**Measles**

Measles is an acute, highly communicable viral illness known for its red, blotchy rash, which starts on the face and then spreads widely over the body. The rash is preceded by a febrile prodrome that includes cough, coryza and conjunctivitis, and sometimes photophobia and “Koplik spots” in the mouth. Diagnosis is confirmed by the presence of serum IgM antibodies (in a patient who has not recently been immunized). Treatment is supportive.

During 1989–1991, a major resurgence of measles occurred in the United States: more than 55,000 cases and 120 deaths were reported. The resurgence was characterized by an increasing proportion of cases among unvaccinated preschool-aged children. A focus on increasing vaccination among preschool children by following the 1989 recommendation for two doses of MMR vaccine resulted in a dramatic reduction in illness. Endemic measles has been eliminated from the United States, but cases are occasionally imported.

In Oregon, two doses of measles vaccination have been required for entry into kindergarten since 1998. In 2013, >93% of kindergartners had received two doses of measles-containing vaccine. Since 2002, 14 cases have been reported in Oregon; ten of these were imported, and four were linked to imported cases. Most imported cases originated in Asia and Europe and occurred both among Oregon citizens traveling abroad and in persons visiting Oregon from other countries. The median age of cases has been 23 (range, 11 months–49) years. Ten of the 14 cases were unvaccinated, and the vaccination status of another could not be documented. Three cases were among persons who had been vaccinated.

One imported case occurred in 2012.

Though measles is highly infectious, the risk of exposure to measles in Oregon remains low. Sustaining high levels of vaccination is important to limit the spread of measles from imported cases and to prevent it from becoming re-established as an endemic disease in the United States.
Measles by year: Oregon, 1988–2012

Incidence of measles: Oregon vs. nationwide, 1998–2012
Measles by country of importation: 1997–2012

Prevention

- Vaccinate: One dose for preschool-age children >12 months of age and for persons born during or after 1957; and a second dose for school-age children and for adults at high risk of measles exposure (i.e., healthcare personnel, international travelers and students at post-high-school educational institutions).
- Postexposure vaccination can prevent or lessen illness if given within 72 hours of exposure.