

Health Alert: Confirmed Case of Measles, February 22, 2026

ACTION STEPS

Local health departments: *Please forward to hospitals and clinics in your jurisdiction.*

Hospitals and clinics: *Please distribute to infectious disease doctors, infection preventionists, emergency department physicians, intensive care physicians, neurologists, radiologists, primary care providers, and pediatricians.*

SUMMARY

The Georgia Department of Public Health (DPH) has confirmed a case of measles in a resident of the Coastal Health District. DPH is working with the healthcare facilities and other venues this case visited while infectious to identify any individuals who may have been exposed. The index patient was unvaccinated against measles and recently traveled out of state. This is the second reported measles case in Georgia in 2026. As of February 19, 2026, 982 confirmed measles cases were reported in the United States (US) in 2026. Among these, 976 measles cases were reported by 26 jurisdictions. There have been 7 new outbreaks reported in 2026, and 89% of confirmed cases (870 of 982) are outbreak-associated (73 from outbreaks starting in 2026 and 797 from outbreaks that started in 2025).

<https://www.cdc.gov/measles/data-research/index.html>. Ninety-four percent of measles cases in the US in 2026 have been among individuals who had not received the measles-mumps-rubella (MMR) vaccine or whose MMR vaccination status is unknown. Therefore, DPH urges healthcare providers to maintain heightened awareness for patients with symptoms compatible with measles and recent domestic and international travel.

CLINICAL PRESENTATION

Measles is a highly contagious disease spread primarily through aerosolized droplets. The incubation period is typically 10 to 12 days but can range from 4 to 21 days. Measles typically begins with a prodrome of stepwise increasing fever (often as high as 104-105° F) accompanied by cough, coryza, and/or conjunctivitis.

Koplik spots (tiny red spots with bluish-white centers on the buccal mucosa), which are diagnostic for measles, may appear 2-3 days before the rash and fade 1-2 days later. As fever peaks on day 4-5, a maculopapular rash typically appears on the face along the hairline and behind the ears, and then progresses downward to the chest, back, and extremities. Within 4-5 days, the rash fades in the same order that it appeared.

REPORTING

Measles is a notifiable disease, and suspect cases should be reported to the Georgia Department of Public Health (O.C.G.A. §31-12-2) **immediately**. Call your local District Health Office or the DPH Acute Disease Epidemiology Section at 404-657-2588 during business hours Monday through Friday, or 1-866-PUB-HLTH (1-866-782-4584) after-hours in the evenings and weekends. Do not await laboratory results before reporting.

LABORATORY TESTING

The preferred method for confirming measles is reverse-transcriptase polymerase chain reaction (RT-PCR). Collection of a throat swab (or nasopharyngeal swab) and urine sample for PCR testing is recommended. In addition to Measles RT-PCR, a serum

sample is recommended for measles IgM and IgG testing. To confirm measles, serology should not be performed alone without RT-PCR. Detection of specific IgM antibodies in a serum specimen collected within the first few days of rash onset can provide presumptive evidence of a current or recent measles virus infection.

Collect serum, throat, and urine specimens simultaneously for best results (note: suspect patients should be isolated immediately, see [Actions](#) below). Detailed specimen collection and shipping guidelines are available at the DPH measles website.

After reporting a suspected measles case to the Georgia Department of Public Health, Public Health will assist with specimen collection and laboratory submission if measles testing is warranted. Call your District Health Office or the DPH Acute Disease Epidemiology Section at 404-657-2588 during business hours Monday through Friday, or 1-866-PUB-HLTH (1-866-782-4584) after hours on evenings and weekends. **Please do not send specimens directly to the Georgia Public Health Laboratory (GPHL) or the Centers for Disease Control and Prevention (CDC) without prior authorization.**

VACCINATION

The measles-containing vaccine (MMR) remains the most effective for preventing the disease. Ensure patients are up to date with their MMR vaccination. Vaccination is recommended for children at 12 to 15 months of age, with a second dose at 4 to 6 years of age. Documentation of two MMR vaccinations or proof of immunity to measles is required to attend school in Georgia.

ACTIONS REQUESTED FOR HEALTHCARE PROVIDERS

- Consider measles in persons with febrile rash illness and clinically compatible symptoms (cough, coryza, and/or conjunctivitis) and a history of recent international or domestic travel, exposure to international travelers, or exposure to a possible measles case.
- **Isolate persons with suspected measles IMMEDIATELY (negative pressure room, if available). Patients should be managed in a manner that prevents disease spread in the healthcare setting <https://www.cdc.gov/infection-control/hcp/isolation-precautions/index.html>**
- Obtain appropriate clinical specimens. Laboratory testing for measles is required to confirm the diagnosis. This includes **throat swabs and urine for measles PCR, and blood for serology testing** (see Laboratory Testing section above)
- Report suspected cases of measles **IMMEDIATELY** by calling your local District Health Office or the DPH Acute Disease Epidemiology Section at 404-657-2588 during business hours Monday through Friday, or 1-866-PUB-HLTH (1-866-782-4584) after-hours on evenings and weekends.
- Ensure patients are up to date on their vaccinations according to the recommended schedules for children and adults.

Georgia DPH Contact Information

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