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

30 October 2026

ALERT FOR CLINICIANS
Measles detections in WA

KEY POINTS

- **Two confirmed measles cases** have been notified in the Perth metropolitan area since 27 October 2026.
- The first case is linked to overseas travel, while the second case is a young child with no recent history of overseas travel and **no known link** to the first case, raising concern for **undetected community transmission.**
- **Consider measles** in any patient with **fever** and **rash,** especially if they have recently travelled overseas or attended a listed exposure location during the specified period (even if vaccinated).
- **Test** suspected cases for measles PCR (urine and throat swab) and mark the form as **URGENT.**
- Fit suspected cases with a mask and advise them to **isolate** until results are available.
- **Urgently notify** public health by telephone of suspected measles cases. Do not wait for laboratory confirmation before notifying public health.

Epidemiological situation

- Public health investigations are underway to identify the source of infection for the locally acquired case and determine whether additional cases have occurred.
- Exposure locations visited by the confirmed measles cases during their infectious period include the emergency departments at both Joondalup Health Campus and Armadale Health Service.
- A full list of exposure locations with corresponding dates and times is available here.

Signs and symptoms

- Symptom onset is 7 to 18 days after exposure.
- Measles usually begins with fever, malaise, cough, coryza and conjunctivitis. Koplik spots are uncommon.
- A non-pruritic maculopapular rash follows several days later, typically beginning on the face/head and spreading down to the torso. Patients usually have a fever and appear clinically unwell at rash onset.
- Attenuated illness and an atypical rash can occur in fully or partially vaccinated individuals.

Laboratory testing

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

Measles quick guide

- Refer to the measles quick guide for primary healthcare workers for guidance on assessment, testing, infection prevention and control measures, and notification.

Vaccination

- Anyone born after 1965 should ensure they are immune to measles (documented evidence of two doses of a measles-containing vaccine). Measles vaccination is free for most people in WA.
- It is recommended that **infants aged 6 to 11 months** who are travelling internationally be assessed for early MMR vaccination.

Notification of cases

- Urgently notify the local public health unit of suspected measles or call **1800 434 122** if after hours.

Dr Paul Armstrong
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