

MEASLES ALERT - information for General Practitioners

Please distribute this information to all staff in your practice

1. A locally-acquired measles infection has been confirmed in a Western Sydney resident.
2. Measles is a risk for both travellers and local residents.
3. Consider measles in returning travellers with fever, and in anyone with fever and a maculopapular rash.
4. Isolate suspected measles cases immediately and call the Western Sydney Public Health Unit on (02) 9840 3603.

Measles in Western Sydney

- A case of measles has been diagnosed in a Western Sydney resident who acquired their illness from an undetected source in the local community. The case spent time in the **Plumpton** and **Mt DrUITT** areas while infectious, including:
 - **Plumpton Marketplace food court** – Friday 31 January 11.45am – 12.45pm
 - **Plumpton Medical Centre** – Friday 31 January 11.00am – 12.15pm
 - **Mt DrUITT Hospital Emergency Department** – Monday 3 February 8.20am – 9.00am
- The Public Health Unit (PHU) has contacted people who may have been in contact with the case at the Medical Centre and Emergency Department and offering information and prophylaxis, if indicated.
- These contacts may present with symptoms for review **until the 21st February 2020**.

There is a high potential for further cases in the coming weeks

- 15 cases of measles have been diagnosed in NSW this year. 14 are likely to have been acquired in NSW.
- Measles outbreaks are ongoing in several countries in the region, including some Pacific Island countries.
- Maintain a high index of suspicion for measles in returning travellers with fever, and in anyone with fever and maculopapular rash.
- People particularly susceptible include: infants <12 months; people born after 1966 who do not have 2 *documented* doses of measles vaccine; immunocompromised people; and some children and adults in the community who are born overseas, including in the Pacific Islands, Asia, Africa, and the Middle East.

How does measles present?

- A 2-4 day prodromal illness with fever, cough, coryza, and conjunctivitis.
- A maculopapular rash then typically begins on the face and neck and becomes generalised.
- Measles in previously vaccinated people may present atypically, with milder symptoms and a slower progression to the rash.

How to manage suspected cases

- **Isolate** – patients with fever and rash in a separate room on arrival, and give the patient a mask. If possible, arrange to see suspected cases in their homes or at the end of the day.
- **Notify** – inform the PHU immediately (9840 3603) – don't wait for test results before calling.
- **Test** – collect a nose and throat swab, and a first pass urine sample for nucleic acid testing, and blood for measles serology (IgM and IgG). Mark the tests as URGENT. The PHU can assist in expediting testing.

Advocate for immunisation

- Discuss vaccination with your patients – consultations prior to overseas travel are opportunities to encourage measles vaccination for any patients with uncertain vaccination histories.
- Children aged from 6 months to under 12 months can have an MMR vaccination early if travelling overseas (they will still need doses at 12 and 18 months of age).
- Measles containing vaccines (MMR) are free in NSW for those born during or after 1966 who have not previously had two documented doses.
- Health care workers are at increased risk – ensure that you and your staff are vaccinated

Further information

- The locations of recent measles cases, travel posters (in a range of languages) and other resources for your clinic are available from the NSW Health measles page: www.health.nsw.gov.au/Infectious/measles.

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