Benton County
HEALTH DEPARTMENT

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HEALTH ALERT: Measles Detected in Benton County Wastewater

January 28, 2026

Benton County Health Department is reporting that measles was recently detected in Benton County wastewater. Measles wastewater testing can provide an early warning to public health, clinicians, schools, and the public that measles is, or recently has been, present in the community. To date, no confirmed measles cases have been reported in Benton County.

Key Points:

- No confirmed measles cases have been identified in Benton County.
- Measles was detected in Benton County wastewater on January 21, 2026.
  This suggests that at least one person infected with measles may be present within the sampling area, which includes Corvallis and Lewisburg.
- To date, 3 measles cases have been reported in Oregon in 2026.
  - 2: Linn County
  - 1: Clackamas County
- Healthcare providers should remain vigilant when evaluating patients for symptoms consistent with measles.
- Schools can prepare for measles by informing families that measles is in Oregon, reminding parents of Oregon's School Exclusion Day, and encouraging vaccinations.
- CDC NWSS measles dashboard has the most up-to-date wastewater data by county.

Immunity:

Measles, Mumps, and Rubella (MMR) vaccination is recommended for all persons who are not fully vaccinated or otherwise considered immune. The typical ages for MMR vaccination are age 1 for the first dose and age 4 for the second dose. Vaccination remains the most effective tool forpreventing measles transmission.

Evidence of measles immunity may include:

- Those who are fully vaccinated.
- Those who have documented immunity.
- Those who have had measles in the past.

Individuals without evidence of immunity may be at increased risk if exposed to measles.

For additional information, please see the CDC Guidance on Presumptive Evidence of Immunity..

Signs & Symptoms:

Clinicians should consider measles in any patient with clinically compatible symptoms, especially if they are unvaccinated, report an exposure to measles, or have traveled internationally or to an area in the U.S. with a current measles outbreak.

Early prodromal symptoms of measles include high fever, cough, runny nose (coryza), and conjunctivitis (eye redness). These non-specific symptoms may be followed 2 – 3 days later by Koplik spots (1 – 2mm white spots on the buccal mucosa). Measles rash appears 3 – 5 days after prodromal symptoms and typically appears first on the head or neck, spreading down the body to the trunk, arms, legs, and feet. The measles rash is maculopapular and may coalesce or join together as it spreads.

Testing:

Clinicians evaluating patients for measles should **immediately isolate the patient**, ideally in a single-patient airborne infection isolation room. Tests for measles can be ordered from most commercial laboratories or, with approval, through the Oregon State Public Health Laboratory (OSPHL). Please ask patients to isolate while awaiting test results.

Collect the following specimens in order of preference:

1. Nasopharyngeal or oropharyngeal swab for measles RT-PCR: this is the preferred test for acute measles infection. Swabs should be collected within 5 days of rash onset. After 5 days, NP or OP swabs should be accompanied by urine.
2. Urine for measles PCR: urine PCR is most sensitive 3–10 days following rash onset.
3. Serum for measles IgM and IgG: measles IgM may not be positive until 3 days after rash onset and typically remains positive until 30 days after rash onset. False positive results may occur.

Post-Exposure Prophylaxis

Post-Exposure Prophylaxis is recommended for patients who were exposed to measles and are either susceptible to measles or at risk for severe disease. There are two types of post-exposure prophylaxis for measles:

- MMR vaccine: must be administered within 72 hours of initial measles exposure
- Immunoglobulin (IG): must be administered within six days of exposure.

For vaccine eligible people aged ≥12 months exposed to measles, administration of MMR vaccine is preferable to using IG, if administered within 72 hours of initial exposure. For infants 6–12 months of age, either MMR vaccine or IG may be provided.

The following patient groups are at risk for severe disease and complications from measles and should be prioritized to receive IG: infants aged <12 months, pregnant women without evidence of measles immunity, and severely immunocompromised people. Do not administer MMR vaccine and IG simultaneously.

More information can be found regarding measles postexposure prophylaxis from the CDC.

Reporting:

Suspect and Confirmed cases of measles are required to be reported **immediately** to Local Public Health Authorities (LPHAs). Reporting is based on a patient's county of residence. Providers can report measles to Benton County Health Department in the following ways:

Daytime (7am – 6pm); Ordered by Preference

1. Phone: 541-766-6835, press 3 for Communicable Disease
2. Communicable Disease Manager: 541-766-6654
3. Email: cdreporting@bentoncountyor.gov

After Hours; Ordered by Preference

1. Phone: 541-766-6835, press 4 for Communicable Disease
2. Communicable Disease Manager: 541-766-6654
3. OHA Epidemiologist On-Call: 971-673-1111

More Information:

- Measles Cases and Outbreak
- Measles Wastewater Surveillance
- Measles Vaccine Recommendations
- National Wastewater Surveillance System (NWSS)
- Immunizations Across America (American Academy of Pediatrics)

Benton County Health Department continues to monitor wastewater and epidemiologic data and provide updates as needed. Thank you for your continued vigilance and service to protect community health.

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