

THINK MEASLES

Report ALL suspect measles cases immediately to the Communicable Disease Unit (CDU) at (831) 454-4114

✓ Consider measles in patients with fever and a descending rash and assess for risk factors:

	RISK ASSESSMENT QUESTIONS	YES	NO	Comments
A	What is the highest temperature recorded? _____ °F			Fever onset date: ____/____/____ Measles is always accompanied by fever, even if subjective.
B	Does the rash have any of the following characteristics?			Rash onset date: ____/____/____
	Was the rash preceded by cough, coryza, or conjunctivitis by 2-4 days?			Measles rashes are red, maculopapular rashes that may become confluent – they typically start at hairline, then face, and spread rapidly down the body.
	Did fever overlap rash?			
	Did rash start on head/face?			
C	Does the patient have any of the following symptoms (the 3 C's)?			Rash onset typically occurs 2 - 4 days after first symptoms of fever (>101°F) and one or more of the 3 C's (cough, coryza, conjunctivitis).
	Cough			
	Coryza (runny nose)			
	Conjunctivitis (red eyes)			
D	Unimmunized or unknown immune status?			Date(s) of measles vaccine: #1 ____/____/____ #2 ____/____/____ Date of birth: ____/____/____
E	Exposure to a known measles case?			Date + location:
F	Travel, visit to health care facility, or other high-risk exposure in past 21 days?			www.cdc.gov/measles/cases-outbreaks.html and https://www.cdc.gov/measles/travelers.html

✓ **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.**

✓ **If measles is suspected, take the following IMMEDIATE ACTIONS:**

1. Mask and isolate the patient (in negative air pressure room when possible) **AND**
2. Call the Communicable Disease Unit to arrange testing at a public health lab
 - (831) 454 – 4114 during normal business hours (8AM-5PM, Mon-Fri)
 - (831) 471 – 1170 after hours (nights, weekends; ask for the Health Officer)

✓ **Collect diagnostic specimens and consult with the CD Unit before submission:**

Patients presenting **≤ 7 days** of rash onset: *PCR is the preferred testing method*

1. Obtain a Dacron® throat swab (rather than NP swab), place in 2-3 ml of viral transport media **AND**
2. Collect 50-100 ml of urine in a sterile centrifuge tube or urine specimen container.

Patients presenting **> 7 days** after rash onset:

1. Collect 50-100 ml of urine in a sterile centrifuge tube or urine specimen container.
2. For measles antibody IgM and IgG, collect 7-10 ml blood in red or tiger top.

Alternative diagnoses to consider for patients with fever and rash:

- **Drug eruption:** history of current or recent medication, especially an antibiotic
- **Other non-infectious rashes:** hives or atopic dermatitis with coincidental febrile illness
- **Varicella (chickenpox):** vesicular lesions on erythematous base
- **Enteroviruses (e.g., hand-foot-and-mouth disease):** oral ulcers, rash on hands, feet, buttocks
- **Mononucleosis syndrome (EBV, CMV, HIV):** risk factors (young adulthood, MSM, IDU), sore throat or tonsillitis, prominent adenopathy, splenomegaly, atypical lymphocytosis
- **Parvovirus B-19 (also known as erythema infectiosum, or 5th disease):** slapped cheek appearance in children, arthritis and diffuse rash in adults
- **HHV-6 (also known as roseola infantum, exanthem subitum, or 6th disease):** disease of very young children (usually under 2 years of age), high fever followed by defervescence and the appearance of rash on trunk
- **Rubella (German measles):** history of international travel; mild illness with low-grade fever; arthralgias prominent in adults; prominent postauricular, posterior cervical, and suboccipital adenopathy
- **Group A streptococcal infection (with scarlet fever rash):** sore throat, “sandpapery” rash, circumoral pallor, strawberry tongue, positive strep test
- **Meningococemia:** abrupt onset of flu-like illness with marked myalgias (especially the legs); skin evolves from pallid or mottled with cold hands to petechial then hemorrhagic rash, severe headache and mental status change if meningitis present
- **Kawasaki disease:** children <5 years, fissured lips, strawberry tongue, erythema and edema of hands and feet, periungual desquamation, adenopathy
- **Travel-, animal-, and tick-related:** broad differential diagnoses of fever and rash
- **Influenza:** influenza cases with rash have been reported

Source: CDPH Measles Clinical Guidance: Identification and Testing of Suspect Measles Cases

<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/Measles-ClinicalGuidance.pdf>