

# Measles



## What is Measles?

Measles is a highly infectious viral illness that can be very unpleasant and can sometimes lead to serious complications. The success of the MMR vaccine means that cases of measles are uncommon in the UK. However, the number of cases has risen in recent years and there have been some high-profile outbreaks (e.g. between November 2012 and July 2013 a measles outbreak in the Swansea area led to over 1,200 reported cases).

## Is the MMR Vaccine safe?

It is thought that the rise in the number of cases of measles is due to a reduced uptake of the MMR vaccine following speculation linking the vaccine to autism in 1998. Numerous studies were subsequently undertaken which found **no link between the MMR vaccine and autism**.

## What are the symptoms?

The initial symptoms of measles usually appear around ten days after infection and disappear about seven -ten days later.

The initial symptoms can include:

- Cold-like symptoms (such as a runny nose, **watery eyes**, swollen eyelids and sneezing)
- Conjunctivitis or **red eyes** and sensitivity to light
- High temperature (fever), which may peak at around 40°C (104°F)
- Tiredness, irritability and a general lack of energy,
- Lack of appetite
- Aches and pains
- Dry harsh **cough**
- Small white spots (Koplick spots) may be seen inside the mouth. These can persist for several days.
- Diarrhoea and/or vomiting are common.
- A red blotchy rash normally develops about three -four days after the first symptoms. It usually starts on the head and neck, spreading down the body. The rash often turns a brownish colour and gradually fades over a few days.
- Children are initially usually quite unwell and miserable for three - five days until the fever settles and the rash fades.

Most children are better within seven - ten days. An irritating cough may persist for several days after other symptoms have gone.

### Is it infectious?

Yes. Measles is extremely infectious.

### What is the incubation?

The incubation period is about ten days (ranging between seven and 18 days).

### How is measles diagnosed?

Diagnosis can be challenging as measles is rare in the UK so many GPs have not seen a case. The doctor may diagnose measles from the combination of symptoms, particularly the characteristic rash and Koplick spots. They should also discuss their findings with a member of the health protection team who will be able to advise on the prevalence of measles in that area at the time of symptoms. An oral fluid test is also usually requested to confirm the diagnosis.

### What is the treatment for measles?

There is no specific medicine that kills the measles virus. Treatment aims to ease symptoms until the body's immune system clears the infection. For most cases, rest and simple measures to reduce a fever are all that are needed for a full recovery.

### The following measures are often useful:

- Children should drink as much as possible to prevent dehydration.
- The child should be kept cool (but not cold). Ice-lollies are a useful way of giving extra fluid and keeping cool.
- Paracetamol or ibuprofen can be taken to ease fever and aches and pains (aspirin should not be given to children).
- Gently clean away any crustiness from the eyelids and lashes using cotton wool soaked in water.
- Close curtains or dim lights to help reduce any light sensitivity.
- Antibiotics do not kill the measles virus and so are not normally given. They may be prescribed if a complication develops, such as a secondary bacterial ear infection or secondary bacterial pneumonia.
- Cough remedies have little benefit on any cough but may soothe an irritated throat.

### Are there any complications?

The main serious complications to look out for are:

- Drowsiness.
- Dehydration. This may be developing if the child drinks little, passes little urine, has a dry mouth and tongue or becomes drowsy.
- Breathing difficulties.
- Convulsion (fit).

The individual will need to go to their **nearest accident and emergency (A&E) department** if they develop any of these symptoms. The A&E department should be notified before or on arrival that the child has a rash and measles is suspected.

### How can spread be prevented?

An individual with measles will be infectious from four days before onset of their rash until four days after so should be excluded as soon as measles is suspected until five days after the onset of rash.

Encourage parents to seek medical advice (ringing the healthcare provider before arrival to advise them that their child has a rash).

Contact the health protection team as soon as any measles cases are notified to the school. If there are any individuals in the school who may have been in contact with the individual and are pregnant, unimmunised or have weakened immune systems, advise them to contact their GP immediately and notify the health protection team as soon as possible.

Encourage all children over the age of one to have MMR vaccination and ensure all staff date are up to date. If staff are unsure of their vaccination status they can ask their Practice Nurse.

More information on Measles can be found in chapter nine of the **Health protection in schools and childcare facilities** guidance.