

**Report all SUSPECT measles cases immediately to the Whatcom County Health Department (360-778-6100 or 360-715-2588 after hours)**

✓ 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. |
| Did fever overlap rash?   |     |    |  |
| Did rash start on head or face?   |     |    |  |
| <b>C) Does the patient have any of the following?</b>   |     |    | Rash onset typically occurs 2-4 days after first symptoms of fever (≥101°F) and one or more of the 3 C's (cough, conjunctivitis, or coryza).         |
| Cough   |     |    |  |
| Runny nose (coryza)   |     |    |  |
| Red eyes (conjunctivitis)   |     |    |  |
| <b>D) Unimmunized or unknown immune status?</b>   |     |    | Dates of measles vaccine:<br>#1 ___/___/___<br>#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 <a href="#">links</a> 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 Whatcom County Health Department prior to submission.
  - 360-778-6100 during normal business hours
  - 360-715-2588 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

(**\* Note: these specimens will be tested at the Washington State Public Health Lab).**