Government of **Western Australia**
Department of **Health**
Communicable Disease Control Directorate

12 February 2025

MEASLES ALERT FOR WA CLINICIANS

KEY POINTS

- A case of measles was confirmed in WA on 07 February 2025 in a returned traveller.
- Be alert for measles in any patient with **fever** and **rash** who has recently returned from overseas (even if they are fully vaccinated), or attended a listed exposure site during the specified period.
- Test suspected cases for **measles PCR** (urine and throat swab), mark the form as URGENT.
- Suspected cases should be fitted with a mask and advised to **isolate** until results are available**.**
- **Urgently notify** suspected measles cases to public health (or 1800 434 122 if after hours).

Epidemiology

- Measles is common in parts of Asia, Africa and the Middle East, with outbreaks occurring in all regions globally. Several overseas acquired cases have been reported interstate in the past months.

Signs and symptoms

- The incubation period for measles averages around 10 days (range 7-18 days).
- Typical prodromal symptoms of measles include 2-4 days of fever and malaise with coryza, conjunctivitis and cough. Koplik spots may be present but are not commonly observed.
- The prodrome is followed 2-7 days later by a non-pruritic maculopapular rash that usually commences on the face/head and then descends to the torso.
- Fever is present at the time of rash onset, and patients usually look and feel very unwell.
- Attenuated illness can occur in those that are fully vaccinated.
- About 10% of measles cases involve complications such as pneumonia and encephalitis, and around 30% of measles cases require a hospital admission.

Infection prevention and control

- Measles is highly infectious and can be transmitted via airborne droplets to those sharing the same airspace e.g. in waiting rooms and for 30 minutes after the case has left the room.
- Patients with a measles-compatible illness should be promptly identified at reception or triage, fitted with a surgical mask, and isolated in a separate room with the door shut (or negative pressure isolation room, where available).
- Only staff who are immune to measles (two documented doses of measles-containing vaccine, serological evidence of immunity; or born before 1966) should attend the patient.
- Use airborne transmission-based precautions when assessing the patient: wear a N95/P2 mask and eyewear in addition to standard precautions.
- Leave the examination room vacant for at least 30 minutes after the patient has left and ensure thorough surface and environmental cleaning and disinfection occurs.

Vaccination

- Anyone born after 1965 and planning overseas travel should ensure that they are immune to measles (have evidence of 2 doses of a measles containing vaccine) prior to travel.
- MMR vaccine should be given to those who are not immune, or unsure of their status.

Laboratory testing

The recommended set of laboratory tests for diagnosing acute measles includes:

1. a throat swab in viral transport medium or nasopharyngeal aspirate for measles PCR (if no viral transport medium is available then send a dry throat swab);
2. first catch urine for measles PCR; and
3. if able, blood samples for serology and PCR testing (SST [serum] and EDTA tubes, respectively).

Notification of cases

- Urgently notify the local Public Health Unit of suspected measles by telephone, or 1800 434 122 (after hours on-call). Do not wait for laboratory confirmation before notifying a suspected case.

Dr Paul Armstrong
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