

Global Measles

Level 4 - Avoid All Travel
Level 3 - Reconsider Nonessential Travel
Level 2 - Practice Enhanced Precautions
Level 1 - Practice Usual Precautions

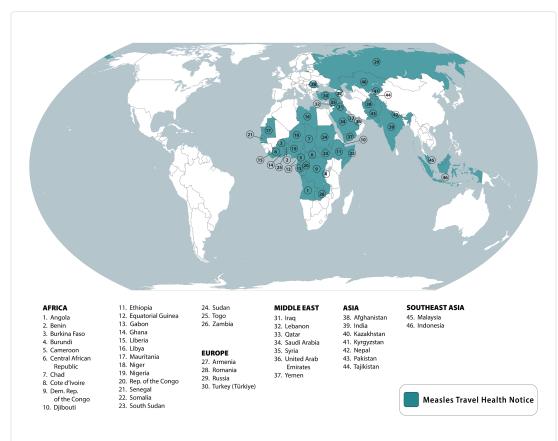
Key Points

- Many international destinations are reporting increased numbers of cases of measles.
- Travelers are at risk of measles if they have not been fully vaccinated at least two weeks prior to departure or have not had measles in the past and travel internationally.
- The majority of measles cases imported into the United States occur in unvaccinated U.S. residents who become infected during international travel.
- All international travelers should be fully vaccinated against measles with the measles-mumps-rubella (MMR) vaccine, including an early dose for infants 6–11 months, according to CDC's measles vaccination recommendations for international travel.
- Travelers should seek medical care if they develop a rash, high fever, cough, runny nose, or red, watery eyes. Measles is highly contagious. Travelers with suspected measles should **notify the healthcare facility before visiting** so staff can implement precautions to prevent spread within the facility.

What is the current situation?

Measles is an ongoing risk around the world. Health officials in the countries listed below have reported large measles outbreaks.

- Afghanistan
- Angola
- Armenia
- Benin
- Burkina Faso
- Burundi
- Cameroon
- Central African Republic



Map: Countries in the world with reported measles outbreaks (see larger map)

What is measles?

Measles is a highly contagious virus that lives in the nose and throat mucus of an infected person. It can spread to others through coughing and sneezing.

The measles virus can live for up to two hours in an airspace or on a surface after an infected person leaves an area. If other people breathe the contaminated air or touch the infected surface, then touch their eyes, noses, or mouths, they can become infected. People can spread measles up to four days before and four days after a rash.

Signs and symptoms of measles include maculopapular rash, high fever, and a cough, runny nose, or red, watery eyes.

Measles can be severe in all age groups and can lead to serious complications, such as pneumonia (infection of the lungs) and death. Several groups are more likely to suffer from measles complications, including children younger than five years of age, adults older than 20 years of age, pregnant women, and people with compromised immune systems, such as from leukemia or HIV infection. Common complications are ear infections and diarrhea. Serious complications include pneumonia and encephalitis (infection of the brain).

- Cote d'Ivoire
- Democratic Republic of the Congo
- Djibouti
- Equatorial Guinea
- Ethiopia
- Gabon
- Ghana
- India
- Indonesia
- Iraq
- Kazakhstan
- Kyrgyzstan
- Lebanon
- Liberia
- Libya
- Malaysia
- Mauritania
- Nepal
- Niger
- Nigeria
- Pakistan
- Qatar
- Republic of the Congo
- Romania
- Russia
- Saudi Arabia
- Senegal
- Somalia
- South Sudan
- Sudan
- Syria
- Tajikistan
- Togo
- Turkey
- United Arab Emirates
- Yemen
- Zambia

Measles spreads rapidly and may become a risk to travelers in places not included on the list above. CDC recommends all travelers are fully vaccinated against measles when traveling to **any** international destination.

What can travelers do to protect themselves and others from measles?

Travelers are at risk of measles if they have not been fully vaccinated two weeks prior to departure and travel internationally.

Vaccination with a measles-containing vaccine is the best way to make sure that you are protected. Infants 6 through 11 months of age should receive one dose of MMR vaccine. Infants who had one dose of MMR vaccine before their first birthday should follow the recommended schedule and get another dose at 12–15 months and a final dose at 4–6 years. Children 12 months of age and older, teenagers, and adults who do not have presumptive evidence of immunity against measles should get two doses of MMR vaccine separated by at least 28 days. If the child received a first dose with measles-mumps-rubella-varicella (MMRV), they should wait 3 months before their second dose.

If you are not sure if you or your travel companions are fully protected against measles, schedule an appointment to see your clinician **at least 6 weeks** before traveling so that you have enough time to get vaccinated.

Some people should not get a measles-containing vaccine or should wait. If you don't think you can safely receive a measles-containing vaccine, talk to your clinician and consider making alternative travel plans.

What can clinicians do?

A self-report of measles vaccination or self-reported history of measles infection is not adequate evidence of protection. Clinicians should vaccinate anyone 6 months or older traveling overseas who does not have written documentation of vaccination or other evidence of measles immunity. Infants aged 6–11 months should be vaccinated with one dose before travel*. For international travelers 12 months or older, 2 doses at least 28 days apart are recommended.

*Infants who get one dose of MMR vaccine before their first birthday should be revaccinated according to the routine ACIP schedule (one dose at 12 through 15 months of age and a final dose at 4–6 years).

Traveler Information

- CDC Measles Homepage
- Travelers' Health Measles Website
- Humanitarian Aid Workers
- Measles: Plan for Travel
- Measles, Mumps, Rubella (MMR) Vaccine Information Statement

• Measles, Mumps, Rubella, Varicella (MMRV) Vaccine Information Statement

Clinician Information

- Measles (Rubeola) in the CDC Yellow Book (Health Information for International Travel)
- Advisory Committee on Immunization Practices (ACIP) Recommendations for MMR Vaccine and MMRV Vaccine
- Measles Information for Healthcare Professionals
- Guidance on Measles during the Summer Travel Season

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