

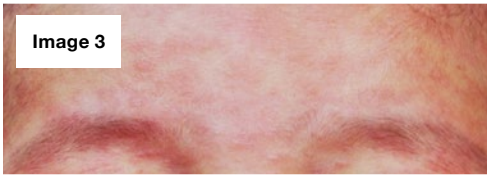


# Think measles!

Vaccination rates have fallen, and cases of measles are increasing in England.

Any patient with fever and a rash is potentially infectious and should be directed to a side room on arrival.

## Isolate anyone presenting with a rash and fever straight away



- measles starts with a 2 to 4 day “prodromal” phase before the rash appears, with coryza, cough, conjunctivitis and a fever
- fever typically increases, to peak around rash onset
- rash generally starts behind the ears, spreads to the face and then expands onto the trunk and can become generalised. The rash is red, blotchy, maculopapular (not itchy) and lasts around 3 to 7 days
  - the rash is more difficult to spot on dark skin (see images 3, 4 and 5)
  - Koplik spots may appear around the time of the rash and last for 2 to 3 days so can easily be missed. They are small white or bluish/white lesions on the buccal mucosa. They can be confused with other lesions in the mouth and so their suspected presence is an unreliable marker of measles
  - the infectious period spans 8 days i.e. cases are infectious from 4 days before rash onset and for 4 full days after
  - several other common rash illnesses have similar presentations (especially in young children) e.g. roseola, parvovirus infection and scarlet fever, and so identification on clinical features alone may be unreliable

## If you suspect measles call your local UKHSA Health Protection Team (HPT) to notify and conduct a risk assessment

- if the patient is calling, advise them to seek medical advice from their GP over the phone or NHS 111, if this is appropriate
- if an in-person review is needed, reception staff should be alerted. The patient should be directed to a side room on arrival
- report to local HPT urgently by phone to facilitate prompt risk assessment and public health action for vulnerable contacts (**under 1 year olds, pregnant, immunocompromised**). HPT contact details can be found here [www.gov.uk/health-protection-team](http://www.gov.uk/health-protection-team)
- check for epidemiological factors that increase likelihood of measles:
  - unimmunised status
  - recent exposure to someone with rash/illness
  - recent travel
  - occupation e.g. healthcare worker, nursery worker
- exclude from nursery/educational setting/work until full 4 days after onset of rash

## Check all your staff are fully vaccinated

### For patients:

- routinely check vaccination history of patients
- offer vaccine if not fully protected
  - children should receive 2 doses of MMR, the first at 12 months of age and the second at pre-school (3 years and 4 months)
  - there is no upper age limit for receiving MMR vaccines

### For staff:

- staff should have documented evidence of two doses of the MMR vaccine or have positive antibody tests for measles and rubella

