



SUSPECT MEASLES EVALUATION WORKSHEET

Suspect and confirmed cases are IMMEDIATELY reportable to VBCDHD

Patient Information:	Name:	DOB:	Evaluation date:
Address:		City:	State: Zip:
(If patient is minor) Parent name:		Phone #:	
Reporting facility:	Clinician Name:	Clinician phone #:	
Consider measles in the differential diagnosis of patient with FEVER and RASH			
A) What is the highest temperature recorded?	° F	Fever onset date: ____/____/____ <input type="checkbox"/> 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?			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.
• Did fever overlap rash?			
• Did rash start on head or face?			
D) Has the patient had any of the following?	YES	NO	
• Cough			If YES, onset date: ____/____/____
• Runny nose (coryza)			If YES, onset date: ____/____/____
• Red eyes (conjunctivitis)			If YES, onset date: ____/____/____
• Koplik spots			If YES, onset date: ____/____/____
E) Known high-risk exposure in past 21 days? (Ex: to a confirmed case, international travel, travel to an outbreak area) Call VBCDHD CD team for known exposures	YES	NO	If YES, date of exposure: ____/____/____ Location of exposure:
F) What is the patient's immunity status?	<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 st dose ____/____/____ 2 nd 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:

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:

VBCDHD Communicable Disease Program

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