PENNSYLVANIA DEPARTMENT OF HEALTH

2026 – PAHAN –838-08-24-UPD

Update to the Recommendations for Catch-Up and Early MMR Vaccination in the Context of Measles Outbreak Activity

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DATE:	8/24/2026
TO:	Health Alert Network
FROM:	Debra L. Bogen, MD, FAAP, Secretary of Health
SUBJECT:	**Update to the Recommendations for Catch-Up and Early MMR Vaccination in the Context of Measles Outbreak Activity**
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This transmission is a "Health Update": provides updated information regarding an incident or situation; unlikely to require immediate action.	

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Summary

- Between April and August 21, 2026, the Pennsylvania Health Department (DOH) confirmed 379 measles cases across 28 counties in Pennsylvania.
- DOH developed a measles dashboard which updates case counts by county.
- DOH just added information indicating which counties have sustained community transmission of measles.
- During outbreaks, early, accelerated and catch-up vaccination is encouraged for people who live in or plan to visit areas where there is sustained community transmission of measles:
  - Infants 6 through 11 months should get one early dose of measles, mumps, and rubella (MMR) vaccine. They should still receive their routine doses at 12–15 months and 4–6 years.
  - Children older than 1 year who have not yet received any measles vaccine should get two doses at least 28 days apart. Children who already received one dose should get their second dose now if it has been at least 28 days since their first dose.
  - Adults with no evidence of immunity should get two MMR doses at least 28 days apart. Adults and teens who already received one dose should get a second dose at least 28 days after their first dose.
- Continue to maintain a high index of suspicion for measles in patients presenting with fever and rash, especially in those who are unvaccinated.
- Immediately report suspected measles cases to local public health authorities or to DOH at 877-PA-HEALTH (877-724-3258). Providers should not wait for lab confirmation to notify public health if measles is suspected.

Background

Measles is a highly contagious, vaccine-preventable respiratory illness. The virus can remain airborne for up to two hours in an enclosed space and infects more than 90% of exposed susceptible individuals. Complications include pneumonia, encephalitis, and death. Infants and young children are at highest risk for severe outcomes.

The routine childhood MMR schedule in the United States consists of two doses: the first at 12-15 months of age and the second at 4-6 years of age. During outbreaks or before international travel, modifications to this schedule are recommended by the AAP.

The measles outbreak in Pennsylvania has continued to spread across the state. Between April and August 21, 2026, the Pennsylvania Health Department confirmed 379 measles cases in 28 counties across Pennsylvania. In addition, there are several counties in which DOH has determined there is sustained community transmission of measles. For the most up to date information regarding case counts and counties with sustained community transmission, providers should visit the DOH Measles dashboard. **Early, accelerated and catch-up MMR vaccinations are indicated for people living in or visiting counties with sustained community transmission.**

Recommendations to Health Care Professionals for Persons living in, or Planning to Travel to, Areas with Sustained Community Transmission of Measles

Infants and children should get vaccinated early. The routine vaccine schedule for children 1 to 6 years old should be accelerated. School-aged children and adults without immunity should receive two MMR doses at least 28 days apart to be considered fully protected. In general, people born before 1957 and people with two doses of the MMR vaccine, given after the first birthday, spaced at least 28 days apart, have lifelong immunity and do not require an additional booster dose of the MMR vaccine. The best way to confirm protection is to review vaccination records. However, if a person is concerned about their immune status and can't verify that they have had two vaccinations, they should discuss with their physician whether an additional dose of the MMR vaccine or testing for measles immunity is warranted.

Counties with sustained community transmission are determined by analyzing the number of confirmed measles cases in a county combined with epidemiologic evidence that there are confirmed cases of measles within that county that do not have an epidemiologic link to confirmed measles cases outside of that county. DOH will assess information from case investigations on a weekly basis and update the counties with sustained community spread on the DOH Measles dashboard.

For people who live in or travel to counties with active sustained community transmission of measles as shown on the DOH Measles dashboard, the DOH makes the following recommendations:

1. Infants Aged 6 Months Through 11 Months (Dose Zero)

   - In areas with active sustained measles transmission or for infants traveling internationally to countries with ongoing measles outbreaks, one dose of MMR vaccine should be administered to infants aged 6 through 11 months.
   - This early dose is considered supplementary and **does not** count toward the routine 2-dose series. Infants who receive this early dose must still receive two additional doses per the routine schedule to attain lifelong immunity: one at 12-15 months of age and another at 4-6 years of age, for a total of three doses.
   - MMR is not licensed for children younger than 6 months of age.
   - Compared to doses given at 12 months of age, early doses are less effective at preventing measles and may be associated with somewhat lower antibody titers; however, a single dose of MMR at 6-8 months of age provides a pooled vaccine effectiveness estimate of 58% against measles; effectiveness increases to approximately 83% when given between 9-11 months. No significant differences in adverse events have been observed between infants vaccinated before 9 months and those vaccinated at ≥9 months. In summary, early MMR vaccination is safe and

provides modest protection when measles is spreading.

2. Children Aged 12 Months Through 6 Years (Accelerated Dosing)
   - Children older than 12 months who have not been vaccinated should receive one dose of MMR immediately and a second dose at least 28 days later.
   - Children older than 12 months with one prior dose of MMR should receive an early second dose separated by at least 28 days.
   - The accelerated second dose counts as the routine second dose; no additional doses are needed prior to school entry at ages 4-6.

3. School-Aged Children, Adolescents, and Adults (Catch-Up Dosing)
   - All children in kindergarten through 12th grade should have documentation of two doses of MMR vaccine or other evidence of immunity.
   - Children, adolescents, and adults who have received only one dose should receive a second dose immediately, with a minimum interval of 28 days from the first dose.
   - Adults born in 1957 or later without evidence of immunity should receive one dose of MMR immediately, followed by a second dose at least 28 days later.
   - Adults born before 1957 are generally considered immune.
   - In the context of an outbreak or international travel, adults who received the inactivated (killed) measles vaccine available from 1963-1967 should be considered unvaccinated and revaccinated with a total of 2 post-1967 MMR doses.

MMR Vaccine Contraindications

MMR vaccine is contraindicated in the following populations:
- Pregnant women
- Severely immunocompromised individuals (e.g., HIV with CD4 count ≤ 200 cells/μL, recipients of high-dose immunosuppressive therapy, solid organ or recent bone marrow transplant recipients)
- Persons with a history of severe allergic reaction (anaphylaxis) to a vaccine component or a prior dose of MMR

Clinical Recognition and Reporting

Maintain a high index of suspicion for measles in patients presenting with fever and rash, especially in those who are unvaccinated. Consider measles as a diagnosis in anyone:
- With a febrile rash illness lasting three days or more,
- With a temperature of 101ºF (38.3ºC) or higher, and clinically compatible symptoms (cough, coryza and/or conjunctivitis),
- Potentially exposed to a person with measles-like illness or recently traveled to a domestic area or an international area with an ongoing measles risk and have not been vaccinated for measles.

Please note, people with compromised immune systems may not have a rash or may have an atypical rash. The incubation period for measles from exposure to rash onset is usually 14 days but can be as long as 21 days.

Immediately isolate and report suspected measles cases to local public health authorities or to DOH at 877-PA-HEALTH (877-724-3258). **Providers should not wait for lab confirmation to notify public health if measles is suspected**. DOH can assist with testing through the State Public Health Laboratory.

This is an update to PA HAN 831. Please refer to PA HAN 831 for more information and guidance. Also, please refer to health alert 2026 – PAHAN –822-05-01 -ALT and https://www.pa.gov/measles for additional guidance including testing, treatment, infection control and post-exposure prophylaxis recommendations. See the American Academy of Pediatrics Red Book and CDC for additional post-exposure prophylaxis guidance.

Individuals interested in receiving future PA-HANs can register at: https://signup.e2ma.net/signup/2096210/2061850/.

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This information is current as of August 24, 2026, but may be modified in the future.