

Memorandum

To: Clinical and laboratory teams
From: Chris Mansell clinical microbiologist
cc: Measles Outbreak Incident Management Team
Date: 13 May 2016

SUBJECT: Measles Lab Testing May 2016 - Updated

Suspected cases of measles

Please phone Population Health 8382569 (or on duty Medical Officer of Health 021359650 if out of hours) to notify on clinical suspicion, even before samples are collected..

Please supply:

Clinical Information

- Date of onset of first symptoms eg fever, cough. Date of onset of rash.
- Vaccination history if known. Include date if within < 6 weeks.
- Whether a contact of known case / travel outside Waikato DHB
- Phone / pager contact for requesting doctor

Blood (serum) gold top or plain red top tube

- IgG and IgM will be tested.
- Positive IgM defines a confirmed case
- 40% are positive at 4 days from first symptoms, 90% at 7 days
- May need repeat to rule out.
- IgG negative means the patient is susceptible.
- For children too young to have been vaccinated, early blood testing is often uninformative, so a nasopharyngeal swab should be sent instead.

Nasopharyngeal swab if:

- Child under 2 yr of age who has not been vaccinated.
- Vaccinated within past 6 weeks (to check whether vaccine or wild measles virus)
- No known contact with a confirmed measles case.

Use flexible wire swab (eg light blue top)

Insert horizontally 3 to 6 cm (depending on size of patient) and rotate 3 times.

Cut off and send in virus transport medium (eg green tube)

Immune Status for Contacts and Healthcare Workers

Blood in gold or red top tube

- IgG testing only (Positive = immune and negative = susceptible)
- IgM testing can be added on later if needed.