

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
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CIRCULAR

Due to the surge in measles among healthcare workers, all HCWs posted in Medicine, Pediatric Medicine, Dermatology, Pulmonary Medicine OPDs or dealing with admitted measles patients are requested to observe the following precaution to reduce transmission of the measles virus:-

1. **Use of N95 mask and hand hygiene:** Standard surgical masks are insufficient against the small-particle aerosols containing the measles virus. HCWs are advised to wear an N95 mask. Alcohol Based Hand Rub (ABHR) can be used for hand hygiene.
2. **Isolation of patients:** A suspected/confirmed case of measles should be placed in an isolation room (for at least 4 days after rash appears).
3. **Disinfection:-**
 - a. **Equipment Disinfection:** Use dedicated noncritical medical equipment (e.g., stethoscopes and BP cuffs) for suspected cases. If equipment must be shared, it must be thoroughly disinfected with 70% alcohol before removal from the isolation zone.
 - b. **Environment disinfection protocol:** While measles is primarily airborne, the virus can survive on hard surfaces for up to two hours. The measles virus is an enveloped virus and is susceptible to most hospital-grade disinfectants, e.g., alcohol (70%), sodium hypochlorite (1%), hydrogen peroxide 10% (v/v), and quaternary ammonium compounds
 - c. **Terminal Cleaning of Isolation Rooms:** The room should be left undisturbed until at least two hours after the patient has been discharged. Staff must wear an N95 mask, gloves, and a gown during the cleaning process. Dispose of PPE in yellow BMW bins
4. **Post-exposure prophylaxis:**

Measles/MMR vaccination may be recommended in an immunocompetent susceptible (IgG testing at the time of exposure) healthcare workers within 3 days of exposure. In case of susceptible pregnant women, IVIG may be advised as soon as possible, ideally within 6 days of exposure.

17/3/26
MEDICAL SUPERINTENDENT

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