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

Status: Active

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Issued to: Health professionals, Emergency Departments, Primary Care

Key messages

- Measles cases are continuing to be identified in travellers from Asia (Philippines, Bali, Thailand, India and Sri Lanka). A number of confirmed cases have also been identified in the northern suburbs of Melbourne, which are suspected to be associated with returned travellers.

- Be alert for measles in any patient presenting with a rash and fever, particularly following recent travel to Asia.

- Documented evidence of two doses of measles-containing vaccine is generally considered proof of protective immunity to measles. In the absence of this, serological evidence may be sought.

- For patients seeking advice prior to overseas travel:
  - Give a booster dose of MMR vaccine if they do not have documented evidence of two doses of measles-containing vaccine or evidence of immunity.
  - Adults who received only a single dose of a measles-containing vaccine as a child are still at risk and need a booster vaccine before travelling.
  - MMR booster for travellers is a prescription vaccine.

- For suspected contacts:
  - Apply a surgical mask then isolate suspected cases in a single room, preferably with 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 immediately.
  - PCR testing on nasopharyngeal swab or serum is the diagnostic test of choice in acute measles. The PCR test is not rebatable, therefore funding requires Department approval prior to ordering the test. Blood for measles serology may be helpful where measles immunity status is uncertain, or in confirmation of late presentations.

- 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.
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. All the recently confirmed cases had not been not vaccinated against measles, had received only a single dose of a measles vaccine as a child or were unvaccinated as they were under 12 months of age. All other States and Territories have also had cases linked to travel within Asia.

Who is at risk?
- Individuals planning to travel to Asia (especially the 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 two doses of a measles-containing vaccine or documented evidence of laboratory-confirmed measles are considered to be susceptible to measles. People who are immunocompromised may also be at risk, irrespective of vaccine status.

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, by 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 infective droplets may remain suspended in the air for extended periods.

The incubation period is variable, but averages ten days from exposure to the onset of fever (range: 7 – 18 days), with an average of 14 days from exposure to the onset of rash. The infectious period of patients with measles is from 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.

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 measles immunity.
- Notify suspected cases immediately to the Communicable Disease Prevention and Control Section via phone on 1300 651 160.
- Call the Department for approved PCR testing and consider taking blood for serological confirmation. (PCR testing for measles does not attract a Medicare rebate, and will incur a cost without Department approval).
- 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 30 minutes after the consultation (please note this is a recent update to the previous recommendation of 2 hours’ wait to re-use a room. This is in line with the current National Guidelines, March 2014).
• Seek advice from the Communicable Disease Prevention and Control Section regarding the management of susceptible hospital or clinic contacts.

More information

Clinical information

The Blue Book – Guidelines for the control of infectious diseases

National Guidelines for Public Health units, including update to contact exposure period

Consumer information
Information for consumers is available at:

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.