HealthPathways Melbourne

Putting knowledge into practice

CASE STUDY 16:

Managing suspected measles in the community

A female attends her local GP clinic. She has developed a fever and cough. She has been more tired in the past two days and thinks her eyes look red.

The GP takes a thorough history and notes that she returned from Bali five days ago. On checking her immunisation record through the Australian Immunisation Register, the GP also notes that she had only one MMR vaccine in childhood. The second measles dose was added into the National Immunisation Program in late 1992, four years after her birth. She had not had the catch-up vaccine.

The GP remembers the Chief Health Officer alert regarding recent cases of measles in Melbourne, particularly in people returned from overseas, and consults the Measles pathway.

The GP immediately starts infection control measures by providing the patient with a surgical mask, confirms their own mask is a P2 or N95, dons eye protection, a plastic apron and gloves.

The GP then does an examination and notes conjunctivitis, and white spots on a red background on the inside of her cheeks. These she recognises as Koplik's spots. No rash is noted at the time. The GP checks for complications and asks about likelihood of pregn

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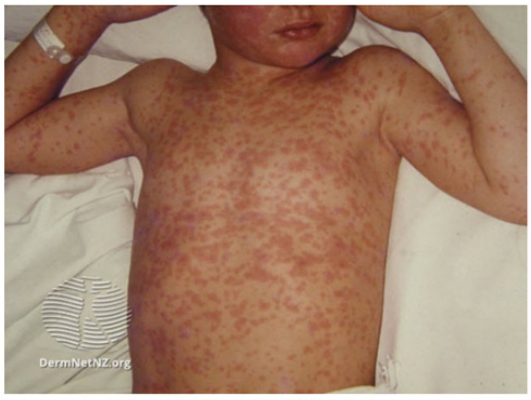
Given the suspicion of measles, the GP immediately notifies the Victorian Department of Health by phoning 1300 651 160 and is given pre-approval to conduct nose and throat swab PCR testing and measles serology using an EDTA tube.

The patient was advised to go straight home from the GP's consult room. She was told what to expect - including distinctive rash, and progress of symptoms.



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She was also given written information on supportive measures for management, complications and red flags to monitor, which are also outlined on the Measles pathway. A telehealth follow up was organised for the next day. She was advised to isolate until at least four days after the appearance of the rash, or until a negative test result was received.

- Discuss supportive measures if management is occurring in the community.

  Supportive measures

  Recommend over-the-counter preparations and general measures to manage:

  - Fever (e.g., antipyretics)
  - Hydration
  - Mouth sores and nutrition (e.g., salty water rinses, oral gels)
  - Cough and runny nose (e.g., lemon juice and honey, saline nasal sprays)
  - Conjunctivitis (e.g., cool compresses, regular cleansing with moist cotton pads)

- Determine timing of review or contact.
- Advise the patient to seek prompt medical advice if symptoms or signs of complications develop.

Management of her contacts was also discussed.

4. Consider management of measles contacts.

   Management of contacts

   - Manage contacts promptly in consultation with the Local Public Health Unit:
     - Manage contacts according to time since exposure, age, previous MMR vaccination history, age, and current pregnancy or immunosuppression.
     - Consider all contacts who are exposed and at an increased risk of infection.
     - Check measles exposure sites in Victoria.

Once the patient leaves the GP alerts the other staff, ensures the same room is not used for at least 30 minutes and is cleaned prior to use again.