

Guide to Managing Measles in Primary Care – Updated 20 August 2019

ARPHS is receiving more measles notifications than ever before, and needs to modify case and contact management accordingly.

ARPHS will -

- Receive and triage notifications
- Request information from confirmed cases about school or early learning service (ELS) attendance, or travel outside of Auckland
- Answer questions from health professionals, cases and institutions.

ARPHS will no longer -

- Proactively contact each case or confirm measles with their GP
- Actively contact trace in other settings – eg primary care, EDs, workplaces.

Primary care's role -

- Continue to notify ARPHS of suspected cases via FAX – see [Measles Clinical Pathway](#)
- Provide information to the case – give the [Measles Whānau Pack](#) or direct them to the [measles page on the ARPHS website](#).
- Tell the case when they are confirmed with measles and ask them to give their contacts information from the [Measles Whānau Pack](#) or from the ARPHS website.

1. Managing suspected measles cases

Isolate any suspected cases in your practice

Set up a process to screen patients for suspected measles when they phone, encourage them to ring from their car when they arrive, and keep them isolated from others in your clinic. Please use a separate area for assessing suspected cases. There is signage for your entrance '[STOP - do you think you have measles?](#)'

Test for suspected measles with urgent PCR - [see Measles Clinical Pathway](#)

- Take a nasopharyngeal or throat swab for measles PCR pre-rash or day 0 -3 of rash (rash onset is day 0). After that do a PCR swab and blood test for IgM and IgG serology.
- Please urgent courier tests to the laboratory and mark 'Urgent: possible measles.'

Notify on suspicion

- Notify ARPHS of all suspected cases. Do not wait for investigations to be completed.
- **To notify ARPHS** complete and fax the [measles notification form](#) to **fax 09 6307431**.
- People meet **clinical criteria for measles** if they have -
 - fever (at least 38°C if measured); **and**
 - maculopapular rash; **and**
 - one or more of the following: cough, coryza, conjunctivitis or Koplik's spots.

Provide advice to suspected cases

- Suspected cases should be told to stay home, and away from non-immune people (including visitors). **Isolation is required until the end of day 4 (day 0 is when the rash appears).**
- Print off the [Measles Whānau Pack](#) and enter the dates of isolation and the infectious period.
- Give copies of the [Information for Close Contacts](#) fact sheet so the case has these if measles is confirmed. Most cases have around five contact groups. Copies of the pdf could be printed off in advance.

Practices should call suspected cases who return a negative PCR to release them from isolation.

2. Managing confirmed measles cases

- Inform the case of the positive PCR result and advise them to continue isolation
- Advise the case to inform contacts using information in the [Measles Whānau Pack](#).
- Assist the case to work out the **quarantine period for their contacts (from 7 days after first contact with the case during the infectious period, to 14 days after the last contact)**. See the [Measles Quarantine Calculator](#) or refer to the [Information for Close Contacts](#) fact sheet.
- Ask the case to inform any schools or early learning services (ELS) of their infectious period, and refer the school or ELS to the ARPHS website for specific information.
- Ask the case to call ARPHS if they travelled outside of Auckland during their infectious period.
- Ask the case to inform any **contacts at high risk** of severe disease – children too young to be vaccinated, non-immune pregnant women and those who are immune-compromised - that they may wish to seek their own medical advice.

3. Establishing immunity

<i>People are immune and not at risk of measles if they...</i>	<ul style="list-style-type: none"> • Have had one (ideally two) doses of Measles, Mumps, Rubella (MMR) vaccine documented in a Wellchild/Tamariki Ora book or at a doctor's practice. • Were born before 1969, as they would have had measles as a child in New Zealand or overseas • Have been previously diagnosed with measles • Have had a blood test confirming immunity
<i>People are not immune and are at risk of measles if they...</i>	<ul style="list-style-type: none"> • Have had no doses of MMR vaccine • Have never had measles

MMR vaccination

- Please bring forward the first MMR dose to 12 months (and include the other 15 month vaccinations at the same time). Provide the second MMR as scheduled at 4 years.
- Recall any child under 5 years who has not had one MMR vaccination.
- Offer catch up MMR vaccination to anyone 5 to 50 years without one dose.
- Vaccinate those without proof of immunity, provided there are no contraindications. This is preferred to requesting serology, where there may be a charge.