



Measles Update



January 2024



Introduction

1 Overview

An overview of measles and its importance in primary care settings.

3 MMR Vaccine

The role of the MMR vaccine in preventing measles.

2 Prevention

Strategies for prevention, including MECC and Occupational Health.

4 Clinical Presentation

Understanding the clinical presentation and complications of measles.

Overview - Current Situation

1

Rise in Cases

There has been a rise in measles cases in England in 2023.

2

Global Increase

Since 2022, global activity has been increasing, with large outbreaks in South Asia and Africa.

3

MMR Coverage Decline

MMR coverage in the UK has fallen to the lowest level in a decade.

4

WHO Call to Action

In Feb 2022, WHO Europe called for urgent action to catch-up on missed MMR vaccine doses.

5

NHS Commitment

Achieving 95% uptake with 2 MMR doses by age 5 is a high priority within NHS England.

Importance for Primary Care

First Contact

Measles cases are most likely to contact primary care first, therefore staff need to be able to:

Identify suspected cases and notify the Health Protection Team (HPT) promptly

Take appropriate action to **stop onward transmission** without delay and protect vulnerable contacts

Preventive Setting

Primary care provides the setting to raise awareness and offer vaccination.



Staff Vaccination

To protect staff and prevent transmission of measles in health care settings.

Patient facing staff should have documented evidence of 2 doses of the MMR vaccine or have positive antibody tests for measles and rubella



Prevention

1

Signage

Place signs in reception areas advising patients with rash illnesses to report to staff

2

Reception Training

Train receptionists to direct potentially infectious patients to telephone triage

3

In-Person Review

If in-person review is needed, ensure patients are placed in an appropriate location e.g. isolation room. If clinically acceptable, suspected cases should attend at end of day to minimise risk of transmission



MECC and Occupational Health

Make Every Contact Count (MECC)

Check immunisation history of every patient, especially children, new registrations, migrants and displaced people

Vaccine Offer

Offer the vaccine to unvaccinated or partially vaccinated individuals. 2 doses should be given at least 4 weeks apart. It is safe to receive an extra MMR dose

Staff Health

Staff involved in direct patient care should have documented evidence of 2 doses of MMR or have positive antibody tests

Measles: Key Facts

1 Highly Contagious

Measles is caused by a virus that spreads very easily

3 Incubation Period

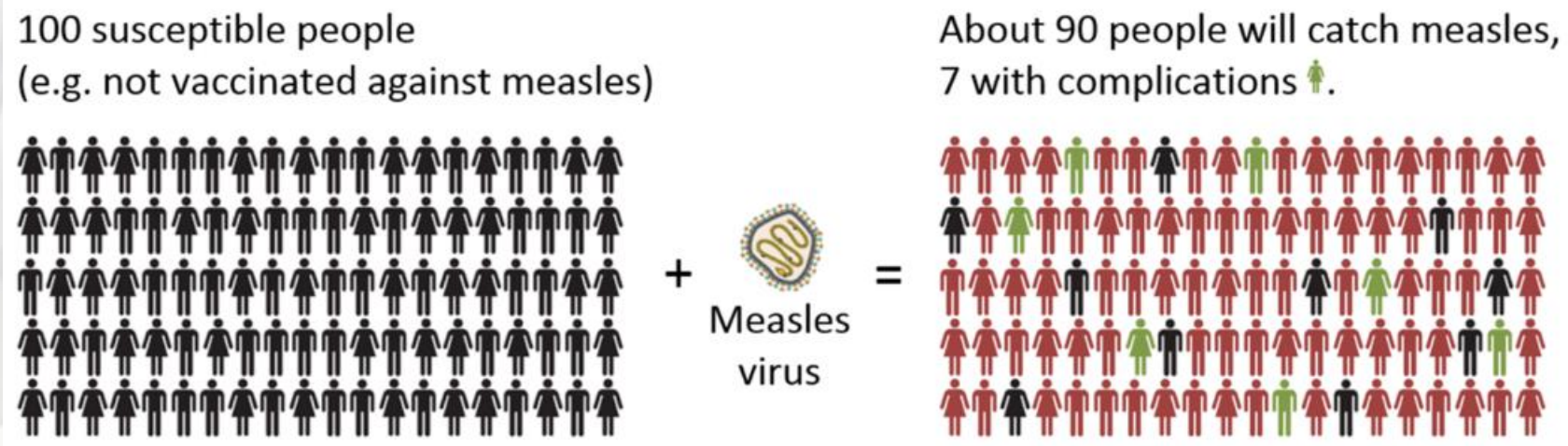
Incubation period: 10 to 12 days from exposure to onset of symptoms

2 Transmission

Transmitted through respiratory route or direct contact with secretions

4 Infectious Period

Infectious period: 4 days before to 4 days after onset of rash





Clinical Presentation: Prodromal Phase

1

Before Rash

2 to 4 days before the rash appears: **high fever, cough, runny/stuffy nose, sneezing and sore red eyes that are sensitive to light (conjunctivitis)**

2

Fever Peak

Fever typically increases to peak around rash onset



Clinical Presentation: Koplik Spots

Koplik Spots

Koplik spots are small white/bluish spots inside cheeks/back of the lips.

Prodromal Phase

Characteristic of the prodromal phase, appearing 1 to 4 days before the rash.

Spot Disappearance

Usually disappear on day 2 of the rash, so may not be present when case presents.

Clinical Presentation: Rash

Rash Onset

Usually starts on the face, spreading to trunk and rest of the body.



Rash Characteristics

Red/brown spots, flat or maculopapular, increase over 2 to 3 days.



Rash Duration

Generally lasts for 3 to 7 days, more difficult to spot on dark skin.



Complications of Measles

Otitis Media

7 to 9% of cases

Diarrhoea

8%

Pneumonia

1 to 6%

Convulsions

0.5%

Encephalitis

1 to 4 per 1,000 to 2,000 cases

SSPE (subacute sclerosing pan-encephalitis)

In <2 year olds 1 in 8,000 cases

Pregnancy Risks

Miscarriage, stillbirth, premature birth, or low birth weight

Risk Assessment of Cases

1

Vaccination Status

Check vaccination status

2

Exposure

Recent exposure to someone with rash/illness

3

Travel History

Recent travel

4

Healthcare Worker

Is this person a healthcare worker (HCW)

5

Vulnerable Contacts

Any contacts who are immunocompromised or vulnerable

Reporting

1 Urgent Reporting

Report all suspected cases urgently via phone to your local Health Protection Team (HPT).

0300 303 8162

swhpt@ukhsa.gov.uk

<https://www.gov.uk/health-protection-team>

3 Hospital Referral

Suspected measles cases should only be referred to hospital if clinically indicated. Where admission is planned, contact the local hospital regarding appropriate isolation before admission

2 Testing and Advice

The HPT will conduct a risk assessment, arrange specimen and/or oral fluid testing, organise transport for specimen collection and advise on public health action

4 Exclusion

Exclude suspected cases from nursery/educational setting/work until 4 days after onset of rash

Risk Assessment of Contacts

1

Waiting Room Exposure

If the patient was not isolated and exposed other patients, the HPT staff will assist with risk assessment and advise on actions

2

Vulnerable Groups

The most vulnerable groups who may require immunoglobulin are infants, pregnant women, and immunosuppressed individuals

3

Healthcare Worker Exclusion

Health care workers who are not immune will require exclusion from work from days 5 to 21 post exposure

4

HNIG/IVIG

If indicated, immunoglobulin should be given as soon as possible, ideally within 72 hours and up to 6 days after exposure

For further information see: Measles Post-exposure Prophylaxis guidance:

<https://www.gov.uk/government/publications/measles-post-exposure-prophylaxis>

Infection Prevention and Control

1 Standard Infection Control Precautions (SICPs)

SICPs must be used by all healthcare workers at all times and in all settings. Comprehensive guidance and advice, including PPE, is available in the [National Infection Prevention & Control Manual \(NIPCM\)](#)

2 Transmission Based Precautions (TBPs)

TBPs must be followed in addition to SICPs when caring for a laboratory-confirmed or suspected case of measles. More information can be found in [NHS England » Chapter 2: Transmission based precautions \(TBPs\)](#) and [appendix 11a](#) of the NIPCM

3 Following suspected/confirmed patient vacation of the care area

Allow sufficient time for clearance of infectious particles before cleaning. Rooms/areas must be cleaned from highest to lowest points and from least to most contaminated points ensuring local policies are followed at all times

Preventing Transmission



Hand Hygiene

Proper hand hygiene, including frequent handwashing with soap and water, is essential to prevent the spread of measles



Cough Etiquette

Encourage individuals to cover their mouth and nose with a tissue or their elbow when coughing or sneezing to prevent the spread of droplets



PPE

Healthcare workers should use personal protective equipment (PPE) such as gloves, masks, and gowns when caring for patients with measles

Please follow link for specific guidance [NHS England » Chapter 2: Transmission based precautions \(TBPs\)](#)

Key Actions

1

Isolation

Cohort/isolate patients presenting with a rash and a fever on arrival

2

Reporting

Report suspected cases urgently by phone to your local HPT

3

MECC



Make Every Contact Count - **check immunisation status of every patient**

4

Staff Vaccination


Staff involved in direct patient care should have documented evidence of MMR vaccination



Resources

 www.england.nhs.uk 


NHS England » National infection prevention and control manual (NIPCM) for England



Infection Control Manual


GOV.UK

 [GOV.UK](#) 


National measles guidelines




GOV.UK

 [GOV.UK](#) 

Health and Social Care Act 2008: code of practice on the prevention and co...


Code of practice on the effective prevention and control of infection by health service providers.



GOV.UK

 [GOV.UK](#) 

Measles: the green book, chapter 21

Measles immunisation information for public health professionals, including updates.


GOV.UK

 [GOV.UK](#) 

Measles outbreak resources

Posters and leaflets for use by health professionals and community engagement groups to raise awareness of measles.

Contacts

ICB Infection Prevention and Control Team – somicb.infectionpreventioncontrolteam@nhs.net

UKUSA South West Health Protection Team – swht@ukhsa.gov.uk