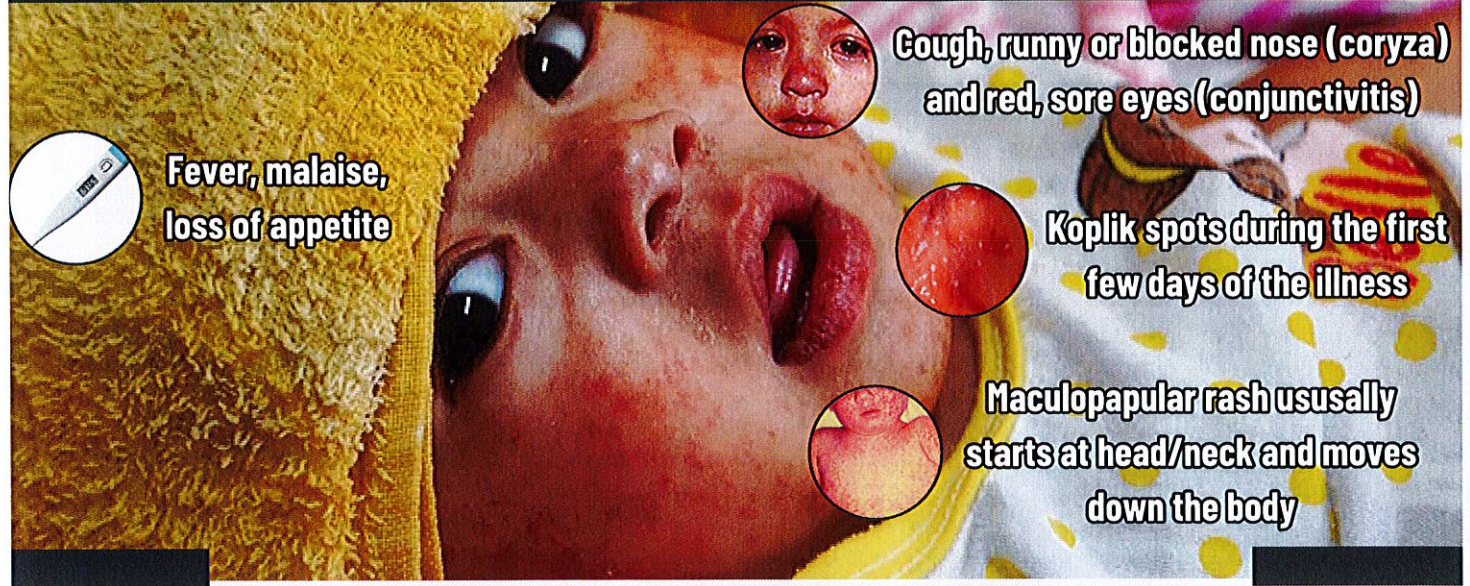




## INFECTION DISEASE & IMMUNISATION NEWSLETTER



**Fever, malaise, loss of appetite**

**Cough, runny or blocked nose (coryza) and red, sore eyes (conjunctivitis)**

**Koplik spots during the first few days of the illness**

**Maculopapular rash usually starts at head/neck and moves down the body**

# MEASLES UPDATE

By Dr Michael Hanrahan, Specialist Registrar in Public Health

## VACCINATE



- **MMR vaccine uptake rates are sub-optimal** (<95%) in Cork & Kerry. Uptake by 24 months ranged from 89.2-93.0% for data reported in 2022 and 2023. Uptake of the 2nd dose of MMR by children in junior infants was 92.6% in 2021/22.
- Please **ensure all patients are up-to-date with all of their recommended vaccines**. Ensure children receive their MMR vaccine on-time (recommended at 12 months and 4-5 years). **This is critically important for individuals and families that intend to travel overseas during the upcoming Easter break.**
- **There is no recommendation to get a 2nd MMR early**. Children should get the 2nd MMR vaccine in junior infants in school.
- Due to the current surge in measles cases in Europe and the UK, **GPs may administer the MMR vaccine (both original and booster dose) to patients of any age who are not vaccinated and present for vaccination.**
- **Adults born in Ireland before 1978 are likely to have had measles infection and so would not require vaccination.**
- Babies travelling to areas where measles outbreaks are occurring may get the 1st dose of MMR early (if aged 6-12 months but this does not replace the dose normally required at 12 months).

### If you suspect a case of measles:

1. **Isolate** any person with suspected measles. Measles is highly contagious and can remain active and contagious in the air or on infected surfaces for up to two hours.
2. **Diagnose:** Take an oral fluid (Oracol) Swab and send to the National Virus Reference Laboratory (NVRL). Ensure the sample is adequate (i.e. contact with saliva for at least two minutes). Alternatively, serum IgM and IgG can be tested if four days post rash onset.
3. **Record** the date of onset of the rash.
4. **Notify** the Medical Officer of Health in your area (i.e. Public Health). Phone 021 4927601. **DO NOT WAIT for the result!** Out-of-hours, healthcare professionals can contact Public Health via the National Ambulance Service - 0818 501 999.
5. **Advise** that the patient should remain at home until at least four days after rash onset so as to prevent spreading the infection. If they require assessment in A&E, phone ahead so they are not waiting in communal areas.



**URGENT PRELIMINARY NOTIFICATION TO PUBLIC HEALTH BY PHONE**

# SCABIES OUTBREAKS ON THE RISE



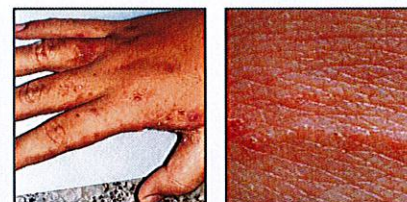
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By Dr Tessa O’Gorman, Specialist Registrar in Public Health

The Health Protection Surveillance Centre (HPSC) recently published an update on Scabies Outbreaks notified in Ireland in 2023. There were 27 outbreaks notified in 2023, compared to nine in 2022. Of the outbreaks, 18 were in congregate settings and four were in private households. The recent increase has also been noted in other European countries. Individual cases of scabies are not notifiable.

## KEY MESSAGES FOR HEALTHCARE PROFESSIONALS:

1. For **up-to-date guidance** on the recommended treatment visit the HSE GP Antibiotic Prescribing website: <https://www.hse.ie/eng/services/list/2/gp/antibiotic-prescribing/conditions-and-treatments/skin-soft-tissue/scabies/>
2. **All close personal household members and sexual contacts** in the six weeks prior to time of detection of the case **must be treated simultaneously**.
3. Seek specialist advice from Dermatology/Microbiology/Paediatrics when treating children < two months old or for crusted or true resistant scabies.
4. **True resistant scabies is uncommon**. If treatment failure is suspected following the use of topical treatment, **ensure that the correct treatment application has been carried out** by cases and their household and sexual contacts and that bedding and clothing was correctly handled (see point 3 below).
5. If a patient presents with **genital scabies**, please perform routine **STI testing**, including chlamydia, gonorrhoea, syphilis and HIV.
6. **Public Health can provide additional guidance when managing difficult-to-control or recurrent outbreaks**, particularly the environmental and infection prevention control aspects of management. Please note that Public Health cannot provide specific advice regarding medications, this decision lies with the treating GP/Dermatology/Microbiology.



**SIMULTANEOUS  
TREATMENT OF  
ALL HOUSEHOLD  
MEMBERS IS  
REQUIRED TO  
ELIMINATE  
SCABIES**

## KEY MESSAGES TO RELAY TO PATIENTS TO SUCCESSFULLY MANAGE SCABIES INCLUDE:

1. **Provide clear verbal and written instructions** to the patient and any close household and/or sexual contacts. Multilingual patient information leaflets are available and on the HPSC website: <https://www.hpsc.ie/a-z/specificpopulations/migrants/publichealthresourcesformigrants/publichealthpriorities/>
2. **All close household and/or sexual contacts need to be treated at the same time even if they are asymptomatic**.
3. The **environmental control measures are as important as the medical treatment** and need to be performed by all close household and/or sexual contacts **at the same time** even if they are asymptomatic.
  - **Wash clothing, bedding and towels** in a **minimum 50 degrees Celsius** wash cycle, OR alternatively 50 degrees Celsius tumble dry for 30 minutes.
  - **Seal items that cannot be washed or easily dry cleaned in a bag for four days without removing anything during this time period**. These items may include shoes, outdoor clothing such as coats, hats and gloves, soft toys and removable covers of child car seats/buggy.
  - **Classical Scabies: Cleaning should be undertaken for items which have had prolonged direct contact with the skin**, for example vacuuming of a sofa or a mattress if being used without a sheet covering. Pillows and duvets do not require cleaning if they were completely covered with a pillowcase/duvet cover and there was no direct skin contact.
  - **Crusted Scabies: More regular vacuuming and a deep clean after treatment cycles** (for example, damp dusting soft furnishings, cleaning touch points, vacuuming mattresses and so on) should be considered due to the increased shedding of skin associated with this form of scabies.
4. **Itching may continue for up to four weeks** following successful treatment.
5. **Can return to school or work 24 hours after first treatment** has been applied.

In the coming months the HPSC will be updating patient information leaflets and guidance documents relating to the management of scabies in congregate settings. Once available they will be published on the HPSC website.