TEXAS Health and Human Services

Checklist for Clinicians

Initial management of patients suspected of having measles

Step 1. Isolate any patient with an acute febrile rash using Standard and Airborne Precautions.

☐ **Mask and isolate patient immediately**.
- Provide the patient a surgical mask to wear while in the building
- Place patient in an airborne infection isolation room (AIIR)
- If no AIIR is available, place patient in a private room with closed door
- After patient leaves, the room should remain vacant for at least 2 hours

☐ **Staff must use airborne precautions.**
- Staff caring for patient must wear a fit-tested NIOSH-certified N95 respirator or respirator with comparable effectiveness
- Staff should perform a seal check each time the respirator is put on

→ **Only staff with documented measles immunity should care for suspect or confirmed measles cases***

**Health facilities should maintain ready access to staff health information related to immunity to quickly determine who can work with potential cases*

Step 2. Determine whether clinical presentation is consistent with measles.

☐ **Assess the patient for classic measles symptoms.**
- Prodrome (2–4 days) of fever, cough, coryza (runny nose), and/or conjunctivitis
- Followed by a maculopapular rash, typically starting on the head/face, then spreading down
- In patients who are immunocompromised or have received the MMR vaccine, measles presentation may vary, and rash may be atypical or absent

☐ **Document onset and resolution date of all relevant symptoms.**

→ **Common differentials may include adenovirus, parvovirus B19, roseola, enteroviruses, rubella, Kawasaki disease, and drug reactions**

☐ **If the patient's symptoms are NOT consistent with measles, then use precautions based on their likely diagnosis.**

Step 3. Assess for measles susceptibility and exposure risk.

☐ **Assess measles immunity.** Patients are presumed immune if they meet one of the following conditions:
- Were born before 1957, **OR**
- Received two documented doses of live attenuated MMR vaccine, **OR**
- For preschool–aged children: one documented dose on or after the first birthday, **OR**
- Have laboratory evidence of immunity (IgG positive), **OR**
- Have laboratory confirmation of disease

☐ **Assess Exposures.** Exposure risks include:
- Contact with a confirmed or suspect measles case, **OR**
- Resides in or recently visited (in the last 21 days) an outbreak-affected area, **OR**

- Recently traveled internationally to an area that is experiencing a measles outbreak or is endemic for measles

Step 4. Notify Public Health immediately for all suspected and confirmed measles cases.

☐ **Notify [insert health department name here] while the patient is still present and isolated.**
- Weekdays [insert hours of operation]: Call [insert contact phone number]
- Nights and weekends: Call [insert contact phone number]

☐ **Fax or email documentation to [insert health department name here] at [insert email and/or fax number] within 24 hours.**
- Documentation should include patient name, contact information, demographics, visit notes, immunization record, and any test results

Step 5. Collect measles specimens.

Public Health consultation is required before ordering measles specimen testing at a public health lab.

☐ **Obtain a throat swab (preferred) or NP/oral swabs for RT-PCR testing for acute infection.**
- Detection of measles RNA is most successful when specimens are collected on the first day of rash through the 3 days following onset of rash
- IgM serology is not typically recommended for diagnosis due to false-positives, however, if IgM is collected for diagnosis then proceed to collect a PCR specimen
- IgG testing may be used to determine post-infection immunity after recovery (i.e., two weeks after rash onset) to confirm seroconversion
- If unable to collect a specimen, **DO NOT** send patient to another facility – contact public health

☐ **Store specimens appropriately.**
- Specimens should be stored at 4°C for same-day shipment or -70°C for shipment after day of collection

☐ **Reach out to public health to determine which public health laboratory to ship specimens to.**
- The laboratory will have to be contacted directly for specific collection and submission procedures as this is unique to each facility
- Of note, collection, storage, labeling and shipping instructions can be found here for the DSHS Austin Laboratory

If testing materials or shipping supplies are needed and cannot be obtained through standard clinic ordering, please reach out to public health for assistance.

Step 6. Identify facility contacts who may be eligible for post-exposure prophylaxis (PEP).

☐ **Assess for close contacts (patients, visitors, or staff), including those at risk for severe measles disease or complications.**
- An exposure includes being in an air space without wearing a fit-tested N95 respirator during the time that the measles case was present and in the two-hour period after the case left the area
- Risk factors for severe measles disease or complications include:

- infants <12 months,
- pregnant women without documented immunity or unknown immunity status, and
- severely immunocompromised persons

☐ **Immediately consult public health to facilitate timely public health follow-up and appropriate administration of measles PEP.**

Step 7. Educate patients about measures to prevent measles transmission.

☐ **Advise patients to avoid all public settings (e.g., work, school, childcare, public transportation, gatherings) until:**
- 4 days after rash onset (with rash onset counted as day 0), **AND**
- fever has resolved without the use of fever-reducing medications, **AND**
- other symptoms are improving

☐ **For patients* who have been exposed to measles and have no documented evidence of immunity, consider administering PEP (MMR Vaccine). The MMR vaccine, if administered within 72 hours of initial measles exposure, may provide some protection or modify the clinical course of disease among susceptible persons who otherwise have no contraindications to MMR vaccination.**

☐ **For patients without documented evidence of immunity, and who did not receive any PEP (MMR Vaccine) or IG, advise patients to stay home from work, school, and other public activities for 21 days after their last measles exposure.**
- Contacts with documented evidence of immunity are not required to stay home or obtain additional MMR doses

☐ **Advise patients and close contacts to expect follow-up from public health for additional guidance and clearance.**

*** The following patient groups are at risk for severe disease and complications from measles and should receive IG (as they are not eligible for MMR vaccination): infants aged <6 months, pregnant women without evidence of measles immunity, and severely immunocompromised persons.**