

Carolina Mejia District One

Gary Edwards District Two

Tye Menser District Three

## PUBLIC HEALTH AND SOCIAL SERVICES DEPARTMENT

David Bayne, MPH
Director
Dimyana Abdelmalek, MD, MPH
Health Officer

## **Provider Checklist for Suspect Measles Cases**

Report all SUSPECT Measles cases immediately to Thurston County Public Health and Social Services by calling 360-867-2610 Monday through Friday 8am-5pm and 1-800-986-9050 after hours.

www.doh.wa.gov/ForPublicHealthandHealthcareProviders/NotifiableConditions/Measles

✓ Consider Measles in the differential diagnosis of patients with fever and rash:

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

✓		les should be highly suspected if you answered YES to at least one item 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.
		<ul> <li>[LHJ phone number] during normal business hours</li> </ul>
		<ul><li>[after hours phone number] after hours (duty officer)</li></ul>
./	Calla	ot the fallowing energimens
V		ct the following specimens
	ш	Nasopharyngeal (NP) swab for rubeola PCR and culture (preferred
		respiratory specimen)
		Swab the posterior nasal passage with a Dacron <sup>™</sup> 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.
	П	Urine for rubeola PCR and culture
		in refrigerator.
		Serum for rubeola IgM and IgG testing
		<ul> <li>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.</li> </ul>
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