

Think Measles

Immediately report all suspect measles cases

to the Communicable Disease Unit (CDU) at 831-454-4838



| | Risk Assessment Questions | Yes | No | Comments |
|----------|---|-----|----|--|
| A | Fever: Measles is always accompanied by fever; even if reported as subjective | | | Onset date: Tmax: or Subjective fever? ** If fever disappeared before rash onset without antipyretics, measles is unlikely |
| B | Rash: Preceded by prodromal symptoms (see 3 Cs below) | | | Onset Date: ** Rash onset typically occurs 2-4 days after fever (>101°F) and one or more of the 3 C's (cough, coryza, conjunctivitis.) |
| | Did fever overlap rash? | | | ** Rash is red, maculopapular, and may become confluent. Rash does not begin to disappear until at least day 3 and occurs in the order it presented. |
| | Did rash start on head/face and spread down the body? | | | ** Rash not typically itchy; but if itching occurs, it is usually not until after 4 days of rash. ** Examine mouth for tiny white spots (Koplick spots). ** For vaccinated patients, presentation may be atypical. |
| C | 3 Cs of measles: Does patient have cough, coryza, or conjunctivitis? | | | |
| D | Unimmunized , or unknown immune status in those born in 1957 or later? | | | DOB: Vaccine Dates: #1 #2 |
| E | Exposure to a known measles case? | | | Date: Location: |
| F | Travel outside of North America or to a U.S. community with measles cases or contact with international visitors in the 21 days before rash onset? | | | Travel references: Measles Cases and Outbreaks CDC Plan for Travel - Measles CDC |
| G | Recent MMR Vaccine , with no high-risk exposure as described in sections E and F above? | | | Date: ** Fever and rash can occur following MMR vaccination, typically 6-12 days after immunization, or longer. Reactions can be clinically identical to measles infection; however, these patients are not infectious. |

Measles should be highly suspected if you answered YES to A, B **and** C, **PLUS** a YES in D **or** E **or** F regardless of MMR vaccination status. See [CDPH Measles Clinical Guidance](#) for additional information including alternate diagnoses to consider.

If measles is suspected, take **IMMEDIATE** action:

- Mask patient and healthcare providers and isolate the patient preferably in airborne infection isolation room (AIIR) **AND**
- Call Public Health CDU to report a suspected case and coordinate testing:
 - 831-454-4892 during normal business hours (8am-5pm, M-F)
 - 831- 471-1170 after hours – ask for Public Health Manager or Health Officer
- If indicated, collect diagnostic specimens in coordination with CDU:
 - Throat (preferred) or nasopharyngeal swab for PCR:** Use sterile synthetic respiratory swab (e.g. Dacron®). Place in sterile tube with liquid viral or universal transport media. Label and refrigerate promptly **AND**
 - Urine for PCR:** Collect 10-50 mL urine in sterile container. Label and refrigerate promptly **AND**
 - Serology** (measles IgM and IgG): Collect at least 3-5 mL blood in serum separator tube (yellow top). Label and refrigerate.