Should I Test For Measles?

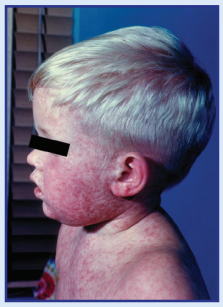
A Guide for California Healthcare Providers

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

Step 1 – Exam

Has the patient had all of the following findings:

- **Fever** and
- One or more of: **Cough, Conjunctivitis, Runny Nose** and
- **Rash**
  - Red-brown macules or papules - may become confluent patches
  - **No** vesicular lesions/vesicles
  - Typically appears within a few days after other symptoms begin



If Yes

Step 2 – History

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

- International travel or been to an international airport?
- Domestic travel to an area with known measles transmission?
- Visited a venue popular with international visitors?
- Known exposure to a person with measles?

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

Received MMR vaccine in the last 21 days?

If Yes: Possibly a reaction to MMR vaccination. Up to 5% of MMR recipients can develop a short-lived rash that is not contagious to others. Measles testing is not recommended unless the patient also has epidemiologic risk factors for measles. Contact your local health department for further guidance.

If No: Measles unlikely. If needed, consult with your local health department for further guidance.

Local health department contact information: LHD Communicable Disease Contact List

*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.

CDPH California Department of Public Health

California Department of Public Health | Immunization Branch
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