Think **Measles**

Florida Department of Health • Find county contact information at: FloridaHealth.gov

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**1. IDENTIFY**

Suspect measles in patients with:
- Fever and rash.
- History of international travel or contact with visitors from locations with known measles outbreaks in the past 3 weeks.
- No or unknown MMR vaccine status. History of MMR vaccine does not exclude a measles diagnosis.

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**2. ISOLATE**

- Implement airborne infection control precautions, mask and isolate patient in a negative pressure room, if available.
- Permit only staff immune to measles to be near the patient.
- Collect nasopharyngeal swab, urine, and serum for measles IgG, IgM and PCR.

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**3. INFORM**

Immediately report ALL suspected measles infections to your county health department. Notify other facilities of suspected measles before transport.

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**Vaccination Protects Against Measles**

A single dose is 93% effective and two doses are 97% effective.

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**Risk Factors**

- History of international travel, contact with international travelers, or domestic travel to locations with known measles outbreaks.
- No or unknown MMR vaccine status. History of MMR vaccine does not exclude a measles diagnosis.
- Contact with a person that had a febrile rash illness.

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**Prodrome**

- Fever, cough, coryza, conjunctivitis

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**Rash Onset**

- Fever spikes, often up to 104°F.
- Red, maculopapular rash that may become confluent—typically starts at hairline, then face and spreads down body.
- The rash may be difficult to see on darker skin.
- Koplik’s spots (small, red, irregularly-shaped spots with blue-white centers found on the oral mucosa) may be present in a small number of cases.

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[Photo courtesy of the CDC.]

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[This is the skin of a patient after 3 days of measles infection. Photo courtesy of the CDC.]

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[Head and shoulders of boy with measles; third day of rash. Photo courtesy of the CDC.]

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