



Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-8016; Fax (207) 287-9058
TTY Users: Dial 711 (Maine Relay)

Maine Health Alert Network (HAN) System

PUBLIC HEALTH ADVISORY

To: All HAN recipients
From: Isaac Benowitz, State Epidemiologist
Subject: Measles Exposure in Maine
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Abstract:

On February 5, 2026, the Maine CDC confirmed one case of measles in an adult from Penobscot County who had recently traveled to a state with measles cases. This person was infectious from January 28 through February 5. Exposure information is included in the message body below. This is the first case of measles reported in Maine since 2019. Clinicians should maintain heightened clinical suspicion for measles to identify early potential cases, and prevent the spread of disease, and follow appropriate infection control practices to reduce spread in health care facilities. Potentially exposed persons should review their immunization status and monitor for possible measles symptoms. The best protection against measles is vaccination.

Measles Exposure in Maine

Summary

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.

Background

Measles is a highly contagious, acute viral illness characterized by fever (as high as 105°F) and malaise, cough, coryza, and 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 is so contagious that if one person has it, 90% of the people close to that person who are not immune will become infected. Infected individuals can spread measles to others from four days before through four days after the rash appears. This is the first case of measles in Maine since 2019, however, cases of measles have been increasing nationally with [over 700 cases in 2026](#). Measles has been detected in some [wastewater surveillance](#) sites in the northeast.

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 potentially exposed (as defined by the table above) should:

- Review their vaccine history to determine if they are immune to measles. Individuals born before 1957 are considered immune to measles.

- 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 (Table 2). Maine CDC does not stock IG. Providers may order IG via their facility pharmacy.

Table 2. Measles Post-Exposure Prophylaxis

Product	Notations	Age/Condition	Recommendation
MMR vaccine	Preferred if within 72 hours post exposure	For those ≥ 6 months old exposed to measles	MMR vaccine is preferable to using IG, if administered within 72 hours of initial exposure.
Immune Globulin	Administer within 6 days of exposure in nonimmune* persons. Not indicated for post-exposure prophylaxis for those who received 1 dose of measles-containing vaccine at age ≥ 12 months, unless severely immunocompromised** Consider for administration to susceptible household contacts of measles patients, particularly those < 1 yo, pregnant women, or immunocompromised persons.	Infants aged < 6 months	IGIM should be administered to all infants aged < 6 months who have been exposed to measles.
		Infants aged 6-11 months	MMR vaccine can be administered in place of IG if administered within 72 hours of exposure. Otherwise IMIG should be administered for exposures 72 hours through day six.
		Pregnant women without evidence of measles immunity	IGIV should be administered to pregnant women without evidence of measles immunity who have been exposed
		Immunocompromised patients	Severely immunocompromised** patients who are exposed should get IGIV prophylaxis regardless of immunologic or vaccination status.
		Those already receiving IGIV therapy who were exposed	Administration ≥ 400 mg/kg body weight within 3 weeks before measles exposure should be sufficient to prevent measles infection.
		Those already receiving IGSC therapy who were exposed	Administration of at least 200mg/kg body weight for 2 consecutive weeks before measles exposure should be sufficient.

Sources: *Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013: Summary Recommendations of the Advisory Committee on Immunization Practices (ACIP)* (<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm>)
 Red Book 2024 – 2027 Report of the Committee on Infectious Disease, 33rd Edition, American Academy of Pediatrics (<https://publications.aap.org/redbook/book/755/chapter/14079321/Measles>)

*Any nonimmune person exposed to measles who received IG should subsequently receive MMR vaccine, administered no earlier than 6 months after IGIM administration or 8 months after IGIV administration, provided the person is then aged ≥ 12 months and the vaccine is not otherwise contraindicated.

** Severely Immunocompromised patients include: severe primary immunodeficiency, patients who have received a bone marrow transplant until at least 12 months after finishing all immunosuppressive treatment, or longer in patients who have developed a graft versus host disease, patients on treatment for ALL within and until at least 6 months after completion of immunosuppressive chemotherapy, and patients with a diagnosis of AIDS or HIV-infected persons with severe immunosuppression defined as CD4 percent $< 15\%$ (all ages) or CD4 count < 200 lymphocytes/mm³ (aged > 5 years) and those who have not received MMR vaccine since receiving effective ART.

- Monitor for symptoms of measles
 - Individuals who were exposed and begin to develop symptoms should contact their health care provider for instructions before arriving at their provider’s office or hospital and let them know of their potential measles exposure. If symptoms are consistent with the disease, testing may be performed. Individuals without symptoms should not be tested.

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 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 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.

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.
- 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/Measles-Virus-Detection-by-Real-Time-RT-PCR-Assay-LSIS.pdf>

Reporting Requirements:

- **All suspect cases of measles should be reported immediately by phone to 1-800-821-5821.**

For More Information:

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