



Suspect Measles Worksheet

Probable and confirmed cases are **IMMEDIATELY** reportable to Clark County Public Health

| | | | |
|---------------------------------------------------------------------------------------------------------------------------|---------------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Patient Name: | | DOB: | |
| Evaluating Clinician: | Date of Eval: | | Phone: |
| Consider measles in the differential diagnosis of patients with fever and rash: | Yes | No | Comment |
| A) What is the highest temperature recorded? | | °F | Fever onset date: ___/___/___ |
| B) Does the rash have any of the following characteristics? | | | Rash onset date: ___/___/___ |
| <ul style="list-style-type: none"> 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. Rash onset typically occurs 2-4 days after first symptoms of fever ($\geq 101^{\circ}\text{F}$) and one or more of the 3 C's (cough, conjunctivitis, or coryza). |
| <ul style="list-style-type: none"> Did fever overlap rash? | | | |
| <ul style="list-style-type: none"> Did rash start on head or face? | | | |
| C) Does the patient have any of the following? | | | |
| <ul style="list-style-type: none"> Cough | | | Dates of measles vaccine: #1: ___/___/___ #2: ___/___/___ |
| <ul style="list-style-type: none"> Runny nose (coryza) | | | |
| <ul style="list-style-type: none"> Red eyes (conjunctivitis) | | | |
| D) Unimmunized or unknown immune status? | | | Date and place of exposure: |
| E) Exposure to a known measles case? | | | Contact CCPH for potential exposure sites. |
| F) Travel, visit to health care facility, or other known high-risk exposure in past 21 days? | | | |

Measles is highly suspected if you answered YES to at least one item in B and C, PLUS YES in D or E or F.

IMMEDIATELY:

- Mask and isolate the patient (in negative air pressure room when possible) AND
- Call Clark County Public Health at the numbers below to arrange testing at the WA State Public Health Laboratories (WAPHL). All health care providers must receive approval prior to specimen submission.

Collect the following specimens:

- Nasopharyngeal (NP) swab for rubeola PCR and culture (the 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 (sputum specimen containers also work very well for transporting urine.) and store in refrigerator.
- Serum for rubeola IgM and IgG testing:**
 - Draw blood in a red or tiger top (serum separator) tube. The ideal amount of blood is 4-5 ml, 1 ml being the minimum in order to yield enough serum to perform testing.
 - Let specimen sit at room temperature for 1-4 hours to clot; then spin down to separate serum.
 - Pipette serum into a new red top tube. Can send a tiger top tube as is.
 - Store serum specimen in refrigerator until it can be transported on ice.

If you have questions about this assessment or the collection and transport of specimens, please call **Clark County Public Health Communicable Disease Unit** at:

Monday - Friday (8am-5pm): (360) 397-8182

After hours (CCPH duty officer): (888) 727-6230