GEORGIA DEPARTMENT OF PUBLIC HEALTH

Epidemiology Division

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Atlanta, Georgia 30334

dph.ga.gov

Health Update: Outbreak of Measles, September 11, 2026

ACTION STEPS

Local health departments: *Please forward to hospitals and clinics in your jurisdiction*.
Hospitals and clinics: *Please distribute to infectious disease doctors, infection preventionists, emergency department physicians, intensive care physicians, neurologists, radiologists, primary care providers, and pediatricians.*

SUMMARY

The Georgia Department of Public Health (DPH) has identified two additional cases of measles. There have now been 10 total cases identified in Cobb County since August 18, 2026, with some associated with a daycare and others indicating potential community spread. All cases were either unvaccinated or under-vaccinated. DPH continues to work diligently to identify and notify individuals who may have been exposed. These cases bring the total number of reported measles cases in Georgia in 2026 to 16. DPH urges healthcare providers to maintain heightened awareness for patients with symptoms compatible with measles, particularly those with risk factors such as contact with a confirmed case and/or recent travel.

It is important that identified close contacts who need to be seen by a medical provider, or individuals who have called your healthcare facility with potential measles concerns, receive necessary care. It is recommended to follow the instructions below to ensure proper infection control measures are taken, including:

- Pre-visit telephone triage should be completed by a clinically trained person or trained front desk and triage staff who can assess risk of exposure and compatible symptoms.
- Place signs at entrances to alert staff, patients, and visitors about signs and symptoms of measles. Measles Clinic Signage
- Families should be instructed to arrive at a side or back entrance of the facility rather than the main entrance and wait in the vehicle until staff is ready to assist.
- Instruct the caregiver to wear a mask and to have the patient wear a mask if able and at least 2 years of age. If unable or under the age of 2 years, the patient should be tented with a blanket or towel when entering the facility, and placed directly in an Airborne Infection Isolation Room (AIIR).
- Limit entry to ONLY providers and staff with evidence of immunity to measles.
- Follow standard and airborne precautions, including wearing a fit-tested NIOSH-approved N95 or higher respirator.
- If your facility does not have an AIIR, the patient can be seen as the last appointment of the day when all other patients have left the building, or alternatively the patient could be assessed in the car/parking lot.
- Call DPH at 1-866-PUB-HLTH (866-782-4584) when you suspect measles and while the patient is still at your healthcare facility to discuss if measles testing is warranted and next steps
    - If measles testing is found to be warranted, please collect specimens and Public Health will facilitate the process related to testing at GPHL (specimen collection information below)

Post-exposure prophylaxis and Quarantine Guidance

CLINICAL PRESENTATION

Measles is a highly contagious disease spread primarily through aerosolized droplets. The incubation period is typically 10 to 12 days but can range from 7 to 21 days. Measles typically begins with a prodrome of stepwise-increasing fever (often as high as 104-105° F) accompanied by cough, coryza, and/or conjunctivitis.

Koplik spots (tiny red spots with bluish-white centers on the buccal mucosa), which are diagnostic for measles, may appear 2-3 days before the rash and fade 1-2 days later. As fever peaks on days 4-5, a maculopapular rash typically appears on the face along the hairline and behind the ears, then spreads downward to the chest, back, and extremities. Within 4-5 days, the rash fades in the same order that it appeared.

REPORTING

Measles is a notifiable disease, and suspect cases should be reported to the Georgia Department of Public Health (O.C.G.A. §31-12-2) **immediately**. Call your local District Health Office or the DPH Acute Disease Epidemiology Section at 404-657-2588 during business hours Monday through Friday, or 1-866-PUB-HLTH (1-866-782-4584) after hours in the evenings and on weekends. Do not await laboratory results before reporting.

LABORATORY TESTING

The preferred method for confirming measles is reverse-transcriptase polymerase chain reaction (RT-PCR). **Collection of a throat swab (or nasopharyngeal swab) and a urine sample for PCR testing is recommended**. **In addition to Measles RT-PCR, a serum sample is recommended for measles IgM and IgG testing.** To confirm measles, serology should not be performed alone without RT-PCR. Detection of specific IgM antibodies in a serum specimen collected within the first few days of rash onset can provide presumptive evidence of a current or recent measles virus infection. **If a urine specimen cannot be collected, an additional swab** (throat or nasopharyngeal) should be collected for PCR testing.

Collect serum, throat, and urine specimens simultaneously for best results (note: suspect patients should be isolated immediately; see Actions below). Detailed specimen collection and shipping guidelines are available at the DPH measles website.

After reporting a suspected measles case to the Georgia Department of Public Health, Public Health will assist with specimen collection and laboratory submission if measles testing is warranted. Call your District Health Office or the DPH Acute Disease Epidemiology Section at 404-657-2588 during business hours Monday through Friday, or 1-866-PUB-HLTH (1-866-782-4584) after hours on evenings and weekends. **Please do not send specimens directly to the Georgia Public Health Laboratory (GPHL) or the Centers for Disease Control and Prevention (CDC) without prior authorization**.

VACCINATION

The measles-containing vaccine (MMR) remains the most effective for preventing the disease. Ensure patients are up to date with their MMR vaccination. Vaccination is recommended for children at 12 to 15 months of age, with a second dose at 4 to 6 years of age. Documentation of two MMR vaccinations or proof of immunity to measles is required to attend school in Georgia.

MMR can be given as early as age 6 months to children at high risk of exposure, such as during international travel or a community outbreak. Doses given before age 12 months do not count toward the routine 2-dose series. The first routine dose is due after age 12 months and at least 4 weeks after the early dose.

ACTIONS REQUESTED FOR HEALTHCARE PROVIDERS

- Consider measles in persons with febrile rash illness and clinically compatible symptoms (cough, coryza, and/or conjunctivitis) and a history of recent international or domestic travel, exposure to international travelers, or exposure to a possible measles case.
- **Isolate persons with suspected measles IMMEDIATELY (negative pressure room, if available). Patients should be managed in a manner that prevents disease spread in the healthcare setting;** https://www.cdc.gov/infection-control/hcp/isolation-precautions/index.html
- Obtain appropriate clinical specimens. Laboratory testing for measles is required to confirm the diagnosis. This includes **throat swabs and urine for measles PCR, and blood for serology testing** (see Laboratory Testing section above)
- Report suspected cases of measles **IMMEDIATELY** by calling your local District Health Office or the DPH Acute Disease Epidemiology Section at 404-657-2588 during business hours Monday through Friday, or 1-866-PUB-HLTH (1-866-782-4584) after-hours on evenings and weekends.
- Ensure patients are up to date on their vaccinations according to the recommended schedules for children and adults.

Georgia DPH Contact Information
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