

IDAHO MEASLES WORKSHEET

Report all SUSPECTED measles cases to your local public health district within one working day.

- ✓ Consider measles in the differential diagnosis of patients with fever (documented in clinic or history of, according to patient or parent/guardian) and rash.

What is the highest temperature recorded?	°F	Fever onset date: ___/___/___
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	Yes	No	Unk	Comments
A) Does the rash have any of the following characteristics?				Rash onset date: ___/___/___
Was the rash preceded by one of the symptoms listed in (B) 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.
Did fever overlap rash?				
Did rash start on head or face?				
B) Does the patient have any of the following?				Rash onset typically occurs 2-4 days after fever (≥101°F) and cough, conjunctivitis, or coryza.
Cough				
Runny nose (coryza)				
Red eyes (conjunctivitis)				
C) Unimmunized with MMR or unknown measles immune status?				Dates of measles vaccine: #1 ___/___/___ #2 ___/___/___
D) Exposure to a known measles case?				Date and place of exposure:
E) Travel, visit to health care facility, or other known high-risk exposure in past 21 days?				See www.epi.idaho.gov for links to websites with potential exposure sites or contact your local public health district.

- ✓ **Measles should be highly suspected if the patient has a fever and you answered YES to at least one item in A and B, PLUS a YES in C or D or E. IMMEDIATELY:**

- Mask and isolate the patient (in negative air pressure room when possible); don N-95 respirator, gown, gloves (airborne plus standard precautions)
- Call your local public health district
 - Call 208-327-8625 during normal business hours, or
 - After normal business hours, call Idaho State Communications at 1-800-632-8000
- Collect the following specimens**
 - **Serum for rubeola (measles) IgM and IgG antibody testing at a commercial laboratory**
Draw at least 4-5 ml blood (yields about 1.5 ml serum) in a red or tiger top (serum separator) tube. Store specimen in refrigerator and transport on ice.
 - **Throat or nasopharyngeal (NP) swab for rubeola (measles) PCR test at the Idaho Bureau of Laboratories (IBL), 208-334-0589. Throat swab is the preferred specimen.**
Use Dacron™ or rayon swab (not cotton) and place the swab in 2–3 ml of viral transport medium. Do not send a dry swab. Store specimen in refrigerator and transport with cold packs. Contact your local public health district if you need appropriate specimen collection material.
 - **Urine for rubeola (measles) PCR (sent out through IBL) can increase the chance of detecting virus.**
Do not collect for “rule-out” purposes. Do not catheterize a patient to obtain this specimen. Specimens collected outside of 3–10 days after rash onset are not acceptable. Collect at least 50 ml of clean voided urine in a sterile container and store in refrigerator. Obtain and complete [separate CA reference lab submission form](#) from IBL.

If you have questions about this assessment, call 208-327-8625. If you have questions about collection and transport of specimens, see http://healthandwelfare.idaho.gov/Portals/0/Health/Labs/SSG/Clinical_Measles_RT-PCR.pdf or call Virology/Serology, Idaho Bureau of Laboratories, at 208-334-0589