Chief Health Officer Alert

5 July 2016 Status: Active

Update: Measles Alert

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Date issued: 5 July 2016 (update to Alert issued 1 July 2016)

Issued by: Dr Finn Romanes, Acting Chief Health Officer, Victoria

Issued to: General Practitioners and Hospital Emergency Departments

Key messages

- **There are four confirmed cases of measles in Victoria**, none of whom have travelled internationally and who all appear to have locally acquired infection.
- **There is a risk of exposure to measles across metropolitan Melbourne and some parts of regional Victoria.** Three of the cases were in the central business district of Melbourne between 10 – 13 June and this may represent the source of infection for those people. There are many other areas across metropolitan Melbourne where infections may have been acquired, and individuals have attended a range of public settings across Melbourne and in regional Victoria whilst infectious, including Shepparton.
- **Be alert** for measles in patients presenting with a fever at rash onset, particularly if they are not fully vaccinated (two measles containing vaccines) or are uncertain of their vaccine status.
- **Isolate suspected cases** to minimise the risk of transmission within your department/practice.
- **Notify** the Communicable Disease Prevention and Control Section at the Department of Health and Human Services on 1300 651 160 of suspected cases immediately.
- **Take blood for measles serology** in all suspected cases.
- **Discuss whether to take nose and throat swabs** for PCR with the Department if your suspicion for measles is high. Approval is required prior to PCR testing at the reference laboratory. PCR testing for measles does not attract a Medicare rebate.

What is the issue?

Four individuals have been confirmed as having measles in the last week. Of concern is that none of the cases have travelled internationally and all are likely to have acquired measles within Victoria.

The cases acquired the infection between June 5 and June 20. Three out of four of the cases were in central Melbourne during the period they must have acquired their infection. There are many other areas across metropolitan Melbourne, Geelong and the Surf Coast where infection may have been acquired.

It is likely there will be more cases related to this outbreak. There has been further community exposure across metropolitan Melbourne, interstate and in Shepparton resulting from these cases.

Anyone who presents with signs and symptoms compatible with measles should be notified to the Department on suspicion and then tested. There should be an especially high index of suspicion if patients are unwell with a fever and rash are unvaccinated or partially vaccinated for measles.

Who is at risk?

Children or adults born during or since 1966 who do not have documented evidence of receiving two doses of a measles-containing vaccine or do not have documented evidence of immunity 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 and coryza. Individuals, especially children, are typically unwell.

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, coryza or conjunctivitis.

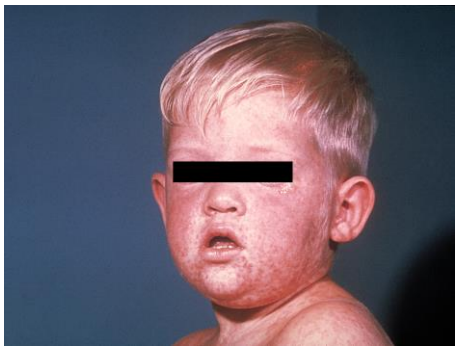
Measles is transmitted by airborne droplets and direct contact with discharges from respiratory mucous membranes of infected persons and less commonly, by articles freshly soiled with nose and throat secretions.

Measles 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.

Use the most appropriate tests for diagnosis depending on timing of symptoms and presentation:

- Take blood for serological confirmation in all suspected cases. If a patient has measles, IgM is reliably positive if the rash has been present for three or more days. IgG in the absence of IgM indicates the patient is protected and means measles is unlikely.
- Nose and throat swabs for PCR diagnosis are best for early diagnosis (including prior to rash); you must contact the Department prior to taking swabs to gain approval for these to be tested at the Victorian Infectious Diseases Reference Laboratory. PCR testing for measles does not attract a Medicare rebate.



This picture is typical of rash on the face. This is a rash on day three in a young boy.

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

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 the Communicable Disease Prevention and Control Section via telephone on 1300 651 160 (24 hours).
- Take blood for serological confirmation.

- Call the department to discuss the need for PCR diagnosis.
- To minimise the risk of measles transmission within your department/practice:
  – 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 30 minutes after the consultation.
- Seek advice from the Department of Health and Human Services Communicable Disease Prevention and Control Section regarding:
  – the management of susceptible hospital or clinic contacts
  – prevention of measles in susceptible contacts.
- On advice, follow up all persons who attended the emergency department or clinic at the same time as a case and for 30 minutes after the visit. These people are considered to be exposed to the measles virus.
- 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.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home~handbook10part4~handbook10-4-9

The Blue Book – Guidelines for the control of infectious diseases

https://www2.health.vic.gov.au/public-health/infectious-diseases/disease-information-advice/measles

Consumer information

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 and Human Services on 1300 651 160 (24 hours).

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Acting Chief Health Officer

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