



**COMMUNITY HEALTH DIVISION**  
**Measles Assessment Checklist**

**Report all *SUSPECTED* measles cases immediately to Whitman County Health Department.**  
[www.doh.wa.gov/ForPublicHealthandHealthcareProviders/NotifiableConditions/Measles](http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/NotifiableConditions/Measles)

**Consider measles in the differential diagnosis of patients with fever and rash:**

A) What is the highest temperature recorded?	° F		Fever onset date: ____/____/____
<b>Section 1</b>			
B) Does the rash have any of the characteristics listed?	Yes	No	Rash onset date: ____/____/____
Was the rash preceded by one of the symptoms listed in (C) by 2-4 days?	Yes	No	<b>Characteristic measles rash:</b> Red maculopapular rash. May become confluent. Typically starts at hairline, then face, and spreads rapidly down body.  <b>Rash onset typically occurs:</b> 2-4 days after first symptoms of fever ( $\geq 101^{\circ}\text{F}$ ) and one or more of the 3 C's: cough, conjunctivitis, coryza.
Did fever overlap rash?	Yes	No	
Did the rash start on the head or face?	Yes	No	
C) Does the patient have any of the following symptoms?	Yes	No	
Cough	Yes	No	
Runny nose (coryza)	Yes	No	
Red eyes (conjunctivitis)	Yes	No	
<b>Section 2</b>			
D) Unimmunized or unknown immune status?	Yes	No	Dates of measles vaccine:  #1 ____/____/____  #2 ____/____/____
E) Exposure to a known measles case?	Yes	No	Date and place of exposure:



F) Travel, visit to health care facility, or other known high risk exposure in the past 21 days?	Yes	No	Date and place of travel.
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Measles should be *highly suspected* if you answered YES to at least one item in B AND C in Section 1, PLUS a YES in D, E, or F in Section 2.

**IMMEDIATE ACTIONS:**

- **Mask and isolate** the patient (in negative air pressure room when possible) **AND**
- **Call Whitman County Public Health** to arrange testing at the WA State Public Health Laboratories (WAPHL). All health care providers must receive approval from Whitman County Public Health prior to submission.
  - 509.332.6752 during normal business hours
  - 509.595.4834 after hours (duty officer)

**Collect the following specimens**

- **Preferred: Nasopharyngeal (NP) or throat swab** for rubeola PCR and culture
  - 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.
  - Most accurate day 0-5 after rash onset.
- **Urine** for measles PCR and culture
  - Collect at least 50 ml of clean voided urine in a sterile container and store in refrigerator.
  - Urine PCR test is most sensitive between ≥72 hours and 10 days after rash onset and may not be positive until >4 days after symptom onset.
- **Serum** for measles 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.
  - IgM is most accurate greater than 72 hours 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.*
- **To submit laboratory specimens to WA Public Health Labs:**
  - **Please Use the WAPHL Lab Web Portal through your Secure Access Washington (SAW) account to submit laboratory specimens.**
    - Note: As of 1/1/2024 DOH No longer accepts paper requisition forms for specimen submission.

If you have questions about this assessment or collection and transport of specimens, please call **Whitman County Public Health** at (509) 332-6752.