

Effective **Tuesday, February 24, 2026**, the **Measles (Rubeola), Acute/Suspected Active Disease (LAB9933)** will now require attestation at order entry to ensure notification of local Infection Prevention or other designee, and NC State Epidemiologist approval for testing. This order panel is only for testing approved by the NC State Epidemiologist. The ordering process is otherwise unchanged and continues to require the following steps as indicated in the sidebar:

1. Ordering providers must contact their local Infection Prevention Department to alert them of suspected measles as this informs contact tracing and post-exposure prophylaxis.
2. After discussion with Infection Prevention, ordering providers must call the Communicable Disease Branch of NC Public Health at (919) 733-3419 to acquire prior approval for laboratory testing.
3. Once testing is approved by the Communicable Disease Branch of NC Public Health, ordering providers must contact Duke Microbiology at 684-2089 to coordinate collection and transport of specimens for testing.
4. DHHS forms #3431 and #3445-Serology that are hyperlinked in the order sidebar must be printed out, completed, and included in the bag along with the submitted specimens. **Testing will not proceed without these completed documents.*

The following specimens are required for testing:

- Nasopharyngeal swab (NP swab in viral transport media) for rRT-PCR
- Serum (whole blood in serum separator tube) for IgM
- Urine (in sterile cup) for rRT-PCR

The below provide example screenshots of order entry in inpatient and outpatient locations:

Inpatient (with Airborne Precautions order panel):

Measles (Rubeola), Acute/Suspected Active Disease with Airborne Precautions Accept

Measles (Rubeola), Acute/Suspected Active Disease Accept Cancel

Priority: Routine

Frequency: Once Early AM DC Pend

At: Today Tomorrow 1343

Specimen: Nasopharyngeal Swab

Source: Serum

Specimen Source 2: Urine

Specimen Source 3: Urine

Ordering location: DUH DRH DRAH DHLN Clinic/Urgent care
Other Duke-affiliated Location

I attest to the following:
I have discussed the need for this test with my local infection prevention department, or other designee, and the state epidemiologist. I have also completed the required test requisition forms.

Name of local infection prevention specialist who approved this test:

Name of state epidemiologist who approved this test:

Ordering provider call back number:

Release to patient: Immediate Delayed release

Comments: + Add Comments

Airborne isolation status Accept Cancel

Next Required Accept

Sidebar Content:

- **Note: Providers must contact Infection Prevention (see contact info below) to alert them of the suspected measles case as this informs contact tracing and post-exposure prophylaxis decisions.**
- Infection Prevention Contact Information:**
- Duke University Hospital and Clinics: 919-970-9721
- Duke Regional Hospital: 919-470-7171, pager 7171
- Duke Raleigh Hospital: 919-206-3311
- Duke Health Lake Norman IP Office 704-660-4820: After Hours 423-767-2244
- Duke Primary Care and Urgent Care: 919-684-8289
- Duke Health Integrated Practice: 919-970-8699
- If unsure of what entity you fall under Contact the DUH Pager 970-9721
- **After the discussion with Infection Prevention, provider must call the Communicable Disease Branch of NC Public Health at (919) 733-3419 to acquire PRIOR APPROVAL for laboratory testing for all cases of suspected or probable measles.**
- **If testing is approved by Communicable Disease Branch of NC Public Health, provider must also contact Duke Microbiology at 684-2089 BEFORE COLLECTION to coordinate specimen and collection requirements.**
- Collection should include nasopharyngeal swab, urine for rRT-PCR and serum for IgM.
- **DHHS forms #3431 Virology (DHHS 3431) and DHHS form #3445 DHHS 3445-Serology must be printed, completed and included in the bag along with both the nasopharyngeal swab, urine and serum. Testing will not proceed without a completed document.**
- If patient is being assessed for immunity status and not for acute/suspected active disease, order instead Measles (Rubeola), Immunity Status, IgG only - LAB657.

Outpatient:

Measles (Rubeola), Acute/Suspected Active Disease ✓ Accept ✗ Cancel

- **Note: Providers must contact Infection Prevention (see contact info below) to alert them of the suspected measles case as this informs contact tracing and post-exposure prophylaxis decisions.**
- Infection Prevention Contact Information:**
 - Duke University Hospital and Clinics: 919-970-9721
 - Duke Regional Hospital: 919-470-7171, pager 7171
 - Duke Raleigh Hospital: 919-206-3311
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- **After the discussion with Infection Prevention, provider must call the Communicable Disease Branch of NC Public Health at (919) 733-3419 to acquire PRIOR APPROVAL for laboratory testing for all cases of suspected or probable measles.**
- **If testing is approved by Communicable Disease Branch of NC Public Health, provider must also contact Duke Microbiology at 684-2089 BEFORE COLLECTION to coordinate specimen and collection requirements.**
- Collection should include nasopharyngeal swab, urine for rRT-PCR and serum for IgM.
- **DHHS forms #3431 Virology (DHHS 3431) and DHHS form #3445 DHHS 3445-Serology must be printed, completed and included in the bag along with both the nasopharyngeal swab, urine and serum. Testing will not proceed without a completed document.**
- If patient is being assessed for immunity status and not for acute/suspected active disease, order instead Measles (Rubeola), Immunity Status, IgG only - LAB657.

Status: **Normal** Standing Future

Priority: Routine Routine STAT

Class: Clinic Collect Clinic Collect Lab Collect External

Specimen Source: **Nasopharyngeal Swab**

Specimen Source 2: **Serum**

Specimen Source 3: **Urine**

Ordering location: DUH DRH DRAH DHLN Clinic/Urgent care **Other Duke-affiliated Location**

ⓘ I attest to the following:

ⓘ Name of local infection prevention specialist who approved this test:

ⓘ Name of state epidemiologist who approved this test:

ⓘ Ordering provider call back number:

Release to patient: **Immediate** Delayed release

Comments: [+ Add Comments](#)

ⓘ Next Required ✓ Accept ✗ Cancel

For further guidance and information, please refer to DUHS Infection Prevention Measles SharePoint: [Measles](#)