Measles: Management Guidelines for General Practice

Suspected measles?

Differential diagnoses to consider: rubella, human parvovirus B19, enterovirus, HIV, adenovirus, roseola infantum, syphilis, scarlet fever, drug reaction, arboviruses, Kawasaki disease.

Minimise transmission in the surgery

- Measles is a highly infectious airborne illness.
- Examine suspected cases in their own home where possible.
- Have the suspected case avoid the waiting room (use a side entrance). Conduct the consultation in a room with a closed door that can be left vacant for at least 30 minutes afterward, or where appropriate, assess the patient in their car.
- Have the suspected case wear a surgical mask, if tolerated.
- Only vaccinated or immune staff should treat the patient, where possible.
- Regardless of immune status, staff should wear PPE (gown, gloves, eye protection and N95/P2 respirator) whilst in the same room as the patient and for 30 minutes after the patient has vacated the room.
- Clean the environment and patient equipment with a detergent and disinfectant. Wear PPE.

Does the case meet the measles clinical case definition?

An illness with **BOTH** of the following:

- A generalised descending maculo-papular rash.
- Fever (at least 38°C) at the time of rash onset.

AND at least one of:

- Cough **OR** coryza **OR** conjunctivitis.

YES

NO

Is the patient likely susceptible to measles?
Immunocompromised, those born during or since 1966 without serological evidence of immunity, or documented evidence of receipt of 2 measles vaccinations (MMR or MMRV), or documented laboratory evidence of prior measles.

YES

Has the patient returned from overseas in the past 21 days, or been in a known measles exposure site?

YES

If suspicion of measles remains, call the CDCB on 1300 232 272 to discuss the case.

NO

NO

Manage as clinically indicated.

Notification

- **URGENT** call to the Communicable Disease Control Branch (CDCB) on **1300 232 272**, 24 hours/7 days.

Urgent laboratory testing

- Do not send the patient to a laboratory collection centre. Call SA Pathology on 82223000 if unable to take specimens.
- Send the following specimens to SA Pathology. Request as 'urgent'.
  - Nose or throat aspirate/swab for measles PCR in viral transport medium **AND**
  - Urine for measles PCR **AND**
  - If possible, measles specific IgG and IgM in clotted serum tube (SA Pathology gold top).

Case management

- Isolate the case immediately.
- Exclude from childcare/school/workplace until at least 4 days after the onset of rash.
- Treat as clinically indicated including supportive treatment and treatment of complications.
- Provide patient information. See www.sahealth.sa.gov.au/measles.
- Advise the patient they may be contacted by the CDCB.

Positive test for measles?

NO

YES

Review case management and isolation including exclusion from childcare/school/workplace

Immunisation

- Review the measles immunity status of patients and staff at your practice born during or since 1966.
- Provide vaccination as appropriate.
- See the online Australian Immunisation Handbook measles chapter: https://immunisationhandbook.health.gov.au/vaccine-preventable-diseases/measles

Contact management

- Assess as a contact anyone who has shared the same space (enclosed area) with the case (whilst infectious) and for 30 minutes afterwards. Cases are infectious for 1 day before illness onset until 4 days after rash onset (or 4 days before rash onset if illness onset is unclear).
- Identify contacts likely to be susceptible to measles. In consultation with the CDCB, administer vaccine (1st preference if not contraindicated and within 72 hours of exposure) or normal human immunoglobulin (NHIG) to susceptible contacts. Administer NHIG to immunocompromised contacts of any age, even if prior receipt of two measles containing vaccinations, if within 6 days (144 hours) of exposure to the patient with measles.
- Consider the exclusion of any immunocompromised contact, and any susceptible contact who did not receive vaccine within 72 hours, or NHIG within 144 hours of first exposure. For more details see **Exclusion from childcare, preschool, school and work**.

For further information see www.sahealth.sa.gov.au/measles

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