# **MEASLES**

# IDENTIFICATION, TESTING, AND MANAGEMENT OF SUSPECTED CASES



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

### PATIENT MUST MEET BOTH CRITERIA

- Prodrome: fever (100.4\*F or higher) / cough / runny nose (coryza) / red, watery eyes (conjunctivitis)
- Followed in 2-4 days by: generalized descending maculopapular rash beginning at hairline / face lasting for usually 5-6 days
   Koplik spots inside cheeks (may / may not be present prior to rash)

#### AND

 Risk factors for measles (history of international travel, contact with travelers or links to known outbreak or case), or no/unknown immunity status

### No to any of the criteria

Consider other viral/bacterial differential diagnoses and manage as clinically indicated.

### **YES to BOTH Criteria**

#### MINIMIZE RISK OF TRANSMISSION AS SOON AS POSSIBLE

- Measles is highly airborne infectious: Identify febrile rash illnesses prior to, or immediately upon arrival to expedite evaluation in a negative pressure room, when possible, or a private room to minimize congregate exposures
  - Conduct exam in room that can be left vacant with the door closed for at least 2 hours after patient departure
- Avoid waiting room (use side / back entrance)
- Staff evaluating patient should have presumptive evidence of measles immunity and should wear N-95 masks
- Contact infection control preventionist, if available
- Request patient wear surgical mask

# IMMEDIATELY CALL (24/7) upon suspicion for public health reporting and follow-up guidance Your Local Health Department

### Testing

# $\mbox{\bf PREFERRED}$ $\mbox{\bf SPECIMENS}$ to be collected $\mbox{\bf \underline{as\ soon\ as\ possible}}$

- Within 3 days of Rash Onset- Nasopharyngeal (NP) or throat swab in universal viral transport media and Urine in a sterile cup, (if able to self void), for RT-PCR
- Within 4-10 days of Rash Onset- Urine in sterile cup (catheterize, if necessary) for RT-PCR; ideally with a Nasopharyngeal (NP) or throat swab in universal viral transport media for RT-PCR

### [OPTIONAL] SERUM SPECIMENS consider collecting if > 72 hours AFTER rash onset

- Measles specific IgM (Caution: clinical interpretation of IgM)
- \*Measles IgG testing should only be considered when testing for PRIOR measles immunity (natural or vaccination) and should NOT be used for active infection

Measles RT-PCR available at certain commercial labs or through NE Public Health Laboratory after prior authorization by NE-DHHS Public Health

#### **Suspect Case Management:**

- Isolate patient immediately
- Exclude from childcare/school/workforce for at least 4 days after rash onset
- Reassess isolation based on diagnosis and provide supportive treatment

# If POSITIVE: Measles PCR test OR High Suspicion for ACTIVE INFECTION (after Public Health consultation)

- Notify receiving facilities of diagnosis
- Identify patients/visitors/staff that shared congregate space exposure and review measles immunity status
- Exclude all health care staff without immunity evidence from day 5 through day 21 following exposure
- Recommend vaccine within 3 days, or immunoglobulin within 6 days of exposure as indicated
- Clean surfaces that may be contaminated with an EPA-registered disinfectant for health care settings

# **Measles Tests**

# When to Collect?

