

Medical Bulletin

Welcome to the fourth issue of the South East Public Health Unit (SEPHU) Medical Bulletin

In this edition we focus on testing recommendations for measles and mumps, in particular the availability of PCR testing for these conditions, and the importance of prompt notification. We also highlight the need for appropriate protection from mosquito bites as we move into the Buruli ulcer transmission season.

As the year ends, we would like to wish all health care providers Happy Chanukah, Merry Christmas and a happy new year. Thank you all for your efforts in keeping the Victorian community safe and healthy.

Measles notification and testing

Measles is an urgent notifiable condition under the *Public Health and Wellbeing Act 2008*. For medical practitioners, urgent conditions require notification by telephone to the local public health unit (LPHU) on 1300 651 160 upon initial diagnosis or clinical suspicion (presumptive or confirmed) as soon as practicable. Please note that the LPHU managing the patient will be dependent on the address of the patient.

For measles, medical practitioners should telephone the LPHU upon clinical suspicion to enable prompt testing. All measles PCR testing is conducted at the Victorian Infectious Diseases Reference Laboratory (VIDRL) and cost is covered by the Department of Health. By liaising with the LPHU at the time of testing, prompt approval can be made for PCR testing to ensure no out-of-pocket cost is incurred by the patient, and transport of specimens to VIDRL can be facilitated.

Measles serology testing can be conducted at most primary laboratories.

The recommended laboratory tests for measles diagnosis based on symptom onset (CDNA SoNG) is summarised below:

Time from onset of rash	Recommended specimen collection	Recommended laboratory test
<1 week	Nasopharyngeal aspirate or throat swab, and first catch urine	Nucleic acid testing (NAT)
	5 ml tube of clotted blood	Measles serology
1 – 3 weeks	Nasopharyngeal or throat aspirate or swab, and first catch urine	NAT
	5 ml tube of clotted blood	Measles serology
>3 weeks	5 ml tube of clotted blood	Measles serology

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The following factors should be considered when testing a patient for measles:

- Clinical symptoms
- Susceptibility to infection (for example, have they been vaccinated)
- Risk of exposure to measles (for example, recent overseas travel, exposure to a known case)

Symptomatic patients who have undergone measles testing should be advised to isolate at home while awaiting results.

Post-exposure prophylaxis

Early notification of suspected measles cases helps SEPHU when it comes to identifying contacts who are eligible for post-exposure prophylaxis (PEP).

Susceptible contacts may receive the measles, mumps and rubella (MMR) vaccine or normal human immunoglobulin (NHIG) depending on their age, pregnancy status and how long it has been since they were exposed to an infectious case.

Susceptible contacts are individuals who were born after 1965 and who have not received two doses of the MMR vaccine.

Once a case of measles has been confirmed, SEPHU will provide guidance on the provision of PEP and will be able to assist with accessing necessary doses of MMR vaccine and/or NHIG.

Mumps notification and testing

Mumps is a routine notifiable condition under the *Public Health and Wellbeing Act 2008*. For medical practitioners, routine conditions require written notification upon initial diagnosis or clinical suspicion (presumptive or confirmed) within five days. Notifications can be online via the [smart form](#). There have been 5 cases of mumps notified in the SEPHU catchment in 2023 (compared with 3 cases in 2022).

PCR testing is available for the diagnosis of mumps and is conducted at the Victorian Infectious Diseases Reference Laboratory (VIDRL). PCR testing for mumps, however, is not funded by Medicare meaning patients will incur a fee unless testing is pre-approved by the Department of Health or an LPHU (on behalf of the department).

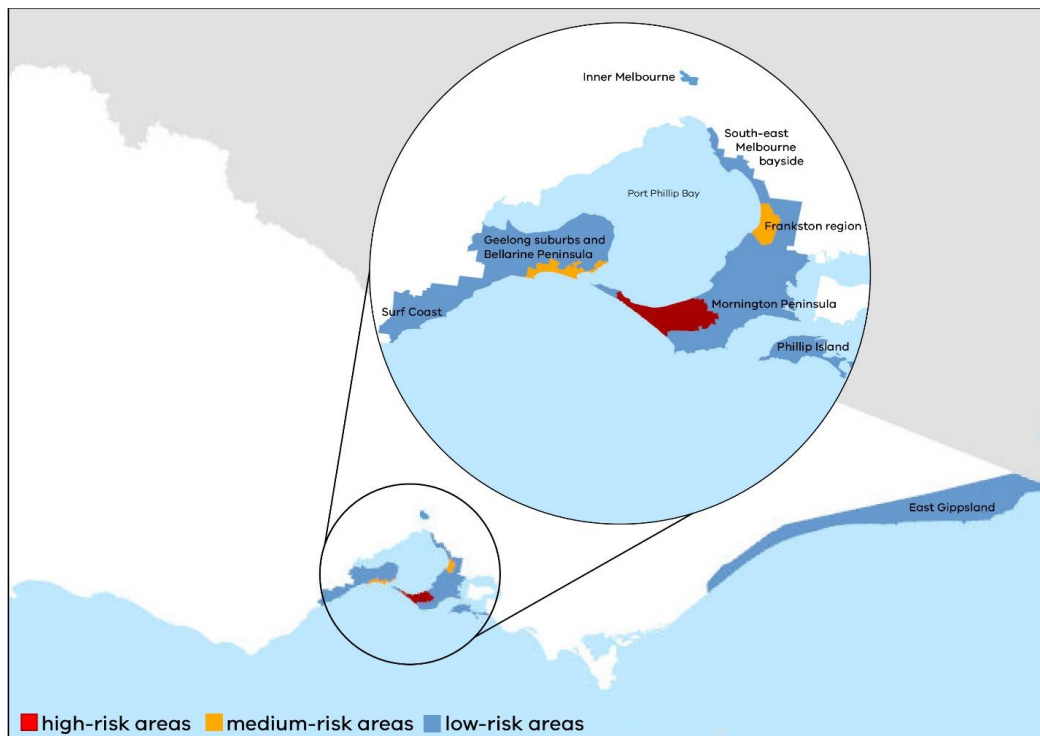
PCR test is the recommended test if the patient presents within 7 days of symptom onset. Between 4 and 7 days of symptoms onset, both PCR and serology (IgM and IgG) are recommended. For patients presenting more than 7 days after symptom onset, only serology (IgM and IgG) is recommended. A convalescent blood test two to three weeks after symptom onset may be needed to demonstrate seroconversion or a four-fold rise in IgG titre. If there are patients who will benefit from a PCR test for mumps, please contact SEPHU to facilitate appropriate testing.

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It's Buruli ulcer transmission season

Across Victoria, 2023 has seen more cases of Buruli ulcer diagnosed than any other year. While the number of cases presenting to doctors tends to reduce over the summer months (due to the long incubation period), this is the peak time of year for disease transmission.

Buruli ulcer is caused by *Mycobacterium ulcerans* and is of particular concern in the SEPHU catchment. There is increasing evidence that local human transmission is caused by the bite of a mosquito carrying *M. ulcerans* acquired from infected possums. Buruli ulcer most commonly affects people following exposure in high-risk areas. Locally, this includes Rye, Sorrento, Blairgowrie, Tootgarook and the Mornington Peninsula. Frankston and Seaford are also areas where transmission has been seen as well as other parts of the Mornington Peninsula, south-eastern Bayside suburbs and some other parts of Victoria.



Buruli ulcer risk areas in Victoria

Buruli ulcer has a long incubation period ranging from 1 to 9 months with an average of between 4 and 5 months. As such, exposures over the summer often present later in the year with case numbers often peaking around August and September.

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Symptoms can range from a spot that looks like a mosquito or spider bite to large, painless ulcers. The ulcer typically has an undermined edge.

As well as always remaining vigilant when seeing patients with a non-healing skin lesion please consider reminding residents who may live in or visit affected areas to take appropriate precautions to avoid being bitten by mosquitoes. As well as protecting from Buruli ulcer it will also reduce the risk of other mosquito-borne illnesses such as Ross River virus.

For more information on Buruli ulcer and the protective measures people can take to prevent exposure please visit the Better Health Channel: <https://www.betterhealth.vic.gov.au/health/healthyliving/Buruli-ulcer>. Cases of Buruli ulcer can be notified online via the [online notification form](#).

Frequently asked questions

What diseases will SEPHU be managing by the end of the year?

As of 20 December 2023, SEPHU will be managing all notifiable communicable diseases with the exception of tuberculosis, which is managed by the Victoria Tuberculosis Program based at the Royal Melbourne Hospital.

How is SEPHU different to the Department of Health?

SEPHU, like other local public health units, has been established to provide place-based management of priority public health concerns in south-east Metropolitan Melbourne. Through strong connections with the local community, SEPHU is able to engage closely with priority populations and ensure that the public health response is targeted to those most in need.

The follow-up of communicable diseases by the SEPHU team will be similar to that previously conducted by the Department of Health; however, there is capacity to provide enhanced follow-up across many more conditions. A good example is our work to improve access to care for people diagnosed with viral hepatitis.


Can I call SEPHU directly for advice or to notify a communicable disease?

Urgent notifiable conditions should be called through to the central telephone number – 1300 651 160. Where appropriate, these calls will be forwarded directly to SEPHU. Routine notifiable conditions should be notified online at: <https://www.health.vic.gov.au/infectious-diseases/notifiable-infectious-diseases-conditions-and-micro-organisms>. We are always happy to provide advice and assist where possible. Please email us at SEPHU.trace@monashhealth.org This inbox is monitored during normal business hours.

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Does SEPHU have a webpage with information on communicable diseases similar to the Department of Health?

We are continuing to develop the SEPHU website – <https://sephu.org/>. Currently, it contains information about COVID-19, mpox and Buruli ulcer. We will continue to add information over the coming months. Information on communicable diseases for health professionals is available from the Department of Health at: <https://www.health.vic.gov.au/infectious-diseases/disease-information-and-advice>. Information for patients and members of the community is available from the Better Health Channel at: <https://www.betterhealth.vic.gov.au/>



“On behalf of everyone at the South East Public Health Unit, I would like to extend our heartfelt thanks to you and your organisation for all you have achieved this year. Your efforts continue to make our community a healthier and happier place to live, work and play.

We wish you all the best for the holiday season and look forward to working with you in the new year!”

Professor Rhonda Stuart
Director, Public Health and Infection Prevention
Monash Health