

Measles

DIAGNOSIS

- Think measles in a patient with fever, cough, coryza and conjunctivitis followed by a maculopapular rash 2 to 4 days after prodromal symptoms
- If not linked to another case of measles confirm with measles IgM antibody test
- Exclude suspect cases from day care and school while being evaluated
- Report confirmed or suspected cases to Public Health Services

TREATMENT

Symptomatic

- Exclude case from day care, school or other setting with susceptible individuals until 4 days after onset of rash

CONTACTS

Public Health will follow up contacts:

- Contact means anyone who shared the same space with a case. Consider daycare, school, school bus, doctor's office, emergency room, etc.
- Family physicians should deal with family members with assistance from Public Health Services
- Public Health will deal with other contacts

A susceptible contact is a person who meets all the following:

- Infants less than one year
- Born after 1970 with no past history of measles (either documents clinical or lab confirmed case)
- No documented record of MMR after 12 months

FOLLOW UP OF CONTACTS

- All susceptible contacts should receive measles vaccine within 72 hours of last contact with infectious case if there are no medical contraindications or
- Immune globulin (IG) if: more than 72 hours but less than 6 days after contact or if they have medical contraindications to measles vaccine.
- Infants 6 to 12 months; give measles vaccine and revaccinate at 12 months.
- Susceptible individuals who refuse IG or measles vaccine are excluded from school, day care, or college until receipt of measles vaccine or IG, or until two weeks after last case in the area.

ROUTINE IMMUNIZATION

- Routine immunization is the most important preventive measure
- Give MMR at 12 months and again at 4-6 years (school entry)