

 <p><b>Queensland Government</b></p>	<p><b>URGENT</b> <b>Queensland Health</b> <b>PUBLIC HEALTH ALERT</b></p>	 <p><b>General Practice QUEENSLAND</b></p>
<p><b>MEASLES</b></p>		
<p><b>Communiqué No# 1</b></p>	<p><b>Date 31/03/2011</b></p>	<p><b>Time 1300hrs</b></p>

Queensland Health is alerting general practitioners to be on the lookout for the symptoms of **measles**, due to current outbreaks of the disease in Australia.

While measles is always a potential concern in returning overseas travellers, there is currently an outbreak of measles in NSW with more than forty cases this year, mostly locally acquired. Three confirmed cases have also been notified in southeast Queensland over the last month. One of these was locally acquired and another attended a large fly-in construction camp in north Queensland while infectious.

Given the frequency of interstate and intrastate travel, further measles cases could present anywhere in Queensland over the next few weeks.

Measles transmission can occur in medical and associated settings. When a patient with suspected measles attends a medical facility, contacts (other patients/staff at the facility) are at risk of acquiring the infection. To minimise the risk of transmission within facilities:

- Triage patients with fever and rash directly to a room that can be left vacant for two hours after consultation. Where possible, examine cases of suspected measles at home.
- Ensure practice staff in contact with the suspected case are either fully vaccinated (two doses of MMR) or have a serologically confirmed history of measles.

Management of measles in general practice:

Check that the symptoms satisfy all of the clinical criteria:

- generalised maculopapular rash; and
- fever of at least 38 degrees still present at the time of rash onset; and
- cough or coryza or conjunctivitis or Koplik's spots.

Note that if the case does not satisfy the above clinical criteria, measles is unlikely and testing is not required. Note also that the rash usually begins on the face, before spreading to the rest of the body.

If the case satisfies all of the clinical criteria, organise the appropriate laboratory test depending on the number of days after rash onset. Mark request form as URGENT.

- 0-3 days after rash onset: urine and throat or nasopharyngeal swab for PCR
- 3-7 days after rash onset: urine and throat or nasopharyngeal swab for PCR and/or blood for IgM
- more than 7 days after rash onset: blood for IgM

Notify your local public health unit immediately of any case satisfying the clinical criteria. The public health unit will liaise with the testing laboratory to ensure that appropriate infection control measures are taken to avoid exposure of other clients and staff.

If a patient with measles attends your practice your local public health unit will advise whether any additional measures are required e.g. vaccination of exposed staff/patients.

In summary please be alert to the possibility of measles, regardless of whether there is a history of travel or not, and notify your local public health unit urgently on clinical diagnosis of measles.

Please also consider opportunistic vaccination for any unimmunised patients attending for any reason. All staff in your practice born since 1966 should have documented evidence of two doses of MMR.

A fact sheet for the public about measles is available from the Queensland Health website [http://access.health.qld.gov.au/hid/infectionsandparasites/viralinfections/measles\\_fs.asp](http://access.health.qld.gov.au/hid/infectionsandparasites/viralinfections/measles_fs.asp)

**Authorised by Dr C. Selvey, Senior Director, Communicable Diseases Branch, Queensland Health**