

Guide for reporting suspected cases of measles in Kenya. Colour lithograph by Ministry of Public Health and Sanitation, ca. 2000.

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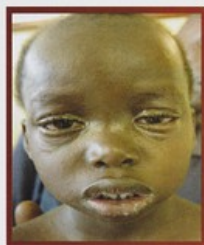


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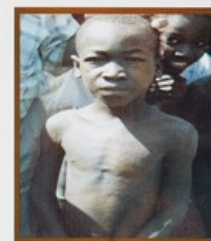
SUSPECTED MEASLES? REPORT IT!!

HEALTH CARE PROVIDER'S GUIDE FOR REPORTING SUSPECTED MEASLES CASES



When to Suspect Measles

1. Any person with **fever and maculopapular rash**, PLUS ONE of the following: **cough** or **coryza (runny nose)** or **conjunctivitis (red eyes)**
- or
2. Any person in whom a clinician suspects measles.



Step 1: Diagnose and manage suspected measles case

- Determine the severity of the case
 - Uncomplicated.
 - Complicated.
- Manage the case using the IMCI Guidelines or the DDSR Clinical Job Aid.

Step 2: Give 2 doses of vitamin A to suspected measles case

Age	Dose of Vitamin A	
	Immediately on Diagnosis	Next Day
< 6 months	50,000 IU	50,000 IU
6 - 11 months	100,000 IU	100,000 IU
> 12 months	200,000 IU	200,000 IU

Step 3: Notify District Disease Surveillance Co-ordinator

Step 4: Collect a serum sample within 24 hours from each suspected case and arrange for transport to KEMRI using a reliable courier service (liaise with the DDSC or DPHN in case of any difficulty)

Do NOT collect serum sample

- i) If rash occurred more than 28 days ago*
- ii) When at least 3 samples have been confirmed positive from the same locality in 1 month. This is a confirmed measles outbreak. Line-list the rest of the cases.*

Step 5: Complete the Integrated Case-Based Surveillance Form (MOH 502) in detail, section C. IV

- White copy (original) goes with the specimen to KEMRI, yellow copy (duplicate) goes to DMOH, pink copy (triplicate 3) goes to PMO, green copy (fourth copy) remains in the health facility file
- Be sure to include the measles cases in the weekly reporting surveillance form (MOH 505)