

Measles preparation, response and recovery checklist^{9,10}

Preparation	
☐	Ensure your practice has procedures and plans in place to manage patients presenting with infectious diseases and that all staff are trained and aware of their roles
☐	Ensure staff are current for MMR vaccination (for those born during or after 1966, this means two documented doses of MMR vaccine or documented serology)
☐	Maintain a staff immunisation register
☐	Provide catch-up MMR vaccination for patients born between 1966 and 1994, where there is no documentation of two doses of MMR vaccine or serology
☐	Monitor emergence of outbreaks via the Australian Government Department of Health or your local centre for disease control (refer to end table)
☐	Include up-to-date MMR vaccination in travel advice
☐	Identify/know your higher risk and vulnerable patient groups
☐	In outbreaks, consider signage at the practice entrance notifying symptomatic patients to not enter the practice and to notify staff
☐	Update all staff on the signs and symptoms of measles to ensure early triage, isolation and assessment
☐	Maintain supplies of personal protective equipment (PPE) and ensure all staff know how to 'don and doff'
☐	Ensure appropriate stock of vaccines – your state or territory public health department can organise immunoglobulin and extra vaccines as needed
Response	
☐	Identify and isolate the patient – act on clinical diagnosis until lab confirmation
☐	If needed, temporarily close the practice for a few hours to avoid additional exposure
☐	Notify your state or territory public health department, which will provide advice and support
☐	Use your practice patient management system to create a contact list for the state or territory public health department of patients present in the waiting room up to 30 minutes after the infectious patient
☐	Check the immunisation status of those who have potentially been exposed
☐	Offer post-exposure prophylaxis within the appropriate window to those who have potentially been exposed (MMR vaccination or immunoglobulin as appropriate) or check immunity with IgG serology
☐	Inform contacts to remain alert for signs and symptoms of measles for 18 days post-exposure and advise those who develop symptoms to contact the practice by phone before attending to avoid transmission to others
☐	Communicate with patients regarding temporary closure and provide an alternate option or reschedule appointments
☐	Allocate a team of resources (staff and information resources) to manage the exposed patient group, who may present after contact by the health department
☐	Leave any rooms visited by the patient vacant for at least two hours. If access is required, a P2 (N95) respirator mask must be worn
☐	Clean any surfaces the patient may have touched, coughed or sneezed on (additional cleaning products such as bleach are not required)
☐	Dispose of any items potentially contaminated with respiratory secretions, such as tissues or tongue depressors, into clinical waste
☐	Be alert for presentation of infected contacts for 18 days post-exposure
Recovery	
☐	Ensure wellbeing of staff involved
☐	Change patient information notices to general measles awareness posters
☐	Communicate return to business as usual with patients
☐	Review response and update the response plan as required
☐	Assess supplies of PPE and other equipment to ensure readiness for future events