

Identify and test suspect measles cases.

If you have a suspect measles case, immediately implement airborne precautions and call the Health Department 24/7 at 802-863-7240.

Measles is possible but unlikely if:

- The patient has no travel history or exposure to travelers.
- Rash does not start on the head or face.
- There is no rash on the face, head or neck.
- There is rash with no history of fever.
- The patient was immunized with measles vaccine.

Typical measles rash:

- Starts on forehead and spreads down body.
- In vaccinated people, rash may not spread to entire body.
- Progresses to confluence, especially on face.
- Initially red and blanches with pressure.
- Fades in the order it appears.
- Not itchy until at least the fourth day after onset.

Alternative diagnoses for patients with fever and rash:

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| • Tickborne diseases | • Roseola |
| • Drug reactions | • Rubella |
| • Other non-infectious rashes | • Group A streptococcal infection |
| • Varicella | • Meningococcal infection |
| • Enteroviruses | • Kawasaki disease |
| • Mononucleosis syndrome | • Influenza |
| • Parvovirus B-19 (fifth disease) | |

Measles symptoms:

- Generalized maculopapular rash and
- Fever $\geq 101^\circ\text{F}$ and
- Cough, coryza or conjunctivitis

Fever and rash associated with recent MMR vaccination:

A mild fever and rash can occur 7-12 days after vaccination. If a recently vaccinated patient has a fever and a rash but no other symptoms or exposures, measles is unlikely and testing is usually not recommended.

Laboratory testing:

Consult the Health Department by calling 802-863-7240 prior to sending specimens for testing.

- Collect an NP or OP swab (polyester or synthetic only) in viral transport media.
- Collect 7-10 mL of blood in a red-top or serum separator tube; spin down if possible.

Request measles test kits from the Health Department Laboratory: 802-338-4736 or 800-660-9997.

www.healthvermont.gov/measles-providers