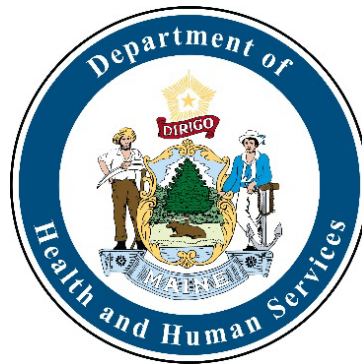


Measles Recommendations

Maine Immunization Program

2/12/2026



Objectives

- Measles Exposure in Maine
- Measles Exposure Details
- Situational Update – National
- Measles Background
- Measles Prevention Recommendations
- Post-Exposure Prophylaxis
- Measles Key Points
- What is Maine CDC doing?
- Reporting Requirements
- Resources
- Q&A

Measles Exposure in Maine

On February 5, 2026, the Maine Department of Health and Human Services' Center for Disease Control and Prevention (Maine CDC) confirmed one case of measles. This individual is an adult from Penobscot County who had recently traveled to a state with measles cases. This individual was infectious from January 28 through February 5.

Potentially exposed individuals should check their measles immunization status and monitor for symptoms. Those who are not immunized or do not know their measles immunization status should get vaccinated with at least one dose of measles, mumps, rubella (MMR) vaccine to protect from subsequent exposures.

Maine clinicians should increase surveillance for rash illness suggestive of measles to rapidly identify potential cases and prevent the spread of disease. The best protection against measles is vaccination. **Providers who suspect measles in a patient should contact the Maine CDC immediately at 1-800-821-5821 for consultation,** expedited transportation, and testing of appropriate samples, and questions about infection control practices.

- Maine CDC is continuing to investigate.

Measles Exposure Details

The Maine CDC notified the facilities where the exposure occurred and is working with those facilities to provide information and guidance for themselves and their clients. Individuals were potentially exposed to measles if they were at any of the location(s)* below during the defined time periods and should take precautions:

Location	Date	Time
Saint Joseph Hospital, Emergency Department, Bangor, Maine	02/03/2026	8:30 AM – 11 AM
Hill View Mini Barns, 1310 Stage Rd, Etna, Maine	01/28/2026, 01/29/2026	All day

*Subject to change as the investigation continues

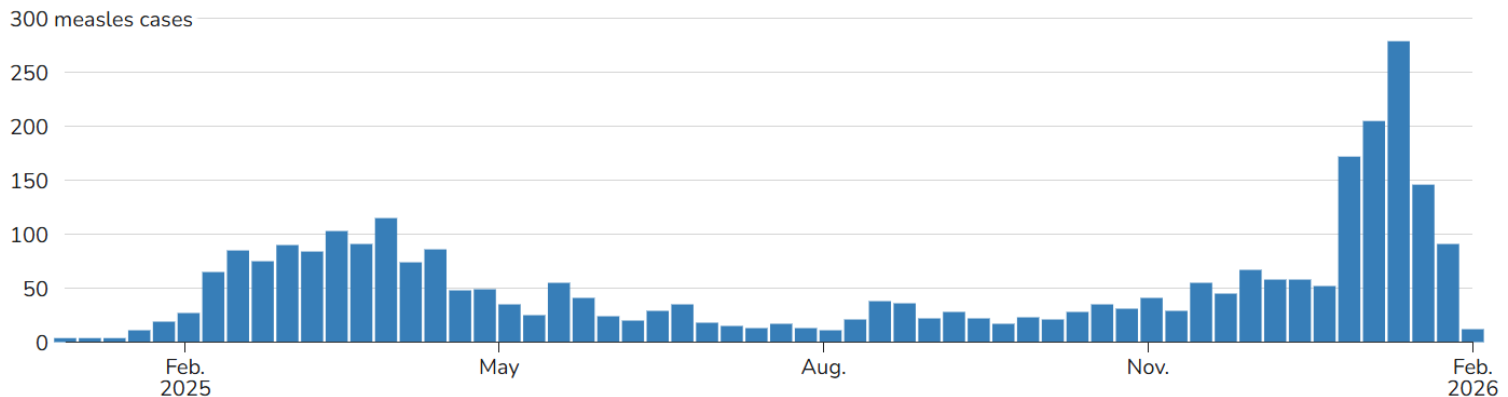
- Individuals not immune to measles should contact a health care provider to discuss vaccination and symptoms. U.S. CDC recommends that people exposed to measles who do not have evidence of immunity should be offered post-exposure prophylaxis.
- Vaccine is recommended for under- or unvaccinated individuals within 72 hours of exposure.
 - Immunoglobulin (IG) can be given to unvaccinated individuals up to 6 days after an exposure.
 - ❖ Maine CDC does not stock IG. Providers may order IG via their facility pharmacy.

Situational Update - National

- This is the first case of measles in Maine since 2019, but measles cases have been rising nationally (733 cases in 2026)

Weekly measles cases by rash onset date

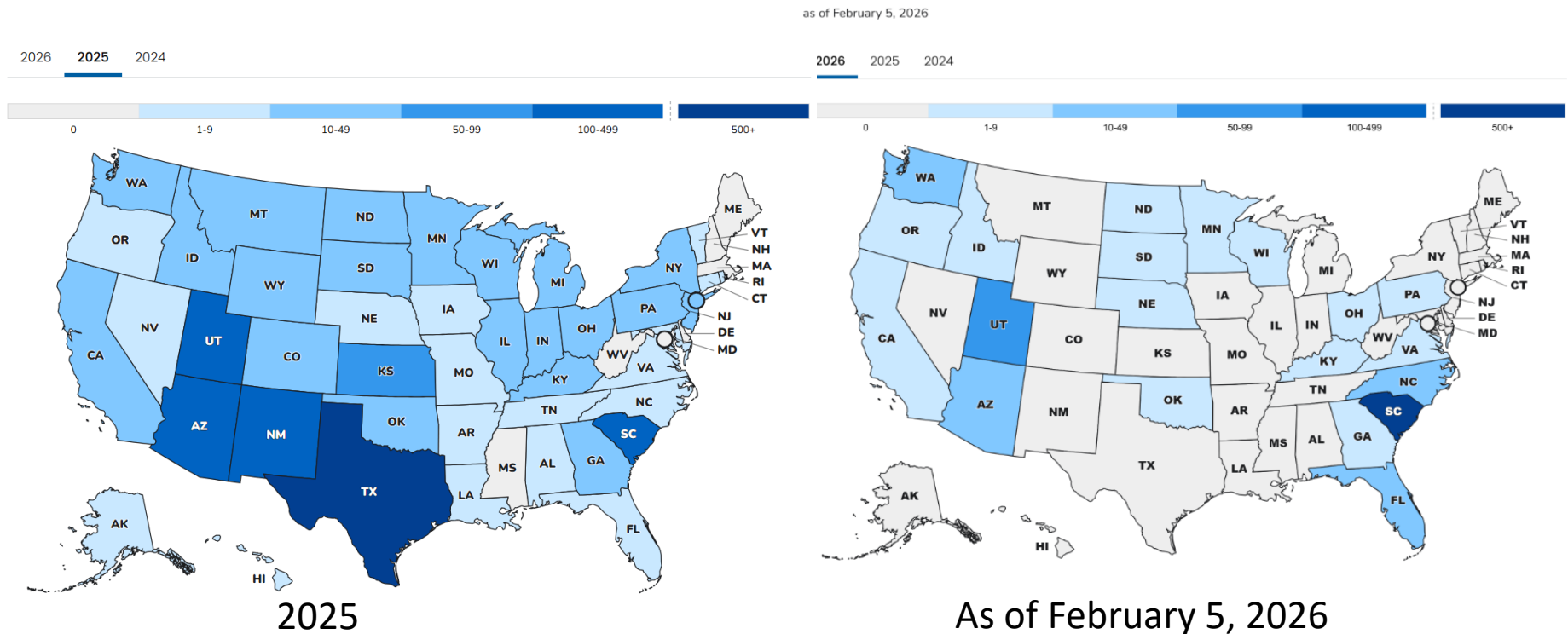
2023–2026* (as of February 5, 2026)



<https://www.cdc.gov/measles/data-research/index.html>

Situational Update - National

- Increasing number of states reporting cases and outbreaks



Measles Background

Measles is a highly contagious, acute viral illness characterized by:

- Fever (as high as 105°F) and malaise
- Cough
- Coryza
- Conjunctivitis followed by a maculopapular rash.



The incubation period—the time it takes symptoms to appear after exposure—is typically 10-14 days but can be as long as 21 days.

Rash most commonly appears ~14 days after exposure and spreads from the head to the trunk to the lower extremities. Measles can cause severe complications including pneumonia, encephalitis, and death.

Measles spreads to others through airborne transmission of droplets when an infected person coughs or sneezes. The virus can live for up to two hours in an airspace or on surfaces after the infected person coughs or sneezes.

Measles Prevention Recommendations

The best protection against measles is vaccination. MMR (measles, mumps and rubella) vaccine provides long-lasting protection. Given the ongoing spread of measles cases in the U.S., the Maine CDC [recently expanded its vaccination recommendations](#) for children who may be traveling to a region with known active measles outbreak. The vaccination recommendations for those traveling are below:

- **Infants 6-11 months old** should receive a dose of MMR if they are traveling internationally or traveling domestically to a region with a known active measles outbreak. *This “dose 0” does not count toward the normal 2 dose series.*
- **Everyone 12 months and older** should receive two doses of a measles containing vaccine, if they are not already vaccinated or immune and they are traveling internationally or traveling domestically to a region with a known active measles outbreak.
 - Acceptable evidence of immunity against measles includes at least one of the following:
 - Written documentation of adequate vaccination
 - Laboratory evidence of immunity
 - Laboratory confirmation of measles
 - Birth in the United States before 1957
- Individuals who received a measles vaccine between 1963 to 1967 are encouraged to speak with their doctor to determine if additional vaccination is needed. Individuals known to have received an inactivated dose measles vaccine should receive a single dose of MMR. Five percent of people who received measles vaccine between 1963 and 1967 received an inactivated vaccine.



Post-Exposure Prophylaxis

Risk group	<72 hours from last exposure	72 hours through 6 days from last exposure
Infant <6 months old	Give IGIM: 0.5 ml/kg	Give IGIM 0.5 mL/kg
Infant 6 through 11 months	Give MMR vaccine (preferred) OR IGIM 0.5 mL/kg	Give IGIM 0.5 mL/kg
Nonimmune pregnant person	Give IVIG: 400 mg/kg	Give IGIV: 400 mg/kg
Severely immunocompromised	Give IGIV: 400 mg/kg	Give IGIV: 400 mg/kg
Nonimmune contact over 1 year	Give MMR vaccine if no contraindications	Administer MMR vaccine to protect from future exposures
Immune contacts	PEP not indicated	PEP not indicated

Abbreviations: IGIM = intramuscular immunoglobulin; IGIV = intravenous immunoglobulin

Measles Key Points

- Acceptable presumptive evidence of immunity against measles includes at least one of the following:
 - Written documentation of adequate vaccination:
 - One or more doses of a measles-containing vaccine administered on or after the first birthday for preschool-age children and adults not at high risk
 - Two doses of measles-containing vaccine for school-age children and adults at high risk, including college students, health care personnel, and international travelers
 - Laboratory evidence of immunity
 - Laboratory confirmation of measles
 - Birth before 1957
- Consider measles as a diagnosis in anyone with a febrile rash illness and clinically compatible symptoms (cough, coryza, and/or conjunctivitis) who has recently traveled abroad, domestically to a region with a known measles activity, or who has had contact with someone with a febrile rash illness.



Measles Key Points

- Asymptomatic patients should not be tested.
- Isolate suspect measles cases. Airborne precautions should be used until measles can be ruled out (surgical mask for patient, N-95 for provider, and negative pressure room, if available).
- Obtain oropharyngeal, nasopharyngeal, or nasal swab for polymerase chain reaction (PCR) specimens for testing and submit to Maine's Health and Environmental Testing Laboratory (HETL). The public health department prefers measles specimens are submitted to HETL so results can be better tracked but they can be submitted to other laboratories.
- Serum for IgM serology should be submitted to commercial laboratories for testing.
 - See Laboratory Submission Information Sheet:
<https://www.maine.gov/dhhs/mecdc/sites/maine.gov.dhhs.mecdc/files/samples/MeaslesVirus-Detection-by-Real-Time-RT-PCR-Assay-LSIS.pdf>

What is Maine CDC Doing?

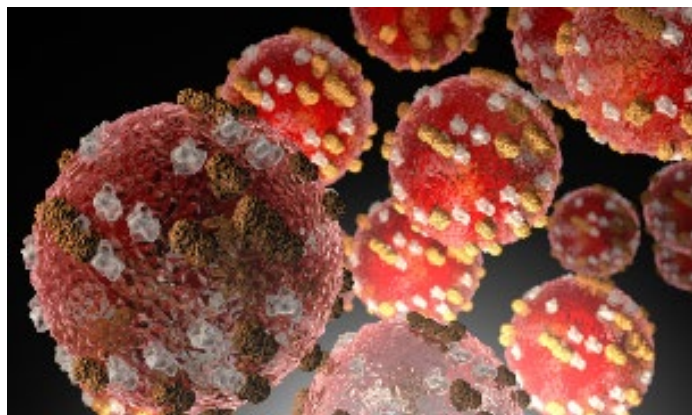
- **Investigating all measles cases to:**
 - Identify areas of exposure
 - Identify and monitor at-risk contacts
 - Support providers and ill individuals to help limit risk
- **Communicating through:**
 - Press releases and health alerts to keep Mainers aware
 - Providing consultation for healthcare providers and the public
 - Providing educational materials for a range of audiences
 - Working with other states and public health agencies
- **Testing**
 - Samples at Maine's Health and Environmental Testing Laboratory (HETL)
 - Coordinating with U.S. CDC to facilitate genotyping



Reporting Requirements

Reporting Requirements:

- All suspected cases of measles should be reported immediately by phone to the Maine CDC - 1-800-821-5821.
 - Email: disease.reporting@maine.gov



Health Care Provider Exam Rooms

How do you “air out” an exam room that has no windows after treating a patient for suspected measles?

- You do not have to have an open window to “air out” a room after a suspected measles case has been in it.
- The door should be closed, and no one should enter for **2 hours**, and then the room can be disinfected per protocol.
- Information about Infection Prevention and Control can be found here:
 - [Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings | Infection Control | CDC](#)
 - [American Academy of Pediatrics Measles Prevention and Control Implementation](#)

Resources

- The Maine CDC's measles webpage
 - <http://www.maine.gov/dhhs/measles>
- The U.S. CDC's measles webpage for health care professional
 - <https://www.cdc.gov/measles/hcp/clinical-overview/index.html>
 - <http://www.cdc.gov/measles/php/toolkit/index.html>
- HETL's webpage
 - <https://www.maine.gov/dhhs/mecdc/services/maine-public-health-laboratory/clinical-microbiology/submitted-samples>
- Maine Immunization Program webpage:
 - <https://www.maine.gov/dhhs/mecdc/infectiousdisease/immunization>
- **Please follow your facility's procedures for environmental cleaning.**

Questions?

Maine Immunization Program

ImmunizeME.DHHS@maine.gov

Ph: 207-287-3746

Maine Infectious Disease

Disease.Reporting@maine.gov

Ph: 1-800-821-5821

