Title:Measles exposure at emergency rooms in Linn County – January 2026

Summary

- Two cases of measles have been confirmed in Linn County.
- Exposure notifications for measles have been issued for the following locations and times:
  - Lebanon Community Hospital Emergency Department, between 8:53 p.m. Jan. 6 and 7 a.m. Jan. 7.
  - Albany General Hospital Emergency Department, between 4:59 a.m. and 8:15 a.m. Jan. 7.
- Post-exposure prophylaxis should be considered for exposed individuals who are either susceptible to measles or at risk for severe disease.
- Recommend MMR vaccination for all patients who are not fully vaccinated.
- Healthcare providers should remain vigilant evaluating patients for symptoms consistent with measles.

Measles Exposure Notification

People might have been exposed to measles in either of these areas during these times:

- Lebanon Community Hospital Emergency Department, between 8:53 p.m. Jan. 6 and 7 a.m., Jan. 7.
- Albany General Hospital Emergency Department, between 4:59 a.m. and 8:15 a.m., Jan. 7.

For patients who were exposed, providers should determine evidence of immunity based on written documentation of adequate vaccination, laboratory evidence of immunity, laboratory confirmation of disease, or birth before 1957.

Post-Exposure Prophylaxis

Providers should consider post-exposure prophylaxis for patients who were exposed to measles and are either susceptible to measles or at risk for severe disease. There are two types of post-exposure prophylaxis for measles:

- MMR vaccine: must be administered within 72 hours of initial measles exposure
- Immunoglobulin (IG): must be administered within six days of exposure.

For vaccine eligible people aged ≥12 months exposed to measles, administration of MMR vaccine is preferable to using IG, if administered within 72 hours of initial exposure. For infants 6–12 months of age, either MMR vaccine or IG may be provided.

The following patient groups are at risk for severe disease and complications from measles and should be prioritized to receive IG: infants aged <12 months, pregnant women without evidence of measles immunity, and severely immunocompromised people. Do not administer MMR vaccine and IG simultaneously.

More information can be found regarding measles postexposure prophylaxis from the CDC.

Clinical Signs and Symptoms

Clinicians should consider measles in any patient with clinically compatible symptoms, especially if they are unvaccinated, report an exposure to measles, or have traveled internationally or to an area in the U.S. with a current measles outbreak.

Early prodromal symptoms of measles include high fever, cough, runny nose (coryza), and conjunctivitis (eye redness). These non-specific symptoms may be followed 2 – 3 days later by Koplik spots (1-2 mm white spots on the buccal mucosa). Measles rash appears 3 – 5 days after prodromal symptoms and typically appears first on the head or neck, spreading down the body to affect the trunk, arms, legs and feet. The measles rash is maculopapular and may coalesce as it spreads.

Additional information about the signs and symptoms of measles is available from the CDC.

Testing Recommendations

Clinicians evaluating patients for measles should immediately isolate the patient, ideally in a single-patient airborne infection isolation room.

Collect the following specimens in order of preference:

1. Nasopharyngeal or oropharyngeal swab for measles RT-PCR: this is the preferred test for acute measles infection. Swabs should be collected within 5 days of rash onset. After 5 days, NP or OP swabs should be accompanied by urine.
2. Urine for measles PCR: urine PCR is most sensitive 3–10 days following rash onset.
3. Serum for measles IgM and IgG: measles IgM may not be positive until 3 days after rash onset and typically remains positive until 30 days after rash onset. False positive results may occur.

Timely laboratory confirmation of measles is critical to tracking the spread and prioritizing prevention efforts. Tests for measles can be ordered from most commercial laboratories or, with approval, through the Oregon State Public Health Laboratory (OSPHL).

Immunization Importance

Vaccination remains the most effective tool we have in preventing measles transmission. Individuals without immunity are highly susceptible to measles and clinicians should reinforce the importance of immunization.

Suspect measles cases are immediately reportable in Oregon. If you suspect measles in a patient, please call your local public health department or Oregon Health Authority 24/7 at 971-673-1111.