

Measles – General Practitioner Resource

Background

Measles is an infectious viral illness spread easily through droplets from an infectious person. It is important to recognise the early symptoms and signs of measles to prevent further spread of this highly contagious illness in the community. Many conditions causing fever and rash can mimic measles but careful history taking can usually sort out the likely cases from the rest. Here is a list of the important features of measles:

1. Susceptibility

Those susceptible include:

- Babies 6-12 months when the maternal antibodies have declined but they have not yet been immunised
- All those born after 1966 who have not been immunised and do not have a history of having had measles
- People who have had only 1 measles-containing vaccine. Routine childhood measles vaccination did not include 2 doses until 1986 so those born between 1966 and 1986 have often had just 1 dose of vaccine
- People who are immunocompromised are also 'at risk' at any age, even if immunised.

Those who are considered immune and not likely to get measles are the following:

- Anyone born before 1966
- Anyone who has had 2 measles containing vaccines.

Cases in these 2 groups are not unheard of but are very rare.

2. Exposure

To acquire measles a susceptible individual must be exposed to an infectious case. Measles generally does not circulate in the NT so a first case would require history of travel to a country where measles is endemic or exposure to a known or suspect case. People generally develop symptoms of the infection after 7-10 days but may take up to 18 days after having been exposed to an infectious person. It is possible to acquire measles from an undetected imported case, particularly in airports, but this is uncommon.

3. A prodrome

The measles rash is preceded by a prodrome of 2-4 days, which is characterised by fever and respiratory symptoms; cough, coryza and conjunctivitis. The prodrome is rarely longer than 4 days.

4. Cough, coryza and conjunctivitis

Measles is a respiratory disease and these 3 features are most common. Koplik spots are whitish plaques seen on the buccal mucosa but are usually gone by the time the rash starts.

5. Fever present at rash onset

The fever of measles extends through the rash period. With many other childhood exanthema, the fever has gone by the time the rash starts.

6. A generalised morbilliform rash beginning on the face

The rash starts on the head and neck and extends down the body lasting for 4-7 days and often coalesces.

Testing

The best test for measles is a PCR on a throat swab, nasal swab and a urine sample, CDC will expedite testing so ensure you contact your regional CDC. Please do not send a suspected case to a pathology collection centre.

Case management

Any case of rash and fever should avoid the waiting room and be directed immediately to an isolated room that can be closed off for at least 30 minutes.

Isolate the case at home until at least 4 days after the appearance of the rash, at which time the case is no longer considered infectious.

It is best to avoid alerting schools and child care until the case can be confirmed. CDC will assist in alerting appropriate institutions and contacts.

Notification

Notify the Centre for Disease Control (CDC) immediately on 8922 8044.

For afterhours, ring RDH switchboard 8922 8888 and ask for the on-call CDC doctor.

Public health management

CDC will organize the public health response to identify contacts and offer vaccination for susceptible contacts and advise about exclusion periods as necessary.

Vaccination

Measles is vaccine preventable and the best protection against it is a measles, mumps, rubella (MMR) containing vaccine. 2 doses of vaccine is required, at least 1 month apart.

For more information see the NT Health Measles Fact Sheet [Measles \(nt.gov.au\)](https://www.health.nt.gov.au/Measles)

Contact

For more information contact the Public Health Unit's Centre for Disease Control in your region.

The full list of contacts of contacts can be found at [NT Health](https://www.health.nt.gov.au/NT-Health).

Location	Phone	Fax	Email
Darwin	(08) 8922 8044	(08) 8922 8310	CDCSurveillance.DARWIN@nt.gov.au
Katherine	(08) 8973 9049	(08) 8973 9048	CDC.Katherine@nt.gov.au
Tennant Creek	(08) 8962 4259	(08) 8962 4420	CDC.Barkly@nt.gov.au
Alice Springs	(08) 8951 7540	(08) 8951 7900	CDC.alicesprings@nt.gov.au
Nhulunbuy	(08) 8987 0357	(08) 8987 0500	CDCGove.DoH@nt.gov.au

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