

Chief Health Officer Alert

11 July 2014

Status: Resolved

Measles Cases in Melbourne

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Date issued: 11 July 2014

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

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

Key messages

- 56 confirmed cases of measles have occurred in Melbourne since 1 January, the highest level since 1999.
- 16 new cases have been confirmed since 1 May. Three cases have occurred in returned travellers and two in health care workers. Several children have been admitted to the Royal Children's Hospital in Melbourne.
- 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** 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?

Within the last week the Department of Health has been notified of three confirmed cases of measles, including two health care workers who acquired their infection in Melbourne. Measles is highly infectious (airborne transmission) and secondary cases are likely to occur.

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

Clinical features of measles include prodromal fever, a severe cough, conjunctivitis, and coryza. 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 roughly five days before, to four days after, the appearance of the rash.

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



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

Recommendations

- Promote timely patient vaccinations.
- Check your staff vaccination records.
- This outbreak includes health care workers who have not knowingly been involved in the direct care of measles cases. All staff 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 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 facility:
 - 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 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.
- 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

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 (24/7).

Yours sincerely



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Chief Health Officer

Authorised by the Victorian Government, Melbourne.