



Infants less than 6 months old requiring immunoglobulin treatment following exposure to a confirmed measles case while at University Hospitals of Leicester.	Trust ref: University Hospitals of Leicester 
	Trust Ref: C22/2024
STANDARD OPERATING PROCEDURE (SOP)	Issue date: 16/04/2024 Revision date: October 2025

Standard Operating Procedure: Infants less than 6 months old requiring immunoglobulin treatment following exposure to a confirmed measles case while at University Hospitals of Leicester.

Change Description New	Reason for Change
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APPROVERS	POSITION	NAME
Person Responsible for writing procedure:	Deputy Head of Nursing	Clare Suart
SOP Owner:	Deputy Head of Nursing Head of Service Antimicrobial pharmacist	Clare Suart Srini Bandi/Razi Paracha Corrine Ashton
Children’s Hospital Board		

<b>Introduction and Background:</b>
Measles is a preventable disease with elimination of the virus possible when over 95% of the population have had two doses of a measles vaccination.  When communities have a lower vaccination rate the chance of infection is high due to the contagious nature of this virus. To prevent a widespread outbreak all cases of suspected or confirmed measles needs to be communicated to the UK health security agency.  Post exposure prophylaxis is of limited effectiveness but there is an opportunity for offering immunoglobulin treatment to infants less than 6 months of age due to their immuno-naïve status.
<b>Purpose</b>
To provide process and guidance for the triage and treatment of patients identified as contacts of a confirmed measles case.  This SOP covers babies exposed to confirmed measles during a visit to the University Hospitals of Leicester (UHL). Should the contact happen outside of UHL the UK Health Security Agency (HSA) will trace the

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contact and offer treatment options in the community (Appendix 1)

### Scope:

#### Identification

All suspected or confirmed measles cases are reportable to UKHSA (0344 2254524). Any that have visited UHL need to also be reported to UHL IP using the email address [Infectionprevention@uhl-tr.nhs.uk](mailto:Infectionprevention@uhl-tr.nhs.uk)

UHL IP hold a database of all patients who have been identified as contacts of a suspected or confirmed case.

These are updated on a daily basis for review by Children's Hospital staff, Monday -Friday 8am -4pm. Information included on the database are:

- Name
- NHS number
- S number
- DOB
- Age
- S number of index case
- Days since contact

#### Triage

When a <6 month old is known to be a contact of a **confirmed** measles case the patient needs to be reviewed by the consultant of the week (COW) to ensure the following criteria is met.

1. Within 6 days of contact
2. Less than 6 months of age
3. No history of immunosuppression. Please see the SOP for immunocompromised patients.

If not an inpatient and criteria met, then details to be sent to IP team for accurix message to be sent.

Children's outpatients (COPD) informed of potential patients. Contact on 0116 2585147 or 07815646981 with the patient details.

If criteria met and an inpatient, please proceed to **authorisation of treatment**.

#### Patient/Parent information


An accurix text message is sent to the contact details of the patient with the following:

##### Text 1:

*Hello, during a recent visit to UHL your infant/ child has come into contact with someone with measles. Measles is a disease which spreads very easily. Infants/ children with measles can get a cough, runny nose, rash and fever. Measles can be serious, particularly for infants/ children whose immune system is not fully developed. Please call the following number with your infant/ child's NHS number at hand. We will offer you some treatment to prevent your child from getting seriously ill from measles. The phone number is 01162 585147 to book an appointment at UHL, line will be open 8am to 6pm Monday to Friday.*

##### Text 2:

*If you or someone who attended with your child; have a weakened immune system, are taking any medications that affect your immune system, or are pregnant at the time of your visit, please call the following number to discuss possible treatments that may be required to protect you from becoming unwell with measles: 0116 497 5700, option1. The line will be open 9am to 5pm Mon – Sat.*

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### Booking appointment

Families to contact COPD to arrange appointment, they will be asked the following questions:

1. Name
2. Age
3. Date of contact, if known
4. Any medical history
5. Last known weight
6. Contact details for family.
7. Vaccination status of the carer attending with patient

The team explains the following about coming to UHL for the HNIG treatment:

1. As a measles contact, we have to isolate the patient. Once at UHL the patient will not be allowed to leave the side room.
2. If carer has received two doses of measles vaccination, then they can leave the side room but will be requested to wear a surgical face mask.
3. Once at UHL the patient will be assessed by a doctor to ensure clinically well enough for treatment and to take a patient history to ensure the HNIG criteria is met.
4. The appointment could take up to 4 hours as once assessed the medication will need prescribing and dispensing prior to administration.
5. Depending on the volume of prescribed treatment, this may be administered by IM injection in several recommended sites or by a sub cutaneous infusion that is given over 1 hour and monitored for 15 minutes following treatment.

If the carers are happy to proceed, the patient will be booked into room 12, Children's Development Centre (CDC), Windsor building, Level 0, Leicester Royal Infirmary.

### Authorisation of treatment

Before appointment/treatment UK Health Security Agency (UKHSA) need to be contacted (0344 2254524) with the following information:

1. Name of patient
2. NHS number of patient
3. Contact date
4. Index case NHS number
5. Confirmed positive result for index case

They will approve or deny treatment. No further documentation from UKHSA will be provided.

### Patient care

Measles is through droplet transmission and FFP3/hood, apron, goggles/visor and gloves must be worn. Please refer to the [measles action card](#) (appendix 2).

Those caring for patient to have had two doses of measles vaccination and no change in health status that affects immunity. If staff unsure of immunity, do not care for the child and complete [OH form](#) (appendix 3)

### Outpatient

1. Admin contacted to place patient on clinic **PAEDSVAC**
2. Patient to arrive and immediately shown to room 12 in CDC.
3. Weight and observations completed on paper PEWs chart and drug chart.
4. COW (via bleep holder/switchboard) to be contacted to arrange medical review and prescribing of HNIG following [UK GOV measles guidelines](#) (page 34/35). HNIG can be given subcutaneously (licenced) or IM (documented as safe and effective by UK GOV guidelines). Please see following information for decision on route. Antihistamine prescribed to treat reaction symptoms.

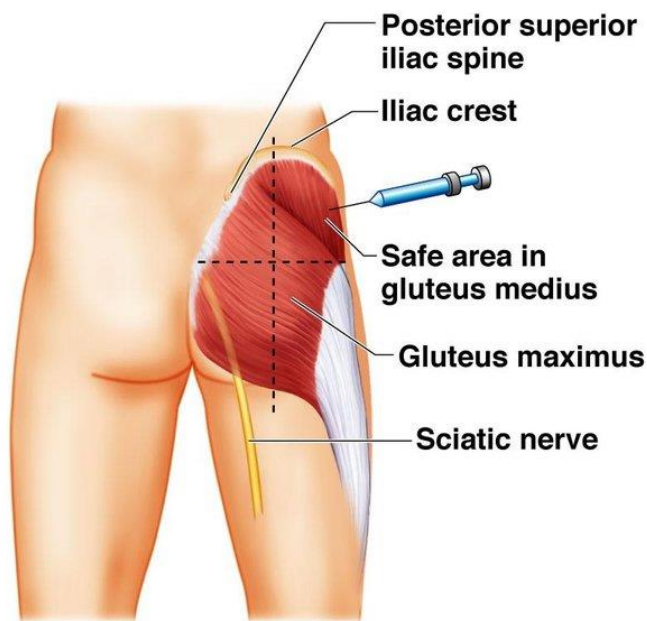
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## IM injection

Not licenced but deemed effective and safe route of administration by UK GOV measles guidelines.

There is no monograph for IM HNIG at UHL but the process is documented in the '[Green book](#)'

When a large-volume injection is to be given, such as a preparation of immunoglobulin, this should be administered deep into a large muscle mass. If more than 3ml is to be given to young children and infants, the immunoglobulin should be divided into smaller amounts and given into different sites. The upper outer quadrant of the buttock can be used for immunoglobulin injection.




## Subcutaneous infusion

This is the licenced route for HNIG administration.

Follow '[Administration of subcutaneous human normal immunoglobulin policy](#)'

5. Patient registration form (appendix 3) must be completed and emailed to: immunoglobulins@uhl-tr.nhs.uk
6. Prescription chart and patient registration form taken to Windsor pharmacy to be dispensed.
7. Medication dispensed to Children's Day Care Unit (CDCU) and equipment collected from CDCU including T24 pump and specific infusion set for subcutaneous infusion.
8. Patient/Carer informed of side effects from the treatment and provided with [SPC information sheet](#) (Summaries of Product Characteristics):
  - a. Very rare risk of anaphylaxis
  - b. Shortness of breath
  - c. Itching
  - d. Headaches


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9. Discharge, letter to be created on ICE by medical team to record and inform of treatment for measles contact with human normal immunoglobulin.
10. Clinical notes, PEW’s chart and medication chart to be filed to clinical notes by admin team.
11. Room requires to be left empty for two hours followed by amber cleaning.

**Inpatient**

HNIG prescribed following outpatient process steps 4-8, with medication being dispensed to ward not CDCU

<b>Education and training:</b>
<ul style="list-style-type: none"> <li>Subcutaneous infusion can be supported by Immunology nurse or CDCU staff</li> <li>Prescribing medication to follow UK GOV guidelines</li> </ul>
<b>Information Sharing:</b>
<ul style="list-style-type: none"> <li>No issues identified</li> </ul>
<b>Confidentiality and Privacy:</b>
<ul style="list-style-type: none"> <li>No issues identified</li> </ul>
END

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## **Appendix 1: Leicester, Leicestershire and Rutland Integrated Care System Community Measles Immunoglobulin Pathway**

### **ASSESSMENT OF CLINICAL SITUATION**

Measles is a notifiable disease. Clinicians must report all suspected and confirmed cases to their local Health Protection Team (HPT) as soon as practically possible.

Suspected Measles in an LLR community setting will be assessed by UK Health Security Agency (UKHSA) East Midlands Acute Response Centre Lead who will assess the situation and carry out a dynamic risk assessment. The UK HSA HPT will recommend if specific treatment and/ or interventions are required for identified eligible close contact cases and may include referral to this LLR Community Measles Immunoglobulin pathway.

Close contacts of a known or suspected case of measles will be assessed for clinical risk including identification of immunosuppression or immunocompetent vulnerable status.

### **CLOSE CONTACTS**

Identified close contacts are prioritised according to their clinical vulnerability below:


- **Immunosuppressed contacts.**
  - Group A- includes most patients with immunosuppression.
  - Group B- (i) individuals who can be managed based on a measles IgG test at the time of exposure or at any point since the end of treatment or diagnosis. (ii) individuals who require IVIG following an exposure without the need for testing.
- **Pregnant women and infants less than 12 months.**
- **Healthcare workers.**
- **Healthy contacts.**

### **IMMUNOSUPPRESSED CONTACTS**

If immunosuppressed contacts are identified, an appropriate assessment of the nature and level of immune suppression is essential to assess the requirement for post-exposure prophylaxis. If immunosuppressed contacts are identified, assessment of their susceptibility and post-exposure prophylaxis should be considered without waiting for, or in parallel with, laboratory testing of the index case.

All immunosuppressed patients, as defined in chapter 6 of Immunisation against Infectious Disease<sup>i</sup>, are at risk of severe measles and should be considered for intravenous immunoglobulin (IVIG) following any exposure to measles.



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### REFERRAL PATHWAY

Referring LLR clinician notifies UK HSA HPT of suspected or known measles case on **0344 2254 524.**

The UK HSA HPT will conduct a dynamic risk assessment and identify individuals eligible for community immunoglobulin treatment.

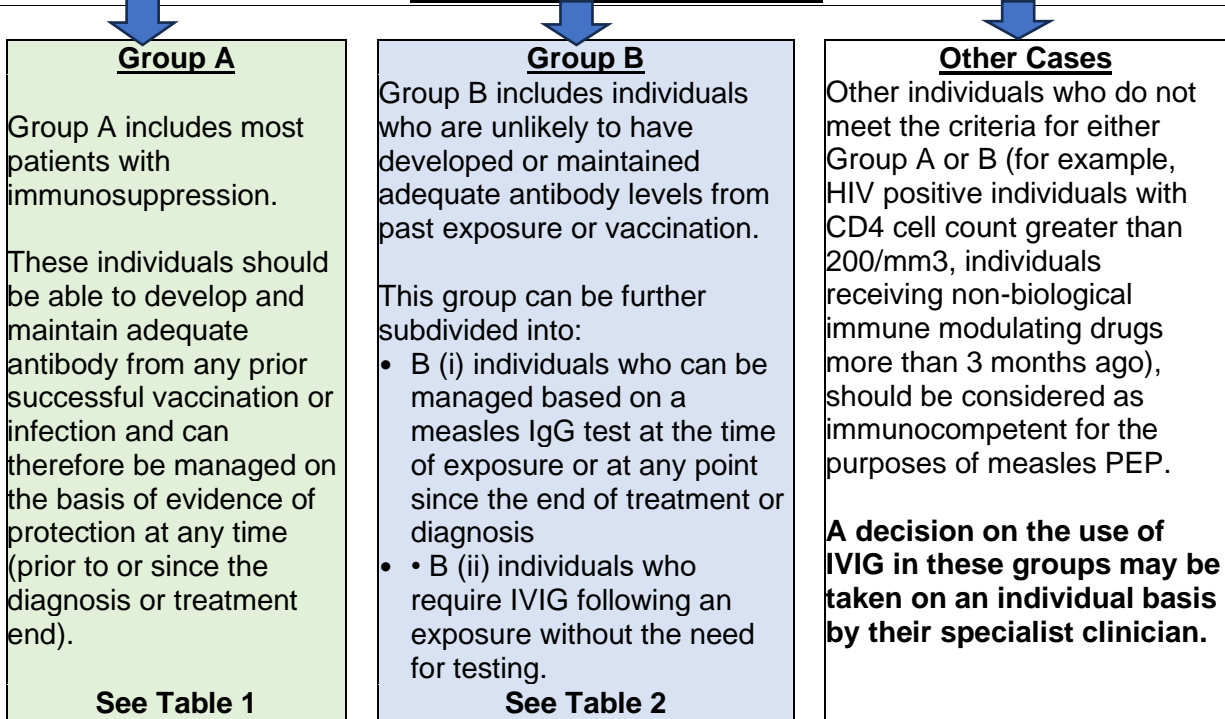
Patient details required by UK HSA from referring clinician:

- **Patient name**
- **Date of Birth**
- **NHS Number**
- **Contact Number**
- **Date of measles contact**
- **Date by which HNIG must be given.**
- **Risk Factors**

UK HSA will advise on either subcutaneous or intravenous immunoglobulin pathway. If eligible, UK HSA will refer the individual to the Patient Care Locally (PCL) Booking team for community subcutaneous immunoglobulin treatment. UK HSA will provide an accurate clinical handover with patient contact details to PCL. UK HSA will co-ordinate with PCL and order Immunoglobulin treatment from one of its storage facilities to be couriered to either the CMDU site (in-hours) or the Anstey Frith site (out-of-hours). The PCL Booking Team will contact the eligible individual to schedule immunoglobulin treatment at the community facility (COVID Medicines Delivery Unit at Thurmaston).

### Individual Clinical Pathways

#### Immunosuppressed Contacts



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Individual Clinical Pathways

Immunocompetent Vulnerable Contacts

Pregnant Women

See Table 3

Infants Under 12 Months

See Table 4


Table 1. Group A: individuals who should develop and maintain adequate antibody from past exposure or vaccination

Age and history of measles exposure or vaccination		Recommendation
All ages	Previous measles IgG positive	Assume immune – do not give IVIG
Born before 1970	Positive history of measles infection	Assume immune – do not give IVIG
	No history of measles infection	Rapid IgG test and issue if negative or equivocal If not possible to test within 6 days of exposure, assume immune – do not give IVIG
Born between 1970 and 1990	Positive history of measles infection or vaccination	Rapid IgG test and give IVIG if negative or equivocal If not possible to test within 6 days of exposure, assume immune – do not give IVIG
	No history of measles infection or vaccination	Rapid IgG test and give if negative or equivocal If not possible to test within 6 days of exposure, give IVIG
Born after 1990	History of 2 measles containing vaccines	Rapid IgG test and give if negative or equivocal If not possible to test within 6 days of exposure, assume immune – do not give IVIG
	History of one measles containing vaccine	Rapid IgG test and give if negative or equivocal If not possible to test within 6 days of exposure, give IVIG
	Unvaccinated	Give IVIG

Table 2. Group B: individuals who lose or may not maintain adequate antibody levels from past exposure or vaccination.

Age and history of measles exposure or vaccination		Recommendation
Group B (i)	Measles IgG positive since diagnosis or treatment completed	Assume immune – do not issue
	No documentation or negative IgG since treatment or diagnosis	Rapid IgG test and give IVIG if negative or equivocal If not possible to test within 3 days of exposure, give IVIG
Group B (ii)	Offer IVIG regardless of status	



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**Table 3. Immunocompetent Vulnerable Contacts: Assessment and treatment of pregnant women.**

Born before 1990	History of measles infection	Assume immune
	No history of measles infection	Test and administer HNIG within 6 days only if measles antibody negative
	History of 2 measles containing vaccines	Assume immune
Born 1990 or later	History of 2 measles vaccines	Assume immune
	History of one measles vaccine	Test and administer HNIG within 6 days only if measles antibody negative
	Unvaccinated	Test and administer HNIG if measles antibody negative. If not possible to test within 6 days of exposure, offer HNIG.

**Table 4. Immunocompetent Vulnerable Contacts: Assessment and treatment of infants.**

Infants under 6 months	Assume susceptible and administer HNIG, ideally within 72 hours but up to 6 days, regardless of maternal status	
Infants aged 6 to 8 months	For household exposure, administer HNIG, ideally within 72 hours but up to 6 days if necessary.	For exposures outside of the household, administer MMR, ideally within 72 hours.
Infants 9 months and older	Administer MMR vaccine, ideally within 72 hours of exposure.	

<b>Links and Resources</b>  <a href="https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/121234/national-measles-guidelines-january-2024.pdf">National measles guidelines January 2024 (publishing.service.gov.uk)</a>  <a href="https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/121234/green-book-of-immunisation-chapter-21-measles.pdf">Green Book of Immunisation - Chapter 21 Measles (publishing.service.gov.uk)</a>  <a href="https://www.gov.uk/government/publications/immunisation-against-infectious-disease">Immunisation against infectious disease - GOV.UK (www.gov.uk)</a>
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APPENDIX 2: Measles action card

UHL Measles Action Card

Think Measles!

Measles is a serious illness that can be unpleasant and lead to complications, especially in vulnerable, immunocompromised or pregnant patients. It is highly infectious to anyone who is not immune - being in the same room as someone with measles for more than 15 minutes is a significant exposure.

**Measles symptoms can include:**

- High fever
- Sore, red, watery eyes
- Coughing and/or runny nose
- Small red spots with bluish-white centres inside the mouth
- A red-brown blotchy rash, which appears after several days

The rash looks brown or red on white skin. It may be harder to see on brown and black skin.

On suspicion of a measles case:

Offer the patient a surgical mask and place the patient in isolation

Staff wear the correct PPE and ensure the FFP3 mask is the correctly tested FFP3 mask

Inform the IP Team of the suspected case and identified contacts via email [Infectionprevention@uhl-tr.nhs.uk](mailto:Infectionprevention@uhl-tr.nhs.uk)

If the **Suspected** case is on the ward and not already in a side room, a review of the contacts needs to be undertaken to determine whether isolation and/or treatment is required

**Isolation IS NOT required** for the following identified contacts:

- Born before 1970 and not immuno compromised
- Has a history of a known measles infection and is not immuno compromised
- Has had 2 measles containing vaccines (MMR) and is not immuno compromised

**Isolation IS required** for the following identified contacts:

- Unknown vaccine status
- Incomplete course of 2 doses of measles vaccines (MMR)
- Immuno compromised

ISOLATION PERIOD

**SUSPECTED CASES**

The duration of isolation **WILL** be applied until the resolution of symptoms and/or 4 full days after onset of rash

**CONTACT CASES**

The duration of isolation **WILL** be 21 days from the date of exposure **OR** if informed that the index case is negative


During the 21days the patient should be observed for symptoms - if develop screen for measles (green viral swab and written request stating measles)

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 Title: Infants <6 months requiring immunoglobulin post exposure to confirmed measles  
 V: 1 Approved by UHL Children's Q&S Board

Trust Reference: C22/2024  
  
**NB: Paper copies of this document may not be most recent version.** The definitive version is held on InSite in the [Policies and Guidelines Library](#)

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UHL Measles Action Card



University Hospitals  
 of Leicester

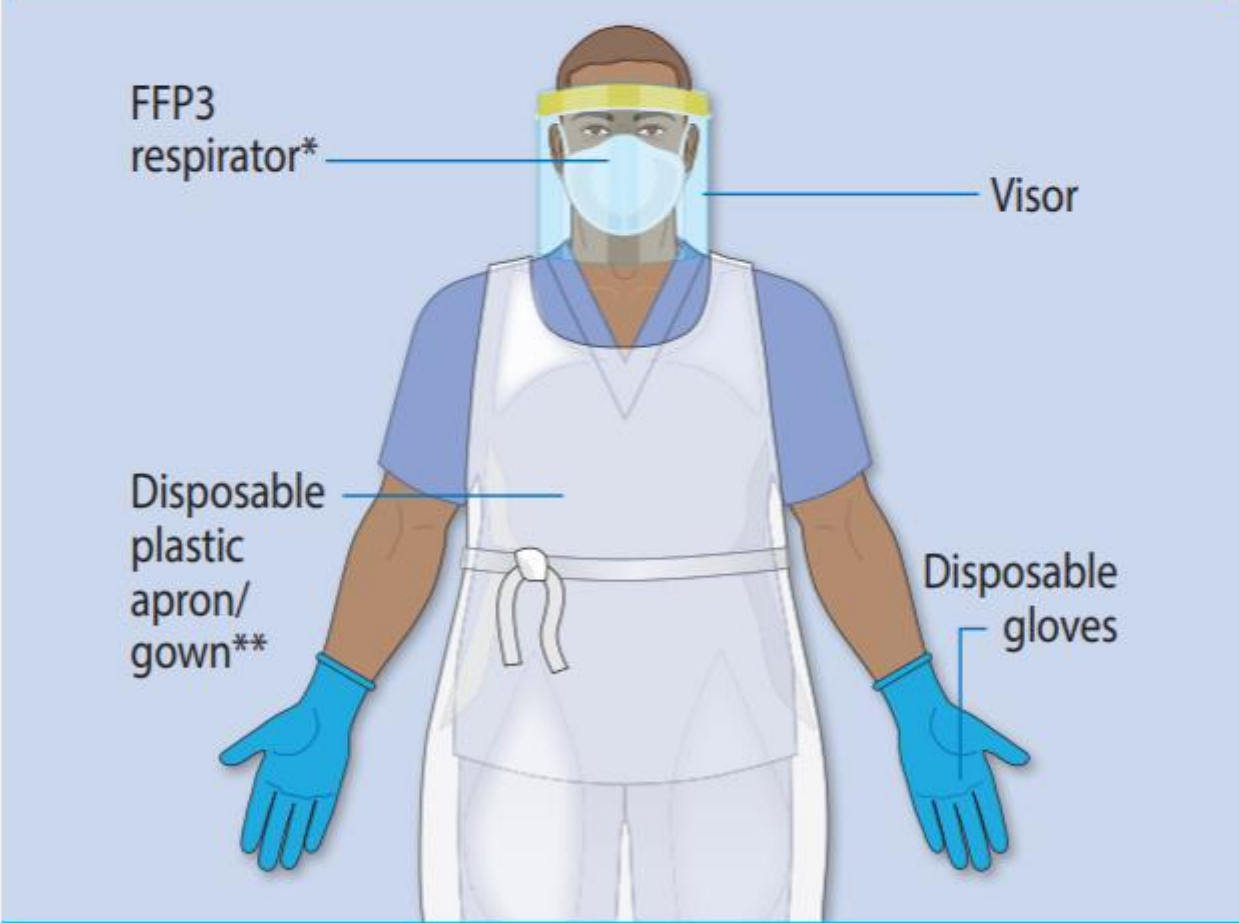
NHS Trust

SUSPECTED OR KNOWN INFECTIOUS AGENT

Isolate and refer to Transmission Based Precautions Airborne Isolation

STAFF EXPOSURE:

If staff were not wearing the full PPE at the time of exposure or there was a breach in the PPE, the 'Flow Chart Risk Assessment' should be used and then if required complete the 'Outbreak Pack' and send to [ohadmin@uhl-tr.nhs.uk](mailto:ohadmin@uhl-tr.nhs.uk) titled 'Urgent Action Required regarding Measles exposure/outbreak on ward\*\*\*'



FFP3 respirator\*

Visor


Disposable plastic apron/gown\*\*

Disposable gloves

\* If an FFP3 respirator cannot be worn due to facial hair or a previous failed fit test on the FFP3 respirator available, a respirator hood can be used as an alternative.

\*\* If risk of anticipated extensive splashing of blood/body fluid use a long sleeved gown.



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### APPENDIX 3: Instructions for completing the Measles online form

#### Instructions for completing the Measles online form:

- 1) If you will be using the form to tell us you have had 2 measles/MMR vaccinations in the past, please tell us the dates as accurately as possible, and provide evidence if you can do so now (this could be a copy or photo of your childhood records or previous employment record). Please have this ready.
- 2) Open your email account so you can be ready to read and follow instructions that will be sent to you immediately on email. This can be any type of email account (work or personal).
- 3) Open this link in your web browser: [Occupational Health \(measles\)](#).
- 4) Enter the required information:

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- First name
- Last name
- Email address
- Employer: Start typing 'University....' and then select 'University Hospitals of Leicester' (you will be able to provide specific employment details later)
- Form: select 'Measles Questionnaire V1'. You won't be able to select this until you have entered the employer field above.
- Enter the validation code. This times out very quickly so you may need to enter it again
- Click next

#### Page 2

##### Check your email now.

An email will arrive from: [UHL-OH.no-reply@hostedcohort.co.uk](mailto:UHL-OH.no-reply@hostedcohort.co.uk)  
You will need to copy two separate codes from it.


You can now follow the link in the email or go back to the page you have open in your browser.

Please enter:

- First name
- Last name
- PIN (copy and paste this from the email)
- Questionnaire Number (copy and paste this from your email)
- Enter the validation code. This times out very quickly so you may need to enter it again

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- Complete all mandatory fields with an asterisk
- Click next

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Now you can complete the measles questionnaire.

Please complete your employment details as fully as possible. This is a universal form for staff working at various organisations.

Click next

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Upload any evidence of previous vaccinations if you can.

Click next


Page 6

Sign the declaration by typing 'I agree' in the box.

Click submit – you will see a green banner confirming you have submitted successfully.

If you have any issues with this questionnaire, please email [ohonline@uhl-tr.nhs.uk](mailto:ohonline@uhl-tr.nhs.uk) stating you are having issues with the Measles Questionnaire, please include a description of the error and screenshot along with your name. Someone will get back to you within 48 hours.

**END**

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#### APPENDIX 4: Patient registration form


PATIENT REGISTRATION DETAILS <b>**ALL FIELDS MUST BE COMPLETED**</b>			
Patient Name		Consultant Name	
S Number or NHS No.		Height	
Date of Birth		Weight	
Date		Form Completed By	
Dose prescribed (Dosing 120mg/kg up to a maximum of 1,000mg)		HNIG product	

#### Neonates

Age	Recommendation	Meets criteria for immunoglobulin therapy – select box
Under 6 months	Assume susceptible and administer HNIG, ideally within 72 hours but up to 6 days, regardless of maternal status	
6 to 8 months	For household exposure, administer HNIG, ideally within 72 hours but up to 6 days	
	For exposure outside of household, administer MMR vaccine, ideally within 72 hours of exposure*	
9 months or older	Administer MMR vaccine, ideally within 72 hours of exposure*	

\*Some immunocompromised patients will not be suitable to receive the MMR vaccine. Please seek advice from patients consultant for immunocompromised patients




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PATIENT REGISTRATION DETAILS <b>**ALL FIELDS MUST BE COMPLETED**</b>			
Patient Name		Consultant Name	
S Number or NHS No.		Height	
Date of Birth		Weight	
Date		Form Completed By	

**Group A: Individuals who should develop and maintain adequate antibody from past exposure or vaccination\*\***

Age	History of measles exposure or vaccination	Recommendation	Meets criteria for immunoglobulin therapy–select box and give IgG status
All ages	Previous measles IgG positive	Assume immune – do not give IVIG	
Born before 1970	Positive history of measles infection	Assume immune – do not give IVIG	
	No history of measles infection	Rapid IgG test – if negative/equivocal – give IVIG*	
Born between 1970 and 1990	History of measles infection or vaccination	Rapid IgG test – if negative/equivocal – give IVIG*	
	No history of measles infection or vaccination	Rapid IgG test – if negative/equivocal/not possible within 6 days of exposure – give IVIG	
Born after 1990	History of 2 measles containing vaccines	Rapid IgG test – if negative/equivocal – give IVIG*	
	History of 1 measles containing vaccine	Rapid IgG test – if negative/equivocal/not possible within 6 days of exposure – give IVIG	
	Unvaccinated	Give IVIG	

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\*If test not possible assume immune and do not give IVIG

**Group B: Individuals who may lose or may not maintain adequate antibody levels from past exposure or vaccination\*\***

Group	History of measles exposure or vaccination	Recommendation	Meets criteria for immunoglobulin therapy – select box and give IgG status
Group B (i)**	Measles IgG positive since diagnosis or treatment started	Assume immune – do not give IVIG	
	No documentation or negative IgG since diagnosis or treatment	Rapid IgG test – if negative/equivocal/not possible within 6 days of exposure – give IVIG	
Group B (ii)**	Offer IVIG regardless of status		

### Pregnant women

Age	History of measles exposure or vaccination	Recommendation	Meets criteria for immunoglobulin therapy – select box and give IgG status
Born before 1990	History of measles infection	Assume immune	
	No history of measles infection	IgG test within 6 days of exposure – if negative give HNIG	
	History of 2 measles containing vaccines	Assume immune	
Born after 1990	History of 2 measles containing vaccines	Assume immune	
	History of 1 measles containing vaccines	IgG test within 6 days of exposure – if negative give HNIG	
	Unvaccinated	IgG test within 6 days of exposure – if negative/not possible give HNIG	

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**\*\*For more detailed information regarding classification of immunocompromised, Group A or Group B patients, refer to the [National Measles Guidelines](#) page 27.**

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<sup>i</sup> [Immunisation against infectious disease - GOV.UK \(www.gov.uk\)](https://www.gov.uk)