

# 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  $\leq 3$  days from rash onset arrange a nasopharyngeal swab in viral media for PCR
- If  $>4$  days from rash onset arrange for serology for measles IgM & IgG (Interpretation see Box A)

## Isolation of Case (Exclusion) pending confirmation:

Isolate the suspect case (for five days from onset of rash (counting onset date as day 1). 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 5 days after. 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.

## BOX A:

Interpretation of **measles serology** (less reliable in first 3 days after rash onset):

- IgG is usually a marker of previous measles infection or immunisation, but converts or rises in acute phase
- IgM is usually a marker of recent infection

Note both serology and PCR unreliable if last MMR  $< 6$  weeks ago (PCR will need genotyping for diagnosis).

		IgM		
		reactive	negative	equivocal
IgG	reactive	Serologic evidence of recent infection	Infection or vaccination at an undetermined time	
	negative		If taken in first week of symptoms may need repeat	
	equivocal			

## 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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Population Health

Waikato District Health Board