Health Advisory
November 9, 2026

To: Vermont Health Care Providers and Facilities, School Nurses
Date: November 9, 2026
From: Laura Ann Nicolai, MPH, Deputy State Epidemiologist

Recognize and Immediately Report Suspected Measles due to Possible Cases in Orleans County

Situation Summary

The Vermont Department of Health is responding to a small number of connected suspect measles cases in Orleans County. Providers should maintain heightened awareness for measles, review clinical guidance for preventing and treating measles, and ensure all patients are up to date on MMR vaccine.

Requested Actions

- Report all suspected measles cases to the Health Department immediately at the time of initial clinical suspicion by calling 802-863-7240, option 2 (available 24/7). Do not wait for laboratory confirmation to report.
- Maintain a high index of suspicion for measles in patients presenting with compatible illness, especially those who are unvaccinated or who report contact with a person known to have measles.
- Review prior Health Department guidance for information on the clinical presentation of measles, testing for measles in patients presenting with clinically compatible symptoms, infection control, and MMR vaccination recommendations.
- Review post-exposure prophylaxis guidance and assess your facility's access to intramuscular immunoglobulin (IMIG) and intravenous immunoglobulin (IVIG).

Background

Measles is a highly contagious viral airborne disease. The best protection against measles is the measles, mumps, and rubella (MMR) vaccine which provides long-lasting protection. An estimated 92-95% of individuals in a community must be immune to prevent ongoing transmission. Measles can cause serious illness and infects approximately 9 out of every 10 susceptible individuals exposed in close-contact settings. Certain individuals, including unvaccinated and pregnant individuals, infants and children aged less than 5 years, and severely immunocompromised people are at increased risk of severe illness and complications of measles.

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Clinical Presentation: The incubation period after exposure to measles is typically 10-14 days but can range from 7-21 days. Measles presents as an acute, viral illness characterized by fever of 38.3°C (101°F) or higher and generalized, maculopapular rash. The prodrome lasts 2-4 days and generally includes at least one of the three Cs: 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 lasts for several days and fades in order of appearance. Measles patients are considered infectious for nine days, from four days before rash onset through 4 days after rash onset.

Post-exposure Prophylaxis (PEP) for People with a Known Exposure to a Measles Case: In coordination with the Health Department, provide PEP as soon as possible after exposure to close contacts without evidence of immunity. The choice of PEP is based on the elapsed time since exposure or on medical contraindications to vaccination. Refer to the American Academy of Pediatrics Red Book for detailed PEP guidance.

- **MMR vaccine** given to non-immune individuals within 72 hours of exposure can prevent measles disease.
    - For adults and children without contraindications who have not previously received two doses of MMR, vaccinate if at least one month has elapsed since the most recent dose.
    - For infants between six and 11 months of age, a dose of MMR vaccine can be given, but it will not count as part of the primary series.
    - MMR is contraindicated for patients who are pregnant or immunocompromised.
- **Immune globulin (IG)** given within six days of exposure for high-risk and/or non-immune exposed individuals can reduce the likelihood of measles disease and complications.
    - Severely immunocompromised individuals will need IG regardless of measles immune status.
    - Pregnant patients are only indicated for IG if non-immune. If immunity is unknown, draw measles IgG titers STAT.
    - The recommended dose for intramuscular immunoglobulin (IMIG) is 0.5mL/kg of body weight (max dose 15mL).
    - For pregnant patients and immunocompromised patients, the recommended dose for intravenous immunoglobulin (IVIG) is 400 mg/kg of body weight.
- Do not administer MMR vaccine and IG simultaneously. This will inactivate the vaccine.

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- If more than six days have passed since the measles exposure, PEP is no longer indicated.
- Exposed individuals who are not able to receive PEP should quarantine at home through 21 days after the last exposure.

Treatment of Acute Measles Infection: There is no specific antiviral treatment for measles. Medical care is supportive and includes rest, hydration, and antipyretics, as well as managing complications such as pneumonia and secondary bacterial infections. According to the American Academy of Pediatrics, vitamin A may be used under a provider's supervision as part of supportive care for infants and children with severe illness, particularly those requiring hospitalization. There are no recommendations for use in other populations. Vitamin A does not prevent measles and is not a substitute for vaccination, nor does vitamin A treat measles alone. Taking excess preformed vitamin A (found in liver and some supplements) before and during early pregnancy triples the risk of birth defects. Vitamin A from plant-based sources (e.g., specified as beta-carotene on supplement labels and in foods like carrots) is unlikely to cause harm. Pregnant people and people who may become pregnant should not consume more than 10,000 IU of preformed vitamin A per day without consulting a health care provider.

Measles in Pregnancy: The American College of Obstetricians and Gynecologists (ACOG) published a practice advisory on the clinical management of pregnant individuals and those seeking to become pregnant during a measles outbreak. Measles during pregnancy has been associated with an increased maternal risk of hospitalization, pneumonia, need for oxygen support or mechanical ventilation, and death. Although evidence does not support an association between measles and teratogenesis, maternal infection during pregnancy is associated with an increased fetal risk of miscarriage, stillbirth, low birth weight, and preterm labor. Maternal infection, particularly in the 14 days prior to delivery, can lead to symptomatic, transmissible measles infection of the infant.

Congenital Measles: The American Academy of Pediatrics (AAP) issued frequently asked questions addressing congenital measles. Neonates born after maternal measles symptom onset and through 14 days after maternal rash onset are at risk for symptomatic and transmissible measles infection and should be delivered and managed in airborne isolation until infectiousness can be determined. Evaluation and management should include measles testing, IG administration, and empiric isolation. All neonates born to women who had measles during pregnancy, regardless of gestational age at the time of measles infection, should be considered exposed to measles and may be at risk for congenital measles infection and its delayed complications, such as subacute sclerosing panencephalitis (SSPE).

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Breastfeeding and Postpartum Vaccination: MMR vaccination is safe for breastfeeding mothers. Breastfeeding does not interfere with maternal immunity and the measles vaccine is not transmitted through breast milk. Non-immune postpartum mothers and household members who live with or may be involved in the care of the infant should receive the MMR vaccine. This can help to protect the infant before they are eligible for the vaccine.

Additional Resources

- Measles Health Advisory – February 6 (VDH)
- Measles Information for Providers (VDH)
- Measles Testing at the Health Department Laboratory (VDH)
- Instructions for Collecting and Shipping Measles PCR Specimens to the Health Department Laboratory (VDH)
- Measles (AAP Red Book)
- MMR Vaccination and Management of Obstetric–Gynecologic Patients During a Measles Outbreak (ACOG)
- Healthcare Providers: Stay Alert for Measles Cases (CDC)
- Provider Micro-Learn: Measles (CDC)
- Immune globulin for Measles Post-Exposure Prophylaxis (CDC)
- Measles Infection Control Guidance (CDC)
- MMR Vaccine Recommendations (AAP)

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

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

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HAN Message Type Definitions

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

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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