

# Measles quick guide for primary healthcare workers: assessing, testing and notifying

Notify suspected measles cases urgently by telephone to your local **Public Health Unit**

## Disease characteristics

**Transmission:** Highly contagious via airborne and droplet spread.

**Incubation period:** 7 to 18 days.

**Infectious period:** 24 hours prior to symptom onset until 4 days after onset of rash.

## When to suspect measles

Have a higher level of suspicion if:

- **patient is not immune to measles** i.e. born after 1965 with <2 doses of a measles containing vaccine and no history of measles infection and/or negative measles IgG on serology
- **potential recent exposure e.g.**
  - a returned overseas traveller
  - visited an area with a current measles outbreak.

Note: people born between 1966 and 1996 may have only had one dose of a measles-containing vaccine.

## If you suspect measles

- **Immediately isolate** the patient in a single room with closed door, away from waiting areas.
- **Fit suspected cases with a mask.**

## Protect staff caring for suspect measles

- All staff should be immune to measles i.e. born before 1966 or have evidence of 2 doses of measles vaccine or previous measles infection.
- Wear appropriate PPE: a fit-checked\* P2/N95 mask, gloves, disposable fluid resistant long-sleeved gown and face shield or goggles.

## Assess for measles symptoms

- **Prodromal symptoms:** cough, coryza, conjunctivitis, fever, lethargy.
- **Rash:** blotchy, maculopapular. Typically starts on the face and spreads to the body. Not itchy. Appears 2 to 7 days after onset of symptoms. Red, pink or brown on lighter skin. Purple, dark spots or no change in colour on darker skin. May be mild in immunised individuals.
- **Complications** include otitis media, pneumonia, diarrhoea, encephalitis. [Refer to Measles for health professionals | Australian CDC](#) for more information.



**Clinical and testing advice can be sought from a Clinical Microbiologist or Infectious Diseases Physician**

**For asymptomatic contacts:** call your Public Health Unit for advice.

## Testing and diagnosis

**Testing during the appointment is highly recommended to avoid delays**

<b>Measles PCR</b>	<ul style="list-style-type: none"> <li>• First void urine <b>AND</b></li> <li>• Throat or nasopharyngeal swab (in viral transport medium or dry swab).</li> <li>• If possible, also collect 3mL blood EDTA tube.</li> <li>• If transport to the lab is delayed, refrigerate or chill the specimens - do not freeze.</li> </ul>
<b>Measles serology</b>	<ul style="list-style-type: none"> <li>• If possible, collect 3mL blood in SST tube.</li> <li>• Request measles IgM and IgG.</li> </ul>

On the pathology form:

- document clinical features and epidemiological risk factors
- mark **URGENT**.

## Testing at home or at a collection centre

- Phone the laboratory for advice about testing options in your region.
- Home testing: preferred (if suspected case is isolating at home), if available in your region.
- Self-collection testing kits may be available in some regions.
- Collection centre testing: advise the patient to call ahead to book an appointment ([Pathwest info here](#)).

## Consider alternative diagnoses:

Rubella, roseola, dengue fever and other arboviral infections, scarlet fever, parvovirus B19, enterovirus, adenovirus, HIV, Kawasaki.

## Isolation and post-testing advice

Advise people with suspected measles to:

- isolate at home until results available
- avoid interacting with people, especially babies, those not immune to measles, pregnant or immunosuppressed
- wear a surgical mask and call ahead if need to leave the home for medical care.

## Infection prevention and control

**After the consultation:**

- leave room empty for 30 minutes with door closed
- clean and disinfect the room, using a new set of PPE
- perform a 2-in-1 step clean (using a combined TGA listed detergent/disinfectant wipe or solution) or alternatively a 2-step clean (detergent followed by a TGA listed disinfectant) can be used
- pay attention to frequently touched surfaces. The room can be used once the surfaces are dry.

## Notification to Public Health

- Contact your local Public Health Unit (PHU) by telephone immediately to notify suspected measles.
- Advise the patient that measles is notifiable and the patient may be contacted by the PHU.
- Inform the patient of their result. If result is positive, contact your PHU for advice and guidance.

**Urgently notify suspected measles cases to your local Public Health Unit by telephone.**

<b>Public health contact details:</b>	Boorloo (Perth) 9222 8588 or 1300 623 292	Goldfields 9080 8200	Great Southern 9842 7500	Kimberley 9194 1630
After hours (on-call) 1800 434 122	Midwest 9956 1985	Pilbara 9174 1660	South West 9781 2359	Wheatbelt 9690 1720

\*a 'fit-check' should be performed each time a P2/N95 respirator is used (and is independent of 'fit-testing'). See [WA Health Respiratory Protection program](#). To see the latest [WA Health Clinician alerts and updates](#). For further information visit [health.wa.gov.au](http://health.wa.gov.au) - Measles or [RACGP's Measles factsheet](#)