



**Queensland
Government**
Queensland Health

FAX MESSAGE

**Wide Bay, Central and , Central West and Sunshine
Coast Public Health Units
Central Regional Services
Division of the Chief Health Officer**

PUBLIC HEALTH ALERT FOR EMERGENCY DEPARTMENTS

MEASLES IN MULTIPLE LOCATIONS ACROSS QUEENSLAND ADVISORY HEALTH RISKS FOLLOWING THE FLOODS

TO: GPs and health services in flood-affected areas 4 January 2011

Environmental conditions after floods increase the risk for infectious diseases. Skin infections, diarrhoeal disease, respiratory infections and mosquito-borne diseases may occur following floods in Queensland.

Fortunately infectious disease outbreaks following floods are uncommon. If outbreaks do occur, they will most likely be due to pathogens present in the community before the flood – including norovirus, respiratory viruses, pertussis, Ross River and Barmah Forest viruses and in north Queensland, dengue fever.

Spread of respiratory and enteric pathogens can be amplified through crowding in evacuation centres.

Please be particularly alert to potential outbreaks of gastroenteritis or acute respiratory disease during the recovery period. Notify your local public health unit if you have concerns about a potential outbreak or any other matter of public health significance.

Diarrhoeal disease

Norovirus is a leading cause of acute community acquired gastroenteritis and is highly infectious through person-to-person spread and exposure to vomitus or contaminated surfaces, food or fluids. Incubation is typically 15 to 48 hours. Vomiting is a dominant symptom; cramping and diarrhoea can be mild to severe but usually last less than 48 hours. If suspected, request viral testing on samples of faeces or vomitus. Consider and test for bacterial pathogens especially if diarrhoea is bloody. A fact sheet on norovirus is available at:

http://access.health.qld.gov.au/hid/InfectionsandParasites/ViralInfections/norovirus_fs.asp

Please notify suspected outbreaks of gastroenteritis (two or more associated cases) to your local public health unit.

Note that local government authorities will advise on breaches in reticulated water supplies and issue boil water alerts as necessary. Evacuation centres are required to have adequate water, sanitation and hygiene facilities.

Vector-borne disease

Mosquito-breeding will increase as flood waters recede. An increase in mosquito-borne diseases (Ross River virus and Barmah Forest virus) may be expected. If you are seeing patients with fever and

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polyarthritis with or without rash, please test for these viruses until the pattern of illness is established. **Laboratory confirmed cases are notified to public health units by laboratories.** Numbers of confirmed cases are made available to local governments and assist them plan mosquito control activity. Dengue will not occur unless a person acquires it in an area affected by dengue (currently Townsville and tropical countries overseas). **Please notify suspected imported cases of dengue to your local public health unit.**

Acute respiratory illness

Coughs and colds and influenza can be readily spread in crowded conditions. Frequent hand-washing and respiratory hygiene will assist in preventing spread. Queensland is still in the midst of a pertussis epidemic, so keep this diagnosis in mind also. Public health efforts in pertussis control are focused on preventing disease in children under 1 year of age who are susceptible to severe disease.

Melioidosis

This is a rare and potentially fatal disease caused by *Burkholderia pseudomallei*, a bacterium found in soil. Most infections occur when skin abrasions or wounds come into contact with wet soil or water. Ten to 30 cases occur each year in Queensland. Disease risk increases in adults with underlying diseases such as diabetes, chronic lung or kidney diseases, excessive alcohol consumption, cancers and treatments (such as steroids) which lower immunity. Most cases have a sudden onset, from a few days to three weeks after an apparent exposure to soil or muddy water. These acute cases can present as pneumonia with fever, cough and difficulty breathing or as septicaemia with fever, confusion and shock. A fact sheet on melioidosis is available at:

http://access.health.qld.gov.au/hid/InfectionsandParasites/BacterialInfections/melioidosis_is.asp

Further information and resources for people affected by floods

Practical advice for people affected by floods is available at:

<http://www.health.qld.gov.au/ph/documents/ehu/30198.pdf> and

<http://www.health.qld.gov.au/ph/documents/ehu/30188.pdf>

Anyone with questions about flood-related health issues is encouraged to call the 13HEALTH helpline (13 432 584) for advice. The Queensland Health website also contains fact sheets for use in disasters, including advice on flood health safety and evacuations:

<http://www.health.qld.gov.au/healthieryou/disaster/default.asp>

Residents who have been flooded and require assistance should phone the **Community Recovery Line on 1800 173 349.**

Information on stress and well-being: coping in times of crisis or disaster is available at:

http://www.health.qld.gov.au/floods/stress_well.asp

Lifeline Community Care Queensland also provides support to Queensland Health with counselling and support to victims of disasters and other significant events through its community recovery program. Check contact details in your local telephone directory.

Please be alert in your departments for people presenting with measles.

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- A person from NSW attended McDonalds restaurant at 120 Marine Parade, Coolangatta on the morning of Saturday 21 August, whilst infectious.
- A case of measles has been confirmed on the Sunshine Coast. This person acquired infection on a flight from Africa and travelled between Byron Bay and Rainbow Beach between 10th and 19th August, whilst infectious. This person was hospitalised for one night.
- There has been one case in a mine worker at Moranbah, acquired on the same overseas flight. As previously advised, this person had contact with 150 mine workers and contractors whilst infectious, on 14 August.

•**The incubation period for measles is about 10 days and can be as long as 18 days, so cases of measles may appear in susceptible contacts of these measles cases, any time now.**

•**The clinical criteria for measles are:**

- generalised maculopapular rash;
- fever of at least 38 degrees still present at the time of rash onset; and
- cough or coryza or conjunctivitis or Koplik spots.

•**If you suspect measles, please isolate the patient using airborne precautions; notify the Public Health Unit; and arrange urgent testing.**

•**Testing for measles:**

- 0-3 days after rash onset: urine and throat or nasopharyngeal swab for PCR
- 3-7 days after rash onset: urine and throat or nasopharyngeal swab for PCR and/or blood for measles IgM
- More than 7 days after rash onset: blood for measles IgM

•**Check the immune status of staff in the department and opportunistically offer MMR vaccine.**

People born before 1966 are likely to have had exposure to measles and have natural immunity. Check the vaccination status of those born during or since 1966, and offer MMR vaccine to those who do not have documented evidence of two doses of MMR vaccine.

PPHU contact details:

Bundaberg:	4150 2780	Central Queensland :	4920 6989
Wide Bay:	4184 1800	Sunshine Coast:	5409 6600
Darling Downs:	4631 9888	Hervey Bay:	4184 1800

Measles fact sheet:

http://access.health.qld.gov.au/hid/InfectionsandParasites/ViralInfections/measles_fs.asp

Dr Margaret Young, Public Health Physician, 24 August 2010.

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