



ALERT FOR CLINICIANS

Measles in returned traveller from Bali

KEY POINTS

- A case of measles has been confirmed in WA in a returned traveller from Bali, Indonesia.
- The case spent time in the Perth and Midwest regions while infectious between 1 and 11 September 2023.
- Clinicians should have a high index of suspicion for measles in patients presenting with fever and rash who have recently returned from overseas or attended one of the listed [exposure locations](#) at the same time as the case.
- All patients with suspected measles should be fitted with a mask and immediately isolated.
- Ensure measles PCR testing is requested and mark the pathology request form as “URGENT”.
- **Urgently** notify suspected measles infections to public health; do not wait for laboratory confirmation.

Signs and symptoms

- Typical prodromal symptoms of measles include 2-4 days of fever and malaise with coryza, conjunctivitis, cough or Koplik spots on the buccal mucosa (not commonly observed).
- The prodrome is followed around 2-7 days later by a non-pruritic maculopapular rash that usually commences on the face/head and then descends to the torso.
- Fever is present at the time of rash onset, and patients usually look and feel very unwell.
- About 10% of measles cases involve complications such as pneumonia and encephalitis, and around 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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