

Measles: Identification and Management of Suspected Cases

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

Does the Patient Have Signs and Symptoms of Measles?

Prodrome with;

- fever (at least 101°F),
- cough,
- coryza,
- conjunctivitis,

Followed in 3-5 days by;

- generalized descending maculopapular rash, and
- Koplik spots (may not be present).

AND

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

Note: one dose of measles vaccine is 93% effective and two doses are 97% effective at preventing measles (www.cdc.gov/measles)

Manage as clinically indicated

Consider other differential diagnoses for the illness and address as indicated

Seek commercial testing for pathogens of concern as desired (i.e., Influenza, Group A Streptococcus)

NO

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 minimize patient exposures.
 - Have the patient avoid the waiting room (use a side/back entrance).
 - Have the patient wear a surgical mask.
 - Conduct patient evaluation in a room that can be left vacant for at least 2 hours after the patient's visit.

Call Immediately (24/7) Upon Suspicion for Public Health Reporting and Follow-Up County Health Department (www.floridahealth.gov/CHDEpiContact) or Bureau of Epidemiology (850-245-4401)

Laboratory Testing

- Nasopharyngeal (NP) or oropharyngeal (OP) swab* in universal viral transport media for measles RT-PCR

AND

- Urine* in a sterile cup for measles RT-PCR**

AND

- Serum for measles specific IgG and IgM***

* Preferred specimens

**Measles RT-PCR is not available at commercial laboratories and is available at the Bureau of Public Health Laboratories, after prior authorization by the County Health Department.

*** Serum specimens should be collected ≥ 72 hours after rash onset. 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.

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 healthcare staff without evidence of immunity from day 5 through day 21 following the exposure.