

PLEASE DISTRIBUTE TO YOUR HEALTHCARE PROVIDERS

URGENT HEALTH BULLETIN

Confirmed Measles in Kern County Residents

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

August 6, 2026

Dear Kern County Healthcare Provider:

This urgent health bulletin is being sent to call your attention to confirmed measles infections identified in Kern County residents.

Background

On August 5, 2026, two cases of measles were confirmed in Kern County residents. These are the first cases of measles identified in Kern County residents since 2004. Both cases had a known exposure outside of Kern County and are no longer infectious. Contacts to the two Kern County cases are currently being notified and assessed.

Clinicians are reminded to consider measles in patients with clinically compatible symptoms and immediately report suspect measles cases to Kern County Public Health. Clinicians are also reminded that post-exposure prophylaxis (PEP) for measles is a time-sensitive matter and all facilities should be prepared to provide measles PEP or quickly refer patients to a facility where measles PEP is available. While Kern County Public Health is typically involved in the exposure notification of measles contacts, patients may also self-disclose potential exposure due to contact to a case identified outside of Kern County.

As of July 30, 2026, 2,371 confirmed cases have been reported in the United States. As of August 3, 2026, 54 cases have been confirmed in California. Four patients in California have been hospitalized, and there have been no deaths reported in California this year. Vaccination against measles remains the most effective and timely method for preventing measles infections and associated complications.

Recommendations for Healthcare Providers and Healthcare Facilities

Healthcare providers are recommended to do the following:

- **Assess availability** of measles PEP at your healthcare facility or within your healthcare system. There are two types of PEP for measles:
 - Measles, mumps, and rubella (MMR) vaccine
 - Immunoglobulin (IG) administered intramuscularly or intravenously
 - Note: IG is not measles-specific. Human IG typically has high levels of measles antibodies within it, which supports its use for measles PEP.

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- **Review recommendations** for measles PEP.
 - In general, persons with two documented doses of MMR or a documented IgG are considered immune to measles and do not need PEP. However, persons with severe immunocompromise should be considered for measles PEP regardless of history of vaccination or measles IgG.
 - MMR may be administered as PEP within 72 hours of first exposure to measles for persons ≥ 6 months of age for those with 0 or 1 documented dose of MMR, if not otherwise contraindicated.
 - MMR administered after 72 hours is not considered PEP, but can be considered as it may protect against future exposures.
 - Pregnant persons and severely immunocompromised contacts should not receive MMR as PEP.
 - IG may be administered up to 6 days after last exposure to prevent infection, if not otherwise contraindicated. However, IG must be administered within 6 days of first exposure to be considered measles PEP.
 - Intramuscular IG (IGIM) is recommended for exposed infants <6 months of age or children who are <30 kg and not eligible for vaccination.
 - Recommended dose is 0.5 mL/kg IM, up to 15 mL.
 - Persons weighing >30 kg are unlikely to receive an adequate amount of measles antibody from IGIM.
 - Intravenous IG (IGIV) is recommended for pregnant or severely immunocompromised persons.
 - Recommended dose is 400 mg/kg IV.
 - IGIV can be administered to persons >30 kg needing PEP who are no longer eligible for MMR but should be prioritized for pregnant and severely immunocompromised persons if supply is limited.
 - MMR is preferred over IG when possible. MMR and IG should not be administered simultaneously, as IG may interfere with the response to the vaccine.
 - See the [Measles Investigation Quicksheet](#) and [Immune Globulin Measles Postexposure Prophylaxis](#) documents for more details regarding measles PEP.
- **Check contraindications** and precautions for measles PEP to be able to quickly assess eligibility and appropriateness of measles PEP. Contraindications include, but are not limited to, the following:
 - Pregnant persons and severely immunocompromised persons should not receive MMR as PEP.
 - Additional contraindications to MMR can be found in the [measles section](#) of Epidemiology and Prevention of Vaccine-Preventable Diseases (Pink Book).
 - IG should not be given to people with immunoglobulin A (IgA) deficiency.
 - IGIM should not be administered to persons with severe thrombocytopenia or any coagulating disorder that would contraindicate IM injections.
- **Prepare protocols** for administration of measles PEP or referral to other facility. Given that measles PEP is time-sensitive, staff should be prepared to respond quickly to patients in need of PEP.
 - Refer to product package inserts for more details about administration.
- **Educate about quarantine expectations.** In general, exposed persons without documented immunity to measles should quarantine beginning 7 days after the first exposure through 21 days after the last exposure.
 - Timely, adequate measles PEP may allow some exposed contacts to discontinue quarantine.
 - Some persons receiving timely PEP may still be recommended for quarantine, particularly those in high-risk settings such as healthcare or childcare.

- Contact Kern County Public Health at 661-321-3000 if there are questions about quarantine recommendations for exposed, susceptible contacts.

Measles incubation period is typically 7- 21 days. Persons who are eligible for measles PEP should be asymptomatic and would not be considered infectious. However, given the widespread circulation of measles at this time, it is possible that susceptible people have additional unknown exposures. Appropriate precautions such as environmental controls and personal protective equipment should be used if a patient is symptomatic or suspected of having an active measles infection. PEP may not be indicated for persons with symptoms or otherwise suspected of having a measles infection.

Additionally, all healthcare providers should review recent Health Alerts regarding measles, including those issued on [March 9, 2026](#) and [July 24, 2026](#).

Additional Resources

- [KCDPH: Ongoing Increase in California Measles cases \(7/24/2026\)](#)
- [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,


Kristopher Lyon, MD
Health Officer