

Measles Alert

Information for GPs and clinicians in NSW - please distribute to all staff in your facility



Key messages

1. Increased risk of measles due to cases with no travel history and no known links to a previous case.
2. Consider measles in anyone with clinically compatible illness (they may have predominant gastro symptoms), regardless of their age, travel, or vaccination status.
3. Have a low threshold for testing for measles. Isolate and test suspected cases urgently. Notify your local public health unit and do not wait for results.
4. Ensure use of surgical masks by patients presenting with any respiratory symptom.

Increased risk of measles in NSW

- There is increased local risk for measles in NSW. To the week ending 22 February there have been 2 notifications with unknown source and an ongoing risk of measles in people returning or visiting from overseas.
- From 1 December 2025 to 22 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.
- Most cases were adults (32-59 yrs) who were under-vaccinated for measles or have no proof of measles vaccination.
- 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](#).

How does measles present?

- 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.
- 32% of recent measles cases in NSW have also reported gastro symptoms, including nausea, vomiting, and abdominal pain. Diarrhoea, more commonly seen in infants with measles, has been reported in several adults.
- 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 from exposure for symptoms to develop, 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.



Maculopapular rash

How to manage suspected cases:

ISOLATE	Measles is a highly contagious illness. Have the patient wear a mask and move them away from patients and staff. A useful poster to display can be accessed here: measles is about waiting room.pdf
NOTIFY	If you suspect measles, inform your public health unit (PHU) immediately by calling 1300 066 055. Do not wait for test results to call.
TEST	Collect a nose and throat swab, and a first pass urine sample for PCR, and blood for measles serology (IgM and IgG). Ensure airborne precautions are in place. Mark the tests requested as URGENT. Your PHU can assist in expediting testing.

Opportunistic measles vaccination

- Offer measles vaccination for people born **during or after 1966** who do not have documentation of 2 previous doses. Measles, mumps, rubella (MMR) vaccine is free in NSW for these people.
- Individuals born between 1966 and 1994 may not have received 2 doses of a measles containing vaccine and may not be immune.
- Encourage measles vaccination in consultations prior to overseas travel.
- 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.

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