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# Measles Preparedness Provider Call

Division of Laboratory Sciences and Infectious Disease

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April 30, 2026

# Today's Agenda

- Current Measles Activity
- Identification and Testing
- Vaccine Recommendations
- Infection Prevention
- Reporting to the Department
- Post-Exposure Prophylaxis (PEP)
- Vaccine Confidence
- Resources



# Current Measles Activity

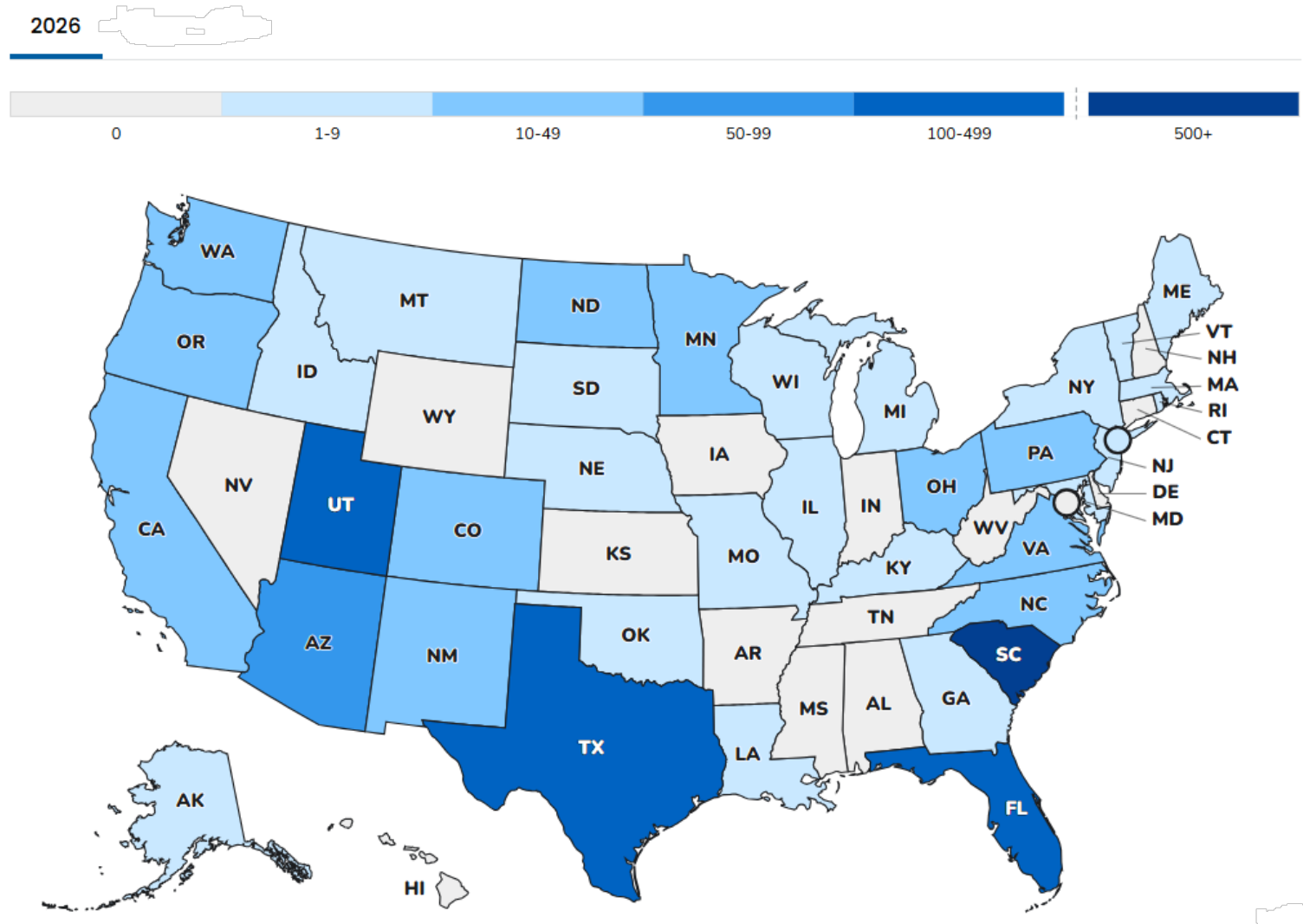
# Measles Cases are Increasing Nationwide

	<b>2026</b> To date	<b>2025</b> Full year
<b>Total Cases</b>	<b>1,792</b>	<b>2,288</b>
<b>Age</b>		
Under 5 years	385 (21%)	584 (26%)
5-19 years	917 (51%)	1,016 (44%)
20+ years	482 (27%)	675 (30%)
Age unknown	8 (0%)	13 (1%)
<b>Vaccination Status</b>		
Unvaccinated or Unknown	92%	93%
One MMR dose	4%	3%
Two MMR doses	4%	4%

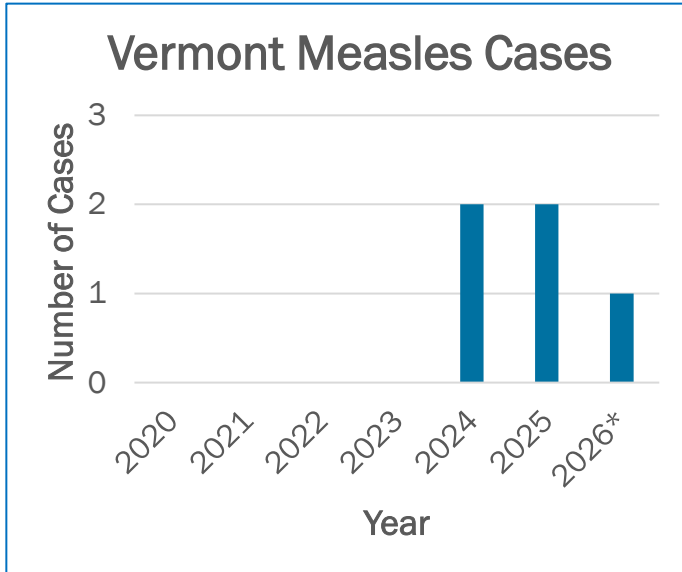


# Recent outbreaks have been larger and longer

Map of YTD measles cases among U.S. residents – April 23, 2026



# Measles in Vermont



- Health Alerts - <https://www.healthvermont.gov/about/public-health-response/health-alerts-advisories>
- New Releases - <https://www.healthvermont.gov/media/current-news-releases>

Health Advisory  
February 6, 2026

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

**Note:** On February 11, 2026, updates were made to the [testing guidance](#) after the Health Advisory was released on February 6.

### 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.

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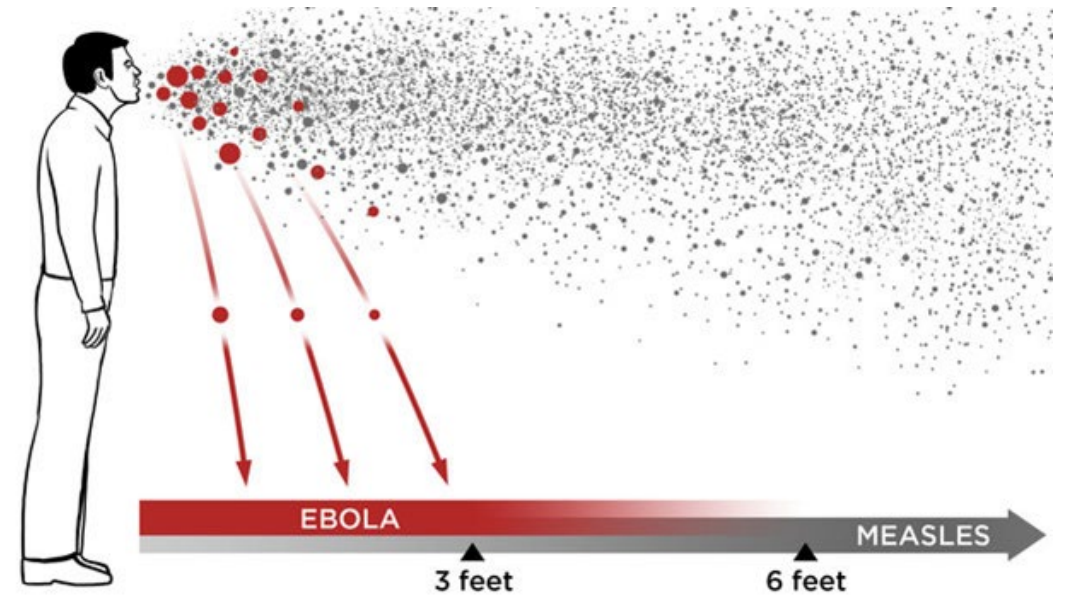
You have received this message based upon the information contained within our emergency notification data base. If you have a different or additional e-mail address or fax number that you would like us to use, please contact your Health Alert Network (HAN) Coordinator at: [vthan@vermont.gov](mailto:vthan@vermont.gov).

# Identifying and Testing for Measles

# Droplet Versus Airborne Transmission

Immediate infection control measures when you have a suspect case:

- Meet patients at the door with a mask.
- Screen for fever with rash at the point of entry and place symptomatic patients in airborne isolation.
  - If a negative pressure room is not available, place the patient in an exam room with a mask and do not use that room for 2 hours after they have left.
- Schedule patients with suspected measles as the last appointment of the day to avoid exposure to other patients.



Source: [NPR](#)

# Clinical Features

## Incubation Period:

- Exposure to prodrome averages 10-12 days
- Exposure to rash onset averages 14 days (range 7-21 days)

## Communicability

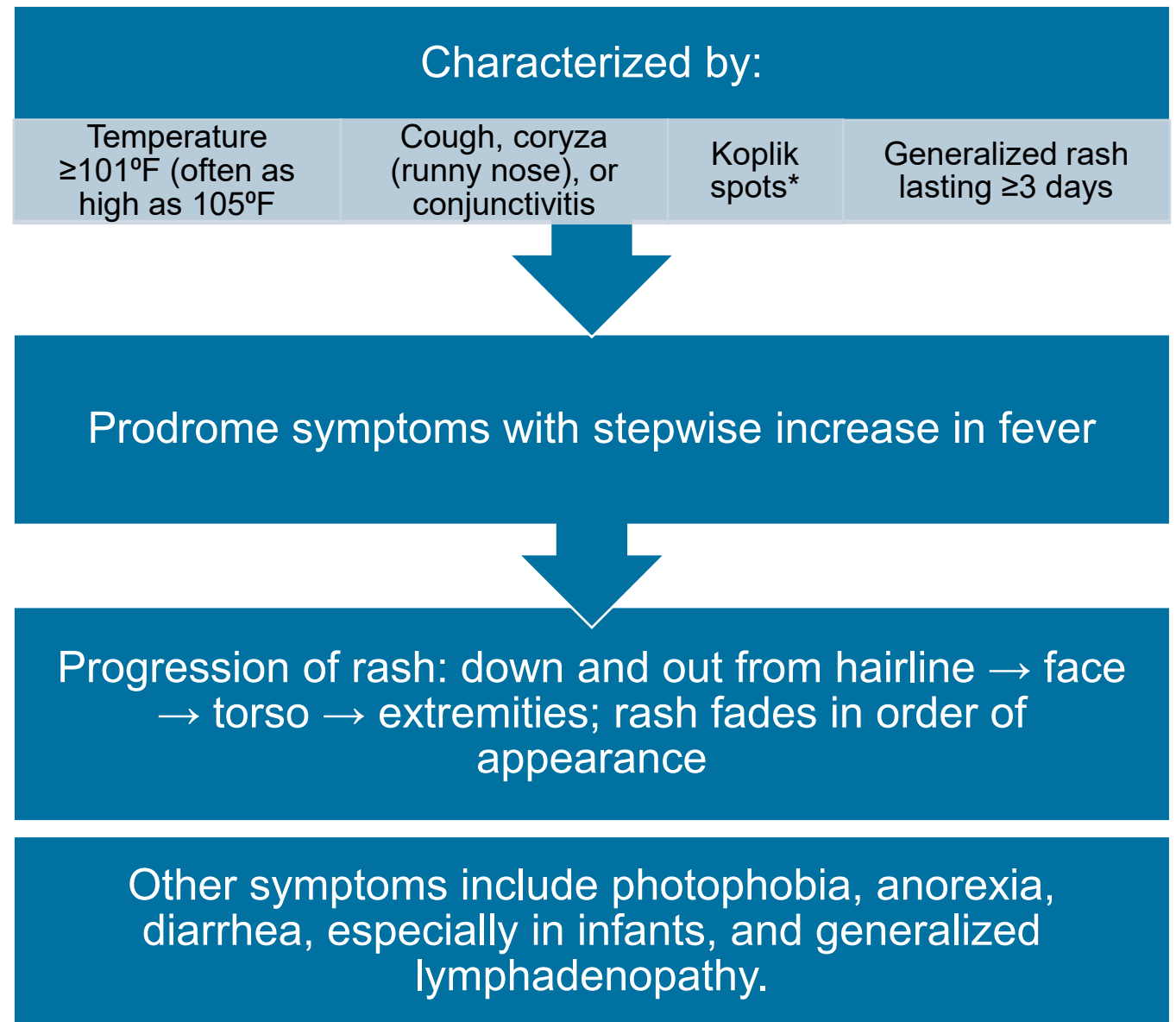
- From 4 days before through 4 days after rash onset

## Mode of Transmission:

- Person to person via large respiratory droplets;
- Airborne via aerosolized droplet nuclei (for up to 2 hours)

# Measles Virus Symptoms

[CDC clinical diagnosis guide](#)



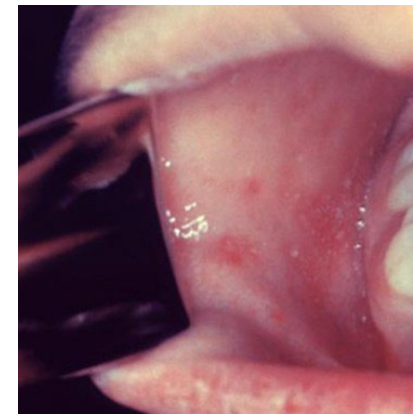
\*small spots with white centers on the mucous membrane of the mouth)

# Pictures of Measles

[More from CORI](#)



World Health Organization Regional Office for Africa



# It Is Unlikely to Be Measles If:



Most childhood febrile rashes are not measles. For example, roseola rash may look like measles rash. Consider the presence or absence of prodromal symptoms, especially fever and rash presentation, when considering a measles diagnosis.

- No rash on face/head/neck
- Rash starts on trunk or legs
- No concurrent fever with rash
- Child feels well



**Patient with  
roseola rash –  
not measles**

Image: Roseola, Fitzpatrick's Dermatology in General Medicine

# Some Differential Diagnoses

Autoimmune conditions

Allergic reactions

Dengue and dermatologic manifestations of viral hemorrhagic fevers (international travelers)

Drug reactions

Enteroviral infections

Erythema infectiosum (fifth disease)

Hand-foot-mouth disease

Infectious mononucleosis

Kawasaki disease

Meningitis

Parvovirus B19 infection

Scarlet fever (strep)

Roseola

Rocky Mountain spotted fever

Rubella

Toxic shock syndrome

# Specimen Collection for Laboratory Confirmation

Preferred  
Test

- PCR collected as early as possible after rash onset
  - Nasopharyngeal or throat swab
  - *Urine specimens are sent to CDC for testing and may incur delays*
- Serology
  - IgM (diagnostic) and IgG (non-diagnostic) testing
    - False positives results for measles IgM can occur.
- Report suspect measles to the Vermont Department of Health to discuss appropriate testing
- Call 802-338-4724 to request VDHL collection kits to have on hand

# Specimen to Collect for PCR Testing at the Vermont Dept. of Health Laboratory

[Vermont specimen shipping  
instructions](#)



In most measles testing situations, PCR is the preferred assay.

## Swab

- Use a flocked synthetic swab.
- Do not use a swab with a wooden stick.

Use viral transport media.

Ideally collect within 3 days of rash onset.

Specimen should be stored and transported at 2-8<sup>0</sup>C and must be received by the Lab within 72 hours.

- If a longer time is needed, it should be frozen at -20<sup>0</sup>C or colder.

# Specimen to Collect for Serology Testing Facilitated by Vermont Dept. of Health Laboratory



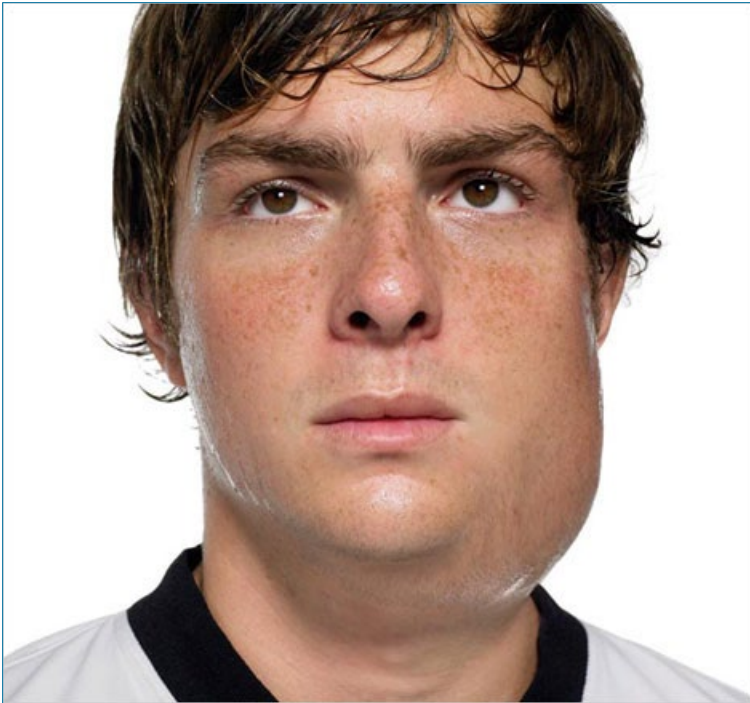
Measles IgM testing must be sent out-of-state by the Health Department Laboratory. Providers may wish to send serology samples directly to commercial or reference laboratories for a more rapid IgM turnaround time.

## If sending through the Health Department Laboratory:

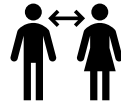
- Request both measles IgG (not diagnostic) and measles IgM antibodies.
- Collect 0.7 mL of blood in a red top or serum separator tube.
  - Allow the blood to clot thoroughly and then centrifuge the tube to remove serum from the clot.
  - Gel separation tubes should be centrifuged within 2 hours of collection.
- 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 72 hours of collection, including the [Micro 220](#).

# Vaccination Recommendations

# Mumps



**Microbe:** Virus



**Spread:** Respiratory droplets



**Signs/Symptoms:** Swollen salivary glands, fever, low-grade fever, headache, fatigue



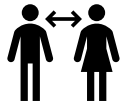
**Complications:** Deafness, meningitis, encephalitis, sterility, miscarriage, and myocarditis.

[Measles, Mumps and Rubella \(MMR\): The Diseases & Vaccines | Children's Hospital of Philadelphia](#)  
[What to Know About Mumps - HealthyChildren.org](#)

# Rubella



**Microbe:** Virus



**Spread:** Respiratory droplets



**Signs/Symptoms:** Low grade fever, swollen lymph nodes, headache, joint pain, maculopapular rash



**Complications:** Encephalitis, thrombocytopenic purpura, congenital rubella syndrome, and fetal death

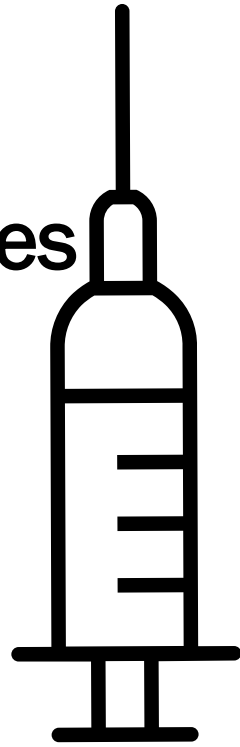


[Measles, Mumps and Rubella \(MMR\): The Diseases & Vaccines | Children's Hospital of Philadelphia](#)  
[Rubella \(German Measles\): What Parents Need to Know - HealthyChildren.org](#)

# MMR Vaccine

## MMR

Measles



Mumps

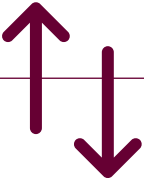


Rubella



# Products

Product	Dosage	Age	Administration Route
<a href="#">M-M-R II</a> (MMR) Merck	0.5ml	12 months and older	IM or Subcutaneous
<a href="#">PRIORIX</a> (MMR) GlaxoSmithKline (GSK)	0.5ml	12 months and older	Subcutaneous only
<a href="#">ProQuad</a> (MMRV) Merck	0.5ml	12 months - 12 years	IM or Subcutaneous



# MMR Vaccine

## Efficacy Against Measles



93%



97%

## Side Effects

- localized reactions (redness, swelling or pain at the injection site)
- mild rash
- temporary joint pain
- fever

# MMR Routine Vaccination: Pediatric

## Routine:

12-15  
months

4-6  
years

## Catch-up Guidance:

- Unvaccinated: 2-dose series at least 4-weeks apart

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



- [AAP-Immunization-Schedule.pdf](#)
- [Measles Vaccine](#)

# MMR and MMRV: Understanding Your Options



Risk of febrile seizure among children 12-23 months old receiving MMR vaccines

## MMR + V

~ 1 in  
2,500-  
3,000

## MMRV

~ 1 in  
1,100-  
1,400

## Recommendation:

- 1<sup>st</sup> dose: Either MMR +V or MMRV may be used  
*\*Discuss risks and benefits for available options with parents*
- 2<sup>nd</sup> dose: MMRV is generally preferred, but MMR + V is also acceptable

[AAP Measles | Red Book: 2024-2027 Report of the Committee on Infectious Diseases | Red Book Online |](#)

# MMR Vaccination: Pediatric Special Situations

## Travel Guidance:

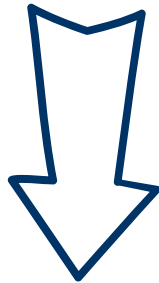
- Children 6-11 months of age: 1 dose before international travel or to an area of outbreak
  - Doses received prior to 12 months do not count towards the two-dose series
- Children 12 months and older:
  - Unvaccinated: 2-dose series separated by at least 4 weeks
  - Previously received 1 dose: administer dose 2 at least 4 weeks after dose 1
  - Consider administering the second dose early for children 1-4 years
- Assess destination before travel:
  - [AAP - Current Outbreaks Across America](#)
  - [Destinations | Travelers' Health | CDC](#)



# MMR Routine Vaccination: Adults

## Routine:

1 dose (if no evidence of immunity)



### Evidence of Immunity

- Born before 1957 (except for health care workers)
- Documentation of MMR vaccine
- Laboratory evidence of immunity or disease

[adult-aafp-imm-schedule.pdf](https://www.vermont.gov/health/adult-aafp-imm-schedule.pdf)



- Most adults already vaccinated
- Avoid during pregnancy and severe immunocompromise

# Adult MMR Vaccination: High-Risk Individuals

Individuals at increased risk with no evidence of immunity:



Students in postsecondary educational institutions



International travelers



Household or close, personal contacts of immunocompromised persons



HIV infection w/ CD4 percentages  $>15\%$  and CD4 count  $\geq 200$  cells/mm<sup>3</sup> for at least 6 months



**2-dose series**

*Reminder: MMR is contraindicated during pregnancy and for immunocompromised individuals*

# Adult MMR Vaccination: High-Risk Individuals

Health care personnel with no evidence of immunity to measles, mumps, or rubella:

Outbreak?



Born before 1957:  
Consider 2-dose series



Born in 1957 or later:  
2-dose series

*Reminder: MMR is contraindicated during pregnancy and for immunocompromised individuals*

[Healthcare Personnel Vaccination Recommendations](#)

[Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings](#)

# Special Population for MMR Adult Vaccination

- Important to ensure individuals that are child-bearing age are up to date on MMR vaccination.
  - Goal: Up to date vaccination before pregnancy to eliminate risk of congenital measles
- Congenital measles is rarely reported in countries with endemic measles
- January – August 2025: as a result of its measles outbreak, Canada had 9 cases of confirmed congenital measles (cM), including one neonatal death.
  - 4,700 cases (Ontario 50% of cases)
  - 51 of Ontario cases were pregnant individuals (2.2%)



[Congenital measles: A rare but life-threatening consequence of Canada's largest measles outbreak - PMC](#)

# Finding MMR Vaccination History



The IMR went live in 2004 and some older records may not have been entered

- [Request Vaccine Records | Vermont Department of Health](#)



The Vermont legislature passed a law in 1979 which made immunization mandatory for people entering school in Vermont.



If someone went to a public school in Vermont in the 1980s or after, it is likely they have been vaccinated.

# MMR Vaccine Recommendations - Adults



**Frequently asked question: “Should I do a titer test or administer a dose of the vaccine?”**

Dr. Offit provided the following guidance:

1. The majority of the time, an extra dose of vaccine is not harmful.
2. If a person is immune, the extra dose of vaccine will strengthen existing immunity.
3. If a person’s immune system has previously “seen” the potential pathogen, either through natural infection or vaccination, they are less likely to experience adverse events following vaccination.

# FAQ: What are the MMR Vaccine Travel Recommendations



- [Infants 6-11 months](#) travelling outside of U.S., or to an outbreak area, should receive a dose of MMR vaccine prior to travel.
  - Will still need to get 2 additional doses at recommended ages
- Children 12 months and older
  - Unvaccinated: 2-dose series separated by at least 4 weeks
  - Previously received 1 dose: administer dose 2 at least 4 weeks after dose 1
- Adults- 2-dose series recommended for international travel or to an outbreak area

# MMR Vaccine Contraindications

## Contraindications:

- History of severe allergic reaction to any component of the vaccine
- Pregnancy\*
  - Pregnancy should be avoided for 4 weeks following MMR vaccine.
- Immunosuppression
- Family history of altered immunocompetence, unless verified clinically or by laboratory testing as immunocompetent

\*Close contact with a pregnant individual is not a contraindication to MMR vaccination. Breastfeeding is not a contraindication to vaccination.

# MMR Vaccine Precautions

## Precautions:

- Moderate or severe acute illness
- Recent antibody-containing blood product
- Personal or family (i.e., sibling or parent) history of seizures of any etiology (**MMRV only**)
- Simultaneous use of aspirin or aspirin-containing products (**MMRV only**)
- History of thrombocytopenia or thrombocytopenic purpura
- Need for tuberculin skin testing or interferon gamma release assay (IGRA) testing

# Use of State-Supplied Vaccine

- Vaccines for Children (VFC) and Vaccines for Adults (VFA) vaccine may be used in accordance with AAP/AAFP guidelines, even if the indication is for international travel.
- If using MMR vaccine for adults, please order MMR with a VFA intent in VIMS.
- State supplied vaccines cannot be used for individuals 65 years and older.



# Child Care and School Vaccination Data Dashboard

## School Vaccination Data Collected in Vermont

Welcome to the Child Care and School Data Dashboard

This dashboard contains vaccination rates for child care programs, K-12 schools, and college and universities.

Data will be updated annually.

Click on the icons below to explore data by setting.



**Child care and  
preschool programs  
(center based only)**



**K-12**



**College/University**

# School Immunization Data

- 97% of K-12 students statewide met the 2-dose MMR vaccination requirement.
  - Statewide kindergarten coverage rate in 2024-2025 was 94%.
- See the [Child Care and School Data Dashboard](#) for more information.
- Coverage at a small number of schools is very low, creating pockets of vulnerability.

# **Infection Prevention Within the Health Care Setting and Beyond**

# Actions Requested of Providers

These are initial recommendations from the Health Department. We will work closely with you and your facility to provide assistance.  
[CDC Be Ready for Measles Toolkit](#)

1. Ensure appropriate documentation of immunity is readily available at your facility for all health care personnel.
2. Prepare to isolate patient and institute respiratory and airborne precautions.
  1. Prepare to close off exposed areas (e.g., exam room) of your facilities for two full hours from when the patient departs the area.
3. [Report](#) suspect cases immediately to the Health Department.
4. Obtain specimens for confirmation of diagnosis and patient vaccine history, particularly if recent.
5. Call ahead to ensure appropriate precautions if transport to hospital is necessary.
6. Collect lists of all exposed patients and staff along with immune status.

# Reporting to the Department

# Reporting Options

## Call

The Infectious Disease Program at 802-863-7240 opt. 2 from 7:45 a.m. through 4:30 p.m. on business days.

An on-call epidemiologist is available outside business hours.

## Electronic Case Reporting (eCR)

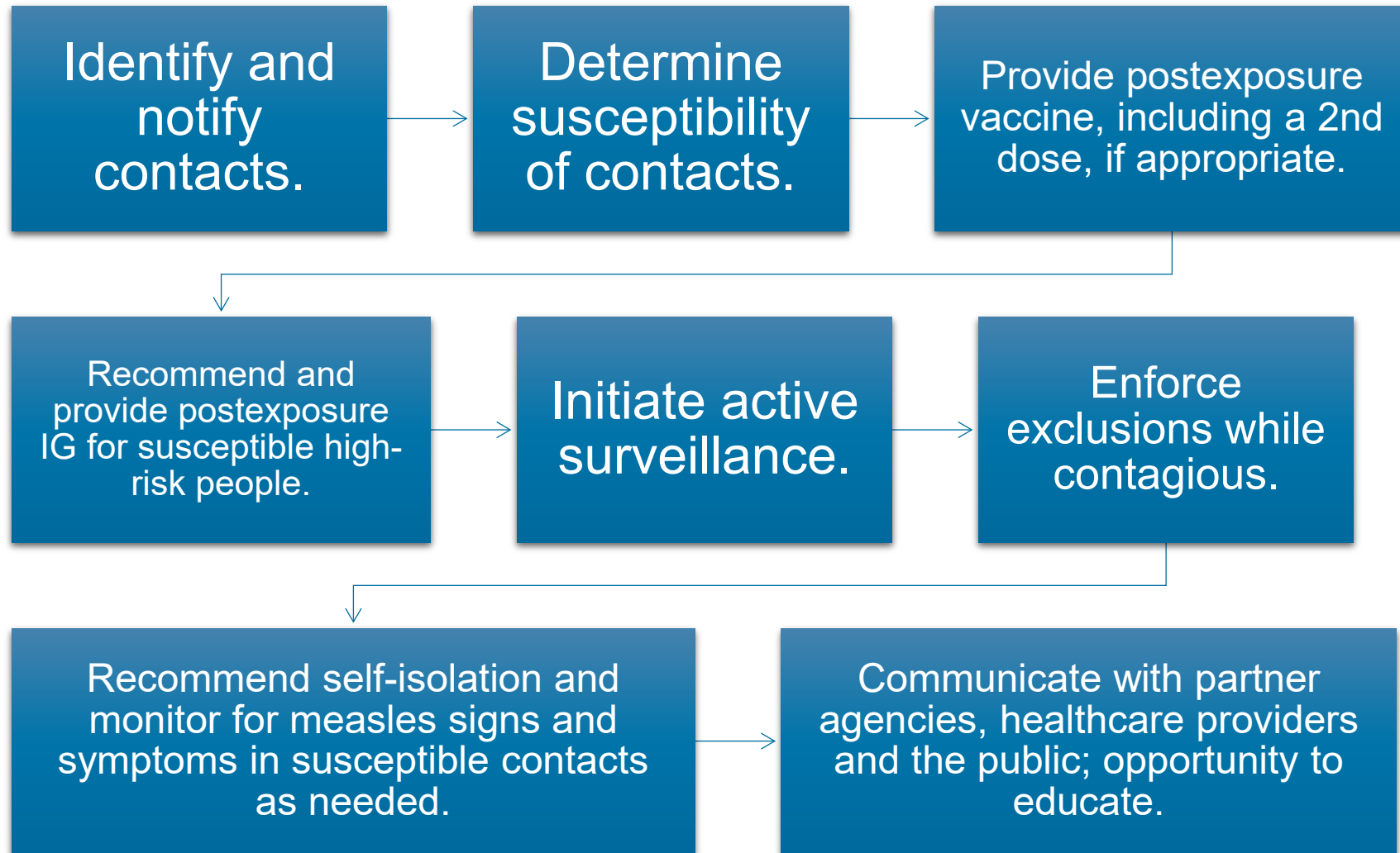
[Automated case reporting to the Health Department.](#)

- Please call to alert us an eCR has been submitted, especially if outside business hours.

## Laboratory Findings

For immediately reportable findings, call the Infectious Disease Program at 802-863-7240 opt. 2, available 24/7.

# Health Department Disease Investigation Activities



# Post-exposure Prophylaxis

# Post-exposure Prophylaxis for Measles Contacts

Close contacts should first be evaluated for their immunity to measles, and PEP should be offered to those without acceptable presumptive evidence of immunity by a clinician.



# **Post-exposure Prophylaxis for Measles Contacts**

MMR vaccine for PEP within 72 hours of initial contact for contacts older than 1 year and not immunocompromised or pregnant.

MMR may be given to contacts as young as 6 months, but two doses will still be required after their 1st birthday.

Immune Globulin (IG) for PEP within 6 days of the initial measles exposure for infants less than 12 months old, immunocompromised people, and pregnant people.

# Vaccine Confidence

# Are there situations where more than 2 doses of MMR are recommended for measles protection?



For infants, who receive a first dose before 12 months, they will need 3 doses.

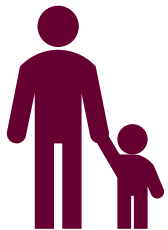


There is no recommendation for children or adults to receive a third dose.

# Can I vaccinate my infant early because there was a reported case in Vermont?



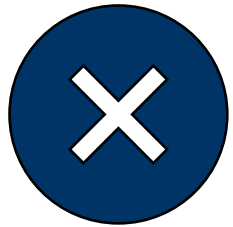
Out of 100 babies, estimates are 85 to 80 will be protected after 1 dose if vaccination occurs before 1 year of age.



Out of 100 babies, 93 to 85 will be protected after 1 dose of vaccine at 1 year of age.

[Additional information about early vaccination](#)

# Can I get a single antigen measles vaccine?



No, the available products licensed for use in the U.S. are all combination vaccines containing measles, mumps and rubella.

Product
<a href="#">M-M-R II</a> (MMR) Merck
<a href="#">PRIORIX</a> (MMR) GlaxoSmithKline (GSK)
<a href="#">ProQuad</a> (MMRV) Merck

# Tips for Success: Navigating Parent Conversations

- Approach with empathy and respect
- Create a vaccine-positive culture in your office
  - Everyone is confident in their role in promoting vaccines.
  - Resources and education available for families and staff.
- Allow time and space for decision.
- Utilize motivational interviewing techniques
- Utilize a preemptive education approach whenever possible.

Skill/Concept	Purpose	Example
Open Questions	Learn about their values and concerns	“What are your concerns about the vaccine?”
Affirmations	Highlight strengths	“You’re the kind of person who thinks things through.”
Reflections	Convey empathy and understanding	“On one hand you’re unsure about the vaccine, and on the other hand you want your child to have as much protection as possible.”
Emphasizing Autonomy	Acknowledge and respect their decision-making power	“This really is up to you.”

[Provider Guide: Addressing Vaccine Hesitancy with Motivational Interviewing](#)

# Reminder & Recall Systems

- Reminders: Alert patients when vaccines are due (or due soon)
- Recall: Identify patients who are overdue and bring them back in for vaccination
- Different ways to remind & recall
  - Phone calls, texts, portal messages
  - IMR reports: [IMR User Guide: Vaccines Due](#)


**Vaccines Due Report**

Practice: test      PIN: 43434      Age: All      Due date begin: 8/28/2024  
Address: 123 summertime ave      Phone: (434) 343-434      Due date end: 8/28/2024  
Milton, VT 05468      Vaccines: All

NOTE: Vaccines due are based on ACIP guidelines for the person's age as of the report date. Report data does not exclude individuals with medical contraindications.

Name	DOB	Age	COVID	DTP	Flu	Hep A	Hep B	Hib	HPV	IPV	MenACWY	MMR	PCV	RSV	RV	RZV	Varicella
test_person 1	1/4/60	64 Yr		08/28/24	07/01/24							01/04/61					
test_person 2	1/4/74	50 Yr	09/12/23	05/01/23	07/01/24	04/01/14	08/03/24					01/04/75					
test_person 3	1/4/08	16 Yr	09/12/23		07/01/24	09/06/09	07/29/08				01/04/24						
test_person 4	1/4/22	31 Mo	09/12/23	04/04/23	07/01/24	07/04/23		04/23/23		07/29/22			01/04/24				
test_person 5	1/4/50	74 Yr	09/12/23		07/01/24												
test_person 6	1/4/96	28 Yr	09/12/23	08/28/24	07/01/24		01/04/15					01/04/97					01/04/97
test_person 7	1/10/15	9 Yr	09/12/23	01/10/22	07/01/24	01/10/16	05/10/15			05/10/15		01/10/16					01/10/16
test_person 8	1/12/13	11 Yr	09/12/23	08/20/20	07/01/24		08/10/13		01/12/24	05/08/17	01/12/24	11/03/21					11/03/21

8/28/2024      [www.healthvermont.gov/stats/registries/immunization-registry](http://www.healthvermont.gov/stats/registries/immunization-registry)      Page 1 of 1



Visit [AAP Reminder and Recall Strategies](#) for more information

# Resources

# Measles Prevention & Vaccination Messaging Toolkit

Available at: [Measles Prevention and Vaccination Messaging Toolkit](#)

Includes social media posts, print materials, newsletter posts and more

**Measles Prevention & Vaccination Messaging Toolkit**  
February 2026

This document is meant for schools and child care providers to help parents and families about how to prevent the spread of measles.

Please find sample newsletter posts, social media posts, fact sheets (translated) and posters to help share important information. You will also find background information, key facts about measles, and what to do if there is a case in your school community.

If you need help accessing or understanding this information, please contact [ahs.vdhvaccineprevepi@vermont.gov](mailto:ahs.vdhvaccineprevepi@vermont.gov).

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### Background

Measles cases are on the rise in the U.S. and the region. Most cases reported are among children and teens who are unvaccinated. [Get current information about measles cases and outbreaks \(CDC\)](#).

Stay up to date about measles activity in Vermont at [HealthVermont.gov/measles](https://HealthVermont.gov/measles).

**Make sure you're protected against measles with the MMR vaccine – especially before traveling internationally!**

**Routine childhood recommendation**  
1st dose: **12–15 months old**  
2nd dose: **4–6 years old**

**Traveling outside the United States? Everyone 6 months and older should be vaccinated against measles.**







Ideally, get vaccinated **at least two weeks before** your trip — but you can still get vaccinated even if your trip is less than two weeks away.

**It's okay to have questions.**  
Talk to your doctor to make sure your family, including the adults, are protected.






**Learn more at [HealthVermont.gov/Measles](https://HealthVermont.gov/Measles)**

VERMONT DEPARTMENT OF HEALTH

# Resources

	<p>Vaccine preventable disease images available on <a href="https://www.immunize.org">Immunize.org</a></p>
	<p><a href="https://www.nfid.org">NFID</a> offers information about vaccine-preventable diseases, vaccines, webinars and other resources</p>
	<p><a href="https://www.chop.edu/vaccine-education-center">CHOP</a> offers extensive resources for providers and families.</p>
	<p><a href="https://www.healthychildren.org">Public facing website</a> with accessible and engaging information.</p>
	<p><a href="https://www.vaccinateyourfamily.org">Website</a> with engaging information and resources, including personal stories.</p>
<p><a href="https://www.vaccineinformation.org">VaccineInformation.org</a></p>	<p><a href="https://www.vaccineinformation.org">Public facing website</a> from Immunize.org that presents straightforward information about vaccine-preventable diseases and their vaccines</p>
	<p>Provides <a href="https://www.immunize.org/clinical-guidance">clinical guidance and tools</a> for implementation and education.</p>

# Resources

	<p><a href="#">The Evidence Collective</a> provides briefs and resources where public health information is translated by trained health communicators to deliver clear, evidence-based information.</p>
	<p>AAP's <a href="#">Fact Checked</a> series provides facts, evidence and expert comments on circulating misconceptions.</p>
	<p>A <a href="#">campaign built on a research informed approach</a> based on extensive parent and expert interviews and focus groups that offers information for providers and families on vaccine misconceptions, risks versus benefits and more.</p>
	<p>Source of <a href="#">updated infectious disease news</a> and analysis.</p>
	<p><a href="#">Site</a> offers analysis and assistance with public health communications through podcasts, social media posts and more; has a free vaccine education module.</p>

# Resources

## Vermont Health Alert Network

[Feb. 2026 Measles Wastewater Detection in Washington County HAN](#)

[March 2025 Confirmed Measles Case in Vermont HAN](#)

**Infection control guidelines for measles in healthcare settings**

<https://www.cdc.gov/infection-control/hcp/measles/>

**Surveillance manual chapter on measles**

<https://www.cdc.gov/surv-manual/php/table-of-contents/chapter-7-measles.html>

## Measles: Skin Assessment Guidance

<https://publichealth.jhu.edu/sites/default/files/2024-07/skin-assessment-guidancemeasles7-1124.pdf>

**CDC measles information for healthcare providers:**

- **Be Prepared for Measles Toolkit**  
[https://www.cdc.gov/measles/php/toolkit/index.html#cdc\\_toolkit\\_main\\_toolkit\\_cat\\_2-for-providers](https://www.cdc.gov/measles/php/toolkit/index.html#cdc_toolkit_main_toolkit_cat_2-for-providers)
- **Laboratory Testing**  
<https://www.cdc.gov/measles/php/laboratories/>
- **Clinical overview and web on-demand training**  
<https://www.cdc.gov/measles/hcp/clinical-overview/index.html>

# FYI: Statewide Childhood Vaccine Awareness Campaign



# Coming soon: Routine Childhood Vaccine Partner Toolkit

- Ready-to-use, evergreen, professionally designed materials for providers to use to support consistent, confidence-building conversations with families
- Plain-language, addresses common questions and concerns
- Print-ready posters, copy for social media and newsletters, a one-page handout for parents, and more
- Reassures families that vaccines are available, recommended, and that most parents choose vaccination
- Helps families feel informed, confident, and supported in their decisions

# Key Takeaways

1. Call the Health Department immediately if you suspect measles.
2. Be prepared for potential measles exposures at your facility - know your staff's evidence of immunity and have a procedure ready to follow if a suspect patient is seen.
3. Utilize strategies such as reminder recall to ensure your patients are up-to-date on MMR vaccination.
4. Vaccine successes happen over time through building relationships and trust.
5. Use the Measles Prevention and Vaccination Messaging Toolkit to help share messages with parents and families about how to prevent the spread of measles.

# Questions





# Thank you!

## Let's stay in touch

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