

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.



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.



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 guidance:
Rhode Island Department of Health (RIDOH) 401-222-2577

Laboratory Testing

PREFERRED SPECIMENS: should be collected after rash onset:

- All Measles PCR testing must be pre-authorized by RIDOH before submitting to the Rhode Island State Health Lab.

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

- Serum for measles specific IgG and IgM**

** Measles RT-PCR is available at the Rhode Island State Health Laboratories. All measles PCR testing must be pre-authorized by RIDOH before submitting to the Rhode Island State Health Laboratories. Find specimen submission guidance at <https://health.ri.gov/laboratory-testing/clinical-specimen-submission-guidance>.*

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

Suspect Case Management

- Isolate patient immediately
- Call RIDOH at 401-222-2577 or 401-276-8046 after hours
- Exclude from childcare/school/ workplace for at least 4 days after the onset of rash
- Provide supportive treatment and treatment of complications



If you have a positive measles test (PCR or IgM) OR high suspicion for active measles infection, consult RIDOH at 401-222-2577

- 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
- 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