Measles Frequently Asked Questions

Last Updated: 2/6/2019

This document includes the following FAQs:

- What’s going on with measles in Oregon?
- I am a clinician or health care provider—who do I contact with questions about testing a patient for measles?
- What is measles?
- When is measles most contagious?
- How serious is measles?
- Who is at highest risk for measles?
- What should I do if I think I have measles?
- At what age can someone be vaccinated?
- How to protect infants/those too little for vaccines?
- What are common side effects of the MMR vaccine?
- Are cases in the current outbreak occurring in the vaccinated population?
- Where can I vaccinate my child if I don’t have health insurance and how much is it going to cost?
- Is there enough measles vaccine in Oregon?
- How is measles treated?
- What if I think my child or I have been exposed to measles?
- How can I prevent measles?
- How common is measles?
- Does immunity to measles last a lifetime?
- How contagious is measles?
- Where can I learn more about measles?
What’s going on with measles in Oregon?
Most Oregonians have been vaccinated against measles and are protected. Anyone who has never been vaccinated is at higher risk of getting measles if they come into contact with someone who is contagious.

Find updated case counts and a complete list of all Oregon public exposures at healthoregon.org/measles.

To follow the Clark County Public Health investigation and view a list of public exposures, visit: https://www.clark.wa.gov/public-health/measles-investigation.

I am a clinician or health care provider—who do I contact with questions about testing a patient for measles?
Please direct all measles testing requests to your local health department. Local health department communicable disease contact information can be found here: https://www.oregon.gov/oha/PH/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/Documents/reportdisease.pdf.

What is measles?
Measles is a highly contagious and potentially serious illness caused by a virus. Measles starts with a fever (101° F or higher), runny nose, cough, red eyes, and a sore throat. It’s followed by a rash that spreads over the body. After someone is exposed, illness usually develops in about 2 weeks, though it can develop anywhere from 7 to 21 days after exposure. The measles virus is spread through the air after a person with measles coughs or sneezes.

When is measles most contagious?
Measles can be transmitted from those infected with the virus to others who are susceptible to the disease. Those who have measles are most likely to spread to others in the four days before a rash appears and the four days after a rash.

How serious is measles?
Measles can be serious in all age groups. However, children younger than 5 years and adults older than 20 years are more likely to suffer from measles complications. Common complications of measles include ear infection, pneumonia and diarrhea. As many as one out of every 20 children with measles gets pneumonia, the most common cause of death from measles in young children. About one child out of every 1,000 who get measles will develop encephalitis (swelling of the brain) that can lead to convulsions and can leave the child deaf or with intellectual disability. Measles may cause pregnant women to give birth prematurely or to have a low-birth-weight baby.
In 2017, there were 110,000 measles deaths worldwide, mostly among children younger than 5, according to the World Health Organization.

Who is at highest risk for measles?
Because most people in our area have been vaccinated against measles, the risk to the general public is very low. Measles poses the highest risk to people who have not been vaccinated, to pregnant women, infants under 12 months of age and people with weakened immune systems. Any of the following constitute presumptive evidence of immunity to measles:

1. Birth before 1957
2. Documentation of age-appropriate vaccination* with live measles-containing vaccine
3. History of laboratory-confirmed measles
4. Laboratory (serologic) evidence of immunity.

*preschool-aged children: 1 dose; school (K–12)-aged children: 2 doses; adults in post-high school educational institutions, health-care personnel, and international travelers: 2 doses; other adults: 1 dose.

What should I do if I think I have measles?
Call your healthcare provider by telephone if you are concerned about your symptoms. Anyone who has been exposed and believes they have symptoms of measles should call their health care provider before visiting the medical office. This will enable the clinic to develop a plan for testing and providing care without exposing others at the clinic. If you are unable to reach a healthcare provider to make arrangements, please call your local health department.

Those who may be infected should avoid public spaces and, in particular, should stay away from settings where there are susceptible people (schools or childcare) until your doctor says it’s okay to return.

Remember that there are many causes of rash other than measles.

At what age can someone be vaccinated?
Measles can be prevented with MMR vaccine. The vaccine protects against three diseases: measles, mumps, and rubella. The Centers for Disease Control and Prevention (CDC) recommends that children get two doses of MMR vaccine, starting with the first dose at 12 through 15 months of age. The second dose is usually given at 4 through 6 years of age, but it can be given as early as 4 weeks after the first dose. Teens and adults who are not up to date on their MMR should also be vaccinated.
Another option for children is **MMRV vaccine**, which protects against measles, mumps, rubella, and varicella (chickenpox). This vaccine is only licensed for use in children who are 12 months through 12 years of age.

You should discuss vaccination options with your medical provider. If the health department has advised that you or your child has been exposed to measles, vaccination with MMR within the first 72 hours after exposure may protect you against disease or result in milder illness. In cases where exposure has occurred, infants age 6 through 11 months can receive one dose of MMR; these infants will still need two doses after they are 12 months old. Remember, if you or your family member already has measles symptoms, make sure to call your provider before visiting a medical office.

**How to protect infants/those too little for vaccines?**

The best way to protect those who cannot be vaccinated for measles (infants < 6 months, pregnant women, immunocompromised individuals) is to ensure their family members and close contacts are up to date on their MMR vaccination. It is also important to avoid contact with those that are ill.

If your infant (under 12 months) has been exposed to measles, please contact your healthcare provider to discuss whether your child should receive the measles vaccine or a medicine that may protect against severe disease.

**What are common side effects of the MMR vaccine?**

You should discuss what to expect after the MMR vaccine with your healthcare provider. In general, the MMR vaccine is very safe and is effective at preventing measles, mumps, and rubella. Most people who get the MMR vaccine do not experience serious side effects. Common side effects include: sore arm from shot, fever, mild rash, temporary stiffness in the joints.

**Are cases in the current outbreak occurring in the vaccinated population?**

Most people who get measles are unvaccinated. See Clark County, Washington website for a breakdown of vaccination status among measles cases in the recent outbreak: https://www.clark.wa.gov/public-health/measles-investigation.

**Where can I vaccinate my child if I don’t have health insurance and how much is it going to cost?**

The Oregon Vaccines for Children (VFC) Program provides all routinely recommended vaccines at no cost to nearly every pediatric and family practice clinic in the state for use with eligible children. If your child is without health insurance, is on Medicaid, or is American Indian or Alaskan Native, please call your provider and ask if they participate in the VFC program. Vaccine is provided to your children at no cost. Providers can ask
for a vaccine administration fee (up to $21.96), but must waive that fee if it is not affordable for you. If your provider does not participate, or you do not have a provider, please call your local health department.

Is there enough measles vaccine in Oregon?
MMR vaccine is plentiful. Providers enrolled with Oregon’s Vaccines for Children (VFC) program are welcome to order extra doses as needed. Those needing immunization should contact their primary provider or local health department.

How is measles treated?
There is no specific treatment for measles.

What if I think my child or I have been exposed to measles?
If you visited one of the public locations provided by the health department during the time period given or had close contact with a confirmed measles case and are not fully vaccinated for measles, please contact your local health department.

The MMR vaccine may prevent illness if given to unvaccinated, vaccine-eligible individuals within the first three days after being exposed to measles. Exposed persons who are at risk for severe illness and complications from measles, such as infants younger than 12 months, pregnant women without evidence of measles immunity, and people with severely compromised immune systems, should contact a healthcare provider or local health department to discuss treatment with a medicine that may protect against severe disease.

Anyone who believes they have symptoms of measles should call their health care provider or urgent care or their local health department to make a plan that avoids exposing others in waiting rooms.

How can I prevent measles?
Immunization is the best prevention for measles. The measles vaccine is very effective. One dose of the measles vaccine is about 93 percent effective at preventing measles. Two doses are about 97 percent effective, according to the Centers for Disease Control and Prevention.

How common is measles?
While measles is rare in the United States, it is still commonly transmitted elsewhere in the world. In 2018, there were 349 confirmed cases of measles in people from 26 states and the District of Columbia, according to the Centers for Disease Control and Prevention (CDC). Measles immunization resulted in an 80 percent decrease in measles deaths worldwide between 2000 and 2017 (from 545,000 deaths in 2000 to 110,000
deaths in 2017), according to the World Health Organization (WHO). During that timeframe, measles immunization prevented an estimated 21.1 million deaths, according to WHO.

Before the measles vaccination program began in the U.S. in 1963, about 3 to 4 million people in the U.S. got measles every year. Of those, 400 to 500 people died and 48,000 were hospitalized, according to the CDC.

The number of Oregon cases has ranged from 0 to 5 cases per year since 2014. In 2018, Oregon had 5 measles cases.

**Does immunity to measles last a lifetime?**
MMR vaccine is very effective at protecting people against measles, mumps, and rubella, and preventing the complications caused by these diseases. People who received two doses of MMR vaccine as children, according to the U.S. vaccination schedule, are considered protected for life.

**How contagious is measles?**
Measles is so contagious that if one person has it, 90% of the people close to that person who are not immune will also become infected.
[https://www.cdc.gov/measles/about/transmission.html](https://www.cdc.gov/measles/about/transmission.html)

**Where can I learn more about measles?**
Centers for Disease Control and Prevention website, [www.cdc.gov](http://www.cdc.gov).