

Facsimile Cover Sheet Wharangi Nama Waea

Date/Te Ra: 1 October 2014

To/Kia: General Practitioners, Practice Nurses, Pharmacists, After-hours Centers and Paediatricians, ID Physicians, Emergency Departments in the greater Wellington and Wairarapa region	From/Na:
Name of Agency/Wahi Mahi:	Fax Number/Nama Waea:

Public Health Alert- Measles

I would be grateful if you could distribute the following information to relevant staff in your organisation.

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,

Dr Annette Nesdale

Medical Officer of Health

apresdale

Regional Public Health



Public Health Alert – 1 October 2014

To: General Practitioners, Practice Nurses, Pharmacists, After-hours Centres

and Paediatricians, ID Physicians, Emergency Departments in the greater

Wellington and Wairarapa region

From: Dr Annette Nesdale

Measles – laboratory confirmed case in Wellington

Regional Public Health (RPH) is advising that there is a confirmed case of measles in an adult in Wellington. Prior to diagnosis the ill person went to the following locations on Wednesday 24 September and would have been infectious.

- World of Wearable Art (WOW) show at TSB Arena Wellington in the evening
- Westfield Mall Lower Hutt in the morning

RPH are contact tracing household and social contacts and people who sat in adjacent seats at WOW. Because measles is a highly infectious, airborne disease, we are putting out a media release to alert all people who were at the show or worked at TSB Arena on Wednesday 24 September to be aware and watch for illness that could be measles. Patients may contact your medical centre to find out if they have been fully immunised or present with early symptoms of disease.

We are investigating to try to identify the source of this person's infection. It is usual, as the person had not had contact with anyone with measles or a similar illness, not been overseas to an area that has measles, and not had overseas visitors.

Immunisation advice by age group

Age group	Advice	Comment
Babies aged 6 months to	No specific action	RPH will contact you to discuss the management of
15 months	at this time	babies who have had direct contact with a
		confirmed case. If traveling overseas to an area
		with a known outbreak consider MMR dose 0.
		Advise parents if child aged <12 month they will
		still require 2 further doses of MMR at 15 months
		and 4 years
Babies aged 15 months	Ensure MMR1	Children of this age who have been in contact with
and over	given on time.	a confirmed case will be advised to get their 4 year
	Use pre-call and	old MMR early, as long as it is 1 month or more
	recall.	since their MMR1. If traveling overseas to area with
		a known outbreak can have MMR2, four weeks
		after MMR 1
Children aged 4 years	Ensure MMR2	Use pre-call and recall.
	given on time.	

Children > 4 years,	Offer MMR	
teens, adults who have had only 1 dose of measles vaccine	vaccine	People aged 18 – 23 years (born 1991 to 1996) may not have had a second measles vaccine. This was when the second MMR vaccine was changed from 11 yrs to 4 yrs. Children aged 5 to 10 years at this time were offered catch up MMR vaccine through schools but uptake and coverage was not high.
Children > 4 years, teens or adults who have not had measles vaccine or immunization history unknown	Offer 2 doses of MMR four weeks apart	

Advice for primary care/ After Hours Services/ Emergency Departments:

- Please be alert to the signs and symptoms of measles and have a low index of suspicion, particularly in patients who have been at WOW or the Westfield Mall on Wednesday 24 th September.
- Assist people to find out if they have protection from measles either from their medical record or by serology (Measles IgG)
- Provide advice to the unwell 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.
- Measles is highly infectious and can spread in a waiting room. A person with suspected measles should be promptly triaged into an area where they can be isolated from other staff and patients. Consider the use of masks for potentially infectious cases.
- Check the immunisation status of clinical and frontline staff. People born BEFORE 1969 are
 considered protected as when they were growing up measles infection was common.
 People born AFTER 1969 will be protected IF they have had 2 doses of the MMR vaccine
 after 12 months of age or had have measles illness.
- Please notify Regional Public Health of any cases of suspected measles. The notifications line is (04) 570 9267 during office hours, or after hours via Health Link (04) 570 9007.

Further information and resources

- A simple resource for travellers for display in clinic waiting rooms.
- Advice and actions for health professionals if measles is suspected.
- An alert poster that can be displayed at clinic entrances and reception desks.

These resources can be found at www.rph.org.nz under the 'Health Professionals' tab

Further advice for travellers is available at www.safetravel.govt.nz

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

SUSPECTED CASE

MORBILLIFORM RASH

plus

FEVER 38C or higher still present at Rash Onset

plus

COUGH or CORYZA or CONJUNCTIVITIS or KOPLIK SPOTS If measles is a possibility, place patients in a separate area to avoid infecting others in the waiting room

Meets Clinical Case Definition?

- 1. Notify Regional Public Health urgently by phone (04 570 9002)
- 2. Arrange Laboratory testing by PCR (throat swab)
- 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)