

Start Here

*Measles symptoms

Prodrome

- Fever—almost always present with measles
- At least 1 of the 2 C's—cough or conjunctivitis
- Koplik spots

Rash

- Typically appears ~3 days after prodrome
- Lasts ≥ 3 days
- Maculopapular
- Starts on forehead/face → spreads to neck, trunk, extremities (generalized)

^sRecent exposure (past 3 weeks)

Consider recent exposure risks when weighing test necessity and public health notification:

Risk	Exposure
High	<ul style="list-style-type: none"> Contact with confirmed case Travel to area with ongoing community transmission
Moderate	<ul style="list-style-type: none"> Airport travel Large gatherings Contact with recent travelers or ill individuals
Low	<ul style="list-style-type: none"> No travel, No sick contacts No high-risk events

[†]Recommend testing for other diseases (i.e., parvovirus B19, roseola, rubella, and a respiratory viral panel) to rule out measles.

Evaluate symptoms*

Evaluate patient for fever with cough and/or conjunctivitis and rash

Fever + ≥1 of 2 C's + rash

Assess exposure risk^s and vaccination status → high clinical suspicion

Evaluate vaccination status

Assess the patient's vaccination history

0 documented doses
(unvaccinated)

1 documented dose
(partially vaccinated)

2 documented doses
(fully vaccinated)

Note: breakthrough cases are possible even with 2 MMR doses. Don't rule out solely based on vaccination.

! Consider recent travel when assessing actions^s

Actions

- Test with PCR immediately
- Isolate patient
- ☎ Notify Utah DHHS** (888) EPI-UTAH (374-8824) or your local health department

Actions

- Unlikely to be measles, but consider testing if clinical signs align
- Can collect and hold PCR sample while patient is in clinic
- ☎ Contact Utah DHHS** (888) EPI-UTAH (374-8824) or your local health department if you have questions

Actions

- Measles unlikely
- Monitor as needed

Actions

- Measles possible, early stage
- Recommend isolation
- Monitor for rash development
- PCR not useful until rash appears**
- ☎ Contact Utah DHHS** (888) EPI-UTAH (374-8824) or your local health department

Measles unlikely

Consider alternative diagnosis[†]

No rash or prodrome

Rash with no prodrome or concurrent with prodrome in all levels of risk

Unlikely to be measles → consider alternative diagnosis[†]

Fever + ≥1 of 2 C's — no rash

Assess exposure risk^s and vaccination status → possible early measles

Evaluate vaccination status

Assess the patient's vaccination history

0 documented doses
(unvaccinated)

1 documented dose
(partially vaccinated)

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