From January 1 to February 6, 2015, 121 people from 17 states and Washington, DC were reported to have measles. Most of these cases (85%) are part of a large, ongoing multi-state outbreak linked to an amusement park in California. Nevada has reported two confirmed cases to date. The distribution of reported cases likely associated with the outbreak is seen in the following map. As of February 6, Nevada has not been included.

As of February 9, Carson City Health and Human Services (CCHHS) has not identified any laboratory-confirmed cases of measles in Carson City, Douglas County or Lyon County. Effective February 6, the Nevada State Public Health Laboratory (NSPHL) has PCR testing available for measles diagnosis. During the past several days, numerous specimens have been transported to NSPHL for measles testing. Although laboratory testing is important, the evaluation of clinical presentation and risk factors is equally critical in the diagnosis of a case.

Based on reports received from local urgent care facilities, emergency departments, and outpatient clinics, many of these test orders may have been unnecessary as the clinical presentation was not compatible with measles. To better utilize public health resources at CCHHS and the NSPHL, CCHHS has following recommendations:

- **DO** test if the suspect case has classic measles symptoms (fever + rash + cough or coryza or conjunctivitis, i.e., 3Cs).
- **DO** test if the suspect case has an acute febrile rash illness and the rash presented as a descending trend that started on face/head and then extended to the trunk and lower extremities. Measles rash may be itchy from day 4-7, but NOT itchy immediately.
- **DO** test if the suspect case is a contact to a confirmed measles case. So far, no confirmed case of measles has been identified in Carson City. **DO NOT** believe rumors.
- **DO** test if the suspect case has an international travel history during the 21 days prior to rash onset.
- **DO** consider a test if the suspect case potentially exposed others in sensitive settings (healthcare facility, childcare facility with infants), e.g., did the suspect visit an NICU while potentially infectious?
- **DO NOT** test if the suspect case has NO rash at all. You may consider performing a follow-up call later to see if a rash develops.
- **DO NOT** test if the suspect case has NEVER had a fever or the fever onset was after the rash onset.

**TO TEST:**
- Collect throat swab and urine ideally within 3 days after rash onset for PCR (can be up to 7 days for throat swab and up to 10 days for urine collection) and ship to NSPHL for PCR.
- Collect serum for measles IgM and IgG 3-28 days after rash onset, ideally around day 7, but definitely not less than 72 hours after rash onset.

To report a suspect case or when you are in doubt about testing, call CCHHS at 775-887-2190 (24/7) for a consultation. For more information, please visit CDC's website at [http://www.cdc.gov/measles/index.html](http://www.cdc.gov/measles/index.html).