

Flowchart for a possible Measles case in primary care

Medical officer of health needs to be informed to discuss testing, but more importantly to discuss management of contacts with the case and family.

In addition, medical officer of health can ensure tests are carried out urgently and results disseminated in a timely manner.

Possible Measles case – all of the following should be present:

- fever or history of fever
- generalised macular-papular rash
- cough or conjunctivitis or Koplick's spots

Remember to ask about vaccination status

Infection control

If you suspect measles, please place patient in a separate area if possible.

If the case fits all of the above please:

- notify the medical officer of health 07 838 2569
- arrange laboratory tests (see below) ensure these are marked urgent
- exclude the case from work, school, or preschool from four days of onset of rash

Laboratory testing

Suitable testing can be discussed with the medical officer of health or clinical microbiologist.

Use below as a guide

<7 days after rash onset:

Nasopharyngeal swab AND throat swab for PCR (please mark for measles pcr clearly) AND Blood for Measles IgM and IgG.

>7 days after onset of rash:

Blood for Measles IgM and IgG.

Nasopharyngeal swab

Use a plastic flocked swab and put swab (and throat swab) into the same vial of virus transport medium.

Measles testing cannot be done on swabs sent in CHARCOAL, AMIES, GEL or swabs with wooden shafts.