Measles alert

If on presentation for measles pathology collection patient has: rash + fever + cough

Patient may be infectious

- Place patient in separate room (door closed) immediately

Act

Implement airborne precautions including surgical mask for patient if possible.

Ensure attending staff are:
- aware
- vaccinated/immune
- using appropriate PPE.

If aware that patient will be presenting for measles pathology collection arrange to be last for the day or do home visit.

Note: Do not use isolation room 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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