NT Health

Centre for Disease Control

Surveillance update

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Be alert for measles

- Measles cases are being reported almost daily now around Australia, notably in Victoria, New South Wales and Queensland. Cases continue to occur in those who are under-vaccinated or with unknown vaccination status and, particularly among those who have recently travelled overseas and in their contacts.

- Measles is a very highly infectious viral illness, which is spread by breathing in air droplets. Sentinel symptoms include fever, conjunctivitis, cough, coryza, and a maculopapular rash which begins on the face and neck, and spreads over the rest of the body. It can take up to 18 days to develop symptoms.

- Immunity to measles requires either having had measles or being completely vaccinated. Those born before 1966 are considered immune – those born during or after 1966 must have had 2 measles-containing vaccines after 12 months of age or have had measles to be immune. Encourage all patients and staff to check their vaccination status and ensure that they are immune to measles. Offer or recommend measles vaccination which is FREE, if non-immune, or immunity is unknown.

- The suspect person needs to be isolated and the following 3 samples collected for testing:
    - 1 urine sample (PCR measles)
    - 1 throat swab (PCR measles)
    - 1 nose swab up both nostrils (PCR measles)

Samples should be forwarded to Royal Darwin Hospital (or nearest public hospital) following discussion with Centre for Disease Control (CDC) on (08) 8922 8044 or via RDH switch afterhours and request to speak to Public Health Doctor on call. The CDC can help expedite the testing process.

Importantly:

- Notify the CDC immediately of any suspected cases on (08) 8922 8044.
- Do not send patients with suspected measles to pathology collection centres.
- Do not sit suspected measles patients in general waiting areas. See them in a separate room (room should not be used for patients/staff for 30 minutes following the consultation with the suspected case).

Communicable diseases in returned travellers

- Clinicians should be aware of communicable diseases that may present in returned travellers. Always take a travel history (both international and interstate) and promote travel vaccinations.
- Apart from measles, there are a variety of other diseases that should be considered in returned travellers, depending on where they have travelled.
- Clinicians should also remember to consider the following diseases in returned travellers;
    - dengue
    - Zika virus
    - chikungunya
    - malaria
    - typhoid and paratyphoid fever
    - hepatitis A
    - mpox
- Always consider travel-related diseases in your fever differential diagnosis.

Melioidosis – monsoonal wind, mud and rain increases the risk

- Melioidosis seasons are measured from the beginning of the Wet Season in October through to the following September. For this season, since 1 October 2025 there have been 35 cases of melioidosis notified year - to-date with several requiring ICU care and with 1 fatality reported. In the recent 6 weeks there have been 19 cases notified with numbers expected to increase with the continuing monsoonal conditions and recognising that disease symptoms generally present from 1 to 21 days following exposure.
- Clinicians are reminded to be alert for melioidosis in patients who present with unexplained fever or community acquired pneumonia – particularly in those who may be immunocompromised by diabetes, heavy alcohol consumption, renal or lung disease, immunosuppressive therapy, cancer, or advanced age. Melioidosis can also present as non-healing ulcers, so ensure that non-healing ulcers are swabbed with culture and sensitivity (MCS) testing requested.
- All patients with confirmed melioidosis require hospital treatment and infectious diseases specialist consultation.
- Melioidosis- Wet Season Factsheet for Health Professionals.

Be on the lookout for leptospirosis

- Heavy rains increase the risk for leptospirosis. People can become infected when in contact with water, mud or vegetation that has been contaminated with the urine of an infected animal, usually rats or cattle.
- People at most risk of disease in the NT are cattle workers, crocodile workers, hunters and hikers.
- Symptoms generally occur 5-14 days after exposure but may be as late as 30 days. Symptoms include a sudden onset of fever with headaches, chills, severe muscle pain (particularly in the legs) and reddened eyes. Cough, chest pain, abdominal pain, diarrhoea and vomiting can also occur.

- If you have patients who present with these symptoms, particularly those with exposure to water, mud or vegetation, please consider leptospirosis in the differential diagnosis.

Nipah virus infection

- Nipah virus causes a rare zoonotic disease usually transmitted by bats that occurs occasionally in South and South-East Asia, with recently reported cases in West Bengal, India and Bangladesh. Nipah virus has never been detected in Australia.
- Nipah virus infection typically presents with flu-like symptoms that usually appear 4 days to 3 weeks after infection and can include fever, headache, fatigue, muscle pain, vomiting, cough, shortness of breath and sore throat. In severe cases, people can develop symptoms of encephalitis.
- The Australian CDC are currently monitoring the situation, with the risk to the NT and Australia remaining low..

This update was prepared by Dr Bhavi Ravindran (Head of Surveillance and Response, Public Health Physician) and NT CDC staff. We encourage NT health staff to circulate this to their clinical colleagues.

Contact: View all CDC units NT wide at the NT Health website.