Iowa Measles Updates

28 August 2026

Matthew Donahue, MD
State Epidemiologist & Deputy State Medical Director
Division of Public Health
Iowa HHS

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I. The first signal
II. National measles update
III. Iowa measles update
IV. Measles epi reminders & response summary
V. Infection prevention & control
VI. Updated resources

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Friday, August 14, 2026

- Two positive tests

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- Two positive tests
- Investigation begins and continues overnight into Saturday

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Saturday, August 15, 2026

- Contact tracing reveals substantial number of exposures

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- Investigation begins and continues overnight into Saturday

Saturday, August 15, 2026

- Contact tracing reveals substantial number of exposures
- Identify high-risk infants eligible for “PEP”

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- Two positive tests
- Investigation begins and continues overnight into Saturday

Saturday, August 15, 2026

- Contact tracing reveals substantial number of exposures
- Identify high-risk infants eligible for “PEP”
- Identify emergency supply and move IMIG PEP for administration in-home, just within PEP window

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Friday, August 14, 2026

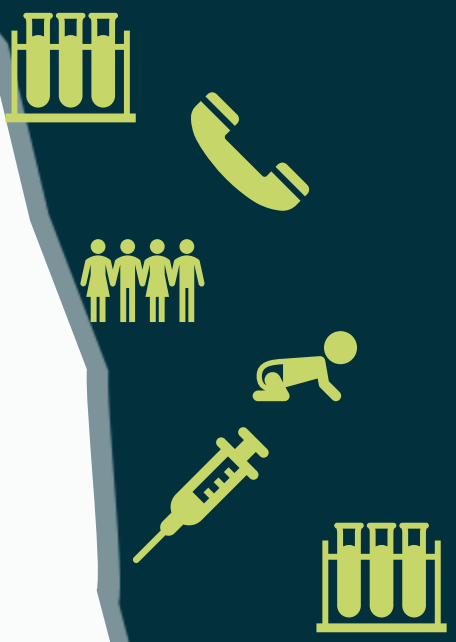
- Two positive tests
- Investigation begins and continues overnight into Saturday

Saturday, August 15, 2026

- Contact tracing reveals substantial number of exposures
- Identify high-risk infants eligible for “PEP”
- Identify emergency supply and move IMIG PEP for administration in-home, just within PEP window

Sunday, August 16, 2026

- Identify additional suspect cases, test and confirm outbreak



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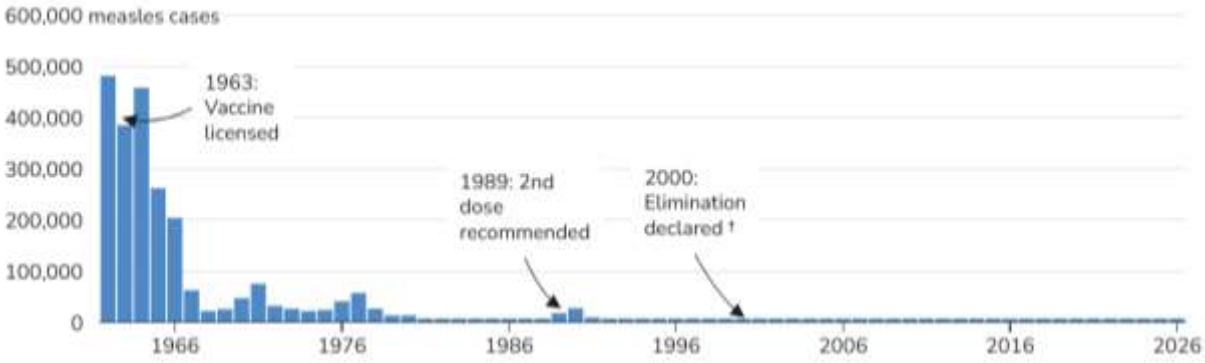
Reported Measles Cases in the United States from 1962–2026*



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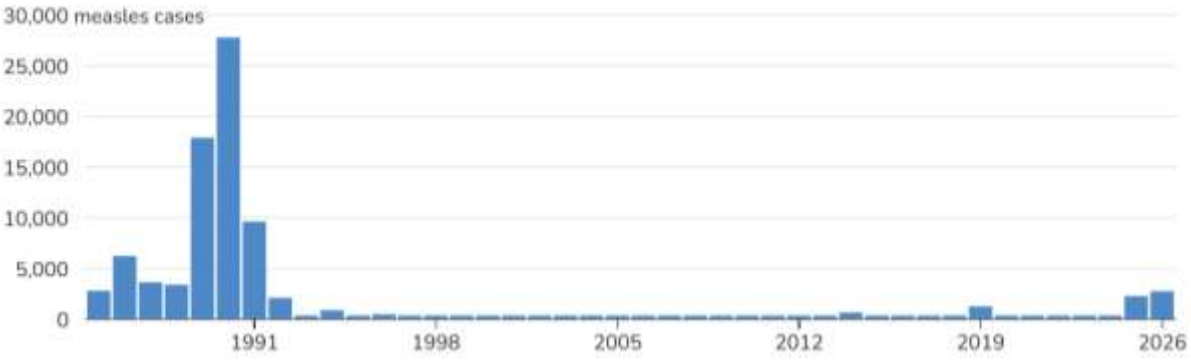
Yearly Measles Cases in the U.S., 1985–Present*



**As of August 20, 2026*

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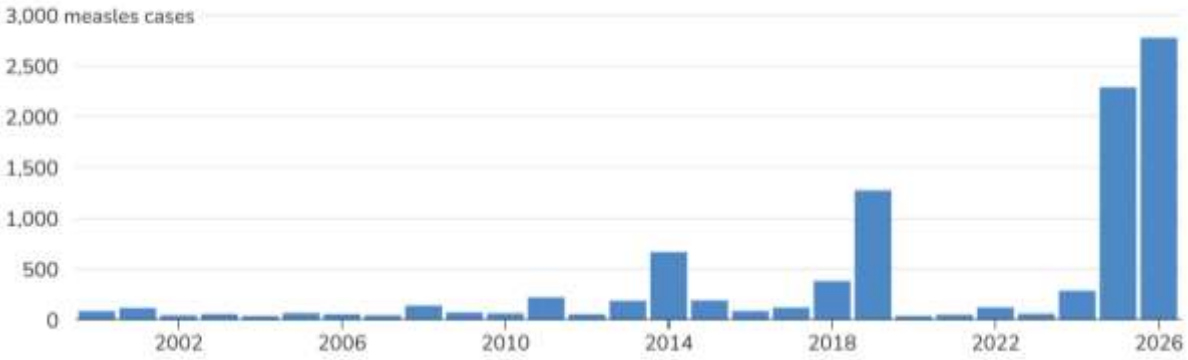
Yearly Measles Cases in the U.S., 2000–Present*



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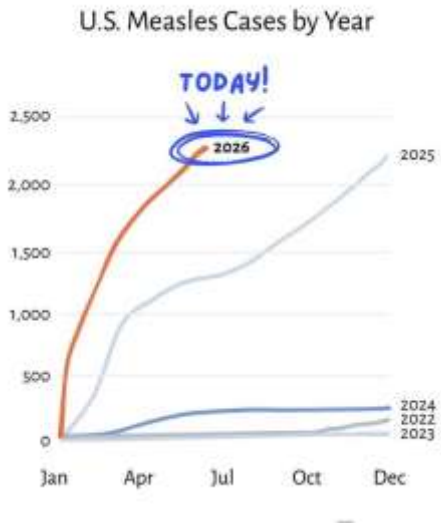

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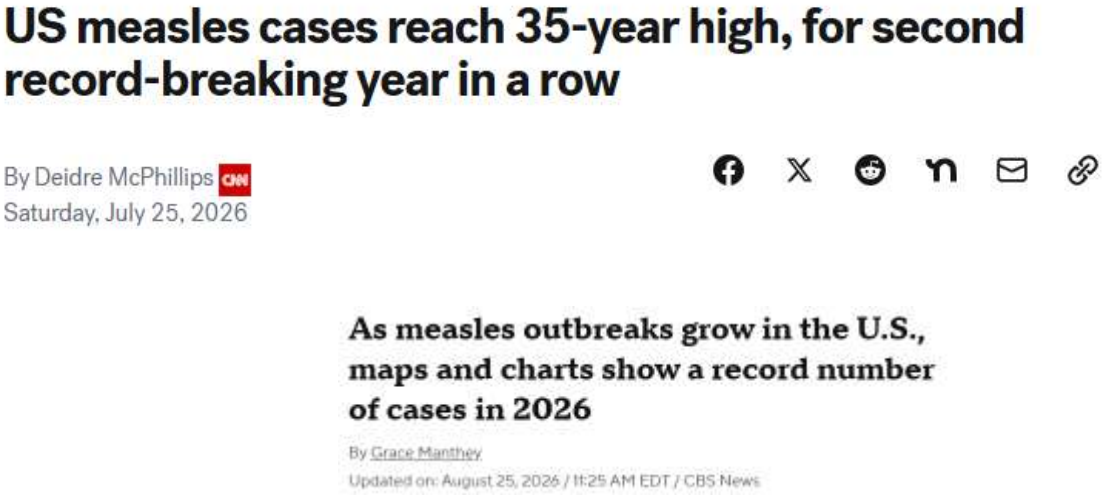


US measles cases reach 35-year high, for second record-breaking year in a row

By Deidre McPhillips CNN
Saturday, July 25, 2026

As measles outbreaks grow in the U.S., maps and charts show a record number of cases in 2026

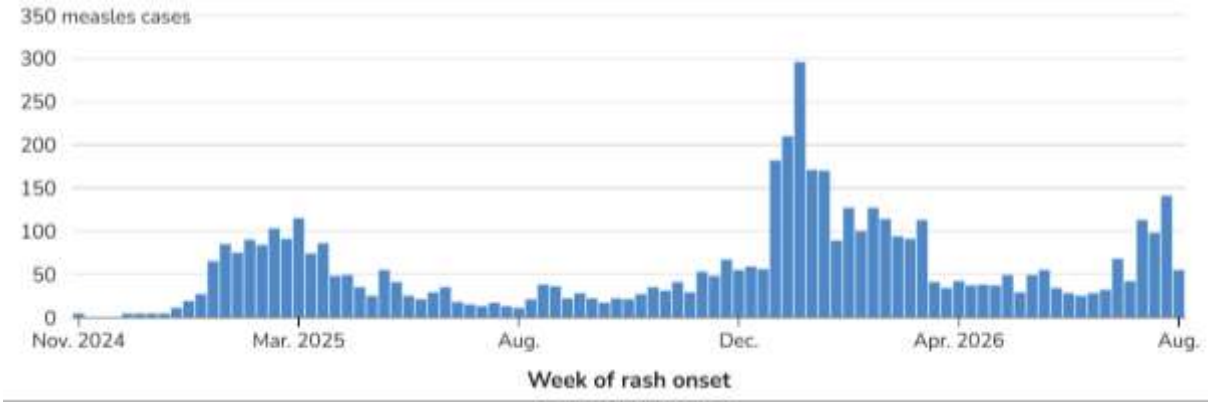
By Grace Manthey
Updated on: August 25, 2026 / 11:25 AM EDT / CBS News

https://abc7ny.com/post/us-measles-cases-reach-35-year-high-second-record-breaking-row/19575595/
https://www.cbsnews.com/news/measles-outbreak-us-map-2026/

Measles data — U.S., 2026, 2025

	2026 to date	2025
Total cases	**2,777**	**2,289**
Age		
Under 5 years	522 (19%)	584 (26%)
5-19 years	1,314 (47%)	1,018(44%)
20+ years	931 (34%)	674 (29%
Vaccination Status		
Unvaccinated or unknown	94%	93%
Vaccinated	6%	7%
Outcomes		
Hospitalizations	193 (7%)	243 (4%)

Weekly Measles Cases by Rash Onset Date, 2022–Present*



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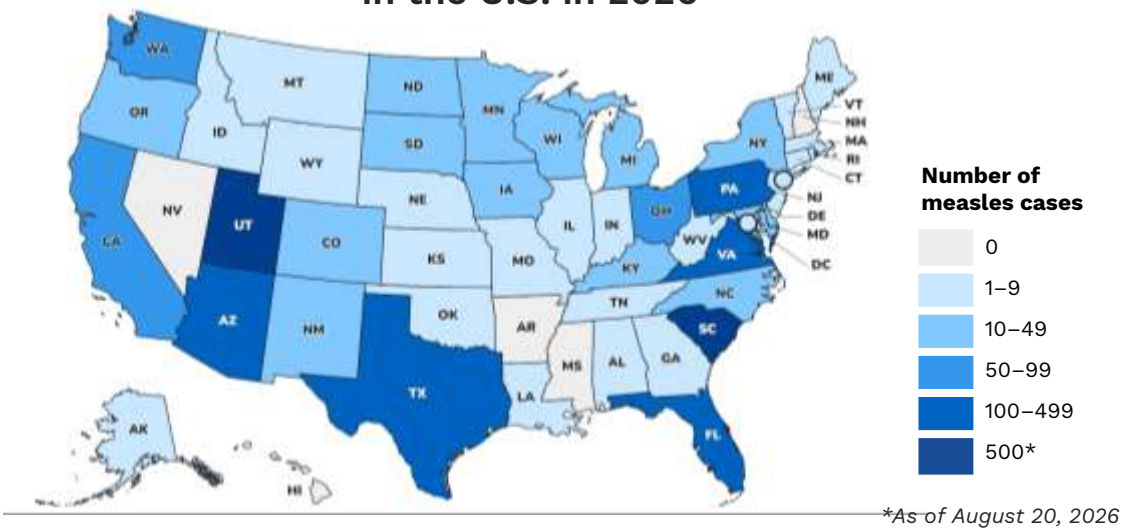
Reported Measles Cases in the U.S. in 2026*



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Measles-related deaths in Pennsylvania mark first 2 US fatalities this year

Liz Szabo, MA , Sarah Boden , Chris Dall, MA August 25, 2026

Topics: Measles

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Measles-related deaths in Pennsylvania mark first 2 US fatalities this year

Liz Szabo, MA , Sarah Boden , Chris Dall, MA August 25, 2026

Topics: Measles

What we've heard

- Both unvaccinated
- Ages unclear
- Residents of Lancaster Co, home to one of the country's largest plain communities

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Why?

Why?

Pre-vaccine era

- Decade prior to vaccine becoming available (1963)
- 3-4 million infections in the United States each year
- 48,000 hospitalized
- 400–500 deaths
- SSPE, immune amnesia

Why?

Pre-vaccine era

- Decade prior to vaccine becoming available (1963)
- 3-4 million infections in the United States each year
- 48,000 hospitalized
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- SSPE, immune amnesia

Now

- 1 in 5 unvaccinated are hospitalized
- 1 in 20 children with measles get pneumonia
- 1 in 1,000 children with measles get brain swelling
- 1-3 in 1,000 children with measles will die

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Why?

Mission: interrupt all measles transmission in Iowa using a response approach that is effective and sustainable

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Figure 1. Percent of Children with 1 Dose of MMR by 2 Years of Age by County, Iowa, 2025

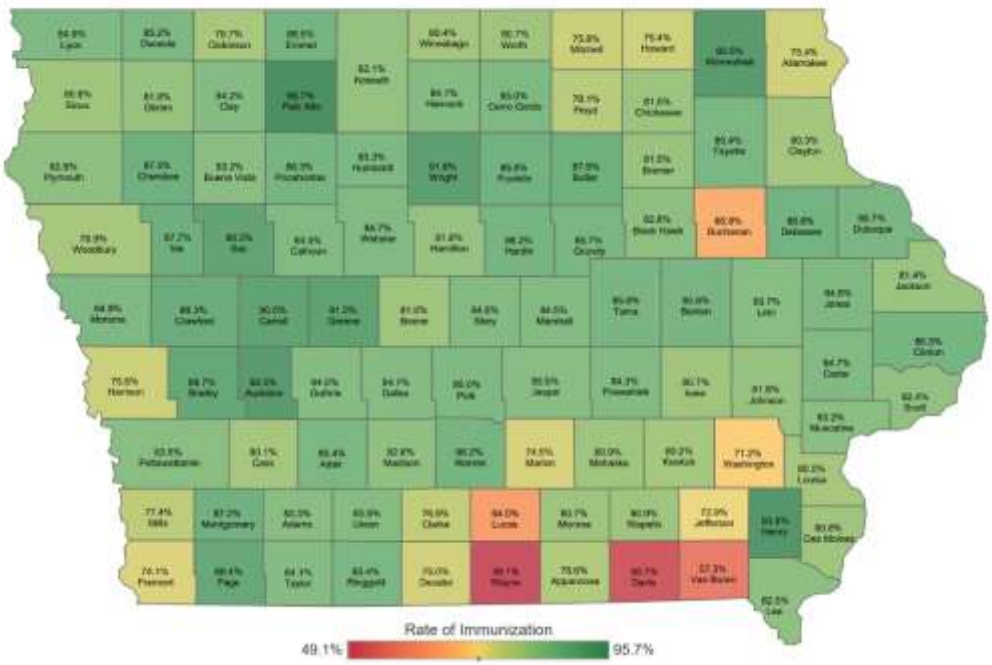

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Figure 2. Percent of 2 Year Olds with 1 Dose of MMR in Iowa (2016-2025)

Data Notes:
-Y-axis begins at 50%
-Coverage rates based on IRIS population denominator

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Figure 7. Percent of Kindergarteners with 2 Doses of MMR Based on School Immunization Certificates, Iowa (2016-2025)

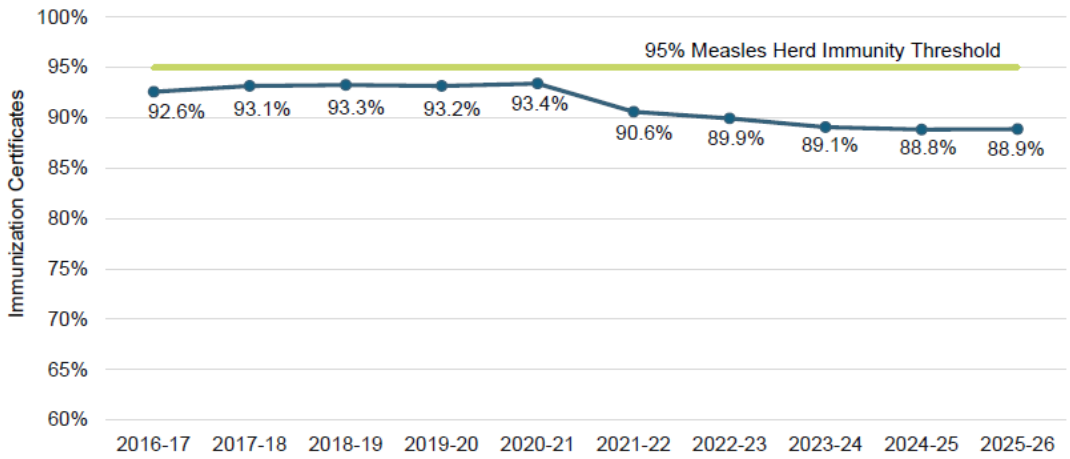

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Figure 1. Percent of Immunization Certificates by Type, Kindergarten–12th Grade, Iowa, 2016–17 to 2025–26 School Year

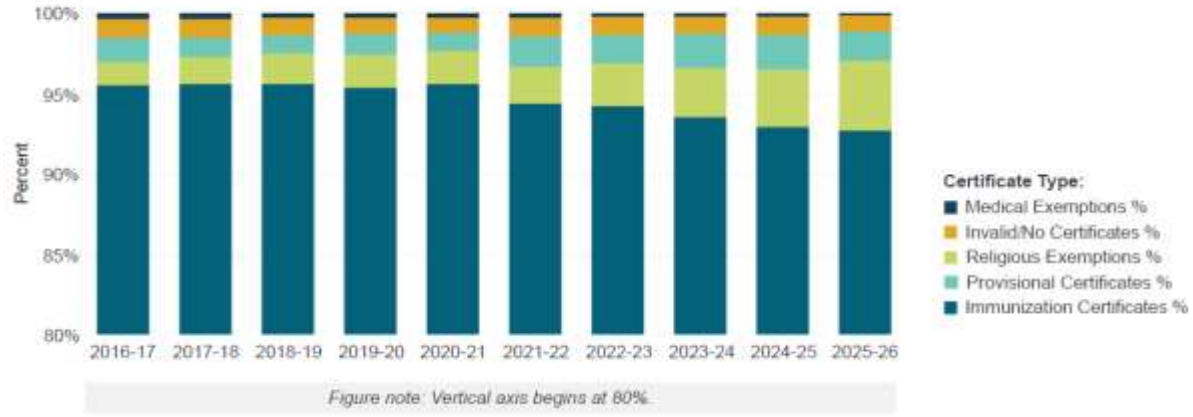

Figure note: Vertical axis begins at 80%.

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Routine childhood immunization schedule is how we reached elimination. We must refocus now.

In the United States & in Iowa

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Routine childhood immunization schedule is how we reached elimination. We must refocus now.

In the United States & in Iowa

*** *Remains equally important now that we're in an outbreak response*

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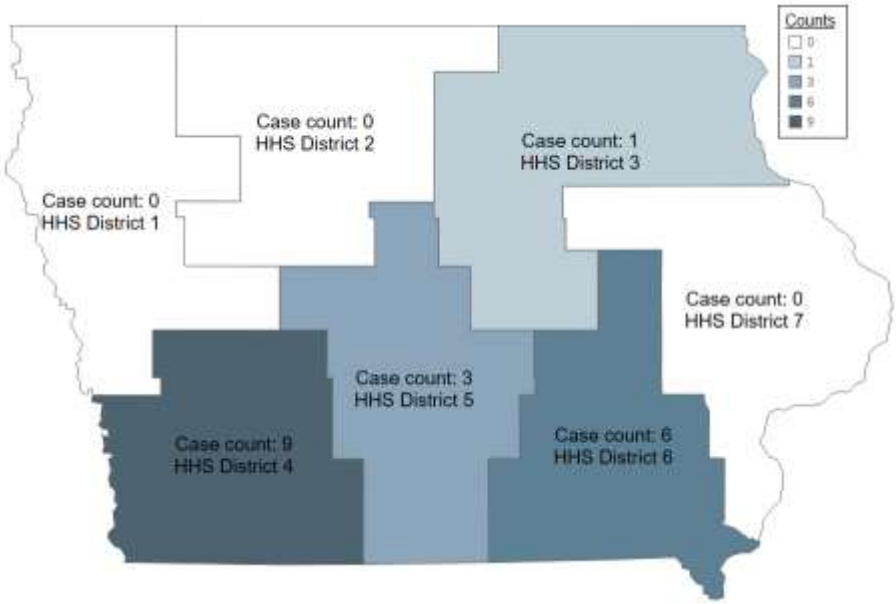
Measles case counts by HHS districts — Iowa, 2026 (n = 19)



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Measles data — Iowa, 2026, 2025 (n = 19)

	2026 to date	2025
Total cases	**19**	**9**
Age		
Under 5 years	3	2
5-19 years	9	2
20+ years	7	5
Vaccination Status		
Unvaccinated or unknown	17	6
Vaccinated	2	3
Source		
Travel-associated	5	4
Locally acquired: *Known exposure*	13	3
Locally acquired: *Without known exposure*	1	2

https://hhs.iowa.gov/health-prevention/disease-information/measles

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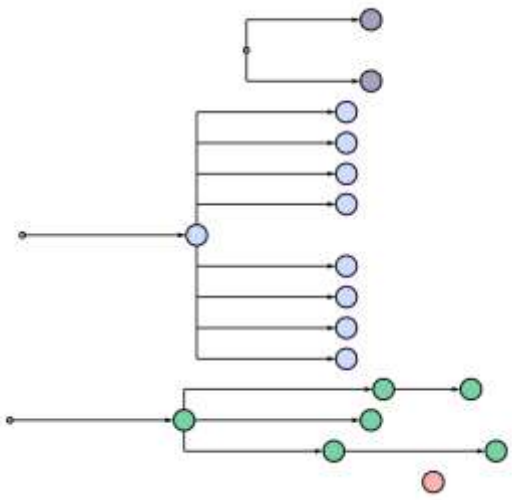
Cluster mapping (n = 18)

- Four independent introductions
- Secondary & tertiary transmission identified
- Community transmission likely



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Three active priorities in **response**

1

Immediate actions group:
testing, investigations, contact tracing, PEP, press

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Exposure Locations

Iowa HHS and local health officials identify locations visited by individuals while contagious, where others might have been exposed to measles. **Current exposure locations with dates occurring in the last four weeks will be listed and updated on the Iowa HHS website.**

Anyone present at these locations during the listed date and time should monitor for symptoms of measles for 21 days from their exposure. Symptoms of measles include fever, cough, red/watery eyes, runny nose, and a rash.

If you think you have been exposed to measles and have symptoms, call your medical provider or nearest emergency room ahead of time and tell them before arrival that you have been exposed to measles and have symptoms.

https://hhs.iowa.gov/health-prevention/disease-information/measles

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New Potential Exposure Location	Date/Time
Sunnyside Grocery 22422 County Road 63, Bloomfield, IA 52537	Saturday, August 15, 2026 11 a.m. to 2 p.m.
Previously Announced Exposure Locations – Past Four Weeks	**Date/Time**
Pizza Ranch 1791 Venture Dr., Ottumwa, IA 52501	Friday, August 14, 2026 noon to 3 p.m.
JR Feed and Supply 17599 200th St., Bloomfield, IA 52537	Sunday, August 9, 2026 8:30 a.m. to 6 p.m.
Wells Hometown Drug 208 E. Franklin St, Bloomfield, IA 52537	Thursday, July 30, 2026 4:30–7 p.m.
Natural Grocer's Clive 8650 Hickman Rd, Clive, IA 50325	Tuesday, July 28, 2026 2:30–5 p.m.
Vero Health Center 630 S 50th St, West Des Moines, IA 50265	Tuesday, July 28, 2026 3:30–6:30 p.m.
Office Depot 3910 University Ave, West Des Moines, IA 50266	Tuesday, July 28, 2026 5–7:30 p.m.
Menards 12000 Hickman Rd, Clive, IA 50325	Tuesday, July 28, 2026 6–8:30 p.m.
Menards 6000 SE 14th St, Des Moines, IA 50320	Tuesday, July 28, 2026 7–9:30 p.m.

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Three active priorities in **response**

1. Immediate actions group:
testing, investigations, contact tracing, PEP, press
2. Maintaining/enhancing community engagement,
identifying additional bridges to community

Three active priorities in **response**

1. Immediate actions group:
testing, investigations, contact tracing, PEP, press
2. Maintaining/enhancing community engagement,
identifying additional bridges to community
3. Increasing background immunization rates

Three active priorities in **preparations**

3 Immediate actions group:
testing, investigations, contact tracing, PEP, press

2 Maintaining/enhancing community engagement,
identifying additional bridges to community

1 Increasing background immunization rates

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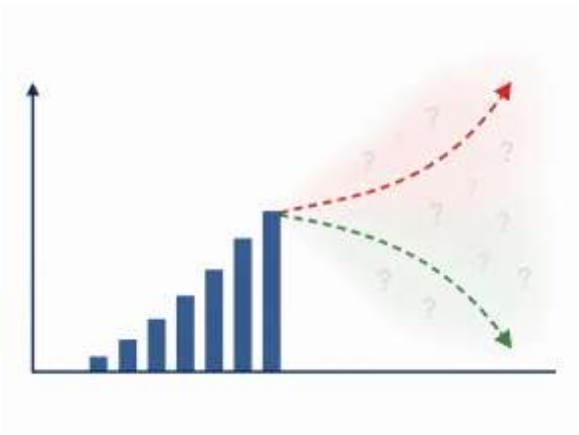

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Reminder: measles R_0 is 12-18

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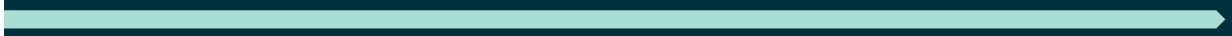
Timeline for measles exposure, symptom onset & contagiousness



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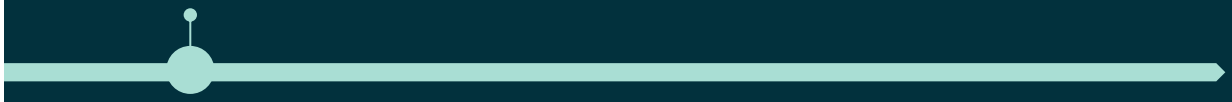
Incubation period is time from exposure to symptoms

Exposure



Incubation period: median 10–12 days to prodrome, 14 days to rash (range = 7–21 days)

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Prodrome happens before rash

Incubation period: median 10–12 days to prodrome, 14 days to rash (range = 7–21 days)

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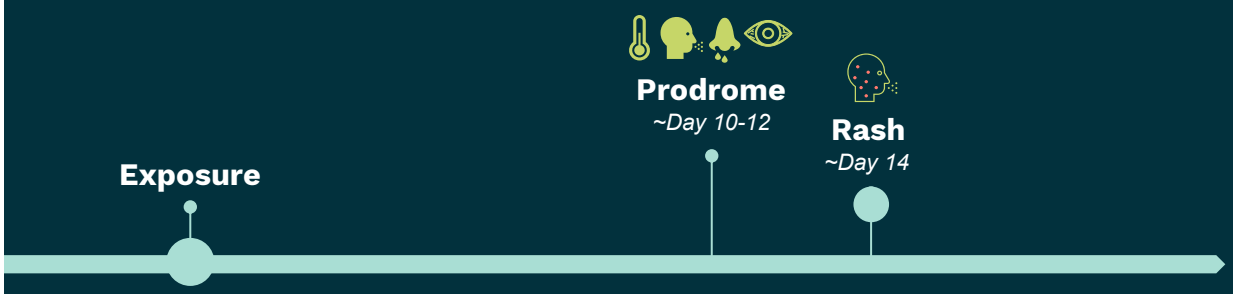
Rash begins near the hairline then spreads downward



Incubation period: median 10–12 days to prodrome, 14 days to rash (range = 7–21 days)

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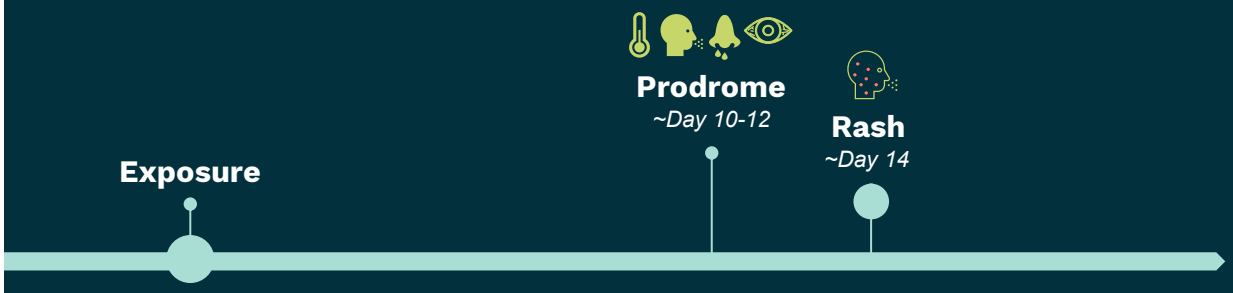
Infectious period is anchored to rash onset



Incubation period: median 10–12 days to prodrome, 14 days to rash (range = 7–21 days)

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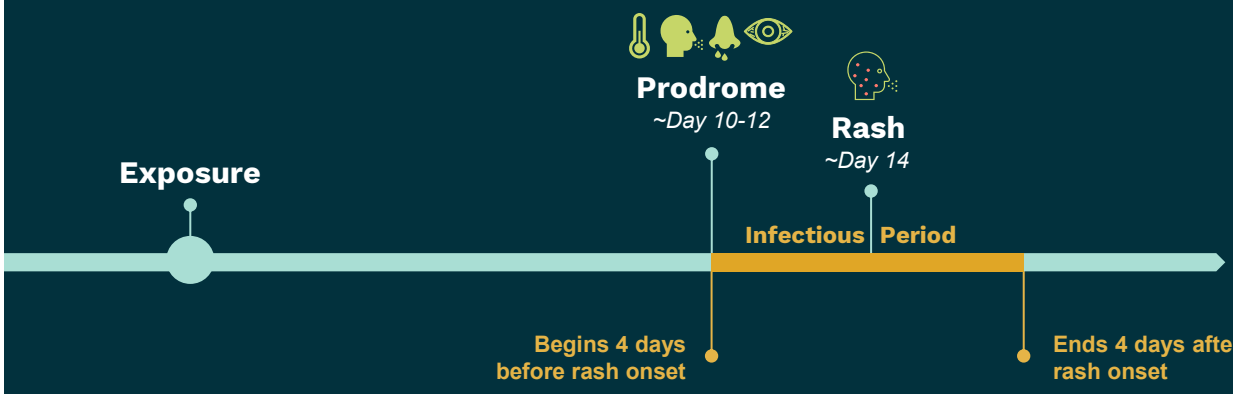
Infectious period is 4 days before rash through 4 days after rash



Incubation period: median 10–12 days to prodrome, 14 days to rash (range = 7–21 days)

Infectious period: 4 days before rash onset through 4 days after rash onset

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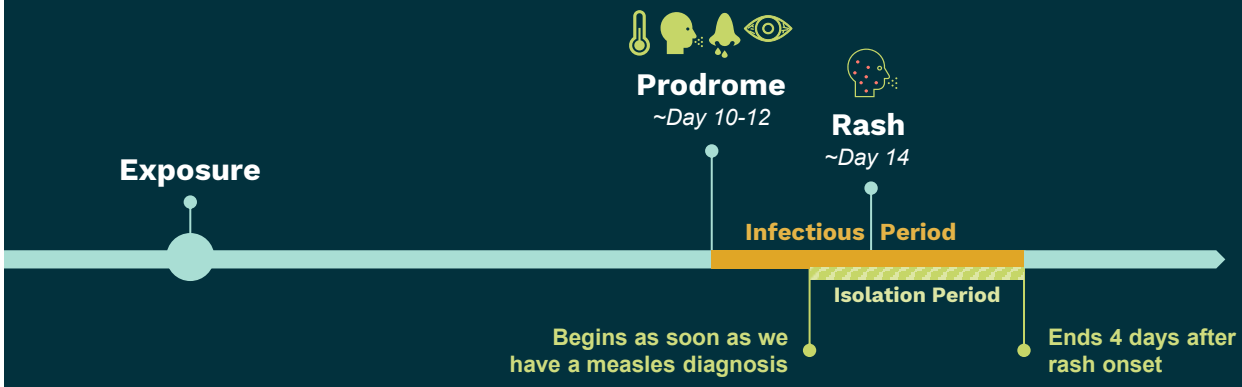
Isolation period is through 4 days after rash onset



Incubation period: median 10–12 days to prodrome, 14 days to rash (range = 7–21 days)
Infectious period: 4 days before rash onset through 4 days after rash onset
Isolation period: End isolation after 4 days from rash onset

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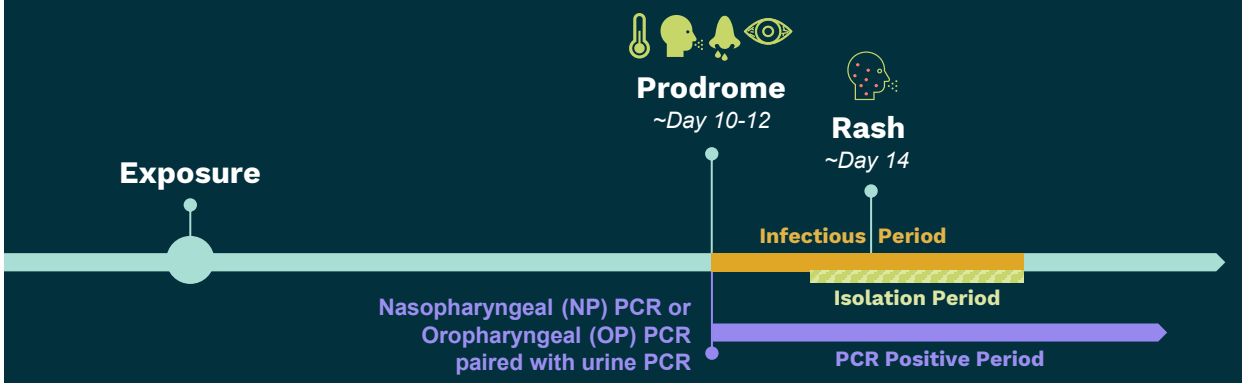
PCR testing is positive the earliest & the most sensitive during infectious period



Incubation period: median 10–12 days to prodrome, 14 days to rash (range = 7–21 days)
Infectious period: 4 days before rash onset through 4 days after rash onset
Isolation period: End isolation after 4 days from rash onset
PCR positive period: PCR *can* be positive just before the prodrome, through 10–14 days after rash **onset**

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PCR testing

- The State Hygienic Laboratory (SHL) will test using PCR and produce results more quickly than send-outs

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PCR testing

- The State Hygienic Laboratory (SHL) will test using PCR and produce results more quickly than send-outs
- **Collect an NP/OP swab *and* a urine specimen as soon as measles is suspected, for rapid testing at SHL**
- CADE will approve testing and can troubleshoot unique situations

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PCR testing

- The State Hygienic Laboratory (SHL) will test using PCR and produce results more quickly than send-outs
- **Collect an NP/OP swab *and* a urine specimen as soon as measles is suspected, for rapid testing at SHL**
- CADE will approve testing and can troubleshoot unique situations

Clinicians who need a test on a suspect measles patient should **call**:

1-800-362-2736 during business hours or

515-323-4360 after hours

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CADE Field Epidemiologist Coverage Map

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Investigations

- LPHA of county of residence will investigate
- Case should isolate during infectious period
- Find exposure venues, dates, times—public exposure venues must be shared via press release
- Find exposed contacts, check “PEI”

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Presumptive evidence of immunity (PEI)

- **MMR on record**

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Presumptive evidence of immunity (PEI)

- MMR on record
- IgG+

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Presumptive evidence of immunity (PEI)

- MMR on record
- IgG+
- Born before 1957

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Presumptive evidence of immunity (PEI)

- MMR on record
- IgG+
- Born before 1957
- Documentation of prior infection

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Contact tracing

- Already sick ➡ need to test
- Has PEI ➡ monitor weekly
- No PEI ➡ monitor daily, quarantine/exclude from work for 21 days from exposure, and see if eligible for PEP

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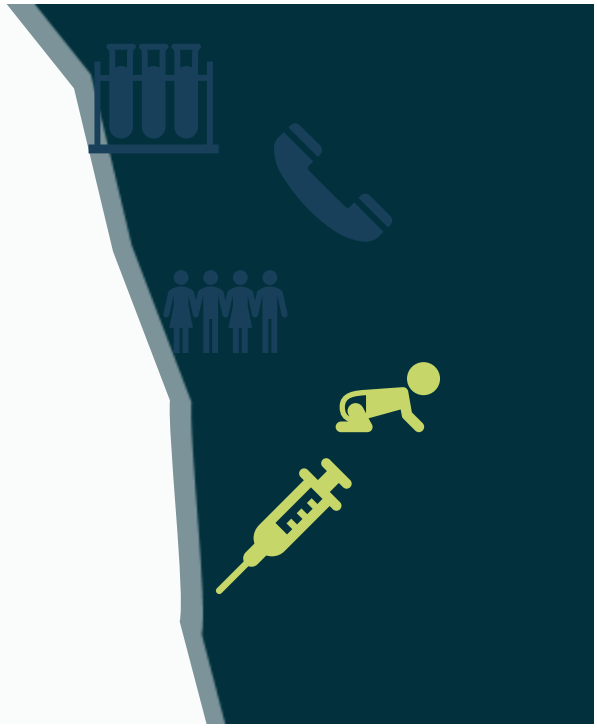
Postexposure prophylaxis (PEP)

- **MMR within 72 hours of exposure, if:**
  >6m, not pregnant, not immunocompromised



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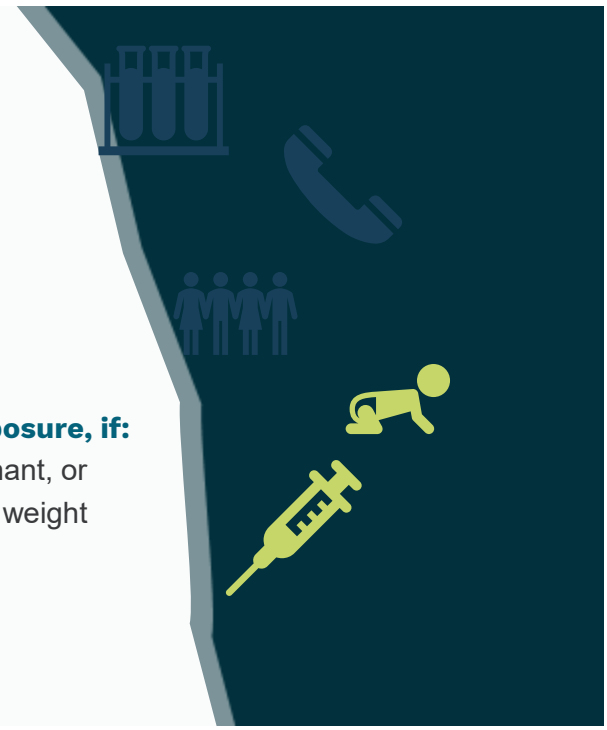
Postexposure prophylaxis (PEP)

- **MMR within 72 hours of exposure, if:**
  >6m, not pregnant, not immunocompromised
- **Immunoglobulin (IG) within 6 days of exposure, if:**
  <6m, 6m–12m and missed 72h window, pregnant, or immunocompromised, IMIG or IVIG based on weight



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MMR vaccine & accelerated schedule

Routine MMR schedule is one dose at 12–15 months and a second dose at 4–6 years, additional options for earlier protection include:

- An early extra dose of MMR between 6 and 11 months of age (“dose 0”); this dose does **not** count toward the routine series
- The first routine dose (dose 1) can be given after 12 months of age, at least 28 days after dose 0
- The second routine dose (dose 2) can be given at least 28 days after dose 1, instead of waiting until age 4–6 years

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Iowa HHS MMR vaccine initiative

- All LPHAs may participate (***strongly encouraged***), all may provide MMR vaccine to individuals regardless of insurance status or state/county of residence
  - Must enroll in VFA program if not already (tracking)
  - Must document eligibility criteria in IRIS
- All LPHAs eligible to order MMR vaccine (include “measles vaccine initiative” in order), and can use VFC/VFA inventory if sufficient supplies
- Initiative available through duration of outbreak

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Questions?
Email IowaVFC@hhs.iowa.gov

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Michael Patten, DO
HAI Program Manager, Iowa HHS

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Preparing for Measles in Healthcare Settings:

Ensure that all staff have presumptive evidence of immunity to measles

- 2 doses of measles virus-containing vaccine are recommended for all HCP, regardless of birth year.

Review current protocols and procedures

- Address workflows to minimize potential measles exposures
- Provide training for triage, intake and care staff on updated procedures
- When scheduling appointments add questions of signs and symptoms of measles
- Post signs with clear instructions for patients to stop and call for assistance
- Posters and signs should be in multiple languages (available through Iowa HHS for free)
  - These poster/signs should be at the facility entrance and in common areas
  - Poster/signs should provide a phone number to triage and intake staff
- Make available masks and supplies to perform hand hygiene

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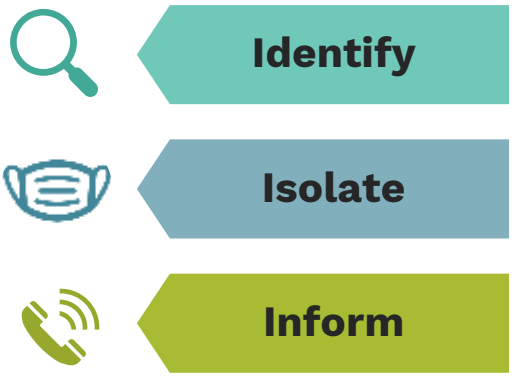
Infection Prevention and Control (IPC) Considerations



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Infection Prevention and Control (IPC) Considerations: **Identify**

Identify: Utilize existing triage stations for rapid ID and isolation of possible measles cases.

- Implement screening protocol at first contact.
  - Look for symptoms: fever, cough, coryza, conjunctivitis and rash
  - Assess for exposure risk: recent travel to effected areas or interactions with known or suspected cases.
  - Add screening questions to intake and admission calls
- Protocols should be readily available for use at point of care sites:
  - Staff should be trained on current procedures
  - Provide triage staff at emergency department, urgent care, and ambulatory clinics with simple checklists to assess risk and identify possible cases
- Post notices for patients with measles symptoms to stop & call before entering the waiting areas.

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Infection Prevention and Control (IPC) Considerations:

Isolate

- Once risk is identified, mask suspected patients immediately
- Move the patient out of high traffic areas and/or use separate entrance if possible
- Suspected patients should be immediately placed in an airborne infection isolation room (AIIR) when possible. If an AIIR is not available, place suspected patients in a single room with a closed door and keep patient masked.
- Close examination room and other exposed areas for at least two

Infection Prevention and Control (IPC) Considerations:

Inform

- Facilities should have processes in place to immediately inform infection control, key staff and public health authorities.
- Timely consultation helps guide differential diagnosis, determine the need for ongoing isolation and support testing decisions.

Clinicians who need a test on a suspect measles patient should **call**:

1-800-362-2736 during business hours or

515-323-4360 after hours

Precautions and Control Measures:
Adhere to standard and airborne precautions

- If possible, place patient in an airborne infection isolation room (AIIR)
  - If an AIIR is not available, transfer the patient as soon as possible to a facility with an available AIIR.
  - Pending transfer, place the masked patient in a private room with the door closed.
  - If feasible, patient should continue wearing the mask for the duration of their time in the non-AIIR room.
- Ensure staff is properly trained in standard and airborne precautions
- Patients with measles should remain in Airborne Precautions for 4 days after the onset of rash

Precautions and Control Measures:
Health care personnel should always wear recommended personal protective equipment (PPE) when providing patient care.

- HCP should use respiratory protection (i.e., a respirator) that is at least as protective as a fit-tested, NIOSH-certified disposable N95 filtering facepiece respirator, regardless of presumptive evidence of immunity, upon entry to the room or care area of a patient with known or suspected measles.
- HCP should be medically cleared and fit-tested
- Staff should be trained in proper use, safe removal and disposal of respirator

Precautions and Control Measures:
Transporting patients with known or suspected measles

- Patient should wear a mask when moving throughout the facility.
- Keep the time outside of airborne infection isolation room (AIIR) to a minimum
- Transportation routes should minimize contact with persons not essential for the patients care
- If transferring out of facility notify accepting care team at the receiving facility to allow for implementation of proper precautions and coordinate a smooth transfer of care.

Precautions and Control Measures:
Implement environmental infection control measures

- After the patient leaves the room, it should remain vacant for the appropriate time (2 hours) to allow for 99.9% of airborne-contaminant removal.
- Surfaces that may be contaminated with body fluids should be cleaned and disinfected. Generally, EPA-registered disinfectants suitable for hepatitis B viruses and HIV (i.e., those on List S) will be effective against the measles virus.
- Manage used, disposable PPE and other patient care items for measles patients as regulated medical waste according to federal and local regulations.

Intra-facility Measles Exposures:

Management of patients exposed to measles without presumptive evidence of immunity:

- Place patient on Airborne Precautions from the 5th day after the first exposure through the 21st day after the last exposure, or until discharge, if earlier
- Administer postexposure prophylaxis in accordance with CDC and ACIP recommendations.
- Patients who have received IG for PEP, extend the monitoring period through the 28th day after the last exposure.

Inform infection control, key staff and public health authorities about measles-exposed persons.

- An occupational exposure is defined as a staff member spending any amount of time while unprotected (i.e., not wearing recommended personal protective equipment):
- In a shared air space with an infectious measles patient at the same time, or
- In a shared air space vacated by an infectious measles patient for up to 2 hours.

If Healthcare Personnel are exposed:

Asymptomatic healthcare personnel with presumptive evidence of immunity to measles:

- Postexposure prophylaxis is not necessary
- Work restrictions are not necessary
- Implement daily monitoring for signs and symptoms of measles from the 5th day after their first exposure through the 21st day after their last exposure.

Asymptomatic healthcare personnel without presumptive evidence of immunity to measles:

- Administer postexposure prophylaxis in accordance with CDC and ACIP recommendations
- Exclude from work from the 5th day after their first exposure through the 21st day after their last exposure, regardless of receipt of postexposure prophylaxis.
- Work restrictions are not necessary for healthcare personnel who received the first dose of MMR vaccine prior to exposure:
  - They should receive their second dose of MMR as soon as possible (at least 28 days after their first dose)
  - Implement daily monitoring for signs and symptoms of measles from the 5th day after their first exposure through the 21st day after their last exposure

I. The first signal
II. National measles update
III. Iowa measles update
IV. Measles epi reminders & response summary
V. Infection prevention & control
VI. Updated resources

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Know critical new developments & guidance

Subscribe to the Iowa Health Alert Network (HAN)

- https://hhs.iowa.gov/health-prevention/providers-professionals/emergency-preparedness-response

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Know of new exposure venues and updated case counts

HHS measles information page

- https://hhs.iowa.gov/health-prevention/disease-information/measles

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Door flier to call before entering

HHS measles information page

- https://hhs.iowa.gov/health-prevention/disease-information/measles

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Community flier to access MMR

HHS measles information page

- https://hhs.iowa.gov/health-prevention/disease-information/measles

Measles is in our community. Are you protected?

The MMR (measles, mumps, rubella) vaccine is **safe** and **effective**. It is also the **best protection against measles**. Two doses of MMR vaccine are 97% effective at preventing measles.

Right now, we are offering the MMR vaccine at **no cost** to any person that needs it, no matter your insurance status.

If you need to get the MMR vaccine or you're not sure if you need it, call us at: **###-###-####**

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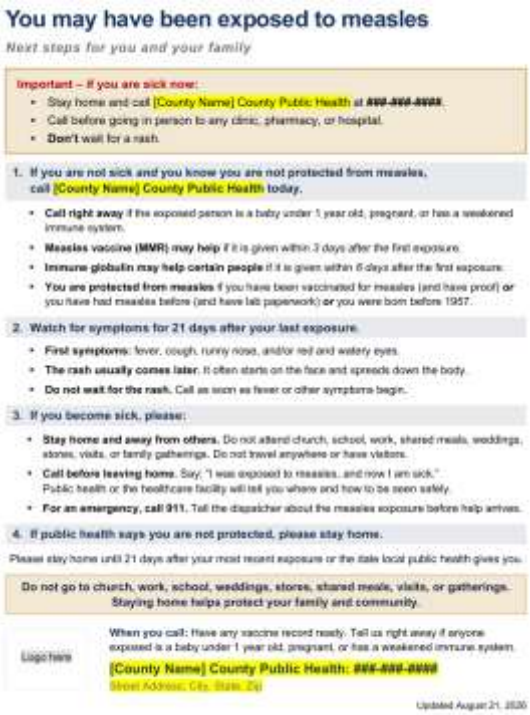
Measles exposure guidance

HHS measles information page

- https://hhs.iowa.gov/health-prevention/disease-information/measles



You may have been exposed to measles

Next steps for you and your family

Important – If you are sick now:

- Stay home and call [County Name] County Public Health at ###-###-####.
- Call before going in person to any clinic, pharmacy, or hospital.
- **Don't** wait for a rash.

1. If you are not sick and you know you are not protected from measles, call [County Name] County Public Health today.

- **Call right away** if the exposed person is a baby under 1 year old, pregnant, or has a weakened immune system.
- **Measles vaccine (MMR) may help** if it is given within 3 days after the first exposure.
- **Immune globulin may help certain people** if it is given within 6 days after the first exposure.
- **You are protected from measles** if you have been vaccinated for measles (and have proof) **or** you have had measles before (and have lab paperwork) **or** you were born before 1957.

2. Watch for symptoms for 21 days after your last exposure.

- **First symptoms**: fever, cough, runny nose, and/or red and watery eyes.
- **The rash usually comes later.** It often starts on the face and spreads down the body.
- **Do not wait for the rash.** Call as soon as fever or other symptoms begin.

3. If you become sick, please:

- **Stay home and away from others.** Do not attend church, school, work, shared meals, weddings, stores, visits, or family gatherings. Do not travel anywhere or have visitors.
- **Call before leaving home.** Say: "I was exposed to measles, and now I am sick." Public health or the healthcare facility will tell you where and how to be seen safely.
- **For an emergency, call 911.** Tell the dispatcher about the measles exposure before help arrives.

4. If public health says you are not protected, please stay home.

Please stay home until 21 days after your most recent exposure or the date local public health gives you.

Do not go to church, work, school, weddings, stores, shared meals, visits, or gatherings. Staying home helps protect your family and community.

Logo here

When you call: Have any vaccine record ready. Tell us right away if anyone exposed is a baby under 1 year old, pregnant, or has a weakened immune system.

[County Name] County Public Health: ###-###-####

Street Address, City, State, Zip

Updated August 21, 2025

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Child illness & disease exclusion criteria for education and child care settings

HHS measles information page

- https://hhs.iowa.gov/health-prevention/disease-information/measles

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Disease-Specific Exclusion Criteria

Disease	Exclude	Return to Child Care/School
Chickenpox (varicella zoster virus)	Yes.	When all blisters are crusted with no oozing (usually 6 days) and resolution of symptom-based exclusion criteria.
Fifth disease (parvovirus B19)	No. Unless the child meets other exclusion criteria.	If excluded due to presence of other exclusion criteria, resolution of symptom-based exclusion criteria.
Hand, foot, and mouth (enteroviruses)	No. Unless the child has uncontrolled drooling with mouth sores or meets other exclusion criteria.	If excluded due to presence of other exclusion criteria, resolution of symptom-based exclusion criteria.
Head lice (pediculosis)	No. Unless the child meets other exclusion criteria.	Treatment of an active lice infestation may be delayed until the end of the day. Children do not need to miss school or child care due to head lice. Treatment recommendations: cdc.gov/lice/treatment/
Impetigo (Staphylococcus or Streptococcus)	Yes. The child can finish the day if lesions can be covered.	The child has been seen by a healthcare provider, antibiotic treatment has been initiated for 12 hours and blisters are covered.
Measles (rubeola)	Yes.	The child may return only on a date specified by public health authorities, 4 days after rash onset and with resolution of symptom-based exclusion criteria.

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