**Report all SUSPECT measles cases immediately**

**to your local health department.**

* **Consider measles in the differential diagnosis of patients with fever and rash:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Comments** |
| 1. **What is the highest temperature recorded?**
 | **°F** | Fever onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ |
| 1. **Does the rash have any of the following characteristics?**
 |  |  | Rash onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_Measles rashes are red, maculopapular rashes that may become confluent – they typically start at hairline, then face, and spreads rapidly down body. Rash onset typically occurs 2-4 days after first symptoms of fever (≥101○F) and one or more of the 3 C’s (cough, conjunctivitis, or coryza). |
| Was the rash preceded by one of the symptoms listed in (C) by 2-4 days? |  |  |
| Did fever overlap rash? |  |  |
| Did rash start on head or face? |  |  |
| 1. **Does the patient have any of the following?**
 |  |  |
| Cough |  |  |
| Runny nose (coryza) |  |  |
| Red eyes (conjunctivitis) |  |  |
| 1. **Unimmunized or unknown immune status?**
 |  |  | Dates of measles vaccine:#1 \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_#2 \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ |
| 1. **Exposure to a known measles case?**
 |  |  | Date and place of exposure: |
| 1. **Travel, visit to health care facility, or other known high-risk exposure in past 21 days?**
 |  |  | See local health department for potential exposure sites. |

* **Measles should be highly suspected if you answered YES to at least one item in B and C, PLUS a YES in D or E or F. IMMEDIATELY:**
	+ Mask and isolate the patient (in negative air pressure room when possible) AND
* Call your local health department to arrange testing at the WA State Public Health Laboratories (WAPHL). All health care providers must receive approval from [name of local health jurisdiction] prior to submission.
	+ **[LHJ phone number] during normal business hours**
	+ **[after hours phone number] after hours (duty officer)**
* **Collect the following specimens**
* **Nasopharyngeal (NP) swab for rubeola PCR and culture (preferred respiratory specimen)**
	+ *Swab the posterior nasal passage with a Dacron™ or rayon swab and place the swab in 2–3 ml of viral transport medium. Store specimen in refrigerator and transport on ice.*
	+ *Throat swab also acceptable.*
* **Urine for rubeola PCR and culture**
	+ *Collect at least 50 ml of clean voided urine in a sterile container and store in refrigerator.*
* **Serum for rubeola IgM and IgG testing**
	+ *Draw at least 4-5 ml blood (yields about 1.5 ml serum) in a red or tiger top (serum separator) tube. Store specimen in refrigerator and transport on ice.*

If you have questions about this assessment or collection and transport of specimens, call your local health department.

If you have a disability and need this document in a different format, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388)

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