



Office: (541) 766-6835
Fax: (541) 766-6186
4077 SW Research Way
P.O. Box 3020
Corvallis, OR 97339
health.bentoncountyor.gov

HEALTH ADVISORY: New OHA Measles Tools for Providers

March 11, 2026

Dear Colleagues,

We hope this message finds you well.

Benton County Health Department is sharing two new resources from the Oregon Health Authority (OHA):

- [Clinical Algorithm for Suspect Measles Cases Without Known Exposure to Measles](#) - a clinical tool to help providers evaluate patients with suspected measles who do not have a known exposure.
- [Public Health Management of Asymptomatic Close Contacts of Measles Cases](#) - a summary table outlining public health guidance for managing close contacts of confirmed measles cases.

Both resources are also attached to this advisory.

If you have questions about these resources, please contact Dr. Melissa Sutton at:
melissa.sutton@oha.oregon.gov.

Thank you for your continued service and commitment to protecting the health of our community.

Respectfully,

A handwritten signature in blue ink, appearing to read "Carolina Amador".

Carolina Amador, MD, MPH
Public Health Officer

A handwritten signature in blue ink, appearing to read "Sara Hartstein".

Sara Hartstein, MPH
Public Health Administrator

Clinical algorithm for suspect measles cases without known exposure to measles*



24/7 On-Call Epidemiologist

(971) 673-111

START HERE

Does the patient have a **maculopapular rash** that:
✓ began on the head or neck
✓ and has spread downwards?

No

Yes

✓ Did the patient have a **fever** at the time of rash onset?

No

Yes

1–7 days before rash onset, did the patient have:
✓ a **fever** and
✓ one or more of **three Cs** (Cough, Coryza, Conjunctivitis)

No

Yes

STOP

Patient presentation is not typical for measles.

SUSPECT MEASLES!†

- **Implement** appropriate infection prevention and control precautions.
- **Collect** NP or OP specimen for PCR testing at OSPHL.
- **Order** IgM testing through commercial laboratory.
- **Call** [public health](#) to report suspect measles case.

* For patients with a known exposure to a measles case within the last 21 days, clinicians should have a high level of suspicion for measles and should call public health to report any combination of the above symptoms.

† Patients who are unvaccinated or have recent travel to an area where measles is circulating are at highest risk of developing measles.

Public Health Management of Asymptomatic Close Contacts of Measles Cases



Immunization Status	2 doses, birth before 1957, or laboratory evidence of immunity or disease	1 dose	0 doses	Unknown
Risk Assessment	Presumed immunity (97% effective)	Presumed immunity for young children, and adults not at high risk (93% effective)	Susceptible	Presumed susceptible
Post-exposure Prophylaxis	If severely immunocompromised ¹ , consider IG.	MMR if >12 months old and ≥28 days from the first dose. If severely immunocompromised ¹ , consider IG.	MMR if ≥6 months old, within 3 days of initial exposure, and without contraindications. IG if <6 months old, pregnant without evidence of measles immunity, or severely immunocompromised ¹ , within 6 days of initial exposure. If ≥12 months old and ≥3 days of initial exposure, IG is not typically indicated. If 6–11 months old, IG can be administered if ≥3 days and within 6 days of initial exposure.	
Active Monitoring	None	Monitor for 21 days following last exposure (28 days if IG was administered) regardless of PEP administration. The frequency of active monitoring may be reduced for individuals who have received PEP. Health care facilities typically monitor their staff.		
Exclusion	None	<p><i>School and child care settings:</i> Exclude students unless only 1 dose recommended per vaccine schedule.</p> <p><i>Health care settings:</i> Staff can continue working, but should receive the second dose of MMR vaccine ≥28 days following the first dose.</p>	<p><i>School, child care, and healthcare settings:</i> Exclude from 5 days following first exposure through 21 days following last exposure (28 days following last exposure if IG was administered).</p> <p><i>School and child care settings:</i> At health officer’s discretion, students can be readmitted once vaccinated.</p> <p><i>Other high-risk settings:</i> Recommend voluntary quarantine for individuals.</p>	

For full recommendations and sources, refer to the [Oregon Disease Investigative Guidelines for measles](#).

¹ Severely immunocompromised patients include patients with severe primary immunodeficiency; patients who have received a bone marrow transplant until at least 12 months after finishing all immunosuppressive treatment, or longer in patients who have developed graft-versus-host disease; patients on treatment for ALL within and until at least 6 months after completion of immunosuppressive chemotherapy; and patients with a diagnosis of AIDS or HIV-infected persons with severe immunosuppression defined as CD4 percent <15% (all ages) or CD4 count <200 lymphocytes/mm³ (aged >5 years) and those who have not received MMR vaccine since receiving effective ART. (See [MMWR 2013](#) and [IDSA 2013](#)).