

Health Alert: Measles Detection in Wastewater, August 30, 2025

ACTION STEPS:

District and County 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 Health (DPH) is alerting healthcare providers to two detections of measles found in sewage samples through routine wastewater testing. The positive samples were collected on Monday August 18, 2025 and Tuesday August 26, 2025 from a wastewater treatment plant in the North Metro Atlanta Area, Georgia. Detection of measles in wastewater does not represent an official measles case and this comes at a time when no active measles infections have been reported in Georgia. However, DPH urges healthcare providers to maintain heightened awareness for patients with symptoms compatible with measles and continue to promote vaccination. This detection could mean that there was at least one person with a measles infection present or traveling through the North Metro Atlanta Area around the time of this detection. For further questions about wastewater data please see the attached frequently asked questions document “Frequently Asked Questions on WWSCAN Measurements of Measles RNA in Wastewater Solids.”

CLINICAL PRESENTATION

Measles is a highly contagious illness and is spread primarily person-to-person via aerosolized droplets. The incubation period is typically 10 to 12 days but can range from 4 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 day 4-5, a maculopapular rash typically appears on the face along the hairline and behind the ears, and then progresses 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 on evenings and weekends. Do not await laboratory results before reporting.

LABORATORY TESTING

The preferred method for confirming measles is by reverse transcriptase-polymerase chain reaction testing (RT-PCR). Collection of a throat swab (or nasopharyngeal swab) and urine sample for PCR testing is recommended. Measles may also be laboratory confirmed by the

presence of measles-specific IgM antibody or a significant rise in measles-specific IgG antibody titer between acute-and convalescent-phase serum specimens. 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, and DPH epidemiologists will facilitate testing at the time of notification.

To coordinate specimen collection and laboratory submission, 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) afterhours 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

Measles-containing vaccine (MMR) remains the most effective prevention against disease. Ensure that patients are up to date on their MMR vaccine. 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.

ACTIONS REQUESTED OF 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/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>
- Obtain appropriate clinical specimens. Laboratory testing for measles is required for confirmation. This includes throat swabs and urine for measles PCR and culture, 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 CDC's recommended schedules for children and adults.

CONTACT INFORMATION

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