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| Logo AGES |
| Measles |
|  |  |
| 19.07.2025 08:20 Uhr |

**Measles**

**Measles**

Last
change:
16.07.2025

**Profile**

Measles
is
a
highly
contagious
viral
disease.
Infections
are
characterized
by
flu-like
symptoms
and
a
characteristic
skin
rash.
In
some
cases,
life-threatening
complications
such
as
inflammation
of
the
lungs
and
brain
can
occur.
Vaccination
offers
the
best
protection
against
infection;
there
is
no
specific
therapy.
The
virus
is
only
transmitted
from
person
to
person.
The
World
Health
Organization
(WHO)
aims
to
eliminate
measles
(and
also
rubella).
Austria
also
supports
the
goal
of
measles
and
rubella
elimination.
In
order
to
be
able
to
quickly
interrupt
chains
of
infection,
immunity
of
more
than
95
percent
in
the
population
is
considered
a
prerequisite.

**Occurrence**

The
measles
virus
is
widespread
worldwide.
Since
the
use
of
vaccination,
cases
have
declined
significantly,
but
outbreaks
continue
to
occur,
particularly
in
areas
with
lower
vaccination
coverage
and
generally
inadequate
health
care.
Cases
also
occur
repeatedly
in
Europe,
with
vaccination
coverage
rates
declining
in
some
cases.

**Pathogen
reservoir**

Humans
are
the
only
reservoir
for
the
measles
virus.

**Infection
route**

Measles
is
a
highly
contagious
droplet
infection.
When
sick
people
cough
or
sneeze,
infectious
virus
particles
are
excreted
in
the
form
of
droplets.
These
can
circulate
in
the
air
for
several
hours.
The
virus
can
also
be
transmitted
through
direct
contact
with
nasal
or
throat
secretions
or
with
contaminated
surfaces.
On
surfaces,
the
virus
can
survive
for
up
to
two
hours.

**Incubation
period**

Between
8-14
days
(in
rare
cases
up
to
21
days)
until
the
appearance
of
first
symptoms

**Symptomatology**

Typical
initial
symptoms
are
fever,
cough,
rhinitis,
inflammation
of
the
conjunctiva
and
bronchioles,
the
smallest
branches
of
the
respiratory
tract.
In
addition,
there
are
typically
Koplik
spots,
bright
red
spots
with
white
or
bluish-white
centers
in
the
oral
pharynx,
which
appear
one
or
two
days
before
the
rash
typical
of
measles.

The
rash
itself
usually
appears
three
to
four
days
after
symptom
onset,
starting
on
the
head
and
spreading
from
there
over
the
entire
body.
It
is
described
as
maculopapular
exanthema,
which
means
a
patchy
nodular
rash,
usually
with
single
and
converging
reddish
spots.
Itching
is
common.
Diarrhea
may
also
occur.
After
4-5
days,
the
exanthema
usually
subsides.

**Therapy**

There
is
no
specific
antiviral
therapy
for
the
treatment
of
measles
infection.
Supportive
therapy
with
adequate
hydration
and
antipyretic
drugs
can
alleviate
the
symptoms.
Antibiotics
are
used
in
the
event
of
a
bacterial
superinfection.

**Prevention**

The
best
prevention
against
measles
is
vaccination.
This
is
a
live
vaccine,
which
is
available
in
combination
with
components
against
mumps
and
rubella.
From
the
completed
9th
month
of
life,
a
total
of
two
vaccination
doses
are
generally
recommended.
Vaccination
is
part
of
the
vaccination
program
of
the
federal
government,
the
provinces
and
the
social
insurance
institutions
and
is
available
free
of
charge
at
public
vaccination
centers
for
all
age
groups.
If
necessary,
the
vaccination
can
also
be
administered
in
a
certain
time
window
after
contact
with
measles.

[Ministry
of
Health:
details
on
vaccination
recommendations,
vaccination
program
and
vaccination
coverage
rates.](https://www.sozialministerium.at/Themen/Gesundheit/Impfen/Masern---Elimination-und-Durchimpfungsraten/Empfehlungen-und-h%C3%A4ufig-gestellte-Fragen-%28FAQ%29.html)

**Situation
in
Austria**

Since
01.01.2025,
138
confirmed
or
probable
measles
cases
have
been
recorded
in
the
epidemiological
reporting
system
(EMS)
(EMS
status
16.07.2025,
07:00).
Information
on
hospitalisation
is
available
for
128
measles
cases:
33
people
(25.8%)
were
treated
in
hospital,
one
of
them
in
an
intensive
care
unit.
Further
measles
cases
are
to
be
expected.

For
comparison:
In
2024,
a
total
of
542
measles
cases
were
recorded
in
the
reporting
system.
Of
the
527
cases
with
available
information
on
hospitalisation,
120
people
(22.8%)
were
treated
in
hospital,
four
of
them
in
an
intensive
care
unit.

[Ministry
of
Health:
Statistics
on
notifiable
communicable
infectious
diseases
since
1990](https://www.sozialministerium.at/Themen/Gesundheit/Uebertragbare-Krankheiten/Statistiken-und-Fallzahlen.html)

**Measles
cases
2025**

Number
of
measles
cases
by
calendar
week
of
the
date
of
entry
into
the
EMS.
Only
cases
that
are
considered
confirmed
or
probable
as
of
the
data
status
are
shown.
The
number
of
confirmed
and
probable
measles
cases
from
previous
weeks
may
change
as
more
information
is
received.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **KW** | **Burgenland** | **Kärnten** | **Niederösterreich** | **Oberösterreich** | **Salzburg** | **Steiermark** | **Tirol** | **Vorarlberg** | **Wien** | **Österreich** |
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138 |

**Specialized
information**

The
measles
virus
is
a
highly
contagious
single-stranded
RNA
virus
that
belongs
to
the
paramyxovirus
family.

Infected
individuals
are
considered
contagious
from
about
four
days
before
to
four
days
after
the
appearance
of
the
characteristic
measles
exanthema.
The
highest
risk
of
infection
occurs
during
the
prodromal
phase,
the
phase
before
the
rash
appears,
which
lasts
2-4
days
and
is
characterized
by
severe
coughing.

Possible
complications
of
measles
infection
include
bacterial
superinfections
with
middle
ear
and
lung
infections
or
inflammation
of
the
larynx.
Susceptibility
to
tuberculosis
is
also
increased.

In
1-2
out
of
1,000
cases,
life-threatening
inflammation
of
the
brain
occurs,
which
is
fatal
in
10-20%
of
cases
and
associated
with
permanent
damage
to
the
nervous
system
in
20-40%.
In
addition,
there
is
a
risk
of
generalized
encephalitis,
in
which
the
brain
gradually
disintegrates.
This
late
consequence
is
called
subacute
sclerosing
panencephalitis
(SSPE).
The
risk
of
contracting
it
is
greater
the
younger
the
child
is
at
the
time
of
infection.
Children
infected
during
birth
or
in
the
first
year
have
a
risk
of
1:600.
There
is
no
treatment
for
this
complication.
The
course
is
always
fatal.

**Diagnostic**

The
diagnosis
is
made
on
the
basis
of
the
typical
symptoms
and
course
of
the
disease.
To
confirm
the
diagnosis,
measles-specific
antibodies
can
be
detected
in
a
blood
test.
Direct
virus
detection
by
RT-PCR
from
a
nasopharyngeal
swab,
conjunctival
swab,
bronchial
secretion,
urine
or
cerebrospinal
fluid
is
also
possible,
but
only
after
the
onset
of
the
rash.

[National
reference
center
for
measles-mumps-rubella
viruses](https://www.virologie.meduniwien.ac.at/wissenschaft-forschung/referenzlabor/):
Medical
University
of
Vienna,
Center
for
Virology.
Samples
from
justified
suspected
measles
cases
are
analyzed
free
of
charge
at
the
National
Reference
Laboratory.

**Downloads**

**Measles
cases
2023/2024**

* csv
Masern\_Tabelle\_2024.csv
1
KB
* csv
Masern\_Tabelle\_2023.csv
1
KB
* png
Masernfälle\_2023.png
47
KB