PENNSYLVANIA DEPARTMENT OF HEALTH
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Measles Alert - Guidance for Local Identification of New Measles Cases

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DATE:	5/1/2026
TO:	Health Alert Network
FROM:	Debra L. Bogen, MD, FAAP, Secretary of Health
SUBJECT:	**Measles Alert – Guidance for Local Identification of New Measles Cases**
DISTRIBUTION:	Berks, Cumberland, Dauphin, Lancaster, Lebanon, Perry, Schuylkill, and York Counties
LOCATION:	Berks, Cumberland, Dauphin, Lancaster, Lebanon, Perry, Schuylkill, and York Counties
STREET ADDRESS:	n/a
COUNTY:	n/a
MUNICIPALITY:	n/a
ZIP CODE:	n/a
This transmission is a "Health Alert" conveys the highest level of importance; warrants immediate action or attention.	

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Situation Summary

- **The Pennsylvania Health Department (DOH) has identified three cases of measles in Lebanon County.**
- Health care providers should maintain a high index of suspicion for measles in patients presenting with fever and rash, especially in those who are unvaccinated.
- If providers suspect measles, they should ask about recent exposures or contact with anyone known to have measles, and any recent travel history.
- Providers should gather and test NP swabs and urine for measles using rRT-PCR and blood (serum) for measles IgG testing.
- To minimize exposure, providers should implement appropriate infection-prevention measures when measles is suspected and notify the infection control personnel.
- The DOH urges all Pennsylvanians to stay up to date on their MMR vaccinations.
- 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

Between April 23 – 30, 2026, DOH identified three measles cases in Lebanon County. As of April 30, 2026, there have been 15 cases of measles in Pennsylvania in 2026. The source of the exposure was likely community-associated and not related to domestic or international travel.

The DOH has a high index of suspicion that the measles virus is circulating in the community in Lebanon County, and that there are likely more cases than have been reported. Therefore, it is crucial that providers practicing in Lebanon County and the surrounding counties, have a high index of suspicion and test for measles in any patients that present with symptoms compatible with measles and those with possible contact with someone with a measle-like illness.

The best protection against measles is vaccination. Getting vaccinated is far safer than contracting measles, mumps, or rubella. Two doses of the vaccine provide 97% protection against measles while one dose provides 93% protection. Communities achieve herd immunity for measles when at least 95% of residents are vaccinated, reducing the risk of widespread transmission. People who are unvaccinated have the greatest risk of measles infection, hospitalization, and complications and are likely to spread it to others in their homes and communities.

When to suspect measles

Consider measles as a diagnosis in anyone:

- with a febrile rash illness lasting three days or more,
- with a temperature of 101ºF (38.3ºC) or higher, and clinically compatible symptoms (cough, coryza and/or conjunctivitis),
- **potentially exposed to a person with measles-like illness or recently traveled to a domestic area or an international area with an ongoing measles risk** and **have not been vaccinated for measles.**

Please note, people with compromised immune systems may not have a rash or may have an atypical rash. The incubation period for measles from exposure to rash onset is usually 14 days but can be as long as 21 days.

Presumptive evidence of immunity

People presumed to be immune to measles are those with:

- Written documentation of adequate vaccination which includes:
  - 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
- History of laboratory confirmation of measles
- A birthdate before 1957*

The following groups of individuals are susceptible to becoming infected with measles:

- Anyone born in 1957 or later who has not received two doses of MMR vaccine including
  - 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
  - Those who have declined 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 7 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 4 days before through 4 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 after symptoms onset;
- 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 (≥101°F or 38.3°C) and a generalized maculopapular rash with cough, coryza, and/or conjunctivitis.

When measles is suspected:

- **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.
  - If possible, 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.
  - The virus remains infectious in the air and on surfaces for up to two hours after the infected person leaves the area.
  - 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. All healthcare workers, even vaccinated healthcare workers, should be masked during the patient encounter. 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.
- **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 the initial 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 DOH 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.

- PCR Specimens:
    - Nasopharyngeal or oropharyngeal swab for rRT-PCR testing
        - Send specimen in viral or universal transport media (VTM/UTM)
        - **Ship on dry ice or sufficient cold packs to ensure acceptable temperature upon arrival**
        - **Caution: Specimen must be maintained at ≤8 °C for up to 72 hours from collection. If it is held for longer than 72 hours, it must be maintained at ≤0 °C.**
    - Urine for rRT-PCR testing
        - Collect minimum of 50 mL in sterile container
        - **Ship on dry ice/cold packs in leak-proof container(s) to ensure acceptable temperature upon arrival**
        - **Caution: Specimen must be maintained at ≤8 °C for up to 72 hours from collection. If it is held for longer than 72 hours, it must be maintained at ≤0 °C.**
- 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 it is held for longer than 48 hours, it must be maintained at ≤0 °C.**

- **Failure to meet these temperature requirements will result in immediate specimen rejection.**

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.

Vaccination Recommendations

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

Health care providers should ensure all patients without evidence of immunity are up to date on MMR vaccination.

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

- MMR vaccine given to non-immune individuals within 72 hours of initial 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.

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.
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This information is current as of May 1, 2026, but may be modified in the future.