

Measles (Rubeola)

2013 Case Definition

CSTE Position Statement(s): 12-ID-07

Clinical Description

An acute illness characterized by:

- Generalized, maculopapular rash lasting ≥ 3 days; **and**
- Temperature $\geq 101^{\circ}\text{F}$ or 38.3°C ; **and**
- Cough, coryza, or conjunctivitis.

Case Classification

Probable

In the absence of a more likely diagnosis, an illness that meets the clinical description with:

- No epidemiologic linkage to a confirmed case of measles; **and**
- Noncontributory or no measles laboratory testing.

Confirmed

An acute febrile rash illness[†] with:

- Isolation of measles virus[‡] from a clinical specimen; or
- Detection of measles-virus specific nucleic acid[‡] from a clinical specimen using polymerase chain reaction; or
- IgG seroconversion[‡] or a significant rise in measles immunoglobulin G antibody[‡] using any evaluated and validated method; or
- A positive serologic test for measles immunoglobulin M antibody[‡] §; or
- Direct epidemiologic linkage to a case confirmed by one of the methods above.

[†] Temperature does not need to reach $\geq 101^{\circ}\text{F}/38.3^{\circ}\text{C}$ and rash does not need to last ≥ 3 days.

[‡] Not explained by MMR vaccination during the previous 6-45 days.

[§] Not otherwise ruled out by other confirmatory testing or more specific measles testing in a public health laboratory.

Case Classification Comment(s)

CDC does not request or accept reports of suspect cases so this category is no longer needed for national reporting purposes.

Epidemiologic Classification

Internationally imported case: An internationally imported case is defined as a case in which measles results from exposure to measles virus outside the United States as evidenced by at least some of the exposure period (7–21 days before rash onset) occurring outside the United States and rash onset occurring within 21 days of entering the United States and there is no known exposure to measles in the U.S. during that time. All other cases are considered U.S.-acquired.

U.S.-acquired case: An U.S.-acquired case is defined as a case in which the patient had not been outside the United States during the 21 days before rash onset or was known to have been exposed to measles within the United States.

U.S.-acquired cases are subclassified into four mutually exclusive groups:

- **Import-linked case:** Any case in a chain of transmission that is epidemiologically linked to an internationally imported case.
- **Imported-virus case:** A case for which an epidemiologic link to an internationally imported case was not identified, but for which viral genetic evidence indicates an imported measles genotype, i.e., a genotype that is not occurring within the United States in a pattern indicative of endemic transmission. An endemic genotype is the genotype of any measles virus that occurs in an endemic chain of transmission (i.e., lasting ≥ 12 months). Any genotype that is found repeatedly in U.S.-acquired cases should be thoroughly investigated as a potential endemic genotype, especially if the cases are closely related in time or location.
- **Endemic case:** A case for which epidemiological or virological evidence indicates an endemic chain of transmission. Endemic transmission is defined as a chain of measles virus transmission that is continuous for ≥ 12 months within the United States.

Epidemiologic Classification, continued

- **Unknown source case:** A case for which an epidemiological or virological link to importation or to endemic transmission within the U.S. cannot be established after a thorough investigation. These cases must be carefully assessed epidemiologically to assure that they do not represent a sustained U.S.-acquired chain of transmission or an endemic chain of transmission within the U.S.

Note: Internationally imported, import-linked, and imported-virus cases are considered collectively to be import-associated cases.

States may also choose to classify cases as out-of-state-imported when imported from another state in the United States. For national reporting, however, cases will be classified as either internationally imported or U.S.-acquired.

MEASLES POSITION STATEMENT (12-ID-07) OPERATIONAL GUIDANCE: EXPANDED USE OF THE EPI-LINKAGE CRITERIA FOR CONFIRMED CASE ENUMERATION WHEN COMMUNITY TRANSMISSION IS OCCURRING DURING MEASLES OUTBREAKS

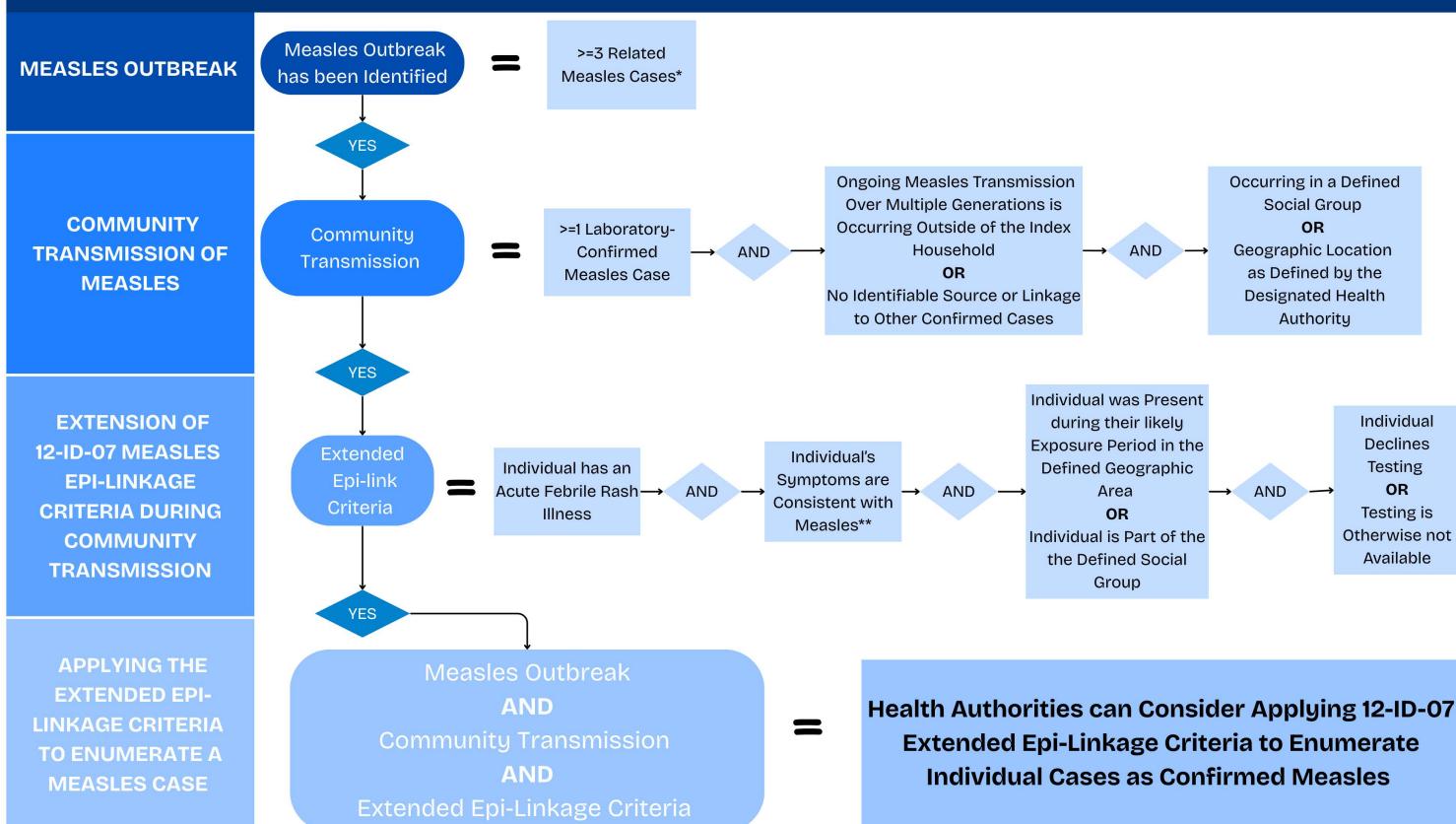
Utilization of this guidance by public health authorities is OPTIONAL

Endemic circulation of measles was declared eliminated in the United States (US) in 2000. From that time until 2012 when the current Measles Position Statement 12-ID-07 was proposed and approved, the number of confirmed measles cases reported in the US averaged 83 per year. Since 2013, declining vaccine confidence and increased hesitance to follow public health measles prevention recommendations in some US populations has led to increased risk of ongoing community transmission during measles outbreaks. During a large measles outbreak in the southwestern US in 2025, public health authorities encountered decreased participation in measles testing and intervention measures. Fewer laboratory-confirmed measles cases made it challenging for public health authorities to use the 12-ID-07 epi-linkage criteria requiring a "direct epidemiologic linkage to a case confirmed [by a laboratory test]." This led to under-representation of the true burden of measles disease in those communities or jurisdictions.

This language is intended as *operational guidance* for the CSTE position statement 12-ID-07: *Public Health Reporting and National Notification for Measles* for use while the US is in elimination status. The purpose of this operational guidance is to provide a broader, yet standardized, interpretation of the current epi-linkage criteria that public health authorities can use to enumerate a case as confirmed when community transmission is occurring. Utilization of this guidance by public health authorities is OPTIONAL.

12-ID-07 Measles Operational Guidance

Using the Epi-Link Criteria to
Enumerate a Confirmed Case
During Community Transmission



*at least one case must be laboratory confirmed.

**In some instances, measles presentation may vary. When community transmission is occurring, jurisdictions should evaluate the likelihood of measles as a potential etiology for any reported febrile rash illness. (Temperature does not need to reach 101°F/38.3°C and rash does not need to last ≥ 3 days.)