Title:New measles case identified in Clackamas County – January 2026

Summary

- Three measles cases have been reported in Oregon in the past week.
- Measles should be considered in any patient with clinically compatible symptoms, especially if they are unvaccinated, report exposure to measles, or have traveled internationally or to an area with a current measles outbreak.
- For routine vaccinations of infants, clinicians should consider local epidemiology when making vaccine recommendations. The first dose of MMR may be given as early as 6 – 12 months. The second dose of MMR may be given as early as 28 days after the first dose in children > 12 months of age.
- Post-exposure prophylaxis should be offered to all exposed individuals who are susceptible to measles.
- Recommend MMR vaccination for all patients who are not fully vaccinated.

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 take airborne precautions and 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. Urine is acceptable not preferred for testing at OSPHL.
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). To request approval for measles testing at OSPHL, call your local public health department or Oregon Health Authority Epidemiologist On-call 24/7 at 971-673-1111.

Vaccination

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 vaccination.

For routine vaccination of children living in areas with ongoing measles transmission, early administration of MMR may be considered. The first dose of MMR may be \ given as early as 6 – 12 months. Children who receive their first dose of MMR prior to 12 months of age should receive two additional doses separated by at least 28 days after 12 months of age. The second dose

of MMR may be given as early as 28 days after the first dose in children > 12 months of age.

Post-Exposure Prophylaxis

Providers should consider post-exposure prophylaxis for patients who were exposed to measles and are susceptible to measles. 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 ≥6 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 <6 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.

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 Epidemiologist On-call 24/7 at 971-673-1111.