

# DOH Measles Clinical Provider Toolkit

DOH version 4.24.2025

Adapted from CDCs April 1, 2024 "Toolkit-Measles-Clinical-Provider" PowerPoint.  
<https://www.cdc.gov/measles/downloads/Toolkit-Measles-Clinical-Provider-Flowsheet.pptx>



# Evaluating a patient presenting with rash when there is no local measles transmission<sup>1</sup>

**START HERE**

**Needs ALL 3:**

- ☐ Fever<sup>2</sup>
- ☐ Generalized, maculopapular rash
- ☐ No vesicular lesions / vesicles<sup>3</sup>

No

**Measles unlikely. If vesicular rash, consider varicella or alternative cause of rash.**

Yes

**Epidemiologic risk for measles in the 21 days before rash?**

**ANY of the following:**

- ☐ International travel in last 21 days
- ☐ Domestic travel in last 21 days to an area with known measles transmission
- ☐ Known exposure to measles

No

**Measles clinical criteria?<sup>4</sup>**

- ☐ Fever<sup>2</sup> and rash AND
- ☐ Cough, runny nose, OR conjunctivitis

## DOH Disease Reporting Line

Oahu (Disease Reporting Line)	(808) 586-4586
Maui District Health Office	(808) 984-8213
Kauai District Health Office	(808) 241-3563
Big Island District Health Office (Hilo)	(808) 933-0912
Big Island District Health Office (Kona)	(808) 322-4877
After hours on Oahu	(808) 600-3625
After hours on neighbor islands	(800) 360-2575 (toll free)

**If measles still suspected after arriving at below, discuss with DOH via disease reporting line**

**Measles not likely.**

Consider other causes. If measles still suspected, contact DOH Disease Reporting Line.

Yes

**Received MMR vaccine in the last 21 days?**

**Likely a reaction to MMR vaccination<sup>5</sup>**

No

**Prior measles vaccination?**

- ☐ Age ≤6 years: 1 dose MMR\*
- ☐ Age >6 years: 2+ doses MMR

Yes

**Measles uncommon among people with age-appropriate vaccination. Measles can occur among vaccinated people, but generally during intense exposure (e.g., daycare or household exposure).**

**If measles suspected based on clinical presentation or severity of illness, DOH Disease Reporting Line.**

No

Yes

**Suspect measles. Immediately contact DOH Disease Reporting Line to discuss testing options. See Testing Recommendations.**

\*or other measles-containing vaccine



# Notes

1. **This testing algorithm is intended to be used by bedside providers in settings where there is not local measles transmission. This assumes that the pre-test probability for most people without known epidemiologic risk for measles and who do not meet case criteria will be low. In settings with active measles transmission, the threshold at which to pursue testing may be lower, and a more permissive algorithm could be considered.**
2. **Either a measured or patient/family-reported fever is adequate; fever may not be measured at the time of healthcare evaluation due to normal fluctuation or to use of antipyretics (e.g., ibuprofen).**
3. **A vesicular rash is not consistent with measles, and should prompt consideration for other causes of rash (e.g., varicella/chickenpox)**
4. **Measles clinical criteria (per CSTE\* case definition) include ALL of the following:**
  - ☐ Generalized maculopapular rash
  - ☐ Fever
  - ☐ Cough, coryza (runny nose), or conjunctivitis (also known as the “3 C’s”)
5. **Up to 5% of MMR recipients will get a short-lived, mild febrile rash. This is more common with the first dose of MMR. People who experience this vaccine reaction are not contagious to others around them. If a person has received MMR within 21 days before rash onset, but also has epidemiologic risk for measles, then specialized testing may be required and should be discussed with DOH by contacting the Disease Reporting Line.**

\*CSTE: Council of State and Territorial Epidemiologists: <https://ndc.services.cdc.gov/case-definitions/measles-2013/>



# Measles Characteristics

- **Classic symptoms**

- Fever (up to 105F) + generalized maculopapular rash + one of the “3 C’s”

- 3 C’s: Cough, coryza (runny nose), conjunctivitis

- **Clues to measles:**

- Prodrome of fever and at least 1 of 3 C’s often starts 2–4 days before rash
  - Rash starts on head or face and spreads downwards
  - Fever continues through onset of rash, often peaking around the time when the rash starts



- **Measles is rare in vaccinated people, especially with 2 prior doses of MMR**

- 1 dose generally provides 93% protection, and 2 doses provides 97% protection from measles infection



# Other common causes of febrile rash in children

- **Parvovirus B-19 (“Fifth Disease”)**
  - Classic “slapped cheek” rash
  - More common in school-aged children than infants
- **Human Herpesvirus 6 (HHV-6, “Sixth Disease”, “Roseola”)**
  - Common cause of febrile rash in infants
  - Rash commonly starts on trunk (measles rash starts on face/hairline)
  - Fever often resolves before start of rash (measles fever peaks around time of rash onset)
- **Enteroviruses**
  - Common cause of Hand/Foot/Mouth, rash can involve hands/feet which are generally spared in measles
  - Rash can be urticarial, which is not typical for measles



“Slapped Cheek” rash



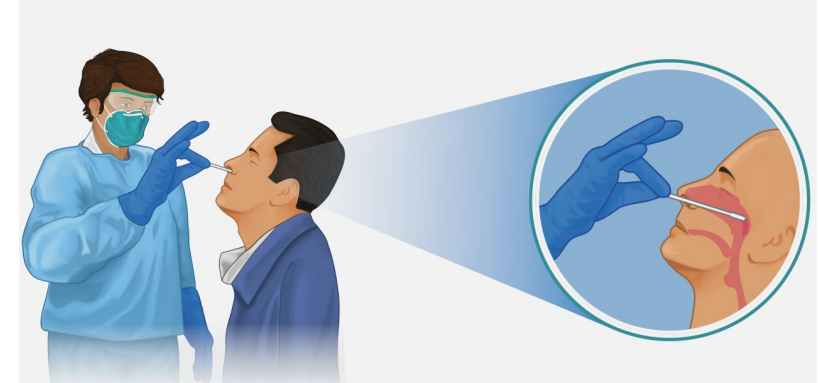
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# Testing Recommendations

- ❑ Immediately contact the DOH Disease Reporting Line to report a suspect measles case and arrange testing
- ❑ Collect a nasopharyngeal (NP) or oropharyngeal/throat (OP) swab for measles\* RT-PCR
  - Use Dacron synthetic tip swabs with aluminum or plastic shaft. Place swab in 1–3 mL of viral transport media (VTM) and maintained cold at 2-8°C and ship within 24 hours.
  - urine can also be obtained for measles PCR.
    - At least 50cc of urine should be voided into a sterile container and stored refrigerated (not frozen).
- ❑ **Obtain serum for measles\* IgM and IgG**

(performed at commercial labs)



<https://www.openpediatrics.org>

**\*Measles virus is also referred to as “rubeola” in some lab orders, not to be confused with rubella virus**

