

Suspect Measles Provider Evaluation Worksheet

Suspected and confirmed measles cases are IMMEDIATELY reportable to your Local Health Jurisdiction

Patient Information:	Name:		DOB:		MRN #:
Address:		City:	County:	State:	Zip:
Evaluation date:		(If patient is a minor) Parent/Guardian Name:		Phone #: (____) ____-____	
Reporting Facility:		Clinician name:		Clinician phone #: (____) ____-____	
Consider measles in the differential diagnosis of patients with FEVER and RASH:					
A) What is the highest temperature recorded?		°F		Fever onset date: ____ / ____ / ____ ☐ N/A (afebrile)	
B) Does the patient have a rash?		YES ☐	NO ☐	If no rash, do not collect measles specimens. Consider rule-out testing for other causes of febrile rash illness.	
C) Rash characteristics:		Rash onset date: ____ / ____ / ____			
- Was rash preceded by one of the symptoms listed in (D) by 2-4 days? - Did fever overlap rash? - Did rash start on head or face?		☐	☐	Measles rash is generally red, maculopapular (no vesicles) and may become confluent. It typically starts at the hairline, then progresses down the face and body. Rash onset typically occurs 2-4 days after symptom onset, which includes fever and at least one of the "3 Cs" (below).	
D) Has the patient had any of the following symptoms?		Additional symptom notes:			
- Cough - Runny nose (coryza) - Red eyes (conjunctivitis)		☐	☐	Onset date: ____ / ____ / ____	
E) Known high-risk exposure in past 21 days? (ex. Exposure to a confirmed case, international travel, or domestic travel to an area with a current outbreak)		YES ☐	NO ☐	Date(s) and place(s) of travel or exposure:	
F) What is the patient's measles immunity status?		☐ Born before Jan 1, 1957 (Presumed immunity) ☐ Unknown ☐ At least one documented measles vaccine. Vaccine date(s): 1st Dose: ____ / ____ / ____ 2nd Dose: ____ / ____ / ____ ☐ Unvaccinated (0 doses measles vaccine)			

Fever (A) + a "YES" answer in (B), at least ONE "YES" in (C) and (D), + "YES" in (E) = Measles is HIGHLY SUSPECTED.

IF MEASLES IS SUSPECTED, IMMEDIATELY:

- Mask and isolate the patient (in negative air pressure room when possible).
- Call your **LOCAL HEALTH JURISDICTION** to report the suspected measles case and request permission to test at WA PHL. (All health care providers must receive approval from local health jurisdiction prior to specimen submission.)
Local Health Jurisdiction: _____ 24/7 contact number: _____
- Collect the following specimens, if testing is approved:
 - (Preferred specimen) **Nasopharyngeal (NP) OR Oropharyngeal (OP) swab for measles PCR and culture**
 - Most accurate between 0 to 5 days after rash onset.
 - Urine for measles PCR and culture:**
 - Most accurate between 3 to 10 days after rash onset; may not be positive until >4 days after symptom onset.
 - ☐ (Acceptable) **Serum for measles IgM and IgG testing:**
 - IgM is most accurate greater than 3 days after rash onset
 - NOTE:** neither IgM nor IgG antibody responses can distinguish measles disease from the response to vaccination in a patient with suspected measles that has been vaccinated 6-45 days prior to blood collection.

For more information on measles specimen collection, testing, reporting, and other details, please visit:

[WA DOH PHL Measles Specimen Collection and Submission Instructions](#)

[WA Department of Health Measles Provider Resource webpage.](#)