

28 January 2025

Health New Zealand Te Whatu Ora

Event	For Awareness. Be vigilant for measles in travellers from South-East Asia.
Notified by	Clinical Team, Protection, NPHS.
Authorised by	Dr Susan Jack, National Clinical Director, Protection, NPHS.
То	Chief Medical Officers of Health, Hospital Specialists, After-Hours Centres, Emergency Departments, Primary Care providers, Urgent Care providers, Pharmacists, HealthPathways, Healthline, Ka Ora, HealthEd, Healthify, NPHS national and regional services, regional Comms Leads including Hauora Māori & Pacific Health, Office of the Director of Public Health (Manatū Hauora).

Please share this public health advisory with your kaimahi networks for their information.

For Awareness. Be vigilant for measles in travellers from South-East Asia.

Summary

NPHS is alerting healthcare professionals to an escalating risk of measles in people who have travelled to South-East Asia. This follows a rapid increase in imported measles cases reported in Australia since December 2024, all of which were linked to travel to this region. Cases have been reported in multiple states including Victoria, New South Wales, Queensland, South Australia and Western Australia.

Vietnam and Thailand have reported an increase in cases in 2024 compared to the previous year, with several large outbreaks ongoing. Increased travel to these countries over the New Zealand summer period increases the risk of unvaccinated travellers developing measles infection.

Aotearoa New Zealand remains at very high risk of a large measles outbreak as population immunity is well below the 95% required to prevent outbreaks. Early identification of measles cases enables a rapid public health response and increases our ability to prevent or control an outbreak.

Key messages for healthcare professionals

- Have a high index of suspicion for measles in anyone presenting with measles-like symptoms within 21 days of travel to South-East Asia, particularly if they are unvaccinated.
- Notify your local public health service immediately of all suspected cases do not wait for test results.
 Early notification increases our ability to prevent an outbreak. Please check your local <u>HealthPathways</u> page for details.
- Do not send suspected measles cases to a laboratory collection site for a PCR swab to diagnose
 measles or for other tests to rule out other causes of their symptoms. These must be completed by the
 health care provider assessing the patient.
- Advise all suspected cases to isolate at home until their PCR result is known. If they need to access healthcare while waiting for their result, they should be advised to phone ahead and wear a mask.
- Promote MMR vaccination to staff and to patients planning to travel overseas. Advise parents that
 babies from 4-12 months old can receive an MMR vaccine (MMR0) prior to overseas travel which will
 provide temporary protection until they complete their vaccinations according to the schedule. Please

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note that MMRO given as a travel vaccine consultation is unfunded and there may be a charge associated with this.

• Continue to focus on delivering on-time MMR vaccination of children aged <2 years and any other children who have missed out on MMR.

Key actions for healthcare professionals

Identify

- Measles symptoms include fever, cough, coryza, conjunctivitis and rash (fever must be present at time
 of rash onset). See <u>Measles | Healthify</u> and <u>Measles Health New Zealand | Te Whatu Ora</u> for more
 information.
- Consider measles in anyone presenting with measles-like symptoms, particularly if they describe recent overseas travel or contact with unwell overseas visitors.

Isolate

- Ensure patients presenting with fever and rash are provided a mask and immediately isolated in a room away from other patients. Keep the door closed.
- Ensure all staff who enter the room are immune to measles and wearing a seal checked N95/P2 mask.
- After the consultation, leave the room vacant with the door closed for at least an hour (or a timeframe directed by the local IPC team based on air handling).

Communicate

- Notify suspected cases of measles to your local medical officer of health (MOoH).
- Discuss patients with a high index of suspicion with the MOoH this will enable public health services to do a rapid risk assessment to determine if immediate action is required to prevent an outbreak.
- See here for <u>contact details for local public health services</u> and visit your local HealthPathways for local notification processes.

Test

- Test all suspected cases of measles using a nasopharyngeal or throat swab for PCR. Discuss with the on-call clinical microbiologist if you are unsure how to take samples safely.
- Do not send patients to laboratory collection centres for any other tests if they are showing symptoms consistent with measles infection (fever, rash, with cough/coryza/conjunctivitis).
- Do not take a measles serology sample unless specifically advised by the MOoH.
- Ensure you include relevant clinical details, travel history, and the date of rash onset and known measles vaccination history on the laboratory request form.
- Inform patients they will receive a phone call from the NPHS if their swab tests positive for measles.

Prevent

- Offer MMR to anyone without confirmed immunity to measles (if no contraindications). There are no concerns with receiving MMR if already immune.
- MMR vaccination is free to anyone aged 18 and under, and adults over the age of 18 who are eligible for free New Zealand healthcare. It is also currently free for RSE workers.
- See the <u>Immunisation Handbook Measles</u>, <u>checking measles immunity</u> and <u>Immunisation Advisory</u> <u>Centre - Measles resources</u> pages for more information.



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Further information

Measles continues to increase globally

Measles cases increased globally in 2024 compared to previous years, with outbreaks reported in the US, the UK and Europe where endemic transmission of measles has been eliminated. Ongoing outbreaks have been reported in several South-East Asian countries including Vietnam, Thailand, Indonesia, Philippines and Malaysia.

Measles cases in Australia are linked to outbreaks in South-East Asia

Since early December 2024 there have been 10 measles related health alerts issued by Australian public health authorities in Victoria, New South Wales, Queensland, South Australia and Western Australia. The cases are all are linked to travel to South-East Asia, particularly Vietnam. Many of the cases were infectious on international flights into Australia. Contacts from five of these flights who travelled on to Aotearoa New Zealand have been managed by Public Health Services across the motu.

Several exposure events remain active in <u>Victoria</u> and <u>South Australia</u> associated with four cases notified since 17 January 2025. Healthcare professionals should have a high index of suspicion for measles in travellers returning from Australia who attended any of the exposure events included in these alerts until Thursday 6 February 2025 (travellers to Victoria) and Friday 7 February 2025 (travellers to South Australia).

New Zealand remains at high risk of a measles outbreak

Aotearoa New Zealand is at risk of a measles outbreak because our current childhood MMR vaccination rates are well below the 95% coverage required to prevent an outbreak and are substantially lower than during our last major outbreak in 2019. There continues to be significant immunity gaps in adults. As travel in and out of New Zealand is currently high due to the summer and school holiday period, healthcare professionals are reminded that measles could enter Aotearoa New Zealand at any time. Our low vaccination rates mean this could lead to a severe outbreak.

References/sources of information

More measles cases in Victoria | health.vic.gov.au

Measles alert for NSW

Measles alert for Inner Sydney

Measles alert for Brisbane | Metro South Health

Public Health Alert - Measles | Sunshine Coast Hospital and Health Service

Measles case | SA Health

Department of Health detects measles in a returned overseas traveller

Measles and Rubella Global Update January 2025 | WHO