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PUBLIC HEALTH ADVISORY

To: Health Care Providers
From: Dr. Puthiery Va, Director, Maine CDC
Subject: **Confirmed Measles Case in Maine**
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Confirmed Measles Case in Maine

Summary
On September 15, 2026, the Maine Department of Health and Human Services' Center for Disease Control and Prevention (Maine CDC) confirmed a case of measles in a Maine resident. This case is in an unvaccinated adult from Somerset County. The Maine CDC is working to determine the infectious period and to identify and notify any potential exposed contacts to prevent further spread of disease.

Measles is a highly contagious acute viral illness and 90% of exposed, unimmune contacts will become infected. The best protection against measles is vaccination. Maine clinicians should increase surveillance for rash illness suggestive of measles to rapidly identify potential cases and prevent the spread of disease. **Providers who suspect measles in a patient should contact the Maine CDC immediately at 1-800-821-5821** for consultation, expedited transportation, testing of appropriate samples, and questions about infection control practices.

Background
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 September 11, 2026, there are a reported 3,294 measles cases in the U.S. so far this year, with 95% occurring in unvaccinated individuals or those with an unknown vaccine status. There are several ongoing outbreaks across the country, with 389 cases in the last two weeks including but not limited to areas of Pennsylvania, Wisconsin, and Ohio.

The typical presentation of measles is a prodrome of fever, cough, coryza, and/or conjunctivitis, followed by a descending maculopapular rash. People with compromised immune systems may not present with a rash or may have an atypical rash. 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 after exposure. Infected individuals can spread measles to others from four days before through four days after the rash appears.

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 have not been previously vaccinated for measles (recent US cases).

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.

Exposure Locations
The Maine CDC is working to identify exposed contacts and to assess individuals for evidence of immunity. The public may have been exposed to measles if they were at the following location* during the defined time periods:

Table 1: Measles exposure location

Location	Date	Time
MaineGeneral Express Care - Waterville 211 Main Street, Waterville, ME	September 12, 2026	8 AM – 11 AM

*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). The Maine CDC does not stock IG. Providers may order IG via their facility pharmacy or contact Maine CDC for assistance in identifying locally available IG.
- Monitor for symptoms.
    - Individuals who were exposed and begin to develop symptoms should contact their health care provider for instructions before arriving at the provider's office or a hospital and let them know of their potential measles exposures. If symptoms are consistent with measles, testing may be performed. Individuals without symptoms should not be tested.

Table 2: Measles Post-Exposure Prophylaxis Recommendations

Product	Notations	Age/Condition	Recommendation
MMR vaccine	Within 72 hours post exposure	For those ≥6 months old exposed to measles	Administer 1 dose of MMR vaccine
Immune Globulin	Administer within 6 days of exposure in persons nonimmune*. Not indicated for post exposure prophylaxis for those who received 1 dose of measles-containing vaccine at age ≥ 12	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 or exposure. Otherwise, IMIG should be

	months, unless severely immunocompromised** Consider for administration to susceptible household contacts of measles patients, particularly those <1yo, pregnant women, or immunocompromised persons.		administered 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 expose should get IGIV prophylaxis regardless of immunologic or vaccination status.
		Those already receiving IGIV therapy who were exposed	Administration of at least 400mg/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.

Source: *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)
*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.

Testing
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. PCR testing for measles is widely available through commercial laboratories.

A HETL test order requisition is required and HETL has instructions for sample collection.

Vaccination
The best protection against measles is vaccination, and 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 2 dose series that starts at 12 months old.
- 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 Requirements
Measles is **immediately notifiable upon suspicion** in Maine and should be reported to the Maine CDC by phone at 1-800-821-5821.

For More Information

1. Maine CDC disease consultation and reporting line 1-800-821-5821
2. Maine CDC Measles: https://www.maine.gov/dhhs/measles
3. US CDC Measles cases: https://www.cdc.gov/measles/data-research/index.html
4. AAP vaccination resources: https://www.aap.org/en/patient-care/measles/measles-vaccine/?srsltid=AfmBOoqcrrn1fKlK0P70-ogbGSx7jBt1hht_pQvRyXGSb5xkb8GtKC6R
5. Maine CDC Vaccine recommendation: https://www.maine.gov/dhhs/mecdc/diseases-conditions/immunization/child-and-adolescent-immunizations