edinburgh. The Health Protection, Infection Prevention and Control, Occupational Health and Clinical management teams are managing this incident in line with UK guidance.

A number of patients and staff have already been contacted directly.

**If you have not been contacted or received a letter, you do not need to worry or take any further action.**

A small number of patient contacts of the confirmed case remain in hospital, or are continuing to receive healthcare in a hospital or community setting. All of the patients involved have received a letter advising them of the situation and their clinical teams are also aware.

The overall risk to staff, patients or wider public health is currently assessed to be low.

It is important to highlight that even if someone has had measles, or is fully immunised it does not eliminate the risk of acquiring measles, even in people who are fit and well.

Immunisation reduces the risk of developing severe infection and risk of death.

People who are immunised can still catch and spread measles infection to others.

**This speed read has been issued to remind staff of the correct action to take in relation to:**

1. Testing for suspected case of measles (including new symptom onset in a patient contact)
2. Staff immunisation and testing
3. Caring for a contact of a confirmed case of Measles.
4. Caring for a probable or confirmed case of Measles.

## 1. Patient Testing

**Suspected cases:** clinicians may consider measles as part of a differential diagnosis in any patient presenting with:

- fever equal to or over 39°C in the absence of antipyretics, and
- generalised maculopapular rash, and
- one or more of:
  - conjunctivitis
  - cough
  - coryza
- Koplik spots may also be seen but their absence DOES NOT exclude measles infection. Spots usually appear 1 day before, to 2 -3 days after, the rash appears. These are small spots with white or bluish-white lesions, 2 to 3mm in diameter, on an erythematous base on the buccal mucosa.

Patients who are immunosuppressed **OR** in Critical Care **AND** known to be a measles contact should be discussed if develop fever **AND** any other symptom listed above.

Probability is increased where there is contact with a confirmed case of measles, and/or where there is no, or uncertain history of having received 2 doses of a measles containing vaccine.

Suspected cases of measles need prompt discussion with the Duty Virologist within core working hours (09:00-17:00)

For details of measles sample type and testing, please see [Test Directory | Edinburgh and Lothians Laboratory Medicine \(edinburghlabmed.co.uk\)](#)

Samples received without prior discussion will be stored for one week and not tested.

To contact duty virology:

Monday to Friday, 9am to 5pm, call 0131 536 3373 and select option 2.

If you are unable to get through, please consider emailing (see below) rather than holding.

Outwith these hours, the virology consultant/registrar on-call can be contacted for urgent issues only via switchboard on 0131 536 1000. Between 10pm and 7am please email (see below).

Emails should be sent to [loth.virologyadvice@nhs.scot](mailto:loth.virologyadvice@nhs.scot)

Please supply:

- requester contact details/a phone number in case more information is required
- patient details
- clinical presentation
- MMR status
- travel/contact history

**If the case warrants testing, Virology will contact East Health Protection Team.**

## **2. Staff immunisation and testing**

In order to prevent transmission to high-risk patients, especially the immunosuppressed, it is essential that all staff working with patients are fully immunised with two documented doses of measles containing vaccines, or have positive IgG antibody test to measles.

If any staff remain uncertain of their measles immunity status or wish to access information regarding previous MMR vaccinations received via occupational health they can contact the occupational health department by sending an email to the occupational health inbox [loth.ohenquiries@nhs.scot](mailto:loth.ohenquiries@nhs.scot) with 'Measles immunity query' as the subject.

They will respond within working hours. Please include your name, DOB, contact number, home address, employer, department and post title in the body of the email. All staff are reminded to continue to follow current infection prevention and control advice (standard precautions or measles specific guidance) and to notify their manager if they have any current concerns about their health.

Managers are encouraged to support staff to attend all Occupational Health appointments to ensure they receive vaccinations or blood tests. If they are unable to attend due to service pressures, please advise them to contact Occupational Health to reschedule their appointment to prevent DNAs.

For information on infection control precautions when caring for a patient contact, please refer to [this guidance](#)

For information on infection control precautions required when caring for a probable or confirmed case of measles, please refer to [this guidance](#).

## **3. Managing a patient contact of a confirmed case**

### **Patient contacts – current situation**

All close patient contacts identified by the IMT have a time limited TRAK alert (general alert) in place advising that they are a contact of a confirmed case. These alerts will expire no later than 14<sup>th</sup> April 2026.

If admitted to hospital within this period, patient contacts should be prioritised for isolation until the end date of their TRAK alert, whether or not they have any symptoms of measles. This is a precautionary measure. In community settings, avoid patient contacts waiting in shared waiting areas where possible.

Staff providing any care or other services such as domestic cleaning for asymptomatic patient contacts in community health or hospital settings should wear a fluid resistant surgical face mask when entering the patient room/providing care. There is no need to observe a room fallow time. Normal cleaning practices apply.

If a patient contact is being discharged from hospital to home with no ongoing healthcare or social care package, the patient should be advised to avoid mixing with pregnant women, very young babies (<12 months) or anyone who is known to be immunosuppressed until the expiry date of the Trak alert.

They do not require to remain quarantined at home or remain absent from work or other social activities.

For patients being discharged to a residential care home, or with follow up community health or social care, the discharge summary should include that the patient is a known contact of measles, that use of FRSM is advised by health and social care staff until the expiry date of the TRAK alert. During this period, mixing with other high-risk individuals (as detailed above) should be avoided where possible. Visiting and social activities should continue as above.

**If a known patient contact develops symptoms consistent as described above in section 1**, please discuss with virology during core working hours as above to agree any further testing required. Staff should take

additional precautions including the use of FFP3 respirator and full-face visor when delivering care. Room follow times and enhanced cleaning with chlorine-based products would apply.

A printable resource to guide staff on managing patient contacts of a confirmed case of measles is available [here](#) ]

Please contact the IPCT between 08:00-16:00 Mon-Fri for further advice on **managing patient contacts of a confirmed measles case**.

#### **4. Managing a probable (suspected) or confirmed case of measles**

A printable resource to assist staff with patient placement and infection control measures required to manage a probable or confirmed case of measles in community or hospital settings is [available here](#)

**If measles is considered to be a likely diagnosis by the clinician in charge of care, please contact virology ASAP to discuss. See section 1.**

#### **Note:**

**What is Measles?** Measles is a virus which spreads very easily and can lead to serious and potentially life-threatening complications. The measles virus is contained in tiny droplets that come out of the nose and mouth when an infected person coughs or sneezes.

**What are the symptoms?** The first symptoms of measles develop around 10 days after you're infected. These can include:

- cold-like symptoms, such as a runny nose, sneezing or a cough
- sore, red eyes that may be sensitive to light
- watery eyes
- swollen eyes
- a high temperature (fever) which may reach 39-40°C (102-104°F)
- small greyish-white spots in the mouth
- aches and pains
- loss of appetite
- tiredness, irritability and a general lack of energy

Most people will also develop a rash which usually appears around 2 to 4 days after the initial symptoms and normally fades after about a week.

Typically, it first appears on the head or neck before spreading outwards to the rest of the body and is slightly itchy for some people.

More information is available on [NHS Inform](#).

If you have important operational information that you would like to be considered for the Speed Read please send it to [lothian.communications@nhs.scot](mailto:lothian.communications@nhs.scot)

Please ensure that your service is content with information before sending.

If you are looking for support with communications please go to <http://intranet.lothian.scot.nhs.uk/CommsHub>

