

# Schools & Nurseries Update



Produced by the West Midlands Children's Leads Group

SEPTEMBER 2010

## Measles - what to do when

### Remember the HPU

It is essential to contact your local Health Protection Unit (HPU) in order to prevent the spread of infection.

The HPU will need to know:

- The name and contact number of the child's parents.
- The names, dates of birth and number of children in the affected class or year that this child was in contact with.
- Any at risk individuals who were in contact with the child.

### Contact info

For advice or further information contact your local Health Protection Unit (HPU):

West Midlands East  
0121 352 5345

West Midlands North  
01785 221126

West Midlands West  
01562 756300

The focus of this terms newsletter is on what school staff should do when they are notified by parents of a suspected case of Measles. When schools broke up for summer holidays last term there was a small cluster of measles cases in the West Midlands. This measles cluster is a reminder to all parents of the need to protect children by immunisation.

### IMPORTANT FACTS

Measles is a highly contagious disease spread from person to person from direct contact with respiratory droplets or nose and throat secretions.

Some children can become quite unwell. They may develop ear infections, conjunctivitis and pneumonia.

In rare cases the disease can go on to cause acute encephalitis, brain damage and can be fatal.

The people most at risk from measles are young babies, pregnant women and children who are immuno-compromised e.g. children with cancer.

The only way to protect children and other at risk individuals is to immunise with two doses of the MMR vaccine (Measles, Mumps, Rubella).

Remind parents that the child must not return to school or nursery until four days after the rash first appeared.

## Pregnancy and Rashes

The Health Protection Unit receives a number of enquires about pregnant teachers or nursery assistants who have come into contact with a child with a rash.

The following advice should be considered:

• If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash this should be investigated by a doctor.

• The greatest risk to pregnant women from such

infections comes from their own child rather than their workplace.

• The management of contacts of children with rashes can only be undertaken with a confirmed diagnosis.

• Chickenpox can affect pregnancy if a woman has not already had the infection.

• If exposed early in pregnancy (first 20 weeks) or very late (last three weeks), the GP and ante-natal carer should be informed and a blood test done to check immunity.

• If a pregnant woman comes into contact with German measles (Rubella) she should inform her GP and ante-natal carer immediately.

• The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.

All female staff under 25 working with young children should have evidence of two doses of MMR vaccine. Ask your GP if you're not sure.