

## Check List for Managing Patients Suspected of Having Measles (ie. patients with fever and rash)

### Step 1. Isolate suspected measles patient in an Airborne Isolation Room immediately

- 1a. Regardless of prior immunity status, all healthcare staff entering the room should use an N95 mask

### Step 2. Assess if patient has fever and descending maculopapular rash

- 2a. If yes, assess if patient also has 1 of the following: • Cough • Coryza • Conjunctivitis
- 2b. Risk Factors: recent travel to Measles area, confirmed measles in area, never immunized, never immunized and born in 1957 or later
- 2c. Think about common differential diagnoses such as viral rash exanthem, Kawasaki, rubella, scarlet fever, enterovirus, varicella, meningococemia, drug eruption, flu, tick/travel related and many others

### Step 3. Immediately call and report suspect cases to Public Health per California law

- 3a. Call Public Health **(805) 981-5201** from 8:00am – 5:00pm Monday  
For after-hours and on weekends/holidays, call Public Health **(805) 214-7057**
- 3b. Inform patient that Public Health may be in contact to further assist the patient and their family/friends as well as prevent the spread of measles in the general community
- 3c. Fax or email the CMR form available online at <http://www.vchca.org/for-health-care-providers-cmr-tb-forms> to Public Health at **(805) 981-5200**
- 3d. Tiger text “Infection Prevention team” with an FYI including MRN or call **(805)-652-3383** if during 8am - 5pm. If after hours, notify Infectious Disease Physician on call either via tiger text or call.

### Step 4. Collect appropriate measles specimens for a timely diagnosis to send directly to Public Health Lab

- 4a. If  $\leq 7$  days of rash onset, obtain
  - **Nasopharyngeal or throat swab for PCR** (Similar to flu swab) and place in 3mL liquid viral transport media **AND**
  - **Urine for PCR**: 50 ml midstream, clean-catch
- 4b. If  $\geq 7$  days of rash onset, obtain the above two specimens **AND**:
  - **Serum for Measles IgM/IgG** : 7-10 ml in red or tiger top tube
- 4c. Store specimens at 4°C until pick-up and ship cold (do not place specimens directly against ice packs in order to avoid freeze during transport). If unable to ship within 48 hrs, freeze swab and serum at -70°C and urine to be centrifuged and stored at 4°C while awaiting shipment)

### Step 5. Assess for evidence of immunity in patient suspected for measles

- 5a. Determine whether patient has one of the following:
  - At least 1 documented MMR dose from the USA administered  $\geq 12$  months of age OR
  - Documented IgG (+) test for measles (also known as rubeola)
- 5b. If no documentation is available, serum should be collected to measure measles IgG antibody levels (titers). Note: a positive IgG result in a symptomatic patient may indicate incubating measles

### Step 6. Notify patient to remain isolated until Public Health gives clearance

- 6a. Regardless of measles immunity status, the patient should remain quarantined at home or in airborne isolation at the hospital until Public Health has determined the patient does not have measles OR is no longer infectious

### Step 7. Start to identify and address potential measles exposures according to policy

- 7a. Departments where the potential exposures occurred, Employee Health, Public health and Infection Prevention to collaborate in order to identify all exposed
- 7b. Identify high risk exposures who may need immunoglobulin STAT
- 7c. IP/ID to Notify Pharmacy Director to ensure that Immunoglobulin and vaccines are in stock and available