Western Cape Government
Health

DIRECTORATE: **FACILITY BASED PROGRAMMES**

ENQUIRIES: **Ms CA. Jacobs / Ms B. Magodla / H. Mathema**

TELEPHONE: 021-483-9964/3156/9917/9941

MEASLES OUTBREAK ALERT

TO: **Metro and Rural District Health Services**

Public and Private Hospitals

Private Clinics

Private Laboratories

National Health Laboratory Services

Local Authorities/Municipalities: Health Services

South Africa Military Health Services

General Practitioners

Pharmacies

This alert serves to inform all healthcare workers and health facilities/practitioners of:

- A measles outbreak in a school in Stellenbosch, and
- Urgent measures that should be implemented in each district/sub-district to ensure early detection of measles outbreaks and rapid response with the use of measles vaccine.
- Standard Operating Procedure: Detection, Reporting and Investigation of Suspected Measles Cases (SMCs)

A total of 5 Measles IgM positive cases (age range: 12 – 17years) were reported at a school in Stellenbosch (Cape Winelands District) from 18 – 30 January 2017. Four cases presented to private health facilities, and 1 at a general practitioner. A targeted measles vaccination is underway at three schools in the area. Suspected measles cases at these schools must be reported immediately to the Provincial Communicable Disease Control (CDC) Office, in order to facilitate the investigation, confirmation and follow-up of cases.

We appeal to all hospitals (public and private) and general practitioners (GPs) in the Stellenbosch area and in our province to report, and fully investigate suspected measles cases according to the attached Standard Operating Procedure (SOP) – Annexure 1

A suspected measles case (SMC) is defined as "Any person with: fever of 380C or more, and generalised maculopapular rash, and any one of the following 3: cough, conjunctivitis (i.e. red eyes) or coryza (i.e. runny nose)." SMCs should be immediately reported to the Local Authority and/or District Health Office (see Annexure 1); blood specimen should be collected and sent to National Institute for Communicable Diseases (NICD) with a Measles Case Investigation Form to test for measles antibodies (IgM).

These measures listed below must be implemented by both **public and private healthcare providers, health practitioners and sub-district and district health offices.**

Table 1: Measures for implementation to ensure early detection and response to measles outbreaks

	Objective	**Action**
1.	Intensify surveillance and notification of suspected measles cases	✓ All health professionals and facilities to be on high alert to detect and investigate persons who may have measles ✓ Any suspected measles case must be reported to the relevant District Health Office, and Provincial EPI Disease Surveillance Manager (See Annexure 1) ✓ Ensure that the provincial circulars and the National EPI-SA Suspected Measles Flow Chart are displayed at all health facilities.
2.	Adequate clinical management of cases	✓ On admission of a suspected measles case at hospital – the Infection Control Practitioner should be immediately informed, the patient isolated, blood specimen collected, Vitamin A given to children between the age of 6 months and 5 years. Repeat Vitamin A dose after 24 hours if measles is confirmed by the blood specimen. Vitamin A can be given to children older than 5 years. Manage complications according to clinical protocols. ✓ Health professionals must ensure that all children between 6 months and 15 years who are admitted to hospital for any reason are up to date with immunisation, if not certain then give measles vaccine.
3.	Community awareness and ensuring effective community involvement	✓ Inform Health promotion, Community Health Workers of the measles outbreak and to inform communities on the need to report suspected measles cases to the nearest health facility. ✓ Ensure that measles poster and/or pamphlets are made available. ✓ District and sub-district should ensure that awareness material is available and that in the event of a confirmed outbreak the appropriate communication material are used during response activities.
4.	Ensure weekly reporting of suspected measles cases to the National Department of Health	✓ Districts must submit a weekly report of suspected measles cases (line list) to the Provincial Office (CDC-EPI) – every Monday of the following week. See table 2 for contact details. ✓ Kindly email the suspected measles line list to the following email addresses: babalwa.magodla@westerncape.gov.za; Hlengani.mathema@westerncape.gov.za, felencia.daniels@westerncape.gov.za and charlena.jacobs@westerncape.gov.za ✓ During an outbreak daily updated line list needs to be sent to the provincial CDC office.
5.	Re-inforcement of routine Immunisation to increase immunisation coverage	✓ Assess the immunisation coverage in districts/sub-district to identify at "high risk areas" ✓ Check the Road to Health Chart (RTHC) at all opportunities and give missed doses. ✓ Maintain sufficient stock levels of vaccines. ✓ All hospitals should keep measles vaccine and be able to vaccinate on admission.

6.	District Outbreak response teams to be on alert and respond rapidly when a measles outbreak has been confirmed	✓ Include representatives of the following directorates/programmes in the team/committee: Communicable Disease Control, EPI, Pharmaceutical Services, Health Promotion, Communication, Health Information Management/Surveillance, Primary Health Care, NGOs, and private sector. In the event of an outbreak the Provincial and District Outbreak response Teams will implement the following actions: ✓ Laboratory confirmation of the outbreak ✓ Ensuring adequate clinical management of cases ✓ Intensifying surveillance and notification of suspected cases ✓ Assessing the risk of a large outbreak with high morbidity and mortality ✓ Investigating a confirmed measles outbreak ✓ Implementing control and prevention measures (including vaccination activities) ✓ Ensuring effective community involvement and public awareness.

In order to ensure the appropriate reporting and investigation of SMCs, the following documents are attached:

1. Annexure 1: Standard Operating Procedure: Reporting of SMCs in the Western Cape
2. Annexure 2: Provincial and District EPI & Child Health Coordinators
3. EPI-SA National Flow Chart
4. Measles Case Investigation Form

ANNEXURE 1:

STANDARD OPEARTING PROCEDURE: DETECTION, REPORTING AND INVESTIGATION OF SUSPECTED MEASLEAS CASES (SMCs)

See attached National Department of Health: Expanded Programme on Immunisation, SMC flow diagramme, and Measles Case Investigation Form, and the Secondary Prevention of Measles document.

2.1 Case Definition

- A maculopapapular (blotchy, non-blistering) rash with pyrexia (temp 38 degrees or >) AND any of the following three symptoms: cough or coryza (i.e. runny nose) or conjunctivitis
- All SMCs investigated should meet the case definition and should reflect on the Measles CIF.

2.2 Reporting of SMCs

- Early detection is crucial to enhance contact tracing.
- Suspected measles cases (SMCs) must be reported immediately and the required specimens taken in order to confirm or discard the suspected case/s, so that the appropriate control measures can be taken.
- Obtain a unique EPID No. from the District / Provincial Contact person. (See Table 1) If your practice or health facility resides in Stellenbosch – the Cape Winelands District Office must be contacted for an EPID Number.
- Complete a Measles Case Investigation Form. Copies of the completed Case Investigation Form should be forwarded /faxed to the district and provincial contact persons.
- Please complete the GW17/5 only when it is a laboratory confirmed measles case (copy to the Local Authority / District).
- If there is a very strong suspicion of measles (i.e. clinical picture, contact with a laboratory confirmed case etc.), please do not hesitate to call the provincial EPI or CDC Office.
- Districts should keep an updated electronic line list of SMCs. During outbreaks the rural districts, daily updates of line lists must be forwarded to the Provincial EPI Disease Surveillance Officer.

Table 1: Contact person/s to obtain EPID numbers for suspected measles cases

CONTACT PERSON	TELEPHONE / CELL	FAX	E-MAIL
Cape Town: Provincial EPI Surveillance Officer, Ms Babalwa Magodla	021-483-9917/3156 082-063-5994	021-483-2682	Babalwa.Magodla@westerncape.gov.za
Cape Winelands: Ms Wilna Van der Merwe	023-348-8116 082-726-8770	023-348-8124	Wilna.VanDerMerwe@westerncape.gov.za
Central Karoo: Ms Deborah Jacobs	023-414-3590	086-260-9310	Deborah.Jacobs@westerncape.gov.za
Eden: Mr Clinton Moolman	044-803-2779	044-874-0631	Clinton.Moolman@westerncape.gov.za
Overberg: Ms Stephanie February	028-214-5887	028-212-1524	Stephanie.February@westerncape.gov.za
West Coast: Ms Monray January	022-487-9335	086-771-2528	Monray.january@westerncape.gov.za

2.3 Specimens

- Blood specimens of each SMC should be sent refrigerated should be kept refrigerated until transport to the laboratory can occur. Blood specimens can be transported using standard packing and transporting procedures. Specimens can be sent to the NICD via the routine NHLS route.
- The blood specimen must be accompanied by a Measles Case Investigation Form (attached)
- Bloods are sent to the NICD for Measles IgM testing.

- Throat swabs using the specific viral transport medium (VTM) will only be collected in specific situations e.g. outbreaks, and will be done in consultation with the NHLS-NICD.
- Specimens tested at privates laboratories need to be re-tested/confirmed at the NICD. Private laboratories should forward the specimens to the NICD, and ensure that specimens received / requesting measles serology is accompanied by the necessary completed measles case investigation forms. The private health facility or requesting doctor should report these cases to the Department of Health, and arrangement can also be made to have it sent to an NHLS laboratory.

2.4 Clinical Management

- Treatment is supportive, antipyretics prescribed as indicated. Bacterial super-infections should be promptly treated with appropriate antimicrobials. No prophylactic antibiotics are necessary.
- Monitor patient / case for complications and treat.
- Vitamin A is critical in the clinical management of measles in children and is used to prevent and reduce severity of complications and death. Vitamin A should be administered to all children with suspected or confirmed measles for two consecutive days. Second dose is given after 24 hours.
- Recommended dosage:
    - 6 months to 1 year – 100 000 units per day
    - 12 – 60 months – 200 000 units per day

2.5 Contact tracing and follow-up

- All household contacts (under 20 years of age) of suspected measles cases should be asked to come to the clinic for a booster measles vaccination within 72 hours.
- If many cases are seen, immediate follow-up should be made with the NHLS-NICD and the Provincial Office to exclude or confirm an outbreak.
- In the case of a confirmed measles outbreak, a targeted measles immunisation campaign will be conducted in the affected area, targeting school etc. Please contact the provincial office for assistance.
- See details of the public health response and post-exposure prophylaxis in the attached NICD Guidance (Tertiary and Secondary prevention of selected communicable diseases). Kindly observe the contra-indications for measles vaccine.

2.6 Laboratory Results

- **If the Measles IgM test results are positive**
    - Determine if there was measles vaccination in the last 6 -8 weeks.
    - If *Yes*, then it is due to measles vaccination → Case is classified as a Discarded Measles Case i.e. not a true measles case
    - If *No*, it is seroconversion due to measles infection → This is a true case - Laboratory Confirmed Measles Case

2.7 District Suspected Measles Line Lists

- Districts should keep an updated line list of SMCs and forward the electronic database to the Provincial EPI Disease Surveillance Manager.
- The provincial EPI Surveillance Manager receives weekly SMC laboratory results from the NHLS-NICD

<u>Flow Diagramme:</u> Reporting of SMCs in the Western Cape

HEALTH FACILITY / HEALTH PRACTITIONER

Suspected measles case (SMC) is detected by health care worker

- Obtain a unique EPID number from the Provincial EPI Disease Surveillance Manager / district contact person
- Complete all sections on the Measles Case Investigation Form
- Obtain blood sample
- Send blood specimens to NHLS-NICD: 011–386 6000 (tel.) via (NHLS) normal route. Case Investigation form to accompany specimens.
- Ask about other cases in the area and support the Outbreak Response Team

PROVINCIAL SURVEILLANCE OFFICER / DISTRICT CONTACT PERSON (INFORMATION MANAGEMENT)

- Allocate EPID number for each case
- Notify contact person at the Local Authority
- Liaise with NHLS / NICD
- Follow-up on case investigation
- Keep a district / provincial SMC line list (electronic)

LOCAL AUTHORITY / DISTRICT

Outbreak response

- Identify other cases in the area
- Update the measles district line listing
- Contact tracing (e.g. booster measles immunization)

ANNEXURE 2: PROVINCIAL AND DISTRICT EPI COORDINATORS

CONTACT	TELEPHONE, CELL, FAX	E-MAIL
Ms Charlene A. Jacobs: Provincial CDC Coordinator,	021-483-9964/3156, 072-356-5146 Fax: 086-611-1092, 021-483-2682	Charlenea.jacobs@westerncape.gov.za
Ms Sonia Botha: Provincial EPI Coordinator,	021-483-4266, 072-543-5310 Fax: 021-483-2682	Sonia.Botha@westerncape.gov.za
Provincial EPI Disease Surveillance Officer: Ms Babalwa Magodla Provincial Epidemiologist: Mr. Hlengani Mathema	021-483-9917/3156; 082-063-5994 021-483-2682 021-483-9941	Babalwa.Magodla@westerncape.gov.za Hlengani.Mathema@westerncape.gov.za
District EPI Coordinators		
Cape Town: Ms Kelebogile Shuping (City of Cape Town, Southern) Ms Deidre Titus (City of Cape Town, Tygerberg) Ms Melissa Stanley (City of Cape Town, Western) Ms Theda De Villiers (City of Cape Town, Eastern) Ms Shariefa Patel-Abrahams (City of Cape Town, Khayelitsha) Ms Tembisa Nojaholo (City of Cape Town, Klipfontein) Ms Nomsa Nqana (City of Cape Town, Mitchell's Plain) Ms Jennifer Coetzee (City of Cape Town, Northern) Ms Anneline Janse Van Rensburg (MDHS, Southern/Western) Sheila Mc Cloen (MDHS, Khayelitsha/Eastern) Ms Erna Peters (MDHS, Khayelitsha/Eastern) Ms Hettie van Merch (MDHS, Klipfontein/Mitchell's Plain) Ms Michelle Williams MDHS, Northern/Tygerberg)	 021-444-3260, 021-938-8281, fax: 021-938-8273 021-514-4124, fax: 021-511-9030 021-850-4312, fax: 021-850-4438 021-360-1153, fax: 021-361-5771 021-630-1626, fax: 021-633-2050 021-391-0175, fax: 021-392-6885 021-980-1211/1216, fax: 021-980-1292 021-202-0925, fax: 021-202-0948 021-360-4673/072-765-9003, fax: 021-360-4675 021-360-4633, fax: 021-360-4675 021-370-5053, fax: 021-949-8153 021-918-1977, fax: 086-457-0112	 Kelebogile.shuping@capetown.gov.za deidre.titus@capetown.gov.za melissa.stanley@capetown.gov.za theda.devillers@capetown.gov.za Shariefa.PatelAbrahams@capetown.gov.za tembisa.nojaholo@capetown.gov.za nomsa.nqana@capetown.gov.za jennifer.coetzee@capetown.gov.za anneline.jansevanrensburg@westerncape.gov.za Sheila.McCloen@westerncape.gov.za erna.peters@westerncape.gov.za Hettie.VanMerch@westerncape.gov.za Michelle.Williams@westerncape.gov.za
Cape Winelands: Ms R. Balie / Mr. G. Baadtjies	023-348-8125, fax: 023-342-8501 023-348-8144	Roenell.Balie@westerncape.gov.za Grant.baatjies@westerncape.gov.za
Central Karoo: Ms A. Jooste	023-414-3590 , fax: 086-260-9310	Annalette.Jooste@westerncape.gov.za
Eden: Ms S. Kruger	044-803-2700 / 2712, fax: 044- 873-5929	SuKruger@westernccape.gov.za
Overberg: Ms B. Groenewald	028-212-1512 , fax: 028-212-1524	Alenda.Otto@westerncape.gov.za
West Coast: Ms A. Haasbroek	022-487-9292 / 083-285-3936, fax: 086-710-0604	Aletta.Haasbroek@westerncape.gov.za