Monash Health
South East Public Health Unit

Medical Bulletin

Welcome to the South East Public Health Unit (SEPHU) Quarterly Medical Bulletin for June 2025

In this issue:

- We highlight the **increased risk of measles** in Victoria and the importance of vaccination, testing and urgent notification to public health units.
- As we enter winter, **respiratory illnesses are increasing**. Proactive discussions with patients about vaccination, antivirals and preventive measures can help to protect them and reduce the spread.
- The **expanded liver clinic at Peninsula Health** provides dedicated and holistic clinics for patients with hepatitis B and C.
- We provide recommendations for the optimal testing of patients presenting with **suspected mumps**.
- And as always, timely **notification of notifiable conditions** to public health units is essential for protecting public health.

Measles is increasing in Victoria

Measles continues to increase in Victoria, with cases acquiring their infections both overseas and from local transmission within Victoria. A Chief Health Officer Alert was issued on 18 June 2025 in relation to a new case of measles that has been reported in Victoria in an infant who acquired the infection overseas, highlighting the ongoing risk of measles importation among returning travelers.

This week, the Department of Health launched a new web page to list all currently active measles exposure sites in Victoria. This is an important resource to consider when asking patients about possible exposure to measles cases. The web page can be found at: Measles public exposure sites in Victoria | health.vic.gov.au

In 2025 to date, there have been 33 reported cases of measles in Victoria, double the number recorded in all of 2024. About half of these cases have been notified in the SEPHU catchment. The majority were acquired through overseas travel, most commonly associated with travel to Vietnam, followed by Indonesia and Pakistan. Most cases were unvaccinated.

Assessment, testing and management

Consider measles in any person presenting with a compatible illness, including fever with a rash, with or without cough, coryza or conjunctivitis. While having had two doses of a measles vaccine confers immunity for most people, measles can occur in fully vaccinated individuals. Have a higher degree of suspicion if the patient has travelled overseas or attended an exposure site in the 18 days prior to illness.

The preferred test for measles infection is a nose and throat swab for PCR. Measles PCR tests are free for all patients in Victoria. Additionally, serology and urine PCR should also be requested where possible. Label PCR samples as 'urgent' and send to VIDRL via your primary pathology provider.

Minimise the risk of measles transmission within your practice/department/community:

- Avoid keeping patients with fever and rash in shared waiting areas (send to a separate room).
- If measles is suspected, give the patient a single use, fitted face mask and isolate under airborne precautions until a measles diagnosis can be excluded.
- Pathology tests should be collected with appropriate PPE if measles is suspected. We recommend collecting pathology in airborne precautions, if possible. If not, collect pathology in a separate area (e.g. separate room, car park). Do not send a suspected case to a pathology centre that does not have facilities to isolate the suspected case in airborne precautions.
- Leave all rooms that were used to assess the suspected case vacant for at least 30 minutes after the consultation.
- Patients should isolate at home until test results are available.
- If patients require additional medical attention in ED, please contact via phone to inform ED in advance of a suspected measles case presentation, to facilitate prompt isolation and avoid further exposure to other vulnerable patients.

Notification

Anyone who presents with signs and symptoms compatible with measles should be tested, isolated and notified to the Department of Health immediately, by calling 1300 651 160. You will be connected to the relevant Local Public Health Unit. We can assist with providing advice and expediting testing where required.

Vaccination

Measles containing vaccines (MMR) can be given to all Victorians born during or after 1966 free of charge. Two doses are required for immunity.

Victorians born between 1966 and 1992 may not have received two doses of vaccine. This is especially important for those planning overseas travel, who have recently arrived in Australia and for Aboriginal and Torres Strait Islander peoples. There is no requirement to check for immunity prior to vaccinating this cohort.

Young infants aged 6 to 11 months are eligible for free MMR if intending to travel overseas to countries where measles is endemic or where outbreaks of measles are occurring. They should still receive routine doses at 12 months and 18 months. Children aged between 12 months and 19 years who are not fully vaccinated can receive catch up doses under the National Immunisation Program.

Please document any vaccination provided on the Australian Immunisation Register.

Increase in respiratory infections

In Victoria and within the SEPHU catchment notifications for COVID-19, influenza, and RSV continue to increase. COVID-19 hospitalisations have also risen in public health services across Victoria. New respiratory outbreaks in residential aged care facilities in Victoria and in the SEPHU catchment have also increased. The majority of these outbreaks are due to COVID-19.

A Chief Health Officer Advisory was issued on 10 June 2025 highlighting the increased risk of respiratory illnesses during the winter months, emphasising that immunisations are available and it is never too late to get vaccinated. Early antiviral treatments for influenza and COVID-19 can reduce the risk of severe illness in people at higher risk.

Vaccination against influenza, COVID-19 and RSV should be considered for all eligible patients.

- Offer annual influenza vaccination to everyone aged 6 months and older.
- Ensure those most at risk of severe illness are up to date with their flu and COVID-19 vaccinations.
- Discuss early use of anti-viral treatment for flu and COVID-19 for high-risk individuals.
- Offer Abrysvo® RSV vaccine to eligible pregnant women (28 to 36 weeks pregnancy) and nirsevimab (Beyfortus™) RSV monoclonal antibody to eligible infants. RSV vaccines are not approved for use in infants and children.
- Discuss RSV vaccination options with older adults.

In addition to vaccination, general measures to prevent transmission should be encouraged, such as the continued use of basic hygiene and preventive measures, such as covering coughs and sneezes, washing hands regularly, and staying home when unwell, to help limit the spread of respiratory infections. Further patient information is available on the Better Health Channel.

Hepatitis Linkage to Care in the Mornington Peninsula and Frankston Areas

SEPHU has successfully completed our Cultural Liaison Officer project designed to link individuals from multicultural backgrounds diagnosed with hepatitis B and C into care. As we continue to support individuals diagnosed with these conditions into care, we highlight the expanded liver services provided by Peninsula Health to individuals living in the Mornington Peninsula and Frankston areas. These include dedicated clinics for patients with hepatitis B and C as well as clinics for patients with alcohol-related liver disease, non-alcoholic fatty liver disease and autoimmune liver disease. To ensure patients receive holistic care, there are concurrent drug and alcohol services present.

These clinics are supported by specialist liver nurses who can provide support to General Practitioners in the Mornington Peninsula and Frankston areas. Consider referring patients requiring specialist care to these Liver Clinics.

For further information, email livernurse@phcn.vic.gov.au

Similar liver clinics are offered by Monash Health and the Alfred for patients living in other areas within the SEPHU catchment.

Testing for suspected mumps

When acute mumps is suspected on clinical assessment, buccal swab PCR is the preferred test for diagnosis within 7 days of symptom onset. These tests usually incur a cost to the patient; however, approval can be granted by the Department of Health and Local Public Health Units for free testing. To seek approval, please telephone 1300 651 160 at the time of testing. Serology is a useful adjunct to PCR within 7 days of illness onset and is the preferred test after 7 days. PCR testing is not recommended more than 7 days after onset (and will incur a cost).

Notifying an infectious disease or medical condition

This is a reminder that certain notifiable conditions are classed as 'urgent' and require notification via telephone to the Department of Health upon initial diagnosis or clinical suspicion. These include conditions such as measles, hepatitis A, typhoid/paratyphoid, and invasive meningococcal disease. The full list of urgent notifiable conditions is available on the Department of Health website. To notify an urgent condition, please telephone 1300 651 160, 24 hours a day, 7 days a week. Please enter the patient's postcode. For routine (non-urgent) conditions, please use the online notification form, also available on the Department of Health website.

Newly notifiable condition

Since 1 April 2025, avian influenza has become an urgent notifiable condition. Avian influenza is a highly contagious viral infection of birds that can rarely affect people. Those who have had close or prolonged contact with infected birds or other animals or their contaminated environments are at highest risk of infection. Recently, Australia has seen several outbreaks of avian influenza among commercial flocks of birds and this is expected to continue into the future.

Not everyone with symptoms of influenza needs to be tested for or notified as having suspected avian influenza. A suspected case of avian influenza requires both clinical evidence and epidemiological evidence. Epidemiological evidence may include:

- close contact with a probable or confirmed human avian influenza case

- exposure to birds, bird carcasses, or to environments contaminated by bird faeces, in an area with suspected or confirmed avian influenza infections in birds or other animals
- consumption of raw or undercooked poultry products from an area with suspected or confirmed avian influenza infections in birds
- close contact with a confirmed avian influenza infected animal other than birds (for example, cat or pig)
- handling samples suspected of containing avian influenza virus in a laboratory or other setting.

If you suspect avian influenza in a patient, please notify the Department of Health by telephone as soon as possible on 1300 651 160.