



STATE OF HAWAII
DEPARTMENT OF HEALTH
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In reply, please refer to:
File:

March 10, 2026

MEDICAL ADVISORY: DEPARTMENT OF HEALTH CONFIRMS MEASLES IN VISITOR TO OAHU AND INVESTIGATES EXPOSURES

The Hawaii Department of Health (DOH) State Laboratories Division has confirmed a case of measles in a vaccinated adult visitor to Oahu.

Providers should:

- **Be on the alert** for patients presenting with signs and symptoms of measles. The DOH's [Measles Provider Toolkit](#) provides guidance for evaluating patients presenting with febrile rash illnesses for measles.
- **Immediately isolate patient**, implement [standard and airborne precautions](#), and notify DOH if measles is suspected. Collect nasopharyngeal or throat swabs, serum, and urine specimens. **DO NOT WAIT** for laboratory results before notifying DOH. If referring to a higher level of care, call ahead to ensure immediate isolation upon arrival.
- **Offer MMR vaccine** to all eligible individuals who are not up to date.
- Review [Measles PEP for Non-Symptomatic Susceptible Contacts](#) to assess eligibility for post-exposure prophylaxis in [non-immune individuals](#) with an identified exposure to measles.
- Advise patients [without evidence of measles immunity](#) exposed at listed locations and times to stay home from school, workplace and group settings from the 5th through the 21st day after the date they were exposed, unless they received MMR vaccine within 72 hours of exposure.

Dear Healthcare Provider:

The Hawaii Department of Health (HDOH) State Laboratories Division has confirmed a case of measles in a vaccinated adult visitor to Oahu from a region of the continental United States with known measles transmission. The DOH is investigating the case to identify those who might have been exposed and is working to prevent spread of disease. Measles outbreaks in the continental US continue to increase. As of March 5, there have been 12 new measles outbreaks and 1,281 reported US measles cases in 2026.

The DOH issued a news release to inform the public of potential exposure to measles at various locations on Oahu. Individuals [without evidence of measles immunity](#) who visited exposure locations at the specified times are being advised to contact their healthcare provider immediately. Review the DOH [medical advisory on the Rise in Measles Activity](#) issued March 11, 2025 for guidance on isolation, reporting and sample collection when measles is suspected as well as DOH's [Measles Provider Toolkit](#) for guidance for evaluating patients presenting with febrile rash illnesses for measles.

A [news release](#) to inform the public of potential exposure to measles at various locations on Oahu has been issued by DOH. Members of the public may have been exposed to measles if they were at the following locations during the specified times:

AIRLINE FLIGHTS

- Feb 26, Hawaiian Airlines Flight 867 Salt Lake City to Honolulu
- March 3, Hawaiian Airlines Flight 1052 Honolulu to Hilo
- March 4, Hawaiian Airlines Flight 1111 Hilo to Honolulu

OAHU ISLAND

Daniel K. Inouye International Airport (HNL)

- Feb. 26, 12:30–4 p.m. — A gates and baggage claim area
- Mar. 3, 9am–12:30pm — Terminal 1 check-In, security, and A gates
- Mar 4, 8:30pm–11pm — A gates and baggage claim area

Laie Mormon Temple

- Feb. 27, 4:30-9pm

HAWAII ISLAND

Hilo International Airport

- Mar. 3, 11:30am–2:30pm — Gate areas, baggage claim
- Mar. 4, 6:30–9:30pm — Check-in, security, and gate areas

Volcano National Park

- Mar. 3, 12pm–6pm — Visitors Center, other attractions

Hilo Siam Thai Restaurant

- Mar. 3, 5pm–9pm

Flight notifications have been issued for the airlines and airports through which the confirmed and suspected cases traveled. The DOH is also reaching out directly to individuals who had known contact with the confirmed or suspected case.

Patients with exposure to measles at the above locations may present for clinical evaluation. Measles should be suspected in persons with an acute febrile illness and rash in the setting of known measles exposures in the previous 21 days regardless of vaccination status. The MMR vaccination is highly effective at preventing measles with two doses 97% effective against measles. Although much less common compared to unvaccinated persons, measles infections can still occur in fully vaccinated persons in the setting of known measles exposure. People who are fully vaccinated may have atypical presentations, frequently with a more mild rash that may not exhibit the classic distribution or progression. While frequently febrile, these patients may lack the classic triad of cough, coryza, and conjunctivitis, and may instead show only mild manifestations of one or two of these symptoms.

Individuals without evidence of measles immunity who visited exposure locations at the specified times are also being advised to contact their healthcare provider immediately to assess immune status and need for post exposure prophylaxis.

Postexposure Prophylaxis:

Providers should administer [post-exposure prophylaxis](#) (PEP) to non-immune individuals with identified exposure to potentially provide protection or modify the clinical course of disease. One of the following two options for measles PEP should be used:

- MMR vaccine within 72 hours of exposure OR.
- Immune globulin (IG) within 6 days of exposure.

Do not administer MMR vaccine and IG simultaneously. This practice invalidates the vaccine.

Administration of IG should be prioritized for patients at risk for severe disease and complications from measles: infants aged <12 months, pregnant women without evidence of measles immunity, and severely immunocompromised persons. The IG can be administered intramuscularly (IMIG) or intravenously (IVIG).

- IMIG is recommended for infants <12 months of age (dose 0.5mL/kg; maximum dose = 15mL).
- IVIG is recommended for severely immunocompromised people and pregnant women who are exposed to measles (dose 400mg/kg).

Use of IMIG PEP for immunocompetent contacts aged ≥ 12 months may be limited because of volume limitations. The IMIG can be administered to other persons who do not have evidence of measles immunity, but priority should be given to persons exposed in settings with intense, prolonged, close contact (e.g., household, daycare, and classroom).

To prevent future importations due to travel, providers should consider [CDC recommendations for international and domestic travelers](#) and check recommendations from state and local health departments at the destination for patients traveling to [areas experiencing measles outbreaks](#). A second MMR dose for adults with only one prior dose or accelerated dosing for children with no or one prior MMR dose might be appropriate for patients traveling to outbreak areas. Of note, acceleration of routine measles vaccine schedules for individuals who are not traveling is not currently recommended in Hawaii.

Patients without evidence of immunity who were possibly exposed at any of the above locations should be excluded from school, workplace and other group settings from the 5th through the 21st day after the date they were exposed. Receipt of IG PEP may prolong the duration of the incubation period of measles; the symptom monitoring period and exclusion period should therefore be increased to 28 days for those receiving IG PEP. Home quarantine should be prioritized for those with clear, prolonged exposure to a measles case and should be implemented for exposed people without evidence of any protective immunity to measles.

Measles is an URGENT CATEGORY NOTIFIABLE CONDITION. Please report any suspected case of measles. Do NOT wait for laboratory confirmation:

Oahu (Disease Reporting Line)(808) 586-4586
Maui District Health Office(808) 984-8213
Kauai District Health Office(808) 241-3563
Big Island District Health Office (Hilo)(808) 933-0912
Big Island District Health Office (Kona)(808) 322-4877
After hours on Oahu(808) 600-3625
After hours on neighbor islands(800) 360-2575 (toll free)

We appreciate your assistance in protecting the health of Hawaii’s residents and visitors.

Sincerely,



Nathan Tan, M.D.
Deputy State Epidemiologist

References:

- Measles | DOH: https://health.hawaii.gov/docd/disease_listing/measles/
- Measles Clinical Provider Toolkit | DOH: <https://health.hawaii.gov/docd/files/2025/09/DOH-Measles-Clinical-Provider-Toolkit.pdf>

- Measles Vaccination for Specific Groups | Measles (Rubeola) | CDC: <https://www.cdc.gov/measles/hcp/vaccine-considerations/specific-groups.html>
- Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps: <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm>
- Measles Cases and Outbreaks | Measles (Rubeola) | CDC: <https://www.cdc.gov/measles/data-research/index.html>
- Health Alert Network (HAN) - 00522 | Expanding Measles Outbreak in the United States and Guidance for the Upcoming Travel Season <https://www.cdc.gov/han/2025/han00522.html>
- DOH Medical Advisory: Rise in Measles Activity in the United States in 2025 <https://health.hawaii.gov/docd/files/2025/03/Medical-Advisory-Rise-In-Measles-Activity-in-the-United-States-in-2025-031125.pdf>
- NYC Health Department Post-exposure Prophylaxis (PEP) Guidance for Measles Exposures. <https://www.nyc.gov/assets/doh/downloads/pdf/imm/pep-measles-providers.pdf>
- Chapter 7: Measles | Manual for the Surveillance of Vaccine-Preventable Diseases | CDC <https://www.cdc.gov/surv-manual/php/table-of-contents/chapter-7-measles.html>