

MLS Laboratory Advisory: Increase in Measles Cases in Minnesota

OCTOBER 16TH, 2026

Purpose of this Message:

Inform clinical laboratory partners of an increase in measles cases in Minnesota and provide instructions on acceptable specimens, transport media and shipping conditions for testing at MDH-PHL.

Action Item:

Please review the information below and share with your clinical laboratory partners.

Laboratory Testing Information:

The MDH Public Health Laboratory (MDH-PHL) offers a real-time reverse transcriptase PCR assay for measles testing. It is important to collect specimens as soon as possible after the onset of the rash. Considering day 0 as the rash onset date, collect specimens as outlined below:

- Day 0 – 5 of rash: throat swab
- Day 6 – 9 of rash: throat swab and urine

Acceptable specimens:

- Throat swab (preferred), nasal/nasopharyngeal swab or nasal washing submitted in a viral transport media [VTM, universal transport medium (UTM), M5, M4, Minimum Essential Medium (MEM), saline, balanced salt solution (BSS), Sterile isotonic solutions, Phosphate buffered saline (PBS), Liquid Stuart's Medium].
- Urine (10 – 40 mL) should be collected and shipped in a sterile urine container.

Transport:

- Store and ship specimens for PCR at refrigeration temperature (2 - 8°C) in an insulated container and on ice packs within 7 days of collection.
- Specimens may also be stored and shipped frozen on dry ice.
- Please select the **General Infectious Disease Lab** under Forms, to access the Infectious Disease Laboratory Submission form located here: [Infectious Disease Laboratory Submission Form](https://www.health.state.mn.us/diseases/idlab/mdh_lab_submission.pdf)
(https://www.health.state.mn.us/diseases/idlab/mdh_lab_submission.pdf)
 - Fill out submitter, patient, and specimen information.
 - Select Measles PCR (MEVPCR) from the test requested drop down menu.

- Submission guidance can be found here: [MDH Infectious Disease Lab General Submission Form Guidance](https://www.health.state.mn.us/diseases/idlab/mdhgeneralinstructions.pdf) (<https://www.health.state.mn.us/diseases/idlab/mdhgeneralinstructions.pdf>)
- We recommend using your standard reference lab for measles IgM serology testing. Any requests received at MDH-PHL for measles IgM serology are sent to CDC. Real-time PCR is the preferred diagnostic assay due to cross-reactivity with the serology test.
- More information on test availability, collection, transport media and shipping can be found here: [Infectious Disease Laboratory \(IDL\) Test Catalog](https://labinventory.web.health.state.mn.us/phl/lab-test-search/#/) (<https://labinventory.web.health.state.mn.us/phl/lab-test-search/#/>).

Background:

Twenty-five cases of measles have been identified in Minnesota since mid-September in Fillmore and Todd Counties. MDH is working with local health departments to contact people exposed to these cases. These cases bring Minnesota's case count to 42 for 2026 as of Oct. 13. MMR vaccination rates have dropped around the state and remain low in many areas. We expect that cases will increase in the coming weeks, so it's important for all providers to encourage vaccination.

Nationally, measles continues to increase. As of Oct. 8, a total of 4,080 confirmed measles cases have been reported by 47 jurisdictions throughout the United States in 2026. Additional data can be found on [CDC: Measles Cases and Outbreaks](https://www.cdc.gov/measles/data-research/) (www.cdc.gov/measles/data-research/).

This information was shared with clinicians and infection preventionists through the Health Alert issued by [MDH Health Alert Network](https://www.health.state.mn.us/han/) (<https://www.health.state.mn.us/han/>).

Additional Information:

- Assess MMR vaccination status of patients at every visit and vaccinate susceptible persons. MMR vaccine remains the most important tool for preventing measles and the current measles situation is an opportunity to restart conversations with patients about the importance of vaccination.
- Children should receive two doses of MMR vaccine. The first at 12 to 15 months of age and the second at 4 to 6 years of age. One dose is considered protective if there was measles exposure.
- For all ages, it is important to assess MMR status for patients traveling.
- Children 6 to 11 months old can get an early dose of MMR vaccine if their travels will put them at high risk for exposure to measles. Children who get an early dose will need to restart the MMR series after 12 months of age. Children and adults who have received one dose of MMR and are traveling can receive a second dose 28 days after the first.
- For additional MMR vaccination recommendations review [Measles Vaccination Recommendations](https://www.health.state.mn.us/diseases/measles/hcp/vaxrecs.html) (www.health.state.mn.us/diseases/measles/hcp/vaxrecs.html).

- Contact MDH 24/7 to report a suspect case or for any questions at 651-201-5414.
- Additional information on recognizing and reporting measles, and translated measles materials and posters [Measles Information for Health Professionals \(www.health.state.mn.us/diseases/measles/hcp/index.html\)](http://www.health.state.mn.us/diseases/measles/hcp/index.html).

Questions: Please contact: Michael Valentine, Virology Unit Supervisor; 651-201-3831, Michael.Valentine@state.mn.us

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PLEASE FORWARD THIS TO ALL APPROPRIATE PERSONNEL WITHIN YOUR INSTITUTION AND HEALTH SYSTEM

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Minnesota Laboratory System
 Minnesota Department of Health, Public Health Laboratory
 601 Robert St. N, St. Paul, MN 55164-0899
 651-201-5200
health.mnlabssystem@state.mn.us
www.health.state.mn.us/diseases/idlab/mls/index.html

To obtain this information in a different format, call: 651-201-5200.