Measles in returned travellers – including those returning from Bali
Information for Clinicians

Important information
Since October 2013, there have been 27 measles cases in Australians, including 11 secondary cases, associated with travel to Indonesia, and more specifically Bali. In addition to the hundreds of thousands of Australians who travel to Bali throughout the year, a number of teenagers and young adults are expected to travel to Bali for “Schoolies” celebrations occurring from mid-November to mid-December 2013. Updated advice for travellers is found on the Smartraveller website (http://www.smartraveller.gov.au/).

Clinicians can support efforts to prevent measles by advising measles vaccination prior to travel if indicated, and being aware of the symptoms, appropriate laboratory investigations and notification requirements for suspected cases of measles.

Key points for Clinicians
- Recommend at least one, ideally two doses of measles-containing vaccine for individuals planning to travel to countries with known endemic measles (including Indonesia), who were born during or since 1966, and do not have documented evidence of prior two dose measles vaccination or serological evidence of immunity.
- Consider the possibility of measles in patients with rash and fever and any of cough / coryza / conjunctivitis, with an onset of 18 days or less since return from measles-endemic countries, including Indonesia
- Minimise the risk of transmission within your department or practice through immediate isolation of suspected cases.
- Take blood for serological confirmation in all suspected cases. For early diagnosis, seek approval for PCR testing of nose and throat swabs from your relevant Communicable Disease Control Department/Unit (contact details provided below). Approval is required as measles PCR testing does not attract a Medicare rebate.
- Notify the relevant Communicable Disease Control Departments/Units of all suspected and confirmed cases (contact details provided below)

Who is at risk of measles?
- Children or adults born 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.
- Individuals described above planning to travel to Bali and other overseas destinations where measles is present.
- Individuals described above recently returned from overseas destinations where measles is present and those in contact with them.

What are the symptoms?
- Clinical features of measles include a prodrome of fever, cough, conjunctivitis and coryza. A characteristic generalized maculopapular rash then appears on the third to seventh day of illness.
- 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 taken as five days before, to four days after, the appearance of the rash.
What laboratory investigations are required for suspected cases?

- Take blood for serological confirmation in all suspected cases. If a patient has measles, IgM is generally 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.
- For early diagnosis (including prior to rash), nose and throat swabs for PCR testing is possible. PCR testing does not attract a Medicare rebate therefore you must contact the your public health or communicable disease control unit to gain approval for these (contact details provided at end of this information sheet)

What are the recommended infection control measures for patients?

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 can persist in the indoor environment for up to two hours.

Minimise the risk of measles transmission within your department or 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 two hours after the consultation.

The Royal Australasian College of General practitioners (RACGP) provides infection control standards for office-based practice (http://www.racgp.org.au/your-practice/standards/infectioncontrol/). Health care workers should follow the NHMRC: Australian Guidelines for the Prevention and Control of Infection in Healthcare - 2010 - External Link

Contact details for Communicable Disease Control Departments/Units:

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<tr>
<th>State</th>
<th>Phone</th>
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<tbody>
<tr>
<td>ACT</td>
<td>(02) 6205 2155</td>
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<tr>
<td>NSW</td>
<td>1300 066 055</td>
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<td><a href="www.0.health.nsw.gov.au/publichealth/Infectious/phus.asp">Contact details for the public health offices in NSW Area Health Service Areas</a></td>
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<tr>
<td>NT</td>
<td>(08) 8922 8044</td>
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<td>Queensland</td>
<td>13 432 584</td>
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<td><a href="www.health.qld.gov.au/cdcg/contacts.asp">Contact details for the public health offices in QLD Area</a></td>
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<tr>
<td>SA</td>
<td>1300 232 272</td>
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<td>Tasmania</td>
<td>1800 671 738</td>
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<tr>
<td>Victoria</td>
<td>1300 651 160</td>
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<tr>
<td>WA</td>
<td>(08) 9388 4801 After hours (08) 9328 0553</td>
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<td><a href="www.public.health.wa.gov.au/3/280/2/contact_details_for_regional_population_public_he.pm">Contact details for the public health offices in WA</a></td>
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Further information