URTI? Fever/rash? Overseas travel? Contact with overseas visitors? 

**THINK MEASLES**

There are outbreaks in places like the Philippines, Australia, Europe, UK, Africa, Asia, India and North America and there are cases in New Zealand.

**Prodrome, can include:**
- fever (above 38°C)
- cough
- coryza
- conjunctivitis
- koplisk spots (white spots on the buccal mucosa).

**Day 3 to 7 of illness**

A generalised maculopapular rash, starting on the head and neck and then spreading to the rest of the body.

**Notify public health immediately**

Notify the Medical Officer of Health as soon as you suspect measles – do not wait for a laboratory confirmation.

**Prevent transmission**

Measles patients are infectious 5 days before and until 5 days after the rash appears. Implement Infection Prevention and Control measures, for example:
- identify suitable triage and isolation areas for suspect measles cases
- allow only immune staff to have contact with the patient
- use appropriate personal protective equipment.

Be prepared for suspected measles cases who may not have called ahead, for example, by placing signs, hand gels and surgical masks at waiting room entrances or reception desks.

**Promote immunisation**

Offer measles vaccinations to those who are not fully immunised. People born before 1 January 1969 are considered immune. People born after 1 January 1969 require 2 measles vaccinations to be fully immunised.

MMR vaccinations are scheduled at 15 months and 4 years. The vaccinations are free for New Zealand residents and contacts of cases.

Vaccination is particularly important for those planning to travel overseas – to protect them and prevent outbreaks in New Zealand.

Infants 6 months and over can be given MMR early if necessary – refer to www.health.govt.nz/measles (prevention tab) for more information.

Further advice for travellers is available on the safe travel website www.safetravel.govt.nz

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