To: Vermont Health Care Providers and Facilities, School Nurses
Date: February 6, 2026
From: Laura Ann Nicolai, MPH, Deputy State Epidemiologist

Measles Wastewater Detection in Washington County

Summary of Requested Actions

- Report all suspected cases of measles to the Health Department immediately at the time of initial clinical suspicion by calling 802-863-7240, option 2. Do not wait for laboratory confirmation to report.
- Test for measles in patients presenting with febrile rash illness and clinically compatible measles symptoms.
- Ensure all patients are up to date on MMR vaccine. Expect questions and concerns about the MMR vaccine due to widespread false and misleading information. Refer to updated resources for tips on having vaccine conversations and addressing concerns.
- Review infection control plans to prepare for measles cases.

Situation Summary

Measles virus was detected during routine testing of wastewater (sewage) samples collected on February 2 and 3, 2026, from a wastewater treatment facility in Washington County. This detection is a sign that a person with measles has been present in the community.

Detection of measles in wastewater does not identify a measles case, and no active measles cases have been reported in Vermont. However, the Health Department urges providers to maintain heightened awareness for patients with symptoms compatible with measles and to continue to promote vaccination. Wastewater signals can precede clinical detection and serve as an early warning indicator.

Background

Wastewater Monitoring

Wastewater monitoring is a form of environmental surveillance where wastewater is tested for the presence of infectious diseases. It's widely used for surveillance of several other viruses,

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including COVID-19 and influenza. Detection of measles RNA in wastewater means that one or more individuals in the community contributed excretions (feces, urine, saliva, etc.) to the wastewater while shedding "wild-type" measles RNA in those excretions. The assay does not detect vaccine strains of measles, only wild-type measles. Wastewater detection can't identify specific people who are infected or determine the total number of infected people.

Measles Activity in the U.S.

Measles cases have been increasing rapidly in the U.S. since early 2025 and large outbreaks have been occurring more frequently. A large measles outbreak is currently impacting a region of South Carolina and smaller outbreaks are occurring in Arizona and Utah. An active measles outbreak is also ongoing in Québec with nine reported cases in recent weeks.

Vermont reported two cases of measles in 2025 and two cases in 2024. This follows two cases in the decade prior, one in 2011 and one in 2018.

Clinical Presentation of Measles

Delayed recognition of measles can increase the risk of transmission. The clinical presentation of measles in adults and children is an acute, viral illness characterized by fever and generalized, maculopapular rash. The prodrome may include cough, conjunctivitis and coryza. Koplik spots, blue-white spots on the buccal mucosa, are occasionally seen.

The rash usually starts on the face, proceeds down the body, and may include the palms and soles. The rash, which lasts for several days, fades in order of appearance. Patients are considered infectious four days before and four days after rash onset.

Measles can be severe. Complications include diarrhea, otitis media, pneumonia, hepatitis, and encephalitis. In 2025, 12% of reported measles cases in the United States were hospitalized and three people died from measles.

Requested Actions

1. **Report all suspected cases of measles immediately to the Health Department's Infectious Disease Epidemiology program at 802-863-7240, option 2 (available 24/7) at the time of initial clinical suspicion. Don't wait for laboratory confirmation to report.**
    - Review the clinical features of measles.

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- Maintain a high index of suspicion for measles in people with compatible febrile rash illness.

2. **Test for measles in patients presenting with febrile rash illness and clinically compatible measles symptoms.**

   - Contact the Health Department at 802-863-7240, option 2, for assistance with submitting specimens to the Health Department Laboratory for testing. Testing will be performed at no charge.

   - Obtain specimens for both measles PCR and serology at first contact with a patient suspected to have measles.

   - Collect a throat or nasopharyngeal swab for measles PCR as soon as possible after rash onset. Swabs should be synthetic (non-cotton) in viral transport media. Respiratory samples are preferred early in the course of illness because that test is more sensitive in that timeframe, and samples can be tested at the Health Department Laboratory.

   - Measles IgM testing must be sent out-of-state by the Health Department Laboratory. Providers may wish to send serology samples directly to reference laboratories for more rapid IgM turnaround time.

     If sending through the Health Department Laboratory, collect 0.7mL of blood in a red-top or serum separator (tiger top) tube for measles IgM. Allow the blood to clot thoroughly and then centrifuge the tube to remove serum from the clot. Gel separation tubes should be centrifuged within two hours of collection. Measles IgM results from blood specimens collected within the first 72 hours after rash onset may be falsely negative and may need to be repeated before rule-out.

   - Refrigerate all specimens after collection and transport them on ice packs within 24 hours of collection.

3. **Ensure all patients are up to date on MMR vaccine.**

   - Children should routinely get two doses of MMR vaccine: one at age 12-15 months and a second at 4-6 years.

   - Most adults born in 1957 or later are considered to be up to date on MMR vaccinations if they have received one dose.

- Adults born in 1957 or later who are students at post-high school education institutions; healthcare personnel; international travelers; close contacts of immunocompromised people; or people with HIV infection are considered to be up to date if they have received two doses.
- Adults vaccinated in the 1960s may need to be revaccinated. An inactivated measles virus vaccine was available in 1963-1967 and was not effective. People who were vaccinated prior to 1968 with either inactivated (killed) measles vaccine or measles vaccine of unknown type should be revaccinated with at least one dose of live attenuated measles vaccine. People who have documentation of receiving **live** measles vaccine in the 1960s do not need to be revaccinated.
- Adults without evidence of immunity and no contraindications to MMR vaccine can be vaccinated without checking immune titers. There is no harm in giving MMR vaccine to a person who may already be immune to one or more of the vaccine viruses.
- Before any international travel, infants 6 through 11 months of age should receive one dose of MMR vaccine. Infants who get one dose of MMR vaccine before their first birthday should get two more doses according to the routinely recommended schedule. People 12 months of age and older who will be traveling internationally should receive two doses of measles-containing vaccine.
- There are no recommendations to receive a third dose of MMR vaccine during measles outbreaks.
- People may have questions and concerns about the MMR vaccine due to widely circulating false and misleading claims. These can increase worry and confusion, especially for parents trying to make the best choices for their children. Refer to updated resources about talking to patients about vaccines, such as these tips to help with one-on-one conversations (Children's Hospital of Philadelphia).

4. Prepare for measles cases.

- Review infection control plans for assessing patients who may have measles or who may have been exposed.

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- Screen for fever with rash at the point of entry into a health care facility and place symptomatic individuals in airborne isolation immediately. Don't allow patients with suspect measles to remain in waiting rooms. If a negative pressure room isn't available, place the patient in an exam room with a closed door, and don't use that room for at least two hours after the patient has left.
- Health care personnel (HCP) should adhere to standard and airborne precautions when evaluating suspect cases, regardless of their vaccination status.
- All HCP should have documented evidence of immunity to measles.

Additional Resources

- Clinical Overview of Measles (CDC)
- Measles Information for Providers (Vermont Department of Health)
- Instructions for Collecting and Shipping Measles PCR Specimens to the Health Department Laboratory (Vermont Department of Health)
- MMR Vaccine Recommendations (AAP)
- U.S. Measles Cases and Outbreaks (CDC)
- National Wastewater Surveillance System (CDC)
- Need Help Responding to Vaccine-Hesitant Parents? (Immunize.org)

If you have any questions, please contact Laura Ann Nicolai at: lauraann.nicolai@vermont.gov.

To have your information updated please email the
Vermont HAN Coordinator at: vthan@vermont.gov.

HAN Message Type Definitions

Health Alert: Conveys the highest level of importance; warrants immediate action or attention.

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Health Advisory: Provides important information for a specific incident or situation; may not require immediate action.

Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action.

Info Service Message: Provides general correspondence from the Vermont Department of Health, which is not necessarily considered to be of an emergent nature.

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