



Health Alert



City of Chicago
Brandon Johnson, Mayor

www.chicagohan.org

Chicago Department of Public Health
Fikirte Wagaw, MPH, Acting Commissioner

Measles Case Confirmed in International Visitor to Chicago

June 23, 2026

Summary and Action Items

- A case of measles has been confirmed in an international traveller visiting Chicago.
- Clinicians should remain vigilant for signs and symptoms of measles in their patients and ask about visits to known measles exposure locations.
- **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 (CDPH) has confirmed the city's first measles case of the year in an international visitor. The case is an adult who travelled from a country with a known ongoing measles outbreak and developed rash shortly after arrival in Chicago, indicating the source of exposure was outside the U.S.

A public health investigation is underway to identify locations this person visited while infectious. Known contacts will be contacted to determine immune status. Non-immune contacts will be recommended to receive post-exposure prophylaxis if still indicated or will be monitored for symptoms and asked to quarantine for 21 days after the last exposure to measles.

The following public locations have been identified as locations the case visited while infectious. Providers should consider patients who visited these locations with measles-compatible symptoms to be highly suspicious for measles. Symptom onset typically occurs 7-10 days after exposure with a range of 7-21 days.

Date/Time	Location	If exposed, monitor symptoms through this date
Wednesday, 6/17/2026, 5:50 a.m. to 9:30 a.m.	O'Hare International Airport, Terminal 5	7/8/2026

CDPH will post any known public exposure locations on the [CDPH Measles webpage](#).

DOMESTIC AND INTERNATIONAL EPIDEMIOLOGY: As of June 18, 2,104 [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. States reporting ongoing outbreaks include Utah, Pennsylvania, Michigan, and Virginia. The vast majority (93%) of cases are not vaccinated or have unknown vaccination status.

Internationally, measles transmission in the Americas region remains ongoing. Guatemala, Yemen, Mongolia, Lao People's Democratic Republic, Kazakhstan, Angola, Cameroon, Kyrgyzstan, Central African Republic, and Madagascar are the counties reporting the highest measles incidence over the past 12 months 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](#); asymptomatic patients who report measles exposure do not require testing. 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.

- Preferred specimens
 - Days 0-5 of rash: Collect throat (OP) or nasopharyngeal (NP) swab
 - Days 6-9 of rash: Collect NP or OP swab AND urine
- Urine PCR testing can also be considered in additional situations 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](#).

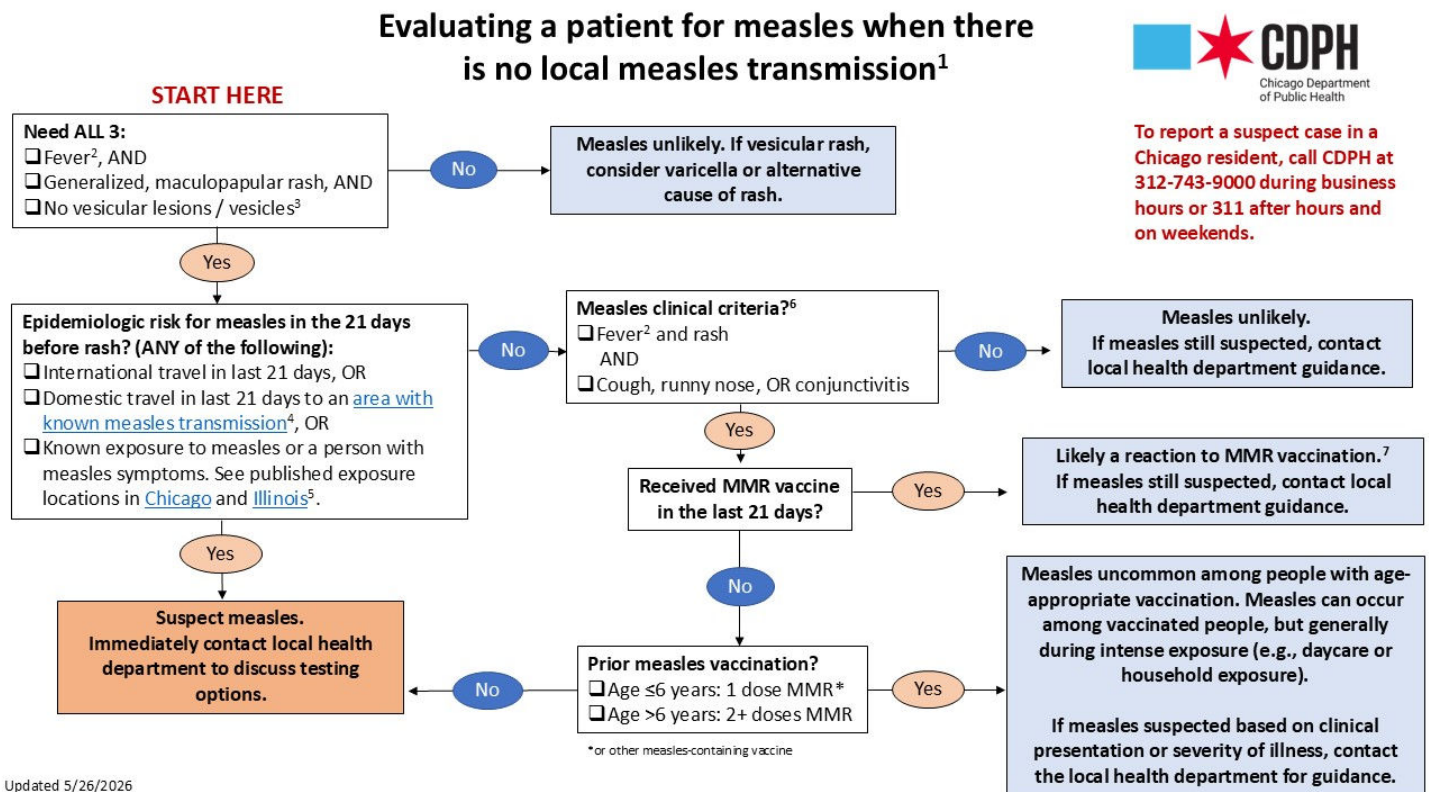
Please use your EMR system to recall patients who are overdue. Otherwise, I-CARE has a reminder recall process which allows sites to generate a list of patients who are overdue for a vaccine. The step-by-step instructions are on the [Chicago HAN VFC webpage](#).

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

Figure 1. Measles Clinical Provider Evaluation Flowchart



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. See the [CDC website](#) for states reporting measles cases this year.
5. See recent measles exposure locations in [Chicago](#) and [Illinois](#).
6. Measles clinical criteria (per CSTE* case definition) include ALL of the following:
 - o Generalized, maculopapular rash
 - o Fever
 - o Cough, coryza (runny nose), or conjunctivitis
7. 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.

*CSTE: Council of State and Territorial Epidemiologists: <https://ndc.services.cdc.gov/case-definitions/measles-2013/>