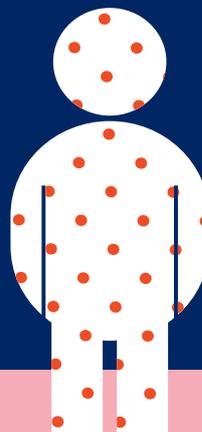


Communicable Diseases Factsheet

Measles: information for contacts



Last updated: December 2021

Measles is a serious disease that is easily spread through the air. Contacts are people who shared the same air as someone who was infectious with measles. Contacts who are not immune may go on to develop the infection unless they get preventive treatment.

Note to healthcare professionals:

- Information on this factsheet should be completed by a healthcare professional for each patient (exposure date, indicate if given MMR or NHIG, and practice stamp).
- A measles factsheet should also be given to the contact:
https://www.health.nsw.gov.au/Infectious/factsheets/Pages/measles_factsheet.aspx

1. Date of first and last contact with the infectious person:/...../..... -/...../.....
2. Watch out for symptoms of measles until (last contact date +18 days):/...../.....
3. You have been given the following treatment to prevent measles:

Measles, mumps, rubella (MMR) vaccine after measles exposure

MMR vaccine can make the body produce antibodies against measles and will protect against the disease developing if it is given within 3 days (72 hours) after exposure to the virus. As a precaution, you should not have contact with anyone who may be at risk of measles until/...../..... (date in 2. above).

MMR vaccine is not suitable for everyone. Pregnant women and immunosuppressed people should not get MMR. Please see the endnote¹ regarding infants and young children.

Normal Human Immunoglobulin (NHIG) injection after measles exposure

Normal human immunoglobulin (NHIG) is antibodies purified from blood donors. NHIG can provide shortterm protection against infection if given within 6 days (144 hours) of exposure. As a precaution, you should not have contact with anyone who may be at risk of measles until/...../..... (date in 2. above).

NHIG does not provide long-term protection from measles and you should arrange to receive MMR vaccination at least 5 months² after receiving NHIG.

No treatment after measles exposure

If exposure to measles occurred more than 6 days ago, the above treatments are not effective. You should be on the lookout for symptoms. As a precaution, you should not have contact with anyone who may be at risk of measles until/...../..... (date in 2. above).

Communicable Diseases Factsheet – Measles: information for contacts

What is a measles contact?

'Contacts' are people who shared the same air as someone while they were infectious with measles (for example, being in the same room as someone with measles). If the infection is transferred and takes hold in contacts, these people go on to develop measles symptoms in 7 to 18 days after sharing the same air.

Many contacts will be immune to measles because of past measles infection or immunisation and will not get the disease. Other contacts who are susceptible may catch the virus and may then go on to spread the virus to others. It is sometimes possible to stop the infection in susceptible people – either by giving Measles, Mumps Rubella (MMR)-containing vaccine or by giving an injection of normal human immunoglobulin (NHIG).

Who is at risk of measles infection?

People are at risk of measles if they have been a contact of someone with measles and if they are susceptible to measles. People who are regarded as susceptible to measles include:

- People born during or since 1966 who have not had two doses of MMR-containing vaccine³
- Babies under the age of 12 months who have not received their first dose of MMR vaccine
- Children over 18 months who have not received their second dose of MMR (or MMRV) vaccine
- Any people who have a weakened immune system (for example, people who are receiving chemotherapy or radiotherapy for cancer or people who take high-dose steroid medications) even if they have been fully immunised or have had past measles infection.

What should contacts do?

- Make sure they are up-to-date with measles vaccination.
- Read the measles fact sheet and look out for the symptoms of measles until the date on the front of this sheet (calculated as date of last contact plus 18 days). The first symptoms of measles are general lethargy and fatigue, fever, runny nose, sore runny eyes and cough. The rash starts later.
- As a precaution, it is a good idea not to have contact with anyone who may be at risk until 18 days after your exposure.

If you (or your child) develops symptoms of measles

- Do not attend public places (such as work, school, early childhood education and care services or shopping centres) or use public transport.
- See a doctor, preferably your general practitioner, as soon as possible so a diagnosis can be confirmed. Take this fact sheet along.
- Call the surgery ahead to alert them of your symptoms and to allow them to make arrangements to assess you safely and without infecting other people. Ask to be given a mask and to be isolated so you don't spread the infection.
- Call the local public health unit.

Further information

For more information please contact your doctor, local public health unit or community health centre

Public Health Unit contact details

You can contact your local public health unit by calling 1300 066 055

- 1 For infants aged 6-11 months who have been given MMR for the first time after exposure to measles: This does not replace normal immunisation with MMR. Your baby should receive the usual first MMR immunisation dose after 4 weeks or when they reach 12 months (whichever is later). A second dose should be given at 18 months as MMRV. For infants aged 12 months: this replaces the normal first MMR dose. A second dose as MMRV should be given at 18 months. For children aged 1 year to 18 months who have been given MMR for the second time after exposure to measles: Provided this was as MMRV (including varicella) this replaces the second dose normally provided at 18 months, provided there has been a gap of at least 4 weeks between doses. If the second dose was MMR without varicella antigen, then an additional dose of MMRV will be required to provide protection against chickenpox.
- 2 Length of time following NHIG administration before MMR or MMRV can be safely administered is dependent on whether the person is immunocompromised, and should be determined on a per patient basis by the treating physician: see the [Australian Immunisation Handbook – Vaccination for special risk groups](https://immunisationhandbook.health.gov.au/vaccination-for-special-risk-groups) <https://immunisationhandbook.health.gov.au/vaccination-for-special-risk-groups>.
- 3 People born before 1966 are likely to have had measles infection and are usually immune.