

**For distribution across Surrey**

To: GP practices / GP out of hours / Walk-in centres / Pharmacies / CCG heads of primary care / Acute trust adult and paediatric A&E departments / South East Coast Ambulance Service / Consultant Microbiologists & Virologists

**Measles outbreak in Surrey and risk of imported measles**

There is currently an outbreak of measles in Surrey. There are also confirmed measles outbreaks in Liverpool, Leeds and the West Midlands. There are also several large measles outbreaks across Europe, with Romania, Italy, Germany and Greece being the worst affected countries, and so there is a continued risk of imported cases.

**THE FOLLOWING PRECAUTIONS ARE NECESSARY TO REDUCE THE SPREAD OF MEASLES****Healthcare worker and allied staff IMMUNITY**

All healthcare workers (including receptionists, ambulance workers etc.) should have satisfactory evidence of protection against measles to protect both themselves and their patients. Satisfactory evidence of protection includes documentation of having received two or more doses of measles containing vaccine and/or a positive measles IgG antibody test.

**ISOLATION of patients with a rash illness**

Whenever possible, signs should be placed in waiting areas (GP surgeries, Emergency departments, walk in centres etc.) advising patients with a rash illness to report to reception so that they can be isolated and reduce the spread of infection. Some PHE resources are available:

<https://www.gov.uk/government/publications/think-measles-poster-for-young-people>

Receptionists should be made aware that any patients with fever and a rash are potentially infectious and, ideally should attend at the end of surgery to minimise the risk of transmission. Where patients with a fever and rash attend when other patients are in the waiting room, they should be directed to a side room.

When a GP refers a suspected measles case to A&E/hospital they should inform the hospital staff ahead of time, so that the case can be appropriately isolated on arrival.

**DIAGNOSIS clinical signs and symptoms of measles**

Early or **prodromal**; symptoms include:

- High **fever**, typically increases during the prodromal phase and peaks (>39°C) around the rash onset
- **Coryzal** symptoms (**cough**, cold, or runny nose)
- Red and watery eyes or **conjunctivitis**
- **Koplik spots** (small red spots with bluish-white centre) on buccal mucosa may appear around the time of the rash, sometimes one day before, and last for 2 – 3 days after the rash appears. However these are often not seen on diagnosis.

Later symptoms:

- Characteristic red/brown blotchy **maculopapular (non-vesicular) rash** (appears 3-4 days after initial symptom onset). The typical distinctive rash is non-itchy, starts on the face and upper neck behind the ears, then spreads across the trunk and limbs eventually reaching the hands and feet.

<https://www.nhs.uk/conditions/measles/symptoms/>



A measles rash appears around 2 to 4 days after initial symptoms



Raised spots may join together to form blotchy patches

**NOTIFICATION of suspected measles cases**

Registered medical practitioners should notify all suspected measles cases as soon as possible to the local Health Protection Team (HPT), so that timely public health management can be undertaken. **Do not wait for laboratory confirmation of a suspected infection before notification.**

Clinicians should telephone the **Surrey & Sussex HPT**

In hours (9am-5pm) **0344 225 3861 (option 3, then option 1)**

Out of hours **0844 967 0069**

Appropriate testing can be discussed with Health Protection team on notification. In some cases where rapid confirmation of the clinical diagnosis is required (e.g. when the clinical and epidemiological features do not strongly support measles but where vulnerable contacts have been exposed), the Health Protection Team will assist in the assessment and help to arrange testing.

The health protection team routinely sends out oral fluid kits to all suspected cases of measles. Colindale reference laboratory does not do urgent testing, only routine oral fluid kits where the result can take up to two weeks.

These precautions are very important. If a measles case presents at any healthcare setting, then the following actions are the responsibility of that organisation. Prompt isolation and notification can dramatically reduce the workload and follow up of patients who have been exposed in the waiting area:

**Contact tracing and warning & informing**

Where suspected cases of measles haven't been appropriately isolated then the healthcare establishment is responsible for doing a look back. The Health Protection Team can provide guidance on assessing the exposure of patients, with particular attention to identifying and managing immunosuppressed and vulnerable contacts to determine if they should be offered Post-Exposure Prophylaxis with immunoglobulin or MMR.

The Health Protection Team can also provide a warn and inform letter template which can be used by the healthcare setting to send to exposed patients.

**Healthcare worker exclusion from work** (including receptionists, ambulance workers etc.)

Health care workers (HCWs) who are exposed to a confirmed or likely case and do not have satisfactory evidence of protection (2 documented doses of MMR or a positive measles IgG blood test) should be excluded from work from the 5th day after the first exposure to 21 days after the final exposure.

Where MMR vaccine is given post-exposure, it is unlikely to prevent the development of measles but if the HCW remains symptom-free for at least 14 days after MMR was given, they can return at that stage.

Health care workers with satisfactory evidence of protection can continue to work normally but should be advised to report to Occupational Health if they develop prodromal symptoms or a fever between 7 days after the first exposure and 21 days after the last exposure.

**Promoting immunisation**

Wherever possible, when patients are seen their vaccination status should be checked, and those who are unvaccinated should be advised to have their MMR. This is particularly important in paediatric departments.