



Clark County Public Health

# Suspect Measles Evaluation Worksheet

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

<b>Patient Information:</b>	Name:	DOB:	MRN #:
Address:	City:	County:	State: Zip:
Evaluation date:	(If patient is a minor) Parent/Guardian Name:	Phone #: (____) ____ - _____	
Reporting Facility:	Clinician name:	Clinician phone #: (____) ____ - _____	
<b>Consider measles in the differential diagnosis of patients with FEVER and RASH:</b>			
<b>A) What is the highest temperature recorded?</b>	°F	Fever onset date: ____ / ____ / ____ <input type="checkbox"/> NA - afebrile	
<b>B) Does the patient have a rash?</b>	YES NO	If no rash, do not collect measles specimens. Consider rule out testing for other causes of febrile rash illness.	
<b>C) Rash characteristics:</b>		Rash onset date: ____ / ____ / ____	
<ul style="list-style-type: none"> <li>Was rash preceded by one of the symptoms listed in (D) by 2-4 days?</li> <li>Did fever overlap rash?</li> <li>Did rash start on head or face?</li> </ul>		Measles rash is generally red, maculopapular and may become confluent. It typically starts at the hairline, then progresses down the face and body. Rash onset typically occurs 2-4 days after symptom onset, which includes fever and at least one of the "3 Cs" (below).	
<b>D) Has the patient had any of the following?</b>			
<ul style="list-style-type: none"> <li>Cough</li> <li>Runny nose (coryza)</li> <li>Red eyes (conjunctivitis)</li> </ul>		Onset date: ____ / ____ / ____	
		Onset date: ____ / ____ / ____	
		Onset date: ____ / ____ / ____	
<b>E) Known high risk exposure in past 21 days?</b> <i>(ex. to a confirmed case, international travel)</i> Call CCPH CD Team for known exposures.		Date and place of exposure:	
<b>F) What's the patients immunity status?</b>	<input type="checkbox"/> Unknown <input type="checkbox"/> Unimmunized <input type="checkbox"/> Born before January 1, 1957 <input type="checkbox"/> At least one documented measles vaccine. Vaccine date: 1 <sup>st</sup> dose: ____ / ____ / ____ 2 <sup>nd</sup> dose: ____ / ____ / ____		

Measles is highly suspected in a febrile patient if you answer YES to B + at least one item in both C & D + YES in E.

**IF MEASLES IS SUSPECTED, IMMEDIATELY:**

- Mask and isolate the patient (in negative air pressure room when possible).
- Call Clark County Public Health to report the suspected measles case and request permission to test.
- Collect **ALL** of the following specimens, if testing is approved:
  - 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 until pickup is authorized.**
  - Urine for rubeola PCR and culture:**
    - Collect at least 50 ml of clean voided urine in a sterile container and **store in refrigerator.**
  - Serum for rubeola IgM and IgG testing:**
    - Rubeola IgM and IgG should be collected and tested by facility's regular lab mechanism, and at the discretion of the healthcare provider. For additional information, discuss with a CCPH representative.

CCPH Communicable Disease Program

Phone: 564.397.8182 (after hours, select option 5) | Fax: 564.397.8080