

Chief Health Officer Advisory

30 January 2014

Status: Active

Measles in returned travellers – Philippines, Bali, Thailand, India and Sri Lanka

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Issued to: Health professionals

Key messages

- There have been **17 confirmed cases of measles** since 01 December 2013 in returned travellers from Asia (Philippines, Bali, Thailand, India and Sri Lanka).
- **Be alert** for measles in patients presenting with a rash and fever, particularly following recent travel to Asia.
- Give a **booster dose of MMR vaccine** to patients who plan to travel overseas if they do not have documented evidence of two doses of measles-containing vaccine or evidence of immunity. Adults who received a single dose of a measles-containing vaccine as a child are at risk and need a booster vaccine before travelling. MMR booster for travellers is a prescription vaccine.
- **Apply a surgical mask then isolate suspected cases** in a single room, preferably negative pressure, or any space with a closed door.
- **Notify** the Communicable Disease Prevention and Control Section at the Department of Health on 1300 651 160 of suspected cases immediately.
- **Take blood for measles serology** in all suspected cases.
- For further advice on testing visit <http://ideas.health.vic.gov.au/bluebook/measles.asp> or call the Department of Health on 1300 651 160. PCR testing for measles does not attract a Medicare rebate.

What is the issue?

A recent increase in measles transmission in Asian countries has resulted in Australian travellers becoming infected with the disease and infecting others after returning to Australia. Of the recently confirmed cases, 10 cases were not vaccinated against measles, 5 adult cases had received only a single dose of a measles vaccine as a child and 2 cases were unvaccinated as they were under 12 months of age. Other states, including Western Australia, Queensland, South Australia and New South Wales, have also had cases linked to travel within Asia.

Who is at risk?

- Individuals planning to travel to Asia (Philippines, Bali, Thailand, India and Sri Lanka) or recently returned travellers and those in contact with them.
- Children or adults born in or since 1966 who do not have documented evidence of 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

Important clinical predictors are:

- prodromal fever (at least 38°C, if measured) present at the time of rash onset, AND
- cough or coryza or conjunctivitis, AND
- generalised maculopapular rash, usually begins on the face and lasts three or more days.

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.

Individuals, especially children, are typically unwell.

Measles is highly infectious and can persist in the environment for up to two hours.

The incubation period is variable and averages ten 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.

This picture is typical of the rash on the face at day three in a child.



Image courtesy of U.S. Centers for Disease Control and Prevention.

Prevention/treatment

- 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.
- Check your staff vaccination records. All staff born in or since 1966 should have documentation of two doses of measles-containing vaccine, or laboratory-confirmed evidence of past measles infection.
- Notify via phone suspected cases immediately to the Communicable Disease Prevention and Control Section on 1300 651 160.
- Take blood for serological confirmation or call the Department for approved PCR testing.
- 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 diagnosis is made
 - leave vacant all consultation rooms used in the assessment of suspected measles patients for at least two hours after the consultation.
- Seek advice from the Communicable Disease Prevention and Control Section regarding the management of susceptible hospital or clinic contacts.

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://ideas.health.vic.gov.au/bluebook/measles.asp>

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 section at the Department of Health on 1300 651 160 (business hours) or 1300 790 733 (after hours).

Yours sincerely



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Authorised by the Victorian Government, Melbourne.