

January 27, 2026

## Health Alert Notice for District of Columbia Healthcare Providers Rise in Regional Measles Exposures to DC Residents Vaccination Guidance for International Travel

### SUMMARY

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The DC Department of Health issues this Health Alert Notice (HAN) to inform healthcare providers of increased regional measles exposures to DC residents as well as to provide a situational update on the rising measles cases in the United States. The country is experiencing its largest measles outbreak in over thirty years with a total of 2,255 confirmed cases for the year 2025. Since January 12, 2026, there have been 3 instances where DC residents were exposed to a confirmed measles case. **As of January 27, 2026, no cases of measles have been reported in DC.** However, measles cases continue to rise in the United States and globally.<sup>1,2</sup>

**Healthcare providers are encouraged to remain vigilant for measles, discuss vaccination with unvaccinated patients, especially when patients have upcoming international travel, and promptly report suspected or confirmed measles cases to DC Health.**

### BACKGROUND

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Measles<sup>3</sup>, also known as rubeola, is a highly contagious, acute viral respiratory illness caused by a virus in the family paramyxovirus, genus *Morbillivirus*. Measles occurs most often in children. It is characterized by a prodrome of a stepwise increase in fever to 103°F-105°F, anorexia, malaise, and the classic triad of cough, coryza (inflammation of the nasal mucosa), and conjunctivitis [the “3 Cs”], as well as Koplik spots (bluish-gray spots on a red base on the buccal mucosa which are pathognomonic for measles), followed by a maculopapular rash<sup>4,5</sup>. The incubation period of measles from exposure to prodrome ranges from 7-12 days. The rash appears 2-4 days after the onset of the prodrome and lasts 3-5 days. The average time from exposure to rash onset is 14 days (range, 7-21 days)<sup>4,5</sup>. The rash starts at the hairline, proceeds to involve the face and upper neck, and spreads down the body and outward to the extremities. Sometimes immunocompromised patients do not develop a rash. Most people have an uncomplicated recovery from measles, but measles can have serious complications which can result in disability and even death. The most frequent complications of measles are pneumonia and encephalitis. People at high risk for severe illness and complications from measles include infants younger than 12 months, pregnant women and immunocompromised people. Measles is one of the most contagious of all infectious diseases: About 90% of susceptible people with close contact to a measles patient will develop measles<sup>4,5</sup>. Patients are contagious from 4 days before the rash appears through 4 days after the rash appears. The virus is transmitted by large respiratory droplets or by airborne droplet nuclei in enclosed spaces 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 an area.

As of January 23, 2026, there have been 416 confirmed measles cases reported in the United States in 2026. Among these, 413 measles cases were reported by 14 jurisdictions: Arizona, California, Florida, Georgia, Idaho, Kentucky, Minnesota, North Carolina, Ohio, Oregon, South Carolina, Utah, Virginia, and Washington. A total of 3 measles cases were reported among international visitors to the United States. Most of these cases occurred among infants, children, and teenagers who are unvaccinated or whose vaccination status is

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unknown<sup>2</sup>. While no new outbreaks have been reported in 2026, the ongoing outbreak in South Carolina that began in 2025 continues to grow<sup>2,6</sup>.

As of January 23, 2026, the South Carolina Department of Public Health has reported 700 cases of measles centered around Spartanburg County. Most of these cases have occurred among infants, children, and teenagers who are unvaccinated<sup>6</sup>.

While no measles cases have been identified in DC in 2026, there have been reported exposures. DC Health has informed DC residents who have been exposed and conducted public health monitoring.

## **RECOMMENDATIONS FOR HEALTHCARE PROVIDERS**

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Health care providers should ensure that everyone, especially those who are planning domestic or international travel to areas with ongoing measles outbreaks, is up to date on the MMR vaccine and other recommended vaccines before their trip. The CDC advises all U.S. residents over 6 months old who will be traveling abroad and have no proof of immunity to get the MMR vaccine before they leave<sup>7</sup>.

- Infants between 6 and 11 months old should receive one dose of the MMR vaccine before traveling. If they receive a dose before their first birthday, they should receive two more doses: One between 12 and 15 months old, and the second at least 28 days later.
- Children aged 12 months and older should receive two doses of the MMR vaccine, with at least 28 days between doses.
- Teenagers and adults who do not have evidence of measles immunity should have documentation of receiving two doses of the MMR vaccine, with a minimum separation of 28 days between doses.

### **Suspected Measles:**

- Healthcare providers should consider measles as a diagnosis in anyone who presents with a febrile illness and clinically compatible symptoms (e.g., rash, cough, coryza, conjunctivitis), especially in individuals with recent international travel, travel to areas with ongoing outbreaks or exposure to a person with a febrile rash illness.
- Patients with suspected measles should not be allowed to remain in the waiting room or other common areas of a healthcare facility. Patients should be immediately isolated in a single-patient airborne infection isolation room (AIIR), if available.
- 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 suspected measles should be isolated until measles is ruled out.
- 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.
- Severe measles cases in children are associated with vitamin A deficiency. Therefore, the World Health Organization recommends that all children diagnosed with measles receive vitamin A supplementation regardless of their country of residence, based on their age<sup>8</sup>.

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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 Exposure and Prevention:

Healthcare providers should recommend MMR vaccination for all patients who are unvaccinated or not fully vaccinated.

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

Evidence of Immunity: Acceptable evidence of immunity against measles includes one of the following:

- Adequate documentation of measles vaccination
- Serologic evidence of measles immunity
- Laboratory confirmation of measles
- Date of Birth: Before 1957

**Healthcare providers should routinely assess whether patients—especially infants and children—have upcoming international travel to countries with ongoing measles transmission and offer timely MMR vaccination guidance to those who are unvaccinated or not fully vaccinated.**

Measles Post-exposure Prophylaxis (PEP):

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

The following groups of people should receive IG:

- Infants younger than 12 months
- 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.

**RECOMMENDATIONS FOR THE PUBLIC**

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The best way to prevent measles is to be vaccinated. The measles, mumps, and rubella (MMR) vaccine is safe and effective. Two doses of MMR vaccine are 97% effective at preventing measles. Anyone planning on domestic or international travel, especially to areas with ongoing outbreaks, should be up to date on their

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MMR vaccine. If you have any questions or concerns about your vaccination status, do not hesitate to discuss them with your healthcare provider.

## REPORTING REQUIREMENTS

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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 [dchealth.dc.gov/node/143092](https://dchealth.dc.gov/node/143092)

## ADDITIONAL RESOURCES

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- [Expanding Measles Outbreak in the United States and Guidance for the Upcoming Travel Season](#) CDC (2025)
- [Increase in Global and Domestic Measles Cases and Outbreaks: Ensure Children in the United States and Those Traveling Internationally 6 Months and Older are Current on MMR Vaccination](#) CDC (2024)
- [Global Measles Outbreaks](#). CDC (2026)
- [For Healthcare Providers-Diagnostics and Laboratory Testing](#). CDC (2025)
- [Disease-specific Guidance for specimen collection and Laboratory Testing](#). CDC (2024)
- [Measles-Vaccine Preventable Diseases Surveillance Manual](#). CDC (2024)

## REFERENCES

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[https://wwwnc.cdc.gov/travel/notices/level1/measles-globe#:~:text=According%20to%20the%20CDC%2C%20all%20international%20travelers,vaccination%20or%20other%20evidence%20of%20measles%20immunity\\*\\*](https://wwwnc.cdc.gov/travel/notices/level1/measles-globe#:~:text=According%20to%20the%20CDC%2C%20all%20international%20travelers,vaccination%20or%20other%20evidence%20of%20measles%20immunity**)

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