

Measles quick guide for primary healthcare workers: assessing, testing and notifying

Notify suspected measles cases urgently by telephone to your local **Public Health Unit**

Disease characteristics

Transmission: Highly contagious via airborne and droplet spread.

Incubation period: 7 to 18 days.

Infectious period: 24 hours prior to symptom onset until 4 days after onset of rash.

When to suspect measles

Have a higher level of suspicion if:

- **patient is not immune to measles** i.e. born after 1965 with <2 doses of a measles containing vaccine and no history of measles infection and/or negative measles IgG on serology
- **potential recent exposure e.g.**
 - a returned overseas traveller
 - visited an area with a current measles outbreak.

Note: people born between 1966 and 1996 may have only had one dose of a measles-containing vaccine.

If you suspect measles

- **Immediately isolate** the patient in a single room with closed door, away from waiting areas.
- **Fit suspected cases with a mask.**
- **Wear appropriate PPE:** a fit-checked* P2/N95 mask, gloves, disposable fluid resistant long-sleeved gown and face shield or goggles.
- **Staff should be immune to measles** i.e. born before 1966 or have evidence of 2 doses of measles vaccine or serological evidence of measles immunity.

Assess for measles symptoms

- **Prodromal symptoms:** cough, coryza, conjunctivitis, fever, lethargy.
- **Rash:** blotchy, maculopapular. Typically starts on the face and spreads to the body. Not itchy. Appears 2 to 7 days after onset of symptoms. Red, pink or brown on lighter skin. Purple, dark spots or no change in colour on darker skin. May be mild in immunised individuals.
- **Complications** include otitis media, pneumonia, diarrhoea, encephalitis. [Refer to Measles for health professionals | Australian CDC](#) for more information.



Clinical and testing advice can be sought from a Clinical Microbiologist or Infectious Diseases Physician

For asymptomatic contacts: call your Public Health Unit for advice.

Testing and diagnosis

Testing during the appointment is highly recommended to avoid delays

Measles PCR	<ul style="list-style-type: none"> • First void urine AND • Throat or nasopharyngeal swab (in viral transport medium or dry swab). • If possible, also collect 3mL blood EDTA tube. • If transport to the lab is delayed, refrigerate or chill the specimens - do not freeze.
Measles serology	<ul style="list-style-type: none"> • If possible, collect 3mL blood in SST tube. • Request measles IgM and IgG.

On the pathology form:

- document clinical features and epidemiological risk factors
- mark **URGENT**.

Testing at home or at a collection centre

- Phone the laboratory for advice about testing options in your region.
- Home testing: preferred (if suspected case is isolating at home), if available in your region.
- Self-collection testing kits may be available in some regions.
- Collection centre testing: advise the patient to call ahead to book an appointment ([Pathwest info here](#)).

Consider alternative diagnoses:

Rubella, roseola, dengue fever and other arboviral infections, scarlet fever, parvovirus B19, enterovirus, adenovirus, HIV, Kawasaki.

Isolation and post-testing advice

Advise people with suspected measles to:

- isolate at home until results available
- avoid interacting with people, especially babies, those not immune to measles, pregnant or immunosuppressed
- wear a surgical mask and call ahead if need to leave the home for medical care.

Infection prevention and control

After the consultation:

- leave room empty for 30 minutes with door closed
- clean and disinfect the room, using a new set of PPE
- perform a 2-in-1 step clean (using a combined TGA listed detergent/disinfectant wipe or solution) or alternatively a 2-step clean (detergent followed by a TGA listed disinfectant) can be used
- pay attention to frequently touched surfaces. The room can be used once the surfaces are dry.

Notification to Public Health

- Contact your local Public Health Unit (PHU) by telephone immediately to notify suspected measles.
- Advise the patient that measles is notifiable and the patient may be contacted by the PHU.
- Inform the patient of their result. If result is positive, contact your PHU for advice and guidance.

Urgently notify suspected measles cases to your local Public Health Unit by telephone.

Public health contact details:	Boorloo (Perth) 9222 8588 or 1300 623 292	Goldfields 9080 8200	Great Southern 9842 7500	Kimberley 9194 1630
After hours (on-call) 1800 434 122	Midwest 9956 1985	Pilbara 9174 1660	South West 9781 2359	Wheatbelt 9690 1720

*a 'fit-check' should be performed each time a P2/N95 respirator is used (and is independent of 'fit-testing'). See [WA Health Respiratory Protection program](#). To see the latest [WA Health Clinician alerts and updates](#). For further information visit health.wa.gov.au - Measles or [RACGP's Measles factsheet](#)