

## RUBEOLA (MEASLES)

### I. DEFINITION:

An acute, highly contagious, febrile exanthematous viral disease characterized by a prodrome of fever, conjunctivitis, coryza, cough, and small (Koplik) spots on the buccal mucosa. A characteristic, red blotchy rash appears on the third to seventh day after symptoms onset beginning on the face and spreads to the neck, trunk and extremities. Rash illness lasts approximately four to seven days.

### II. ETIOLOGY: See Epi Manual

### III. CLINICAL FEATURES: See Epi Manual

### IV. LABORATORY STUDIES:

- A. Contact the Acute Disease Service (ADS) Epidemiologist-On-Call (405-271-4060) prior to obtaining lab specimens. Ensure that anyone possibly susceptible to measles or rubella is not accidentally exposed while the specimens are being obtained.
- B. Advise the client's primary healthcare provider to order IgM and IgG measles tests. IgM should be obtained  $\geq 3$  days after rash onset. Negative IgM tests that were obtained in the first 72 hours after rash should be redrawn.
- C. The second IgG blood specimen should be collected  $\geq 10$  days after the initial specimen.
- D. In situations where laboratory testing cannot be obtained by the client's primary healthcare provider or an alternative clinic (in a timely fashion or due to costs) for specific persons suspected of having rubeola, the public health nurse should immediately notify the ADS Epidemiologist-on-Call and discuss laboratory testing of the client through the OSDH contract reference laboratory. Testing a person suspected of having rubeola should only be completed by approval after consultation with the ADS Epidemiologist-on-Call.
- E. If testing is conducted using the OSDH contract reference laboratory, specimens will be collected per contract laboratory specifications. Instructions for specimen collection, documentation, and transport to the contract reference laboratory will be provided by the ADS Epi-on-Call to the public health nurse prior to collection.
- F. In certain instances, other laboratory specimens may be requested for testing. Other laboratory specimens may include throat, nasal or nasopharyngeal swabs and/or urine specimens.

### REFERENCES:

- American Public Health Association. Control of Communicable Diseases Manual, 19th Heymann D, ed. Washington DC, 2008, pp. 402-408.
- Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Diseases. Atkinson W, Hamborsky J, Wolfe S, eds. 12<sup>th</sup> ed., second printing. Washington DC: Public Health Foundation 2012, pp. 173-192. Available online at <http://www.cdc.gov/vaccines/pubs/pinkbook/index.html>
- American Academy of Pediatrics. Measles. In: Pickering LK, Baker CJ, Kimberlin DW, Long SS, eds. *Red Book: 2012 Report of the Committee on Infectious Diseases*. 29<sup>th</sup> ed. Elk Grove Village, IL: American Academy of Pediatrics; 2012: 489-499.
- Centers for Disease Control and Prevention. Measles. Manual for the Surveillance of Vaccine-Preventable Diseases, 6th ed., 2013.

