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PUBLIC HEALTH ADVISORY

To: Health Care Providers
From: Dr. Puthiery Va, Maine CDC Director
Subject: Measles Detection in Bangor Wastewater
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Measles Detection in Bangor Wastewater

Background

A wastewater specimen collected in Bangor on August 13 tested positive for wild-type measles on August 18 through [WastewaterSCAN](#), a national wastewater monitoring system. The facility collected the specimen as part of routine wastewater surveillance operations.

A subsequent sample collected on August 17 was negative for measles, suggesting time-limited or intermittent exposure. The measles wastewater test does not detect vaccine strains.

Maine has had no reported measles infections in recent months.

Clinical Guidance

Wastewater signals can precede clinical detection and serve as an early warning indicator. Health care providers should promote vaccination and practice heightened awareness for patients presenting with clinically compatible measles symptoms.

The typical presentation of measles is a prodrome of cough, coryza, and/or conjunctivitis, followed by fever and a descending maculopapular rash. Measles should also be considered if a patient reports having been potentially exposed to a person with measles-like illness, or if they have recently traveled to a domestic or international area with an ongoing measles risk and has not been previously vaccinated for measles (see link below for recent U.S. cases).

People with compromised immune systems may not present with a rash or may have an atypical rash. If testing for measles, it is also recommended to conduct testing for other respiratory pathogens with similar presentations. The incubation period for measles is typically 11-12 days from exposure, and rash onset is usually at 14 days but can be as long as 21 days.

If measles infection is suspected, encourage the patient to isolate at home away from household members and to not go to work or school until it is determined they do not have a measles virus infection. If health care is needed, patients should be placed under Standard and Airborne precautions as quickly as possible. Use an airborne infectious isolation room (AIIR). If an AIIR is not available, place the patient in a private room with the door closed. PPE should include eye protection, and an N-95 (or higher) respirator. If an AIIR is not available, once the patient leaves, the room should remain out of service, with the door closed for two (2) hours.

Testing

PCR testing for measles is widely available through commercial laboratories. The Maine Department of Health and Human Services' Center for Disease Control and Prevention's Health and Environmental Testing Laboratory (HETL) conducts testing for measles virus via real time PCR. Testing through HETL is preferred.

A [HETL test order requisition](#) is required and HETL has instructions for sample [collection](#).

Vaccination

The Maine CDC strongly encourages all health care providers to ensure all children, adolescents, and adult patients are fully vaccinated against measles, mumps, and rubella (MMR) to reduce their risk of becoming infected with the measles virus.

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.

Reporting

Measles is immediately notifiable upon suspicion in Maine and should be reported to the Maine CDC by phone at 1-800-821-5821.

Current National Status

Since early 2025, measles cases in the United States have been increasing rapidly, in part due to decreasing vaccine coverage, nationally. [According to the U.S. CDC](#), as of August 13, 2026, there are a reported 2,566 measles cases in the U.S. so far this year. That is the highest number of U.S. cases since 1991, with 93% of those cases occurring unvaccinated individuals or those with an unknown vaccine status. There are several ongoing outbreaks across the country, with 236 cases in the last two weeks including but not limited to areas of Wisconsin, Pennsylvania, Ohio, Utah, and Oregon.

For More Information

- Maine CDC disease consultation and reporting line: 1-800-821-5821
- Maine CDC measles page, including vaccine recommendations: maine.gov/dhhs/measles
- WastewaterSCAN website: <https://data.wastewaterscan.org/tracker>

- U.S. CDC measles cases: <https://www.cdc.gov/measles/data-research/index.html>
- HETL Test Order Requisition: <https://www.maine.gov/dhhs/mecdc/sites/maine.gov.dhhs.mecdc/files/FM-CM-165%20HETL%20Clinical%20Microbiology%20Requisition%20Form.pdf>
- HETL instructions for measles sample collection: <https://www.maine.gov/dhhs/mecdc/services/maine-public-health-laboratory/clinical-microbiology/submitting-samples>.