



# Health Alert



## ***New Measles Suspect Case Reporting and Testing Authorization Process***

March 15, 2024

### Summary and Action Items

- Chicago Department of Public Health (CDPH) is implementing a new process for Measles suspect case testing approval and authorization.
- **To report a suspected case of measles to CDPH and to request testing, complete this online form:** <https://redcap.link/reportmeasles>
- If indicated by the **Measles Screening Algorithm for the General Community**, collect a nasopharyngeal or oropharyngeal swab according to [instructions](#) and store pending CDPH authorization.
- This system replaces provider reporting of suspected cases to 311. **DO NOT CALL 311 or 312-743-9000 TO REPORT.**
- Measles is a highly contagious virus that lives in the nose and throat mucus of an infected person. It can spread to others through coughing and sneezing. Measles can live for up to 2 hours in an airspace where the infected person coughed or sneezed.

### **NEW MEASLES SCREENING ALGORITHM AND TESTING REQUEST REDCap PROCESS:**

CDPH is updating the mechanism by which providers should submit requests to streamline the process of public health notification and provider testing authorization for suspect measles cases. Information collected includes symptom history and epidemiologic exposure risks in the 21-days prior to symptom onset.

1) To identify a new suspected measles case, follow the Measles Screening Algorithm algorithm in the image below.

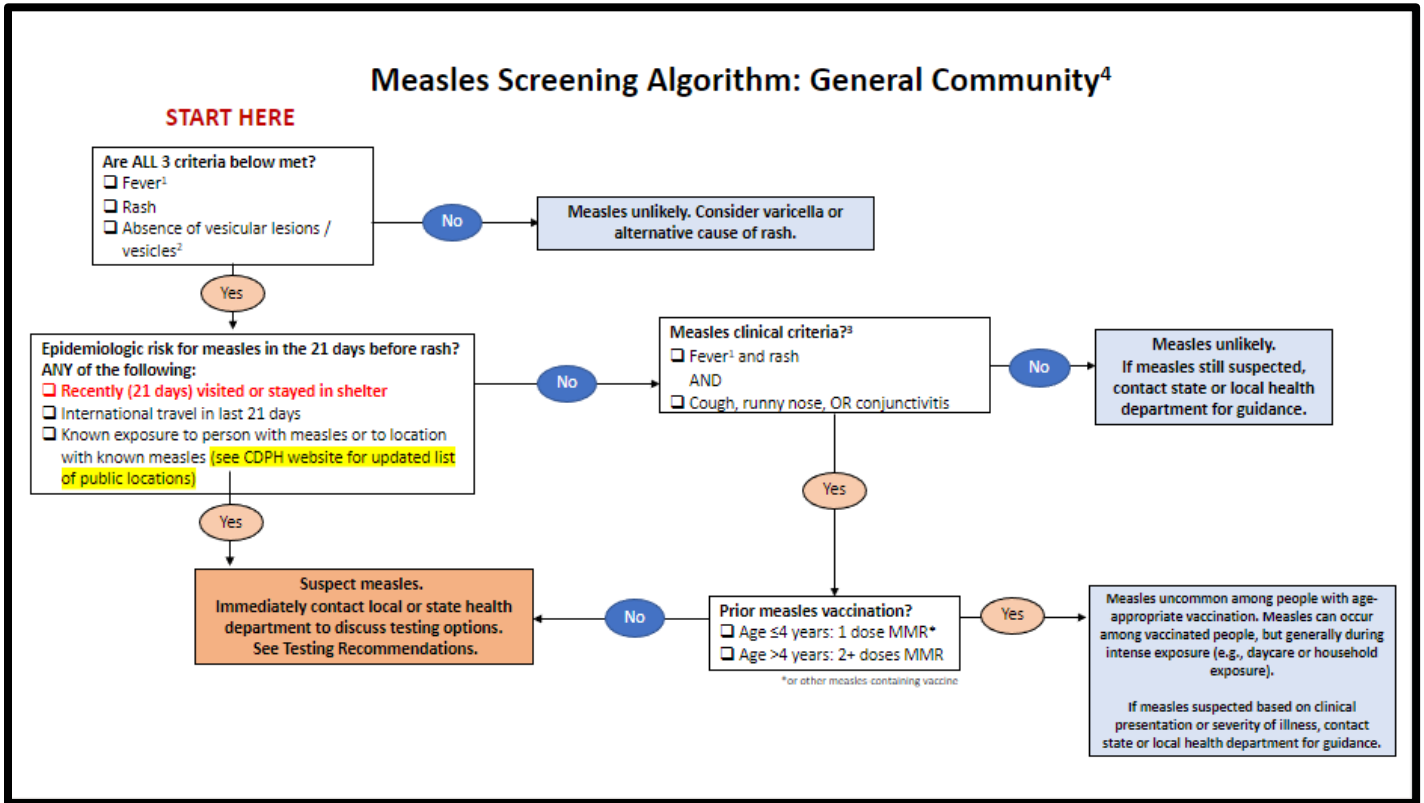
2) If reporting and measles testing are indicated, providers must complete this online form: <https://redcap.link/reportmeasles>

3) Promptly collect a nasopharyngeal swab (see [job aid](#)) and WAIT FOR CDPH APPROVAL to submit the specimen.

- Test requests received after business hours (8:00am-5:00 pm) will be reviewed at the start of the following day.
- **If approved for testing submission instructions and an authorization code will be emailed to the requesting provider.**

4) **While awaiting testing**, medically stable patients can be discharged as clinically indicated to their homes. Instruct patients to [self-isolate](#) (if discharged) until the end of the infectious period (from 4 days before through 4 days after the rash appears) and [avoid contact](#) with infants under a year of age

and those who have not been vaccinated. **If they are unable to isolate at home, providers are instructed to maintain the patient under airborne precautions pending test results.**



**Footnotes:**

1. Either a measured or patient/family-reported fever is adequate; fever may not be measured at the time of healthcare evaluation due to normal fluctuation or to use of antipyretics (e.g., ibuprofen).
2. A vesicular rash is not consistent with measles, and should prompt consideration for other causes of rash (e.g., varicella/chickenpox)
3. 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”)

\*CSTE: Council of State and Territorial Epidemiologists <https://ndc.services.cdc.gov/case-definitions/measles-2013/>