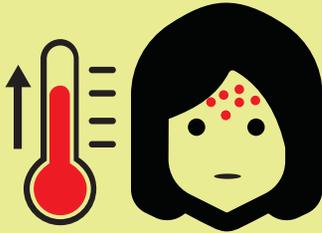


# Think Measles

## 1. IDENTIFY

### Suspect measles in patients with:

- Fever and rash.
- History of international travel or contact with visitors from locations with known measles outbreaks in the past 3 weeks.
- No or unknown MMR vaccine status. History of MMR vaccine **does not** exclude a measles diagnosis.



This is the skin of a patient after 3 days of measles infection.

Photo courtesy of the CDC.



Head and shoulders of boy with measles; third day of rash.

Photo courtesy of the CDC.



## 2. ISOLATE

- Implement airborne infection control precautions, mask and isolate patient in a negative pressure room, if available.
- Permit only staff immune to measles to be near the patient.
- Collect nasopharyngeal swab, urine, and serum for measles IgG, IgM and PCR.



## 3. INFORM

Immediately report **ALL** suspected measles infections to your county health department by phone per the [DHEC 2015 List of Reportable Conditions](#).



## Vaccination Protects Against Measles

A single dose is 93% effective and two doses are 97% effective.

### Risk Factors

- History of international travel, contact with international travelers, or domestic travel to locations with known measles outbreaks.
- No or unknown MMR vaccine status. History of MMR vaccine does not exclude a measles diagnosis.
- Contact with a person that had a febrile rash illness.

### Prodrome

- Fever, cough, coryza, conjunctivitis

### Rash Onset

- Fever spikes, often up to 104°F.
- Red, maculopapular rash that may become confluent—typically starts at hairline, then face and spreads down body.
- The rash may be difficult to see on darker skin.
- Koplik's spots (small, red, irregularly-shaped spots with blue-white centers found on the oral mucosa) may be present in a small number of cases.

