

# Measles Alert for GPs and Emergency Departments

**27 January 2011**

In the past two weeks the Department of Health (DH) has been notified of 6 confirmed cases of **measles** in both metropolitan and rural Victoria. Some of these cases are associated with exposure to travellers from overseas however, the source of infection for some of the cases remains unknown.

A number of the cases have been in the community whilst infectious, so with an average incubation period of 10 to 14 days until onset of rash, secondary cases may now be appearing.

Given this, please **THINK MEASLES** in patients presenting with a febrile rash illness.

Children or adults born during or since 1966 who do not have documented evidence of receiving 2 doses of a measles containing vaccine or documented evidence of laboratory confirmed measles are considered to be **highly susceptible** to measles.

## MEASLES CASE DEFINITION

The public health definition for suspected measles is an illness characterised by:

- morbilliform **rash**; and
- **cough**; and
- **fever** present **at the time of rash onset**.

## RECOMMENDATIONS

- 1. THINK MEASLES** in patients who present with a febrile rash illness
- 2. Notify** any patient that you suspect could have measles **immediately** to the Communicable Disease Prevention and Control Unit on telephone **1300 651 160 (BH)** or **1300 790 733 (AH)**.
- 3. Take blood** for serological confirmation and a **nose and throat swab** for PCR diagnosis.
- 4. Minimise transmission:**
  - Be alert for new measles cases- make sure all staff, particularly triage nurses, have a high index of suspicion for patients presenting with a febrile rash illness
  - If other patients are in the waiting room when they arrive, give the suspected case a mask and take him/her directly to a consulting room. (That room should not be used for another patient for at least two hours after the consultation)
- 5. In General Practice:**
  - See suspected measles patients at home if possible
  - If not possible, make their appointment the last of the day to minimise contact with other patients in the waiting room
  - If a patient needs to be sent to hospital, telephone ahead and let the Emergency Department staff know that you are referring a case of suspected measles
- 6. Seek advice from the Department of Health regarding the management of susceptible contacts:**
  - On DH advice, follow up all persons who have been in the waiting room at the same time as a case and for two hours after the visit. These people are considered to be exposed to the measles virus.

**To prevent measles in susceptible contacts give:**

  - MMR if within 72 hours of first contact with the patient or
  - Immunoglobulin if longer than 72 hours but within 6 days from contact.
- 7. Check vaccination records for:**
  - Your staff - All staff born during or since 1966 should have documentation of two doses of measles containing vaccine.
  - Your patients - Ideally all patients born during or since 1966 should have received two doses of a measles-containing vaccine.
  - Currently MMR vaccine is recommended on the National Immunisation Program at 12 months and 4 years of age. The vaccine is free as a catch up for children up to seven years of age only.

**For further advice call Communicable Disease Prevention and Control on 1300 651 160**