



Health Alert



CDPH
Chicago Department
of Public Health

City of Chicago
Brandon Johnson, Mayor

www.chicagohan.org

Chicago Department of Public Health
Olusimbo Ige, MD, MS, MPH, Commissioner

Measles Wastewater Detection in Chicago

February 18, 2026

Summary and Action Items

- The Chicago Department of Public Health detected wild-type measles virus in a wastewater sample collected February 4 from near the Chicago Lawn and Ashburn neighborhoods, indicating at least one person infected with measles was present in Chicago in early February.
- While there have been no detected cases of measles in Chicago in 2026, measles transmission in the United States remains elevated, with ongoing outbreaks in South Carolina, Utah, Florida, Arizona, and Washington.
- Clinicians should remain vigilant for signs and symptoms of measles in their patients.
- **Providers should notify CDPH immediately upon suspicion of measles. Do not wait on test results before notifying CDPH.** To report a suspected case of measles to CDPH, call 312-743-9000 during business hours and select option 2. During after-hours, weekends, holidays, or if you are unsuccessful using the number above, call 311 (or 312-744-5000 if outside the City of Chicago) and request the CDPH medical director on-call.

BACKGROUND:

The Chicago Department of Public Health, in partnership with Discovery Partners Institute, collects wastewater samples twice a week from 7 community sewersheds across Chicago ([City of Chicago Wastewater Monitoring](#)). On January 1, 2026, CDPH started testing all wastewater samples for wild-type measles virus, which is distinct from vaccine-strain virus. On February 4, a sample from a sewershed near Chicago Lawn and Ashburn community areas tested positive for wild-type measles virus (MeV). A subsequent sample collected on February 11 from this same sewershed had trace detections of MeV. Trace detections of MeV have also been found at another sewershed in 2 samples since February 4, 2026.

MeV detection in wastewater cannot be used to identify a case nor provide specifics on the location, timing, or number of measles infections. When measles is not detected in wastewater, it does not necessarily mean that there are no individuals in the community infected with measles. However, a positive MeV result indicates that at least one person infected with measles is, or has recently been, present in a community. In other jurisdictions^{1,2}, positive MeV detection in wastewater has preceded clinically-diagnosed cases of measles in a community. Given this finding, providers should maintain increased awareness for patients with signs and symptoms of measles in Chicago.

No clinical cases of measles have been identified in Chicago or the surrounding area in 2026. On February 17, Illinois reported its first measles case of 2026 in a resident of the Metro-East area near St. Louis (see attached SIREN). This individual was not known to have been in the Chicago area and is unrelated to Chicago wastewater detections. As of February 12, 910 [cases of confirmed measles have been reported to the Centers for Disease Control and Prevention \(CDC\)](#) in 2026, the highest number reported during this time period since measles was declared eliminated in the US in 2002. Approximately two thirds (616, 68%) of these cases were

¹ <https://www.cdc.gov/mmwr/volumes/75/wr/mm7502a2.htm>

² <https://www.cdc.gov/mmwr/volumes/75/wr/mm7502a1.htm>

reported by South Carolina. Other states reporting ongoing outbreaks in 2026 include Utah, Florida, Arizona, and Washington. The vast majority (94%) of cases are not vaccinated or have unknown vaccination status.

Mexico has also reported increased transmission of measles in January of 2026, and measles transmission in [Canada](#) has been declining but remains ongoing. Indonesia, Yemen, Mongolia, Pakistan, India, Angola, Nigeria, the Russian Federation, and the Lao People's Democratic Republic, in addition to Mexico, are the top ten countries with measles outbreaks according to the [WHO](#).

With ongoing outbreaks in the U.S. and internationally, air travel may increase measles exposure and infection risk, especially for individuals who are not up to date with the recommended MMR vaccine doses. Providers should discuss all upcoming travel plans with their patients to ensure they are up to date on MMR vaccination and that they follow [MMR vaccine recommendations](#) when traveling internationally. Those traveling within the U.S. to areas with measles outbreaks should also ensure they are up to date on their measles vaccinations. Please see the vaccination section below for specific travel recommendation details.

PREPARE: Use CDPH's [Measles Preparedness Checklist for Healthcare Systems](#) to prepare your facility to respond to a suspect measles case.

IDENTIFY: Consider measles in patients with [compatible signs and symptoms](#). Providers should ask about a history of international travel, history of domestic travel to areas with ongoing outbreaks, contact with foreign visitors, transit through an international airport, or possible exposure to a measles patient in the three weeks prior to symptom onset. See [CDPH's measles evaluation algorithm](#) (below) for support when evaluating patients for suspected measles. Patients with suspected measles should be masked and placed in an airborne isolation room (AIIR); healthcare providers should [wear a fit-tested N-95 when interacting with the patient](#). Infection control personnel should be notified.

REPORT: Providers, hospitals, and laboratories should notify CDPH immediately upon any suspicion of measles. Do not wait for test results before notifying CDPH; any delay in notification might result in avoidable exposures. To report a suspected case of measles to CDPH, call 312-743-9000 during business hours and select option 2. During after-hours, weekends, holidays, or if you are unsuccessful using the number above, call 311 (or 312-744-5000 if outside the City of Chicago) and request the CDPH provider on-call.

TEST: Call CDPH immediately upon suspicion of measles to discuss testing.

- Nasopharyngeal or oropharyngeal swab for measles PCR is the preferred testing modality.
- Urine PCR testing can also be considered in some cases after consultation with public health.
- Serology testing alone is insufficient for diagnosis. Serology should only be considered when paired with PCR testing.

The state public health laboratory provides PCR testing for measles at no cost to the patient or provider, and results are typically available within 1 business day. Testing at commercial laboratories can delay results and is generally not recommended.

VACCINATE: Vaccination remains the most effective way to prevent measles infection. Ensure your patients and staff are [up to date on measles vaccination](#).

Please use your EMR system to recall patients who are overdue. Otherwise, I-CARE has a reminder recall process which allows sites to generate a list of patients who are overdue for a vaccine. The step-by-step instructions are on the [Chicago HAN VFC webpage](#).

If your healthcare organization is interested in MMR vaccine doses for uninsured and underinsured adults, please contact CDPH Vaccine Manager at kevin.hansen@cityofchicago.org.

Please be aware there are additional specific [MMR vaccine recommendations for international travel](#), including to Canada and Mexico. These international travel recommendations include:

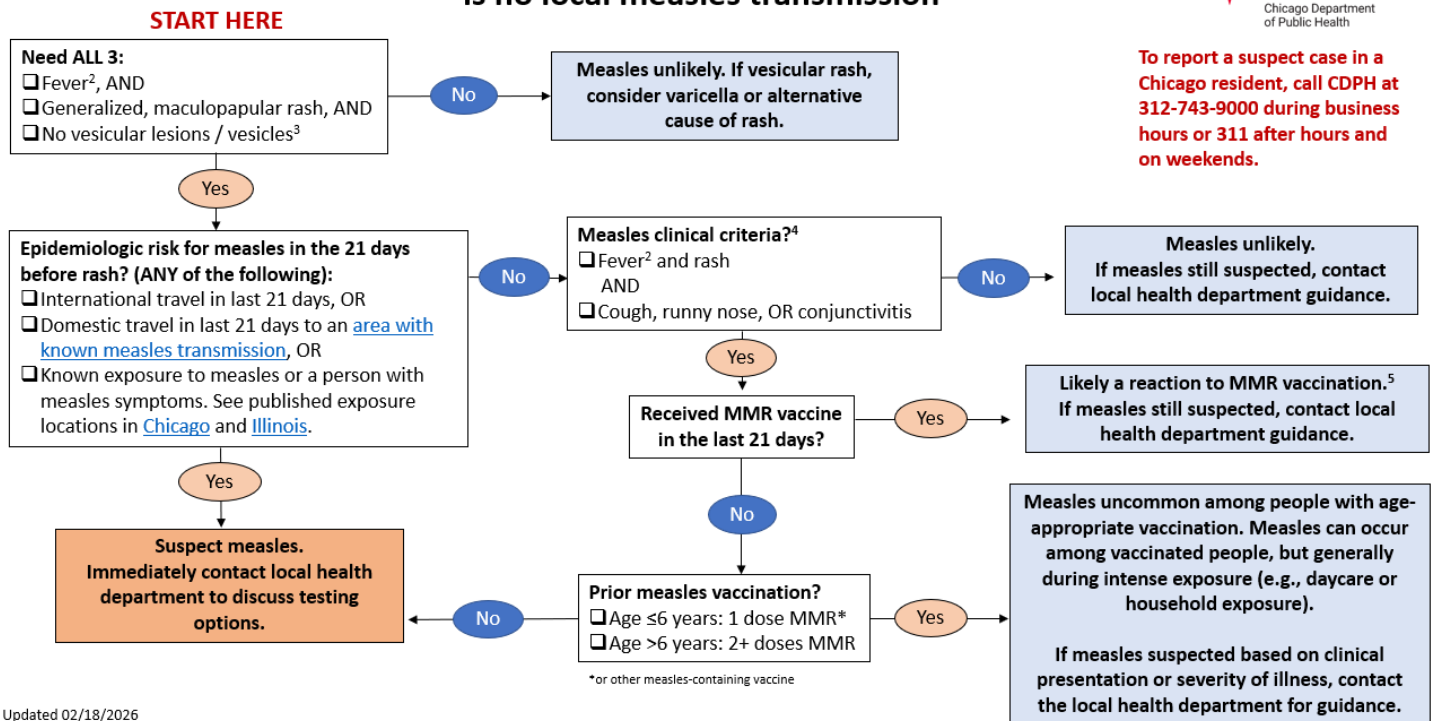
- Early infant MMR dose for ages 6 to 11 months prior to international travel. Infant still needs to receive their 2 routine doses of MMR vaccine at the appropriate ages.
- Children 12 months and older should have 2 doses of MMR vaccine at least 28 days apart prior to international travel.
- Adults without evidence of immunity should receive 2 doses of MMR vaccine at least 28 days apart prior to international travel.

For additional details on measles symptoms, specimen collection, and diagnostic testing, please see www.chicagohan.org/measles

Evaluating a patient for measles when there is no local measles transmission¹



To report a suspect case in a Chicago resident, call CDPH at 312-743-9000 during business hours or 311 after hours and on weekends.



Updated 02/18/2026

1. This testing algorithm is intended to be used by bedside providers in settings where there is no local measles transmission. This assumes that the pre-test probability will be low for most people without known epidemiologic risk for measles and who do not meet case criteria. If there is active transmission in the Chicagoland area, CDPH will update testing recommendations with a lower threshold for testing.
2. Either a measured or patient/family-reported fever is adequate; fever may not be measured at the time of healthcare evaluation due to normal fluctuation or to use of antipyretics (e.g., ibuprofen).
3. A vesicular rash is not consistent with measles, and should prompt consideration for other causes of rash (e.g., varicella/chickenpox).
4. Measles clinical criteria (per CSTE case definition) include ALL of the following:
 - a. Generalized, maculopapular rash
 - b. Fever
 - c. Cough, coryza (runny nose), or conjunctivitis
5. Up to 5% of MMR recipients will get a short-lived, mild febrile rash. This is more common with the first dose of MMR. People who experience this vaccine reaction are not contagious to others around them. If a person has received MMR within 21 days before rash onset, but also has epidemiologic risk for measles, then specialized testing may be required and should be discussed with local or state public health authorities.