



Centre for Disease Control

NT HEALTH

Surveillance Update

Issued: February 2025

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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.
- A case of measles was detected at the end of January in a NT resident who had recently travelled to Indonesia. This was the first case of measles notified in the NT since 2019. There have been 12 cases of measles in returned travellers to Australia since the beginning of 2025, most of whom had travelled to countries with ongoing outbreaks such as Vietnam and Indonesia.
- Measles is characterised by a prodrome of fever, cough, runny nose and conjunctivitis, followed 2-4 days later by a non-itchy maculopapular rash commencing on the neck or face. Cases are infectious from a day before the fever starts until 4 days after the commencement of the rash.
- Measles is best diagnosed by **PCR on throat and nose swabs, and urine. Please contact NT CDC if you suspect measles.** Ask suspect cases to don a surgical mask and see them in a separate room that can be kept empty for 30 minutes afterwards. Avoid sending potentially infectious patients to pathology providers, and if the patient is unwell and required to attend ED please call ahead to alert the staff.
- See CDC website for more information: [Measles - GP Factsheet | NT Health](#)
- There have been 5 cases of **malaria** have notified to the NT CDC since December 2024, associated with travel to central Africa, Papua New Guinea, and Indonesia. The NT CDC collects information about the case and co-travellers, and medical entomology perform a risk assessment of each case. Co-travellers require testing for malaria – call the NT CDC to discuss cases and co-travellers.
- In addition to measles and malaria, other diseases causing fever to be considered in returned travellers include dengue, Zika virus, typhoid fever, paratyphoid fever, hepatitis A, and mpox. Always consider travel-related diseases in your fever differential diagnosis.

Melioidosis season update

- This year's melioidosis season began on 1 October 2024, and will continue through to 30 September 2025. There have been 29 cases of melioidosis notified to the NT CDC in this season to-date and 1 death.
- There were higher numbers of melioidosis in December 2024 than expected compared to previous years, with 9 cases notified over the month. The 8 cases of melioidosis notified in January 2025 were lower than expected as the monsoonal rains were not established. There have been 8

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cases in February to-date, with case numbers expected to increase in the coming weeks as the wet season properly settles in.

- 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.
- Please advise your patients with risk factors to stay inside during windy and rainy conditions, to protect their skin from cuts and sores, and to wear gloves and waterproof footwear while working in the garden or with soil, and to wear a mask if high pressure hosing.
- Follow this link for more information about melioidosis: [Melioidosis](#)

Pertussis continues

- Cases of pertussis continue to be notified to the NT CDC in 2025. The Figure below shows the steady increase in cases across March to August 2024, with further increasing monthly cases from September onwards. Most cases have been notified from Darwin and Alice Springs regions, however there has been an increase in the proportion of cases from Barkly and Katherine regions across January.

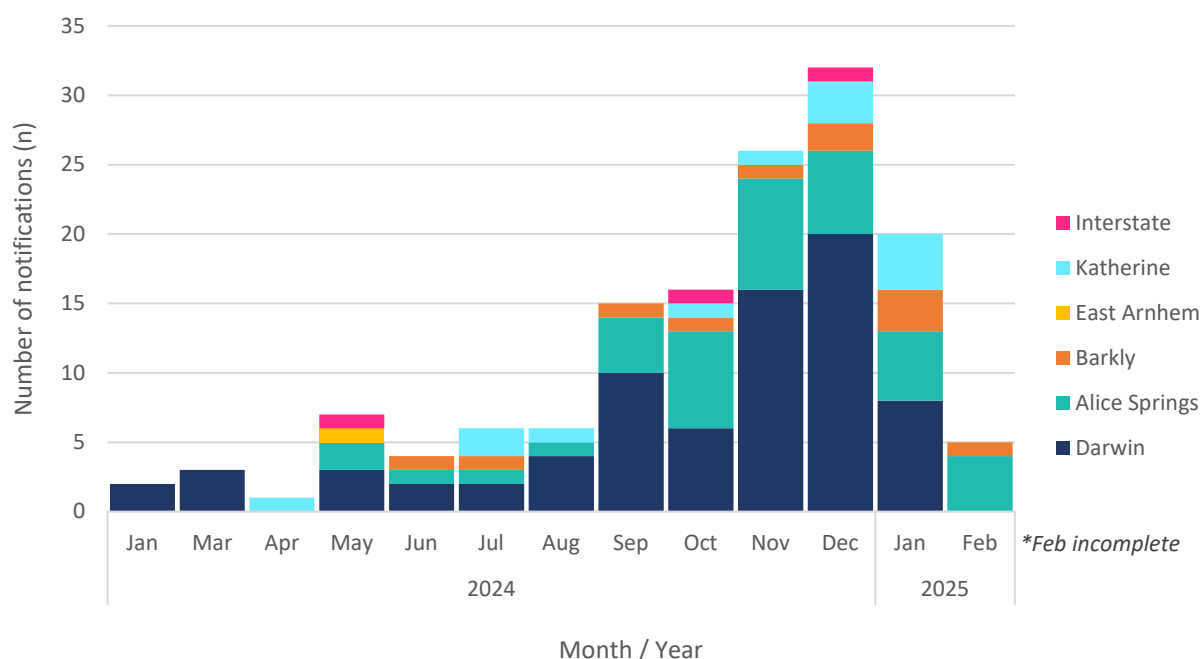


Figure: Total cases of pertussis notified in NT by region of residence, 1 January 2024 – 17 February 2025

- There were over 57 000 cases of pertussis notified nationally in 2024 – the most ever recorded in a single year since it became a notifiable disease. Although case notifications have slowed throughout Australia over recent months, there has still been just over 6 300 notifications of pertussis nationally in 2025 to-date, and pertussis remains a threat to susceptible Territorians.

- Pertussis is an infectious respiratory disease, characterised by a 'whooping' cough in babies and young children, and a persistent cough in older children and adults. Most hospitalisations and deaths from pertussis occur in babies and young children not old enough to have received all their scheduled vaccine doses.
- In the NT, most cases (64%) have been in children less than 18 years old – 15% of all cases have been aged less than 1 year old, an age group most at risk of severe disease.
- The best protection against pertussis is to be up to date with vaccinations. Check your patient's vaccination status and update them per the recommended schedule, which **includes antenatal vaccination from 20 weeks gestation for each and every pregnancy**. See here for more information on vaccination: [Pertussis \(whooping cough\) | The Australian Immunisation Handbook](#)
- Testing for pertussis is recommended (PCR testing is preferred) for patients presenting with cough prior to starting antibiotics. People with pertussis should stay home from school, childcare, or work until they have completed 5 days of appropriate antibiotics, or for 3 weeks from the onset date of coughing.
- Antibiotic prophylaxis is recommended for some people exposed to pertussis, including infants less than 6 months of age, and for contacts who may transmit pertussis to infants less than 6 months of age.
- See here for more information about pertussis: [Pertussis – General Practitioner factsheet](#)

This update was prepared by Dr Hayley Dyke (Head of the Surveillance Unit) 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](#).