



Measles in Michigan Washtenaw County outbreak, MMR vaccine gaps and key actions for providers

Public Health Bulletin for Health Care Providers - April 2026

Dear colleagues,

As of Wednesday, April 15, [eight confirmed measles cases](#) have been identified in southeast Michigan — seven in Washtenaw County and one in Monroe County — with evidence of possible unlinked community transmission. As this situation continues to develop, impacted jurisdictions and associated guidance **may expand** as additional cases are identified.

Sustained vaccination coverage of at least 95% is required to prevent measles outbreaks. [Michigan's current MMR vaccination rates](#) fall significantly below that threshold. These gaps represent communities of susceptible individuals and are why outbreaks occur.

Recommended actions:

1. **Monitor trends:** The website Michigan.gov/measles offers the most current case counts, exposure locations and jurisdiction-specific guidance. Stay up to date on the [national measles situation](#), including case counts and outbreaks.
2. **Review protocols:** Measles testing protocols, post-exposure prophylaxis and additional management information is available in the **Michigan State and Local Public Health Measles Standard Operating Procedures** at [Measles Quick Resources for Health Care](#).
3. **Offer vaccine:** Health care providers are among the most trusted sources of health information — **your recommendation matters**. Please refer to the subsequent resources for a measles situational update and guidance on

MMR recommendations, including options for early first doses in areas with possible community transmission.

4. **Report all suspected cases** – do not wait for laboratory confirmation.

- [Local health department contact information.](#)
- MDHHS contact lines:
 - Immunizations Main Line: 517-335-8159.
 - After Hours: 517-335-9030.

Sincerely,

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Situational update

On Wednesday, March 11, **Michigan's first measles case of 2026** was confirmed in an unvaccinated Washtenaw County resident with recent travel to a Florida outbreak site. An outbreak (three or more related cases) was declared Thursday, March 12. As of Friday, April 10, seven cases are linked in this outbreak.

On Wednesday, April 1, an eighth case of measles in Michigan was confirmed in Monroe County, in a patient with **no international travel history** and **no definitive epidemiological link** to the Washtenaw County outbreak. The geographic proximity and timing of this case raises concerns about unlinked community transmission in southeast Michigan.

As of Thursday, April 2, the U.S. has reported 1,671 measles cases nationally this year alone, with 94% linked to 17 outbreaks, reflecting a substantial increase in outbreak activity from prior years.

Vaccination

Vaccination for children

The MMR vaccine is [routinely recommended at 12 to 15 months of age](#) with a second dose given a minimum of 28 days after the first dose.

MDHHS recommends early MMR vaccination for some infants 6 through 11 months of age (see criteria below), through at least Sunday, May 17.

Follow [Michigan.gov/measles](https://www.michigan.gov/measles) for updates.

Given the potential for ongoing community transmission, MDHHS is recommending an early MMR dose for **infants 6 through 11 months of age** in the following categories:

- Residents of Washtenaw, Monroe, Lenawee, Oakland, Jackson, Livingston or Wayne counties, including the City of Detroit.
- Individuals traveling to Washtenaw or Monroe counties.
- Note that the [recommendation for early vaccination for those travelling to other outbreak/endemic transmission regions](#) are unchanged.

Vaccination for eligible infants

- Administer one early MMR dose now.
- The early dose should be understood as short-term outbreak protection — not a substitute for the primary series — and infants who receive it must complete two additional doses after their first birthday — resulting in a total of three MMR doses.

Vaccination for children 12 months and older and adults

- Unvaccinated children 12 months and older, unvaccinated adolescents and unvaccinated or incompletely vaccinated adults (at 28 days or more since previous dose): Administer MMR immediately and refer to the standard schedule for additional doses.

It is possible that individuals vaccinated between 1963 and 1967 received a less-effective version of the vaccine. Individuals vaccinated before 1989 may have only received one dose of the MMR vaccine and may be eligible for a second dose. If an individual falls into either of these categories, or if they are unsure whether they

have ever received the MMR vaccine, they should contact their health care provider.

Clinical Guidance

Recognizing measles

Consider measles in any patient presenting with febrile rash illness, especially if with recent measles exposure, unvaccinated or with recent travel. Symptoms typically appear seven through 14 days after exposure (up to 21 days). Patients are infectious from four days before through four days after rash onset.

Classic presentation:

- High fever – may spike above 104°F.
- Cough, coryza (runny nose), conjunctivitis – the 3 Cs.
- Koplik spots — white lesions on the inner cheeks/gums appearing two to three days after symptom onset.
- Maculopapular rash beginning at the hairline, spreading to the trunk and extremities three to five days after symptom onset.

Note: *Immunocompromised patients may not develop a rash. Always report suspected cases before laboratory confirmation.*

Testing for measles

Collect both serum (for IgM) and a throat swab and/or nasopharyngeal swab (for PCR) as soon as possible after rash onset. Swabs should be collected ideally within three days of rash onset. Acute IgM testing should generally be between the third and thirtieth day after rash onset. Please call ahead to the MDHHS Division of Immunization at 517-335-8159 or call your local health department to discuss and facilitate testing.

More information is available in the **Michigan State and Local Public Health Measles Standard Operating Procedures** located at [Measles Quick Resources for Health Care](#).

Infection prevention in your practice

- Screen patients for measles exposure and symptoms at triage.
- Instruct patients with possible exposure or symptoms to call ahead before presenting for care.
- Isolate suspected cases immediately — ideally in an airborne infection isolation room or in a private room with door closed.
- Provide face masks for patients 2 years of age and older upon arrival.
- Only staff with evidence of measles immunity should provide care to suspected cases.

Post-exposure prophylaxis (PEP)

Individuals exposed to measles who lack evidence of immunity should be offered PEP:

- MMR vaccine: Administer within 72 hours of initial exposure for susceptible individuals 12 months and older without contraindications.
- Immunoglobulin (IG): Administer within six days of exposure. Reserved for those who cannot receive MMR — infants under six months, pregnant patients without evidence of immunity and severely immunocompromised individuals.

Do not administer MMR and IG simultaneously — this invalidates the vaccine.

Resources

Please review the following regularly updated sites for additional information in detecting and managing potential measles cases:

- Case counts, exposure sites and updated guidance: [Michigan.gov/measles](https://www.michigan.gov/measles)
- Michigan State and Local Public Health Measles Standard Operating Procedures located at [Measles Quick Resources for Health Care](#).
- CDC clinical guidance: [CDC.gov/measles](https://www.cdc.gov/measles).
- [CDC measles vaccine recommendations for non-pregnant adults aged 19 or older, by birth year in the United States](#).

- Register with the [Michigan Health Alert Network](#) to receive future alerts.
 - [CDC Measles Vaccination for Specific Groups](#).
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If you believe you are getting this email in error, contact the MDHHS [Public Health Administration](#).