



Cowlitz County Health and Human Services

PHONE: 360-414-5599 FAX: 360-425-7531

WEBSITE: www.co.cowlitz.wa.us/HHS

Main Campus: 1952 9th Avenue, Longview, WA 98632 AskCowlitzHealth@CowlitzWA.gov

Environmental Health Unit: 207 4th Avenue North, Kelso, WA 98626 OMSeptic@CowlitzWA.gov

Suspected and confirmed measles cases are **IMMEDIATELY** reportable to Cowlitz County Health & Human Services

Suspect Measles Provider Evaluation Worksheet

Patient Information	Name		DOB:		MRN:
Address:	City		County	State	Zip
Evaluation Date:	If patient is a minor) Parent/Guardian Name:		Phone #:		
Reporting Facility:	Clinician Name:		Clinician phone #:		

Consider measles in the differential diagnosis of patients WITH FEVER and RASH

A) What is the highest temperature recorded?	°F		Fever onset date: ___/___/___ <input type="checkbox"/> N/A (afebrile)	
B) Does the patient have a rash?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no rash, do not collect measles specimens. Consider rule-out testing for other causes of febrile illness.	
C) Rash characteristics:			Rash onset date: ___/___/___	
• Was the rash preceded by one of the symptoms listed in (D) by 2-4 days?	<input type="checkbox"/>	<input type="checkbox"/>	Measles rash is generally red, maculopapular (no vesicles) and may become confluent. It typically starts at the hairline, then then progresses down the face and body. Rash onset typically occurs 2-4 days after symptom onset, which includes a fever and at least one of the "3 Cs" (below).	
• Did fever overlap rash?	<input type="checkbox"/>	<input type="checkbox"/>		
• Did rash start on head or face?	<input type="checkbox"/>	<input type="checkbox"/>		
D) Has the patient had any of the following symptoms?			Additional Symptom Notes:	
• Cough	<input type="checkbox"/>	<input type="checkbox"/>	Onset date: ___/___/___	
• Runny nose (coryza)	<input type="checkbox"/>	<input type="checkbox"/>	Onset date: ___/___/___	
• Red eyes (conjunctivitis)	<input type="checkbox"/>	<input type="checkbox"/>	Onset date: ___/___/___	
E) Known high-risk exposure in past 21 days? (Example: Exposure to confirmed case, international travel to an area with a current outbreak)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date(s) and place(s) of travel or exposure:	
F) What is the patient's measles immunity status?	<input type="checkbox"/> Born before January 1, 1957 (Presumed immunity) <input type="checkbox"/> At least one documented measles vaccine. Vaccine date(s): 1 st Dose: ___/___/___ 2 nd Dose: ___/___/___ <input type="checkbox"/> Unknown <input type="checkbox"/> Unvaccinated (0 doses measles vaccine)			

Fever (A) + a "YES" answer in (B), at least ONE "YES" in (C) and (D), + "YES" in (E) = Measles is HIGHLY SUSPECTED.

IF MEASLES IS SUSPECTED, IMMEDIATELY:

- Mask and isolate the patient (in negative air pressure room when possible).
- Call [Cowlitz County Health & Human Services](http://www.co.cowlitz.wa.us/HHS) at 360-414-5599 to report the suspected measles case and request permission to test at the WA Public Health Lab. (Health care providers must receive approval from local health jurisdiction prior to specimen submission.)
- Collect the following specimens, if testing is approved:
 - (Preferred specimen) **Nasopharyngeal (NP) OR Oropharyngeal (OP) swab for measles PCR and culture**
 - Most accurate between 0 to 5 days after rash onset.
 - Urine for measles PCR and culture:**
 - Most accurate between 3 to 10 days after rash onset; may not be positive until >4 days after symptom onset.
 - (Acceptable) **Serum for measles IgM and IgG testing:**
 - IgM is most accurate greater than 3 days after rash onset
 - NOTE: *neither IgM nor IgG antibody responses can distinguish measles disease from the response to vaccination in a patient with suspected measles that has been vaccinated 6-45 days prior to blood collection.*

For more information on measles specimen collection, testing, reporting, and other details, please visit:

[WA DOH PHL Measles Specimen Collection and Submission Instructions](#)

[WA Department of Health Measles Provider Resource webpage](#)

Call our Communicable Disease Team at 360-414-5599, option 2