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PUBLIC HEALTH ADVISORY

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Measles Recommendations for Early Immunization

Summary

Continued elevated measles outbreak activity across North America poses an ongoing risk of measles infection in the United States. Measles cases have been reported to public health authorities in almost all states in recent months and are not limited to states reporting larger outbreaks. The highest risk of infection is in unvaccinated people who come into contact with those who are infected. This increased risk is particularly concerning for those too young to be vaccinated and those unable to be vaccinated for medical reasons.

The Maine Department of Health and Human Services' Center for Disease Control and Prevention (Maine CDC) reiterates the importance of measles vaccination. When planning to travel internationally, the U.S. CDC recommends early vaccination for children ages 6-11 months old. Children over 12 months of age and adults with no evidence of immunity who plan to travel internationally should receive the first dose of MMR immediately, with a second dose 28 days after the first dose.

The Maine CDC also recommends an early dose for children ages 6-11 months old when traveling to a domestic area where a measles outbreak is actively occurring, or when they anticipate having close contact with non-immune visitors from areas of the U.S. with measles cases.

Providers should make special note of patients receiving MMR vaccine between 6-11 months of age. When children are given vaccine early this is considered "dose zero," which does not count towards the routine two-dose series. These children should also get dose one at 12-15 months and dose two at 4-6 years, for a total of three doses.

Situational Update: Measles in the U.S. and in the Americas

Since early 2025, measles cases in the U.S. have been increasing rapidly, in part due to decreasing vaccine coverage. According to [the U.S. CDC](#), as of October 16, 2026, there were 4,410 confirmed measles cases in 47 U.S. jurisdictions in 2026, with 96% in persons who are unvaccinated or have an unknown vaccine status. There have been 42 new outbreaks in 2026, with 96% of cases connected to an outbreak. There are several ongoing

outbreaks across the U.S., with 572 cases reported from October 2 to October 16, 2026, in areas including, but not limited to, Pennsylvania, Wisconsin, New York, and Kentucky.

Additionally, increased measles transmission persists across North America. Canada has reported 1,124 measles cases in 2026 as of October 19, 2026. Almost half (41%) of cases were in those aged 5-17 years, with 91% in persons who are unvaccinated or have an unknown vaccine status. Mexico has reported nearly 20,000 cases of measles since the beginning of 2025, including 47 deaths as of September 14, 2026.

Recommendations

The Maine CDC recommends following the [U.S. CDC's international travel vaccination recommendations](#) for all persons traveling to any area of the U.S. with continuous measles transmission (i.e., ongoing outbreak activity) or when receiving non-immune visitors who live or who have traveled through these areas.

Ongoing measles outbreaks at the destination of travel can be determined through the “Real-time measles updates from states” section of the [U.S. CDC Measles Cases and Outbreaks website](#). For a snapshot of recent measles cases at the county level, Johns Hopkins Bloomberg School of Public Health has created a [U.S. Measles Tracker](#), which has a recent case viewer with county-level information.

The best protection against measles is vaccination. The measles-mumps-rubella (MMR) vaccine provides long-lasting protection. The Maine CDC recommends the following guidance:

- Health care providers should urge patients to be fully vaccinated at least two weeks before travel. If patients are traveling in less than two weeks and are not protected against measles, they should still get a dose of MMR vaccine as soon as possible. This is also true if patients are unvaccinated and expect to welcome unvaccinated visitors who have traveled through known measles-outbreak areas.
- **Infants (6–11 months of age):** One MMR dose at 6–11 months (zero dose) followed by the routinely recommended dose at 12–15 months, and a final dose at 4–6 years. MMR vaccinations should occur at least 28 days apart.
- **Children (aged ≥12 months):** Two doses of MMR separated by ≥28 days.
 - If MMRV (measles-mumps-rubella-varicella) is used at age 12 months through 12 years, doses must be given at least three months apart.
 - Please note MMRV is not licensed for children aged <12 months.
- **Teens and adults without evidence of immunity:** Two doses of MMR separated by ≥28 days.
 - Acceptable evidence of immunity against measles includes at least one of the following:
 - Written documentation of adequate vaccination (two doses for travel to high-risk areas)
 - Laboratory evidence of immunity
 - Laboratory confirmation of measles
 - Birth in the United States before 1957
- **Teens and adults with acceptable evidence of immunity:** No additional MMR vaccination is recommended.
 - Individuals who received a measles vaccine between 1963 and 1967 are encouraged to speak with their doctor to determine if additional vaccination is needed. Five percent of people who received measles vaccine between 1963 and 1967 received an inactivated vaccine. Individuals known to have received an inactivated dose of measles vaccine should receive a single dose of MMR.

The U.S. CDC provides [additional recommendations](#) for college students, international travelers, health care personnel, close contacts of immunocompromised people, people with HIV infection who are not severely immunocompromised, adults who received the inactivated measles vaccine, and groups at increased risk during a measles outbreak.

The U.S. CDC does not recommend measles vaccine during pregnancy because it is a live attenuated vaccine.

Reporting

Measles is **immediately notifiable upon suspicion** in Maine and should be reported to the Maine CDC by phone at 1-800-821-5821. Clinicians should not wait for confirmatory testing prior to reporting to public health authorities.

References

1. Maine CDC Measles: www.maine.gov/dhhs/measles
2. U.S. CDC Measles cases: <https://www.cdc.gov/measles/data-research/index.html>
3. Canada Measles cases: <https://health-infobase.canada.ca/measles-rubella/>
4. Mexico Measles cases: <https://www.paho.org/en/topics/measles>
5. Johns Hopkins Measles Tracker: <https://publichealth.jhu.edu/ivac/resources/us-measles-tracker>
6. AAP vaccination resources: <https://www.aap.org/en/patient-care/measles/measles-vaccine/>