



## Public Health Administration

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January 14, 2026

### Clinical Health Advisory Measles: Wastewater Detection, Early Detection, Vaccination Guidance, and Exemption Criteria (Not Intended for Public Dissemination)

#### Key Messages

- Wastewater surveillance from the Ontario Regional Water Recycling Plant No.1 detected wild-type measles virus RNA from samples analyzed on 12/15/2025, 12/17/2025, and 12/31/2025. Measles is very contagious and can lead to serious complications, including death.
- Measles is a vaccine-preventable disease. Measles-mumps-rubella (MMR) vaccine is safe and highly efficacious in preventing disease and severe complications. Encourage your patients to be up to date on all age-appropriate immunizations.
- The last case of measles in the county was in December 2023. The case was travel-related, and no other cases have been identified since.
- San Bernardino County's MMR rates of 94.4% is below state average (96.1%) amongst kindergarteners, with some schools as low as 14.6% completed. Clinicians should prioritize vaccine recommendations to close these gaps in order to achieve herd immunity. Clinicians must establish immediate airborne precautions for patients presenting with signs & symptoms concerning for measles in order to prevent healthcare-associated exposures.
- Nasopharyngeal swabs and urine specimens are the preferred specimens for measles testing.
- Suspect cases should be immediately reported to the San Bernardino County Department of Public Health (SBCDPH). Do not wait for laboratory confirmation.

#### Positive Wastewater Measles Detection in San Bernardino County

- This is the first detection of measles virus at Ontario Regional Water Recycling Plant No. 1 (RP-1) since monitoring began in May 2025.
- Testing performed used a validated wild-type specific assay that does not cross-react with measles vaccine strain, confirming wild-type virus detection.
- **Wastewater surveillance data serve as an early warning system that can detect measles virus circulation at the community level before clinical cases are identified, including asymptomatic or subclinical infections.**

- **This monitoring enables public health departments to proactively enhance clinical surveillance and increase provider awareness.**
- Updated wastewater measles testing results are on WastewaterSCAN's public dashboard: [WastewaterSCAN Dashboard](#).

## **Talk To Your Patients About the Current MMR Vaccination Recommendations**

### **Children**

- **Routine Vaccination (MMR):**
  - 1st dose: Age 12–15 months
  - 2nd dose: Age 4–6 years before school entry
  - 2nd dose can be given earlier, if at least 28 days after the 1st dose
- **Vaccine Options:**
  - For ages under 4, California Department of Public Health (CDPH) recommends that parents be able to choose either:
    - The combined Measles, Mumps, Rubella, Varicella vaccine (MMRV) (1 injection) or
    - Separate MMR and Varicella vaccine (2 injections)
  - Selection is based on parents' preference
  - Contraindications: Severe allergy, pregnancy, severe immunosuppression, severe illness
- **MMR 2nd Dose Timing:**
  - Can be given at least 3 months after 1st MMR dose
  - Allowed up to age 12 years
- **Recommendations for International Travel and Travel to Outbreak Areas:**
  - Vaccinations are recommended two to three weeks prior to travel to get the most protection against measles.
  - Infants ages 6–11 months: Should receive 1 early MMR dose before departure.
    - This does not count toward the routine 2-dose series
  - Children 12 months and older:
    - Must complete 2-dose series (must be at least 4 weeks apart) before traveling
    - If 1 dose already given, 2nd must be greater than 4 weeks later

### **Adults**

- Adults should be up to date on MMR vaccinations with 1 or 2 doses unless they have presumptive evidence of immunity.
  - Presumptive evidence of immunity may include any of the following:
    - History of 2 documented doses of measles containing vaccine
    - Documented detection of measles IgG antibodies
    - Have laboratory confirmation of previous measles infection
    - Persons born in the U.S. before 1957
    - Born in or after 1976 and attended a US primary or secondary school
- Providers do not need to actively screen adult patients for measles immunity in non-outbreak areas in the U.S.
- Antibody testing after vaccination is not necessary to confirm immunity.

- There is no recommendation for a catch-up second dose of MMR among adults (e.g., those born before 1989).

### **Contacts/Confirmed Exposure**

- For contacts with a known exposure to a positive measles case:
  - Verify contact has documented history of 2 MMR vaccines or history of previous measles infection.
- For susceptible contacts with unknown or unconfirmed measles immunity:
  - MMR vaccine should be administered within 3 days (72 hours) of first exposure.
  - If 72 hours window has passed, immunoglobulin (IG) should be administered within 6 days of first exposure.

### **Guidance for Addressing Patient Questions About Vaccine Exemptions**

- Medical exemptions can only be issued by MDs or DOs licensed in California.
- Exemptions must meet criteria from CDC, Advisory Committee on Immunization Practices (ACIP), and American Academy of Pediatrics (AAP) criteria.
- All exemptions must be issued through the California Immunization Registry Medical Exemption (CAIR-ME) website.
- CDPH CAIR-ME allows parents to manage exemption requests and appeals.
- Physicians use CAIR-ME to issue and print exemptions for TK/K–12 and childcare.
- Parents apply for an exemption and receive an application number to give to the physician.
- Physicians must register on CAIR-ME to issue the exemption.
- Once issued, the physician prints the exemption and gives a copy to the parents.
- Parents then submit the exemption to the child's school or childcare provider.

Please utilize the following links for more information regarding exemptions:

- [CDPH CAIR ME](#)
- [Exemption FAQs](#)
- [Parent Instructions to Request a Medical Exemption](#) (alternate languages can be found at [Shotsforschool Exemption FAQs](#))
- [Parent and Physician ME Quicksheet](#)
- [Physician Registration Guide to CAIR-ME](#)

### **San Bernardino County Public Health Resources for Vaccine Access:**

- Vaccination services and appointments for school-aged children can be made on [MyTurn.ca.gov](#).
- [Federally Qualified Health Center – FQHC](#)

### **Clinical Guidance for Patients with Suspected Measles**

- **ISOLATE**
  - ***Mask patient immediately***, place patient in an airborne infection isolation room (AIIR) or private room with door closed, contact your facility infection control staff, and follow guidelines for infection control. The risk of measles transmission to

others and large contact investigations can be reduced if control measures are implemented immediately.

- **TEST**

- New update since 2024 Health Advisory
  - Preferred tests for detection of the virus is the reverse transcription polymerase chain reaction (RT PCR) via nasopharyngeal swabs and urine specimens are readily available at most commercial labs.

- **CALL**

- **IMMEDIATELY** to report suspect cases to the San Bernardino County Department of Public Health. ***Do not wait for laboratory confirmation.***
- San Bernardino County Department of Public Health Communicable Disease Section
  - Weekdays 8 a.m. – 5 p.m.: (800) 722-4794
  - After hours (before 8 a.m. and after 5 p.m., and weekends): (800) 472-2376

For details on how to recognize, test, and manage cases, please refer to the [2024 Clinical Health Advisory](#).

**Additional Resources:**

- California Department of Public Health:
  - [CDPH Measles Quicksheet](#)
  - [CDPH Measles Clinical Guidance](#)
  - [CDPH Healthcare Facility Infection Control Recommendations for Suspect Measles Patients](#)
  - [CDPH Summary of Current Recommendations on Measles Immunizations](#)
- American Academy of Pediatrics:
  - [Vaccination Recommendations by AAP](#)
  - [AAP Measles Vaccine Guideline](#)