# Suspect Measles Evaluation Worksheet

**Communicable Disease Program**

Phone: (269) 621-3143 | Fax: 269-621-2725

**Suspect Measles Evaluation Worksheet 4-19.docx**

<table>
<thead>
<tr>
<th><strong>Patient Information:</strong></th>
<th><strong>Name:</strong></th>
<th><strong>DOB:</strong></th>
<th><strong>Evaluation date:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Address:</strong></td>
<td><strong>City:</strong></td>
<td><strong>State:</strong></td>
<td><strong>Zip:</strong></td>
</tr>
<tr>
<td>(If patient is minor)</td>
<td><strong>Parent name:</strong></td>
<td><strong>Phone #:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Reporting facility:</strong></td>
<td><strong>Clinician Name:</strong></td>
<td><strong>Clinician phone #:</strong></td>
<td></td>
</tr>
</tbody>
</table>

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**Consider measles in the differential diagnosis of patient with FEVER and RASH**

**A)** What is the highest temperature recorded?  
°F  
Fever onset date: __/__/__  
☐ NA – afebrile

**B)** Does the patient have a rash?  
YES  NO  
If NO rash, do not collect measles specimens. Consider rule out testing for other causes of febrile illness.

**C)** Rash characteristics:  
YES  NO  
Rash onset date: __/__/__

- Was rash preceded by one of the symptoms listed in (D) by 2-4 days?  
- Did fever overlap rash?  
- Did rash start on head or face?

**D)** Has the patient had any of the following?  
YES  NO  
If YES, onset date: __/__/__

- Cough  
- Runny nose (coryza)  
- Red eyes (conjunctivitis)  
- Koplik spots

**E)** Known high-risk exposure in past 21 days?  
YES  NO  
Location of exposure:  
(Ex: to a confirmed case, international travel, travel to an outbreak area)  
Call VBCDHD CD team for known exposures

**F)** What is the patient’s immunity status?  
□ Unknown  □ Unimmunized  □ Born before 1/1/1957  
□ At least one documented measles vaccine.  
Vaccine Date: 1stdose __/__/__  
2nddose __/__/__

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:**

1. Mask and isolate the patient (in negative air pressure room when possible)
2. Call VBCDHD to report the suspected measles case (see contact information below)
3. Collect BOTH 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.
   - Serum for rubeola IgM and IgG testing:

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