



<b>To:</b>	General Practices, Pharmacies, After-Hours Centres and Emergency Departments in the greater Wellington and Wairarapa regions
<b>From:</b>	Annette Nesdale, Medical Officer of Health and Michelle Balm, Clinical Microbiologist
<b>Date:</b>	11 August 2016
<b>Title:</b>	<b>Public Health Alert: Measles Update – from RPH and Wellington SCL</b>

**Please distribute the following information to relevant staff in your organisation.**

If you would like to receive this by email please advise RPH of your email on [rph@huttvalleydhb.org.nz](mailto:rph@huttvalleydhb.org.nz).  
All public health alerts are available at [www.rph.org.nz](http://www.rph.org.nz) (health professionals – public health alerts)

## Measles and other viruses causing fever and rash

### Summary

- 4 cases of measles in an extended family group in Wellington region in the last two weeks.
- There has been no spread beyond this group so far.
- There are other non-measles viruses circulating that cause fever and rash.

### Before testing for measles:

- Check the measles case definition (below).
- Discuss with RPH (04 570 9002) or the Clinical Microbiologist at Wellington Hospital.

In the last two weeks, there have been 4 cases of measles in the Wellington region. All of these cases are part of an extended family that had been to Bali. Currently there is no indication of spread beyond this group. Regional Public Health (RPH) is closely monitoring a number of people exposed to measles, either through contact in medical waiting rooms or at school. This monitoring will cease on 14 August. We will advise if any new cases emerge.

In the last week, approximately 10-12 suspected cases have been tested and found not to be measles. If you are concerned that your patient has measles, please do the following:

1. Check whether they meet the case **definition for suspected measles**
  - Morbilliform rash (if there is a known measles exposure, testing can be done prior to the rash developing)
  - AND**
  - Fever 38c or higher still present at time of rash (if afebrile ask about antipyretic medication)
  - AND 1 of**
  - Cough, Coryza or Conjunctivitis (sore red eyes).
2. Discuss with RPH or clinical microbiologist.
3. If there is agreement to test, **you must include** relevant clinical details on the request form: symptom onset, contact history, vaccination history.
4. Advise the person with suspected measles to be in home isolation till the test result is known.

Close attention to the case definition will ensure an effective laboratory and public health response.  
With thanks for your cooperation.

## Appendix 1: Measles diagnosis and notification

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

