



COLUMBIA UNIVERSITY
ENVIRONMENTAL HEALTH AND SAFETY
Post Exposure **PRINT&GO** Sheet

Measles post-exposure guideline

Created: 6/11/2026

Revised:

<https://research.columbia.edu/sites/default/files/content/EHS/Homepage/MeaslesPrintAndGo.pdf>

What are print and go sheets?

Following an occupational exposure to the agent identified above, this information sheet identifies the immediate actions that should be taken. A medical evaluation should be sought following an overt exposure or the development of symptoms. The guidance sheet provides information that medical personnel can reference but does not provide individualized medical care or treatment. This sheet should be printed and taken to the medical provider. Also, display your Columbia University ID card while visiting the medical provider.

Background:

Researchers in Columbia University labs perform research with measles virus. Some of the viruses contain [recombinant or synthetic DNA](#). Prior to working with measles, or working in the vicinity of areas where measles is being handled, researchers are required to demonstrate evidence of immunity to measles. Evidence of immunity to measles includes: Written documentation of vaccination with 2 doses of measles virus-containing vaccine (the first dose administered at age ≥ 12 months; the second dose no earlier than 28 days after the first dose); OR Laboratory evidence of immunity (measles immunoglobulin G [IgG] in serum); OR Laboratory confirmation of disease; OR Birth before 1957.

Two doses of the MMR series are $>97\%$ effective against measles. Despite these provisions, researchers may have a known exposure event, such as a needlestick, which could lead to a laboratory-acquired infection, or may develop symptoms following an exposure where no attributable exposure event was documented.

Post-exposure medical surveillance:

Personnel with percutaneous exposures to measles-containing material should notify their supervisor and immediately report to Workforce Health and Safety (WHS) during business hours or the NYPH-ER after hours. Personnel should be aware of the material they were exposed to (e.g. characterized cell lines, human primary cultures, animal tissue) and evaluated for co-exposure to cells that may contain [bloodborne pathogens](#). Personnel should complete an accident report form. Personnel should be counseled to monitor for signs and symptoms of occupational infection for the subsequent 25 days. Personnel with potential exposures due to loss of biocontainment should not seek immediate medical attention but should monitor for signs and symptoms of occupational infection for the subsequent 25 days by maintaining a fever log and a symptom diary. Personnel developing symptoms of measles infection in the 25 days following the exposure should self-isolate and contact their primary care provider. They should not report to WHS or an ER with symptoms suggestive of measles. However, by prior arrangement, personnel with life severe sequelae of measles infection should seek medical evaluation at an ER. Researchers should wear an N95 respirator while visiting medical facilities and may be put on airborne isolation. WHS should be notified of any visits to the ER within the hours that the clinic is in operation (see below), and as soon as possible for after-hours ER visits.

Physician information:

Post-Exposure Prophylaxis (PEP) - Measles poses a severe, high-risk threat to immunocompromised individuals, often leading to severe complications, higher mortality rates, and prolonged infections. They are at increased risk for pneumonia and encephalitis, and might not develop the typical rash, making diagnosis difficult. For overt exposures, post exposure



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prophylaxis with MMR should only be offered to immunocompetent personnel who are not immune to measles or have an unknown immune status. MMR vaccine is not indicated for women who are pregnant. Immune globulin can be given up to six days after exposure and is strongly prioritized for specific vulnerable groups, including pregnant women, and severely immunocompromised individuals. There is no specific antiviral treatment for a diagnosed measles infection; management focuses on supportive care to relieve symptoms, prevent dehydration, and manage complications

Signs and Symptoms of infection:

Early Symptoms (10–14 days post-exposure): Fever (can be 101-105°F), coryza (runny nose), cough, and conjunctivitis (red, watery eyes).

Koplik Spots: Small, white spots appearing on the inner cheeks, usually 2-3 days into the illness.

Rash: Begins as flat red spots on the face or neck, spreading downwards, often lasting 5-6 days before fading.

Fever Spike: The fever may spike to over 104°F exactly when the rash appears.

Reference Laboratory Testing:

Serology testing and real-time PCR <https://www.cdc.gov/measles/php/laboratories/index.html>. Real-time RT-PCR uses nasopharyngeal, throat swabs, and urine specimens. Real-time-PCR is available at many state public health laboratories and through the [APHL/CDC Vaccine Preventable Disease Reference Centers](#).

Reporting:

WHS should report all cases of measles to NYC-DOHMH at 347-396-2402 (during business hours) or 866-692-3641 (afterhours and weekends). Reports should be made at time of initial clinical suspicion. The NYPH Infection Prevention and Control team should be notified of symptomatic cases and consulted on whether home isolation or admission to a negative pressure hospital room is required. The Columbia University EH&S Biosafety Office should also be notified, biosafety@columbia.edu and contact info below.

Next steps:

Notify supervisor and EH&S Biosafety Officers of any incidents. By law, accidents which result in overt exposures to viral materials containing [recombinant or synthetic DNA](#) must be immediately reported to the Institutional Biosafety Committee and National Institutes of Health Office of Science Policy (NIH-OSP). This reporting requirement is accomplished by investigators by notifying EH&S Biosafety Officers who will take care of any subsequent reporting.

Contact information

Environmental Health & Safety (EH&S) - Ask for a Biosafety Officer. Mon. - Fri: 9 am - 5 pm. Medical Center - (212) 305-6780

Public Safety can contact a Biosafety Officer after business hours. Medical Center - (212) 305-7979. Morningside - (212) 854-5555. Manhattanville - (212) 853-3333

CUIMC Office of Workforce Health and Safety - (212) 305-7590
Mon. – Fri. 7:30 am - 4:00 pm

NYPH Infection Prevention and Control - (212) 305-0292 (office)