

URGENT PUBLIC HEALTH ALERT (all GP Divisions) Queensland Health

Queensland Health is alerting all general practitioners to be on the look out for the symptoms of **measles**. One case of measles in a young adult has recently been identified in a mine worker at the Moranbah North mine, inland from Mackay. This person attended a training session with around 150 mineworkers/contractors on Saturday 14 August while infectious. Many of the exposed workers are 'fly in, fly out' type workers who could present to GPs anywhere across Queensland. A measles case has also recently been identified in southeast Queensland and is under investigation, and there have been several recent cases in northern NSW.

The following guidelines are for the management of measles in general practice.

- Check that the symptoms satisfy all of the clinical criteria:
 - generalised maculopapular rash; and
 - fever of at least 38 degrees still present at the time of rash onset; and
 - cough or coryza or conjunctivitis or Koplik spots.
- If the case satisfies all of the clinical criteria, organise the appropriate laboratory test depending on the number of days after rash onset (ensure that the lab staff do a home visit). Mark request form as URGENT.
 - 0-3 days after rash onset: urine and throat or nasopharyngeal swab for PCR
 - 3-7 days after rash onset: urine and throat or nasopharyngeal swab for PCR and/or blood for IgM
 - more than 7 days after rash onset: blood for IgM
- Patients with prodromal symptoms who have had known contact with a confirmed case should also be tested (urine and throat or nasopharyngeal swab for PCR).
- **Notify your local public health unit immediately on clinical suspicion of measles.**
- Note that if the case does not satisfy the above clinical criteria, measles is unlikely and testing is not required. Note also that the rash usually begins on the face, before spreading to the rest of the body. Please contact your public health unit if you would like to discuss any particular case.

Measles transmission can occur in medical settings. When a patient with suspected measles attends a medical facility, **contacts (other patients/staff at the facility) are at risk of acquiring the infection**. The following recommendations will minimise the risk of transmission within facilities.

- Triage patients with fever and rash to a room that can be left vacant for 2 hours after consultation. **Where possible, examine cases of suspected measles at home.**
- Ensure practice staff in contact with the suspected case are vaccinated with 2 x MMRs or have a confirmed history of measles.

If a patient with suspected measles attends a facility the following actions should be undertaken.

- **People in a room at the same time as the case, and those in the room in the two hours after the case has left, are at risk of developing measles and are to be treated as contacts. Identify susceptible contacts so that MMR or immunoglobulin can be administered promptly should measles be confirmed.** Discuss with your public health unit.
- Ensure that all suspected cases, including those who have been exposed to another case and may be in prodrome with or without a rash, attending the facility are identified and assessed promptly.
- Advise anyone with suspected measles and/or their parents/guardians of the need for the person to stay at home and restrict visitors until at least four days after appearance of the rash.

Please provide opportunistic vaccination for all patients attending your practice born since 1966 who do not have documented evidence of two doses of MMR vaccine. All staff in your practice born since 1966 should also have documented evidence of two doses of MMR vaccine.

A fact sheet for the public about measles is available from Queensland Health
http://access.health.qld.gov.au/hid/infectionsandoparasites/viralinfections/measles_fs.asp

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