

## PUBLIC HEALTH AND SOCIAL SERVICES DEPARTMENT

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### 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 or 1-800-986-9050 after hours.

[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
<b>A) What is the highest temperature recorded?</b>		°F	Fever onset date: ____/____/____
<b>B) Does the rash have any of the following characteristics?</b>			Rash onset date: ____/____/____
Was the rash preceded by one of the symptoms listed in (C) by 2-4 days?			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 ( $\geq 101^{\circ}\text{F}$ ) and one or more of the 3 C's (cough, conjunctivitis, or coryza).
Did fever overlap rash?			
Did rash start on head or face?			
<b>C) Does the patient have any of the following?</b>			
Cough			
Runny nose (coryza)			
Red eyes (conjunctivitis)			
<b>D) Unimmunized or unknown immune status?</b>			Dates of measles vaccine: #1 ____/____/____ #2 ____/____/____
<b>E) Exposure to a known measles case?</b>			Date and place of exposure:
<b>F) Travel, visit to health care facility, or other known high-risk exposure in past 21 days?</b>			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 Thurston County Public Health and Social Services at 360-867-2610 Monday through Friday 8am-5pm or 1-800-986-9050 after hours.**