

Measles Flowchart

Visit to GP

Suspected measles case – each of the 3 following criteria should be present:

1. Fever or history of fever
2. Generalised macular-papular rash
3. Cough or coryza or conjunctivitis or Koplik's spots

On suspicion of measles, the GP should:

- **Notify the on-call Medical Officer of Health** of the possible clinical diagnosis.
- **Arrange urgent laboratory tests** (see below).
- **Exclude case** from work, school, or pre-school for at least **4 days** after the appearance of the rash.
- **Discuss contact tracing** with Medical Officer of Health

Treatment is non-specific. (Consider immunoglobulin if immunocompromised - discuss with relevant specialist).

On notification, Toi Te Ora Public Health Service will:

1. Ensure appropriate lab tests have been ordered.
2. Review case management and immunisation status
3. Assist with contact tracing and management:
 - check immunisation status and risk factors
 - refer at-risk contacts to GP for vaccination
 - exclude susceptible contacts where appropriate.
4. Follow-up with any involved ECCs, schools etc.
5. Collect data for national statistics.

Infection control:

If measles is a possibility, place patient in a separate area to avoid infecting others in the waiting room.

Differential diagnosis:

- 7-10 days post MMR vaccination
- Rubella
- Roseola infantum
- Human parvovirus
- Enteroviruses
- Arboviruses
- Mycoplasma pneumonia
- Kawasaki's Disease
- Drug hypersensitivity rash (may present many days after drug has been ceased)
- Group A streptococcal disease (scarlet fever)

Complications:

- Otitis media
- Pneumonia
- Croup
- Diarrhoea
- Encephalitis



Laboratory Testing

The choice of suitable laboratory tests can be discussed with the on-call Medical Officer of Health or Clinical Microbiologist. The following can be used as a guide:

< 7 days from rash onset: Throat and nasopharyngeal swabs for PCR and blood for measles serology.

> 7 days from rash onset: Blood for measles serology.

Notes:

1. Use a flocked nasopharyngeal swab with flexible plastic shaft.
2. The nasopharyngeal swab and the throat swab should be combined together in one vial of viral transport medium (VTM).
3. If referring to the lab for collection of samples liaise with lab in advance to discuss infection control arrangements.
4. Urine for measles PCR may also be requested if, for example, swabs or serology can not be obtained.

Case Notification

Phone 0800 221 555, select option 6 (business hours), option 7 (after hours) Fax 0800 66 89 34

Email toiteorasupport@bopdnh.govt.nz

On-call Medical Officer of Health 07 579 8000 (Tauranga Hospital)

www.toiteorapublichealth.govt.nz