Marion County
OREGON
Health & Human Services

ALERT

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To:
Fax number:

From: Marion County Health & Human Services
Fax number: 503-566-2920

Date: **10/24/25**

Regarding: Clinician Alert: **Measles again detected in wastewater in Marion County, healthcare providers should be on alert for measles**

Phone number for follow-up: 971-673-1111

- A second sample collected from a wastewater treatment facility in Marion County on October 20 tested positive for measles virus, raising concern for local measles risk.
- A sample collected from a wastewater treatment facility in Marion County on October 6 tested positive for measles virus.
- This detection in wastewater means that at least one person with measles has been in the area, however, it does not tell us if there is ongoing risk as the detection could have come from a person simply traveling through the area.
- There have been no recent cases of measles reported in Oregon.
- Healthcare providers should remain vigilant monitoring patients for symptoms consistent with measles.

Clinical Signs and 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 (1-2 mm 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 affect the trunk, arms, legs and feet. The measles rash is maculopapular and may coalesce or join together as it spreads. Additional information about the signs and symptoms of measles is available from the CDC.

Testing recommendations

Clinicians evaluating patients for measles should immediately isolate the patient, ideally in a single-patient airborne infection isolation room (also known as a 'negative pressure' room).

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.

Timely laboratory confirmation of measles is critical to tracking the spread and prioritizing prevention efforts. Tests for measles can be ordered from most commercial laboratories or through the Oregon State Public Health Laboratory (OSPHL). OSPHL offers measles RT-PCR testing and approval from Oregon Health Authority is required. Please do not submit specimens without requesting approval. IgM/IgG testing must be ordered through commercial laboratories.

Vaccination remains the most effective tool we have in preventing measles transmission. Individuals without immunity are highly susceptible to measles and clinicians should reinforce the importance of this safe and highly effective vaccine.

Suspect measles cases are immediately reportable in Oregon. If you suspect measles in a patient, please call Oregon Health Authority 24/7 at 971-673-1111.