

Measles: Identification and Management of Suspected Cases

(Version 1.0, February, 13 2015 – Please note this interim guidance is subject to change.)



Do You Suspect Measles?

- Febrile rash illness, **AND**
- Risk factors for measles (history of international travel, contact with travelers or links to a known outbreak or case, or no or unknown vaccine or immunity).
- **Note** that one dose of measles vaccine is about 93% effective at preventing measles

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 minimize patient exposures.
 - Have the patient avoid the waiting room (use a side/back entrance).
 - Have the patient wear a surgical mask.
 - Conduct patient evaluation in a room that can be left vacant for at least 2 hours after the patient's visit.

Does the patient meet the measles clinical case definition?

An illness with **BOTH** a generalized descending maculopapular rash **AND** a fever (at least 101°F) during the illness.

AND at least one of the following:

- Cough
- Coryza
- Conjunctivitis
- Koplik spots (may not be present).

NO

Manage as clinically indicated

Consider differential diagnoses: human parvovirus B19, enterovirus, HIV, adenovirus or arbovirus infection, roseola infantum, scarlet fever, drug reaction, Kawasaki disease, rubella.

YES

Call Immediately

Call the Florida Department of Health in Martin County 24/7 at **772-221-4000 ext. 2130** or Bureau of Epidemiology (850-245-4401)

Laboratory Testing

- Nasopharyngeal (NP) or oropharyngeal (OP) swab* in universal viral transport media for measles RT-PCR

AND

- Urine* in a sterile cup for measles RT-PCR**

AND

- Serum for measles specific IgG and IgM***

* Preferred specimens

**Measles RT-PCR is not available at commercial laboratories and is available at the Bureau of Public Health Laboratories, after prior authorization by the County Health Department.

*** Serum specimens should be collected ≥ 72 hours after rash onset. In a vaccinated patient, a negative measles IgM does NOT exclude measles, RT-PCR is preferred.

Suspect Case Management

- Isolate patient immediately
- Exclude from childcare/school/workplace for at least 4 days after the onset of rash.
- Reassess isolation based on diagnosis.
- Provide supportive treatment and treatment of complications.

Positive test OR high suspicion for active measles infection after public health consultation?

- Manage as clinically indicated.
- Notify receiving facilities of diagnosis.
- Identify patients and staff that shared the same airspace with the case, up to 2 hours later.
- Determine immune status of these contacts.
- Provide vaccine within 3 days or immunoglobulin within 6 days of exposure.
- Exclude healthcare staff without evidence of immunity from day 5 through day 21 following the exposure, regardless of post-exposure prophylaxis.

Immunization is the key to prevention

- Review the measles vaccination/immunity status of patients and staff at your practice.
- See Centers for Disease Control and Prevention vaccination recommendations <http://www.cdc.gov/vaccines>

Further Questions?

Contact:

FDOH – Martin at 772-221-4000 ext. 2130 **or** Bureau of Epidemiology (850-245-4401).

www.cdc.gov/measles