

MEASLES

WHAT IS MEASLES?

Measles is an acute viral disease that may have serious complications. In the past, measles infection was very common in childhood. Now, due to immunisation, measles infection is uncommon in NSW.

WHAT ARE THE SYMPTOMS OF MEASLES?

- The first symptoms of infection with measles are fever, tiredness, runny nose, cough and sore red eyes. These symptoms usually last for several days before a red blotchy rash appears. The rash starts on the face over 1–2 days and spreads down the body. Sometimes the rash peels. The rash will last for 4–7 days.
- Up to a third of people infected with measles will experience a complication. Complications are more common in young children and in adults. Complications include ear infections, diarrhoea and pneumonia, and may require hospitalisation. About one in every 1000 people with measles develops encephalitis (swelling of the brain).

HOW DO YOU CATCH MEASLES?

- Measles is usually spread when a person breathes in the measles virus that has been coughed into the air in droplets by an infectious person. Measles is one of the most easily spread of all human infections. Just being in the same room as someone with measles often results in infection.
- People with measles are usually infectious from up to five days before the rash occurs until four days after. The time from getting infected to becoming sick is usually 10 to 12 days. The rash usually appears around 14 days after getting infected.

HOW IS MEASLES DIAGNOSED AND TREATED?

- Measles can be difficult to diagnose because there are many other viruses that cause similar illnesses with a fever and a rash. Sometimes the presence of white spots inside the mouth, called Koplik's spots, the timing of the fever and the rash, and the characteristics of the rash, can help a doctor to make the diagnosis.
- Whenever measles is suspected, a blood test and/or swabs from the throat should be collected to confirm the diagnosis. Confirming the diagnosis is important so that other people who may be at risk of measles can be identified. By law, cases of measles are notified to public health units so that measures can be taken to help control further spread.
- The treatment for the symptoms of measles are rest, plenty of fluids and paracetamol for fever. Where measles causes complications, other treatments may be needed.
- While a person is infectious with measles it is important that they remain at home to reduce the possibility of spread to other people.

HOW CAN I PROTECT MYSELF AGAINST MEASLES?

- The best protection against measles is through immunisation with a vaccine called MMR (measles, mumps and rubella vaccine). This vaccine provides protection against infection with measles, as well as against mumps and rubella.
- MMR vaccine should be given to children at age 12 months and a second dose at age four years. These two doses of MMR provide protection against measles to over 98 per cent of those immunised.
- MMR vaccine is a safe and effective vaccine that has been used worldwide for many years.
- While many older adults are immune to measles because they were infected as children, young adults may not have received measles immunisation or have been infected by measles itself. MMR immunisation should be considered by all young adults born after 1970, especially those who are health care workers or who plan to travel overseas.

WHAT IF I COME INTO CONTACT WITH SOMEONE WITH MEASLES?

- If you have never been infected with measles or have not received two doses of vaccine you are at increased risk of measles infection.
- If it is less than three days since you came into contact with measles, immunisation with MMR can prevent infection.
- If more than three days and less than seven days have passed since coming into contact with measles, an injection called immunoglobulin can protect you. Immunoglobulin contains antibodies against the measles virus and is especially recommended for young children and people with underlying illnesses who have a greater risk of developing complications if they catch measles. Immunisation with MMR vaccine should not be given until three months after immunoglobulin as the immunoglobulin antibodies can prevent the vaccine from working.
- Unimmunised children who have come into contact with measles and who do not receive MMR or immunoglobulin should not attend school until 14 days after the rash appeared in the person with measles. Likewise, it is recommended that susceptible adults do not attend work during this period. This is because non-immune people can unknowingly spread the infection to others.
- Your local Public Health Unit can advise further regarding the need for immunisation, immunoglobulin and exclusions from work and school in the case of exposure to measles.

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