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Health Advisory

Reminders for Expanded Use of MMR and Measles Clinical Management during Summer Travel and Events

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SUMMARY POINTS

- There are currently no cases of measles in Philadelphia.
- Measles activity continues to be elevated in the United States, including an ongoing outbreak in Pennsylvania since late April 2026 that is concentrated in Lancaster and Lebanon counties, and two cases recently identified in Chester County.
- Ensure up-to-date routine and catch-up MMR vaccination.
- Encourage an early MMR for infants at least 6 months of age and less than 1 year (dose 0) who are traveling to outbreak areas domestically, including areas where the PA outbreak is occurring: Lancaster, Lebanon, Berks, Dauphin, Northumberland, and York counties, as well as infants traveling internationally.
- Children and adults older than 1 year who are traveling to outbreak areas domestically, including areas where the PA outbreak is occurring: Lancaster, Lebanon, Berks, Dauphin, Northumberland, York, and Chester counties, as well as children and adults who are traveling internationally, should receive dose 2 of MMR vaccine if it has been at least 28 days since dose 1.
- Providers should continue to maintain a high index of suspicion for measles in unvaccinated individuals who present with a fever and a typical rash.
- Notify the Philadelphia Department of Public Health (PDPH) by calling 215-685-6741 during business hours or 215-686-4514 after hours when evaluating any patient with suspected measles to coordinate timely measles PCR testing through the Pennsylvania Department of Health Bureau of Laboratories (PADOH BOL) or the PDPH Public Health Laboratory (PHL) and ensure appropriate control measures are in place to limit healthcare and community exposures.
- There were recent measles detections in wastewater in Delaware County, PA. Subsequent testing was negative and testing of wastewater in Philadelphia during the same time period was negative. There are currently no known clinical cases of measles in Delaware County or in Philadelphia.

Background:

In 2026, there has been continued transmission of measles in the United States. As of July 5, 2026, 2,170 confirmed measles cases occurring during 2026 have been reported to CDC. There have been 31 outbreaks reported in the U.S. in 2026, and 93% of cases are associated with outbreaks. In Pennsylvania, there have been 77 cases between April and July 1, 2026. These cases are centered in Lancaster and Lebanon counties, with smaller numbers of cases in other nearby counties. There are no current or recent cases of measles in Philadelphia. Given the large number of travelers in Philadelphia during the 2026 FIFA World Cup, the United States Semiquincentennial, and other major events during Summer 2026 along with recent detections of measles virus in wastewater samples from Delaware County, it is important that providers remain vigilant in their efforts to rapidly identify measles cases.

Measles is a highly contagious, acute viral illness that begins with a fever, cough, coryza (runny nose), and conjunctivitis (pink eye), lasting 2–4 days prior to rash onset. The rash typically occurs 3–5 days after symptoms begin and usually appears on the face and spreads downward. The virus is transmitted by direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs, or sneezes. The measles virus can remain infectious in the air and on surfaces for up to 2 hours after an infected person leaves an area. Infected people are contagious from 4 days before the rash starts through 4 days afterwards. The incubation period for measles from exposure to fever is typically about 11–12 days but ranges from 7–21 days. Measles can cause severe health complications, including pneumonia, encephalitis, and death.

Vaccination

- An early first dose of MMR (dose 0) is recommended for infants 6–11 months of age before travel to areas with measles, including Lancaster, Lebanon, Berks, Dauphin, Northumberland, and York counties in PA. An up-to-date list of affected PA counties is available at https://www.pa.gov/measles. Any child with planned international travel should also receive an early dose of MMR. This dose will not count as part of the child's routine vaccination, and the child will need to get a dose after 12 months to start the routine series.
- An early second dose of MMR should be given to children 12 months through 4 years before they travel to areas with measles, including parts of PA, as well as before any international travel and at least 28 days after the previous dose. This dose counts towards the child's routine series.
- Administer routine and catch-up vaccination with MMR vaccine.
- Adults born before 1957 are considered measles immune unless they are part of specific groups.
- Adults who were vaccinated from 1963-1968 may have received killed (inactivated) vaccine. People vaccinated during that time who received killed vaccine or who are not sure what vaccine they received should be revaccinated.
- Adults born from 1957-1989 likely received 1 dose of MMR. An additional dose should be given to people who are living in or traveling to areas with measles, including affected counties in PA, as well as people in specific groups (e.g., international travelers, healthcare workers, etc.).
- Adequate supply of MMR vaccine is available. VFC providers should continue routine ordering and may request additional doses as needed to support immunization efforts.

Infection Prevention and Control

- Maintain a high suspicion for measles in individuals who are not immune and present with measles symptoms.
- Create triage policies to quickly identify and isolate patients who could have measles, including questions about recent measles exposures, including international travel and symptoms. If possible, consider preliminary triage at the door.
- Follow infection prevention and control recommendations.
- Immediately place individuals who may have measles in airborne infection isolation rooms (AIIR), since measles spreads between rooms through shared airspace. If an AIIR isn't available, the patient should be placed in a single room with the door closed and must mask until they can be placed in an AIIR. If AIIR was not used, the room should remain vacant for 2 hours after the patient leaves the room.
- All staff should don a N95 respirator.
- Outpatient providers should notify hospital emergency rooms (ER) prior to referring patients to present to the ER so that patients can be quickly isolated. Outpatient providers should not send patients to the ER until they are able to convey safe entry directions from the ER. Patients 2 years of age and older should be told to mask when presenting to the ER.

Reporting and Testing Patients with Suspected Measles

- If you suspect measles in a patient, contact the Philadelphia Department of Public Health (PDPH) by calling 215-685-6741 during regular business hours or 215-686-4514 (press 1 for Unified Dispatch and ask for the Division of Disease Control On-Call Staff) after hours, weekends, and holidays to coordinate measles testing. Healthcare facilities that are located outside of Philadelphia should contact their local health departments or Pennsylvania Department of Health (PADOH) to coordinate testing. Test concurrently for other respiratory viruses as clinically indicated.
- PDPH staff will assist with the coordination of testing and decisions on which public health or commercial laboratory should be used.
- Providers should collect an NP or OP swab and urine specimen for measles PCR. Urine specimens should only be submitted if a NP or OP swab is also submitted.
- Use a flock-tipped plastic shaft swab in viral transport media or universal transport media for the NP or OP swab.
- Collect the urine specimen in a sterile container (minimum 50 ml).
- Ensure each specimen tube or container is labeled with the patient's name, date of birth, specimen type, and specimen collection date.
- If testing will be sent to PADOH BOL, complete a PADOH BOL Specimen Submission Form for each specimen with the test type listed as Measles PCR.

- Measles PCR testing for NP swabs only is now available at the PDPH Public Health Laboratory (PDPH PHL) for healthcare providers located in Philadelphia. Upon approval of testing at PDPH PHL, healthcare providers will be sent the PDPH PHL Specimen Submission Form.
- Complete all sections of the required specimen forms and place the form in the separate pocket compartment of the specimen bag.
- Refrigerate if specimens are not transported or shipped immediately.
- Ship on dry ice/cold packs in leak-proof containers. PCR specimens must be maintained at ≤8 °C for up to 72 hours from collection. If held longer than 72 hours, they must be maintained at ≤0 °C. Failure to meet these requirements will result in immediate specimen rejection.
- For facilities that are using their own courier and do not need specimen transport coordinated by health department staff, ensure specimens that have health department approval for measles testing arrive at PADOH BOL during open acceptance hours, which recently changed. For specimens going to the Philadelphia PHL, PDPH staff will provide delivery instructions at the time of testing approval, including coordinating times for after-hours deliveries when needed.
- Advise the patient to isolate from others while test results are pending and note that further guidance will be given when test results are available.
- Consider sending measles IgG serology through commercial labs for individuals who don't have documentation of measles immune status and are potential contacts. This will help avoid a quarantine but must be done in the first 6 days after exposure before an individual could be potentially infectious. PDPH may be able to help coordinate a home blood draw after that time if necessary.

Resources

- American Academy of Pediatrics Think Measles: Recognizing and Addressing Measles in Pediatric Practice
- 2026 – PAHAN –831-06-24-ALT: Recommendations for Catch-Up and Early MMR Vaccination in the Context of Measles Outbreak Activity