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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>)

July 24, 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 as well as locally.

Summary

Kern County Public Health has received notification of intermittent measles detections in local wastewater over recent weeks. Wastewater sampling from June 23, 2026 and July 8, 2026 showed detectable wild-type measles RNA at levels consistent with potential recent or ongoing viral shedding within the sewershed. However, no clinical or laboratory-confirmed measles cases have been identified in Kern County to date. Wastewater signals may represent viral shedding from an unrecognized case or travelers passing through the community. Recent wastewater detections do not necessarily indicate an active case or ongoing community transmission, but multiple detections in a short timeframe warrant increased clinical vigilance. Clinicians are reminded to consider measles in patients with clinically compatible symptoms and immediately report measles to Kern County Public Health.

Background

The United States has experienced a significant increase in measles cases since 2025. Multiple jurisdictions have reported sustained outbreaks, especially among unvaccinated individuals. National surveillance data indicates that there were 2,263 confirmed measles case in 45 jurisdictions in 2025. As of July 16, 2026, there have been 2,260 confirmed measles cases in 44 jurisdictions for this year; 93% of the 2026 cases are associated with one of the 34 outbreaks reported in 2026 or the 48 outbreaks that started in 2025. As a result of this increase of cases, public health systems are maintaining heightened surveillance for measles infection, including emerging wastewater monitoring methods capable of detecting viral RNA shed by infected individuals. These assays are designed to detect only wild-type measles RNA and not the RNA associated with vaccination strains.

Recommendations for Healthcare Providers and Healthcare Facilities

- Ensure all healthcare personnel (HCP) have presumptive evidence of immunity against measles. This may include documented doses of MMR or other measles-containing vaccine or laboratory evidence of immunity (e.g. positive measles IgG). HCP without presumptive evidence of immunity should be offered vaccination in accordance with [ACIP guidelines](#).
- 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](#).

Grounded in Health

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- Maintain a high level of suspicion for measles and screen patients with clinically compatible symptoms, especially in patients who are un- or under-immunized. Measles symptoms include the following:
 - Fever ($\geq 101^{\circ}\text{F}$ or 38°C) and
 - At least one of the 3C's: cough, coryza, and/or conjunctivitis and
 - Maculopapular rash descending from the face (rash typically follows the onset of other symptoms within four days.)
- Assess suspect patients for epidemiological risk factors. Given the intermittent detections in local wastewater, lack of epidemiological risk factors alone should not be used to rule out clinical presentations highly suggestive of measles. Risk factors may include the following:
 - Known contact with a measles case or person with rash illness
 - Contact with an international visitor
 - Travel outside the U.S.
 - Domestic travel through an international airport
 - Visit to a U.S. venue popular with international visitors, such as a large theme park
 - Live in or visit a U.S. community where there are measles cases
- Isolate the patient if measles is suspected. Patient should be masked as a method of source control and placed in a negative pressure airborne infection isolation room (AIIR). If no AIIR is available, place the patient in a private room with the door closed and restrict access to it. Patient should not remain in the waiting room other common area of a healthcare facility. Consider having a designated rash room.
 - Keep the room the patient was in empty for the appropriate time based on the number of air changes per hour that room supports. See [CDC Guidance on Airborne Contaminant Removal](#) for more information.
- Immediately report suspected cases of measles to Kern County Public Health. During regular business hours, call (661) 321-3000. After hours on weekends and holidays, call (661) 241-3255 to be connected to the On Call Public Health staff. Do not wait for laboratory results to report suspect measles cases. Early notification enables rapid testing, isolation guidance, and contact tracing.
- Ensure HCP entering the patient room adhere to standard airborne precautions and wear appropriate personal protective equipment (PPE) regardless of immune status. PPE should include fit tested N95 respirator or higher, gown, gloves, and eye protection.

Order appropriate testing and collect patient specimens. See the **Measles Laboratory Testing** section below for more information.

- Educate patients on the need to remain isolated at home until they receive notification of negative test results or until at least four days after the rash onset.
- Clean and disinfect the room using standard procedures. Typical EPA-registered disinfectants for healthcare settings such as those on [List S](#) are adequate for measles virus environmental controls.
- If a patient needs to be referred to a hospital or higher level of care, call ahead to ensure immediate isolation of the patient and appropriate infection control measures are taken.

Measles Laboratory Testing

While commercial testing is available, given the urgent nature of a suspected measles case, testing at a Public Health laboratory for expedited results is generally preferred. Commercial testing may be recommended for low suspects cases, or in instances where Public Health laboratory testing may be delayed. Contact Kern County Public Health at (661) 321-3000 during regular business hours or (661) 241-3255 after hours to determine the best mechanism for testing.

PCR testing is the preferred method for acute measles testing.

- Collect a throat (preferred) or nasopharyngeal swab and a urine specimen. Specimens should be collected as soon as measles is suspected. Detection of measles RNA is most successful within two weeks of rash onset.
 - 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.

Serology testing is not recommended for diagnosing suspected cases of acute measles. Measles IgG may be performed to assess immunity, but it is not recommended for diagnosis or confirmation of suspect cases. Measles IgM testing is frequently falsely positive and is not recommended to diagnose acute cases.

Additional Resources

- [KCDPH: Ongoing Increase in California Measles Cases \(3/9/2026\)](#)
- [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 \(3/7/2025\)](#)
- [CDPH: Measles](#)
- [CDC: Clinical Overview of Measles](#)
- [CDC: Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings](#)
- [CDC: Measles Cases and Outbreaks](#)

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,

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Health Officer