

## Measles

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### ***What is measles?***

Measles is a serious and highly contagious viral illness that is caused by the measles virus.

Measles can be a severe disease and lead to serious complications. Measles is not common in Australia because of high levels of immunisation.

### ***What are the symptoms?***

Measles usually begins with a fever, tiredness, cough, runny nose and sore eyes. A characteristic rash appears 3–7 days after the onset of symptoms and will usually begin when the fever is still present. This rash is usually flat, red, blotchy and covered with small bumps. The rash usually starts on the face, head or neck then spreads down to the body and lasts for 4–7 days. Small white spots may occur on the inside of the mouth (Koplik spots).

Up to a third of people with measles may develop complications, including ear infections and pneumonia, and require hospitalisation. About one in every 1,000 people with measles develops encephalitis (inflammation of the brain). A very rare but fatal condition called subacute sclerosing panencephalitis (SSPE) may develop several years after a measles infection.

### ***How is measles spread?***

Measles is usually spread when an infected person coughs or sneezes. It can also be spread by direct contact with respiratory secretions or with soiled articles (such as dirty tissues). Measles is one of the most easily spread of all human infections. Just being in the same room as someone with measles can result in infection.

It is important that a person infected with measles avoid contact with others to reduce the risk of spreading the disease. They should be excluded from school, childcare or work until they are no longer considered infectious.

### ***How long does a person remain infectious?***

People with measles are usually infectious from just before the symptoms begin (about 4 days before the rash appears) until 4 days after the rash appears.

### ***Who is at most at risk from measles?***

Until the late 1960s most people caught measles during childhood in Australia and are generally immune to measles.

People considered susceptible to measles include:

- Those born in or after 1966 who have not had measles and who have not received two doses of the Measles-Mumps-Rubella (MMR) vaccine.
- People who are immune-suppressed (e.g. those receiving chemotherapy or radiotherapy, or people who take high-dose steroid medications) even if they have been fully immunised or have had past measles infection.

## ***What if I have been in contact with someone with measles?***

It usually takes about 10 days after coming into contact with measles for symptoms to develop. The rash usually appears around 14 days after exposure to measles.

Anyone with suspected measles should see their doctor. When making the appointment please advise the receptionist that measles is suspected, to limit further spread to other patients and staff.

Measles is a notifiable disease, which means the doctor or the laboratory, is required to notify ACT Health if a case of measles is diagnosed.

A Public Health Officer from the Communicable Disease Control Section will interview the person with the infection (or their parent/guardian) to confirm the diagnosis and identify any contacts. The Public Health Officer will then advise of necessary actions required to prevent the spread of the disease.

For people who are not immune and who have come into contact with a person with measles, the chance of infection can be reduced if MMR vaccine is given within 3 days of exposure or immunoglobulin within 7 days of exposure.

**The most effective way to avoid measles and its complications is to be vaccinated.**

## ***How is it diagnosed?***

A doctor may suspect measles based on the person's signs and symptoms. A blood test, throat swab or urine specimen is necessary to confirm the diagnosis.

## ***What is the treatment?***

There is no specific treatment for measles. People with measles should have plenty of fluids and rest, see their doctor and treat symptoms as they occur.

## ***Immunisation recommendations***

Vaccination is the best way to prevent being infected with measles. MMR vaccine is offered to all children under the funded National Immunisation Program at 12 months of age and then again in combination with the chickenpox vaccine (MMRV) at 18 months of age. To be fully vaccinated, people need to receive two doses of a measles containing vaccine at least four weeks apart.

## ***How do I know if I have been vaccinated or if I am immune to measles?***

If you were born prior to 1966 in Australia, it is likely that you had measles in your childhood and are now immune. If you were born during or after 1966, and have not had measles, you should have received two doses of a measles containing vaccine at least four weeks apart to be considered immune. However, if you are unsure, it is safe to have the vaccine more than twice.

## ***Are there any side effects from the vaccination?***

The MMR vaccine is generally well tolerated and any side effects are usually mild. Side effects may include fever, tiredness, localised swelling at the injection site, swollen glands and feeling unwell. This vaccine is not recommended for people who are immune-suppressed or for pregnant women. Pregnancy should be avoided for 28 days following vaccination. MMR vaccination may also need to be delayed if you have had a recent blood transfusion or blood product.

## ***Need more information?***

For more information about measles, contact your doctor or call the Health Protection Service, Communicable Disease Control Information Line during business hours on **(02) 6205 2155**.

**Communicable Disease Control Section at the Health Protection Service** is responsible for the investigation and surveillance of notifiable or infectious conditions in the ACT in order to control or prevent their spread in the community. This includes the promotion of immunisation, education and other strategies that help to limit the spread of diseases.

Measles is a notifiable disease. Cases notified to the ACT Health are investigated by Public Health Officers.

## Acknowledgements

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