

Measles: Identification, Testing, and Management of Suspected Cases

(Updated February 2024)



Triage febrile rash illnesses by phone, or immediately upon arrival, to assess need for control measures.

Does Patient Have Signs and Symptoms of Measles?

Prodrome with:

- Fever (100.4°F or higher).
- Cough.
- Runny nose (coryza).
- Red, watery eyes (conjunctivitis).

Followed in 3-5 days by:

- Generalized descending maculopapular rash.
- Koplik spots (may not be present).

AND

Has risk factors for measles (history of international travel, contact with travelers or links to a known outbreak or case, or no/unknown immunity).

Note: One dose of measles vaccine is 93% effective, and two doses are 97% effective at preventing measles.

Manage as clinically indicated.

Consider other differential diagnoses for the illness and address as indicated.

Seek commercial testing for pathogens of concern (e.g., Influenza, Group A Streptococcus) as indicated.

NO

YES

Minimize Risk of Transmission

- Measles is a highly infectious airborne illness.
- Identify febrile rash illnesses prior to, or immediately upon, arrival to expedite evaluation **in a private room and to minimize patient exposures.**
 - Have the patient avoid the waiting room (use a side/back entrance).
 - Request the patient wear a surgical mask.
 - Conduct patient evaluation in a room that can be left vacant for at least 2 hours after the patient's visit.

**Call Immediately (24/7) Upon Suspicion for Public Health Reporting and Follow-Up:
County Health Department (www.floridahealth.gov/CHDEpiContact) or
Bureau of Epidemiology (850-245-4401)**

Laboratory Testing

Preferred Specimens, Should Be Collected <72 Hours After Rash Onset:

- Nasopharyngeal (NP) or oropharyngeal (OP) swab in universal viral transport media for measles RT-PCR.*
- Urine in a sterile cup for measles RT-PCR.*

Serum Specimens, Should Only be Collected ≥ 72 Hours After Rash Onset:

- Serum for measles specific IgG and IgM.**

*Measles RT-PCR is only available at certain commercial laboratories and is available at the Bureau of Public Health Laboratories, after prior authorization by the county health department.

**In a vaccinated patient, a negative measles IgM does NOT exclude measles; RT-PCR is preferred.

Suspect Case Management

- Isolate patient immediately.
- Exclude from childcare/school/workplace for at least 4 days after the onset of rash.
- Reassess isolation based on diagnosis.
- Provide supportive treatment and treatment of complications.
 - Consider administration of vitamin A for all children.

If you have a positive measles test (PCR or IgM) OR high suspicion for active measles infection after public health consultation:

- Notify receiving facilities of diagnosis.
- Identify patients/visitors and staff that shared the same airspace with the case up to 2 hours later.
- Review the measles evidence of immunity status of patients and staff potentially exposed at your practice.
- Provide vaccine within 3 days or immunoglobulin within 6 days of exposure, as indicated.
- Exclude all health care staff without evidence of immunity from day 5 through day 21 following the exposure.
- Clean surfaces that may have been contaminated with an EPA-registered disinfectant for health care settings.