

**Report all SUSPECT measles cases immediately
to Spokane Regional Health District at 509-869-3133**



AND fax this form to 509-324-3623

Consider measles in the differential diagnosis of patients with fever and rash:

A) What is the highest temperature recorded?	°F	Fever onset date:
B) Does the rash have any of the following characteristics?		Rash onset date:
Was the rash preceded by one of the symptoms listed in (C) by 2-4 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Measles rashes are red, maculopapular rashes that may become confluent – they typically start at hairline, then face, and spreads rapidly down body. Rash onset typically occurs 2-4 days after first symptoms of fever ($\geq 101^{\circ}\text{F}$) and one or more of the 3 C's (cough, conjunctivitis, or coryza).
Did fever overlap rash?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did rash start on head or face?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the patient have any of the following?		
Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of measles vaccine: #1 #2
Runny nose (coryza)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Red eyes (conjunctivitis)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D) Unimmunized or unknown immune status?	<input type="checkbox"/> Unimmunized <input type="checkbox"/> Unknown immune status	Date and place of exposure:
E) Exposure to a known measles case?	<input type="checkbox"/> Yes <input type="checkbox"/> No	See most recent SRHD Health Advisory regarding measles (under Advisories and Alerts heading) for potential exposure sites.
F) Travel, visit to health care facility, or other known high-risk exposure in past 21 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Measles should be highly suspected if you answered YES to at least one item in B and C, PLUS a YES in D or E or F. IMMEDIATELY:

- Mask and isolate the patient (in negative air pressure room when possible) AND
- Call Spokane Regional Health District (SRHD) at 509-869-3133 to arrange testing at the WA State Public Health Laboratories. **All health care providers must receive approval from SRHD prior to shipping.**

Collect the following specimens:

- Nasopharyngeal (NP) swab for rubeola PCR and culture (preferred respiratory specimen)**
 - o Swab the posterior nasal passage with a Dacron™ or rayon swab and place the swab in 2–3 ml of viral transport medium. Store specimen in refrigerator and transport on ice.
 - o Throat swab also acceptable.
- Urine for rubeola PCR and culture**
 - o Collect at least 50 ml of clean voided urine in a sterile container and store in refrigerator.
- Serum for rubeola IgM and IgG testing**
 - o Draw at least 4-5 ml blood (yields about 1.5 ml serum) in a red or tiger top (serum separator) tube. Store specimen in refrigerator and transport on ice.
 - o If you have questions about this assessment or collection and transport of specimens, call SRHD Epidemiology at 509-869-3133.
- Complete [WA PHL Serology/Virology Requisition Form](#) and include when shipping specimens AFTER coordinating shipment with SRHD Epidemiology.**