

**Communication from our Health Officer****Date: 2/17/2026****Please copy and distribute to ALL physicians at your location.*****Measles Update and Provider Guidance – No Local Cases Identified*****Current Situation**

In 2025, the United States reported a record 2,280 measles cases. This was the highest annual total reported since 1992. As of February 13, 2026, 910 cases have already been reported nationwide across multiple jurisdictions. In California, 25 cases were reported in 2025, and 19 cases have been confirmed this year as of February 16<sup>th</sup>. The California Department of Public Health recently issued a [health alert](#) regarding rising case counts and reiterated current guidance.

Over the past month, multiple cases have been reported in neighboring Southern California counties. Some infected individuals visited crowded public locations while contagious, prompting large-scale contact investigations. Ventura County has not reported a measles case in several years, and reported countywide kindergarten MMR coverage remains above the 95% herd immunity threshold. However, given national and global trends, continued vigilance is essential. This communication summarizes key guidance for managing suspected measles cases within healthcare settings.

**Clinical Suspicion**

- **Suspect measles in any patient with fever, rash, and one or more of the “3 Cs”:** cough, coryza, or conjunctivitis.
  - Prodrome: Fever, malaise, anorexia, and the “3 Cs” typically last between 2-4 days (up to 8) and precede the onset of rash; Koplik spots may also appear.
  - Rash: Erythematous, maculopapular, and blanching **rash characteristically begins at the head and spreads downward**, rarely affecting the palms or soles.
- The following known risk factors should be considered within 21 days of illness onset:
  - Known contact with a measles case or ill person with fever and rash
  - Travel outside of the United States
  - Domestic travel through an international airport
  - Contact with an international visitor
  - Visited a venue with international visitors and/or crowded areas such as a large theme park
  - Lives in or visited a community where there are measles cases

### **Immediate Actions for Providers**

- Immediately institute airborne precautions, mask the patient, bypass the waiting room and common areas, and isolate the patient in an airborne infection isolation room if possible.
- Thoroughly assess risk factors and prior history of measles immunization.
- **Immediately call Ventura County Public Health (VCPH) at 805-981-5201** upon suspicion of measles in a patient. Do not wait for laboratory confirmation.

### **Diagnostics**

Diagnosis is confirmed through PCR testing to detect viral RNA from respiratory or urine samples. Optimal testing includes collection of samples from two of three sites: urine (10-50 mL) in sterile container, throat swab (OP), or nasopharyngeal swab. Swabs should be sterile Dacron and collected in viral or universal transport media. Do not use bacterial transport media.

- Expedited laboratory testing can be coordinated through the Ventura County Public Health Laboratory after consultation with VCPH's Communicable Disease Program.

### **Treatment**

There is no specific antiviral treatment for measles; management focuses on supportive care. To prevent transmission, patients should be isolated for at least four days after the rash appears in conjunction with public health guidance, and airborne precautions should be implemented in healthcare settings.

People exposed to measles who cannot readily show adequate presumptive evidence of immunity against measles should be offered PEP. VCPH program staff can help identify eligible persons, assess contraindications, and weigh the benefits.

### **Recommendations for patients planning upcoming travel:**

Individuals planning travel to any area, domestic or international, that is reporting significant measles activity should consider these recommendations:

- Infants 6 to 11 months old: 1 early dose of MMR vaccine, followed by 2 doses after the first birthday.
- Children 12 months and older: 2 doses of MMR vaccine. The second dose may be given as soon as 28 days after the first dose.
- Adults born during or after 1957 without evidence of immunity against measles: Documentation of 2 doses of MMR vaccine at least 28 days apart.

### ***Request for Feedback***

VCPH is looking for ways to improve our communication with healthcare providers. Please take the time to fill out a quick [survey](#) to let us know what methods of communication you prefer, and/or provide any suggestions you may have to best reach our community providers. You may also email [VCPH-ID@venturacounty.gov](mailto:VCPH-ID@venturacounty.gov).

## Resources

- [Measles | CDPH](#)
- [Should I Test for Measles? | CDPH](#)
- [Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings | Infection Control | CDC](#)
- [Measles Healthcare Exposure Investigation Quicksheet | CDPH](#)
- [Measles | Red Book: 2024–2027 Report of the Committee on Infectious Diseases | Red Book Online | American Academy of Pediatrics](#)
- [Measles: Clinical manifestations, diagnosis, treatment, and prevention | UpToDate](#)

This bulletin is intended to improve the public health in our county by keeping physicians and nurses informed of noteworthy diagnoses, disease trends, and other events of medical interest. Another goal of a public health department is to educate. We hope that you will use this information to increase your awareness. Please allow us to continue in our role of speaking to the press so that we may maximize the educational message to the benefit of all citizens of Ventura County.