Government of Western Australia
Department of Health

Vaccine Update 449 – Perth Metro and Pilbara measles alert

KEY POINTS

- A measles alert has been issued for the Perth metropolitan and Pilbara regions.
- As of 13 August, eight new cases of measles have been notified in Western Australia (WA) since 10 July 2025, linked to a case in a returned overseas traveller. Of these, five cases have been notified since 01 August 2025, including one in an infant.
- **Be alert for measles** in any patient with **fever** and **rash**, especially among those who have recently returned from overseas (even if fully vaccinated) or attended listed exposure site including flights during the specified period.
- **Test** suspected cases for **measles PCR** (**urine and throat swab**), mark the form as **URGENT**.
- Suspected cases should be fitted with a mask and advised to isolate until results are available.
- **Urgently notify** suspected measles cases with clinically compatible illness and epidemiological link (or recent overseas travel) to public health (or 1800 434 122 if after hours).
- Refer to the most recent measles alert for WA clinicians, and the measles quick guide for primary health care workers.
- Providers are urged to **promote vaccination** for all people to ensure they have two documented doses of MMR vaccine, especially to patients travelling overseas.

Measles outbreaks continue to occur overseas, with subsequent cases of measles in returned overseas travellers increasing across Australia, particularly among those returning from South and Southeast Asian countries. Exposure locations include regional flights, flights between Perth and Bali, Indonesia, and public venues. The full list, including specified exposure periods, are available here.

Signs and symptoms

- The incubation period for measles averages around 10 days (range 7-18 days).
- Typical prodromal symptoms of measles include 2-4 days of fever and malaise with coryza, conjunctivitis and cough. Koplik spots may be present but are not commonly observed.
- The prodrome 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.

- Fever is present at the time of rash onset, and patients usually look and feel very unwell.
- Attenuated illness can occur in those that are fully vaccinated.
- About 10% of measles cases involve complications such as pneumonia and encephalitis, and around 30% of measles cases require a hospital admission.

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.

Notification of cases

Urgently notify the local Public Health Unit of suspected measles by telephone, or 1800 434 122 (after hours on-call). Do not wait for laboratory confirmation before notifying a suspected case.

Infection prevention and control

- Measles is highly infectious and can be transmitted via airborne droplets to those sharing the same airspace e.g. in waiting rooms and for 30 minutes after the case has left the room.
- Patients with a measles-compatible illness should be promptly identified at reception or triage, fitted with a surgical mask, and isolated in a separate room with the door shut (or negative pressure isolation room, where available).
- Only staff who are immune to measles (two documented doses of measles-containing vaccine, serological evidence of immunity; or born before 1966) should attend the patient.
- Use airborne transmission-based precautions when assessing the patient: wear a N95/P2 mask and eyewear in addition to standard precautions.
- Leave the examination room vacant for at least 30 minutes after the patient has left. Ensure to carry out thorough surface and environmental cleaning and disinfection.

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Vaccination

- Anyone born after 1965 and planning overseas travel should ensure that they are immune to measles (have evidence of two doses of a measles-containing vaccine) prior to travel.
- WA Health offers MMR vaccine to adults born after 1965 who have not received two documented doses of a measles-containing vaccine. The vaccine can be provided at community health clinics (regionally), General Practice, Aboriginal Medical Services and Community Pharmacies. Serology is not required prior to receiving a MMR vaccine.
- Providers can order the state funded MMR vaccine through Onelink, following the same process as for other vaccines.
- People who are aged <20 years without evidence of two doses of a measles-containing vaccine are eligible for a free National Immunisation Program (NIP) MMR vaccine.
- MMR vaccine should be given to those who are not immune, or where immune status is unknown.
- Infants travelling to areas with a high risk for measles can receive a dose of MMR vaccine from as young as 6 months of age following an individual risk assessment. Infants who receive an MMR vaccine dose prior to the age of 12 months should continue to follow the WA Immunisation Schedule and receive two doses of MMR vaccine, the first at 12 months and the second at 18 months.
- Current measles vaccination coverage rates for 2-year-olds in WA is 91%; this is below the 95% target required for herd immunity.

Additional resources

- HealthyWA measles page
- Metropolitan Perth and South West measles alert page with exposure locations (recheck for updates)
- Most recent 2025 Department of Health media release (search “measles” for older articles).
- See printable triage/reception posters for emergency departments and general practice on this page under “Information and resources for health providers”.
- Order hard copy posters measles travel posters at our Quickmail resource warehouse.

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