

URGENT PUBLIC HEALTH ALERT (south east Qld GP Divisions)

Queensland Health is alerting general practitioners to be on the lookout for the symptoms of **measles**.

A laboratory confirmed case of measles has been identified in a worker who has also attended a number of public venues in Brisbane while infectious during the first week of March.

Given the large numbers of people potentially exposed, further measles cases could present anywhere in Brisbane over the next two weeks.

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 either fully vaccinated (2 doses of MMR) or have a serologically confirmed history of measles.

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's 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
- Notify your local public health unit immediately of any case satisfying the clinical criteria.
- 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. Contact your local public health unit if you would like to discuss any particular case.

If a patient with suspected measles does attend your practice your local public health unit will advise whether any additional measures are required e.g. vaccination of exposed staff/patients.

In summary, please be alert to the possibility of further cases of measles and notify your local public health unit urgently on clinical diagnosis of measles.

Please also consider opportunistic vaccination for any unimmunised patients attending for any reason. All staff in your practice born since 1966 should have documented evidence of two doses of MMR.

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

Dr Susan Vlack
Public Health Physician, Brisbane North Public Health Unit
Ph 3624 1111; Fx 3624 1199

10 March 2010