

# Flow chart for the management of suspected measles

## Suspect measles case

A disease characterised by a prodrome of cough/coryza/conjunctivitis/Koplik spots and:

- followed by maculopapular rash usually starting on head and spreading to trunk and limbs with
- fever (measured at  $>38^{\circ}\text{C}$ ) at the time of rash onset

**Notify on suspicion** to the Medical Officer of Health (MOoH) phone (07) 838 2569, fax (07) 838 2382.

There is a notification form on our website:  
<https://www.waikatodhb.health.nz/assets/Docs/Your-Health/Public-health-services-and-alerts/Measles-notification-form.pdf>.

**Make sure you also call, measles needs urgent public health action.**

## Laboratory tests

**Lab requests will often not be processed unless Public Health has been notified.** If measles is suspected, arrange laboratory test using this guide:

- If  $\leq 7$  days from rash onset arrange a nasopharyngeal swab in viral media for PCR, oropharyngeal swabs are a less reliable alternative
- If  $>5$  days from rash onset also discuss serology (IgM) or urine PCR with an MOoH or Clinical Microbiologist

## Isolation of Case (Exclusion) pending confirmation:

Isolate the suspect case (for four days from onset of rash (counting onset date as day 0). Isolation means staying home and avoiding contact with susceptible people.

Is case lab confirmed?

No

Yes

## Inform case

### Advice on quarantine for contacts

Advise case to inform those they were in contact with from the 4 days before onset of rash to 4 days after (9 days in total). Contacts are considered susceptible if born after 1968 and not immune (either through vaccination or previous measles). Susceptible contacts should catch up with MMR (free) and self isolate from day 8 to day 18 days after contact. Once a case is confirmed identified contacts will be managed by public health.

## Infection control

All suspect measles cases should be seen in isolation, with minimal contact in waiting rooms and common areas. Many are seen in their cars.

It is best if all healthcare professionals have known immune status for measles, and suspect cases or their contacts in quarantine should only be seen by people known to be immune.

Consultation rooms should be left vacant for at least an hour after a suspect measles case has departed.

Ensure good ventilation and practice good PPE, including masking.

## Ask about (and include with notification):

- Prodrome onset date
- Rash onset date and where it started/how it spread
- Measure temperature close to rash onset date
- Contact 8-18 days ago with a measles case and recent travel
- Attendance at ECEC, school, university
- Documented MMR history and dates
- Susceptible close contacts (born after 1 January 1969, undocumented immunity or immunisation) recommend quarantine & immunisation catch up. Immunity can be tested with IgG, but quarantine in the meantime.

Consider other diagnoses

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