

# Measles Alert for GPs and Emergency Departments

8 December 2011

In the past four weeks the Department of Health (DH) has been notified of four confirmed cases of **measles** in metropolitan Melbourne. The first of these cases acquired measles overseas and some others are associated with exposure to this initial case.

All of these cases have been in the community whilst infectious, so with an average incubation period of 10 to 14 days until onset of rash, further 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 a measles containing vaccine or documented evidence of laboratory confirmed measles are considered to be **highly susceptible** to measles. All people in this age group are recommended to receive two doses of a measles containing vaccine.

## MEASLES CASE DEFINITION

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

- morbilliform **rash**; and
- **fever** present **at the time of rash onset**; and
- **cough** OR **coryza** OR **conjunctivitis** OR **Koplik spots**.

## 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, give them a mask to wear and telephone ahead and let the Emergency Department or Ambulance staff (if applicable) 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 (if infection control precautions were not implemented) 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 vaccine 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**

Department of Health