



## MEASLES ALERT FOR WA CLINICIANS

### KEY POINTS

- Six cases of measles have been confirmed in WA this year, with **five cases** notified within the last week. Four of these cases acquired their infection in WA.
- **Be alert for measles** in any patient with **fever** and **rash**, especially among those who have recently returned from overseas (even if 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 with clinically compatible illness and epidemiological link (or recent overseas travel) to [public health](#) (or 1800 434 122 if after hours).

### Epidemiological situation

- There have been increasing measles outbreaks globally.
- Cases of measles in returned overseas travellers have increased across Australia, particularly among those returning from South and Southeast Asian countries.
- Six cases of measles have been confirmed in WA this year, with five cases notified within the last week. Four of these cases acquired their infection in WA.



### 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. Refer to above image for an example of a typical measles rash, noting it may vary including milder presentation in those with attenuated illness.
- 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.

### 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).

### 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 two 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.
- Infants can receive a dose of MMR from as young as 6 months of age if they are travelling to areas with a high risk for measles, after an individual risk assessment.
- Measles vaccination rates for 2-year-olds in WA has recently decreased to 91%; to achieve community immunity and prevent outbreaks, at least 95% of a population needs to be vaccinated.

### **Additional resources**

- HealthyWA [Measles](#) page
- [Metropolitan Perth and South West measles alert](#) page with exposure locations (recheck for updates)
- Department of Health media releases:
  - [WA Health managing measles case at Bunbury Regional Hospital](#)
  - [WA Health and Justice managing measles case identified in Hakea Prison](#)
  - [Department of Health issues measles health alert for the Western Australian public](#)
- Measles triage/reception posters for [emergency departments](#) and [general practice](#)

### **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.

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