A MONTHLY BULLETIN

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Measles in 2026

For a second consecutive year, measles cases are increasing across the United States. The 2,285 cases reported in 2025 were the highest annual total since 1991. In just the first quarter of 2026, 1,714 cases were already reported, indicating continued elevated transmission.

The Disease

www.cdc.gov

Initial symptoms of measles include high fever (up to 105°F) along with cough, coryza (runny nose), or conjunctivitis, often accompanied by light sensitivity. A characteristic rash follows, consisting of both flat (macular) and raised (papular) lesions that may appear red or hyperpigmented depending on skin tone. The rash typically begins on the face or at the hairline and spreads downward to the trunk and extremities, with rash and febrile period overlapping. Measles may be confused with many rash illnesses such as parvovirus B-19, roseola, enteroviruses (e.g., hand foot mouth disease), or allergic rashes.

With airborne (aerosol) and droplet transmission, and the ability of the virus to remain infectious in the environment for up to two hours, measles is among the most contagious human diseases. It can spread easily when an infected person breathes, coughs, or sneezes, even before a rash appears, and can infect susceptible individuals who enter a shared space after the infected person has left. If a person suspects measles, they should stay home, avoid contact with others, and call a healthcare provider before seeking care so appropriate precautions can be arranged.

Approximately 20% of reported cases require hospitalization, with complications including encephalitis (brain swelling) and pneumonia. There is no specific antiviral treatment; however, vitamin A may be recommended for children hospitalized with measles. A rare but serious long-term complication is sclerosing panencephalitis (SSPE), a progressive and usually fatal neuroinflammatory disease that can occur decades after infection. The risk is higher in children infected before two years of age. Measles can also cause "immune amnesia," a process in which

Tao Kwan-Gett, MD, MPH
State Health Officer

Scott Lindquist, MD, MPH
State Epidemiologist, Communicable Disease

Marcia J. Goldoft, MD
Scientific Editor

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the virus weakens the immune system by erasing previously acquired immune memory, leaving individuals more vulnerable to other infections even after they recover.

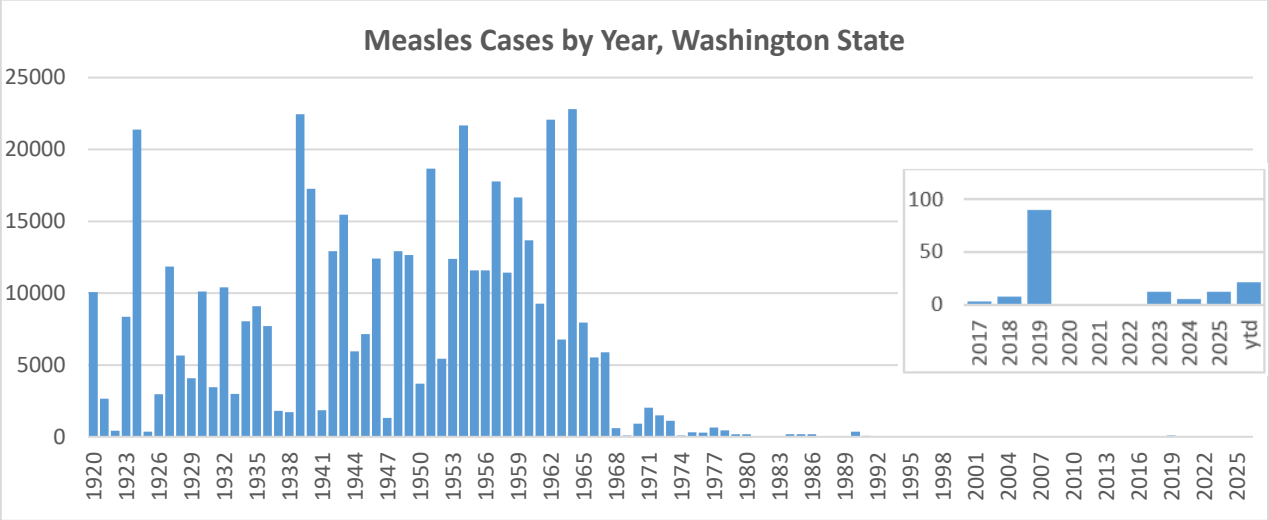
Surveillance and Reporting

Measles is a Notifiable Condition and WAC 242-101 mandates healthcare providers immediately notify their local public health jurisdiction of any suspected case. Testing assessment should be coordinated with local public health prior to specimen collection, in line with Washington State measles assessment criteria. Testing is primarily performed using RT-PCR on nasopharyngeal or oropharyngeal swabs, and/or urine specimen. Serology testing (IgM and IgG) may also be obtained. The Washington State Public Health Laboratories can also perform additional virus characterization through molecular analysis and viral sequencing.

Measles cases are classified as Confirmed if there is laboratory confirmation or epidemiologic linkage. Cases can be further categorized epidemiologically by exposure source:

- Internationally imported
- U.S.-acquired, import-linked
- U.S.-acquired, imported-virus (without link to imported case)
- U.S.-acquired, not import-associated (endemic exposure)
- Unknown source

Measles was once considered a nearly universal childhood infection. Historical surveillance data (Figure) prior to widespread vaccination may be incomplete, however, incidence declined rapidly after the introduction of the measles vaccine in 1963. Following a major national outbreak during 1989-1991, case rates remained low for decades until a notable surge in 2019 (1,274 cases reported nationally).



Measles outbreaks in the United States are continuing to rise in 2026, with about 1,714 confirmed cases reported across 33 states as of April 10, 2026; including 33 in our state. This follows a major resurgence in 2025 that saw the highest national case counts in decades. Most cases are linked to ongoing outbreaks, particularly in under-vaccinated communities, and large clusters in states like Utah and South Carolina highlight how quickly the virus can spread.

The current trend reflects declining vaccination coverage and increased global transmission of measles, allowing imported cases to develop into domestic outbreaks. Without improved vaccination rates and rapid containment efforts, measles could continue to expand geographically and potentially threaten the U.S.'s long-standing elimination status. Measles elimination is defined as the absence of continuous endemic transmission for 12 months or more. Measles was declared eliminated in Canada in 1998 and in the United States in 2000. Canada lost its elimination status in 2025. The United States' elimination status is under review in 2026 and is being evaluated in part through virologic evidence (e.g., genotyping).

Controlling Measles

Local health jurisdictions play a central role in measles response by immediately initiating an investigation upon notification of a suspected case, coordinating closely with healthcare providers and the Washington State Department of Health. They ensure rapid facilitation of diagnostic testing through the Public Health Laboratories, confirm case status, and implement isolation recommendations for the case through at least four days after rash onset or until measles is ruled out. Local public health also identifies and follows up with contacts, assesses exposure settings, provides post-exposure prophylaxis guidance when indicated, and conducts enhanced surveillance to rapidly detect additional cases and prevent further transmission. Post-exposure prophylaxis (PEP) for measles involves administering the MMR vaccine within 72 hours of exposure or immune globulin within six days for eligible high-risk individuals to reduce the risk of infection or lessen disease severity.

Prevention depends on vaccination. Two doses of measles-containing vaccine (e.g., MMR) provide approximately 97% protection. Healthcare providers should routinely review a patient's vaccination status during any visit, especially for patients planning international travel.

In addition to the routine vaccination schedule beginning at 12 months of age:

- Infants aged 6-11 months who will travel internationally should receive one early dose
- Older children and adults should ensure they are fully vaccinated or have evidence of immunity.

The vaccine may cause a mild, non-contagious febrile rash. This can complicate evaluation if vaccination occurs after a known or suspected exposure to measles.

Contraindications to measles vaccination include:

- Severe immunocompromising conditions
- Known or suspected congenital immunodeficiency
- History of severe allergic reaction to a prior vaccine dose or vaccine component (not including egg allergy)
- Pregnancy

Reducing measles transmission requires rapid identification and testing of suspect cases, prompt reporting to public health, and implementation of control measures.

DOH consultation is available to local health jurisdictions with suspected measles cases or persons likely exposed to measles:

- For information on immunizations contact the Office of Immunization at oicp@doh.wa.gov or 360-236-3595.
- For information on case investigation and testing, contact the Office of Communicable Disease Epidemiology Vaccine-Preventable Disease Program at vpd-cde@doh.wa.gov or 206-418-5500.

Resources

Centers for Disease Control and Prevention

National measles surveillance data: https://www.cdc.gov/measles/data-research/

For providers: https://www.cdc.gov/measles/php/guidance/index.html

Toolkit (fact sheet, posters): https://www.cdc.gov/measles/php/toolkit/index.html

Photographs: https://www.cdc.gov/measles/signs-symptoms/photos.html

Washington State Department of Health

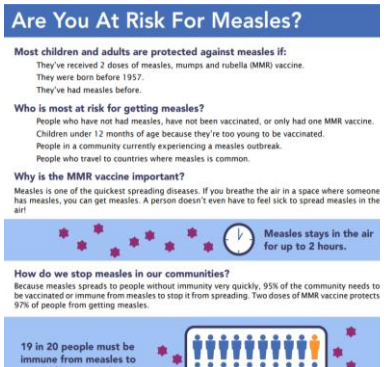
Public information: https://doh.wa.gov/you-and-your-family/illness-and-disease-z/measles

Public Health and Provider information and resources: https://doh.wa.gov/public-health-provider-resources/notifiable-conditions/measles

State case counts, outbreaks, and known exposure locations: https://doh.wa.gov/you-and-your-family/illness-and-disease-z/measles/measles-cases-washington-state

MMR Vaccine information: https://doh.wa.gov/you-and-your-family/immunization/diseases-and-vaccines/measles-mumps-and-rubella-mmr

Post-exposure prophylaxis: https://doh.wa.gov/sites/default/files/2025-08/420-250-MeaslesHCFPEP.pdf



Are You at Risk for Measles?