

# MEASLES

## Identification, Testing, and Management of Suspected Cases

**Triage febrile rash illnesses by phone, or immediately upon arrival, to assess need for control measures.**

### Does patient have signs and symptoms of measles?

#### Prodrome with:

- Fever (100.4°F or higher)
- Cough
- Runny nose (coryza)
- Red, watery eyes (conjunctivitis)

#### Followed in 3-5 days by:

- Generalized descending maculopapular rash
- Koplik spots (may not be present)

**AND** has risk factors for measles (history of international travel, contact with travelers or links to a known outbreak or case, or no/unknown immunity).

*One dose of measles vaccine is 93% effective, and 2 doses are 97% effective at preventing measles.*

**NO**



Manage as clinically indicated.

Consider other differential diagnoses for the illness and address as indicated.

Seek commercial testing for pathogens of concern (e.g., influenza, group A streptococcus) as indicated.



**YES**

### Minimize Risk of Transmission

- Measles is a highly infectious airborne illness.
- Identify febrile rash illnesses prior to, or immediately upon, arrival to expedite evaluation **in a private room and to minimize patient exposures:**
  - Have the patient avoid the waiting room (use a side/back entrance)
  - Request the patient wear a surgical mask
  - Conduct patient evaluation in a room that can be left vacant for at least 2 hours after patient's visit



### IMMEDIATELY CALL (24/7) upon suspicion for public health reporting and follow-up:

County health department: [FloridaHealth.gov/CHDEpiContact](https://www.floridahealth.gov/CHDEpiContact) or Bureau of Epidemiology: 850-245-4401

### Laboratory Testing

**PREFERRED SPECIMENS: should be collected <72 hours after rash onset:**

- Nasopharyngeal (NP) or throat swab in universal viral transport media for measles RT-PCR\*
- Urine in a sterile cup for measles RT-PCR\*

**SERUM SPECIMENS: should only be collected ≥ 72 hours after rash onset:**

- Serum for measles specific IgG and IgM\*\*

\* Measles RT-PCR is only available at certain commercial laboratories and is available at the Bureau of Public Health Laboratories, after prior authorization by the county health department.

\*\* In a vaccinated patient, a negative measles IgM does NOT exclude measles: RT-PCR is preferred.

### Suspect Case Management

- Isolate patient immediately
- Exclude from childcare/school/ workplace for at least 4 days after the onset of rash
- Reassess isolation based on diagnosis
- Provide supportive treatment and treatment of complications
  - Consider administration of vitamin A for all children



### If you have a positive measles test (PCR or IgM) OR high suspicion for active measles infection after public health consultation:

- Notify receiving facilities of diagnosis
- Identify patients/visitors and staff that shared the same airspace with the case up to 2 hours later
- Review the measles evidence of immunity status of patients and staff potentially exposed at your practice
- Provide vaccine within 3 days or immunoglobulin within 6 days of exposure, as indicated
- Exclude all health care staff without evidence of immunity from day 5 through day 21 following exposure
- Clean surfaces that may be contaminated with an EPA-registered disinfectant for health care settings