

# Clinician Alert – Measles in NSW



## **i** SAFETY INFORMATION 010/24

Issue date:	20/12/2024
Content reviewed by:	Health Protection NSW
Distributed to:	Chief Executives; Directors of Clinical Governance; Director, Regulation and Compliance Unit
KEY MESSAGE:	<p>There is an increased risk of measles associated with travellers, particularly people returning from Vietnam.</p> <p>Assess travel history in people presenting with fever. Isolate and consider measles in people with recent travel to affected areas and/or clinically compatible symptoms.</p> <p>Notify suspected cases to the PHU.</p> <p>Test for measles – request URGENT PCR on nasopharyngeal swabs and urine.</p>
ACTION REQUIRED BY:	Clinicians
REQUIRED ACTION:	<ol style="list-style-type: none"> <li>1. Distribute this Safety Information to all relevant clinicians and clinical departments to increase awareness of measles.</li> <li>2. Ensure clinical staff have the skills and knowledge to implement clinical recommendations.</li> <li>3. Include this Safety Information in relevant handovers and safety huddles</li> </ol>
DEADLINE:	N/A
We recommend you also inform:	Directors, Managers and Staff of: Emergency Departments
Website:	<a href="https://www.health.nsw.gov.au/sabs/Pages/default.aspx">https://www.health.nsw.gov.au/sabs/Pages/default.aspx</a> <a href="http://internal.health.nsw.gov.au/quality/sabs/index.html">http://internal.health.nsw.gov.au/quality/sabs/index.html</a>
Review date:	December 2025

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### Situation

A large measles outbreak is currently occurring in South-East Asia, particularly Vietnam. There have been several cases of measles in travellers returning to Australia from Vietnam, including a recent case in Sydney. Have a high index of suspicion for measles in people presenting with clinically compatible symptoms, especially if they have travelled in the two and a half weeks prior to the onset of their first symptoms.

### Background

- Measles is a highly contagious viral illness, notifiable on clinical suspicion.
- While rare in Australia, measles remains common in many parts of the world including destinations popular with Australian travellers and visitors. A large measles outbreak is currently occurring in South-East Asia.
- Many people born in Australia between 1966 and 1994 may have only received one dose of measles vaccine and may be unknowingly under vaccinated.
- There should be a high index of suspicion for measles in anyone with clinically compatible symptoms who has been overseas in the previous three weeks, even if they report measles vaccination.

### Assessment

- Measles typically presents with a 2–4-day prodromal illness with fever and the “three Cs”, 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. It can take up to 18 days for symptoms to appear following exposure to a person with measles.

### Recommendations

**Collect travel history** (particularly international travel) for all patients presenting with a febrile illness.

**Isolate, wear personal protective equipment (PPE) and consider** measles in:

- people arriving from overseas (particularly Vietnam or South-East Asia) with fever even if previously vaccinated for measles
- anyone with fever, cough, coryza, conjunctivitis, with or without a maculopapular rash.

**Notify** your public health unit (PHU) immediately on 1300 066 055 of any suspected measles cases (don't wait for test results before calling). PHUs will work with infection control to identify and follow up contacts of confirmed measles cases.

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Hospitalised patients are to be managed under airborne precautions isolated in a negative pressure single room with ensuite or a single room with doors closed and wear a P2/N95 respirator and eye protection.

**Test:** collect a nose and throat swab, and a first pass urine sample for nucleic acid testing (PCR). Blood for measles serology (IgM and IgG) can be performed, but PCR should always be taken. Mark the tests requested as URGENT. Your PHU can assist in expediting testing.

**Encourage measles vaccination** for travellers: infants can have an MMR vaccination as early as 6 months of age if travelling overseas. They should still have two further doses at the usual time points. Measles vaccine is free for those born during or after 1966 who do not have two documented doses.

### Further information

<https://www.health.nsw.gov.au/Infectious/measles/Pages/default.aspx>

Measles control guideline

<https://www.health.nsw.gov.au/Infectious/controlguideline/Pages/measles.aspx>

OBSOLETE

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