

---

## MEASLES PUBLIC HEALTH ADVISORY

February 10, 2026

---

### Situation Update

As of February 5, 2026, 733 confirmed cases of measles have been reported in the United States. Current outbreaks have been identified in Arizona, Utah and South Carolina. As of February 2, 2026, nine confirmed measles cases have been reported in California, six of whom were associated with international travel. One confirmed case was reported in Riverside County in 2025. Thus far in 2026, one confirmed case of measles has been identified in Riverside County.

### Background

Measles symptoms usually begin 10-12 days (up to 21 days) after exposure with a prodrome of fever as high as 105°F (40.5°C), malaise, cough, runny nose, and conjunctivitis. Three to five days following onset of the prodrome, a maculopapular rash develops. The rash usually begins around the ears and hairline and then spreads down to cover the face, trunk, arms, and legs. More information for providers may be found at the California Department of Public Health measles website. <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/measles.aspx>

### Recommendations For Healthcare Providers

- Consider measles in patients of any age who have **a fever AND a rash and any of the three C's (cough, coryza, or conjunctivitis)**. Please remember that patients can be infectious four days prior to rash onset. Fever can spike as high as 105°F. A measles rash is red, blotchy and maculopapular, typically starting on the hairline and face, and then spreading downwards to the rest of the body. Often the facial rash is confluent.
- Obtain a thorough history on such patients, including:
  - Travel or transit through airports
  - Attendance at theme parks
  - Prior vaccinations for measles
  - Contact with anyone with a rash illness
- Do not use the examination room for at least two hours after the measles case (or suspect) leaves.
- Restrict care of patients with suspect or confirmed measles to immune healthcare workers.

- Collect specimens for measles testing. There have been multiple instances where only antibody testing has been ordered on patients suspected to have measles. **Antibody testing is not the most accurate nor preferred test for measles.** Please collect the following:

**Throat, Nasal, or NP Swab**

Collect within 2 weeks of rash onset. Use a sterile synthetic swab (e.g. Dacron). Throat swab is the preferred respiratory specimen. Place into viral transport media.

**Urine**

Collect within 2 weeks of onset, 10-50 ml of urine in a sterile 50 ml centrifuge tube or urine specimen container. The first morning void is ideal.

**Type of test**

PCR is the preferred test.

**Specimen storage and shipping**

Store all respiratory specimens at 4°C and ship on cold pack within 72 hours of collection. Urine specimens must be stored at 4°, shipped, and received within 24 hours of collection. If shipping is delayed >72 hours, freeze specimens at -60°C or colder and ship on dry ice.

**\*To expedite PCR testing, contact Disease Control to request courier pick up to deliver the specimens to the Riverside County Public Health lab.**

For questions on collection and submission of specimens, please contact the Public Health Laboratory at (951) 358-5070.

## **Prevention**

### **Management of Exposed Individuals**

- IG may be given to exposed susceptible individuals of any age, if given within 6 days to prevent infection.
- Measles-mumps-rubella (MMR) vaccine may be given  $\leq$  72 hours of exposure to persons  $\geq$  6 months of age with one or no documented doses of MMR, if not contraindicated.
- Ensure all exposed Health Care Workers have had two MMR spaced apart at the appropriate minimum 28-day interval or proof of immunity. Healthcare facilities should ensure that all health care workers who may come in contact with a patient who has measles have been appropriately vaccinated or can show proof of immunity.

## **Vaccination**

The measles-mumps-rubella (MMR) vaccine provides the best protection against disease and serious illness. Young children should get two doses of MMR vaccine, starting with the first dose at 12 to 15 months of age, and the second dose at 4 to 6 years of age. Children can receive the second dose earlier than 4 years of age if at least 28 days have passed since the first dose.



Adults born during or after 1957 without evidence of immunity against measles who do not have documentation of 2 doses of MMR vaccine at least 28 days apart should be vaccinated.

Infants 6 months through 11 months of age should receive one dose of MMR vaccine prior to international travel. Infants who get one dose of MMR vaccine before their first birthday should get two more doses (one dose at 12 months through 15 months of age and another dose separated by at least 28 days, typically between ages 4 and 6 years).

People 6 months of age and older who will be traveling internationally should be protected against measles before any international travel.

### If you suspect measles:

- Isolate the patient immediately using airborne and standard precautions. The risk of measles transmission to others can be reduced if control measures are implemented.
- Place patient in a surgical mask, if it can be tolerated.

### Reporting

Notify Disease Control immediately of any suspect measles patients: call (951) 358-5107 during regular business hours, or (951) 782-2974 after hours.

### Resources

CDPH 2026 CAHAN: <https://www.cdph.ca.gov/Programs/OPA/Pages/CAHAN/Increase-of-Measles-in-California.aspx>

#### Measles Testing Guidance

<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Measles-Testing-InformationVRDL.pdf>

#### Should I Test for Measles

<https://eziz.org/assets/docs/IMM-1269.pdf>

<https://publications.aap.org/aapnews/news/31490/AAP-leaders-combating-misinformation-amid-measles?autologincheck=redirected>