

Facsimile Cover Sheet Wharangi Nama Waea

Date/Te Ra: 13 November 2014

To/Kia: General Practitioners, Practice Nurses, Pharmacists, After-hours Centers and Paediatricians, ID Physicians, Emergency Departments in the greater Wellington and Wairarapa region	From/Na:
Name of Agency/Wahi Mahi:	Fax Number/Nama Waea:

Risk of secondary measles cases following international flights to New Zealand on 1-2 November

I would be grateful if you could distribute the following information from the Ministry of Health to relevant staff in your organisation.

If you would also like to receive this by email for ease of distribution, storage and retrieval please advise RPH of your email on rph@huttvalleydhb.org.nz.

Kind regards,

Dr Annette Nesdale

Medical Officer of Health

a Dresdale

Regional Public Health



Public Health Alert – 13 November 2014

To: General Practitioners, Practice Nurses, Pharmacists, After-hours Centres

and Paediatricians, ID Physicians, Emergency Departments in the greater

Wellington and Wairarapa region

From: Dr Annette Nesdale

Risk of secondary measles cases following International Flights from India via Malaysia to New Zealand on 1-2 November

The Ministry of Health has advised that a passenger on the flights from India via Malaysia to New Zealand (see details below) has laboratory confirmed measles. The passenger would have been infectious when they flew on 1-2 November.

1 November SRI LANKAN AIRLINES (UL 124)

2055 DEP: CHENNAI MADRAS INTERNATIONAL AIRPORT 2215 ARR: BANDARANAIKE INTERNATIONAL AIRPORT

2 November SRI LANKAN AIRLINES (UL 318)

0040 DEP: BANDARANAIKE INTERNATIONAL AIRPORT 0655 ARR: KUALA LUMPUR INTERNATIONAL AIRPORT

2 November MALAYSIA AIRLINES (MH 133)

0840 DEP: KUALA LUMPUR INTERNATIONAL AIRPORT 2350 ARR: AUCKLAND INTERNATIONAL AIRPORT

We ask that you are alert for possible measles in returning travelers, especially people on the above flights. Early prodromal symptoms of fever, cough, conjunctivitis and corzya could develop from 11th November with rash onset between 14-16 November. Babies too young to be immunized, or people who are not immunized or had only 1 dose of a measles vaccine are at high risk for measles.

A person with suspected measles should be promptly triaged into an area where they can be isolated from other patients and staff. Consider the use of masks for potentially infectious cases.

Notify Regional Public Health of any cases **of suspected measles**. The notifications line is (04) 570 9267 during office hours, or after hours via Health Link (04) 570 9007.

Resources on measles can be found at www.rph.org.nz under the 'Health Professionals' tab

Further advice for travellers is available at www.safetravel.govt.nz

Suspected cases of measles need to be confirmed as a matter of urgency

Skin rash + concurrent fever 38C or higher Highly suspicious for measles if -

- Prodromal illness 3-4 days prior
- Appears miserable
- Unimmunised or compromised immune system
- Returned from area with confirmed measles
- Had contact with a confirmed case measles

SUSPECTED CASE

MORBILLIFORM RASH

plus

FEVER 38C or higher still present at Rash Onset

plus

COUGH or CORYZA or CONJUNCTIVITIS or KOPLIK SPOTS If measles is a possibility, place patients in a separate area to avoid infecting others in the waiting room

Meets Clinical Case Definition?

- 1. Notify Regional Public Health urgently by phone (04 570 9002)
- 2. Arrange Laboratory testing by PCR (throat swab)
- 3. Advise patient to stay at home until 4 days have passed since the onset of the rash
- 4. Ask about household members who are unvaccinated or had only one MMR vaccination and vaccinate within 72 hours if possible

DIFFERENTIAL DIAGNOSIS

- 7-10 days post MMR vaccination
- rubella
- roseola infantum
- human parvovirus
- enteroviruses
- arboviruses
- Kawasaki syndrome
- drug hypersensitivity rash (may present many days after drug has been ceased)
- group A streptococcal disease (scarlet fever)