



To: CAHAN San Diego Participants

Date: February 18, 2026

From: Public Health Services

Health Advisory: Update #1: Increasing Measles Activity in California

Key Messages

- As of February 16, 2026, there are [19 confirmed measles cases](#) in CA. New cases include eight among [Shasta County](#) residents following a visit to Disneyland and a child in [Riverside County](#) with no known exposure.
- As of February 12, 2026, [904 confirmed measles](#) cases were reported in the U.S., up from 588 on Jan 29th.
- Measles should be considered in patients with an acute febrile illness and characteristic maculopapular rash, especially if there is exposure to a known measles case or other risk factors.
- All patients with fever and rash should be screened at the point of entry to a healthcare facility. Providers **should immediately institute airborne precautions** on patients suspected of measles to prevent healthcare associated exposures.
- A nasopharyngeal (NP) or oropharyngeal swab (OP) for measles PCR testing is sufficient to diagnose acute measles. **A urine sample may improve sensitivity but is no longer required.**

Actions Requested

1. **Include** measles in the differential diagnosis of febrile rash and a known contact with a measles case, history of recent international or [domestic travel where there is a measles outbreak](#), visited a venue where international travelers frequent (e.g., theme parks).
2. **Collect** clinical specimens for molecular testing:
 - a. RT-PCR can be performed on respiratory (nasopharyngeal or oropharyngeal [preferred]) swabs. RT-PCR is most sensitive within 3 days of rash onset but can be positive up to 10 days after rash onset. **A urine sample may improve sensitivity but is not required.**
 - b. **Isolate** suspected measles cases immediately, ideally in an [airborne infection isolation room \(AIIR\) if available](#).
3. **Immunize** all patients not up to date on MMR/MMRV vaccine per [American Academy of Pediatrics 2026 recommendations](#), especially those planning international travel. Children 6 through 11 months may receive an additional MMR dose if travelling internationally; this is in addition to the two doses given after 1 year of age.
4. **Report** suspected measles cases immediately to the County Immunization Program during office hours by calling (866) 358-2966 (press 5 at the prompt) Monday-Friday 8AM-5PM and (858) 565-5255 after hours and on weekends. Contact information/additional guidance attached and here: [Guidance for Suspect Measles Patients](#)

Resources

- [Guide: Should I Test for Measles? \(PDF\) | CDPH](#)
- [Measles \(Rubeola\) Information for Healthcare Professionals \(sandiegocounty.gov\)](#)
- [Health Advisory: Confirmed Measles Cases in Los Angeles and Orange Counties](#)

Thank you for your participation.

CAHAN San Diego

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Public Website: <http://www.cahansandiego.com>

Epidemiology and Immunization Services Branch

Urgent Phone for pm/weekends/holidays: (858) 565-5255

Secure Website: <http://cahan.ca.gov>

County of San Diego Guidance for Care of Suspect Measles Patients



IDENTIFY

- **Prodrome:** Fever, cough, runny nose, conjunctivitis. Typically lasts 4-7 days.
 - Symptoms usually begin 10-14 days after exposure.
 - Koplik spots may appear 2-3 days after initial symptoms.
- **Rash:** Red, blotchy, maculopapular rash begins at the hairline, or behind the ears. Spreads downward to the neck, trunk, arms, legs, and feet.
 - Appears 3-5 days after the prodrome symptoms.
 - Duration averages 5-6 days.
- **Risk Factors:** Exposure to a confirmed case, recent international travel, domestic travel to measles outbreak areas, and unvaccinated/unknown vaccination status.

ISOLATE

- **Clinic:** Immediately provide a mask and move patient to a single patient room with the door closed.
 - If possible, schedule patient at the end of the day and have them wait outside. Use an alternative entrance to access the single patient room.
 - Do not have patient in the waiting room or other common areas.
- **Hospital:** Use Airborne Infection Isolation Room (AIIR), or a private room with a closed door until an AIIR is available.
- **PPE:** N95 respirator and additional PPE, per Standard Precautions.
- Only staff with documented immunity to measles should take care of suspect measles cases.



Koplik spots in the mouth



Putting on PPE

INFORM

- **Immediately notify your infection control team regarding the suspect measles case.**
- **Contact** the County of San Diego IZ PHN Helpline for reporting, to obtain consultation, discuss testing and sampling options, and receive approval for PCR testing:
 - Business hours: **866-358-2966, option 5**
 - After hours/weekends: **858-565-5255**
 - Email **PHS-IZPHN.HHSA@sdcounty.ca.gov**



Measles rash on cheek

CARE

- **Collect** NP or OP swab for measles PCR testing at the Public Health Laboratory (PHL) using PPE. A urine sample may improve sensitivity but is not required. **Prior approval is required** for measles testing at PHL.
- **Dedicate** patient equipment. Limit staff traffic in and out of the room.
- **Do not use** a non-AIIR room for 2 hours after patient discharge.
- **Follow** organizational procedures for isolation room cleaning.
- **Explain** to patient at discharge that they must stay home for 4 days after rash onset or until measles is ruled out.
- **Inform** patient that they will receive a follow-up call from a public health nurse.



For more information, visit:
www.sandiegocounty.gov/measles