



Measles

Information for Child Care Facilities and Schools

June 2005

Measles is a very serious but uncommon viral infection in WA. Measles virus hasn't been circulating in WA since 2000 (due to high immunisation rates in children), so cases of measles since then have only occurred in unvaccinated persons (usually between 21 and 38 years of age) who were infected overseas or who were close contacts of a recently infected overseas traveller.

Despite the absence of circulating measles virus in WA (and in the rest of Australia), some parents and doctors continue to diagnose measles in children with fever and a rash. Since every case of measles requires an immediate public health response, it is important that common causes of a fever and rash in children are not mistaken for measles. The public health actions for cases of suspected measles are comprehensive and should not be undertaken for illnesses that are unlikely to be measles. The response to a confirmed or probable case of measles will be coordinated by public and community health staff, and includes:

- a blood test to confirm the diagnosis,
- exclusion and isolation of the case for 4 days after the onset of the rash,
- exclusion of unimmunised child care or school contacts and staff for 14 days after first exposure to an infectious case (unless they are vaccinated against measles within 72 hours or given immunoglobulin within 7 days – see **Prophylaxis** below), and
- the tracing and prophylaxis of other contacts (e.g. all the patients who were in the doctor's waiting room with the case or for two hours after the case left),

In WA, a child with a fever and rash will usually have another infection such as roseola, Parvovirus B19 (Slapped Cheek Syndrome), enterovirus, adenovirus, Epstein-Barr virus (Glandular Fever), Scarlet Fever, Ross River virus, or a drug allergy.

Measles is very unlikely in a child in WA who:

- ♦ has been vaccinated against measles, and
- ♦ did not have fever, fatigue, sore eyes, runny nose and a cough prior to a widespread rash that started on the face and spread down the trunk and limbs over 1 to 2 days, and
- ♦ has not been overseas or had contact with an infected overseas traveller in the last 14 days.

Symptoms and signs

Measles symptoms usually start with progressive fever, fatigue, sore eyes, runny nose and cough, followed in 2 to 4 days by a bright red rash that starts on the face and spreads down the trunk and limbs over 1 to 2 days. Children with measles are usually very unwell and many will require hospitalisation. Complications such as pneumonia and encephalitis (brain infection) are relatively common.

Incubation Period

Usually about 10 days (range 7 to 18 days) from contact with an infectious person to the onset of fever and about 14 days to the onset of rash.

Infectious Period

From about 4 days before to 4 days after the onset of the rash. Measles is one of the most infectious diseases and is spread by exhaled airborne droplets of respiratory secretions. Only humans are affected.



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Immunity

Immunity following infection is life-long. Two doses of measles vaccine given at 12 months of age or older, and at least 1 month apart, usually provide life-long protection. Persons born before 1966 are considered to be immune from infection, as nearly all children were infected in that era.

Immunisation

The routine schedule for measles-mumps-rubella (MMR) vaccination is 12 months and 4 years of age. Child care facilities should encourage all their staff and clients to be fully immunised against measles and other vaccine-preventable diseases and keep a record of the immunisation status of each staff member and attending child.

Diagnosis

Every suspected measles case should immediately be excluded from child care and isolated at home while arrangements are made to test the child for measles (i.e. with a blood test and throat swab).

Case management

If a parent tells you that their child has measles, then immediately telephone the local Population Health Unit (see telephone list below) or the Communicable Disease Control Directorate (Telephone: 08 9388 4999) for further advice.

Prophylaxis

Measles can be prevented in unimmunised contacts of a confirmed infectious measles case by:

- ◆ measles vaccination within 72 hours of first exposure to the case, or
- ◆ an intramuscular injection of Normal Human Immunoglobulin (NHIG) within 7 days of first exposure to the case.

More information

See the Measles section of the Australian Immunisation Handbook, 8th Edition (pp182-192), also available at www.health.gov.au/handbook.htm

Telephone your local Population Health Unit:

Mirrabooka	9345 7113	Broome	9194 1646
East Perth	9224 1603	Geraldton	9956 1985
Fremantle	9431 0200	Kalgoorlie	9080 8200
Albany	9842 7500	Northam	9622 4320
Bunbury	9781 2500	Port Hedland	9172 8333
Carnarvon	9941 0560		