Measles alert

Symptoms
Rash (maculopapular)
+ fever (38° or higher at rash onset)
+ cough
+/− coryza or conjunctivitis

Think measles

• Place patient in separate room (door closed) immediately
• Inform doctor or practice nurse

Act
Implement airborne precautions including surgical mask for patient if possible.
Ensure attending staff are:
• aware
• vaccinated/immune
• using appropriate PPE.

Note: Do not use room occupied by patient for two hours after the patient has vacated.*

*The evidence regarding this two hour period is under review as part of a current review of national guidelines.
Measles remains one of the leading causes of death among young children globally.

Despite the availability of a safe and effective vaccine, an estimated 164,000 people worldwide died from measles in 2008—mostly children under the age of five.

No longer considered endemic in Australia but outbreaks continue to occur.

Cases imported from other countries remain an important source of infection.

Recent outbreaks have resulted in secondary hospital staff infections.

Measles is a serious viral illness that can result in:
— pneumonia
— encephalitis
— middle ear infections
— subacute sclerosing panencephalitis (SSPE)

Transmission  Airborne (respiratory spread)
Must be managed with transmission based (airborne) precautions as per Queensland Health Infection Control Guidelines

Prevention  The best protection is vaccination. Two doses of measles vaccine are required at least one month apart.

Notifiable  Measles must be notified to Public Health Units on clinical suspicion (Public Health Act and Regulation 2005).

Queensland Public Health Units

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