

UPDATED: Clinician Alert – Measles in NSW
N SAFETY NOTICE 005/26

Issue date:	27 February 2026
Content reviewed by:	Health Protection NSW
Distributed to:	Chief Executives; Directors of Clinical Governance; Director, Regulation and Compliance Unit
KEY MESSAGE:	<ul style="list-style-type: none"> • There is an increased risk of measles in NSW due to cases with no travel history and no known links to a previous case, and an ongoing risk of measles in people returning or visiting from overseas. • Consider measles in anyone with clinically compatible illness (they may have predominant gastrointestinal symptoms), regardless of their age, travel, or vaccination status. • Clinicians should have a low threshold for testing for measles. Isolate the patient immediately when measles is suspected. • Test for measles – request URGENT PCR on a nasopharyngeal swab and urine. • Notify suspected cases to the public health unit urgently by calling 1300 066 055. Do not wait for test results before calling. • Recent measles cases have had extended exposures in waiting areas and hospital emergency departments. Ensure patients presenting with any respiratory symptom wear a surgical mask, especially in waiting areas.
ACTION REQUIRED BY:	Clinicians
REQUIRED ACTION:	<ol style="list-style-type: none"> 1. Distribute this Safety Notice to all relevant clinicians and clinical departments to increase awareness of measles. 2. Ensure clinical staff have the skills and knowledge to implement clinical recommendations. 3. Include this Safety Notice in relevant handovers and safety huddles.
We recommend you also inform:	Directors, managers and staff of: Emergency Departments, Infectious Diseases, Nursing, Pathology and Paediatrics
Website:	https://www.health.nsw.gov.au/sabs/Pages/default.aspx http://internal.health.nsw.gov.au/quality/sabs/index.html
Review date:	April 2026

UPDATED: Clinician Alert – Measles in NSW

N SN:005/26

What has been updated since SN:025/25?

This Safety Notice replaces SN:025/25 – *Clinician Alert – Measles in NSW* which has now been rescinded.

The Safety Notice has been updated to include additional information surrounding the current incidence of measles in NSW. It also provides further guidance on patient assessment and recommendations for measles testing, along with further resources for clinicians.

Situation

- There is an increased local risk for measles in NSW.
- From 1 December 2025 to 23 February 2026, 27 cases of measles have been reported in NSW. Among these, 15 acquired measles during travel in South-East Asia and 12 acquired measles in NSW. For 2 locally acquired cases, no source of infection has been able to be identified.
- Most cases were adults (32-59 years of age) who were under-vaccinated for measles or had no proof of measles vaccination.
- 32% of cases reported gastro symptoms in addition to usual measles prodromal symptoms, including nausea, vomiting, abdominal pain, and diarrhoea.
- People with measles have attended public venues including emergency departments and urgent care clinics and used public transport in Sydney, as listed on the [NSW Health website](#). People who attended these locations may be developing symptoms now.

Background

- Measles is a highly contagious viral illness, notifiable on clinical suspicion.
- Measles typically presents with a 2 – 4 day prodromal illness with fever, cough, coryza, and conjunctivitis.
- 3 – 5 days later, a maculopapular rash 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, or altered progression of the rash.
- It can take up to 18 days for symptoms to appear following exposure to a person with measles, though the average incubation period is 10 days.
- Cases are usually infectious from the day before the prodrome to 4 days after the rash onset.

UPDATED: Clinician Alert – Measles in NSW

N SN:005/26

Assessment

- Clinicians should be on alert for measles in anyone with a clinically compatible illness regardless of their age, vaccination status, or travel history.

Recommendations

Consider measles in:

- people who attended known measles public exposure locations listed [here](#)
- anyone with clinically compatible illness (they may have predominant gastrointestinal symptoms), regardless of their age, travel, or vaccination status.



Image 1: Maculopapular rash.

ISOLATE	<ul style="list-style-type: none"> Patients should be isolated as soon as possible ensuring airborne precautions are in place (minimum single room, door closed). A useful poster to display can be accessed here: measles is about waiting room.
NOTIFY	<ul style="list-style-type: none"> If you suspect measles, inform your public health unit (PHU) immediately by calling 1300 066 055. Do not wait for test results to call. Notify local Infection Prevention and Control as soon as able.
TEST	<ul style="list-style-type: none"> Collect a nose and throat swab, and a first pass urine sample for PCR, and blood for measles serology (IgM and IgG). Mark the tests requested as URGENT. Your PHU can assist in expediting testing.

Encourage measles vaccination

Recommending vaccination is an important way to increase uptake. Clinicians should recommend vaccination for:

- Individuals born during or after 1966** who do not have evidence of having received two doses of a measles containing vaccine. Measles containing vaccines (MMR) are free in NSW for these people.
- Children aged from 6 months to under 12 months:** can have an extra MMR vaccination early if travelling overseas. Children who receive an earlier dose (dose zero) should receive their usual MMR vaccine (dose 1) at 12 months of age. They should receive their final dose of MMRV (dose 2) at 18 months of age as routinely recommended.

Further information

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