

Measles: Management Guidelines for General Practice

Suspected measles

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 that can be left vacant for at least 30 minutes afterwards.

Does the case meet the measles clinical definition?

An illness with **BOTH** of the following

- A generalised descending maculo-papular rash (that persists for 3 or more days).
- Fever (at least 38°C) at the time of rash onset.

AND at least one of:

- Cough **OR** coryza **OR** conjunctivitis **OR** Koplik spots.

NO

YES

- Manage as clinically indicated.
- Differential diagnosis: consider rubella, human parvovirus B19, enterovirus, HIV, adenovirus, arbovirus infection, roseola infantum, scarlet fever, drug reaction, Kawasaki disease.

Notification

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

Urgent laboratory testing

- Nose or throat aspirate/swab for measles PCR in viral transport medium (preferred specimen) if within 3 weeks of rash onset

AND

- Urine for measles PCR (if within 3 weeks of rash onset).

AND IF POSSIBLE

- Measles specific IgG and IgM in clotted serum tube. Note: In serology samples taken within 72 hours of rash onset, a negative measles IgM does NOT exclude measles, unless IgG is positive.

To reduce the risk of measles transmission, **do not** send the patient to a laboratory collection centre.

Case management

- Isolate case immediately.
- Exclude from child-care/ school/ workplace for at least 4 days after the onset of rash.
- Provide supportive treatment and treatment of complications.
- Only immune staff should have contact with the case.

Positive test for measles?

NO

YES

Review case management and isolation.

Contact management

- Assess as a contact anyone who has shared the same air with the case (whilst infectious) and for up to 30 minutes afterwards. Cases are infectious from 1 day before onset of prodromal symptoms until 4 days after rash onset.
- In consultation with the Communicable Disease Control medical officer, administer vaccine (1st preference if not contraindicated) or normal human immunoglobulin to susceptible contacts. Susceptible contacts are people born during or since 1966 with neither serological evidence of immunity, nor documented evidence of receipt of two measles vaccinations (MMR or MMRV).
- Administer normal human immunoglobulin to immunocompromised contacts of any age, even if prior receipt of two measles vaccinations, if within 6 days (144 hours) of exposure to the patient with measles.
- Discuss with CDCB the exclusion of any immunocompromised contact, and any susceptible contact who did not receive vaccine within 72 hours or immunoglobulin within 144 hours of first exposure.

Immunisation

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



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