

2026 – PAHAN –817-02-03 -ALT

Measles Alert - Guidance for Local Identification of Five Confirmed Cases of Measles

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TO:	Health Alert Network
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SUBJECT:	Measles Alert – Guidance for Local Identification of Five Confirmed Cases of Measles
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This transmission is a “Health Alert” conveys the highest level of importance; warrants immediate action or attention.	

HOSPITALS: PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL; EMS

COUNCILS: PLEASE DISTRIBUTE AS APPROPRIATE; FQHCs: PLEASE DISTRIBUTE AS APPROPRIATE LOCAL HEALTH

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Situation Summary

- On January 30, 2026, the Pennsylvania Health Department (DOH) identified five confirmed cases of measles in Lancaster County. These are the first cases to be identified in Pennsylvania for 2026.
- Health care providers should maintain a high index of suspicion for measles in patients presenting with fever and rash, especially those who are unvaccinated. Providers should also ask about recent exposures or being a contact with a person known to have measles in those presenting with compatible illness.
- The DOH urges all Pennsylvanians to stay up to date on their MMR vaccinations.
- To minimize exposure, providers should implement appropriate infection-prevention measures when measles is suspected and notify the infection control personnel.
- Providers must **immediately report suspected measles** cases to local public health authorities or to DOH at 877-PA-HEALTH (877-724-3258). **Providers should not wait for lab confirmation to notify public health if measles is suspected.**

Background

On January 30, 2026, the Pennsylvania DOH identified five confirmed cases of measles in Lancaster County. These represent the first measles cases reported in Pennsylvania and the first outbreak (3 or more linked cases) in 2026. One of the cases is unrelated to the outbreak and exposure occurred during travel. All cases involved are school-aged children and young adults. Health care providers should maintain heightened clinical suspicion for measles particularly among unvaccinated or under-vaccinated patients.

To minimize exposure, providers should implement appropriate infection-prevention measures when measles is suspected. This includes advising patients to notify the health care facility before arrival and promptly involving the facility's infection prevention and control personnel to initiate institution-specific guidance. All

suspected measles cases should be reported immediately to public health officials. Providers should not wait for confirmatory test results to contact public health.

The best protection against measles is vaccination. Getting vaccinated is far safer than contracting measles, mumps, or rubella. While overall population immunity remains high in most U.S. communities, two doses of the vaccine provide 97% protection against measles, compared to 93% with a single dose. Communities achieve herd immunity when at least 95% of residents are vaccinated, reducing the risk of widespread transmission. Unvaccinated individuals face the greatest risk of measles infection and play a disproportionate role in its spread to others.

Additional guidance on how to identify, test, and manage suspect measles cases is detailed in the sections below.

When to suspect measles

Consider measles as a diagnosis in anyone with a [febrile rash](#) illness lasting three days or more, a temperature of 101°F (38.3°C) or higher, and clinically compatible symptoms (cough, coryza and/or conjunctivitis), **particularly if the patient was potentially exposed to a person with measles or recently traveled to a [domestic area](#) or an [international area](#) with an [ongoing measles risk](#) and have not been vaccinated for measles.**

People with compromised immune systems may not exhibit a rash or may exhibit an atypical rash. The incubation period for measles from exposure to rash onset is usually 14 days (range, seven to 21 days).

While most people are not at risk because they were [immunized](#) or had measles, the following groups of individuals are susceptible to becoming infected with measles:

- Anyone born after 1957 who has not received two doses of MMR vaccine, which would include infants too young to have been vaccinated; persons who were vaccinated with an inactivated vaccine, which was used from 1963 through 1967, and have not been re-vaccinated; and those who decline vaccination.
- People whose immune systems are compromised due to disease or medication.

Measles clinical manifestations & transmission

Measles is an acute viral disease spread through airborne transmission or contact with items contaminated with oral or nasal secretions. The incubation period of measles from exposure to prodrome averages 11 to 12 days. The time from exposure to rash onset averages 14 days, with a range of seven to 21 days. Measles is highly communicable, with more than 90% secondary attack rates among exposed susceptible persons in close-contact settings. Measles is considered transmissible from four days before through four days after rash onset.

Measles disease is characterized by:

- Fever, cough, runny nose (coryza), and red, watery eyes (conjunctivitis);
- [Koplik spots](#), which may appear on the buccal mucosa within two or three days;
- A characteristic [red, blotchy rash](#) that appears on the face and then spreads body-wide in days three through seven after symptom onset.
- Other symptoms may include anorexia, lymphadenopathy, and diarrhea (especially in infants).
- Possible complications of measles include otitis media, pneumonia, febrile seizures, and encephalitis.

Providers should consider measles as a diagnosis in anyone with fever ($\geq 101^{\circ}\text{F}$ or 38.3°C) and a generalized maculopapular rash with cough, coryza, or conjunctivitis who was recently abroad, especially

in countries with [ongoing outbreaks](#) or [domestic areas with ongoing outbreaks](#). When considering measles:

- **Isolate:** Do not allow patients with suspected measles to remain in the waiting room or other common areas of a health care facility; isolate patients with suspected measles immediately, ideally in a single-patient airborne infection isolation room (AIIR) if available, or in a private room with a closed door until an AIIR is available. Health care providers should be adequately [protected against measles](#) and should adhere to the [interim infectious prevention and control recommendations for measles](#) when evaluating suspect cases, regardless of their vaccination status. Health care providers without evidence of immunity should be excluded from work from day five after the first exposure until day 21 following their last exposure. Offer testing outside of facilities to avoid transmission in health care settings. Call ahead to ensure immediate isolation for patients referred to hospitals for a higher level of care. Do not forget to include the healthcare workers who might have been exposed prior to isolation and during the patient encounter for assessment of the need for Post exposure prophylaxis and monitor for the development of symptoms. The virus remains infectious in the air and on surfaces for up to two hours after the infected person leaves the area. All healthcare workers, even vaccinated healthcare workers, should be masked during the patient encounter
- **Notify:** Immediately notify local public health authorities or the DOH at 877-PA-HEALTH (877-724-3258) about any suspected case of measles to ensure rapid testing and investigation. DOH will report measles cases to CDC. Do not wait for confirmatory laboratory testing to notify public health.
- **Test:** Follow [CDC's testing recommendations](#) and collect a nasopharyngeal swab/throat swab and urine for reverse transcription polymerase chain reaction (RT-PCR) and a blood specimen for serology from all patients with clinical features compatible with measles. Additional details are in the measles testing section below.
- **Manage:** In coordination with local or state health departments, provide appropriate measles [post-exposure prophylaxis \(PEP\)](#) as soon as possible after exposure to close contacts without evidence of immunity, either with MMR (within 72 hours) or immunoglobulin (within six days). The choice of PEP (post-exposure prophylaxis) is based on the elapsed time since exposure or on medical contraindications to [vaccination](#).
- **Supportive care:** There is no specific antiviral treatment for measles; therefore, medical care focuses on alleviating symptoms and managing complications such as pneumonia and secondary bacterial infections. According to the [American Academy of Pediatrics](#), vitamin A may be used as part of supportive care for infants and children diagnosed with measles in the United States. For children with severe illness, particularly those requiring hospitalization, vitamin A supplementation is recommended under the supervision of a health care provider. **However, vitamin A is not a replacement for vaccination.** [Excessive intake of vitamin A](#) can result in toxicity, potentially harming the liver, bones, central nervous system, and skin. Pregnant women should avoid high doses, as Vitamin A has been associated increased risk of birth defects, such as cleft lip and palate, heart abnormalities, and central nervous system defects.

Measles testing

[The PA Bureau of Laboratories \(BOL\)](#) recommends a collection of a nasopharyngeal or oropharyngeal swab, a urine specimen, as well as a blood (serum) specimen from all patients with clinical features compatible with measles.

- Guidance on the collection of these specimens is provided below. Nasopharyngeal or oropharyngeal swab for rRT-PCR testing
 - Send specimen in viral or universal transport media (VTM/UTM)
 - **Ship on cold packs**
- Urine for rRT-PCR testing
 - Collect minimum of 50 mL in sterile container

- **Ship on dry ice/cold packs in leak-proof container(s)**
 - **PCR specimens: Must be maintained at ≤ 8 °C for up to 72 hours from collection. If held longer than 72 hours, they must be maintained at ≤ 0 °C.**
 - **Failure to meet these requirements will result in immediate specimen rejection.**
- Serum for measles IgG testing
 - Collect 5 ml of blood in a red-top or serum-separator tube (SST) for IgG test.
 - Centrifuge the tubes and submit the serum.
 - Should be accompanied by a rRT-PCR sample(s)
 - **Specimens must be maintained at ≤ 8 °C for up to 48 hours from collection. If held longer than 48 hours, they must be maintained at ≤ 0 °C.**

For expedited testing through the [BOL](#), providers should contact the DOH at 877-724-3258 or their local health department. Specimen testing may be delayed if DOH is not contacted before submitting the specimen to the BOL.

If testing is being ordered to determine measles immunity, commercial IgG testing is recommended. Do NOT order measles IgM if the patient is asymptomatic or recently vaccinated with MMR.

Presumptive evidence of immunity

People presumed to be immune to measles are those with:

- Written documentation of adequate vaccination:
 - One or more doses of a measles-containing vaccine administered on or after the first birthday for preschool-age children and adults not at high risk
 - Two doses of measles-containing vaccine for school-age children and adults at high risk, including college students, health care personnel, and international travelers
- Laboratory evidence of immunity
- Laboratory confirmation of measles
- A birthdate before 1957*

*For unvaccinated health care personnel born before 1957, who lack laboratory evidence of measles immunity or laboratory confirmation of disease, health care facilities should consider vaccinating personnel with 2 doses of MMR vaccine at the appropriate interval, particularly during an outbreak of measles.

Vaccination recommendations

Health care providers should ensure all patients without evidence of immunity are up to date on [MMR vaccination](#).

Children are recommended to receive 2 doses of MMR. Additionally, adults at [high exposure risk](#) (including students at post-secondary institutions, health care workers, and international travelers) should have two documented doses.

Two doses of MMR vaccine provide 97% protection against measles, compared to 93% with a single dose. Communities achieve herd immunity when at least 95% of residents are vaccinated, reducing the risk of widespread transmission. People who are unvaccinated are at the highest risk of contracting measles and transmitting it to others.

Children are recommended to receive 2 doses of MMR. The first dose is given at 12–15 months of age and the second is given at four–six years of age before school entry.

- Infants six months of age or older can receive MMR prior to international travel or in outbreak settings. MMR is not licensed for children < six months of age. Children who are vaccinated before age 12 months for travel are still recommended to have two additional doses of the MMR vaccine as above.
- Adults not at high risk of exposure are recommended to have at least one documented dose of MMR in their lifetime, or other evidence of immunity (e.g., positive measles immunoglobulin G (IgG)).
- Adults at [high exposure risk](#), including students at post-secondary institutions, health care workers, and

international travelers, should have two documented doses.

People who previously received a dose of measles vaccine in 1963–1967 and are unsure which type of vaccine it was, or are sure it was inactivated measles vaccine, should be revaccinated with either one (if low-risk) or two (if high-risk) doses of MMR vaccine.

Post-exposure prophylaxis for people with known exposure to a measles case

- MMR vaccine given to non-immune individuals within 72 hours of exposure can prevent measles disease:
 - For adults and children without contraindications who have not previously received two doses of MMR if at least one month has elapsed since the most recent dose.
 - For infants between six and 11 months of age, a dose of MMR vaccine can be given, but it will not count as part of the primary series.
- Immune globulin given within six days of exposure for high-risk and/or non-immune-exposed individuals can reduce the likelihood of measles disease and complications.

Recommendations to make to parents and international travelers

- Ensure that children receive all recommended doses of MMR vaccine. Two doses of the MMR vaccine provide better protection (97%) against measles than one dose (93%). Getting MMR vaccine is much safer than getting measles, mumps, or rubella.
- Anyone who is not protected against measles is at risk of getting infected when they travel internationally. Before international travel, check your [destination](#) and [CDC's Global Measles Travel Health Notice](#) for more travel health advice, including where measles outbreaks have been reported.
- Parents traveling internationally with children should consult with their child's health care provider before travel to ensure that they are current with their MMR vaccinations at least two weeks before travel. Infants aged six to 11 months should have one documented dose and children aged 12 months and older should have two documented appropriately spaced doses of MMR vaccine before international travel and to areas with active measles outbreaks. Depending on where you are going and what activities you plan, other vaccines may be recommended, too.
- After international travel, watch for signs and symptoms of measles for three weeks after returning to the United States. If you or your child get sick with a rash and a high fever, call your health care provider. Tell them you traveled to another country and whether you or your child have received MMR vaccine.

For questions, please call your local health department or DOH at 877-PA-HEALTH (877-724-3258).

DOH reminds providers to immediately report suspected cases of measles to local public health authorities or to DOH at 877-PA-HEALTH (877-724-3258).

Individuals interested in receiving future PA-HANs can register [here](#).

Categories of Health Alert messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

This information is current as of February 3, 2026, but may be modified in the future.