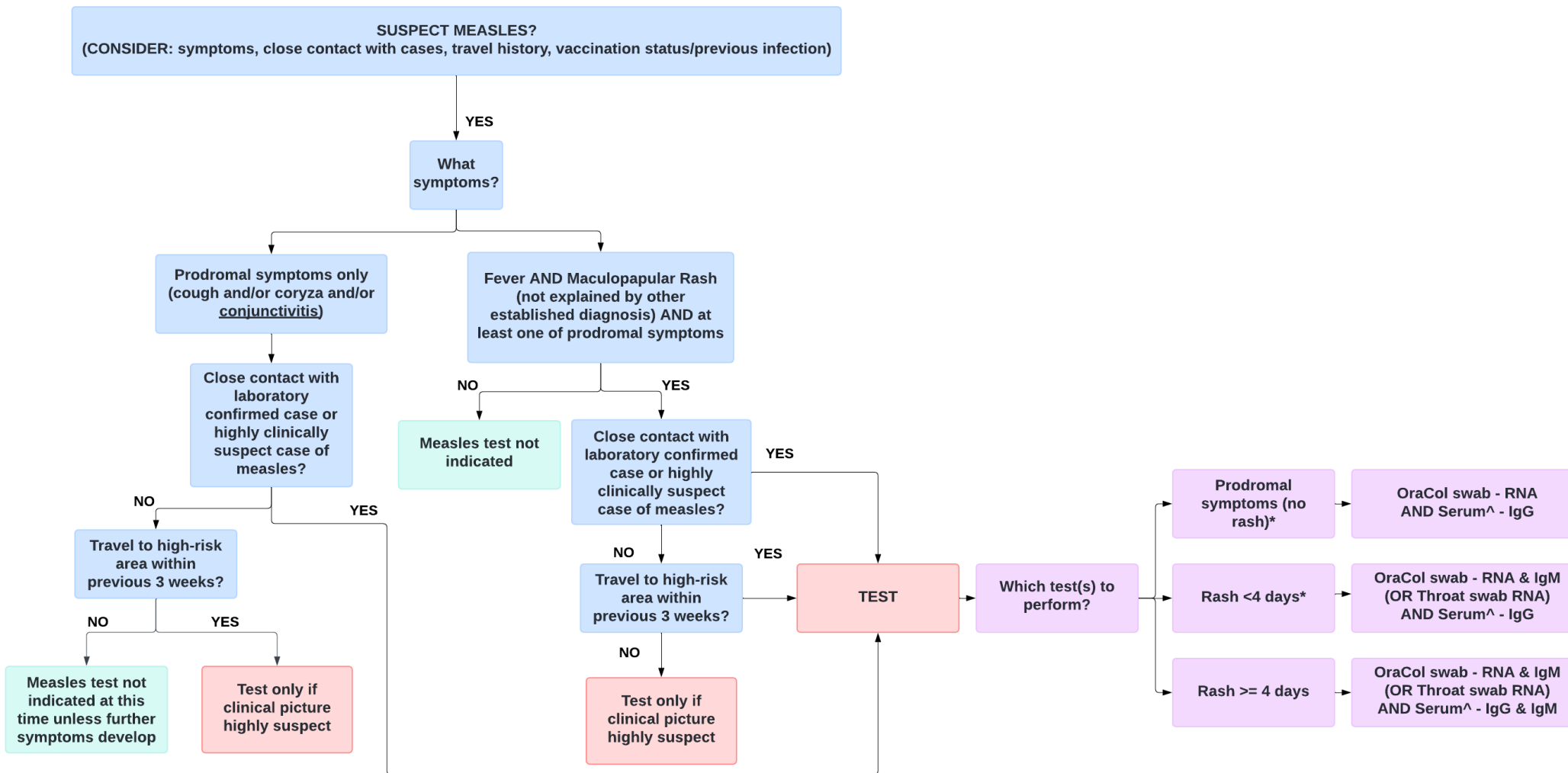


Measles: Indications for testing and which tests to use (Version 1.2)

For use when community transmission is low [document correct as of 11/03/2023]

NB If testing for measles, report immediately to Regional Department of Public Health (contact details [here](#)) & advise patient to isolate until results available

This should be read in conjunction with *Laboratory Investigation of Measles Infection in NVRL* (available on [HPSC website](#))



Data that should be included on the test request form(s):

- date of rash onset;
- date of prodromal symptoms onset;
- date of sample collection;
- MMR vaccine history (1 or 2 doses +/- dates) if possible;
- referring clinician contact number (ideally mobile number) / address

Extra data that is useful for NVRL:

- pregnant or immunocompromised;
- close contact with a laboratory confirmed case or highly clinically suspect case;
- travel to high-risk area in the previous 3 weeks

- Notes:**
- This flowchart is accurate as of 11/03/2024 – should the epidemiological situation in Ireland change, this flowchart will need to be updated.
 - **NB Conjunctivitis is often the dominant symptom of the prodrome**
 - For high-risk areas see latest WHO updates: [Europe](#) and [Global](#)

* An OraCol swab taken during the prodromal phase (or early in the infection) that is RNA negative may have to be repeated if there is still a strong clinical suspicion of measles.
 ^ Recognising that phlebotomy may not be feasible on younger patients or if it is not possible to safely bring a patient into the practice due to IPC limitations.