

Measles

Information for GPs with suspected measles cases

Suspected measles case – each of the three following criteria should be present:

1. Fever or history of fever
 2. Generalised macular-papular rash
 3. Cough **or** coryza **or** conjunctivitis **or** Koplik's spots
- If 2 out of 3 of these categories are present but the patient has recently travelled or had contact with a potential measles case, please discuss with the on call Medical Officer of Health 06-878 8109

On suspicion of measles, the GP should:

- Notify the on call Medical Officer of Health of the possible clinical diagnosis (see below)
- Arrange urgent laboratory tests (see below)
- Ask the case to remain at home in isolation. Exclude case from work, kura, school, Kohanga reo or preschool for at least five (5) days after the appearance of the rash
- Discuss contact tracing with Medical Officer of Health

Treatment is non-specific (consider immunoglobulin if immunocompromised or pregnant, discuss with relevant specialist).

Immunity:

People are considered to be immune from measles if:

- (1) Born before 1969 *or*
- (2) Documented evidence of previous measles infection *or*
- (3) Documented evidence of receiving two doses of MMR vaccine *or*
- (4) Previous serology results showing measles immunity (IgG positive).

Infection Control

Measles is highly infectious. Suspected measles cases should be managed in a suitable isolation room that can be left empty for two hours after the case leaves. Only allow immune staff to have contact with the case.

The use of appropriate personal protective equipment is essential:

- N95/PFR2 mask should be used in all cases
- Gowns, gloves and eye protection (goggles or shield) only required as per Standard Precautions i.e. if there is a possibility of contact with body fluids and secretions

If the suspected measles case was in the waiting room please keep an accurate record of walk-in patients and other visitors present to assist in contact tracing.

Laboratory Testing

The choice of suitable laboratory tests can be discussed with the on call Medical Officer of Health or the Clinical Microbiologist. The following can be used as a guide:

- < seven (7) days from rash onset: Nasopharyngeal swabs (or nasopharyngeal aspirate) in viral transport media for PCR and blood for measles serology (SST tube)
- >seven (7) days from rash onset: Blood for measles serology

Note: Nasopharyngeal swabs should be placed in UTM transport media after collection – a flocced swab and UTM are contained in the collection kit.

Stocks are held at the SCL Hastings laboratory and can be sent urgently to a GP surgery on request. SCL ask that patients are not referred to their Collection Centres for sample collection, to help minimise spread of the virus.



Case notification:

Call Hawke's Bay hospital switch board on: 06 878 8109 and ask for the Medical Officer of Health on-call for communicable diseases

More information can be found at:

<http://www.hawkesbay.health.nz/health-professionals/health-professionals/measles-2019/>