THIS IS AN OFFICIAL WEST VIRGINIA HEALTH ADVISORY #237
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West Virginia Department of HEALTH

HEALTH ADVISORY #237

Measles Health Alert

TO: West Virginia Healthcare Providers, Hospitals, and Other Healthcare Facilities

FROM: Mark McDaniel, DO, FAAFP, Acting Commissioner and State Health Officer, West Virginia Department of Health, Bureau for Public Health

DATE: July 28, 2026

LOCAL HEALTH DEPARTMENTS: Please distribute to community health providers, hospital-based physicians, infection control preventionists, laboratory directors, and other applicable partners

OTHER RECIPIENTS: Please distribute to association members, staff, etc.

Summary

The West Virginia Department of Health (DH) has **confirmed a case of measles** in an unvaccinated Barbour County resident. State health officials are working closely with Barbour County Health Department staff to investigate the case and conduct contact tracing. DH is not aware of any broader community public exposure for the confirmed case, however, in an abundance of caution, we are alerting clinicians to the presence of measles in Barbour County and asking providers to consider measles in patients who present with compatible symptoms.

According to the Centers for Disease Control and Prevention, as of July 23, 2026, there have been 2,318 confirmed in the United States. West Virginia has not had a confirmed measles case since April 2024.

Recommendations for Healthcare Providers

1. Routine MMR vaccination is recommended for all children, with their first dose of MMR at age 12 to 15 months and their second dose at 4 to 6 years. Unless they have other evidence of immunity, adults born in or after 1957 should get at least one dose of MMR vaccine, and two appropriately spaced doses of MMR vaccines are recommended for healthcare personnel, college students and international travelers.
2. For persons who plan to travel internationally, healthcare providers should encourage timely vaccination of all individuals aged ≥6 months of age who lack evidence of measles immunity.
   - Infants aged 6 through 11 months should receive one dose of MMR vaccine before departure. Infants who receive a dose of MMR vaccine before their first birthday should receive two more doses of MMR vaccine, the first of which should be administered when the child is age 12 through 15 months and the second at least 28 days later.
   - Children 12 months or older should receive two doses of MMR at least 28 days apart.

- Teenagers and adults without evidence of measles immunity should receive two doses of MMR vaccine separated by at least 28 days.

3. At least one of the following is considered evidence of measles immunity for international travelers:
   - Birth before 1957;
   - Documented administration of two doses of live measles virus vaccine (MMR, MMRV, or other measles-containing vaccine);
   - Laboratory (serologic) proof of immunity or laboratory confirmation of disease.
4. Consider measles in patients who:
   - Present with febrile rash illness and the "three Cs": cough, coryza, or conjunctivitis who has travelled internationally or were exposed to someone with confirmed measles, especially travelers who were in countries with ongoing outbreaks.
5. Measles is a Category I Disease which is immediately reportable (even suspect cases) to the local health department (LHD). If unable to reach your LHD, please contact the Office of Epidemiology and Prevention Services (OEPS) at 304-558-5358.
6. Please implement Interim Infection Prevention and Control Recommendations for Measles to prevent healthcare exposures.
7. Laboratory confirmation of measles is critical to track the spread and prioritize prevention efforts. If testing through the state public health laboratory, (Office of Laboratory Services), approval is required from your local health department. Detection of measles-specific IgM antibodies in serum and measles RNA by real-time polymerase chain reaction (RT-PCR) in a respiratory specimen are the most common methods for confirming measles infection. Urine samples may also contain the virus, and when feasible to do so, collecting both respiratory and urine samples can increase the likelihood of detecting measles virus.
   - Nasopharyngeal (NP) swab should be collected zero to five days after rash onset; after five days NP swab should be accompanied by urine.
   - Measles specific IgM antibody may not be present until ≥72 hours after rash onset but persists for about 30 days after rash onset. •
   - Urine PCR test is most sensitive between ≥72 hours and 10 days after rash onset.

Early recognition and reporting of infectious diseases are critical to protecting public health and supporting timely investigation and response activities. Additional resources can be found on our website at: https://oeps.wv.gov/rubeola-measles

For questions or to report a public health concern, please contact the Office of Epidemiology and Prevention Services Epidemiologist-On-Call at **(304) 558-5358**.