Should I test for measles?
A guide for South Dakota Healthcare Providers

Consider the patient’s clinical presentation:

**Fever and rash?**
- If NO, measles unlikely, provide education.
- If YES, continue.

Consider the patient’s history:
- Patient born before 1957?
- Patient has a documented history of receiving MMR vaccine?

**YES to either:** patient was born before 1957 or has a history of receiving 2 doses of MMR

**NO to both:** patient was born after 1957 and does not have a history of receiving 2 doses of MMR

**PRODROME**
- Fever (as high as 105°F)
- Cough
- Conjunctivitis

**RASH**
- Erythematous and maculopapular
- Appears 3 to 5 days after symptoms begin
- May become confluent (especially on face)
- Starts at hair line then spreads downward

**KOPLIK’S SPOTS**
- Bluish gray specks on bright red mucosa
- Appears 2 to 3 days after symptoms begin
- May be present

In the 21 days prior to symptom onset, was there any of the following?
- known exposure to infected person
- international travel
- contact w/ international travelers
- travel to outbreak state
- contact w/ travelers from an outbreak state

**If NO**
- Measles unlikely, provide education

**If YES**
- Is there an alternate explanation for a rash? (antibiotics, strep, mono)

- **YES**
  - Not measles, no testing required.
- **NO**
  - Has the patient been symptomatic for >10 days?

- **YES**
  - Not measles, no testing required.
- **NO**
  - Measles unlikely, but out of an abundance of caution, may choose to CALL

**ISOLATE**
- Isolate the patient according to airborne precautions.
- Mask and Negative Pressure.

**CALL**
- Call the South Dakota Department of Health
- 800-592-1861

**COLLECT**
- Collect specimens for laboratory testing.
- Throat swab on VTM and blood drawn.
- Consult with public health for submission to lab.

updated 5-6-2019