

Should I Test For Measles?

A Guide for California Healthcare Providers

While suspecting measles in your patient, immediately mask and isolate the patient per airborne precautions.*

STEP 1 – HISTORY

In the 21 days prior to onset of illness, has patient had any of the following?

- Known exposure to a person with measles?
- International travel, contact with an international traveler, or been to an international airport in the US?
- Visited a venue popular with international visitors?
- Resided in or visited a US community with measles cases?

Current listings at bit.ly/2JqBbMW

If **NO to all, measles very unlikely, testing not required.**



If **YES to any, continue**

STEP 2 – EXAM

Has the patient had a combination of...?

- **FEVER**
 - And one or more of: **COUGH, CONJUNCTIVITIS, or RUNNY NOSE**
 - And **RASH**[†]
 - Red-brown macules or papules - may become confluent patches
 - Begins on face and progresses downwards to the rest of the body
 - Typically appears within a few days after other symptoms begin
- If no rash within 4 days after onset of illness, you may consult your local health department.



If **YES**

STEP 3

CALL your local health department to report illness and discuss testing.

COLLECT specimens for PCR testing.

- Urine (10-50 ml in sterile container) AND
- Dacron swab of throat (preferred) or nasopharynx in viral transport medium

If **NO**

Measles unlikely, testing not required.

As needed, call your local health department for consultation.

Local health department contact information: bit.ly/LHD-Reporting

*Place patient in a negative pressure room when available; if not, examine the patient outside the facility or in a private room with the door closed; minimize the time patient spends in the facility. Other precautions apply.

[†]Immunization in last month with MMR or MMRV can be a cause of measles-like rash - check immunization history. Testing is not indicated if immunized against measles in last month and answer is no to all questions in Step 1.

