

**National Centre for Disease Control  
22, Sham Nath Marg, Delhi-110054**

**Guidelines for Collection of Measles Specimens for IgM Testing and Viral Isolation**

**Clinical case definition:**

Any person in whom a clinician suspects measles infection

OR

Any person with fever, and maculopapular rash (i.e. non-vesicular), and cough, coryza (i.e. runny nose) or conjunctivitis (i.e. red eyes)

**Laboratory criteria for diagnosis\***

At least a four-fold increase in antibody titre, or isolation of measles virus, or presence of measles-specific IgM antibodies.

**Sample collection & Transportation methods**

**Serum Specimen:** - 5ml of blood through venipuncture to be collected in a red top vacutainer/ plain sterile vial / vacutainer with gel (**if available**). Keep the tube for one hour for the blood to clot. The collected sample should be transported in a vaccine carrier along with the case details as per performa provided in annexure (1) to National Center for Disease Control (NCDC).

**Respiratory Specimen:** - Along with serum samples throat swab of every patient should also be collected. Throat swab to be collected in Viral Transport Media (VTM) should be transported under cold conditions to NCDC.

NATIONAL CENTRE FOR DISEASE CONTROL  
(DIRECTORATE GENERAL OF HEALTH SERVICES)  
22 – SHAM NATH MARG, DELHI – 110054.

PROFORMA FOR COLLECTING CLINICAL SAMPLE FROM  
SUSPECTED MEASLES CASES

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

Hospital \_\_\_\_\_

**BRIEF CLINICAL HISTORY**

**Date of onset of rash**

|                |                          |                        |                          |             |                          |
|----------------|--------------------------|------------------------|--------------------------|-------------|--------------------------|
| Fever          | <input type="checkbox"/> | Rash                   | <input type="checkbox"/> | Sore Throat | <input type="checkbox"/> |
| Conjunctivitis | <input type="checkbox"/> | Bronchitis/Pneumonitis | <input type="checkbox"/> |             |                          |

**HISTORY OF MEASLES VACCINATION**

**YES/NO**

Date of last vaccination-----

Date of sample collection -----

|                |       |                          |             |                          |
|----------------|-------|--------------------------|-------------|--------------------------|
| Type of Sample | Blood | <input type="checkbox"/> | Throat Swab | <input type="checkbox"/> |
|----------------|-------|--------------------------|-------------|--------------------------|

**Signature of Physician**

**Blood collection within seven days of the onset of the rash**

**Urine for virus culture to be sent under cold chain system in sterile external threaded screw capped vial.**