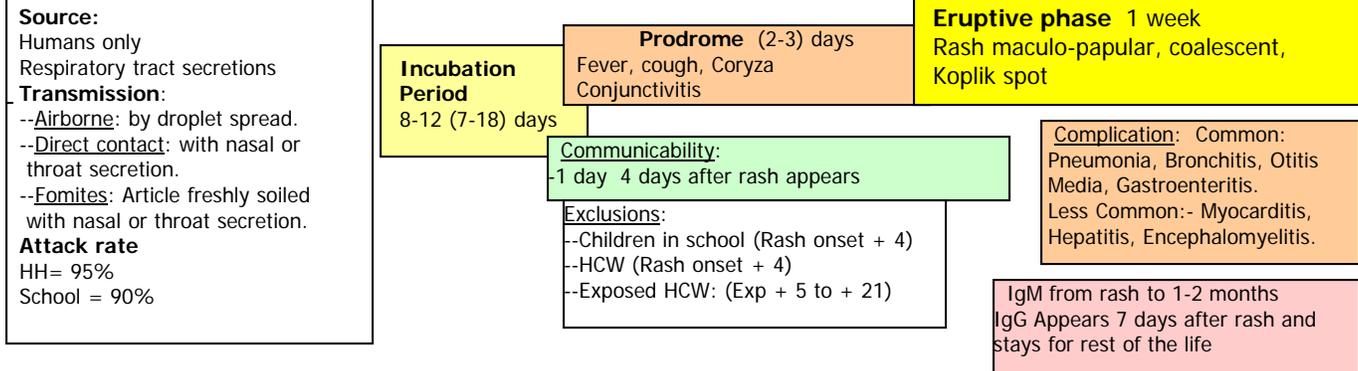


MEASLES

TRANSMISSION



DIAGNOSIS

<p><u>Clinical Case Definition</u> Illness characterized by all of the following: ➢Generalized rash lasting ≥ 3 days. ➢A temperature $\geq 101.0^{\circ}\text{F}$ (38.3°C). ➢Cough, Coryza or Conjunctivitis.</p>	<p><u>Laboratory Criteria for Diagnosis</u> ➢Serum positive for IgM, OR ➢Rising IgG in paired acute and convalescent serum specimen, OR ➢Virus isolation from clinical specimen (Urine, Blood, Nasopharyngeal secretion).</p>
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Suspect: Any febrile illness accompanied by rash.
Confirmed: Meets laboratory criteria OR Meets clinical case definition AND epidemiologically linked to a confirmed case.
Probable: Meets clinical case definition AND does not meet Laboratory criteria or not epidemiologically linked to a confirmed case.

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- International Importation: Rash within 21 days of entering, no link to local transmission.
- Indigenous Case: Case that cannot proved to be imported.
- Out-of-State Importation: Out of state for exposure period or have a probable out-of-state contact.

TREATMENT, PROPHYLAXIS

<p><u>Treatment</u>: Supportive. Vitamin A orally (200,000 IU for children ≥ 1 year of age and 100,000 IU for children 6-12 months old)</p>	<p><u>Prophylaxis of the exposed</u>: ---Vaccination within 72 hours of exposure. ---Immunoglobulin within 6 days of exposure. <u>Indications</u>: Household contacts. Healthcare facility contacts. Institutional contacts (Child daycare center, School)</p>	<p><u>Routine Childhood Vaccine</u> Two doses of live attenuated vaccine (at least 1 month apart) Recommended age: ---1st dose at 12-15 months ---2nd dose at 4-6 years.</p>
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Airborne precautions

CONTROL

