
Editorial

Young adult measles vaccination

In 1997 the Federal Health Minister, the Hon Dr Michael Wooldridge MP announced a measles elimination program as a component of the 'Immunise Australia: Seven Point Plan'. The Measles Elimination Advisory Committee (MEAC) was charged with the task of delivering a national approach to measles elimination and now the goal of elimination is achievable.

Several milestones have been passed – the Measles Control Campaign (August to November 1998) and its subsequent evaluation by the National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases (June 1999); the revision of the 'Guidelines for the control of measles outbreaks in Australia' by MEAC (July 2000),¹ the publication of the report 'Let's work together to beat measles' (August 2000)² and the 7th edition of the Australian Immunisation Handbook which includes revised recommendations for the use of Measles Mumps Rubella (MMR) vaccine.³

The Measles Control Campaign was a one off vaccination campaign to ensure that all children aged 5-12 years received their second dose of MMR vaccine. The campaign was in response to the change in the vaccination protocol that recommended the second dose of MMR be moved from 10-16 years of age to 4 years of age. Both the Measles Control Campaign and the two-dose MMR policy in place since 1994 appear to have raised levels of immunity in younger age groups to a point where sustained transmission of measles is unlikely to occur.

The history of measles vaccination scheduling and available seroprevalence data for Australia indicate that young adults are now the greatest risk with regard to measles transmission within Australia. Of cases that were notified during the measles outbreak in Victoria at the beginning of 1999, 84% were in the 1968 to 1981 birth cohort. Those in the 18 to 30 years age group were likely to have been unvaccinated or have received only one dose of MMR as part of the vaccination program that commenced in 1994. The first cohort to receive MMR in 1994 will be turning 16 or 17 years of age in 2000.

Other reasons why measles vaccination is important for young adults are

- They represent the 'adventurers' in the community. Young working holiday makers or tourists who are visiting measles endemic countries,
- Morbidity data suggests that adults have a higher risk of complications when they become infected,
- Recent experience from managing outbreaks has shown that this group incorrectly believes that they have immunity to measles infection, and
- That they readily confuse measles and rubella.
- The problems (and costs) involved in tracing measles contacts as illustrated by recent Australian cases.^{4,5}

The recent decision by the Commonwealth Government to fund MMR vaccine for 18-30 year olds overcomes a significant barrier to reducing the risk of outbreaks of measles and, within young adult males particularly, rubella. The provision of 'free' vaccine will enable State and Territory Health Departments, General Practitioners and other vaccination providers to act upon the specific recommendation of the Guidelines "that, at all times, but particularly during a measles outbreak, centres such as general practices, medical centres, hospital emergency departments, university health services and sexual health clinics should be encouraged to identify individuals who may be susceptible to the measles virus from this at-risk group, and offer opportunistic MMR vaccination if not contraindicated."

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1. Measles Elimination Advisory Committee. Guidelines for the control of measles outbreaks in Australia. *Commun Dis Intell* Technical Report Series No 5. July 2000.
2. National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases. Let's work together to beat measles. Canberra: Commonwealth Department of Health and Aged Care. August 2000.
3. National Health and Medical Research Council. The Australian Immunisation Handbook. 7th ed. Canberra: Australian Government Publishing Services, May 2000.
4. Hanna J, Richards A, Young D, Hills S, Humphreys J. Measles in health care facilities: some salutary lessons. *Commun Dis Intell* 2000;24:211-212.
5. National Centre for Disease Control. Highlights for July 2000. Measles. *Commun Dis Intell* 2000;24:245