



**Issue date**  
**31 March 2023**

**Distributed to:**

Chief Executives  
Directors of Clinical Governance  
Director, Regulation and Compliance Unit

**Action required by:**

Chief Executives  
Directors of Clinical Governance

**We recommend you also inform:**

Directors, Managers and Staff of:

- Emergency Departments
- Infectious Diseases
- Paediatrics
- General Medicine
- PHU
- Nursing

**Deadline for completion of action**  
31 March 2023

**Expert Reference Group**

**Content reviewed by:**  
Executive Director, Health Protection NSW  
Patient Safety, CEC

**Clinical Excellence Commission**

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**Review date**  
**March 2024**

## Clinician Alert – Measles case in NSW

### Situation

An infant infected with measles spent time in Westfields Parramatta between 0900 and 1000 on Monday 27 March, Argyle Street Medical Centre, located within Westfield Parramatta between 0915 and 1000 on Monday 27 March and The Children's Hospital at Westmead emergency department waiting room between 12noon and 2130 on Monday 27 March. The infant had recently returned from India where they acquired their infection.

### Background

Measles is a highly contagious infectious disease. Measles cases associated with international travel have also recently previously been reported in Victoria, South Australia, Queensland and New Zealand. Measles cases have been rare in NSW since 2010, due to travel restrictions associated with the COVID-19 pandemic. Only one case has been reported during this period, in September 2022. Measles remains common in many parts of the world and large outbreaks are currently occurring in many countries, including several within our region. Impacts of the COVID-19 pandemic on immunisation programs mean globally more people may be at risk of measles, with outbreaks potentially larger and more widespread. Increasing international travel means the risk of measles cases occurring in NSW is increasing for both travellers and local residents. Measles containing vaccines (MMR) are free in NSW for those born during or after 1966 who have not previously had two documented doses.

### Assessment

Measles typically presents with a 2–4-day prodromal illness with fever, cough, coryza, and conjunctivitis. A maculopapular rash then typically begins on the face and neck and then spreads down the body. Measles in previously vaccinated people may present atypically, with milder symptoms and a slower progression to the rash.

Cases are usually infectious from the day before the prodrome to four days after the rash onset.

### Clinical Recommendations

- Consider measles in returning travellers with fever, and in anyone with fever and a maculopapular rash.
- **Isolate** suspected measles cases
- **Notify** your public health unit (PHU) immediately on **1300 066 055** (don't wait for test results before calling). PHUs will contact trace any confirmed measles case.

**Test:** collect a nose and throat swab, and a first pass urine sample for nucleic acid testing (PCR) and blood for measles serology (IgM and



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IgG). Mark the tests requested as URGENT. Your PHU can assist in expediting testing.

- Encourage measles vaccination; children aged from 6 months to under 12 months can have an MMR vaccination early if travelling overseas.
- Measles travel posters and other resources for your clinic are available from the NSW Health measles page: [www.health.nsw.gov.au/Infectious/measles](http://www.health.nsw.gov.au/Infectious/measles)

### Required actions for the Local Health Districts/Networks

1. Distribute this Safety Alert to all relevant clinicians and clinical departments for awareness and include a copy in relevant handovers and safety huddles.
2. Undertake a local risk assessment and develop strategies to mitigate the risk of missed or delayed diagnosis of measles.
3. Report all suspected and confirmed cases of measles to your Public Health Unit on **1300 066 055**.
4. Confirm receipt and distribution of this Safety Alert within 72 hours to [cec-recalls@health.nsw.gov.au](mailto:cec-recalls@health.nsw.gov.au)

Obsolete