

Chief Health Officer Alert

22 May 2013

Status: Resolved

Measles Cases in Melbourne

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Date issued: 22 May 2013

Issued by: Dr Rosemary Lester, Chief Health Officer, Victoria

Issued to: Hospital Emergency Departments and General Practitioners within metropolitan Melbourne

Key messages

- Two confirmed cases of measles have occurred in Melbourne over the last week.
- One case has occurred in a returned traveller. The other case was acquired locally.
- With an average incubation period of 10 days, any secondary cases will start to present from this time onwards.
- Be alert for measles in patients presenting with a febrile rash.
- Minimise the risk of transmission within your department/practice through immediate isolation of suspected cases.
- Notify the Communicable Disease Prevention and Control at the Department of Health of suspected and confirmed cases immediately.
- Take blood for serological confirmation and nose and throat swab for PCR diagnosis.

What is the issue?

Within the last week the Department of Health has been notified of two confirmed cases of measles. Measles is highly infectious (airborne transmission) and secondary cases are likely to occur. Both cases spent their entire infectious period in Melbourne.

Who is at risk?

Children or adults born in Australia during or since 1966 who do not have documented evidence of receiving 2 doses of a measles-containing vaccine or documented evidence of laboratory-confirmed measles are considered to be susceptible to measles. People who are immunocompromised are also at risk.

Symptoms and transmission

Clinical features of measles include prodromal fever, a severe cough, conjunctivitis, coryza and Koplik's spots on the buccal mucosa. These are present for three to four days prior to rash onset.

The most important clinical predictors are the following features:

- generalised maculopapular rash, usually lasting three or more days, AND

- fever (at least 38°C, if measured) present at the time of rash onset, AND
- cough or coryza or conjunctivitis or Koplik's spots.

Measles is transmitted by airborne droplets and direct contact with discharges from respiratory mucous membranes of infected persons and less commonly by articles freshly soiled with nose and throat secretions. It is highly infectious and can persist in the environment for up to two hours.

The incubation period is variable and averages 10 days (range: 7 – 18 days) from exposure to the onset of fever, with an average of 14 days from exposure to the onset of rash. The infectious period of patients with measles is roughly five days before, to four days after, the appearance of the rash.

Recommendations

- Be alert for new measles cases – ensure all staff, especially triage nurses, have a high index of suspicion for patients presenting with a febrile rash.
- Notify suspected cases immediately to Communicable Disease Prevention and Control via telephone on 1300 651 160.
- Take blood for serological confirmation and nose and throat swab for PCR diagnosis.
- Minimise the risk of measles transmission within your department:
 - Avoid keeping patients with a febrile rash illness in shared waiting areas
 - Give the suspected case a single use mask and isolate them, until a measles diagnosis can be excluded.
 - Leave vacant all consultation rooms used in the assessment of patients with suspected measles for at least two hours after the consultation.
- Seek advice from the Communicable Diseases Prevention and Control regarding the management of susceptible hospital or clinic contacts.
- On advice, follow up all persons who attended the Emergency Department or clinic at the same time as a case and for two hours after the visit. These people are considered to be exposed to the measles virus.
- For advice around prevention of measles in susceptible contacts please contact Communicable Diseases Prevention and Control at the Department of Health.
- Check your staff vaccination records.
- Earlier outbreaks have affected health care workers, including some who have not been involved in the direct care of measles cases and have only been in the same ward, clinic, or department as a case. All staff born during or since 1966 should have documentation of two doses of measles-containing vaccine, or laboratory-confirmed evidence of past measles infection.

More information

Clinical information

The Australian Immunisation Handbook; 10th edition, 2013.

[http://www.health.gov.au/internet/immunise/publishing.nsf/Content/EE1905BC65D40BCFCA257B26007FC8CA/\\$File/handbook10.pdf](http://www.health.gov.au/internet/immunise/publishing.nsf/Content/EE1905BC65D40BCFCA257B26007FC8CA/$File/handbook10.pdf)

The Blue Book – Guidelines for the control of infectious diseases

[http://docs.health.vic.gov.au/docs/doc/FE2665DB66894C46CA2578B0001BE87E/\\$FILE/bluebook.pdf](http://docs.health.vic.gov.au/docs/doc/FE2665DB66894C46CA2578B0001BE87E/$FILE/bluebook.pdf)

Consumer information

Information for consumers is available at:

Better Health Channel - <http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Measles?open>

Contacts

For further information please contact the Communicable Disease Prevention and Control Unit at the Department of Health on 1300 651 160 (business hours) or 1300 790 733 (after hours).

Yours sincerely

A handwritten signature in cursive script, appearing to read 'Rosemary Lester', written in dark ink.

Dr Rosemary Lester
Chief Health Officer

Authorised by the Victorian Government, Melbourne.