



# SUSPECT MEASLES EVALUATION WORKSHEET

Suspect and confirmed cases are **IMMEDIATELY** reportable to VBCDHD

<b>Patient Information:</b>	Name:	DOB:	Evaluation date:
Address:		City:	State: Zip:
(If patient is minor) Parent name:		Phone #:	
Reporting facility:	Clinician Name:	Clinician phone #:	
<b>Consider measles in the differential diagnosis of patient 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 illness.
<b>C) Rash characteristics:</b>	YES	NO	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: cough, coryza, conjunctivitis.
<b>D) Has the patient had any of the following?</b>	YES	NO	
<ul style="list-style-type: none"> <li>Cough</li> <li>Runny nose (coryza)</li> <li>Red eyes (conjunctivitis)</li> <li>Koplik spots</li> </ul>			If YES, onset date: ___/___/___
<b>E) Known high-risk exposure in past 21 days?</b> (Ex: to a confirmed case, international travel, travel to an outbreak area) <b>Call VBCDHD CD team for known exposures</b>	YES	NO	If YES, date of exposure: ___/___/___ Location of exposure:
<b>F) What is the patient's immunity status?</b>	<input type="checkbox"/> Unknown <input type="checkbox"/> Unimmunized <input type="checkbox"/> Born before 1/1/1957 <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 VBCDHD to report the suspected measles case (see contact information below)
- 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. (SEND TO MDHHS – BOL)
  - Serum for rubeola IgM and IgG testing: (SEND TO MDHHS or Commercial lab)**

**VBCDHD Communicable Disease Program   Phone: (269) 621-3143 | Fax: 269-621-2725**  
**AFTER HOURS: 269-621-3143 Follow prompts to Dispatch on-call**