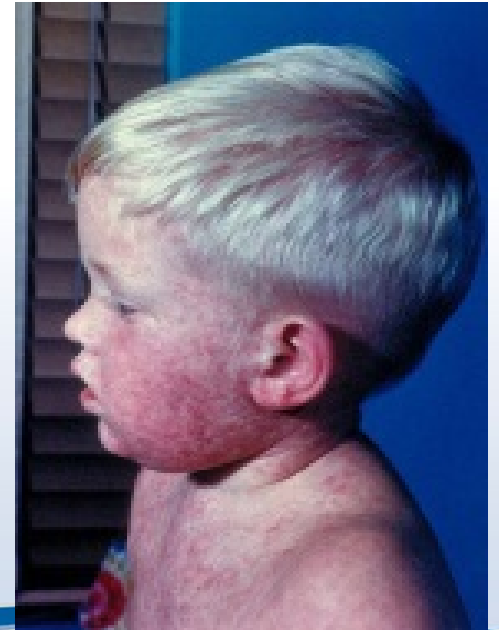




Managing a Suspected Measles Case in the General Practice Setting

- **Symptoms and history to look out for**
- **Actions to take and testing**
- **Staff considerations**
- **Resources**



Suspected Measles?

Measles is one of the most highly communicable infectious diseases.

It is a **febrile illness**, marked by **coryzal** symptoms and a few days later a **maculopapular rash**. It is **spread via airborne transmission**.

Risk highest in:

- those born since 1966 who have not had 2 doses of measles-containing vaccine, and
- Immunocompromised persons of any age.

Infectious period:

- 24 hours prior to onset of prodromal symptoms until 4 days after the onset of rash.
- Where the prodrome is undefined, the onset of the infectious period should be considered to be 4 days before rash onset.

Consider **MEASLES** and immediately place the patient in a separate room with the door closed if presenting with:

1. Symptoms:

- Rash (maculopapular), difficult to distinguish from many other causes of rash,
 - + fever (38 degrees or higher at onset of rash),
 - + cough,
 - +/- coryza or conjunctivitis.
- Can begin like a bad cold and cough with sore, watery eyes.
- A key differentiating factor with measles is that the patient is very unwell.

2. Recent overseas travel or known contact with a confirmed case.



<http://phil.cdc.gov>

Actions to Take and Testing

- Obtain a detailed travel, symptom and vaccine history from the patient. Assess if they are febrile.
- If you assess the risk of measles as likely based on history and examination, please notify **Metropolitan Communicable Disease Control (MCDC)** of a suspected **Measles** case via phone on **9222 8588 (8:30am-5pm Mon-Fri), or CDCD on 9328 0553 (after hours)**.
- If possible, collect specimens at your practice. This includes a **throat swab** or nasopharyngeal aspirate (NPA), first catch **urine**, +/- 5mL **blood** in a serology tube.
- Mark the specimens as **URGENT** (request **measles PCR** on throat and urine, +/- blood for **measles IgM and IgG** serology) and courier directly to Pathwest to expedite measles PCR testing.
- **Avoid sending the patient to a pathology centre which would expose others.**
- Advise patient to remain **strictly isolated at home** until the results are available.
- Ensure the patient wears a mask to exit your practice and keep the room vacant for 30 mins after the patient has left.
- If the patient has left your facility prior to testing, home testing can be arranged through some metropolitan labs.

Staff Considerations

Are your staff at risk?



- If your suspected case of measles is confirmed via testing, do your staff know their immune status to measles?
- Acceptable evidence of immunity can be found in the [Measles SoNG](#), page 11.
- Confidentially consider staff who may be at increased risk (e.g. immunocompromised or pregnant staff).

Prevention

- Does your facility have an occupational vaccine program in place that offers screening/vaccination to new and existing staff (including admin staff)?
([See WA Health measles vaccination program](#))
- Does this program ensure staff have been screened and/or vaccinated prior to potential exposures?
- The Online Immunisation Handbook provides guidance on [vaccination for people at occupational risk](#) and an infographic on [vaccination for people who care for others](#).

More information

[Measles provider page: https://ww2.health.wa.gov.au/Articles/J_M/Measles](https://ww2.health.wa.gov.au/Articles/J_M/Measles)

[Measles Series of National Guidelines \(SoNG\)](#)

[Healthy WA: Measles information for consumers](#)

[WA Health Adult measles vaccination program](#)

More information

- WA Health Adult Immunisation [program](#)
- Measles Series of National [Guidelines](#) (SoNG)
- Measles information page- [Providers](#)
- Measles information page- [Consumers](#)