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URGENT HEALTH BULLETIN

Ongoing Increase in California Measles Cases

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(<https://www.kernpublichealth.com/i-want-to/review/health-bulletins>)

March 9, 2026

Dear Kern County Healthcare Provider:

This urgent health bulletin is being sent to call your attention to the ongoing risk of measles in California, other parts of the United States, and worldwide.

Summary

As of March 5, 2026, there have been [1,281 confirmed cases](#) of measles reported in the United States. As of March 2, 2026, there have been [26 confirmed cases](#) in California, surpassing the number of cases recorded in California for the entirety of 2025 (25 cases total). An outbreak was reported in [Shasta County](#) in February and there is an ongoing outbreak in the [greater Sacramento Area](#). At this time, there have been no confirmed cases of measles in Kern County. Healthcare providers are strongly encouraged to maintain a high level of vigilance and to consider measles in patients presenting with compatible symptoms and relevant exposure history.

Background

Measles is a highly contagious viral illness that characterized by fever and a maculopapular rash. The prodrome includes high fever (up to 105°F), malaise, cough, coryza, and/or conjunctivitis (commonly known as the 3 C's) which last 2-4 days prior to rash onset. Koplik spots may present 2-3 days after symptoms begin. The measles rash typically presents on the face and/or hairline and spreads in a descending fashion to the trunk and extremities. The rash typically resolves in the same order it presented. The virus is transmitted through direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs, or sneezes. Measles virus can remain infectious in the air and on surfaces for up to 2 hours after an infected person leaves an area.

Measles can cause severe health complications, including pneumonia, encephalitis, and death. Persons at higher risk of severe complications include children <5 years of age, adults >20 years of age, pregnant women, and persons with weakened immune systems. Infected people are contagious up to 4 days before the rash starts through 4 days after rash onset. The incubation period from exposure to fever is usually 7-10 days and from exposure to rash onset about 10-14 days (with a range of 7-21 days). Up to 90% of susceptible people who have close contact with an infectious measles patient will also develop measles.

Vaccination is highly effective at preventing measles infections and remains the most important tool for preventing measles. A single dose of MMR vaccine is 93% effective against measles and two doses are 97% effective. Among U.S. measles cases reported in 2026, 93% are unvaccinated or have an unknown vaccination status.

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Recommendations for Healthcare Providers and Healthcare Facilities

Healthcare providers are recommended to do the following:

- **Immunize.** Ensure all patients without other evidence of immunity, especially those planning international travel or travel to areas experiencing measles outbreaks, are up-to-date on measles vaccination per routine ACIP recommendations. See [Vaccination](#) section below for additional guidance.
- **Consider measles.** Any patient with fever ($\geq 101^{\circ}\text{F}$ or 38°C) and a generalized maculopapular rash with cough, coryza, and/or conjunctivitis who has recently traveled internationally, or domestically to a region with a known measles outbreak, or has other known or suspected exposure to measles, should be assessed for measles.
- **Mask and isolate.** Any suspect measles patient should be immediately masked and isolated, preferably in a airborne infection isolation room (AIIR) or designated rash room. Do not let the suspect measles patients remain in the waiting room or around other patients. Staff should wear an N95 respirator while evaluating a suspect measles patient, even if the staff member is fully immunized against measles. See [Infection Control](#) section on next page for additional guidance.
- **Report immediately.** Contact Kern County Public Health at 661-321-3000 during regular business hours and at 661-241-3255 after hours, on weekends, and on holidays to report a suspected measles case.
- **Test.** Collect specimens for testing. PCR testing is the preferred method for testing an acute case. Collect a throat or nasopharyngeal swab and urine sample. Measles serum IgG testing can be performed to assess immunity but is not recommended for confirmation of suspect cases. Measles serum IgM is frequently falsely positive and not recommended. See [Laboratory Testing](#) section on next page for additional testing guidance.
- **Manage care.** Supportive care and assessing potential complications are the primary management goals of measles patients. See [Treatment](#) section on Page 4 for additional guidance.

Measles Vaccination

Per [Advisory Committee on Immunization Practice](#) (ACIP), recommendations for vaccination include the following:

- Children should receive two (2) doses of MMR or MMRV. The first dose of MMR is typically given at 12-15 months of age, and the second dose is often given at 4-6 years of age, before school entry. However, the second dose of MMR may be given as soon as 28 days after the first dose. Particularly in the context of international travel or outbreak settings, consideration should be given to administering the second dose earlier than 4 years of age, as long as it is 28 days after the first dose.
- CDC recommends that separate MMR and varicella vaccines be given for the first dose in children aged 12-47 months; however, MMRV may be used if parents or caregivers express a preference. The second dose of MMRV can be given 3 months after the first dose up to 12 years of age.
- Infants 6 months of age and older can receive MMR vaccination prior to international travel or in outbreak settings. MMR is not licensed for children <6 months of age. MMRV is not licensed for children under the age of 12 months.
- Adults not at high risk of exposure are recommended to have at least one (1) documented dose of MMR in their lifetime or have other evidence of immunity (such as positive measles IgG). Adults born before 1957 are considered to have immunity to measles. However, MMR vaccine can be administered to any person born before 1957 who does not have a contraindication to MMR vaccination.
- Adults at high exposure risk, including students at post-secondary institutions, healthcare workers, and international travelers, should have two (2) documented doses of MMR, unless they have other evidence of immunity.
- MMR and MMRV vaccine are contraindicated in pregnant persons. If indicated, vaccinate after pregnancy.

Measles Vaccination (continued)

Additional details regarding vaccination recommendations, including special populations, can be found on CDC's [Measles Vaccine Recommendations](#) page.

Some patients may develop a mild rash reaction in the three (3) weeks following MMR vaccination. This does not typically require testing or public health intervention since the rash is due to a vaccine reaction and not infectious. If a symptomatic person who has been recently vaccinated also has a known or suspected measles exposure, consultation and additional testing may be required to evaluate the patient for acute measles infection. Please call Kern County Public Health immediately at 661-321-3000 for a suspected or confirmed cases of measles.

Measles Infection Control Considerations

Standard and airborne precautions are required for patients presenting for medical care or evaluation who have an illness consistent with measles.

- Isolate patients with suspect measles immediately, ideally in a single-patient airborne infection isolation room (AIIR), or in a private room with a closed door until an AIIR is available. Patients with suspected measles should not remain in the waiting room or other common area of a healthcare facility.
- Healthcare providers should adhere to standard and airborne precautions when evaluating a suspected or confirmed measles cases, including wearing an N95 respirator, regardless of the healthcare provider's immune status.
- Healthcare providers without presumptive evidence of measles immunity who are exposed to measles should be excluded from work from Day 5 after the first exposure until Day 21 following their last exposure and offered post-exposure prophylaxis, as appropriate. Healthcare providers who receive immunoglobulin for PEP should be excluded through Day 28 of last exposure.
 - Exposure is defined as not wearing recommended respiratory protection, regardless of immunity status, and includes shared airspace up to two (2) hours after the infectious measles patient has left.
- Healthcare systems should ensure all healthcare providers have presumptive evidence of immunity to measles and ensure they can rapidly retrieve healthcare provider immunization status in case of exposures and offer PEP when indicated.
- Healthcare providers should consider offering measles testing outside of facilities (such as in a parked car) to avoid possible transmission in healthcare settings.
- If a patient needs to be referred to a hospital or higher level of care, healthcare facilities should call ahead to ensure immediate isolation of the patient.

Healthcare facilities are encouraged to post signs advising patients with rash illness not to enter the facility without first contacting the facility. An example of a sign can be found online in [English](#) and [Spanish](#).

Measles Laboratory Testing

In most cases, testing for acute measles should be performed by a public health laboratory for expedited results.

- Contact Kern County Public Health at 661-321-3000 during regular business hours or at 661-241-3255 outside regular business hours prior to shipping or sending specimens by courier.
- PCR testing is the preferred method for acute measles testing.
 - Specimens should be collected as soon as measles is suspected. Detection of measles RNA is most successful within two weeks of rash onset. Testing may be performed more than two weeks of rash onset if the patient remains symptomatic; additional consultation is needed.

Measles Laboratory Testing (continued)

- Collect a throat (preferred) or nasopharyngeal swab AND a urine specimen
 - Throat/NP swab must be sterile, [synthetic swab](#) placed in liquid viral transport media (VTM) or universal transport media (UTM). Do not use bacterial transport media.
 - Urine sample must include 10-50 mL of urine from the first part of the urine stream (ideally first morning void). Centrifuge the urine at 500-600xg for 5-10 minutes at 2-8°C. Discard supernatant and resuspend cell sediment in 2-3 mL of VTM. If centrifuging is not possible, store urine and ensure shipping within 24 hours.
 - Store all specimens at 2-8°C and ship or send to the Public Health Lab on cold packs.

PCR is the preferred method for testing an acute measles case. Measles IgG may be performed to assess immunity, but it is not recommended for confirmation of suspect cases. Measles IgM testing is frequently falsely positive and is not recommended.

Measles Treatment

There is no specific antiviral therapy for measles. Recommended medical care is supportive to help relieve symptoms and address complications such as pneumonia and secondary bacterial infections. Consistent with guidance from the American Academy of Pediatrics, vitamin A may be administered to infants and children in the U.S. with measles as part of supportive management. Vitamin A should be administered under the supervision of a healthcare provider and is not a substitute for vaccination. Overuse of Vitamin A can lead to toxicity and cause damage to liver, bones, central nervous system, and skin. Pregnant women should avoid taking high levels of vitamin A as it has been linked to severe birth defects.

Measles Post-exposure Prophylaxis

Post-exposure prophylaxis (PEP) of exposed persons who are not known to be immune to measles may help prevent further spread. Consider PEP in the following persons and timeframes:

- MMR vaccine administered within 72 hours of initial measles exposure for persons ≥ 6 months of age.
 - MMR administered ≥ 72 hours after exposure is not considered PEP, but will protect against future exposures.
 - Pregnant persons and severely immunocompromised contacts should not receive MMR as PEP.
- Immunoglobulin (IG) administered within 6 days of exposure.
 - Unvaccinated infants <12 months of age and unvaccinated children <30 kg (<66 lbs) who are not eligible for MMR PEP or have contraindications should receive intramuscular immune globulin (IMIG)
 - Susceptible pregnant women should receive intravenous immune globulin (IVIG).
 - Severely immunocompromised people should receive IVIG regardless of measles immunity status.

MMR and IG should not be administered simultaneously as it will invalidate the vaccine. Nonimmune persons who receive IG should not receive MMR vaccine earlier than 6 months after IGIM or 8 months after IGIV.

Reporting Suspected or Confirmed Cases

In accordance with Title 17, Section 2500, all suspected or confirmed cases of measles must be reported immediately to Kern County Public Health. For questions, to report suspected cases of measles, and to request testing, please call (661) 321-3000 during regular business. After hours, on weekends, and holidays, call (661) 241-3255 to be connected to the On-Call Public Health staff.

Additional Resources

- [CDPH: Measles](#)
- [CDPH: Measles Investigation Quicksheet](#)

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Additional Resources (continued)

- [CDPH: Measles Healthcare Exposure Investigation Quicksheet](#)
- [CDPH: VRDL Test Page - Measles Virus PCR](#)
- [CDPH: Immune Globulin Measles Postexposure Prophylaxis](#)
- [CDPH: Increase of Measles in California \(2/4/2026\)](#)
- [CDPH: CDPH Urges Vaccination Amid Growing Number of Measles Cases in California \(2/9/2026\)](#)
- [CDPH: New Measles Cases Reported in Sacramento Region \(3/6/2026\)](#)
- [CDC: Expanding Measles Outbreak in the United States and Guidance for the Upcoming Travel Season \(3/7/2025\)](#)
- [CDC: Clinical Overview of Measles \(Rubeola\)](#)
- [CDC: Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings](#)
- [CDC: Measles Cases and Outbreaks](#)
- [CDC: Measles Vaccine Recommendations](#)
- [CDC: Measles Vaccination for Specific Groups](#)
- [AAP: Measles](#)
- [AAP: Measles Infection Prevention and Control Frequently Asked Questions](#)
- [AAP: Think Measles](#)
- [AAP: Measles \(Red Book: 2024–2027\)](#)

If you have any questions, please contact Kern County public Health by phone at 661-321-3000, via email at publichealth@kerncounty.com, or visit the [KCPH website](#).

Thank you,

Kristopher Lyon, M.D.

Kristopher Lyon, MD
Health Officer

Measles Evaluation Guidance for Healthcare Providers

The purpose of this guidance is to help healthcare providers assess patients with a febrile rash illness for the possibility of measles. Boxes marked in gray decrease the likelihood of measles, but do NOT preclude a measles diagnosis. Text preceded by an asterisk provides additional information to help with decision-making.

IMMEDIATELY report all suspect measles cases to the Kern County Public Health at (661) 321-3000. After hours, on weekends, and on holidays, call (661) 324-6551 to be connected to on-call staff.

All patients with a rash or otherwise suspected of measles should be immediately masked and isolated, preferably in an airborne infection isolation room (AIIR) or designated rash room. Do not let patients remain in the waiting room. Do not use the room until at least one (1) hour after the patient has left.

Vaccination and Disease History	Yes	No
Has the patient ever received a measles containing-vaccine? * One dose of MMR is 93% effective at preventing measles; two doses of MMR is 97% effective.		
Was the patient born before 1957? * Patients born before 1957 are highly likely to have had the measles disease due to wide circulation of the virus at the time.		
Was the patient enlisted in the U.S. military service? * Members of the U.S. military are routinely vaccinated against measles.		
Was the patient born in 1970 or later and attended public elementary school in the U.S.? * Proof of at least one measles vaccination or disease was required for entrance into elementary school in the 1970s. The second dose became required in 1989 as the result of widespread outbreaks across the U.S.		
Did the patient legally immigrate to the U.S. in 1996 or later? * All legal immigrants have been required to provide proof of vaccination or disease. Visitors using temporary visas are not required to be vaccinated.		
Has the patient ever been diagnosed with measles in the past? * Having measles disease confers lifetime immunity; however, be aware that patients may confuse measles (rubeola) with rubella ("German measles"), roseola, or other febrile rash illnesses.		

Clinical Symptoms	Yes	No
Did the patient have a fever? * Measles typically presents with a high-grade fever a few days before rash onset; the fever persists through the rash onset.		
Did the patient have cough, coryza, conjunctivitis, and/or Koplik spots? * Measles typically presents with two or more of the above symptoms prior to rash onset.		
Was the rash on the head/face? * Measles typically presents with a rash on the hairline/head/face which descends to the trunk and back, then spreads outward.		
Are the symptoms severe enough to interfere with the patient's normal activity? * Patients with measles are typically "stay-in-bed" sick (e.g. lethargic, decreased appetite, photophobic, etc.).		

Differential Diagnoses	Yes	No
Has the patient had a recent measles-containing vaccination (MMR or MMRV)? * Vaccine-related rashes may occur in 2-3% of patients receiving the first dose of vaccine. Even fewer rashes are seen during administration of the second dose.		
Was the patient recently on antibiotics? * Antibiotic reaction rashes can start after the first dose, days after the last dose, and anywhere in between.		

Exposure and Travel History	Yes	No
Was the patient at a location where exposure to a measles case occurred? * Patient may have been individually notified through contact tracing or heard public announcements about large group exposures.		
Did the patient travel outside of Kern County in the 21 days before rash onset? * Travel outside Kern County is not required for potential measles exposure. However, there is known ongoing transmission in certain areas.		