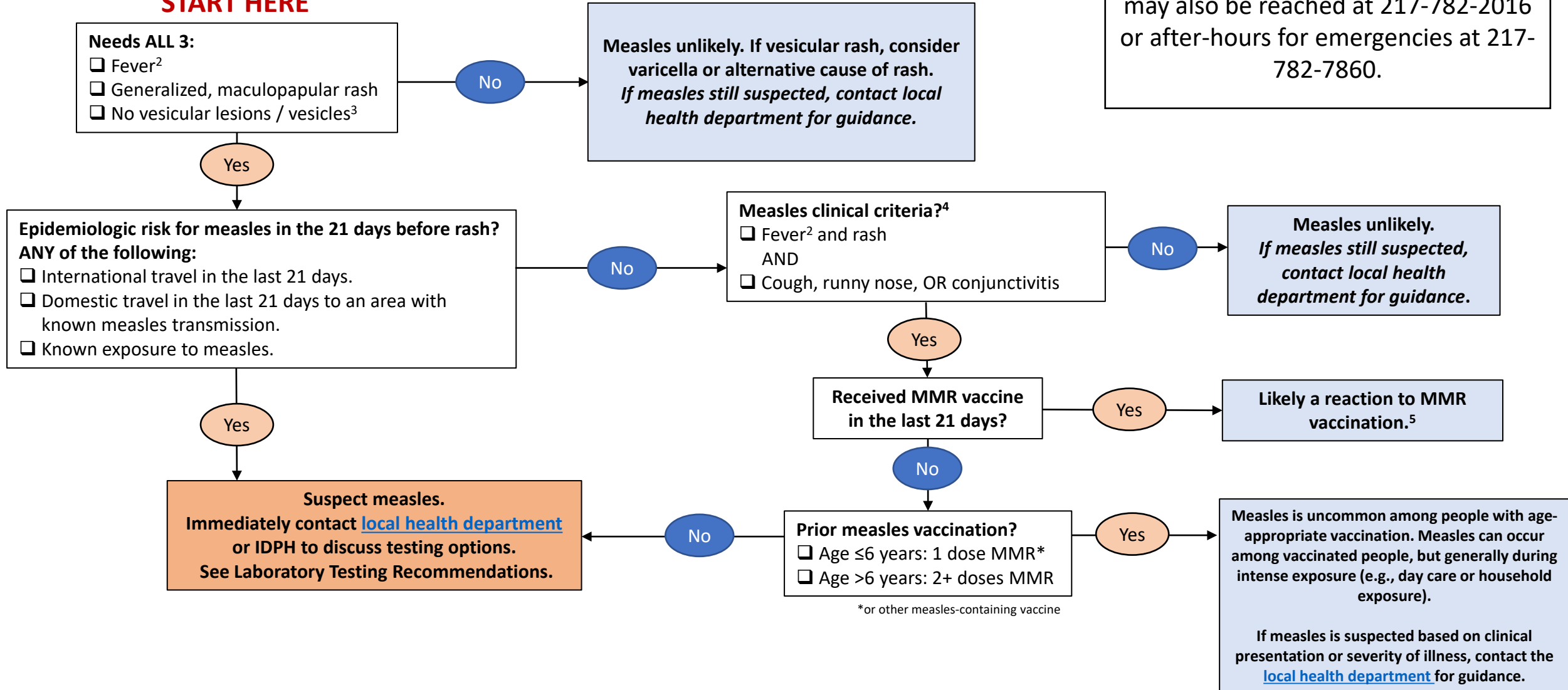


Evaluating a patient presenting with a fever and rash¹

START HERE



Notes

1. This testing algorithm is intended to be used by bedside providers in settings where there is no 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. Please have a low threshold to discuss a suspected case with the [local health department](#).
2. Either a measured or patient/family-reported fever is adequate; fever may not be measured at the time of health care 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 local or state public health authorities.