



EPIDEMIOLOGY & SURVEILLANCE

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Suspecting a Measles Case – Physicians Guide to Diagnosing

Collin County Health Care Services
Business Hours: 972-548-4707 After Hours: 972-547-5350

Suspecting Measles

- Measles is a reportable condition per the Texas Department of State Health Services.
- Measles is an acute viral respiratory illness. It is characterized by a prodrome of fever (as high as 105°F) and malaise, cough, coryza, and conjunctivitis -the three “C”s -, a pathognomonic exanthema (Koplik spots) followed by a maculopapular rash. The rash spreads from the head to the trunk to the lower extremities.
- If measles is suspected, contact Collin County Health Care Services immediately for further guidance and to arrange for laboratory testing.
- Do not refer patients to the health department without prior approval.

Laboratory Diagnosis

- Laboratory testing is needed to confirm a case of measles.
- Per the Centers for Disease Control and Prevention (CDC), healthcare providers should obtain both a serum sample for IgM/IgG and a throat swab for PCR.
- The preferred laboratory test in Texas is a throat swab for PCR.

Throat Swab PCR

A throat swab PCR for measles can be ordered through some commercial labs. Testing can also be requested through the Department of State Health Services Lab. Specimens may be collected at the doctor’s office (if materials are available), at a hospital, or at the health department (pre-approval needed).

Materials:

- Viral Transport Media (VTM) and tubes
- Tongue depressors
- Polyester fiber tipped swabs – either Dacron or Rayon

Serum IgM/IgG

IgM and IgG antibody testing can be ordered through a commercial lab. **Please note IgM may be falsely positive in vaccinated individuals** or IgM may be falsely negative if collected within the first three days of rash onset.

Materials:

- Red top tubes and serum separator tubes OR gold top OR tiger top tubes
- Centrifuge

Control Measures Checklist

If you have a suspected measles case in your facility use the following control measures check list:

- Isolate patient.
- Implement standard and airborne precautions.
- Utilize appropriate PPE.
- A list should be kept of all persons who were at the health care facility at the time the patient was there and those persons entering the facility for up to two hours after the patient has left.
- It is recommended to close the health care facility for two hours after the patient has left if there was airborne exposure.
- Health care staff that were exposed to the case should verify their immunity status to measles.
- Recommend patient respiratory isolation until 4 days after onset of rash.

Reference: Centers for Disease Control and Prevention <https://www.cdc.gov/measles/hcp/clinical-overview/index.html>