

PLEASE DISTRIBUTE AS SOON AS POSSIBLE
TO ALL DOCTORS IN THIS PRACTICE and DEMS

Public Health Services

Date: 14-May-2016	No. of pages (1)	Phone: 1800 671 738	Fax: 6222 7744
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Statewide Measles Alert

Please be alert for locally-acquired cases of measles in Tasmania. A returned traveler was confirmed with measles on 13 May 2016.

Tasmanian residents and visitors may have been exposed to measles, particularly in the following settings:

1. Thai Airways flight TG 465, Bangkok-Melbourne, arriving early afternoon on 30 April
2. Melbourne airport on the afternoon of 30 April
3. Jetstar flight JQ 739 Melbourne-Launceston, arriving 5:40 pm on 30 April
4. Launceston General Hospital Emergency Department, 6 pm Monday 2 May to 7 pm Tuesday 3 May.

People born during or after 1966 are at risk if they have *not* had 2 doses of measles-containing vaccine.

A non-immune person could present anywhere in the state with measles, from now until around 24 May.

Please consider measles in anyone with a rash illness & fever, particularly if they have the exposures above.

Measles is now very rare in Tasmania. The last cases, all linked to imported cases, were in 2014.

Symptoms of measles include a prodrome of fever, coryza, cough and conjunctivitis. A generalised maculopapular rash appears about 4 days later. Cases are ill. The average time from exposure is 10 days to fever and 14 days to rash. Cases are infectious from about 5 days before rash onset to 4 days after.

Please call the Public Health hotline on 1800 671 738 to notify all suspected cases. We will help with guidance on diagnostic testing and the public health response.

The best test in early illness is PCR for measles on nose and throat swabs (sometimes heparinised blood and urine). Serology may help, but IgM can be negative early.

Discuss specimen collection with your laboratory. Include on the request form clinical details, exposures, and measles vaccination history. Mark it urgent.

Measles is highly infectious and can persist in indoor environments for about half an hour. Reduce spread in your practice by isolating patients with a febrile rash illness and having them wear a mask. If you use a consultation room for a patient with suspected measles, don't reuse it for at least half an hour.

Please pass on advice to the suspected case from Public Health on movement limitations to prevent spread while the diagnosis is confirmed or excluded.

Please recommend measles-containing vaccine to persons born during or since 1966 if they don't have documented evidence of two doses of measles vaccine, or serological evidence of immunity.

More information

- Tasmanian Public Health Alerts
www.dhhs.tas.gov.au/publichealth/alerts/public_health_updates/measles_alert/measles_questions_and_answers
- *Australian Immunisation Handbook* via <http://www.immunise.health.gov.au>
- *Measles National guidelines for public health units* <http://www.health.gov.au/cdnasongs>

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