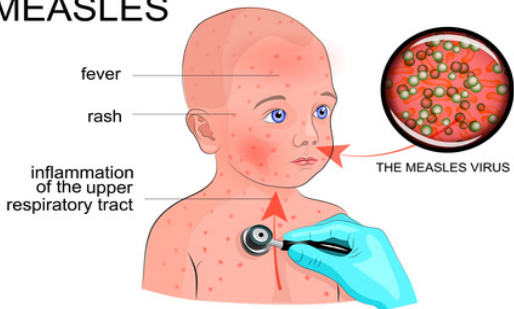


MEASLES, MUMPS & RUBELLA

INFORMATION AND RESOURCES ON PREVENTING THE SPREAD OF MMR AT WORK

Measles, mumps and rubella are contagious diseases caused by a virus. Most early symptoms of these viruses are similar to that of a cold- coughing, runny nose and sneezing. Pink eye can also occur. However, more severe symptoms soon manifest. People of any age can be affected, however, more vulnerable populations like children and the elderly are more susceptible and often experience more severe symptoms.

MEASLES



After initial symptoms, 3-5 days later, **measles** causes high fever, spots inside the mouth and a rash. Complications of measles can include ear infections, diarrhea, pneumonia, swelling of the brain and even death. Measles in pregnant women can cause premature birth and low baby weight.

It is spread through coughing and sneezing. Measles virus can live for up to two hours in an airspace where the infected person coughed or sneezed. If other people breathe the contaminated air or touch the infected surface, then touch their eyes, noses, or mouths, they can become infected.¹

Coughing, sneezing and fever, muscle aches, fatigue and loss of appetite with the **mumps** virus turns into swelling of the salivary glands causing a puffy, swollen face. Severe symptoms can take over 2 weeks to appear but typically do not last longer than that. Complications of mumps can include swelling of the ovaries, testicles, brain, spinal cord tissue or pancreas. It is spread through contact with saliva or respiratory droplets from the eyes, nose or mouth. A person can be contagious up to five days after swelling begins.¹

Epidemic parotitis (Mumps)



Rubella (German measles)



Rubella manifests with a rash that starts on the face and spreads to the rest of the body. Some people will not have any symptoms. Up to 70% of women who get rubella may experience arthritis. In rare cases, rubella can cause serious problems, including brain infections and bleeding problems.¹ Pregnant women should be cautious as Rubella can cause miscarriage or severe birth defects. It is spread through coughing or sneezing. A person with rubella may spread the disease up to one week before the rash appears, and remain contagious up to 7 days after.¹

Shots and vaccinations for measles, mumps and rubella (called MMR) are combined. Some employees may be asked to be vaccinated or document their immunity. Workers should talk to their doctor about their jobs and ask which shots they should receive and if vaccination could have adverse health effects. The doctor may also want to do blood tests to see if previous vaccinations are still effective. If not, workers may need to be re-vaccinated for certain diseases, or given a booster shot if they choose to do so. Vaccination concerns and potential health risks should be discussed with a trained medical professional. Vaccinations should not be considered the only means of infection control, they are just one piece of an effective infection control program.

¹ Center for Disease Control

INFECTION CONTROL

Transmission of disease can be stopped by:

- killing the agent;
- changing the environment so that the agent cannot survive after it leaves its host;
- taking away the agent's means of getting from person to person;
- making sure that workers are immune either by naturally acquired immunity or by providing vaccinations; and providing workers with the right equipment and protective gear to prevent contact with infectious agents.

Handwashing

Frequent handwashing prevents the spread of disease by killing germs. Hands should be washed after using the rest room, between clients and when gloves are removed after contacting infectious material or patients.

Personal Protective Equipment (PPE)

As with any hazard, gloves, masks and other protective clothing are the last line of defense. If no other protective measures are taken, workers will be exposed to the hazard if the PPE fails, however it must be used if more effective means are not possible. An N95 or more protective particulate respirator must be used for protection according to infection control guidelines issued by the Centers for Disease Control and Prevention. Surgical masks are NOT respirators.

Gloves

Gloves must be latex, rubber or other material that keeps fluids off the skin.

Face Shields and Eye Protection

Face shields or eye protection should be worn when there is a chance the worker could be splashed by contaminated fluids. The face should also be covered during procedures that produce a fine mist or aerosol containing tiny droplets of infectious material.

Gowns and Protective Clothing

Gowns and coverings prevent contact with infectious agents. Remove them and discard or wash onsite-do not wear them home.

Droplet Precautions

Droplet precautions are used for patients known or suspected to be infected with diseases that are spread by microorganisms passed on by droplets produced by coughing, sneezing, talking or some medical procedures such as sputum induction.

Large droplets usually travel a few feet or less and do not remain suspended in the air. Therefore, special ventilation is not necessary.

Patient Placement

Place the person in a private room if available. Rooms can be shared if the patients have the same, but no other active infection. If these options are not possible, contagious individuals should be kept at least 3 feet apart.

Mask

A mask should be worn when working within 3 feet of the infected person.

Transport

Transporting infectious persons and their waste should be limited to essential purposes. The contagious person should wear a surgical mask to prevent the spread of droplets.

For more information and resources visit:

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