Government of **Western Australia**
Department of **Health**
Communicable Disease Control Directorate

09 October 2025

MEASLES PILBARA OUTBREAK ALERT FOR WA CLINICIANS

KEY POINTS

- There is an **outbreak of measles in the Pilbara region**, with eight locally-acquired cases with unknown sources of infection notified in the Hedland and Karratha areas over the last 2 weeks.
- **Be alert for measles** in any patient with **fever** and **rash** (even if fully vaccinated), particularly if they have travelled overseas or are residents of (or have recently visited) affected Pilbara areas.
- Patients with a measles-compatible illness should be **promptly identified** at reception or triage, fitted with a mask, and isolated in a negative pressure room (or separate room with the door shut).
- **Test** suspected cases for **measles PCR** (**urine** and **throat swab**), mark the form as **URGENT**.
- Suspected cases should be advised to **isolate** until results are available.
- **Urgently notify** suspected measles cases, particularly those from the Pilbara region or with recent overseas travel, to public health (or 1800 434 122 if after hours).
- Refer to the WA measles quick guide and Aboriginal Health Council of WA measles resources.

Epidemiological situation

- There have been 47 measles cases notified in WA in the year to date; six cases were notified in 2024.
- Recent measles outbreaks in WA have been linked to cases in returned overseas travellers, including fly-in fly-out (FIFO) workers, particularly people returning from South and Southeast Asian countries.
- The eight measles cases recently notified in the Pilbara region all have an unknown source of infection, indicating community transmission and the risk of further cases.
- Additional measles cases were also identified in the Newman area of the Pilbara region in September.

Signs and symptoms

- Symptom onset is 7 to 18 days after exposure to a measles case (the incubation period).
- Typical symptoms of measles include fever and malaise with coryza, conjunctivitis and cough.
- This is followed 2-7 days later by a non-pruritic maculopapular rash that usually commences on the face/head and then descends to the torso. Patients usually have a fever and are clinically unwell.
- **Attenuated illness** and an atypical rash can occur in those that are **fully or partially vaccinated**.
- The rash may present differently in people with darker skin tones as erythema may be less apparent. See Measles – NHS for images of the measles rash.

Laboratory testing

The following tests are recommended for suspected measles – mark the request form as **urgent**:

1. **Measles PCR** on the following specimens:
   - throat swab or nasopharyngeal aspirate in viral transport medium (or dry swab), **and**
   - first catch urine
   - if possible, also collect 3mL of blood in an EDTA tube.
2. **Measles serology**: if possible, collect 3mL blood in SST tube, and request measles IgM and IgG.

Vaccination

- Check that anyone born after 1965 is immune to measles (has evidence of two doses of a measles-containing vaccine); people can receive an additional MMR vaccine dose if they are unsure.
- Recall unvaccinated or under-vaccinated patients for a MMR vaccination.
- See Measles mumps rubella (MMR) vaccine, including Pilbara vaccination clinic opening dates/times.

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