



Public Health Advisory
03/18/2026

Measles Outbreaks Update: Maintain Heightened Vigilance and Prioritize Vaccination

SITUATIONAL AWARENESS SUMMARY

Situation: On March 13, 2026, the Southern Nevada Health District (SNHD) issued a news release regarding Clark County residents and visitors who may have been exposed to measles at CONEXPO held on March 6-7, in Las Vegas. Approximately, 140,000 people attended, including an estimated 1,295 Clark County residents.

- As of March 12, 2026, the Centers for Disease Control and Prevention (CDC) reported a total of 1,362 confirmed measles cases in 2026.
In the last five years, Clark County, NV, reported one measles case (2025).

Measles is highly contagious. With increased travel during spring break season, SNHD urges healthcare providers to take the following actions:

- Maintain a High Index of Suspicion for Measles: Consider measles in patients presenting with the following symptoms:
Cough, coryza (runny nose), or conjunctivitis OR Koplik spots (bluish-white specks or a red-rose background appearing on the buccal and labial mucosa, usually opposite the molars) AND
Fever >= 101°F (38.3°C) AND
Maculopapular rash that begins on the face/head and spreads downward.
Conduct a Thorough Exposure and Immunization History: Ask about:
International travel in the past 21 days.
Domestic travel in the past 21 days to areas with known measles transmission or outbreaks.
Individuals born in 1957 or later without documented vaccination or immunity are at increased risk.
Implement Infection Control Measures to Prevent Transmission:
Immediately mask and isolate patients suspected of having measles. Place them in airborne isolation (negative pressure) if available. If unavailable, keep the patient in a closed exam room wearing a surgical mask.
Measles virus can remain viable in the air or on surfaces for up to two hours after an infectious person leaves the area.
Perform Laboratory Testing for Measles Promptly: Testing should be performed at the initial medical visit. Minimize referral to external testing sites to reduce transmission.

Table with 5 columns: Test, Specimen, CPL, LabCorp, Quest. Rows include Measles RT-PCR (Nasopharyngeal or oropharyngeal swab), Measles RT-PCR (Urine), and Measles IgM* (Serum).

*Recent measles vaccination can cause a positive IgM. It can also cause fever (10%) and rash (5%) in children around 6 to 12 days after vaccination.

- Provide Supportive Care for Measles Cases: Management remains supportive; no specific antiviral therapy is indicated.
Emphasize the Importance of Measles Vaccination: Discuss immunization for prevention.
Recommended pediatric 2-dose MMR series beginning at 12-15 months of age.
While MMR vaccination is not routinely recommended under age 12 months, it can be safely administered as early as 6 months of age for higher risk infants (e.g. international travel or living in outbreak areas). This dose does not count towards the routine 2-dose series.
The second dose is recommended at 4-6 years of age.
For catch-up vaccination, doses v must be administered at least 4 weeks apart.
Adult vaccination is recommended for individuals without acceptable presumptive immunity in the following groups:
Individuals born in 1957 or later: at least 1 dose if unvaccinated.
Students in post-secondary educational institutions: 2 doses.
Healthcare personnel: 2 doses.
Report: Do not wait for laboratory confirmation to report to SNHD's Disease Surveillance and Control via Phone (702) 759-1300 or Fax (702) 759-1414.

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