General Practice Staff be alert for Measles!

Measles

- is a highly infectious airborne illness that is often severe
- aerosols remain a risk to others for at least 30 minutes after the infectious person has left
- is infectious from 24 hours before onset of prodromal symptoms to 4 days after the appearance of the rash (if no clear date for onset of prodrome, then infectious from 4 days before rash onset)
- incubation period is usually 10 days to the onset of fever (range 7-18 days).



Face of boy with measles, third day of rash¹

Maculopapular rash of measles²

Koplik spots on buccal mucosa³

Symptoms and signs

Prodrome

- 2-4 days with FEVER and malaise, AND
- one or more of:
 - cough
 - coryza
 - conjunctivitis
 - Koplik spots on buccal mucosa (transient and uncommonly observed).

Rash

- fever is present at the time of rash onset
- commences on face / head then descends
- maculopapular becoming confluent
- onset 2-7 days after prodrome.

Patient usually looks and feels very unwell.

If measles is suspected

1. Infection control

- immediately put a fluid resistant surgical mask on the patient: this should be worn during transport and until the patient is in an isolation room
- conduct the consultation in a room with a closed door that can be left vacant for at least 30 minutes after the patient has left.
- only healthcare workers who are immune to measles (see box) should treat the patient

2. Treatment

 assess and treat the patient, including any complications

4. Notification (URGENT)

 notify all patients with suspected or confirmed measles immediately to SA Health Communicable Disease Control Branch to enable prompt public health action: phone 1300 232 272, 24 hours/7 days.

Who is immune to measles?

People who are:

Vimmunocompetent AND

have at least one of:

ablaborn before 1966 (most will have been exposed to Å

 provide supportive treatment such as antipyretics and fluids, as required.

3. Laboratory tests (URGENT)

- PREFERRED SPECIMEN: throat swab or nose swab or nasopharyngeal swab or aspirate, for measles PCR, in viral transport medium
- urine for measles PCR
- serology for measles IgG and IgM.

*H*aneasies in childhood*)*

abladocumented evidence of two measles containing Avaccinations when both doses were given at $A \ge 12A$ nonths of age and at least 4 weeks apart

Vserological evidence of measles immunity

 ∇ documented laboratory definitive evidence of prior Ámeasles.

Further information including the management of measles contacts is available from www.sahealth.sa.gov.au/InfectiousDiseaseControl



Government of South Australia

1 Image courtesy of Public Health Image Library (PHIL). Department of Health and Human Services. Centers for Disease Control and Prevention (CDC-USA).

- 2 Prof D Gordon, Flinders Medical Centre. Used with permission.
- 3 Prof D Gordon, Flinders Medical Centre. Used with permission.

Version 1.0 (January 2020)



SA Health