

## Suspect measles in patients with:

- ⇒ Fever **and** rash preceded by a prodrome (see below)
- ⇒ High likelihood of measles exposure in the last 3 weeks
  - ⇒ Exposure to a known case **OR**
  - ⇒ Travel to (or exposure to an ill traveler from) a country or area of the US with ongoing transmission
- ⇒ Unvaccinated or unknown MMR vaccination status  
A history of 2 MMR doses does *not* exclude a measles diagnosis

## Prodrome:

- Mild to moderate fever, cough, coryza, conjunctivitis
- 3-5 days before rash

## Rash: Red, maculopapular

- Usually hairline → face → body
- May become confluent

## Fever:

- Spikes at rash onset
- Can be up to 104°F



Photo courtesy of AAP

## Act immediately if you suspect measles:

- Implement airborne precautions, mask and isolate patient in a negative pressure room, if possible
- Permit only staff with documented immunity to measles to be near patient
- Collect nasopharyngeal swab for measles PCR (testing to be done at the DPH Laboratory) and serum for measles IgG and IgM
- Do not use any regular exam room for 2 hours after the suspected measles patient has left the room

**Immediately notify DPH upon suspicion  
to coordinate testing:**

(860) 509-7929 during business hours

(860) 509-8000 after business hours

A message from the Connecticut Department of Public Health Immunization Program.  
For more information visit <http://www.cdc.gov/measles/about/index.html> (CDC) or  
<https://portal.ct.gov/DPH/Immunizations/VACCINE-PREVENTABLE-DISEASES> (DPH).