



NJ Residents Exposed to Newly Identified Non-NJ Measles Case

Date: February 10, 2026

Public Health Message Type: Alert Advisory Update Information

Intended Audience: All public health partners Healthcare providers Infection preventionists
 Local health departments Schools/childcare centers ACOs
 Animal health professionals Other

Key messages:

- The NJDOH is aware of [potential exposures](#) associated with a newly identified case of measles in a non-NJ resident who visited NJ while infectious.
 - **Exposure location:** Robert Wood Johnson University Hospital – New Brunswick, Pediatric Emergency Department, 1 Robert Wood Johnson Place, New Brunswick, NJ 08901
 - **Date & Time:** February 6, 2026, 11:15 PM through February 7, 2026, 4:25 AM
- Potentially exposed individuals, if infected, could develop symptoms as late as February 28, 2026.
- As of February 10, no additional associated cases in New Jersey have been identified.
- Providers should remain vigilant and consider [measles](#) in people with a febrile rash illness lasting three days or more, a fever of 101°F (38.3°C) or higher, and clinically compatible symptoms (cough, coryza and/or conjunctivitis), particularly if the person was potentially exposed to a case of measles or has recently traveled [internationally](#).
- Providers who are ordering measles testing should obtain samples from the following sites: oropharyngeal/nasopharyngeal swab (rRT-PCR), urine (rRT-PCR), and serum (measles IgM and IgG).
- Providers should [implement measles prevention measures](#) by ensuring they and their staff are up-to-date with immunizations, triage patients by telephone, isolate patients upon arrival and have access to and are trained to use appropriate personal protective equipment (PPE) when interacting with patients.
- Providers should ensure their patients are up to date on recommended immunizations including MMR. Prior to international travel, everyone 6 months and older may be eligible for MMR.
- Providers should consider mechanisms to secure post-exposure prophylaxis for exposed patients, including MMR vaccine and GamaSTAN.
- Measles is an **IMMEDIATELY** reportable condition, and providers should immediately report suspected cases of measles to [local public health](#) authorities where the patient resides, or if not available, to the NJDOH at (609) 826-5964 during regular business hours or (609) 392-2020 after business hours or on the weekend.



Background

The New Jersey Department of Health (NJDOH) Communicable Disease Service would like to make you aware of a new confirmed measles case identified in non-New Jersey (NJ) resident who visited a NJ medical facility while infectious. Anyone who visited the following location, only during the dates and times listed, may have been exposed to measles:

- **Location:** Robert Wood Johnson University Hospital – New Brunswick, Pediatric Emergency Department, 1 Robert Wood Johnson Place, New Brunswick, NJ 08901
 - **Date & Time:** February 6, 2026, 11:15 PM through February 7, 2026, 4:25 AM

The NJDOH is working in collaboration with local health officials to identify and notify people who might have been exposed during the time the individual was infectious. Known exposure locations will be updated in the measles exposure table on the NJDOH measles website. Exposed individuals, if infected, could develop symptoms as late as **February 28, 2026**.

Therefore, the NJDOH requests healthcare providers maintain vigilance for measles among patients who meet the [clinical criterion for measles](#) (generalized maculopapular rash lasting 3 or more days, fever at least 101°F (38.3°C), and cough, coryza, or conjunctivitis). Take a detailed history to determine the individual's travel history, contact with travelers or other possible exposures, vaccination status, and detailed history of present illness including symptoms, symptom onset dates and rash progression. Report all patients that are suspected of having measles IMMEDIATELY to [local health department where the patient resides](#) or, if not available, to the NJDOH.

Measles Specimen Collection and Testing

The NJDOH advises healthcare providers to collect specimens from patients suspected of having measles as early as possible in the course of illness. Efforts should be made to obtain specimens from suspected cases at first contact and testing should be expedited and coordinated with the local health department. When there is a high index of suspicion, measles PCR testing is the preferred testing methodology, which is performed at the NJDOH Public Health and Environmental Laboratory. Approval is required by NJDOH prior to submission.

The following specimens should be obtained:

- Nasopharyngeal (NP) or throat swab for [PCR testing](#) - **preferred** (collect & hold for NJDOH submission approval)
- Serum for measles IgM and IgG testing (send to commercial laboratory)
 - Acute phase serum as soon as possible and convalescent serum 2-3 weeks later
 - Collect minimum of 2 ml of blood in a red top or serum separator tube (red-speckled or gold).
 - PLEASE NOTE:
 - If serology is being ordered to determine measles immunity, commercial IgG testing is recommended. Do **NOT** order measles IgM if the patient is asymptomatic or recently vaccinated with MMR.
 - Serologic test results should be interpreted with caution, as false-positive and false-



negative results are possible with IgM tests.

- Urine specimens should only be collected if an NP or throat swab is not able to be collected.

Please see the NJDOH PHEL [Test Compendium](#), [Quick Guide for Measles Specimen Collection and Testing](#), and [Measles Laboratory Testing FAQs](#) for more information.

Healthcare Providers

- **DO NOT** refer persons exposed to measles, or suspected of having measles, to any medical facility **WITHOUT** calling and making arrangements first. Special arrangements must be made for evaluation and/or measles testing to protect other patients and medical staff from possible infection.
- Ensure all patients without other evidence of immunity, especially those planning international travel, are up to date on [MMR vaccine](#) per routine ACIP recommendations.
 - Providers who administer vaccines are strongly encouraged to become New Jersey Immunization System ([NJIS](#)) users and submit administration data. By using NJIS for all patients, regardless of age, it allows for a single source of documentation for all immunizations administered.
 - Utilize NJIS reminder/recall function to identify children needing MMR vaccination
 - Empower patients by informing them if they have a vaccination record in NJIS, it will then also be accessible to them for downloading through the Docket app (available for free download via [Apple App Store](#) or on [Google Play](#)).
- Establish documented [evidence of immunity to measles](#) **now** for **all** providers/staff and ensure access to status should an exposure occur.
- Implement screening/triage procedures: triage by telephone; post signage outside of the office notifying patients with rash to call **BEFORE** entering; mask and [isolate](#) (preferably in an airborne isolation room, if one is available) patients presenting with rash and fever immediately upon arrival; do not use exam room for at least 2 hours after a suspect measles leaves.
- Implement measles [prevention measures](#)
 - Use a fit tested NIOSH-approved N95 or higher-level respirator.
 - Remind providers/staff about the importance of using appropriate [precautions](#).
 - Ensure providers/staff have access to and are trained to use [appropriate personal protective equipment \(PPE\)](#) when interacting with patients.
 - Review guidelines for post-exposure prophylaxis and identify points of access for persons needing MMR or immune globulin
- Measles is an **IMMEDIATELY** reportable condition and providers should immediately report **suspected** cases of measles to [local public health](#) authorities **where the patient resides** or, if not available, to the NJDOH at (609) 826-5964 during regular business hours or (609) 392-2020 after business hours or on the weekend.

Prevention of Measles

- The best way to prevent measles is to remain up to date on all measles vaccinations especially when considering traveling abroad.



- The following people should be [vaccinated against measles](#):
 - All children over one year of age who have not yet been vaccinated
 - Children between 6 months and 1 year of age who will be [traveling](#) internationally or visiting a community with an [on-going measles outbreak](#) (This dose will not count toward the primary series and two additional doses after one year of age will still be required.)
 - Adults who have not yet been vaccinated and were born after 1957 and not had laboratory confirmation of a previous measles infection.
 - Adults of any age who will be traveling internationally or visiting a community with an on-going measles outbreak who have not previously received two doses of MMR.

The New Jersey Department of Health's licensing standards for health facilities require that facilities notify the Department of reportable events in accordance with all applicable State and Federal regulations. New Jersey Administrative Code (N.J.A.C.) 8:43-10.11(e) states "A health care facility shall report incidents of infectious and communicable diseases to the Department pursuant to N.J.A.C. 8:57." Filing a report via the NJDOH web-based electronic "Non-LTC Reportables Survey" DOES NOT satisfy [communicable disease reporting regulations](#) set forth in N.J.A.C. 8:57.

The NJDOH reminds healthcare providers that measles is immediately reportable upon suspicion, and to report suspected cases of measles to the [local health department where the patient resides](#), or if not available to the NJDOH Communicable Disease Service at (609) 826-5964 during regular business hours or (609) 392-2020 after business hours or on the weekend.

Additional Resources

[New Jersey Department of Health Measles Website](#)

[CDC Be Ready for Measles Toolkit](#)

[Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings](#)

[Considerations when Evaluating a Person for Exposure to Measles in a Healthcare Setting](#)

[Infection Control in Healthcare Personnel: Epidemiology and Control of Selected Infections Transmitted Among Healthcare Personnel and Patients \(2024\): Measles](#)

[Transmission Based Precautions](#)

[99.9% contaminant removal in this table](#)

[Video: AIR and Room Turnover](#)

[Infection Control Guidance: Respiratory Viruses](#)