

Assessment of Suspected Measles or Contacts of Confirmed Cases

Visit to GP

Clinical Assessment

Consider Measles with:

- Fever, cough, conjunctivitis, runny nose - prodromal phase
- Koplik's spots on the buccal mucosa →
- Contact with a confirmed case
- Maculo-papular rash
- No other explanation for appearance of a rash



Measles occurs in all ages

Factors which should increase index of concern and raise suspicion leading to notification / exclusion:-

- **Possible contact** eg: school, pre-school, playmates, friends, relatives with above symptoms
- **Increased community risk** - if individuals were born between 1971 and 1981, they may not have a good measles immunity (now 20-30 years)
- **Susceptible individuals** - those who do not have documented immunity to measles or who have not received two doses of MMR vaccine.
- **Immunocompromised individuals** - (should be considered for immunoglobulin)

Differential Diagnosis

- Scarlet Fever
- Kawasaki Disease
- Scalded Skin Syndrome
- Mycoplasma Pneumonia
- Drug reactions



On Suspicion of Measles, GP should:-

1. **Notify Public Health Fax 546 1542** of a possible clinical diagnosis, immediately. (include measles immunisation status)
2. **Exclude case** from work, school, or pre-school for at least 4 days after the appearance of the rash
3. **Treatment** - non specific. Consider immunoglobulin if immunocompromised
4. **Lab confirmation** - blood test (see over)
5. **Offer vaccination** - to all susceptible family contacts over **6 months** of age a.s.a.p (within 72 hours of exposure)

Public Health will:-

1. Review immunisation status of case
2. Review case management
3. Trace contacts:-
 - check immunisation status
 - refer at-risk contacts to GP for vaccination
4. Collect data for national statistics.

MEASLES

Typically measles starts like many other infections of childhood with fever, runny nose and cough. In this setting key features that should lead to a suspicion of measles include:-

- * Conjunctivitis
- * Koplik's spots
- * Macular-papular rash (starts behind ears & neck spreads downwards - pink macules that become faintly palpable) →
- * Contact with suspect or confirmed cases



Complications like otitis media, pneumonia, croup and diarrhoea occur in measles and should not confuse the diagnosis.

The Pattern of Measles

The rash follows first symptoms by 2-3 days. Children are infectious 3-4 days before the rash. Measles is highly contagious, spreading via the air or droplets. A single case is defined, as an outbreak requiring urgent public health intervention.

Clinical Events

Laboratory Findings

Contact



8-12 days Incubation period

Runny nose, cough, conjunctivitis, koplik's spots



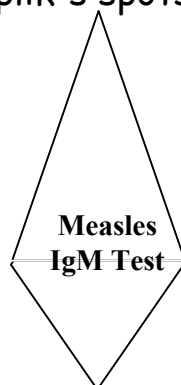
2-3 days Prodrome

Rash (most unwell first 2 days of rash)



4 days Symptomatic

Infectivity stops



40% Sensitivity

90% Sensitivity

Negative again 30 - 60 days

During the symptomatic phase watch for complications which can include encephalitis.