

Measles Quick Guide for Healthcare Providers

This quick guide should be used by healthcare providers to determine when measles testing is appropriate and what actions to take upon clinical presentation. Risk should be assessed using Ohio Department of Health Measles Screening [Guide](#) or [Checklist](#).

Measles is a Class A reportable disease in Ohio. Cases and suspected cases must be reported immediately by telephone to the local health department (LHD) in which the patient resides. Do not wait for laboratory confirmation before reporting a suspected case.

The following steps should be taken when evaluating a patient with suspect measles.

1. Initial Screening

- a. Does the patient/visitor have a fever **AND** any of the following?
 - i. Cough
 - ii. Coryza (runny nose, congestion)
 - iii. Conjunctivitis (red/pink eyes)
- b. If **YES**, assess for:
 - i. Presence of a rash (maculopapular that spreads from head to rest of body)
 - ii. Known or suspected measles exposure
 - iii. Vaccination/immunity status
 - iv. Recent travel or other epidemiologic risk factors

2. Recommendations for no rash

- a. Do **not** automatically test based on exposure and prodromal symptoms alone.
- b. Use the ODH screening [checklist](#) and [guide](#) to determine whether the patient's clinical and epidemiologic risk warrants testing or additional evaluation.
- c. When appropriate:
 - i. Advise the patient to stay home and avoid contact with others while monitoring for a rash.
 1. The measles rash typically develops 3–5 days after the prodromal period begins.
 - ii. Tell the patient to call before going to a healthcare facility if a rash develops.
 - iii. Contact Wood County Health Department at 419-354-4306 if measles remains a concern or guidance is needed.

3. Recommendations for presence of a rash

- a. Assess the patient for measles based on clinical presentation and epidemiologic risk.
- b. Considering measles testing as described in section 4.

4. When Testing Should Be Considered

Testing should be based on the **patient's clinical presentation and epidemiologic risk**, not exposure history alone.

Testing should be considered when a patient develops a **febrile rash illness consistent with measles**, particularly when the rash is accompanied by cough, runny nose/congestion, or conjunctivitis and there is a relevant exposure or other epidemiologic risk factor.

If the patient meets criteria for suspected measles:

1. Do not place the patient in a routine waiting room or have the patient arrive without prior notification.
2. Immediately isolate the patient using appropriate airborne precautions.
3. Contact the LHD in which the patient resides
4. Consult public health regarding appropriate testing
 - a. The LHD can determine if specimens need to be sent through a commercial lab or through ODH laboratory (ODHL)
5. Collect specimens according to public health and laboratory recommendations.
 - a. Testing should include serology (IgM and IgG) and PCR (NP/OP swab)
 1. If specimens cannot be collected in office, plans should be made with a local laboratory/hospital prior to the patient going to the facility for specimen collection.

5. Provide the LHD with the following information:

- a. Prodromal symptoms and prodromal and rash onset dates
- b. Vaccine status
- c. Travel or known/suspect measles exposure
- d. Demographics
 - i. Name
 - ii. Date of birth
 - iii. Address
 - iv. Phone number
 - v. Parent/guardian info as appropriate

Wood County Health Department Class A disease reporting call one of the following based on the business hours (Mon- Fri 8:30 AM to 4:30 PM):

During business hours: Wood County Health Department Infectious Disease at 419-354-4306

After business hours: Wood County Sheriff at 419-354-9001 option 9