



Erie County
Department of
Health



Public Health
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COMMISSIONER OF HEALTH

HEALTH ADVISORY #371

June 4, 2026

MEASLES EXPOSURE IN ERIE COUNTY

Please distribute to Healthcare Providers, Hospitals, Laboratories, Emergency Rooms, Community Health Centers, College Health Centers, Community-Based Organizations, Family Planning Providers, and Internal Medicine, Family Medicine, Pediatric, Adolescent Medicine, Infectious Disease, and Primary Care Providers

SUMMARY

The Erie County Department of Health (ECDOH) has confirmed that a person treated at Golisano Children's Hospital of Buffalo (formerly Oishei Children's Hospital) has been diagnosed with measles (Rubeola). This individual visited multiple locations in Erie County potentially exposing others to measles between May 24, 2026 and May 28, 2026.

- Persons who visited the following locations in Erie County may have been exposed to measles:
 - **Golisano Children's Hospital of Buffalo Emergency Department (formerly Oishei Children's Hospital)**, 818 Ellicott Street, Buffalo, NY 14203 on May 24, 2026 between 7:30 a.m. and 4:30 p.m.
 - **1021 Broadway**, Buffalo, NY 14212 on May 28, 2026 between 10:30 a.m. and 2 p.m. This building includes Jericho Road Community Health Center, Broadway Pediatrics, U.S. Postal Service Broadway Buffalo, UBMD Internal Medicine, Chy's Kitchen and Catering, and the Care Management Coalition of WNY (including employees of and visitors to EPIC – Every Person Influences Children; Mental Health Advocates of WNY; Buffalo Urban League – Project Hope; Beyond Support Network; Parent Network of WNY; Project Play WNY; Self-Advocacy Association of New York State (SANYS); Center for Self Advocacy; NYS Office of People with Developmental Disabilities).
 - **Golisano Children's Hospital of Buffalo Emergency Department (formerly Oishei Children's Hospital)**, 818 Ellicott Street, Buffalo, NY 14203 on May 28, 2026 between 12 p.m. and 9:30 p.m.
- Healthcare providers should consider measles as a diagnosis in patients with fever ($\geq 101^{\circ}\text{F}$ or 38.3°C) and a generalized maculopapular rash with cough, coryza, or conjunctivitis **especially those with a known exposure or recent travel to or from areas with known measles outbreaks.**



- **DO NOT** allow patients with suspected measles to remain in the waiting room or other common areas of the facility.
- **NOTIFY** the emergency room if a suspected measles case needs to be sent to a hospital so that appropriate infection control precautions can be implemented upon arrival.
- **Immediately report patients with suspected measles to the Local Health Department (LHD) where the patient resides. Do not wait for laboratory confirmation to report. Erie County residents should be reported to the ECDOH Office of Epidemiology and Disease Surveillance at (716) 858-7697.**
- Persons who do not have [evidence of measles immunity](#) (see ‘Measles Immunity’ below for details) are considered susceptible and should be offered [post-exposure prophylaxis \(PEP\)](#) for measles following an exposure:
 - **MMR vaccine**, if administered within 72 hours of initial measles exposure.
 - **Immunoglobulin (IG)**, if administered within 6 days of exposure
 - See full measles PEP recommendations below
- Exposed persons without evidence of measles immunity should be advised to remain home for 21 days following their last exposure, or until their measles immunity status can be confirmed.
- Healthcare providers, schools, and early childhood education providers should work to ensure their patients/students are current with the MMR vaccine.
 - See full vaccination recommendations below
- Refer to “**RESOURCES**” below for additional information.

MEASLES EPIDEMIOLOGY

- [U.S. measles cases and outbreak data](#) are available from the Centers for Disease Control and Prevention (CDC). In 2026 to date, per [New York State Department of Health \(NYSDOH\)](#), there have been 11 confirmed cases of measles in NYS including 6 in [New York City](#) and 5 in NYS outside of NYC.
- Most of the measles cases are occurring in persons who are unvaccinated or had unknown vaccination status.

CLINICAL FEATURES

- Measles is a highly contagious viral illness and can cause severe health complications, including pneumonia, encephalitis, and death, especially in unvaccinated persons.
- Measles typically begins with a prodrome of fever, cough, coryza, and conjunctivitis, lasting 2 to 4 days before rash onset. The incubation period for measles from exposure to fever is



usually about 10 days (range 7 to 12 days) while rash onset is typically visible around 14 days (range 7 to 21 days) after initial exposure.

- The virus is transmitted through direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs, or sneezes. The virus can remain infectious in the air and on surfaces for up to 2 hours after an infected person leaves an area. **Individuals infected with measles are contagious from 4 days before the rash starts through 4 days afterward.**

WHAT TO DO IF MEASLES IS SUSPECTED

Do Not allow suspect case to sit in your waiting room.

Ask prior to entrance into medical facility:

- Symptoms: fever, cough, coryza, conjunctivitis lasting 2 – 4 days before rash onset
- Has the ill person had a known exposure to a measles case?
- Has the ill person traveled to an area where there is measles?

Call the Local Health Department for guidance. **In Erie County, please call (716) 858-7697.** If after business hours, a telephone number to contact ECDOH on-call staff is provided in the voicemail recording.

REPORTING DETAILS

- Consider measles as a diagnosis in anyone with fever ($\geq 101^\circ\text{F}$ or 38.3°C) and a generalized maculopapular rash with cough, coryza, or conjunctivitis **especially those with a known exposure or recent travel to or from areas with known measles outbreaks.**
- Immediately report patients with suspected measles to the Local Health Department (LHD) where the patient resides. **Erie County residents should be reported to the ECDOH Office of Epidemiology and Disease Surveillance at (716) 858-7697.**

LABORATORY TESTING

- **Call the ECDOH when considering measles testing at (716) 858-7697.** Testing includes the collection of either a nasopharyngeal swab (NP) or oropharyngeal (OP) swab using VTM/UTM for RT-PCR, as well as blood serology (IgM and IgG). The swab should be sterile dacron or rayon with plastic or flexible metal handles. These are the same types of swabs and media used for influenza and COVID-19 PCR testing. **DO NOT** use cotton or calcium



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alginate swabs or swabs with wooden sticks. Urine may also contain virus so a urine sample should be collected in addition when feasible. Use of commercial laboratories for measles testing may take up to a week to obtain results. Reporting suspected cases of measles to the LHD enables access to rapid testing through the NYS Wadsworth Center Laboratory. The LHD can assist in arranging specimen collection and testing at the Wadsworth Center Laboratory.

- Measles test collection kits (include swab outfit with transport media) are available from NYSDOH. Providers can order these kits by calling the NYSDOH Wadsworth Center Order Desk at (518) 474-4175.

MEASLES IMMUNITY

Evidence of immunity includes at least one of the following:

- Documentation of acceptable vaccination, including dates administered:
 - 2 doses of measles-containing vaccine for school-age children, adolescents, and adults at high risk, including college students, healthcare personnel, and international travelers (with a minimum interval of 28 days from the first dose to the second dose); OR
 - 1 or more doses of a measles-containing vaccine administered on or after the first birthday for preschool-age children and adults not at high risk; or
- Laboratory evidence of immunity (positive serum measles IgG); or
- Laboratory confirmation of disease; or
- Born prior to 1957

MEASLES VACCINE RECOMMENDATIONS (American Academy of Pediatrics Redbook 2024-2027)

Vaccination is the cornerstone of measles prevention. All children should receive measles vaccination as part of the routine childhood vaccine schedule. Unimmunized or incompletely immunized children should begin catch-up vaccination as soon as possible. During an outbreak, MMR vaccine should be offered to all people with known exposure or in the outbreak community who lack evidence of measles immunity. During a community-wide outbreak that affects infants, MMR has been shown to be effective in preventing symptoms after exposure and may be recommended for infants 6 through 11 months of age. Children who receive their first MMR prior to 12 months of age will require two additional doses after 12 months of age for full protection.



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Unimmunized or no history of measles (12 through 15 months of age)

- MMR or MMRV vaccine is recommended at 12 through 15 months of age; a second dose is recommended at least 28 days after the first dose (or 90 days for MMRV) and usually is administered at 4 through 6 years of age.

Children 6 through 11 months of age in outbreak situations or before international travel

- Immunize with MMR vaccine, ideally at least 2 weeks prior to travel, but this dose is not considered valid, and 2 valid doses on or after the first birthday are required. MMRV should not be administered to children < 12 months of age.

Students in kindergarten, elementary, middle, high school, and college/postsecondary institutions who have received 1 dose of measles vaccine at 12 months of age or older

- Administer the second dose of vaccine.

Adults unsure of their measles vaccine status

- Since it may be difficult to obtain childhood immunization records, a practical strategy endorsed by the **American College of Physicians** is to immunize all adults born after 1956.

MEASLES POST-EXPOSURE PROPHYLAXIS (PEP)

Individuals who are exposed to measles and do not have evidence of immunity against measles as defined above should be offered [post-exposure prophylaxis \(PEP\)](#).

- **MMR Vaccine as Measles PEP:**

The MMR (measles, mumps, rubella) vaccine may offer protection against measles when administered within [72 hours of exposure](#). For individuals aged ≥ 6 months exposed to measles, MMR vaccination within 72 hours of exposure is preferred over human immune globulin (IG), as it can induce protection against subsequent exposures and might modify the course of the disease if infection occurs. **Do not administer MMR vaccine and immune globulin simultaneously, as this practice invalidates the vaccine.**

- **Immune Globulin (IG) Products as Measles PEP:**

Human immune globulin (IG), a blood product that provides antibodies for short-term prevention of infectious diseases like measles, can be administered as post-exposure prophylaxis. The United States uses multiple immune globulin preparations, including



intramuscular (IGIM) and intravenous (IGIV) forms. Immune globulin administration [within 6 days of exposure](#) can prevent or modify measles in nonimmune persons.

Immune globulin is not specific to measles but can be used for post-exposure prophylaxis to provide passive immunity. The decision to use immune globulin should be based on individual patient risk assessment, including age, immunization status, and exposure details. It is crucial to follow specific guidelines for administering immune globulin, especially in high-risk groups such as [infants under 12 months, pregnant people](#) without measles immunity, and severely immunocompromised patients.

Human immune globulin (GamaSTAN) is indicated for prophylaxis following exposure to measles in susceptible persons within six days of exposure. If you do not regularly procure human immune globulin, ordering information is available through the [GamaSTAN website](#).

Recommended Dose and Use of IG for PEP: The [dose of IGIM](#) for post-exposure prophylaxis is 0.5 mL/kg of body weight (maximum dose = 15 mL), while IGIV is given at 400 mg/kg. Immune globulin should be prioritized for those in high-risk settings and can be administered based on the individual's exposure risk and immune status.

RESOURCES

ECDOH

- [General Measles Information](#)
- [Shareable Instructions for Exposed Persons](#)
 - [Exposed persons who are **NOT immune**](#)
 - [Exposed persons who have evidence of immunity \(**are immune**\)](#)
 - [Exposed persons **without evidence of immunity who receive immune globulin with 6 days of the exposure**](#)

NYSDOH

- [General Measles Information for Provider, Including Previous Health Advisories](#)
- [NYS Wadsworth Center Laboratory's Measles Tip Sheet \(Measles specimen collection, packaging, and shipping instructions\)](#)
- [Measles Post-Exposure Prophylaxis Table](#)

CDC

- [General Measles Information](#)
- [Measles Vaccine Recommendations \(including PEP recommendations\)](#)
- [Measles Cases and Outbreak Data](#)



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American College Physicians

American College Physicians Task Force on Adult Immunization and Infectious Diseases Society of America. Guide for adult immunization. Philadelphia. American College of Physicians, 1994.

Health Category Definitions:

Health Alert FLASH: conveys the highest level of importance due to a large-scale, catastrophic public health emergency; warrants immediate action or attention

Health Alert Priority: conveys the highest level of importance; warrants immediate action or attention to a health problem or situation

Health Advisory: provides important information for a specific incident or situation; may not require immediate action

Health Update: provides updated information regarding an incident or situation; no immediate action necessary

The Erie County Department of Health does not provide medical advice. The information provided on the Erie County Department of Health website is not an attempt to practice medicine and is not intended as a substitute for professional medical advice, diagnosis, or treatment. It is for informational purposes only. Always seek the advice of your personal physician or other qualified health provider with any questions you may have regarding a medical condition or issue. Never disregard professional medical advice or delay in seeking it because of the content found on the Erie County Department of Health website or this correspondence.

The ECDOH Health Alert & Advisory System is an e-mail notification system designed to alert community partners about important health related information. You can sign up to receive alerts & advisories at <https://www3.erie.gov/health/form/health-alert-registration>.