THINK MEASLES

Report ALL suspect measles cases <u>immediately</u> to the Communicable Disease Unit (CDU) at (831) 454-4114

✓ **Consider measles in patients with <u>fever</u> and a descending <u>rash</u> and assess for risk factors:**

	RISK ASSESSMENT QUESTIONS	YES	NO	Comments
A	What is the highest temperature recorded?	_____°F		Fever onset date: ____/____/____ Measles is always accompanied by fever, even if subjective.
B	Does the rash have any of the following characteristics?			Rash onset date: ____/____/____ Measles rashes are red, maculopapular rashes that may become confluent – they typically start at hairline, then face, and spread rapidly down the body. Rash onset typically occurs 2 - 4 days after first symptoms of fever (>101°F) and one or more of the 3 C's (cough, coryza, conjunctivitis).
	Was the rash preceded by cough, coryza, or conjunctivitis by 2-4 days?			
	Did fever overlap rash?			
	Did rash start on head/face?			
C	Does the patient have any of the following symptoms (the 3 C's)?			
	Cough			
	Coryza (runny nose)			
	Conjunctivitis (red eyes)			
D	Unimmunized or unknown immune status?			Date(s) of measles vaccine: #1 ___/___/___ #2 ___/___/___ Date of birth: ____/____/____
E	Exposure to a known measles case?			Date + location:
F	Travel, visit to health care facility, or other high-risk exposure in past 21 days?			www.cdc.gov/measles/cases-outbreaks.html and https://www.cdc.gov/measles/travelers.html

✓ **Measles should be highly suspected if** you answered YES to at least one item in B <u>and</u> C, PLUS a YES in D *or* E *or* F.

✓ **If measles is suspected, take the following <u>IMMEDIATE ACTIONS</u>:**

1. Mask and isolate the patient (in negative air pressure room when possible) *AND*
2. Call the Communicable Disease Unit to arrange testing at a public health lab
   - (831) 454 – 4114 during normal business hours (8AM-5PM, Mon-Fri)
   - (831) 471 – 1170 after hours (nights, weekends; ask for the Health Officer)

✓ **Collect diagnostic specimens and <u>consult with the CD Unit before submission</u>:**

Patients presenting **≤ 7 days** of rash onset: *PCR is the preferred testing method*

1. Obtain a throat swab (rather than NP swab) with a sterile synthetic swab, place in 2-3 ml of <u>viral transport media</u> ***AND***
2. Collect 10-50 ml of urine in a sterile container

Patients presenting **> 7 days** after rash onset:

1. Collect 10-50 ml of urine in a sterile container
2. For measles antibody IgM and IgG, collect 7-10 ml blood in red or tiger top.

Public Health
Prevent. Promote. Protect.
Santa Cruz County

Alternative diagnoses to consider for patients with fever and rash:

• **Drug eruption**: history of current or recent medication, especially an antibiotic

• **Other non-infectious rashes**: hives or atopic dermatitis with coincidental febrile illness

• **Varicella (chickenpox)**: vesicular lesions on erythematous base

• **Enteroviruses (e.g., hand-foot-and-mouth disease)**: oral ulcers, rash on hands, feet, buttocks

• **Mononucleosis syndrome (EBV, CMV, HIV)**: risk factors (young adulthood, MSM, IDU), sore throat or tonsillitis, prominent adenopathy, splenomegaly, atypical lymphocytosis

• **Parvovirus B-19 (also known as erythema infectiosum, or 5th disease)**: slapped cheek appearance in children, arthritis and diffuse rash in adults

• **HHV-6 (also known as roseola infantum, exanthem subitum, or 6th disease)**: disease of very young children (usually under 2 years of age), high fever followed by defervescence and the appearance of rash on trunk

• **Rubella (German measles)**: history of international travel; mild illness with low-grade fever; arthralgias prominent in adults; prominent postauricular, posterior cervical, and suboccipital adenopathy

• **Group A streptococcal infection (with scarlet fever rash)**: sore throat, "sandpapery" rash, circumoral pallor, strawberry tongue, positive strep test

• **Meningococcemia**: abrupt onset of flu-like illness with marked myalgias (especially the legs); skin evolves from pallid or mottled with cold hands to petechial then hemorrhagic rash, severe headache and mental status change if meningitis present

• **Kawasaki disease**: children <5 years, fissured lips, strawberry tongue, erythema and edema of hands and feet, periungual desquamation, adenopathy

• **Travel-, animal-, and tick-related**: broad differential diagnoses of fever and rash

• **Influenza**: influenza cases with rash have been reported

Source: CDPH Measles Clinical Guidance: Identification and Testing of Suspect Measles Cases
https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/Measles-ClinicalGuidance.pdf