

September 14, 2026

Health Awareness Notice for District of Columbia Healthcare Providers Rise in Regional Measles Cases

SUMMARY

DC Health issues this Health Awareness Notice (HAN) to inform healthcare providers of the ongoing measles outbreaks in Maryland and Pennsylvania and to remain vigilant of potential measles in the District of Columbia. As of September 14, 2026, there have been 40 cases of measles confirmed in [Maryland](#) residents and 693 cases of measles confirmed in [Pennsylvania](#) residents in 2026. **There has been 1 confirmed case of measles reported in [DC](#).**

Healthcare providers are encouraged to remain vigilant for measles, discuss vaccination with unvaccinated patients, and promptly report suspected or confirmed measles cases to DC Health.

BACKGROUND

Measles is a highly contagious, acute viral respiratory illness. It is characterized by a prodrome of fever, malaise, cough, coryza, conjunctivitis, Koplik spots, followed by a maculopapular rash.¹ Symptoms can show 7 to 21 days after exposure, with the rash usually appearing 14 days after exposure. The rash spreads from the head to the trunk to the lower extremities. Immunocompromised patients may not develop a rash. Serious complications are rare, but may include pneumonia, encephalitis, and death. People at high risk for severe illness include infants younger than 12 months, pregnant women, and immunocompromised people. Patients are contagious from 4 days before the rash to 4 days after the rash appears. The virus is transmitted by direct contact with infectious droplets and 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 two hours after an infected person leaves the area.¹

As of September 10, 2026, 3,294 confirmed measles cases were reported in the United States in 2026, the largest annual number of cases in 35 years. Nationally, 95% of measles cases are unvaccinated or have unknown vaccination status.² Several states are reporting current ongoing measles outbreaks. Since September 14, 2026, Pennsylvania reports 693 confirmed measles cases across 38 counties. The majority of cases reside in Lancaster, Mifflin, and Chester counties.³ Since September 10, 2026, Maryland reports 40 confirmed measles cases, with the majority residing in St. Mary's, Cecil, and Carroll counties.⁴ DC Health reported 1 confirmed measles case in April 2026.⁵

RECOMMENDATIONS FOR HEALTHCARE PROVIDERS

Suspected Measles:

- Healthcare providers should consider measles as a diagnosis in anyone who presents with febrile illness and clinically compatible symptoms, especially in individuals with recent international travel, travel to areas with ongoing outbreaks or exposure to a person with a febrile rash illness.

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- Patients with suspected measles should be immediately isolated in a single-patient airborne infection isolation room (AIIR), if available, until measles is ruled out.
- Patients with suspected measles cases should be referred to the emergency room for immediate testing and evaluation.
- Healthcare personnel (HCP) should use respiratory protection (e.g., N95 respirator) upon entry to the room of a confirmed or suspected measles patient, regardless of the HCP's measles immunization status.
- People with confirmed measles should be isolated through day 4 after the rash appears (Day 0 = the day the rash appears).
- There is no specific anti-viral treatment for measles and treatment is mainly supportive.

Laboratory Testing:

At the initial visit of a patient with suspected measles, healthcare providers should collect:

- A serum sample for measles-specific IgM and IgG serology (acute-phase specimen) **AND**
- A respiratory specimen for RT-PCR (reverse transcriptase-polymerase chain reaction) testing: Either a nasopharyngeal swab OR a throat swab.

Collecting a urine specimen for RT-PCR testing in addition to a respiratory specimen can increase the likelihood of detecting the measles virus. If an acute-phase serum specimen collected <3 days after rash onset is negative and the case has a negative RT-PCR result (or one was not done), a second serum specimen collected 3-10 days after symptom onset is recommended, because the IgM response may not be detectable until 3 days after symptom onset.

Please coordinate with DC Health to submit all specimens to the DC Public Health Laboratory for testing.

Measles Vaccination:

- Children should routinely get two doses of MMR vaccine: one at 12-15 months and a second at 4-6 years.
- Infants between 6 and 11 months old who live in or are traveling to an outbreak area or are traveling internationally should receive one dose of the MMR vaccine. They should still receive their routine doses at 12-15 months and 4-6 years or at least 28 days apart.
- Teenagers and adults who do not have evidence of measles immunity should have documentation of receiving two doses of the MMR vaccine, at least 28 days apart.

Measles Post-exposure Prophylaxis (PEP):

People exposed to measles who do not have evidence of immunity should be offered PEP, which may prevent the development of measles or modify the course of the disease.

- Administer the MMR vaccine within 72 hours of the initial measles exposure (the MMR vaccine is preferred for vaccine eligible people aged 12 months and older) **OR**
- Administer immunoglobulin (IG) within 6 days of initial exposure.

The following groups of people should receive IG:

- Infants younger than 12 months

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- Pregnant women without evidence of measles immunity
- Severely immunocompromised people (e.g., people with hematologic and solid tumors, who are receiving chemotherapy, with congenital immunodeficiency, on long-term immunosuppressive therapy or patients with HIV infection who are severely immunocompromised).

The MMR vaccine and IG should not be administered simultaneously, as this practice invalidates the vaccine. Individuals who do not receive appropriate PEP should quarantine for 21 days.

REPORTING REQUIREMENTS

Cases and suspected cases of measles must be reported immediately (within 24 hours) by telephone at 844-493-2652 or by submitting a [Notifiable Disease and Condition Case Report Form](#) online using the DC Reporting and Surveillance Center (DCRC), which can be found on our Infectious Diseases [website](#).

ADDITIONAL RESOURCES

- [Measles \(Rubeola\)](#). (CDC 2026)
- [Global Measles Outbreaks](#). (CDC 2026)
- [Clinical Overview of Measles](#). (CDC 2026)
- [Measles-Vaccine Preventable Diseases Surveillance Manual](#). CDC (2024)
- [2026 Overview: Pennsylvania Measles Cases](#). (Pennsylvania Department of Health 2026)
- [Measles](#). (Maryland Department of Health 2026)
- [Measles Prevention and Control Implementation](#). (American Academy of Pediatrics 2026)
- [Laboratory Testing for Measles](#). (CDC 2024)

REFERENCES

1. Clinical Overview of Measles. Centers for Disease Control and Prevention. Updated August 5, 2026. Accessed September 10, 2026. <https://www.cdc.gov/measles/hcp/clinical-overview/>
2. Measles Cases and Outbreaks. Centers for Disease Control and Prevention. Updated September 4, 2026. Accessed September 10, 2026. <https://www.cdc.gov/measles/data-research/index.html>
3. 2026 Overview: Pennsylvania Measles Cases. Pennsylvania Department of Health. Updated September 9, 2026. Accessed September 10, 2026. <https://www.pa.gov/agencies/health/diseases-conditions/infectious-disease/measles>
4. Measles. Maryland Department of Health. Updated September 3, 2026. Accessed September 10, 2026. <https://health.maryland.gov/phpa/OIDEOR/IMMUN/Pages/Measles.aspx>
5. 2026 Health Notices. DC Department of Health. Accessed September 10, 2026. <https://dchealth.dc.gov/page/2026-health-notice>

Please visit the DC Health - Health Notices [website](#) regularly for the most current information.

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