



MEASLES ALERT FOR WA CLINICIANS

KEY POINTS

- **Eight** cases of measles have been notified in WA since 10 July 2025, linked to a case in a returned overseas traveller, of which **five** cases have been notified since 01 August 2025.
- **Consider measles** in any patient with **fever** and **rash**, especially if they have recently travelled overseas or attended a listed [exposure location](#) during the specified period (even if vaccinated).
- **Test** suspected cases for **measles PCR (urine and throat swab)** and mark the form as **URGENT**.
- Fit suspected cases with a mask and advise them to **isolate** until results are available.
- **Urgently notify by telephone** suspected measles cases with clinically compatible illness and epidemiological link to [public health](#) (do not wait for laboratory confirmation before notifying).
- Refer to the [measles quick guide for primary health care workers](#).

Epidemiological situation

- Measles outbreaks continue to occur overseas, particularly in Asia, the Middle East and Africa.
- Recent WA cases have been linked to a returned overseas traveller from Southeast Asia.
- Eight cases of measles have been notified in WA since 10 July 2025, linked to a returned overseas traveller, of which five cases have been notified since 01 August 2025.
- Exposure locations include regional flights, flights between Perth and Bali, Indonesia, and public venues. The full list, including specified exposure periods, are available [here](#).

Signs and symptoms

- Symptom onset is 7 to 18 days after exposure to a measles case (the incubation period).
- Symptoms of measles include 2-4 days of fever and malaise with coryza, conjunctivitis and cough. Koplik spots are not commonly observed.
- This is followed 2-7 days later by a non-pruritic maculopapular rash which commences on the face/head and then descends to the torso. Patients usually have a fever and are clinically unwell.
- **Attenuated illness** and an atypical rash can occur in those that are **fully or partially vaccinated**.

Laboratory testing

The following tests are recommended for suspected measles. Mark the request form as **URGENT**.

1. Measles PCR on the following specimens:
 - throat swab or nasopharyngeal aspirate in viral transport medium (or dry swab), **and**
 - first catch urine
 - if possible, also collect 3mL of blood in an EDTA tube.
2. Measles serology: if possible, collect 3mL blood in SST tube, and request measles IgM and IgG.

Measles quick guide

- Refer to the [measles quick guide for primary healthcare workers](#) for guidance on assessment, testing, infection prevention and control measures, and notification.

Vaccination

- Anyone born after 1965 should ensure that they are immune to measles (have evidence of two doses of a measles containing vaccine); this is especially important prior to travel.
- It is recommended that **infants aged 6 to 11 months** who are travelling to areas of high risk receive a dose of MMR vaccine. This may be offered following an individual risk assessment.

Notification of cases

- Urgently notify the local [Public Health Unit](#) of suspected measles, or call 1800 434 122 if after hours.

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