



Suspect Measles Provider Evaluation Worksheet

Suspected and confirmed measles cases are **IMMEDIATELY** reportable to your Local Health Jurisdiction

Patient Information:	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 #: (____) ____-____	
Consider measles in the differential diagnosis of patients with FEVER and RASH:			
A) What is the highest temperature recorded?	°F	Fever onset date: ____ / ____ / ____ <input type="checkbox"/> N/A (afebrile)	
B) Does the patient have a rash?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no rash, do not collect measles specimens. Consider rule-out testing for other causes of febrile rash illness.
C) Rash characteristics:	Rash onset date: ____ / ____ / ____		
• Was rash preceded by one of the symptoms listed in (D) by 2-4 days?	<input type="checkbox"/>	<input type="checkbox"/>	Measles rash is generally red, maculopapular (no vesicles) 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).
• Did fever overlap rash?	<input type="checkbox"/>	<input type="checkbox"/>	
• Did rash start on head or face?	<input type="checkbox"/>	<input type="checkbox"/>	
D) Has the patient had any of the following symptoms?			
• Cough	<input type="checkbox"/>	<input type="checkbox"/>	Onset date: ____ / ____ / ____
• Runny nose (coryza)	<input type="checkbox"/>	<input type="checkbox"/>	Onset date: ____ / ____ / ____
• Red eyes (conjunctivitis)	<input type="checkbox"/>	<input type="checkbox"/>	Onset date: ____ / ____ / ____
E) Known high-risk exposure in past 21 days? <i>(ex. Exposure to a confirmed case, international travel, or domestic travel to an area with a current outbreak)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date(s) and place(s) of travel or exposure:
F) What is the patient's measles immunity status?	<input type="checkbox"/> Born before Jan 1, 1957 (Presumed immunity) <input type="checkbox"/> Unknown <input type="checkbox"/> At least one documented measles vaccine. Vaccine date(s): 1st Dose: ____ / ____ / ____ 2nd Dose: ____ / ____ / ____ <input type="checkbox"/> Unvaccinated (0 doses measles vaccine)		

Fever (A) + a "YES" answer in (B), at least ONE "YES" in (C) and (D), + "YES" in (E) = Measles is HIGHLY SUSPECTED.

IF MEASLES IS SUSPECTED, IMMEDIATELY:

Mask and isolate the patient (in negative air pressure room when possible).

Call Skagit County Public Health to report the suspected measles case and request permission to test at WA PHL.

(All health care providers must receive approval from local health jurisdiction prior to specimen submission.)

Collect the following specimens, if testing is approved:

- (Preferred specimen) **Nasopharyngeal (NP) swab for measles PCR and culture**
 - Most accurate between 0 to 5 days after rash onset.
- Urine for measles PCR and culture:**
 - Most accurate between 3 to 10 days after rash onset; may not be positive until >4 days after symptom onset.
- (Acceptable) **Serum for measles IgM and IgG testing:**
 - IgM is most accurate greater than 3 days after rash onset
 - **NOTE:** *neither IgM nor IgG antibody responses can distinguish measles disease from the response to vaccination in a patient with suspected measles that has been vaccinated 6–45 days prior to blood collection.*

If you have questions about this assessment or the collection and transport of specimens, please call Skagit County Public Health Communicable Disease at:

Mon - Fri 8:30am-4:30pm (360) 416-1500

After hours (SCPH duty officer): (360) 770-8852

For more information on measles specimen collection, testing, reporting, and other details, please visit:

[WA DOH PHL Measles Specimen Collection and Submission Instructions](#)

[WA Department of Health Measles Provider Resource webpage.](#)