Regional Public Health
Better Health For The Greater Wellington Region

Facsimile Cover Sheet /Wharangi Nama Waea

Date/Te Ra: 29 September 2011

To/Kia:	From/Na:
GP's, Practice nurses at Primary Care Centres, After-hours Centres, Wellington Free Ambulance staff, Pharmacists, the Emergency Department and Hospital Staff in the greater Wellington and Wairarapa regions.	Dr Margot McLean Medical Officer of Health Regional Public Health
Name of Agency/Wahi Mahi:	Fax Number/Nama Waea:

Update on Measles

I would be grateful if you could distribute the following Public Health Alert regarding measles to relevant staff in your organisation. A copy of this update can be found on our website: http://www.rph.org.nz.

If you would also like to receive this by email for ease of distribution, storage and retrieval please advise RPH of your email on rph@huttvalleydhb.org.nz.

Kind regards

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To: Practice nurses at Primary Care Centres, After-hours Centres, Wellington Free Ambulance staff, Pharmacists, the Emergency Department and Hospital Staff in the greater Wellington and Wairarapa regions.

From: Dr Margot McLean, Medical Officer of Health, Regional Public Health

Public Health Alert

Measles Update

There has now been a confirmed case of measles in the Wellington region linked to an Auckland case. Due to the recent increase in numbers and community-wide spread of measles in Auckland, it is likely that other cases will occur in Wellington. Measles is notifiable to the Medical Officer of Health on suspicion.

How to stop measles being passed on in waiting rooms

Measles in highly infectious and is passed on by respiratory droplets airborne spread. To decrease exposure to patients and staff in waiting rooms we recommend signage at the door, and a supply of surgical masks at reception or front door for anyone who may have measles. This will decrease the need to follow up of other patients in the waiting room in the event of a confirmed case of measles.

RPH will contact trace and follow up all the household, school, work place and airline or long distance bus contacts of measles cases.

Protecting staff and their families

Please check measles vaccination status of all staff, and offer MMR to any staff not known to be immune.

Staff are also strongly advised to check the vaccination status of other family members, to ensure that they are protected if there is community spread of measles in Wellington. If there is a case of measles in a school or day care, unimmunised children will not be able to attend until 14 days after their last contact with the ill person.

Testing for measles

The following table provides advice about testing for measles. Check you have a small number of viral swabs available for measles testing. Viral swabs have a shelf life of approximately 6 months and can be obtained from Aotea Pathology Laboratory (APL) by the usual ordering process. APL do not routinely perform nose, throat or naso-pharangeal swabs, and prefer that the GP does the swab and sends the patient to APL for blood testing. However if necessary, for example to minimise risk of infection where the patient does not otherwise need to be seen in primary care, a swab can be collected by an APL phlebotomist if the patient attends the one of the following collection centres: Upper Hutt, Paraparaumu, Lower Hutt, Central, Porirua. A patient with suspected measles should inform the laboratory before arrival and if possible wear a mask before attending.

A first catch urine can also be tested. Further information about testing is available on the Aotea pathology website.

Days since rash onset	Recommended laboratory test for measles
0-3 days	Blood for measles IgG and Swab for PCR* (throat and nasopharyngeal) or urine for PCR*
3-7 days Measles IgM Serology provides useful diagnostic information from around day 3 of the rash	Blood for Measles IgM serology and Swab for PCR* (throat and nasopharyngeal) or urine for PCR* up to 5 days post rash onset

Viral swabs for Measles PCR should be stored at 2-8°C post inoculation.

Not all swabs or urine samples taken concurrently with blood for serology will be processed – this will depend on serological results. Please discuss with the on-call Microbiologist/ ID Physician the clinical management and testing of any suspected case who is on immunosuppressive medication or has an underlying immunological disorder

Additional information

The following resources may be useful:

- IMAC Measles Information for health professionals www.immune.org.nz/?t=753
- Quick answers to frequent MMR questions www.immune.org.nz/site_resources/2011%20resources%20USE%20THIS/AdministrationMMRQA20110801V03Final.pdf
- Appendix 1 (attached) includes information from previous Public health Alerts about measles

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Appendix 1

Measles Information

Incubation Period
Eight to 12 days from exposure to onset of prodromal symptoms, and 14 days to appearance of rash.

Mode of Transmission
Airborne by droplet spread or by direct contact with nasal or throat secretions of infected persons. Measles is highly infectious.

Infectious Period
Patients are infectious from one day before the onset of prodromal symptoms (three to five days before the onset of rash) and until four days after the appearance of rash.

Factors that increase the likelihood of measles
When assessing a person with a morbilliform rash, fever, and either cough or conjunctivitis or coryza the following factors increase the likelihood of measles:

- The person appears miserable
- Prodromal illness 3-4 days prior to the onset of the rash
- Fever is still present when the rash develops
- Person has not been immunised or previously had measles illness
- Has come from an area with confirmed measles within the incubation period (usually 14 days to onset of rash but can be up to 21 days). In New Zealand, measles is now widespread in Auckland and there are also cases in the Waikato. France, Italy and England have reported ongoing measles cases.
- Had contact with a confirmed case of measles

Notification of suspected cases to Regional Public Health

- Notify Regional Public Health of any cases of suspected measles. The notifications line is 570-9267 during office hours. After hours contact the Medical Officer of Health on call, via HealthLine 570-9007.

Primary care management of case and household

- Provide advice to the ill person and their family about possible complications and when to seek further medical attention if the illness worsens. Confirmed and suspected cases should be advised to stay in isolation until 4 days after the onset of the rash.
- Offering MMR immunisation to unimmunised household members can be effective in preventing measles if it is given within 3 days of contact with the infectious person. Please note MMR is a live vaccine and should not be given to pregnant women and people who are severely immunocompromised (Immunisation Handbook 2006 pg 214 or Immunisation Handbook 2011 pg 219 also accessible at www.moh.govt.nz/moh.nsf/Files/immunise-handbook/$file/10Measles.pdf).

- Immunoglobulin should be considered for unimmunised pregnant women, young babies and severely immunocompromised people at risk of severe illness who have had close contact with a person with measles and it is within six days of exposure. The use of immunoglobulin for post exposure prophylaxis should be discussed with a Paediatrician or ID/ Microbiologist (adults) and the on-call Medical Officer of Health.

MMR Vaccination

We recommend you;

- Ensure all 15 month and 4 year old children are vaccinated on time. Pre-calls to ensure on time vaccination can be very useful.
- For parents requesting earlier vaccination for children, the first MMR can be given at 12 months and the second MMR at any time from one month after the first MMR.
- Opportunistically ask about MMR status in children, teenagers and adults under 42 years (born after 1969) who you are seeing for other reasons
- Take all opportunities to offer MMR vaccination to any unvaccinated child, teenager or adult under 42 years.

MEASLES

Suspected cases of measles need to be confirmed as a matter of urgency.

Skin rash + concurrent fever 38C or higher
Highly suspicious for measles if -

- Prodromal illness 3-4 days prior
- Appears miserable
- Unimmunised or compromised immune system
- Returned from area with confirmed measles
- Had contact with a confirmed case measles

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

Meets Clinical Case Definition?

SUSPECTED CASE

MORBILLIFORM RASH

plus

FEVER 38C or higher
still present at Rash Onset

plus

COUGH or CORYZA or
CONJUNCTIVITIS or
KOPLIK SPOTS

1. Notify Regional Public Health urgently by phone (04 570 9002)
2. Arrange Laboratory testing*
3. Advise patient to stay at home until 4 days have passed since the onset of the rash
4. Ask about household members who are unvaccinated or had only one MMR vaccination and vaccinate within 72 hours if possible

DIFFERENTIAL DIAGNOSIS

- 7-10 days post MMR vaccination
- rubella
- roseola infantum
- human parvovirus
- enteroviruses
- arboviruses
- Kawasaki syndrome
- drug hypersensitivity rash (may present many days after drug has been ceased)
- group A streptococcal disease (scarlet fever)