

Measles

Description

Measles is a highly infectious and serious viral disease. Symptoms include a fever, cough, and sore, red eyes (conjunctivitis). This is followed by a rash of large, flat, reddish blotches that often join up and completely cover the skin. The rash spreads over the entire body, and usually disappears within 6 days.

The reason that measles is so concerning is that it often causes very serious complications, including pneumonia and inflammation of the brain. Because of this, measles should **not** be considered a simple disease. Children with measles are usually very ill; adults with measles are usually hospitalised.

The number of cases of measles in Australia has fallen dramatically over the past 15 years as a result of immunisation programs and other public health measures. However, measles is regularly brought into Australia by overseas travellers, so people in Australia can still be exposed to the virus.

How does it spread?

Measles spreads by mouth-to-mouth contact and airborne droplets. The virus is very infectious and can stay in the air for up to 2 hours after an infected person has left the room. It can also spread indirectly by contact with surfaces that have been contaminated by infectious airborne droplets (e.g. hands, tissues, toys, eating utensils).

Incubation period

The incubation period is 7–18 days—usually 10 days.

Infectious period

The infectious period is from about 4–5 days before the rash begins until the fourth day after the rash appears.

Exclusion period

Children with measles should be excluded for at least 4 days after the appearance of the rash.

Responsibilities of educators and other staff

- Contact your local public health unit for advice.
- Review vaccination records.
 - Ensure that children have received one or two doses of measles–mumps–rubella (MMR) vaccine, depending on their age. The public health unit can advise if any children who have not been vaccinated will need to be excluded.
 - Ensure that all staff have received two doses of MMR if they were born during or after 1966.
- Make sure staff and children practise cough and sneeze etiquette and hand hygiene.
- Ensure that appropriate cleaning practices are being followed in the education and care service.

Responsibilities of parents

- Ensure that children are fully vaccinated against measles.
- Observe the exclusion period. Keep the child at home until they are feeling better.
- Advise any friends, family or social contacts that your child has measles. These contacts may need to seek medical advice if they are pregnant, considering starting a family or not immunised; have a medical condition that compromises their immune system (such as cancer or human immunodeficiency virus—HIV); or are taking certain medications.
- Encourage cough and sneeze etiquette and hand hygiene at home.

Controlling the spread of infection

- Measles is best prevented through immunisation with the MMR vaccine. Children should be vaccinated at 12 months of age and again at 4 years of age. The vaccine gives lasting immunity.
- If the education and care service has a suspected or definite case of measles, contact your local public health unit. The staff from the public health unit will help you and local doctors to control the disease.
 - Write down the dates that the person with measles was in the education and care service over the past 10 days.
 - Discuss with the public health staff who in the education and care service might need preventive treatment and who should be excluded from care.
- Teach children about cough and sneeze etiquette.
 - Cough or sneeze into your inner elbow rather than your hand.
 - If you used a tissue to cover your nose or mouth when sneezing or coughing, put the tissue in the bin straight away.
 - Clean your hands.
- Ensure that staff practise cough and sneeze etiquette and hand hygiene.
- Ensure that appropriate cleaning practices are being followed.

Treatment

There is no specific treatment for measles.