



MEASLES ALERT FOR GENERAL PRACTITIONERS AND EMERGENCY DEPARTMENTS

KEY POINTS

- **Fourteen cases of measles have been notified in WA in 2019, to date, with numerous exposure events across the Perth metropolitan area. More cases are expected over coming weeks.**
- **Consider measles in a febrile patient, even if they are fully vaccinated.**
- **Triage cases of fever in recently returned travellers to isolation rooms.**
- **Suspected measles cases require immediate isolation with airborne precautions and must be promptly notified to public health.**
- **GPs should offer MMR vaccination to prospective overseas travellers who are not immune to measles.**

The index cases have been travellers who have returned from various overseas locations including Vietnam, Philippines and India. Cases have visited several Perth hospital emergency departments and many other locations in Perth while infectious. The most recent case exposed passengers on Virgin Australia flight VA691 from Melbourne to Perth on 7 February arriving at 1850 (and people at Perth Airport Terminal 1, on arrival), and attendees of a Hindu Temple in Wangara 8-10 February.

People are highly likely to be immune to measles if they are born before 1966 or are documented to have received two doses of measles-containing vaccine. However, this does not guarantee immunity; attenuated illness has occurred in fully vaccinated individuals.

Each case of measles is a public health emergency, requiring identification of contacts - over 3,000 contacts have been followed up this year, to date. Prompt isolation of potential cases and strict infection prevention and control in health services assists to minimise the follow-up efforts required.

Symptoms and signs: Patients with measles usually look and feel very unwell.

Prodrome

- 2-4 days with fever and malaise,
AND one or more of:
 - cough, coryza, conjunctivitis or Koplik spots on buccal mucosa (not commonly observed).

Rash

- Onset 2-7 days after prodrome
- Fever is present at the time of rash onset
- Usually commences on face/head then descends
- Maculopapular, becoming confluent.

Infection prevention and control

Patients with symptoms & signs consistent with measles should be identified promptly at reception.

- Put a surgical mask on the patient and isolate them in a room (negative pressure, where available) separate from other patients, with the door shut
- Staff attending the patient must be immune to measles and wear appropriate PPE
- Use single-use equipment or reprocess multi-use equipment before use on another patient
- Leave the examination room vacant for at least 30 minutes after the patient has left and thoroughly clean all touched surfaces.

Laboratory testing

- Throat or nose swab, or nasopharyngeal swab or aspirate, for measles PCR, in viral transport medium
- Urine for measles PCR
- Serology for measles IgG and IgM.

Notification (urgent)

- Please notify all suspected or confirmed cases immediately to the Communicable Disease Control Directorate (ph 92220255 or A/H: 9328 0553) or to the local Public Health Unit in regional areas.

<http://healthywa.wa.gov.au/publichealthunits>

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