

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.

