**Report all SUSPECT measles cases immediately to your local health department.**

[**www.doh.wa.gov/ForPublicHealthandHealthcareProviders/NotifiableConditions/Measles**](http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/NotifiableConditions/Measles)

* **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?** |  |  | List out of county travel within the last 21 days. |
| 1. **MMR vaccine within the last 45 days?** |  |  | If yes and you suspect this is measles, please call YHD at numbers listed below prior to testing. |

* **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.
* Low suspicion or not meeting above requirements, please see Labcorp and Quest codes below for commercial testing.
  + **[509-249-6541] during normal business hours**
  + **[509-575-4040] after hours (duty officer)**
* **Collect specimens:** *see algorithm for specimen collection timing according to rash onset*
* **Preferred: Nasopharyngeal (NP) or throat swab for rubeola PCR and culture** 
  + Most accurate day 0 – 5 after rash onset
    - Labcorp: 140470
    - Quest: 39306
* **Urine for measles PCR and culture**
  + Urine PCR test is most sensitive between ≥72 hours and 10 days after rash onset and may not be positive until >4 days after symptom onset
    - Labcorp: 140515
    - Quest: Not available
* **Acceptable: Serum for measles IgM and IgG testing**
  + IgM is most accurate greater than 72 hours after rash onset
  + **NOTE:** *neither IgM nor IgG antibody responses can distinguish measles disease from the response to vaccination in a patient with suspected measles that has been vaccinated 6–45 days prior to blood collection.*
    - Labcorp: 160178
    - Quest: 34256