

Travel-associated communicable diseases Information for ACT Clinicians – 01 May 2023

Key Points

- There has been a national increase in reported cases of overseas-acquired typhoid fever, paratyphoid fever, and hepatitis A infection in returned travellers, particularly among those visiting family in endemic countries.
- Measles cases have also been reported nationally, including in the ACT, in the setting of increased global outbreaks and international travel.
- Clinicians should consider these communicable diseases as differential diagnoses and obtain a travel history when assessing acute presentations consistent with these illnesses.
- Clinicians should support patients to have appropriate pre-travel medical assessment, including vaccination where appropriate.

Measles

- Clinicians should be alert to the signs and symptoms of measles and consider a diagnosis in all patients with a measles-compatible illness and history of exposure (e.g. international travel or known contact with someone with measles).
- Symptoms may develop 7-18 days after exposure. These include a prodrome of fever, and conjunctivitis, coryza or cough, followed by a generalised maculopapular rash.
- Patients born after 1965 who do not have documented evidence of two doses of measles containing vaccine or a history of laboratory proven measles are considered non-immune.
- All patients with a measles-compatible illness, especially those who are considered non-immune, should undergo testing. For these patients, immediately notify ACT Health by phone on (02) 5124 9213 to discuss testing and management.
- Patients with a measles-compatible illness should be isolated and managed with airborne precautions. In a hospital setting, follow relevant Infection Prevention and Control protocols for suspected or confirmed measles cases.

Gastrointestinal diseases

- Typhoid fever, paratyphoid fever, and hepatitis A virus are transmitted via the faecal-oral route. Most cases in the ACT are overseas acquired, particularly among travellers visiting family in endemic areas.
- Clinicians should be alert to the signs and symptoms of these diseases and consider relevant testing, such as faecal pathogen testing, for returned travellers with a clinically compatible illness.
- For more information see [Typhoid and Paratyphoid Fever \(act.gov.au\)](https://www.act.gov.au/typhoid-paratyphoid-fever) and [Hepatitis A \(act.gov.au\)](https://www.act.gov.au/hepatitis-a).

Notification of cases

- On diagnosis or reasonable clinical suspicion of a case of measles, typhoid fever, paratyphoid fever, or hepatitis A infection, notify ACT Health Communicable Disease Control by phone (02) 5124 9213 or after-hours pager (02) 9962 4155.
- For further information email cdc@act.gov.au.



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