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OPERATIONAL BULLETIN

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#2025-03-07-02	Measles		February 9, 2026
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	Maine EMS	MDPB	
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Overview: Maine EMS continually tracks emerging infectious diseases. Amongst other events, Maine EMS and the MDPB are currently following the 2024/2025/2026 measles outbreak that has occurred across the United States. This Clinical Bulletin is intended to alert EMS clinicians of the current outbreak, its status, and the common clinical presentation of measles. PLEASE NOTE, on Feb 6, 2026, Maine CDC announced a single case of measles in Maine occurring in an adult in Penobscot County. At the time of this Clinical Bulletin, there have been no additional cases reported, however, given the highly infectious nature of measles, the MDPB is reissuing this Clinical Bulletin to increase awareness and communication regarding potential measles cases.

Important Steps for the Maine EMS Clinician

Please recall, at present there has only been a single reported case of measles cases in Maine, however the severity of the illness and the contagious nature of the measles make awareness necessary. While the initial presenting complaints of measles, namely fever, cough, and upper respiratory symptoms, are very non-specific, they are similar to other high risk viral illnesses, including COVID and influenza. Measles is spread by the airborne route, therefore, precautions appropriate for COVID (airborne respiratory protection which includes glove, gowns, eye protection and respiratory precautions including an N95, or equivalent[1]) are protective against measles.

Should you come into contact with a patient who you are concerned has measles, based on the presenting complaints, physical exam findings, presence of high-risk contacts, please consider the following steps:

1) Immediately don the appropriate level of personal protection (includes glove, gowns, eye protection and respiratory precautions including an N95, or equivalent),
2) Mask the patient,
3) Manage the patient's active complaints per the Maine EMS Protocols,

[1] From the website: https://www.cdc.gov/infection-control/hcp/basics/transmission-based-precautions.html, accessed 2/28/25

4) Ask the patient if they have come into contact with a patient that is known or suspected of having measles or have recently traveled to an area with active spread of measles, and
5) Notify the receiving hospital with your concerns as soon as operationally possible to allow the hospital to prepare

Many EMS clinicians have undergone testing to ensure they have responded to their measles vaccine, however, for the EMS clinician who has not gone through this process or has questions about their vaccine status, response to the vaccine or personal questions based on your individual medical history, please consult your personal physician.

Thank you for your attention to this important topic. Maine EMS and the MDPB will continue to follow this event and will update Maine EMS Clinicians with any important updates.

Current Outbreak & Demographic Impact

As of February 9, 2026, South Carolina is managing the most significant measles outbreak the United States has seen in decades. Centered in the Upstate region—primarily Spartanburg County—the South Carolina Department of Public Health (DPH) has confirmed 920 cases since late 2025.[2] Approximately 90% of these cases have occurred in individuals under the age of 18, with children aged 5 to 17 accounting for the majority (583 cases) and infants/toddlers under age 5 accounting for 243 cases.[3]

This outbreak has been exacerbated by low vaccination rates in specific local communities, where MMR coverage in some schools was reported as low as 17%.[4] [3] Notably, over 91% of all cases in this outbreak have occurred in unvaccinated individuals. While cases have begun to cross state lines, the most up-to-date information regarding the national situation can be found on the CDC's "Measles Cases and Outbreaks" page, updated every Friday: https://www.cdc.gov/measles/data-research/index.html.

Measles Rash to Face

[2] 2025 measles outbreak. 2025 Measles Outbreak | South Carolina Department of Public Health. (2026, February 6). https://dph.sc.gov/diseases-conditions/infectious-diseases/measles-rubeola/2025-measles-outbreak

[3] CIDRAP. (2026, February 6). US measles total grows by 145 as South Carolina outbreak hits 920 cases. https://www.cidrap.umn.edu/measles/us-measles-total-grows-145-south-carolina-outbreak-hits-920-cases

[4] Measles cases soar in South Carolina, top 400. CIDRAP. (2026b, January 14). https://www.cidrap.umn.edu/measles/measles-cases-soar-south-carolina-top-400

Overview of Measles

Measles is a highly contagious viral infection characterized by symptoms such as fever, cough, runny nose, red eyes, and a distinctive red rash. Despite being preventable through vaccination, measles remains a significant public health concern, especially in areas with declining immunization rates. [5] [6] [7]

How Measles is Spread

Measles is spread through respiratory droplets when an infected person coughs or sneezes. The virus can remain in the air and on surfaces for up to two hours after an infected person has left the area. Measles is highly contagious, with 90% of unvaccinated individuals who come into contact with an infected person contracting the disease.

Vaccination

"Fully vaccinated" against measles involves receiving two doses of the MMR (measles, mumps, rubella) vaccine:

1. First Dose: Administered between 12 and 15 months of age.
2. Second Dose: Administered between 4 and 6 years of age.

This two-dose regimen is approximately 97% effective in preventing measles and provides long-term, possibly lifelong, immunity.

Course of Illness and Symptoms

Measles symptoms typically appear 7 to 14 days after exposure and progress through stages:

Initial Symptoms:

- High fever
- Cough
- Runny nose (AKA coryza, or “acute inflammation of the mucous membranes of the nose, with discharge of mucous”[8])
- Red, watery eyes
- Koplik Spots: Small, white spots with a bluish center appearing on the inner lining of the cheeks, typically 1-2 days before the rash develops.

These early symptoms are often referred to as the "Three C's" of measles: Cough, Coryza, and Conjunctivitis.

[5] From the website: https://www.who.int/news-room/fact-sheets/detail/measles, accessed 2/28/25
[6] From the website: https://www.cdc.gov/measles/signs-symptoms/index.html?utm_source=chatgpt.com, accessed 2/28/25
[7] From the website, https://www.idsociety.org/public-health/measles/know-the-facts/?utm_source=chatgpt.com, accessed 2/28/25
[8] From the website: https://www.collinsdictionary.com/dictionary/english/coryza#:~:text=(k%C9%99ˈra%C9%AAz%C9%99%20),of%20mucus%3B%20a%20head%20cold, accessed 3/5/25

Rash Development

- A red rash emerges, usually starting on the face and spreading downward.
- The rash typically appears 3 to 5 days after the initial symptoms.

The illness usually lasts about 7 to 10 days.

Measles Rash to Body

Morbidity and Mortality

While many individuals recover from measles without issues, the disease can lead to severe complications, especially in children under 5 and adults over 20. These complications include:

- Pneumonia: A serious lung infection and a leading cause of measles-related deaths.
- Encephalitis: Swelling of the brain that can lead to convulsions and permanent brain damage.
- Severe Diarrhea and Dehydration
- Ear Infections: Which can result in permanent hearing loss.

Approximately 1 to 3 out of every 1,000 children who contract measles will die from respiratory and neurological complications.

Treatment

There is no specific antiviral treatment for measles. Instead, care focuses on relieving symptoms and preventing complications. Common supportive treatments include:

- Fever reducers (such as acetaminophen or ibuprofen) to manage fever and discomfort.
- Hydration to prevent dehydration, particularly if diarrhea or high fever is present.
- Vitamin A supplementation, which has been shown to reduce the severity of measles and lower the risk of complications, particularly in children with vitamin A deficiency.
- Hospitalization and respiratory support for severe cases, especially if pneumonia or encephalitis develops.

While these treatments can help alleviate symptoms and reduce the risk of severe outcomes, they do not cure measles. The best protection remains prevention through vaccination.

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