

# Chief Health Officer Alert

5 January 2015

Status: Active

## Measles associated with attendance at Etihad Stadium

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**Date issued:** 5 January 2015

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

**Issued to:** Hospital Emergency Departments and General Practitioners

### Key messages

- **Two confirmed cases of measles** appear to have been acquired following attendance at an RMIT graduation ceremony at Melbourne's Etihad Stadium on 17 December 2014. Both cases are in people not vaccinated for measles.
- **Consider** the possibility of measles in any person who is susceptible to measles and develops a compatible illness and who attended the RMIT graduation ceremony at Etihad Stadium on 17 December 2014.
- **Be alert** for measles in patients presenting with a fever and rash, or with a prodrome after an established exposure.
- **Minimise** the risk of transmission within your department/practice through immediate isolation of suspected cases.
- **Notify** Communicable Disease Prevention and Control at the Department of Health of suspected and confirmed cases immediately on **1300 651 160**.
- **Take blood** for serological confirmation and nose and throat swab for PCR diagnosis.

### What is the issue?

The Department of Health has been notified of two confirmed cases of measles in individuals not vaccinated for measles who became ill after attendance at an RMIT graduation ceremony at Melbourne's Etihad Stadium on 17 December 2014. As measles is highly infectious through airborne transmission other secondary cases could occur in susceptible people. Measles has an incubation period of up to 18 days (average 14 days from exposure to rash) so illness acquired from this event could begin up to 4 January 2015, and remain infectious for many days after that.

### Who is at risk?

Children or adults born in Australia during or since 1966 who do not have documented evidence of receiving 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 are also at risk.

## Symptoms and transmission

Measles initially presents with a prodrome of fever, cough, conjunctivitis, and coryza. A generalized maculopapular rash is then seen two to five days after the onset of the prodrome. Koplik spots on the buccal mucosa may be present for three to four days prior to rash onset but not at time of rash. 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 or 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 at least 30 minutes.

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 five days before, to four days after, the appearance of the rash.



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

- Promote timely vaccinations in your patients.
- Check your staff vaccination records. All health facilities should ensure that staff who are born during or since 1966 should have documentation of two doses of measles-containing vaccine, or laboratory-confirmed evidence of measles immunity. Non-immune staff should receive MMR vaccine, unless contraindicated.
- Be alert for new measles cases – ensure all staff, especially triage nurses, have a high index of suspicion for measles in patients presenting with a fever and a 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 facility:
  - Avoid keeping patients with a febrile rash illness in shared waiting areas
  - Give the suspected case a single use face mask and isolate them until measles is 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 Communicable Disease 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 30 minutes after the visit. These people are considered to be exposed to the measles virus.
- The first dose of MMR vaccine is currently scheduled at 12 months of age. At this stage there is no indication to provide the first dose earlier, unless there is specific advice from the Department of Health confirming contact with an infectious case.
- If parents request an early second dose for their child (for example, because they are aged between 13 months and 4 years), a second dose can be provided at least one month after the initial dose. Please note that the 4 year old dose of DTPa-IPV **must not** be administered before 3.5 years of age.
- There is no need to actively recall patients for measles vaccinations earlier than specified on the immunisation schedule.
- For advice around prevention of measles in susceptible contacts please contact Communicable Disease Prevention and Control at the Department of Health.

## 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

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** (24/7).

Yours sincerely



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Chief Health Officer

Authorised by the Victorian Government, Melbourne.