

Measles Media Engagement Guide

FOR PUBLIC HEALTH PROFESSIONALS

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Introduction

This guide was created by the Centers for Disease Control and Prevention to assist Public Health Professionals (public affairs/public information officers, communications staff, spokespeople, etc.) in developing an intentional media engagement strategy related to measles outbreak response.

A proactive media engagement strategy is essential for positive public health outcomes during measles outbreaks. It helps support accurate reporting, builds trust, and complements direct community engagement. Measles is a topic of high interest to the media with specific communication issues including sensitivities and privacy concerns.

Partnering with the media can amplify response messages, raise awareness, establish consistency in messaging, and mitigate harmful effects such as stigmatization. A solid media strategy does not replace direct community engagement but strengthens overall outbreak response. Evaluation of media engagement strategy can also inform future responses to improve overall measles risk communication preparedness.

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Key Messages

- **Resurgence:** After being declared eliminated in the United States in 2000, the country has seen a resurgence of the measles virus. Since early 2025, measles cases have been increasing, with multiple large outbreaks reported.
Factors that can contribute to an increase in measles activity include the following:
 - When measles, mumps, and rubella (MMR) vaccination coverage falls below 95%, the risk for measles outbreaks increases.
 - In recent years, the **U.S. national MMR coverage among kindergarteners** (www.cdc.gov/schoolvaxview/data/index.html) has decreased to 92.5% for the 2024-2025 school year, with much lower coverage in some communities.
 - Measles is typically brought into the United States through international travel by unvaccinated people who get infected in other countries. They can spread measles to other people who are not protected against measles, which sometimes leads to outbreaks.
 - Global measles activity is increasing, meaning it is more likely that people who are not vaccinated can get measles while traveling in other countries and bring the virus back to the United States.
 - Measles is not a seasonal virus. However, measles can spread quickly during peak travel seasons (like spring break, summer, or during holidays) or in situations where unvaccinated people are in close contact (like summer camp).
- **Infectiousness:** Measles is a highly contagious disease that can spread easily. Measles virus can be found in the nose and throat mucus of an infected person. It can spread to other people through coughing and sneezing or contaminated surfaces. The virus remains infectious for up to two hours after an infected person leaves.
When exposed, approximately 90% of people who are not immune will become infected. An infected person can spread measles to other people even before knowing they have the disease. In most cases, measles can spread to other people from 4 days before the rash appears through 4 days after. Measles is only spread from person to person. Animals do not become infected with or spread measles.
Measles symptoms appear 7 to 14 days after contact with the virus. Common measles symptoms include:
 - High fever (may spike to more than 104° F)
 - Cough
 - Runny nose (coryza)
 - Red, watery eyes (conjunctivitis (www.cdc.gov/conjunctivitis/))
 - Rash

- **Severity:** Measles isn't just a little rash. Measles can be dangerous, especially for babies who are too young to receive the MMR vaccine and young children who are unvaccinated. Several groups are more likely to suffer from measles complications:
 - Children younger than 5 years
 - Adults older than 20 years
 - Pregnant women
 - People with weakened immune systems, such as from leukemia or HIV infection

There is no specific antiviral therapy for measles. Medical care is supportive to help relieve symptoms and address complications such as pneumonia and secondary bacterial infections.

If you think you or a family member has measles, call a doctor or hospital right away before you arrive to let them know someone in your home might be sick with measles. They will give you instructions. Seek emergency care if the person who is sick gets rapidly worse or has these symptoms:

- Trouble breathing (or breathing faster than normal)
- Pain with breathing or coughing
- Dehydration (dry nose and mouth, urinating less, crying without making tears)
- Fever or headache that will not stop, confusion, decreased alertness or severe weakness, blue color around the mouth, low energy, or difficulty feeding (young children)

- **Complications:** Measles can be serious in all age groups. Some people are at higher risk for severe complications from measles, including:
 - **Hospitalization.** About 1 in 5 unvaccinated people in the United States who get measles are hospitalized.
 - **Pneumonia.** As many as 1 out of every 20 children with measles gets pneumonia, the most common cause of death from measles in young children.
 - **Encephalitis.** About 1 child out of every 1,000 who get measles will develop encephalitis (swelling of the brain). This can lead to seizures, deafness, or intellectual disability.
 - **Death.** Nearly 1 to 3 of every 1,000 children who become infected with measles will die from respiratory and neurologic complications.
- **Pregnancy effects:** Contracting measles during pregnancy may cause birth prematurely or can cause low birthweight in the baby. It is important to speak with your healthcare provider about receiving the MMR vaccination before becoming pregnant. Receiving the MMR vaccine during pregnancy is not recommended.
- **Immune amnesia:** After having measles, a person's body can temporarily forget how to fight off other illnesses they were previously protected from. This is called "immune amnesia" and can leave a person at risk for other serious infections for months or even years after recovering from measles. In addition to this long-term effect, the body's defenses are also weaker when sick with measles, increasing the risk of other infections.
- **Protection:** The best way to protect against measles is to get the MMR vaccine. MMR vaccination provides long-lasting protection against all strains of measles. Two doses of MMR vaccine are about 97% effective at preventing measles; one dose is about 93% effective.

Vaccine side effects: Most people don't have any side effects from the vaccine. The side effects that do occur are usually mild, and may include soreness, redness, or swelling where the vaccine was given.

- Fever
- Mild rash
- Temporary pain and stiffness in the joints

More serious side effects are rare. These may include high fever that could cause a seizure.

Vaccines and high rates of vaccination have made measles much less common in the United States. When more than 95% of people in a community are vaccinated, most people are protected through population immunity (herd immunity). High vaccination coverage at the community level helps to protect people who cannot get vaccinated, including infants who are too young to receive MMR vaccine and people who are immunocompromised.

Other protective practices include limiting travel or large in-person gatherings and events, staying home when sick, calling a doctor when someone has symptoms, and seeking care right away if someone is sick.

- **Breakthrough cases:** The MMR vaccine is highly effective. It is uncommon for someone who is fully vaccinated to develop measles. However, breakthrough infections (when someone becomes infected with measles after they have been vaccinated) can occur, especially in communities experiencing an outbreak where high levels of measles virus are circulating.

Very few vaccinated people — about three out of 100 people — may still get measles if they are exposed to the virus. It could be that their immune system did not respond as well as it should have to the vaccine; their immune system's ability to fight the infection decreased over time; or they had prolonged, close contact with someone who has the virus. However, disease symptoms are generally milder in vaccinated people. It is also less likely that they will spread the disease to other people.

- **Elimination status:** When speaking with the media, it is important to use the correct phrase - measles elimination - and explain what it means to avoid misunderstanding and misinterpretation of surveillance data.

Measles elimination (www.cdc.gov/measles/about/questions.html) means there has not been continuous domestic transmission for 12 months or more. To meet the definition of measles elimination, surveillance must demonstrate that each transmission chain originates from an imported case, not ongoing spread within the United States.

- Elimination status can be maintained even with sporadic cases or outbreaks, provided no single transmission chain persists for 12 months or more.
- Elimination is distinct from eradication, which is defined as the worldwide absence of a specific disease-causing agent in nature. Deliberate public health interventions may be discontinued where the agent (virus, bacterium) no longer presents a significant risk for human-to-human transmission or from other sources. To date, smallpox remains the only human disease that has been eradicated.

Strategies for Engaging with Media

A. Proactively communicating about measles cases and outbreaks can help lessen the burden of having to respond to media reactively.

- Offer regular public data updates e.g., public data dashboard, weekly briefings.
- Post information that can help the general public assess their own risk, including when to seek information from a healthcare provider or seek emergency care.
- Post key messages and recommendations to protect subject matter experts' (SMEs) time.
- When possible, avoid focusing imagery on syringes when partnering with media, as this may trigger fear among members of the community and could reduce the effectiveness of vaccination messaging. Provide imagery that is acceptable to your community and reinforces your main messages, for example raising awareness of symptoms or events or places to receive vaccination.
- Coordinate efforts and messaging with other jurisdictions on multi-state outbreaks.
- Tailored information and communication products created with and for specific communities should be shared directly with those communities. Sharing with the media or in ways that the media could amplify beyond the communities for which the information was tailored could lead to stigmatization.
- Consider posting information publicly only in languages that will not single out specific communities.

B. Community-centered approaches to engaging with media can help prevent stigma and foster confidence in messaging and for spokespeople.

- a. Use best practices to invest time and effort into training SMEs who are trusted in the community to serve as spokespeople. Always bring it back to your main public health messages: What do we know? What are we doing to learn more? What do we not know? What does the public need to know or do?
- b. Focus on universal messages about prevention, risk mitigation, and outbreak control on policies and public health action, rather than on specific communities.
 1. Focus on school exemptions or exclusions in a geographic area, not exclusively vaccination rates among a specific community.
 2. Communicate to the public the real risk and importance of knowing when to seek emergency care. Speak to the community as a whole rather than to specific segments of the population.
 3. Use the opportunity to focus on some of the mitigation strategies that might resonate.
- c. Take action to avoid perpetuating stigma, especially as it relates to specific people and communities. Stigmatization in media coverage can worsen distrust in public health among affected communities we aim to serve. This can make it more difficult to work with the community to end an outbreak.
 1. Emphasize how outbreaks affect everyone—neighboring towns, schools, healthcare systems—not just one community to build collective responsibility rather than isolation.
 2. Acknowledge that vaccine hesitancy is influenced by many contextual factors and affects diverse communities across political and cultural spectrums.
 3. Redirect from blame to solutions: Frame discussion around what communities need to prevent future cases rather than profiling resistant individuals or groups.
- d. Protect the identities of affected individuals, families, and communities. Sometimes this can mean protecting the identity of a family who have experienced a household outbreak, key members of a community, or those experiencing the most dire

consequences of an outbreak, for example, a death or severe complication in a family member. Consider legal requirements related to privacy and confidentiality of affected individuals.

- e. Resist media pressure to identify specifically affected communities by their country of origin, immigration status, culture, religion, or other identifying characteristics other than by undervaccination status.
- f. Be sensitive to how members of affected communities may perceive public comments on the topics of school exclusions/exemptions, wastewater testing, or vaccination coverage. Avoid sharing details that could identify or characterize the community based on geography or other factors.
 - 1. Provide reassurance that the health department is protecting communities that are at higher risk through situational awareness of community issues and sensitivities.
 - 2. Consult with trusted messengers and members of the community for message framing and delivery, when possible.
- g. Avoid retraumatizing communities. Keep focus on current health needs, resources available, and solutions rather than revisiting painful community history that reinforces stigma and doesn't advance public health goals.
- h. Redirect media interest in affected communities to community-level risk. This can help your goal of using media engagements to get out your actionable key messages.

Tools

The following section discusses approaches, tools, and spokesperson preparation strategies to support effective media communication.

A. Message Development Components

- Focal Point: Determine prior to the interview what you want the main point of your story to be as it relates to the theme and messages. Generally, there should be no more than one focal point.
- Opening statement
- Themes/ Key Messages
- Putting science into action – tracking disease and finding out what is making people sick and the most effective ways to prevent it.
- Anticipated questions
 - Attempt to predict questions in advance, especially tough questions, and be prepared with possible responses
 - 5 questions most likely to be asked by the reporter, 5 questions you want to be asked, 5 questions you don't want to be asked/tough questions for which you should prepare.
- Closing Statement/Call to Action (is there anything else you like to add?)
 - Prepare a concise closing statement that reinforces the main message and leaves the audience with a clear takeaway.
 - Use the closing statement to direct audiences to trusted information sources, encourage recommended public health actions, or reinforce confidence in prevention and response efforts.

B. Strategies to Utilize during Media Interactions

1. **Bridging:** Bridging allows you to respond to a reporter's question while also highlighting information relevant to your message.

Focus	Bridge Example Phrases
Most Important	▪ And what's most important to know is ▪ What matters most in this situation is ▪ This is an important point because
Heart of the matter	▪ However, the real issue here is ▪ And if we take a closer look, we will see ▪ The key here is
Big Picture	▪ If we look at the big picture ▪ If we take a broader perspective
Add to the statement	▪ Before we continue, let me emphasize that ▪ Before we leave the subject ▪ And that reminds me

2. Blocking: Blocking allows you to deflect what may appear to be a leading question and refocus on your key points.

Situation	Phrase
Blame / accusation	"I wouldn't characterize it that way..."
Premature conclusions	"It's too early to say, but here's what we do know..."
Emotionally charged	"I completely understand the frustration. What matters now is..."
Off-topic question	"That's outside my area, but what I can tell you is..."
Repetitive pressure	"As I've said, we're focused on [core message] ..."

C. Media Briefing Reminders for SMEs

- Prepare and practice, practice, practice!
 - Review the subject matter—history, current situation, updates, projections.
 - Practice articulating key messages—
 - » Speak slowly and reply in 10- to 20- second phrases. Pause every 20 seconds for longer answers
 - » Avoid filler words (um, like, you know, etc.)
 - » Use techniques like blocking, bridging, and correcting information that may be inaccurate
 - » Keep responses short, to the point, and in plain language
 - » Always end the interview by reiterating the key points and a call to action
 - Don't say "NO COMMENT." To the extent possible, when you do not know the answer to the question, say "Let us get back to you with an answer," or "I can put you in touch with someone that has more information on this topic or subject."
 - Don't forget "hot mic!" The microphone is always on—always—including during "testing."
 - Don't repeat the negatives in a reporter's question.
 - Don't accept an A or B dilemma question if neither option is valid—use positive words, correct the inaccuracies without repeating the negative. Example: "There's a third way to approach this issue/problem."

Interview Tips:

You can	You cannot
▪ Know who will do the interview ▪ Know and limit the interview to agreed subjects ▪ Set limits on time and format ▪ Ask who else will be or has been interviewed ▪ Decline to be interviewed ▪ Decline to answer a question	▪ Lie ▪ Embarrass or argue with a reporter ▪ Demand that your remarks not be edited ▪ Demand the opportunity to edit the piece ▪ Insist that an adversary not be interviewed ▪ Demand that an answer you've given not be used ▪ State what you are about to say is "off the record" or not attributable to you

D. Common Questions and Answers

Q1. What should someone do if they suspect they have been exposed to measles or have measles symptoms?

- **I have been exposed to measles** (www.cdc.gov/measles/about/questions.html): Immediately call a healthcare provider if you think you or your loved one have been exposed to measles. A healthcare provider should be able to:
 - Help you understand if you are protected from measles based on your vaccination record, age, or laboratory evidence of prior infection.
 - Make special arrangements to evaluate you, if needed, without putting other patients and medical office staff at risk for getting measles.
 - If you are not immune to measles, and are within a few days of your exposure, MMR vaccine or a medicine called immune globulin may help reduce your risk for developing measles. Your healthcare provider can advise you on next steps and monitor you for signs and symptoms of measles.
- **I think I have measles:** Immediately call a healthcare provider and let them know about your symptoms so that they can tell you what to do next. A healthcare provider should be able to make special arrangements to evaluate you, while reducing the risk of spreading measles to other patients and medical office staff.

Q2. How common was measles in the United States before the vaccine?

- **Before the measles vaccination program** (www.cdc.gov/measles/about/questions.html) started in 1963, an estimated 3 to 4 million people got measles each year in the United States, of which 500,000 were reported. Among reported cases, approximately 400 to 500 died, 48,000 were hospitalized, and 1,000 developed encephalitis (brain swelling) from measles. See: **History of Measles | Measles (Rubeola) | CDC** (www.cdc.gov/measles/about/history.html)

Q3. Can infants younger than 1 year receive the MMR vaccination?

- **Children are recommended to receive 2 doses of MMR vaccine** (www.cdc.gov/measles/hcp/vaccine-considerations/index.html). The first dose is given at 12–15 months of age, and the second is given at 4–6 years old before school entry.
- Health departments may recommend an early dose for infants ages 6 to 11 months prior to international travel or during an outbreak. MMR is not licensed for children younger than 6 months.
- Infants 6 through 11 months who receive an early dose of MMR vaccine (i.e., infant dose) should get 2 more doses after their first birthday. Subsequent doses should follow CDC's recommended childhood schedule:
 - Another dose at ages 12 through 15 months
 - A final dose at ages 4 through 6 years

Q4: Do adults need a measles booster vaccine? (www.cdc.gov/measles/hcp/vaccine-considerations/index.html)

- CDC considers people who received two doses of the MMR vaccine as children to have lifetime immunity against the measles, and they do not need a booster dose. If you're not sure whether you are fully vaccinated, talk with your healthcare provider.
- Adults born before 1957 are generally considered immune due to prior exposure, though healthcare workers may need vaccination.

Q5. Are there travel recommendations?

- Talk to your doctor about the MMR vaccine, especially if you or your child plan to travel internationally or to an area with an ongoing outbreak.
- Before international travel, babies 6 through 11 months old should get a dose of the MMR vaccine. Everyone 12 months and older (including children, teens, and adults) should get 2 total doses before international travel, with doses at least 28 days apart.
- Check **CDC's Global Measles Travel Health Notice** (wwwnc.cdc.gov/travel/notices/level1/measles-globe) for more travel health advice if you plan to travel internationally.
- After domestic travel to an area with a measles outbreak or international travel, watch for signs and symptoms of measles for 3 weeks after returning. If you or your child gets sick with a rash and a high fever, call your healthcare provider. Tell them you traveled to an area where they identified measles or another country and whether you or your child had received MMR vaccine.

More common questions and answers can be found here: **Questions About Measles** (www.cdc.gov/measles/about/questions.html)

E. CDC's Be Ready for Measles Toolkit: This toolkit provides preparedness and outbreak response tools and communication materials to make it easy for you and your jurisdiction to communicate with the public, clinicians, and partners before and during a measles outbreak. **Be Ready for Measles Toolkit** (www.cdc.gov/measles/php/toolkit/index.html)

Contact measlesresources@cdc.gov to request more communications resources.

References

- CDC Measles Overview:
www.cdc.gov/measles/index.html
- Be Ready for Measles Toolkit:
www.cdc.gov/measles/php/toolkit/index.html
- Clinical Overview of Measles:
www.cdc.gov/measles/hcp/clinical-overview
- Measles (Rubeola):
www.cdc.gov/yellow-book/hcp/travel-associated-infections-diseases/measles-rubeola.html