

# Clinical and Public Health Management of Measles

## Measles clinical case definition:

An illness characterised by **ALL** of the following:

- A generalised descending maculo-papular rash (persists for 3 or more days)
- Fever (at least 38°C) *at the time* of rash onset
- Cough OR coryza OR conjunctivitis OR Koplik spots at the time of rash onset

*Differential diagnosis: rubella, slapped cheek syndrome (human parvovirus B19), roseola infantum (human herpes virus 6), scarlet fever, enterovirus or arbovirus infection*



## Laboratory testing

**URGENT** laboratory samples to confirm the diagnosis:

- PCR: whole blood (anti-coagulated tube), throat swab (in viral transport medium), urine
- Serology: measles specific IgM and IgG (clotted serum tube)

*Note: A negative IgM result does not rule out measles if the sample was taken in the 72 hours after the onset of rash unless IgG is positive.*



## Notification

**URGENT** telephone notification to the Communicable Disease Control Branch of all suspected cases (i.e. meeting the clinical case definition above) (08) 82267177, 24 hours/7days



## Case management

- Isolate suspected and confirmed cases immediately, and exclude from child-care/school/workplace for at least four days after the onset of rash

## Contact Management

- Identify contacts: measles is a highly contagious airborne illness, therefore anyone who has shared the same air while the case was present and for up to two hours afterwards can be considered a contact. Cases are infectious from 5 days before until 4 days after the onset of rash;
- Ensure that all **susceptible** contacts (household and others) are protected against measles. Susceptible contacts are people born during or since 1966 who have not received two MMR vaccinations;
- Administer **vaccine or immunoglobulin** to susceptible contacts as indicated in the Australian Immunisation Handbook 9th Ed p209-211;
- Exclude susceptible contacts who did not receive vaccine or immunoglobulin as indicated above, from child-care/school/workplace for at least 14 days after the onset of rash in the case. Exclude all immunocompromised contacts regardless of vaccination status for the same period.

## Minimise transmission in the surgery

- Examine suspected cases in their own home whenever possible
- Have the suspected case avoid the waiting room (use a side entrance)
- Conduct the consultation in a room that can be left vacant for at least two hours afterwards
- Assess all persons who used the same room within two hours of the infectious patient as contacts

## Immunisation

- Review the vaccination status of persons born during or since 1966 who attend your practice and offer MMR vaccination to all susceptible people. Routine free vaccine is offered to all children aged 12 months to 4 years.