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

12 October 2023

ALERT FOR CLINICIANS

Reminder to consider measles in returned travellers

KEY POINTS

- Two cases of measles have been confirmed in WA, including a case acquired in Bali, Indonesia.
- Indonesia currently has a significant measles outbreak.
- Consider measles in patients presenting with **fever and rash** who have:
  - recently returned from measles-endemic countries, even if they are fully vaccinated
  - been in contact with an unwell traveller returning from a measles-endemic country.
- Suspected measles cases should be fitted with a mask and immediately isolated.
- Request measles PCR testing and mark the pathology request form as “URGENT”.
- **Urgently** notify suspected measles infections to public health; do not wait for laboratory confirmation.

Clinical considerations

- Measles is common in parts of Africa, the Middle East and Asia, with a significant increase in measles cases recorded in Indonesia since 2022.
- Those at higher risk include: being born after 1965; unvaccinated; or only receiving one dose of measles-containing vaccine (the second MMR vaccination was introduced into the national program in 1998). Attenuated (milder) illness can occur in those that are fully vaccinated.
- Prodromal symptoms of measles include 2-4 days of fever and malaise with coryza, conjunctivitis, cough or Koplik spots on the buccal mucosa (uncommon).
- A non-pruritic maculopapular rash develops 2-7 days later spreading from the face to the torso.
- Fever is present at the time of rash onset, and patients are usually very unwell.
- 10% of measles cases involve complications such as pneumonia and encephalitis, and approximately 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.

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

Notification of cases

- On first suspicion of diagnosis of a case of measles **urgently** notify your local Public Health Unit by telephone (8am-5pm Mon-Fri, excluding public holidays) or 08 9328 0553 (after hours on-call). Do not wait for laboratory confirmation before notifying a suspected case.

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