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Measles outbreak in the South East

A family outbreak of laboratory confirmed measles has occurred in the South East of the country, with three members of one family affected. None had received MMR vaccine. The index case was exposed to measles while on holiday in the U.K. during April. This outbreak occurs at a time when a large measles outbreak is on-going in the UK as well as in other European countries. These outbreaks increase the risk of measles importation into Ireland.(1) As a result of this recent case, the Department of Public Health in the HSE Southeast has identified 20 close contacts as being at risk of infection and public health action has been taken to prevent on-going transmission through the provision of MMR vaccine as necessary.

Measles is highly infectious with > 90% secondary attack rates among susceptible individuals. In a non-immune population, one case of measles can infect 15-20 people. Measles may be transmitted from 4 days before to 4 days after rash onset. Transmission is primarily person to person via large droplets. Airborne transmission via aerosolized droplet nuclei has also been documented in closed areas for up to 2 hours after a person with measles has occupied the area.(2)

Measles is characterised by a generalized rash lasting 3 days or longer, temperature > 38°C, accompanied by any of the following- cough, coryza (rhinitis) or conjunctivitis or Koplik's spots. The rash is typically erythematous and maculopapular, often first appearing behind the ears and spreading to face, trunk and limbs over 3-4 days. (Figure 1). Koplik's spots, small red spots with blueish white centres, which may appear on the mucous membranes of the mouth two days either side of the rash are characteristic of the infection (Figure 2).

Figure 1. Picture of a child with measles



Figure 2. Measles, Koplik spots - close-up



Measles is a serious disease and is notifiable under Infectious Disease legislation. Approximately 30% of measles cases have one or more complications, these are more common in children under 5 years of age and in adults. Complications include pneumonia, otitis media, diarrhoea, convulsions, acute encephalitis and sub-acute sclerosing panencephalitis (the latter may occur a number of years after infection). Transient immunodeficiency can occur, with decreased T cells and leucopenia lasting for weeks.

Immediate notification of any suspect case to the Medical Officer of Health in the HSE Departments of Public Health is necessary to ensure complete investigation, identification of source of infection and close contacts at risk of infection, and implementation of control measures. An outbreak can be prevented by immunising all susceptible individuals within 72 hours of contact.

Key points

- Measles outbreaks are on-going in Europe (The U.K., Italy, Germany, Switzerland, France) and pose a risk to non-immune Irish travelling to these countries.
- Measles is a notifiable disease. Immediate notification is needed to prevent further transmission through immunisation.
- If measles is imported into Ireland there is a risk of transmission to non-immune individuals (including children too young to be vaccinated).

Recommendation

- All children should be vaccinated according to the national immunization guidelines at 12 months and 4-5 years of age.(3)
- Children < 6 years of age who have missed their vaccinations should be vaccinated as soon as possible.
- Unvaccinated older children and young adults should be vaccinated with two doses of MMR vaccine, with a minimum of one month between doses.
- GPs are encouraged to opportunistically review vaccination status of their patients and provide MMR vaccination if indicated.

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1. Euro Immunization Monitor. Issue 5. March 2009 available at http://www.euro.who.int/Document/CPE/Euro_Immun_Mon_Mar_2009.pdf
2. Remington PL, Hall WN, Davis IH, Herald A, Gunn RA.. Airborne transmission of measles in a physician's office. JAMA. 1985 Mar 15;253 (11):1574-7
3. National Immunisation Guidelines 2008. Available at www.hpsc.ie

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