

MEASLES OUTBREAK: NCCN ADVICE SEPTEMBER 2019

Measles infection

Measles is a highly contagious virus that can be life threatening. Children who are receiving chemotherapy, or are within 6 months after completion of chemotherapy, or received a bone marrow transplant who remain immunosuppressed are at risk of a serious measles illness if exposed.

Measles is infective from 5 days before the onset of rash (1 day before the onset of prodromal symptoms such as fever, cough, runny nose, conjunctivitis) and until 5 days after the rash.

‘Measles contacts’ are people who shared the same air with someone while they were infectious with measles. It takes 7-14 days for a contact who has become infected with the measles virus to start to have symptoms.

What to do if your child has been in contact with measles, or is suspected to be sick with measles

If you suspect your child has been exposed to measles, you should contact your local paediatric hospital promptly. Your local hospital will assess the risk of exposure and arrange preventative immune globulin which needs to be given as soon as possible, ideally within 3 days (72 hours) of exposure, but up to 6 days.

Children who are immunosuppressed with measles often do not have a rash or other typical signs of measles. They can develop serious pneumonitis (lung infection) or encephalitis (brain infection). If you suspect your child has measles, you should contact your local hospital as soon as possible, so that appropriate arrangement can be made by the hospital to have your child assessed/diagnosed immediately. Contact the hospital prior so you and your child can be isolated on arrival. Your local hospital will have access to management guidelines and advice.

Individuals who are exposed to measles and are uncertain if they are immune should be isolated for 14 days – this is directed by Public Health. Isolation means staying away from a child who is immunosuppressed, staying away from other people, and not attending school, work or social events.

How can I protect my child from measles

Children who are immunosuppressed are unable to receive the measles vaccine. It is important to have family members vaccinated to reduce the risk of spreading measles to your child.

- Anyone born after 1 January 1969 who hasn't had two doses of measles vaccine after their first birthday, or has not had measles already, is at risk of catching measles. If you are at risk, we recommend you see your GP and receive a MMR vaccine as soon as possible.
- Measles vaccine can be given from 6 months of age. This has been brought forward from the previously advised 12 months on the basis of the current outbreak, and international data demonstrates vaccination in this age group is both safe and effective.

- For the siblings of our patients, we recommend infants between 6 to 12 months to receive one dose of the vaccine. When MMR is given at age 6-11 months, this is called dose zero (MMR0). The infant will still require two doses of MMR vaccine from 12 months of age.
- Children between 12 months and 5 years of age should receive 2 doses of the vaccine 4 weeks apart if they have not had a MMR, or just one extra dose of the vaccine if they already received one dose previously, with a minimum interval of 4 weeks between vaccines.
- If you are unsure if you have been vaccinated, you should see your GP and receive vaccination if you do not have documentation of two doses of MMR.
- Two doses of MMR are free for anyone born after 1 January 1969.
- If your child's immune function has recovered after cancer therapy, and he/she has commenced re-immunisation, we recommend bringing the MMR vaccination forward so they can become immune as soon as possible.

If you are unimmunised and the primary caregiver of a child receiving immunosuppressive treatment, we recommend you receive a MMR vaccine as soon as possible.

Advice on daycare and school attendance

Children may continue to attend daycare and school. If your child is attending a school that does not have full immunisation uptake amongst staff and families, he or she is at higher risk of exposure. You should keep them at home for 2 weeks from the last reported case in your area.

The oncology services will continue to consult with paediatric infectious diseases team to review the situation and above advice, and provide updated information and recommendations as required. Resources from the Auckland Regional and Canterbury Public Health services are available and provide good information and advice.

<https://www.arphs.health.nz/public-health-topics/disease-and-illness/measles/>
<https://www.kidshealth.org.nz/measles-immunisation>
<https://www.cph.co.nz/wp-content/uploads/measlesinfoforcontacts.pdf>
<https://www.cph.co.nz/wp-content/uploads/MeaslesFAQ.pdf>
<https://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/measles/protecting-children-who-cant-be-immunised-against-measles>

The situation is changing on a regular basis. CHOC and Starship will continue to provide advice specific to their respective centres as is required.

Mark Winstanley
 Paediatric Oncologist
 Service Clinical Director, Starship
 Blood and Cancer Centre

Amanda Lyver
 Paediatric Oncologist
 Clinical Director, CHOC

Scott Macfarlane
 Paediatric Oncologist
 National Clinical Leader (Child
 Cancer), National Child Cancer
 Network



