

TAFP Member Assembly, April 4, 2025

MEASLES UPDATE FROM RON COOK, MD

The Rash





Texas Department of State Health Services

Texas Notifiable Conditions - 2025

Report all Confirmed and Suspected cases
24/7 Number for Immediately Reportable – 1-800-705-8868

Access List Online



Unless noted by*, report to your local or regional health department using number above or find contact information at <http://www.dshs.texas.gov/idcu/investigation/conditions/contacts/>

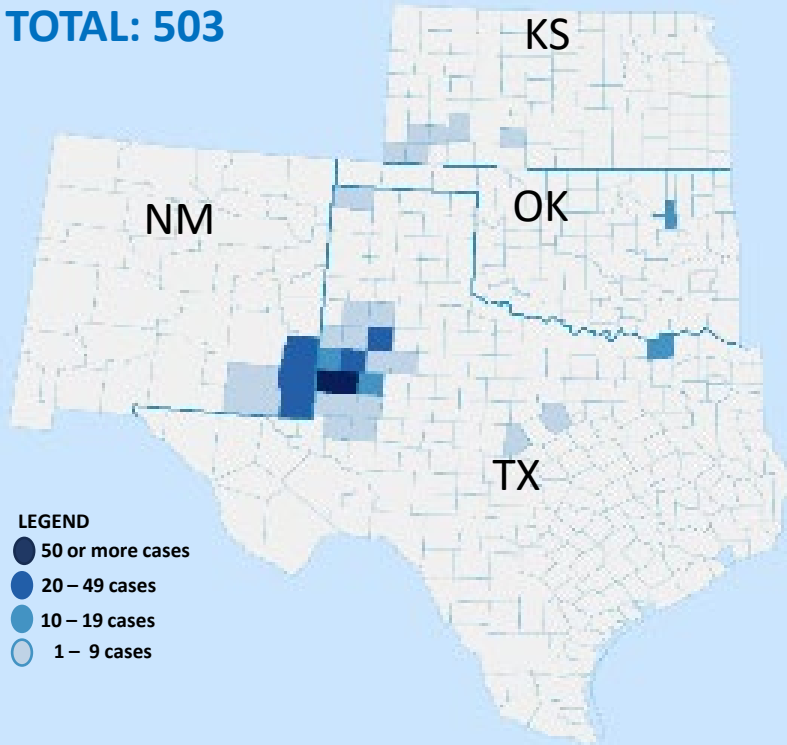
Contact Information



A – L	When to Report	L – Y	When to Report
*Acquired immune deficiency syndrome (AIDS) ¹	Within 1 week	Legionellosis ²	Within 1 week
Amebic meningitis and encephalitis ²	Within 1 week	Leishmaniasis ²	Within 1 week
Anaplasmosis ²	Within 1 week	Listeriosis ^{2,3}	Within 1 week
Anthrax^{2,3,4}	Call Immediately	Lyme disease ²	Within 1 week
Arboviral infections ^{2,5,6}	Within 1 week	Malaria ²	Within 1 week
*Asbestosis ⁷	Within 1 week	Measles (rubeola)²	Call Immediately
Ascariasis ²	Within 1 week	Melioidosis^{2,4}	Call Immediately
Babesiosis ^{2,6}	Within 1 week	Meningococcal infection, invasive (<i>Neisseria meningitidis</i>)^{2,3}	Call Immediately
Botulism (adult and infant)^{2,3,4,8}	Call Immediately⁸	Mumps ²	Within 1 work day
Brucellosis^{2,3,4}	Within 1 work day	Paragonimiasis ²	Within 1 week
Campylobacteriosis ²	Within 1 week	Pertussis²	Within 1 work day
*Cancer ⁹	See rules ⁹	*Pesticide poisoning, acute occupational ¹⁰	Within 1 week
Candida auris^{2,3}	Within 1 work day	Plague (<i>Yersinia pestis</i>)^{2,3,4}	Call Immediately
Carbapenem-resistant Enterobacterales (CRE)^{2,11}	Within 1 work day	Poliomyelitis, acute paralytic²	Call Immediately
Chagas disease ^{2,6}	Within 1 week	Poliovirus infection, non-paralytic²	Within 1 work day
*Chancroid ¹	Within 1 week	Prion diseases, such as Creutzfeldt-Jakob disease (CJD) ^{2,12}	Within 1 week
*Chickenpox (varicella) ¹³	Within 1 week	Q fever²	Within 1 work day
* <i>Chlamydia trachomatis</i> infection ¹	Within 1 week	Rabies, human²	Call Immediately
*Contaminated sharps injury ¹⁴	Within 1 month	Rubella (including congenital)²	Within 1 work day
* Controlled substance overdose¹⁵	Report Immediately	Salmonellosis, including typhoid fever ^{2,3}	Within 1 week
Coronavirus, novel^{2,16}	Call Immediately	Shiga toxin-producing <i>Escherichia coli</i> ^{2,3}	Within 1 week
<i>Cronobacter</i> spp. in infants, invasive ²	Within 1 week	Shigellosis ²	Within 1 week
Cryptosporidiosis ²	Within 1 week	Smallpox^{2,4}	Call Immediately
Cyclosporiasis ²	Within 1 week	*Spinal cord injury ¹⁷	Within 10 work days
Cysticercosis ²	Within 1 week	Spotted fever rickettsiosis ²	Within 1 week
Diphtheria^{2,3}	Call Immediately	Streptococcal disease (<i>S. pneumoniae</i>), invasive ^{2,3}	Within 1 week
*Drowning/near drowning ¹⁷	Within 10 work days	* Syphilis – primary and secondary stages^{1,18}	Within 1 work day
Echinococcosis ²	Within 1 week	*Syphilis – all other stages including congenital syphilis ^{1,18}	Within 1 week
Ehrlichiosis ²	Within 1 week	<i>Taenia solium</i> and undifferentiated <i>Taenia</i> infection ²	Within 1 week
Fascioliasis ²	Within 1 week	Tetanus ²	Within 1 week
*Gonorrhea ¹	Within 1 week	Tick-borne relapsing fever (TBRF) ²	Within 1 week
<i>Haemophilus influenzae</i> , invasive ^{2,3}	Within 1 week	*Traumatic brain injury ¹⁷	Within 10 work days
Hansen's disease (leprosy) ¹⁹	Within 1 week	Trichinosis ²	Within 1 week
Hantavirus infection ²	Within 1 week	Trichuriasis ²	Within 1 week
Hemolytic uremic syndrome (HUS) ²	Within 1 week	Tuberculosis (<i>Mycobacterium tuberculosis</i> complex)^{3,20}	Within 1 work day

YALE SCHOOL OF PUBLIC HEALTH - ESF-8 VIRTUAL MEDICAL OPERATION CENTER SPECIAL REPORT
MEASLES OUTBREAK - SOUTHWEST U.S. - 2025

TOTAL: 503



LEGEND
 ● 50 or more cases
 ● 20 – 49 cases
 ● 10 – 19 cases
 ○ 1 – 9 cases

MORBIDITY AND MORTALITY			
STATE	CASES 	HOSPITALIZATIONS 	DEATHS
TX	422	42	1
NM	48	2	1
OK	10	0	0
KS	23	0	0
TOTAL	503	44	2

*The situation is still developing. Numbers are expected to increase.

- BACKGROUND
- TIMELINE
- CURRENT SITUATION
- EPI CURVE / CASES OVER TIME
- EPI SUMMARY
- US OUTLOOK
- THE AMERICAS: MEXICO
- THE AMERICAS: CANADA
- MMR VACCINE BOOSTER?
- COMPLICATIONS DURING PREGNANCY
- CONTRIBUTORS

**AS OF: 2300 HRS EST
4/1/2025**

RISK ASSESSMENT IN OUTBREAK AREAS			
Risk for Localized Spread	Risk to unvaccinated populations in and around the outbreak areas	Risk to Children	Potential for sustained transmission
HIGH	HIGH	HGH	HIGH

LINKS

TEXAS LINKS

- [TEXAS DEPARTMENT OF STATE HEALTH SERVICES](#)
- FACEBOOK | X
- [HEALTH ALERTS](#)
- [THE SOUTH PLAINS PUBLIC HEALTH DISTRICT](#)

NEW MEXICO LINKS

- [NEW MEXICO DEPARTMENT OF HEALTH](#)
- [NMDOH NEWS RELEASE](#)

OKLAHOMA LINKS

- [OKLAHOMA STATE DEPARTMENT OF HEALTH](#)

KANSAS

- [KANSAS DEPARTMENT OF HEALTH AN ENVIRONMENT](#)

RESOURCES FOR HEALTHCARE PROVIDERS

- [CDC – MEASLES FOR THE HEALTHCARE PROFESSIONALS](#)
- [CDC VIDEO: MEASLES CLINICAL FEATURES AND DIAGNOSIS](#)
- [CDC CLINICAL IMAGES OF MEASLES](#)
- [CDC LABORATORY TESTING FOR MEASLES](#)
- [CDC ROUTINE VACCINATION RECOMMENDATIONS](#)
- [CDC ISOLATION RECOMMENDATIONS](#)
- [CDC: MEASLES CONTROL IN HEALTHCARE SETTINGS](#)
- [CDC ALERT SIGN INFOGRAPHIC](#)
- [CDC POSTER FOR OFFICE DISPLAY](#)
- [NY HEALTH; RECOGNIZING MEASLES FACT SHEET](#)
- [NY HEALTH: DEALING WITH VACCINE HESITANCY](#)
- [MEASLES POST-EXPOSURE PROPHYLAXIS](#)
- [MEASLES REVIEW FOR PROVIDERS](#)

MEASLES TESTING LABORATORIES

- [CDC MEASLES VIRUS LABORATORY](#)

RESOURCES FOR THE PUBLIC

- [CDC – MEASLES](#)
- [MEASLES CASES AND OUTBREAKS](#)
- [NYSDOH: YOU CAN PREVENT MEASLES](#)
- [CDC VIDEO: GET VACCINATED AND PREVENT MEASLES](#)
- [CDC VACCINE SHOT FOR MEASLES](#)
- [DIRECTORY FOR LOCAL HEALTH DEPARTMENTS](#)

RESOURCES FOR EMS PROVIDERS

- [GUIDANCE FOR SUSPECTED MEASLES PATIENT](#)
- [NYSDOH POLICY STATEMENT](#)

PORTALS, BLOGS, AND RESOURCES

- [CIDRAP](#)
- [CORI](#)
- [FORCE OF INFECTION](#)
- [KAISER HEALTH NEWS](#)
- [MEDPAGE TODAY](#)
- [NY STATE GLOBAL HEALTH UPDATE](#)
- [THE PANDEMIC CENTER TRACKING REPORT](#)
- [YOUR LOCAL EPIDEMIOLOGIST](#)



BACKGROUND

TYPE OF PUBLIC HEALTH EMERGENCY: **LARGE REGIONAL MEASLES OUTBREAK**

OVERVIEW: A measles outbreak originating in West Texas has been linked to confirmed cases in New Mexico, with additional cases reported in Oklahoma and Kansas. **44 individuals have required hospitalization, and two people have died as a result of the illness.** These fatalities mark the first measles-related deaths in the United States since 2015 and the first pediatric measles death since 2003.

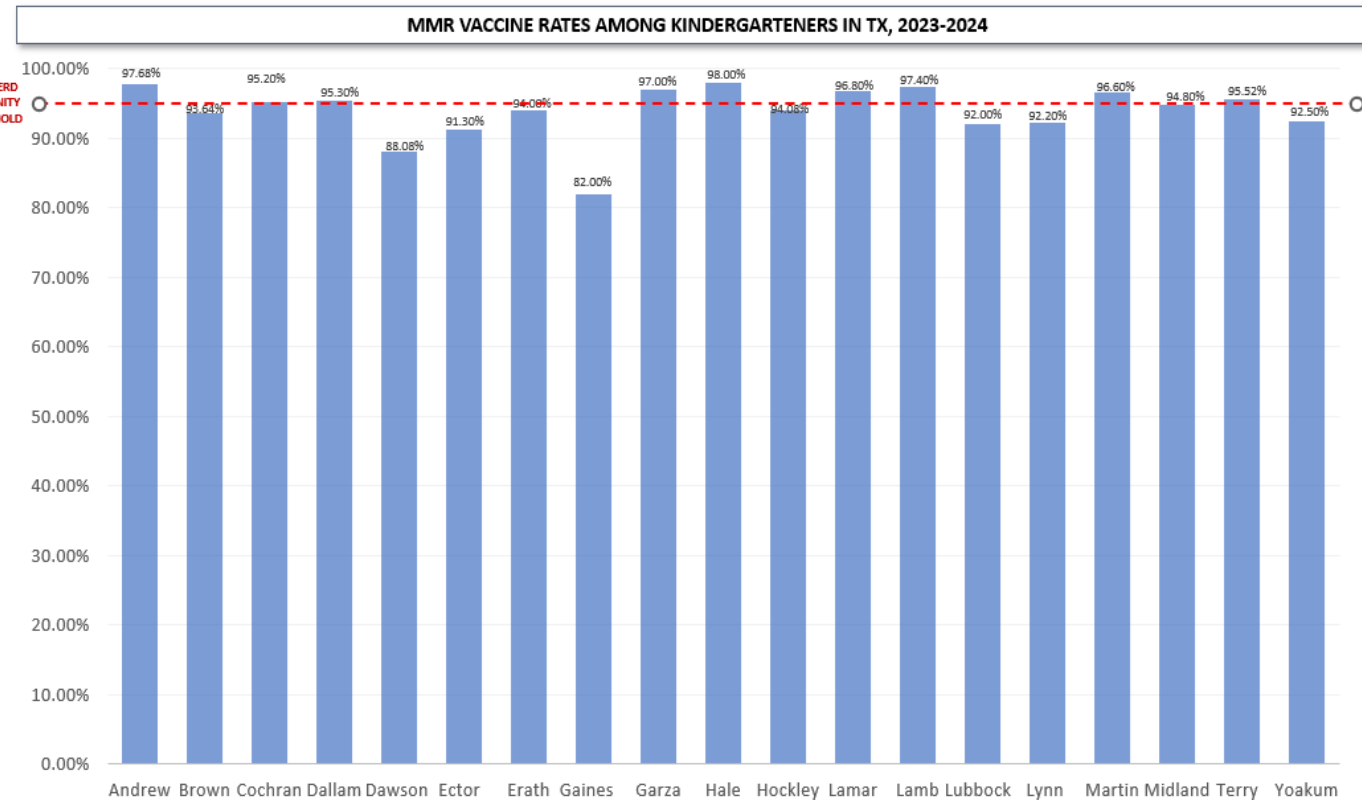
THE VIRUS: [Measles](#) is a highly contagious viral disease transmitted primarily through respiratory droplets expelled by coughing or sneezing. Common symptoms include high fever, cough, runny nose, conjunctivitis, and a distinctive red, blotchy rash. The virus can remain airborne or infectious on surfaces for up to two hours, contributing to its high transmissibility. Despite being preventable through the [MMR](#) (measles, mumps, and rubella) vaccine, outbreaks persist in communities with low vaccination coverage, increasing the risk of severe complications.

FACTORS DRIVING THIS OUTBREAK:

- Low vaccination rates
- High levels of vaccine hesitancy and misinformation
- Community mistrust in public health authorities, heightened by post-pandemic attitudes

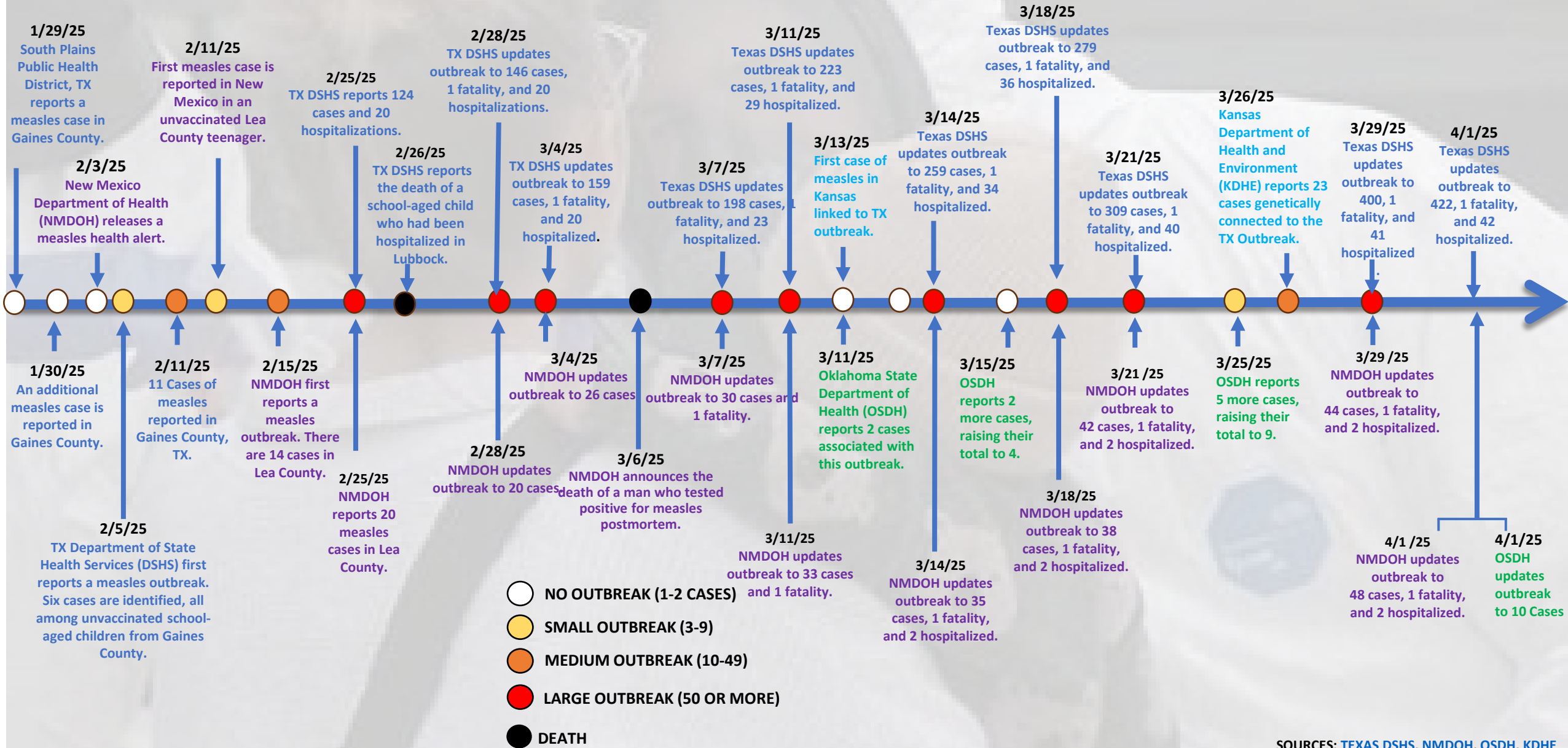
PUBLIC HEALTH RESPONSE:

- Increased vaccination campaigns and community outreach
- Efforts to build trust and combat misinformation
- Coordination with local schools, healthcare providers, hospitals, and community organizations.



Among the affected counties in TX, 10 out of 19 are below a 95% vaccination rate, the recommended rate for herd immunity (SOURCE: [Annual Report on Immunization Status and CORI](#))

TIMELINE (TX – NM – OK – KS)



CURRENT SITUATION

The Southwestern outbreak now stands at **503 confirmed cases** across **Texas, New Mexico, Oklahoma, and Kansas**, though experts warn this is **likely a severe undercount**. The situation remains fluid, with case numbers expected to rise. Experts project the outbreak could last **up to a year**.

Oklahoma: All cases are linked through exposure to household or extended family, according to the release. The four initial cases reported exposure to the measles outbreak in Texas and New Mexico.

Kansas: The confirmed cases in Kansas have a possible link to the outbreaks in Texas and New Mexico. While genetic sequencing of the first Kansas case reported is consistent with a link to the **Texas** and **New Mexico** outbreaks, the source of exposure is still unknown.

CURRENT CASE COUNT: 476 (As of 04/01/2025)

- **Texas:** 422 (+22 since the last report. Brown and Erath are the latest counties to be added).
- **New Mexico:** 48 (+4)
- **Oklahoma:** 10 (+1)
- **Kansas:** 23

HOSPITALIZATIONS: 44 (+1)

- **Texas:** 42 have been hospitalized. This is 10% of all confirmed cases in TX.
- **New Mexico:** 2 have been hospitalized. This is 4.5% of all confirmed cases in NM.

DEATHS: 2 (No change since last report)

AGES OF CASES:

WEST TEXAS OUTBREAK				
0-4 Years	5-17 Years	18+ Years	Pending	Total
141 (33%)	169 (40%)	87 (21%)	25 (6%)	422
NEW MEXICO OUTBREAK				
0-4 Years	5-17 Years	18+ Years	Pending	Total
9 (18%)	14 (30%)	25 (52%)	0	48
KANSAS OUTBREAK				
0-4 Years	5-17 Years	18+ Years	Pending	Total
6 (26%)	15 (65%)	2 (9%)	0	23
OKLAHOMA OUTBREAK				
0-4 Years	5-17 Years	18+ Years	Pending	Total
8 Cases Confirmed, 2 Probable – no ages provided			2	10

CONTACT TRACING: Texas, New Mexico, Oklahoma, and Kansas are conducting contact tracing to help identify and track positive cases and inform people who may have been exposed.

DNA SEQUENCING: Texas submitted 92 identical DNA sequences in genotype D8. Ten DNA sequences from New Mexico and one DNA sequence from Kansas were identical to those from Texas. Texas also reported three genotype D8 sequences (a total of 19 D8 sequences have been reported from the affected states) with single nucleotide. Texas also reported three genotype D8 sequences (a total of 19 D8 sequences have been reported from the affected states) with single nucleotide substitutions ([WHO](#)).

CURRENT SITUATION

VACCINATION STATUS:

STATE	VACCINATED WITH 1 DOSE	VACCINATED WITH 2 DOSES	UNVACCINATED/ UNKNOWN	TOTAL CASES
TX	1	4	417*	422

NOTE: The TX unvaccinated/unknown category includes people with no documented doses of measles vaccine more than 14 days before symptom onset.

STATE	VACCINATED WITH AT LEAST ONE DOSE	NOT VACCINATED	UNKNOWN	TOTAL CASES
NM	5	33	10	48

STATE	VACCINATED WITH AT LEAST ONE DOSE	UNVACCINATED / UNKNOWN	TOTAL CASES
OK	0	10	10

STATE	VACCINATED	NOT VACCINATED	UNKNOWN	TOTAL CASES
KS	2	20	1	23

VACCINATION RATES: Because measles is highly contagious, 95% of the population must be vaccinated to achieve herd immunity and prevent ongoing transmission of the virus.

- **TX:** Vaccination rates are low in the most affected areas. In Gaines County, TX, vaccination rates are significantly below the threshold required for herd immunity, contributing to the virus's rapid spread. One in five students in the county is not vaccinated with the measles-mumps-rubella (MMR) vaccine.
- **NM:** Reports that [94%](#) of individuals aged 18 and under in Lea County have received at least one dose of the MMR vaccine. This is slightly below the state's overall rate of 95% for the same age group.

- **OK:** For the 2023–24 school year, CDC reported Oklahoma kindergartners' vaccine exemption rate rose to 5.7%. The vaccine rate for Oklahoma kindergartners is [88.3%](#).
- **KS:** Vaccination rates are low in the most affected counties in KS. Overall, the state's vaccination rate is [90%](#). However, in the counties that have been impacted, with Grant County being the exception (99%), vaccination rates are far below herd immunity.

The only way to stop a measles outbreak of this magnitude is through vaccinations. The MMR vaccine is safe and effective.

LABORATORY TESTING: Detection of measles RNA in a clinical specimen can provide laboratory confirmation of infection. Real-time RT-PCR has the greatest diagnostic sensitivity when specimens are collected at first contact with a suspected case. Real-time RT-PCR uses nasopharyngeal, throat swabs, and urine specimens.

- **TX:** [Texas Tech University Bioterrorism Response Laboratory](#), part of a national network of CDC-funded labs, began measles testing on 3/3/2025.
- **NM:** If measles is suspected, providers are to immediately notify. They are to obtain a throat swab or nasopharyngeal swab in viral transport medium for PCR testing at the State Public Health Laboratory.
- **OK:** Testing is coordinated through healthcare providers in collaboration with the [Oklahoma State Department of Health \(OSDH\)](#). Testing is facilitated by OSDH with the Vaccine-Preventable Disease Resource Center at the Minnesota Public Health Lab, and they request a throat swab for PCR testing as the primary specimen.
- **KS:** The [Kansas Health and Environment Laboratories \(KHEL\)](#) offers free RT-PCR testing for measles.

CURRENT SITUATION

HOSPITALS

- **INCREASED PATIENT LOAD:** The ongoing measles outbreak has resulted in a significant surge in hospitalizations, particularly among unvaccinated children suffering severe respiratory complications requiring intensive care. This rapid increase in patient volume is placing immense strain on hospital resources, capacity, and healthcare personnel.
- **ENHANCED INFECTION CONTROL:** Healthcare facilities have intensified infection control protocols, including rigorous patient isolation procedures and strict usage of personal protective equipment (PPE). At University Medical Center Children’s Hospital in Lubbock, Texas, a temporary masking mandate was recently implemented following potential measles exposure from a mother who tested positive.
- **PUBLIC HEALTH COMMUNICATION:** Hospitals are partnering with local health authorities to share accurate information on measles prevention, treatment, and vaccination, aiming to combat misinformation and boost vaccination rates.
- **VACCINATION CAMPAIGNS:** Hospitals along with public health departments are promoting MMR vaccination to increase community immunity, focusing on areas with low coverage like Gaines County, Texas, to contain the outbreak.
- **RESOURCE ALLOCATION CONCERNS:** In a move that raises concerns about Texas' public health capabilities, \$877 million in federal COVID-19 grants were abruptly canceled, leaving local health departments scrambling to assess the damage ([KPRC 2](#)). In Lubbock, public health officials have received directives to halt activities funded by these grants, which were crucial in addressing the expanding measles crisis. The suspension of this funding drastically limits local health departments' abilities to track disease spread, implement preventive measures, and effectively manage outbreak containment efforts, subsequently increasing the operational pressures faced by hospitals ([Texas Tribune](#)).

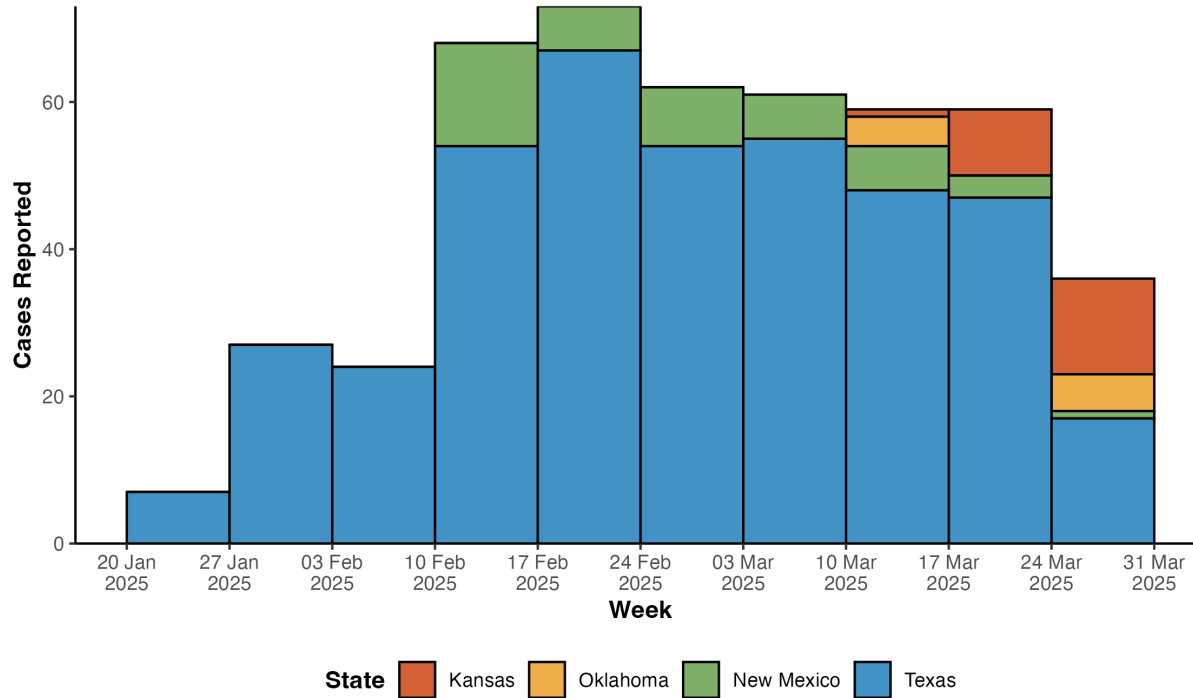
A NEW COMPLICATION – VITAMIN A TOXICITY:

- Doctors in West Texas are observing an increase in measles cases, worsened by the use of alternative therapies promoted by vaccine skeptics. Many parents, seeking to protect their unvaccinated children, are turning to unproven supplements and treatments that inadvertently cause harm. One such supplement, cod liver oil—rich in vitamin A—has been promoted as a measles treatment, despite a lack of scientific evidence supporting its effectiveness.
- **Physicians at Covenant Children’s Hospital in Lubbock, Texas, have reported treating several unvaccinated children who exhibited symptoms of liver damage due to excessive vitamin A intake.** These children had been given unsafe doses of cod liver oil and other vitamin A supplements for several weeks in a misguided effort to prevent measles infection. Covenant Children’s Hospital issued a statement on 3/27/2025:

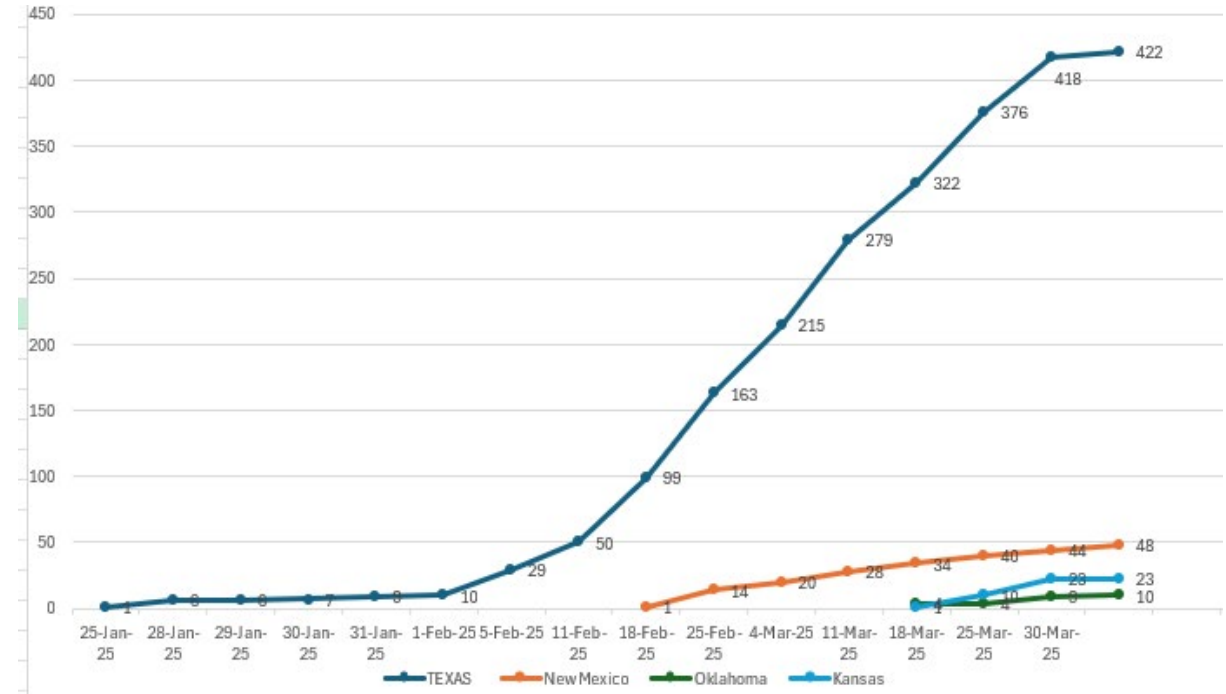
"We are deeply concerned about the growing number of children suffering preventable harm due to misinformation surrounding measles prevention. Excessive vitamin A intake can lead to serious liver damage and other health complications. We strongly encourage parents to rely on evidence-based medical guidance and ensure their children receive recommended immunizations to protect against measles and other preventable diseases."

EPI CURVE AND CASES OVER TIME

SOUTHWEST MEASLES OUTBREAK – EPI CURVE (UPDATED AT THE END OF EACH WEEK)



SOUTHWEST MEASLES OUTBREAK – CUMULATIVE CASES OVER TIME



- **TX:** Reported first case the week of 1/25/25. Most cases in the current outbreak are in Gaines County, TX.
- **NM:** Reported first case the week of 2/10/25. The greatest increase in new cases was during the week of 2/10/25.
- **OK:** Reported 2 cases the week of 3/10/25. 5 new cases identified week of 3/25/2025.
- **KS:** Reported first cases on 3/13/25.

- **TX:** The number of cases has increased consistently over time, to a total of 422 cases across 19 counties. During the week of 04/01/25, two counties reported a case for the first time during the current outbreak (Brown and Erath).
- **NM:** A total of 48 cases have been reported in 2 counties (Lea and Eddy).
- **OK:** A total of 10 cases have been reported by the OSDH.
- **KS:** A total of 23 cases across 6 counties have been reported by the KDHE.

EPI SUMMARY

COUNTY	MEASLES CASES (Number of new cases)	% KINDERGARTENERS VACCINATED (2023-2024)	NUMBER OF SCHOOL DISTRICTS IN EACH COUNTY WITH MMR VACCINATION RATES BELOW HERD IMMUNITY LEVELS (95%)
TEXAS			
Andrew	1	97.70%	1
Brown	1 (NEW)	93.64%	6
Cochran	8	95.20%	1
Dallam	7	95.30%	2
Dawson	14	88.10%	4
Ector	5 (+1)	91.30%	5
Erath	1 (NEW)	93.94%	5
Gaines	280 (+10)	82.00%	3
Garza	2 (+1)	97.10%	0
Hale	1	98.30%	0
Hockley	2	94.40%	2
Lamar	10	96.80%	5
Lamb	1	97.40%	1
Lubbock	27 (+4)	92.30%	5
Lynn	1	92.20%	2
Martin	3	96.60%	1
Midland	1	94.80%	3
Terry	41 (+3)	95.50%	2
Yoakum	16 (+1)	92.50%	1

EPI SUMMARY (CONTINUED)

COUNTY	MEASLES CASES (Number of new cases)	% KINDERGARTENERS VACCINATED (2023-2024)
KANSAS		
Grant	3	99%
Gray	1	66%
Haskell	4	58%
Kiowa	6	92%
Morton	3	82%
Stevens	6)	83%
NEW MEXICO		
Eddy	46 (+4)	93%
Lea	2	94%
OKLAHOMA		
Tulsa and Cherokee Nation	10	89.5%

Note: Those 18 years or younger have a 95% vaccination rate. 63% of adults have received one shot of MMR, and only 55% have received both shots, according to local health officials, though they noted that there may be vaccinated adults whose records have not been added to the system. Adults make up more than half of reported cases in New Mexico.

Measles is a highly contagious acute viral disease which affects individuals of all ages and remains one of the leading causes of death among young children globally. The mode of transmission is airborne or via droplets from the nose, mouth, or throat of infected persons.

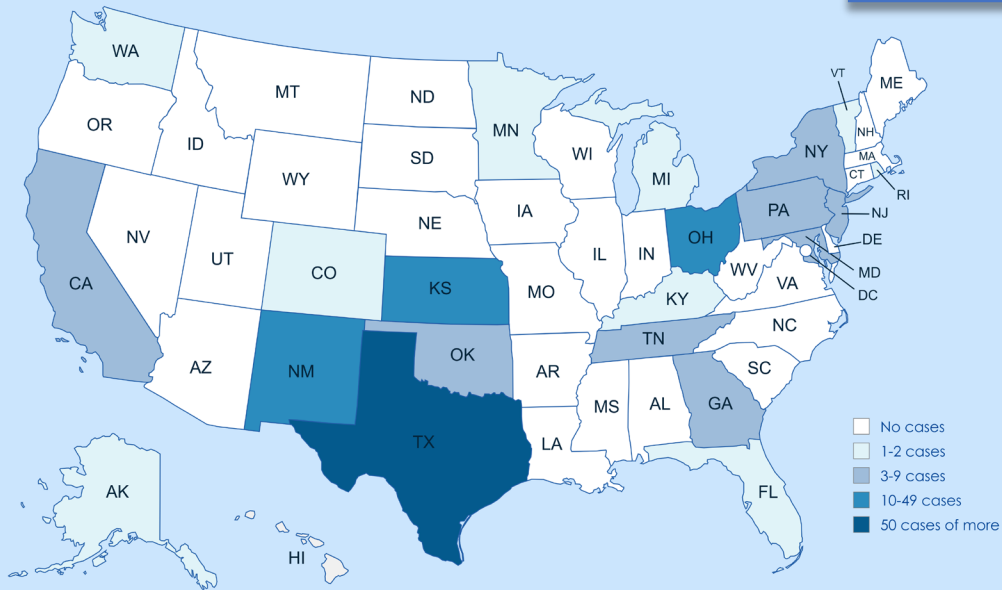
Initial symptoms– which usually appear 10-14 days after infection– include high fever, runny nose, bloodshot eyes, cough, and tiny white spots inside the mouth. The characteristic measles rash usually appears 10-14 days after exposure and spreads from the head to the trunk to the lower extremities. A person is infectious from four days before up to four days after the appearance of the rash. There is no specific antiviral treatment for measles and most people recover within 2-3 weeks.

Measles is usually a mild or moderately severe disease. However, measles can lead to complications such as pneumonia, diarrhea, secondary ear infection, inflammation of the brain (encephalitis), blindness, immune amnesia, and death. Postinfectious encephalitis can occur in about one in every 1,000 reported cases. About 2-3 deaths may occur for every 1,000 reported cases. Measles infection can lead to serious complications years after infection, including subacute sclerosing panencephalitis (SSPE). Immunization against measles prevents infection and associated complications.

US OUTLOOK

* **NOTE:** The information on this page has been gathered by reviewing data from state and local health departments, news media sources, and the Center for Outbreak Response Innovation (CORI)

561*



- The increase in measles cases can be attributed to falling vaccination rates and to increased importation of travel-related cases, which occur when unvaccinated people acquire measles abroad and bring it back to the U.S.
- There have been five confirmed outbreaks of measles in the U.S. so far in 2025 (TX-NM-OK, KS, NJ, GA, OH, with 93% of cases linked to these domestic outbreaks).

STATE	CASES
TEXAS	428**
NEW MEXICO	48
KANSAS	24
OHIO	10
OKLAHOMA	10
CALIFORNIA	8
PENNSYLVANIA	5
NEW YORK	4
TENNESSEE	4
NEW JERSEY	3
MARYLAND	3
GEORGIA	3
WASHINGTON	2
ALASKA	2
VERMONT	1
COLORADO	1
RHODE ISLAND	1
MINNESOTA	1
MICHIGAN	1
KENTUCKY	1
FLORIDA	1
TOTAL	561 ***

*** Includes confirmed and probable cases.

OUTBREAKS

- SMALL OUTBREAK (3-9)**
- MEDIUM OUTBREAK (10 - 49)**
- LARGE OUTBREAK (50 OR MORE)**

An outbreak is defined as 3 or 4 more cases.

As of 3/30/2025, 1700 hrs. EDT, there are approximately **529** measles cases across **20 states** (including confirmed and suspected cases).

Currently, there are **five measles outbreaks**:

1. West Texas, involving 19 counties in Texas, 2 counties in New Mexico, 1 county and Cherokee Nation in Oklahoma
2. 6 counties in Kansas connected West TX
3. Bergen County, New Jersey
4. metro Atlanta, Georgia
5. Ashtabula County, Ohio

** TEXAS CASES NOT ASSOCIATED WITH OUTBREAK: 6

- 2 cases – Adults, Harris County (travel-related)
- 1 case – Infant, Harris County – required hospitalization (travel-related)
- 1 case – Infant, Travis County (travel-related)
- 1 case – Adult, Rockwell County (travel-related)
- 1 case – Adult, Fort Bend (travel related)

TEXAS CASES ASSOCIATED WITH THE OUTBREAK: 422

THE AMERICAS OUTLOOK: MEXICO

CHIHUAHUA, MEXICO

On March 28, 2025, health authorities from the Ministry of Health announced the actions implemented in recent days to address the **measles cases reported in the state of Chihuahua**.

The Deputy Director of Epidemiology, Gumaro Barrios Gallegos, reported that **95 cases** have been registered.

- The **majority of cases involve children between 5 and 9 years old**.
- Of the 95 cases, **7 remain in the active or transmission phase**, while the rest are in the **recovery process**.

According to data from the **National Health System laboratory**, the **genotype and lineage** of the measles cases present in Chihuahua and Texas have been identified. They correspond to a **variant known as D8**, which originated in **Canada**.

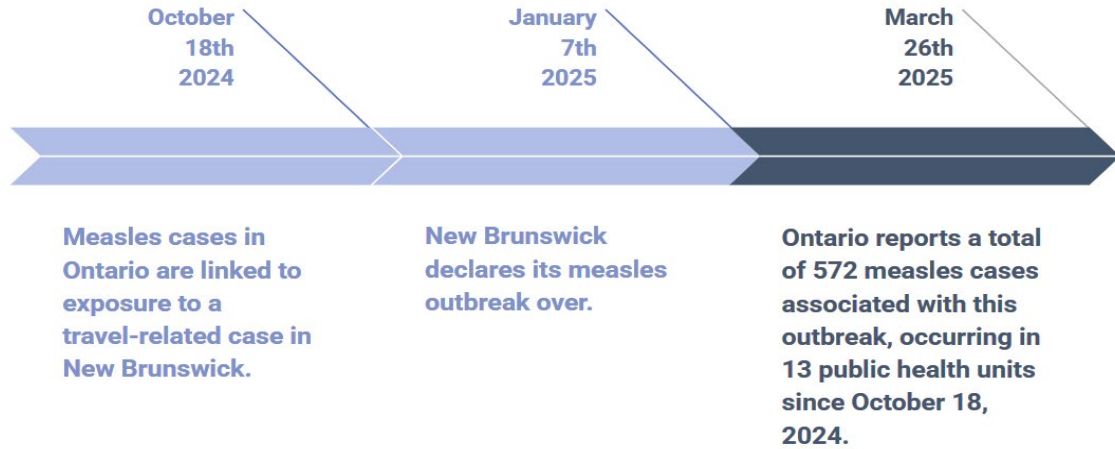
As part of **ongoing epidemiological monitoring**, personnel from the **Health Districts**, in collaboration with state institutions, are maintaining **constant surveillance** to identify and contain **areas at risk of contagion**.

Irving Perea Villalobos, State Vaccination Coordinator, urged parents to **complete their children's vaccination schedules** with the **MMR vaccine** (measles, rubella, and mumps), which consists of **two doses**: the first at **12 months** of age, and the second **booster at 18 months**.

MUNICIPALITIES	CASES
Cauhtémoc	58
Riva Palacio	12
Ahumada	10
Namiquipa	8
Chihuahua	3
Buenaventura	1
Cusihuirachi	1
Bachíniva	1
Resident of Seminole, TX	1
TOTAL	95

THE AMERICAS OUTLOOK: CANADA

Timeline of Outbreak



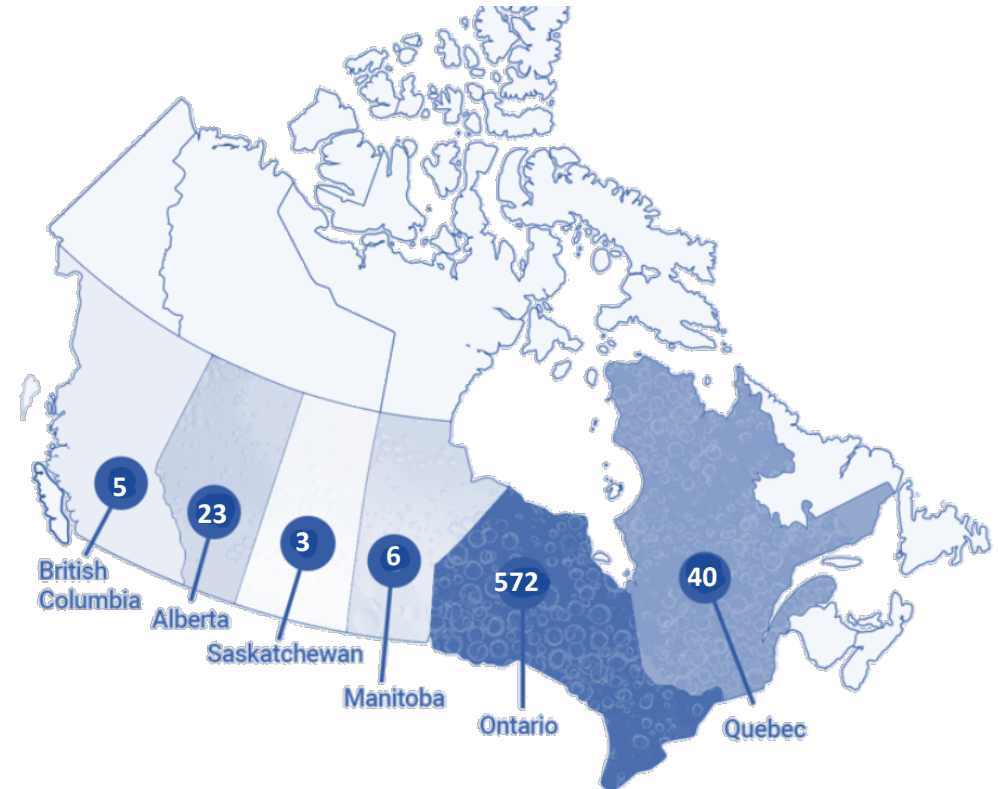
CANADA OUTBREAK:

- An ongoing outbreak of measles in Ontario has been traced back to a large gathering in New Brunswick last fall that was attended by guests from Mennonite communities. On October 18, 2024, exposure to a travel-related case in New Brunswick led to measles cases in Ontario.
- While New Brunswick declared their outbreak over on January 7, 2025, Ontario and Manitoba have continued to report measles cases related to this outbreak.
- From October 18, 2024, to March 26, 2025, Ontario reported a total of 572 measles cases (453 confirmed, 119 probable) across 13 public health units that are associated with this outbreak.

MEASLES CASES IN CANADA




PROVINCE	CASES
ONTARIO	572
ALBERTA	23
MANITOBA	6
BRITISH COLUMBIA	5
SASKATCHEWAN	3
QUEBEC	40
TOTAL	647

*Data as of Friday, March 28, 2025

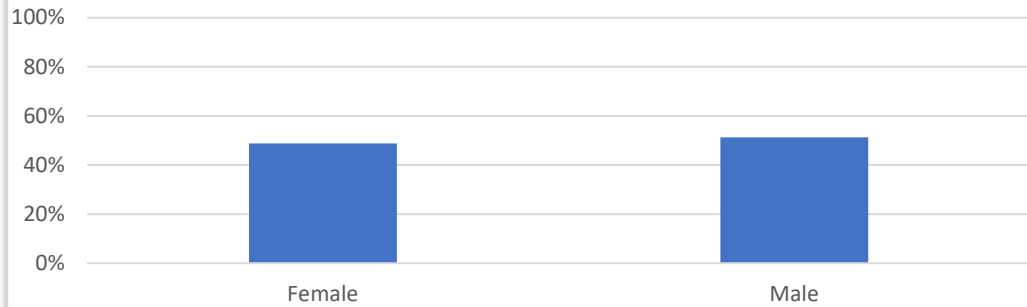


ONTARIO OUTBREAK

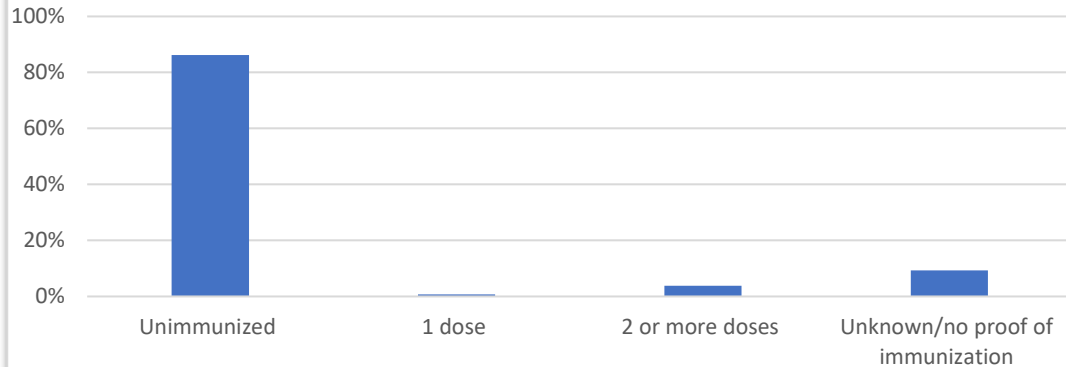
MORBIDITY AND MORTALITY

PROVINCE	CASES 	HOSPITALIZATIONS 	DEATHS 
ONTARIO	572	42	0

Gender Distribution: Ontario Measles Outbreak



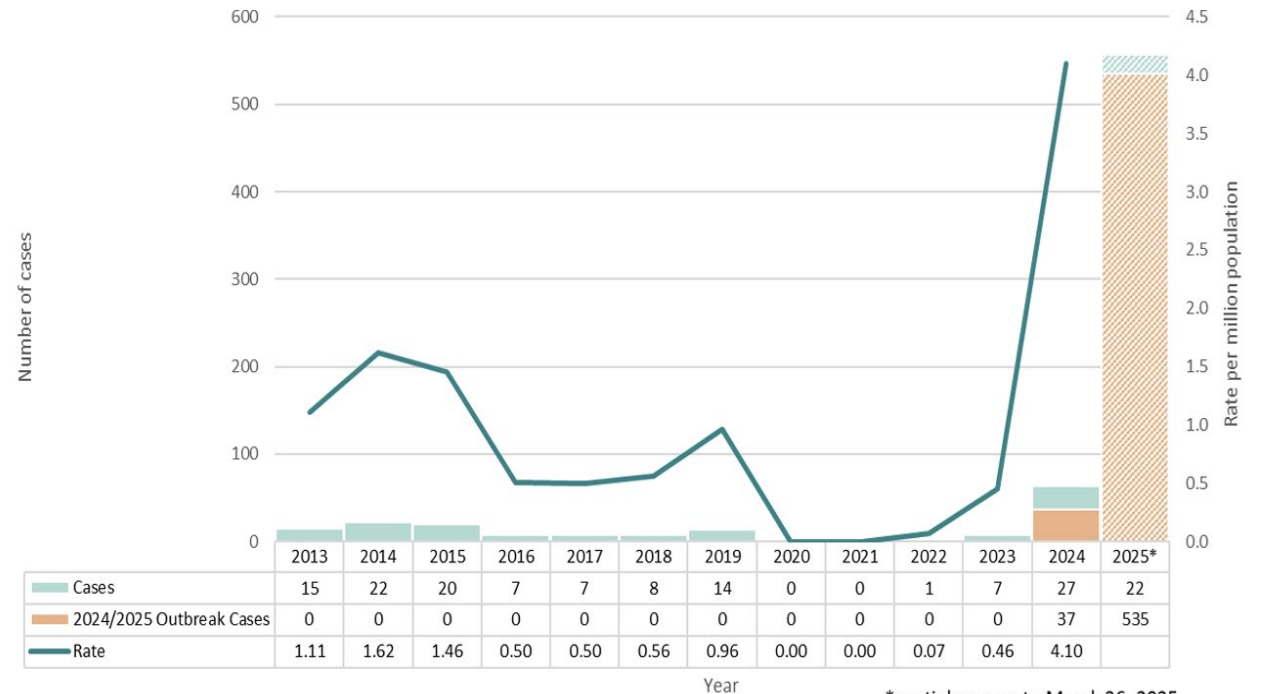
Immunization Status: Ontario Measles Outbreak



ONTARIO:

- Among all outbreak cases, 436 (76.2%) were in infants, children and adolescents; 132 (23.1%) were in adults; and 4 (0.7%) of the cases' ages were unknown.
- Nine cases were in pregnant women.
- Among infants, children and adolescents, 409 (93.8%) were unimmunized, while among adults, 83 (62.9%) were unimmunized.
- 42 cases have required hospitalization. Among all hospitalizations, 41 were unimmunized, including 36 children.

MEASLES CASES AND INCIDENT RATE PER MILLION POPULATION IN ONTARIO, 1/1/2013 – 3/26/2025



WHEN DOES AN ADULT NEED AN ADDITIONAL MMR VACCINE?

MOST ADULTS WHO HAVE RECEIVED TWO DOSES OF THE MMR VACCINE ARE FULLY VACCINATED

- Because two doses generally provide lifelong protection against measles, a third dose (booster) is not typically necessary.

NOTE: Older adults who were born before 1957 are presumed to have naturally induced immunity because they were likely exposed to measles before vaccines became available.

ADULTS WHO SHOULD BE REVACCINATED WITH A MEASLES VACCINE

- Adults previously vaccinated with only one dose of the MMR vaccine.
- Adults vaccinated before their first birthday, as a dose given before 12 months of age (e.g., for international travel) does not count toward the recommended two-dose series.
- **Adults vaccinated for measles between 1963 and 1968 should check their vaccination history.** During that period, an inactivated (killed) measles vaccine was used, but it was later found to be less effective and was withdrawn. Only about 600,000–900,000 people in the U.S. received this vaccine. The [ACIP](#) recommends re-vaccination with 1 or 2 doses for those who received an unknown type of measles vaccine, the inactivated vaccine, or a further attenuated measles vaccine with IG or high-titer measles immunoglobulin (no longer available in the U.S.) during those years.
- Persons with perinatal human immunodeficiency virus (HIV) infection who were vaccinated before establishment of effective antiretroviral therapy (ART) and who do not have evidence of current severe immunosuppression.
- People who are uncertain of their vaccination status OR their [presumptive evidence of immunity](#).

CONTRAINDICATIONS AND PRECAUTIONS FOR MMR VACCINATION (DO NOT GET THE VACCINE)

CONTRAINDICATIONS: A contraindication is a condition in a recipient that **greatly increases the chance of a serious adverse reaction** (or due to the theoretical risk in the case of pregnant women). **People with a contraindication for MMR or MMRV vaccine should not receive the vaccine**, including anyone who:

- Had a **severe allergic reaction** (e.g., anaphylaxis) after a previous dose or has an allergy to a vaccine component.
- Has a known **severe immunodeficiency** (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, or long-term immunosuppressive therapy or patients with human immunodeficiency virus [HIV] infection who are severely immunocompromised).
- **Is pregnant.**

PRECAUTIONS: A precaution is a condition in a recipient that **might increase the chance or severity of a serious adverse reaction, or that might compromise the ability of the vaccine to produce immunity** (such as administering MMR or MMRV vaccine to a person with passive immunity to measles from a blood transfusion).

Precautions for MMR or MMRV vaccine include:

- Moderate or severe acute illness with or without fever.
- Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product).
- History of [thrombocytopenia](#) or [thrombocytopenic purpura](#).
- Need for tuberculin skin testing or interferon gamma release assay (IGRA) testing.
- Personal or family history of seizures.

COMPLICATIONS DURING PREGNANCY

COMPLICATIONS FOR THE MOTHER: Pregnant mothers who become infected with measles are at a higher risk of [severe health complications](#), including:

- Hospitalization from measles symptoms
- High fever
- Pneumonia
- Encephalitis (inflammation of the brain)
- Death

FETAL/ BIRTH COMPLICATIONS: [Adverse pregnancy outcomes](#) are commonly reported among pregnant women with measles. Common pregnancy complications include:

- Miscarriage
- Stillbirth
- Low birth weight
- Increased risk of preterm birth

MOTHER-TO-BABY TRANSMISSION: Infants born to mothers with measles immunity (i.e., vaccination) have some antibodies for the [first 6 months after birth](#), and infection is less likely to occur. If a mother is unvaccinated or doesn't have immunity, the baby is susceptible. A measles infection that is transmitted from mother to the fetus, known as [congenital measles](#), and airborne mother-to-baby transmission after birth can both cause severe [respiratory complications](#) for a newborn within 10 days of delivery.

MEASLES VACCINATION AND PREGNANCY: Live vaccines, such as the MMR vaccine, are generally not recommended for pregnant women since they contain a weakened version of the virus. Therefore, it is important to be vaccinated for MMR [before becoming pregnant](#). After receiving the MMR vaccine, one should wait [at least 4 weeks](#) before becoming pregnant.

MINIMIZING RISKS: Unvaccinated pregnant mothers should consider wearing an N95 mask when in public to [reduce the likelihood of infection](#). Common public health practices including regular handwashing and avoiding hand-to-face contact can also reduce the chances of infection.

TREATMENT: There are [no antiviral medications](#) available to treat the measles infection. Pregnant individuals with measles require close monitoring and treatment of symptoms and should isolate from others in an infection isolation room.

THE BOTTOM LINE:

Unvaccinated pregnant women are at a greater risk of [severe illness and death](#) from measles compared to non-pregnant women and are also more likely to experience [miscarriage and preterm birth](#) if infected.

CONTRIBUTORS

The Virtual Medical Operations Center Briefs (VMOC) were created as a service-learning project by faculty and graduate students at the Yale School of Public Health in response to the 2010 Haiti Earthquake. Each year, the VMOC Briefs are produced by students enrolled in Environmental Health Science Course 581 - Public Health Emergencies: Disaster Planning and Response. These briefs compile diverse information sources – including status reports, maps, news articles, and web content– into a single, easily digestible document that can be widely shared and used interactively.

Key features of this report include:

- **Comprehensive Overview:** Provides situation updates, maps, relevant news, and web resources.
- **Accessibility:** Designed for easy reading, wide distribution, and interactive use.
- **Collaboration:** The “unlocked” format enables seamless sharing, copying, and adaptation by other responders.

The students learn by doing, quickly discovering how and where to find critical information and presenting it in an easily understood manner.

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Vaccine Hesitancy

- Validate their concern and clarify
- Explore shared values
- Respectfully address misconceptions
- Consultation w/trusted leaders
- Ethical responsibility
- Respect autonomy & choice



Vaccine Hesitancy

- "I deeply respect your views, and I know your faith guides important decisions in your life. Could we explore together some perspectives that other people of faith have found helpful regarding vaccination?"



Clinical Stages of Measles

1. Incubation (7-14 days): No symptoms
2. Prodrome (2-4 days):
 - High fever ($>104^{\circ}\text{F}$), cough, coryza, conjunctivitis
 - Koplik spots appear 1-2 days before rash
3. Exanthem (3-5 days):
 - Maculopapular rash begins at hairline, spreads downward
 - **Most infectious 4 days before to 4 days after rash**
4. Recovery:
 - Rash fades over 1 week, lingering cough possible



Complications of Measles

- Pneumonia (most common cause of death)
- Otitis media
- Encephalitis (1 in 1,000 cases)
- Subacute sclerosing panencephalitis (SSPE)
- More severe in malnourished and immunocompromised



Diagnosis

- Clinical suspicion: fever, rash, 3 Cs, Koplik spots
- Laboratory confirmation:
 - Measles-specific IgM antibodies
 - PCR testing of throat or nasopharyngeal swabs



Treatment Overview

- No antiviral therapy for measles
- Supportive care:
 - Antipyretics (e.g., acetaminophen)
 - Fluids and hydration
 - Oxygen or respiratory support if needed
 - Antibiotics for secondary bacterial infections



Role of Vitamin A in Measles Management

- Measles depletes vitamin A stores, even in well-nourished children
- Vitamin A deficiency increases severity and risk of complications



Vitamin A Dosage Guidelines

- Administer once daily for 2 days:
 - 50,000 IU for infants <6 months
 - 100,000 IU for infants 6-11 months
 - 200,000 IU for children \geq 12 months
- Additional dose in 2-4 weeks for children with signs of vitamin A deficiency



Prevention and Public Health

- MMR vaccine is the cornerstone of prevention
- - 2 doses: 12-15 months and 4-6 years
- Post-exposure prophylaxis:
 - MMR vaccine within 72 hours
 - Immunoglobulin within 6 days for high-risk individuals



Post-exposure prophylaxis (PEP) for measles exposures who are NOT pregnant or immunocompromised*

Age range	Measles immune status ^a	PEP type depending on time after initial exposure		
		≤3 days (≤72 hours)	4-6 days	>6 days
All ages	Immune (IgG positive, 2 MMR doses, or born before 1957 ^b)	<ul style="list-style-type: none"> PEP not indicated. Exposed person has documented immunity 		
<6 months	Non-immune (due to age)	<ul style="list-style-type: none"> Give intramuscular immunoglobulin (IMIG)^{cd} Home quarantine^e for 28 days after last exposure 		<ul style="list-style-type: none"> PEP not indicated (too late)^f Home quarantine^e for 21 days after last exposure
6-11 months	Non-immune (due to age)	<ul style="list-style-type: none"> Give MMR vaccine (preferred over IG) No quarantine needed if MMR PEP given 	<ul style="list-style-type: none"> Give intramuscular immunoglobulin (IMIG)^{cd} Home quarantine^e for 28 days after last exposure 	<ul style="list-style-type: none"> PEP not indicated (too late)^f Home quarantine^e for 21 days last after exposure
≥12 months	Non-immune (0 MMR doses or IgG negative)	<ul style="list-style-type: none"> Give MMR vaccine No quarantine needed if MMR PEP^{bg} given 	<ul style="list-style-type: none"> PEP not indicated (too late)^f Home quarantine^e for 21 days after last exposure, then give MMR vaccine to protect from future exposures 	
≥12 months	1 dose of MMR ^b	<ul style="list-style-type: none"> Give 2nd MMR dose if ≥28 days from last dose of live vaccine No quarantine needed if MMR PEP^{bg} given 	<ul style="list-style-type: none"> Give 2nd MMR if not up-to-date.^h No quarantine needed. 	
Adults	Unknown measles immune status	<ul style="list-style-type: none"> Give MMR vaccine No quarantine needed if MMR PEP^{bg} given 	<u>Household member of a confirmed/suspected case</u> <ul style="list-style-type: none"> Obtain IgG titers to determine immunity. Home quarantine^e while awaiting results; if IgG negative, quarantine for 21 days after last exposure (too late for PEP)^{e,f} 	
			<u>Healthcare worker or Daycare worker</u> <ul style="list-style-type: none"> Obtain titers to determine immunity. Furlough while awaiting results; if IgG negative, quarantine for 21 days after last exposure (too late for PEP)^{e,f,g} 	
			<u>Other</u> <ul style="list-style-type: none"> Consider titers to determine immunity; if IgG negative, quarantine for 21 days after last exposure (too late for PEP)^{e,f} 	

All persons exposed to measles must be notified of their exposure.

Birth before 1957 or 1 dose of MMR should not be considered sufficient for household members of confirmed measles cases; without documented positive measles IgG titers or 2 MMR doses, consider them to have unknown immunity.

For patients who receive IG, provide these instructions: www1.nyc.gov/assets/doh/downloads/pdf/imm/stay-home-non-cases.pdf (includes extended quarantine of 28 days)

Dosing of intramuscular IG for infants aged <12 months is 0.5 mL/kg of body weight (max dose 15mL). Administration of MMR or varicella vaccines must be delayed by 6 months after administration of intramuscular IG and by 8 months after intravenous IG.

When instructing home quarantine, ensure that all household members of the exposed individual are immune to measles. IG prolongs the incubation period to 28 days.

For patients who do not receive PEP, provide these instructions: www1.nyc.gov/assets/doh/downloads/pdf/imm/stay-home-cases.pdf

Healthcare workers who are non-immune should be excluded from work from day 5 after 1st exposure through day 21 after last exposure, regardless of receipt of PEP.

Acceptable presumptive evidence of immunity definitions: www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm#Tab3; Note, 2 MMR doses or positive IgG titers are recommended for healthcare workers and other high-risk adults and is a requirement for child care staff in NYC.

References: CDC. Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013. MMWR. 2013;62(4);

Rubin et. al. 201 Rubin et. al. 2013 IDSA Clinical Practice Guideline for Vaccination of the Immunocompromised Host. CID. 2014;58.

Rev 7.8.2024



Post-exposure prophylaxis (PEP) for measles exposures who ARE pregnant or immunocompromised

Category	Age range	Measles immune status ^a	PEP type depending on time after initial exposure		
			≤3 days (≤72 hours)	4-6 days	>6 days
Severely Immuno-compromised ^b	<12 months	Will need IG regardless of measles immune status	<ul style="list-style-type: none"> Give intramuscular immunoglobulin (IMIG)^{cd} Home quarantine^e for 28 days after last exposure 		<ul style="list-style-type: none"> PEP not indicated (too late)^f Home quarantine^e for 21 days after last exposure
	≥12 months		<ul style="list-style-type: none"> Give intravenous immunoglobulin (IVIG)^{cd} Home quarantine^e for 28 days after last exposure 		
Pregnant	n/a	Immune (IgG positive or 2 MMR doses)	<ul style="list-style-type: none"> PEP not indicated Exposed person has documented immunity. 		
		Non-immune (IgG negative)	<ul style="list-style-type: none"> Give intravenous immunoglobulin (IVIG)^{cd} Home quarantine^e for 28 days after last exposure 		<ul style="list-style-type: none"> PEP not indicated (too late)^f Home quarantine^e for 21 days after last exposure
		Unknown immunity	<ul style="list-style-type: none"> Draw titers (measles IgG) STAT to determine immunity; proceed as above based on titer results 		<ul style="list-style-type: none"> PEP not indicated (too late)^f Consider titers to determine risk of infection/risk to infant; proceed as above based on titer result

^a All persons exposed to measles must be notified of their exposure.

^b Management of immunocompromised persons can be challenging and may require individualized decisions with provider based on immunocompromising condition or medications.

Severely immunocompromising conditions (per ACIP and IDSA)* include:

- Severe primary immunodeficiency;
- Bone marrow transplant until ≥12 months after finishing all immunosuppressive treatment, and maybe longer in patients who have developed graft-versus-host disease;
- On treatment for acute lymphoblastic leukemia (ALL) within and until ≥6 months after completion of immunosuppressive chemotherapy;
- On cancer chemotherapy**
- Post solid organ transplantation**
- Receiving daily corticosteroid therapy with a dose ≥20mg (or >2 mg/kg/day for patients who weigh <10kg) of prednisone or equivalent for ≥14 days
- Receiving certain biologic immune modulators, such as tumor necrosis factor-alpha (TNF-α) blockers or rituximab**
- After hematopoietic stem cell transplant, duration of high-level immunosuppression is highly variable and depends on type of transplant (longer for allogenic than autologous), type of donor and stem cell source, and post-transplant complications such as graft vs. host disease and their treatments**
- AIDS or HIV with severe immunosuppression defined as CD4 <15% (all ages) or CD4 count <200 lymphocytes/mm³ (aged >5 years).

Low-level immunosuppression: In the absence of published guidance on exposed persons with low-level immunosuppression, consider assessing presumptive immunity to measles (measles IgG positive or 2 MMR vaccine doses) to determine if PEP is indicated. If not immune to measles, give PEP as MMR (if not contraindicated^g and within 72 hours of initial exposure). Consider intravenous IG^c if MMR is contraindicated^g or if it is too late for MMR (day 4-6 after initial exposure) with home quarantine for 28 days after last exposure. If no PEP is given because it is too late, home quarantine for 21 days after last exposure^e.

^c For patients who receive IG, provide these instructions: www1.nyc.gov/assets/doh/downloads/pdf/imm/stay-home-non-cases.pdf

^d Dosing of intramuscular IG for infants aged <12 months: 0.5 mL/kg of body weight (max dose 15mL). Dosing of intravenous IG for pregnant women not immune to measles and immunocompromised persons: 400 mg/kg. MMR or varicella vaccine administration must be delayed by 6 months and 8 months after intramuscular and intravenous IG, respectively. Reference: www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm

^e When implementing home quarantine, ensure that all household members of the exposed individual are immune to measles. IG prolongs the incubation period to 28 days.

^f For patients who do not receive PEP, provide these instructions: www1.nyc.gov/assets/doh/downloads/pdf/imm/stay-home-cases.pdf

* References: CDC. Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013. MMWR. 2013;62(4);

Rubin et. al. 2013 IDSA Clinical Practice Guideline for Vaccination of the Immunocompromised Host. CID. 2014:58.

** Check guidance/discuss with treating provider as duration of immunosuppression during or following chemotherapy, transplants, or biologic immune modulators may vary.





Texas Department of State Health Services

Infectious Disease Prevention Section
Texas Department of State Health Services P.O. Box 149347, MC 1960
Austin, Texas 78714
Phone: (512) 776-7676 Fax: (512) 776-7616
VPDTexas@dshs.texas.gov

This form is optional and designed to be used as a tool while interviewing contacts to determine if testing is warranted. For your records only - no need to submit to VPD Team.



Texas Department of State Health Services

Emerging and Acute Infectious Disease Unit (EAIU)
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Austin, Texas 78714
Phone: (512) 776-7676 Fax: (512) 776-7616
VPDTexas@dshs.texas.gov

Measles/Rubella Contact Tracing Form <input type="checkbox"/> Measles <input type="checkbox"/> Rubella		FINAL STATUS: <input type="checkbox"/> CONFIRMED <input type="checkbox"/> PROBABLE <input type="checkbox"/> RULED OUT /NOT A CASE	NBS PATIENT ID#: _____ NBS INVESTIGATION ID#: _____
Patient's Name: _____ Address: _____ City: _____ County: _____ Zip: _____ DOB ____/____/____ Age: _____ Parent/Guardian: _____ Home Phone: (____) _____ Work Phone: (____) _____ Other Phone: (____) _____		Reported by: _____ Agency: _____ Phone: (____) _____ Date reported: ____/____/____ Investigated by: _____ Agency: _____ Phone: (____) _____ Email: _____ Date contacted: ____/____/____	
Contact Name: _____ NBS ID: _____ Contact rash onset date: ____/____/____ Date of first contact: ____/____/____ Date of last contact: ____/____/____ Relation to case: <input type="checkbox"/> Household <input type="checkbox"/> Family, not in household <input type="checkbox"/> Co-worker <input type="checkbox"/> Healthcare worker <input type="checkbox"/> Friend <input type="checkbox"/> Other _____			
Symptoms	Is contact symptomatic? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of onset: ____/____/____ What symptoms: <input type="checkbox"/> Rash - Onset Date: ____/____/____ Duration: _____ Days <input type="checkbox"/> Ongoing Where did rash start?: <input type="checkbox"/> Face <input type="checkbox"/> Trunk <input type="checkbox"/> Extremities <input type="checkbox"/> Fever - Onset Date: ____/____/____ If recorded, highest measured temp: _____ °F <input type="checkbox"/> Subjective fever <input type="checkbox"/> Cough <input type="checkbox"/> Coryza <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Otitis <input type="checkbox"/> Diarrhea <input type="checkbox"/> Arthralgia/Arthritis <input type="checkbox"/> Lymphadenopathy <input type="checkbox"/> Encephalitis <input type="checkbox"/> Thrombocytopenia		
	Immune Status <input type="checkbox"/> Vaccinated - Number of doses: _____ Vaccinated within past 6-45 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> History of measles/rubella <input type="checkbox"/> Born before 1957 <input type="checkbox"/> Evidence of immunity <input type="checkbox"/> Not vaccinated <input type="checkbox"/> Unknown		
Public Health Contact	<input type="checkbox"/> Control measures recommended <input type="checkbox"/> Left message <input type="checkbox"/> No contact made Last date contact followed: ____/____/____		
Notes: _____ _____			

Measles/Rubella Case Track Record Suspected Diagnosis: <input type="checkbox"/> Measles <input type="checkbox"/> Rubella	FINAL STATUS: <input type="checkbox"/> CONFIRMED <input type="checkbox"/> PROBABLE <input type="checkbox"/> RULED OUT /NOT A CASE	NBS PATIENT ID#: _____ NBS INVESTIGATION ID#: _____
Patient's Name: _____ Address: _____ City: _____ County: _____ Zip: _____ Region: _____ Phone: (____) _____ Parent/Guardian: _____ Physician: _____ Phone: (____) _____ Address: _____ <input type="checkbox"/> Check box if history of homelessness in last 6 months	Reported by: _____ Agency: _____ Phone: (____) _____ Date reported: ____/____/____ Investigated by: _____ Agency: _____ Phone: (____) _____ Email: _____ Investigation start date: ____/____/____ Date investigation completed: ____/____/____	
DEMOGRAPHICS: DATE OF BIRTH: ____/____/____ AGE: _____ PLACE OF BIRTH: <input type="checkbox"/> USA <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown RACE: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pac. Islander <input type="checkbox"/> Am. Indian or Alaska Native <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____ HISPANIC: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If female, is patient currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Obstetrician's name, address, and phone #: _____ If yes, estimated date and location of delivery: ____/____/____ _____		
HOSPITALIZATION: Was the patient hospitalized for this illness? <input type="checkbox"/> Yes / <input type="checkbox"/> No Did patient die from the illness? Hospitalized at: _____ <input type="checkbox"/> Yes, died on: ____/____/____ Admitted: ____/____/____ Discharged: ____/____/____ <input type="checkbox"/> No Duration of Stay: _____ days Admitted to ICU? <input type="checkbox"/> Yes / <input type="checkbox"/> No <input type="checkbox"/> Unknown		
RASH AND FEVER DATA: Please fill in this section for both measles and rubella. <input type="checkbox"/> Rash - Onset Date: ____/____/____ Duration: _____ Days Where did rash start?: <input type="checkbox"/> Face <input type="checkbox"/> Trunk <input type="checkbox"/> Extremities Is rash generalized?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Fever - Onset Date: ____/____/____ If recorded, highest measured temp: _____ °F		
<i>*Please fill out either the measles OR rubella section</i>		
MEASLES CLINICAL DATA: Cough? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Coryza? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Conjunctivitis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	MEASLES COMPLICATIONS: Otitis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Encephalitis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Diarrhea? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Thrombocytopenia? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Pneumonia? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Other? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk If yes, please specify: _____	
RUBELLA CLINICAL DATA: Arthralgia/Arthritis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Lymphadenopathy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Conjunctivitis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	RUBELLA COMPLICATIONS: Encephalitis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Arthralgia/Arthritis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Thrombocytopenia? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Other? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk If yes, please specify: _____	

PHEP Surveillance Control Measure Tracking Form - Measles

Patient Name: _____ Case Status: _____ Date Reported: ___/___/___ Date Reported to Central Office: ___/___/___
 Onset Date: ___/___/___ Day care worker/attendee: Yes No School attendee: Yes No Institutional resident: Yes No Health Care worker: Yes No

Action	Public Health Control Measure Initiated	Date Initiated	Within 1 day of Report?
1. Contact medical provider. Obtain clinical data, lab reports, verify diagnosis, and provide recommendations.	<input type="checkbox"/> Provide medical provider with isolation precautions for suspected cases and recommendation that they determine vaccine history of exposed staff and patients (during and up to 2 hours after infectious case patient was present) and provide appropriate vaccine or IG prophylaxis.	1. ___/___/___	1. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:
2. Assure appropriate diagnostic testing is performed including virus isolation.	<input type="checkbox"/> Collect or arrange for collection of specimens and photos of rash. <input type="checkbox"/> Assure appropriate shipping conditions and properly filled out submission forms. <input type="checkbox"/> Notify lab (via central office) of expected arrival time and tracking number.	2. ___/___/___	2. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:
3. Interview case patient. Complete patient history and identify potential source of exposure, close contacts and activities during period of communicability.	<input type="checkbox"/> Educate case patient on measures to avoid disease transmission, especially isolation. <input type="checkbox"/> Identify potential source or locale of infection. <input type="checkbox"/> Identify potential transmission settings. <input type="checkbox"/> Identify close contacts. Contacts: # Identified _____ # Contacted _____	3. ___/___/___	3. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:
4. Consult with day care, school, or residential facility to initiate preventative measures.	<input type="checkbox"/> Contact school, day care, or residential facility attended by case patient, and have them review vaccination histories and vaccinate, exclude, or quarantine susceptible contacts. <input type="checkbox"/> Initiate letter to parents as needed.	4. ___/___/___	4. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:
5. Contact exposed persons, determine immune status, inform about risk of disease, educate on transmission, advise them to seek immediate medical attention if signs/symptoms develop (but contact medical provider prior to visit to arrange for isolation upon arrival), and request notification of illness. Recommend or administer chemoprophylaxis as indicated. Complete case investigation of symptomatic contacts.	<input type="checkbox"/> Educate contacts on measures to avoid disease transmission. <input type="checkbox"/> Quarantine if necessary. <input type="checkbox"/> Recommend or administer chemoprophylaxis as indicated. Ensure prophylaxis is given to susceptible contacts as soon as possible—either a single dose of measles vaccine within 72 hours of exposure or immune globulin within 6 days. <input type="checkbox"/> A. Refer contact to own physician for prophylaxis, or <input type="checkbox"/> B. Provide measles vaccine and/or IG directly to contacts Prophylaxis: # Recommended _____ # Completed _____	5. ___/___/___	5. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:
6. If case patient used a common conveyance for transportation during communicable period, obtain detailed itinerary information, including seat number.	<input type="checkbox"/> Collect detailed travel history and communicate immediately to central office who will communicate with other jurisdictions regarding exposed persons within Texas and with CDC on any conveyance that was international or multi-state. <input type="checkbox"/> Contact exposed passengers in jurisdiction, inform of exposure, determine immune status of passenger and others sitting with them, recommend and arrange for prophylaxis as needed, educate on symptoms and early detection, instruct them to seek immediate medical attention if signs/symptoms develop (but contact medical provider prior to visit to arrange for isolation upon arrival), and request notification of illness.	6. ___/___/___	6. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:
7. Identify and contact key persons at venues where exposures may have occurred such as sports teams, work place, and parties to acquire rosters and contact information of attendees.	<input type="checkbox"/> Initiate active surveillance and prophylaxis in exposed populations as needed. <input type="checkbox"/> Initiate press release as needed.	7. ___/___/___	7. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:

Control Measure Tracking Form Measles rev Dec 2011



March 5, 2025

Dear Healthcare Providers,

We would like to extend our sincere gratitude for your continued dedication during the ongoing measles outbreak. We fully recognize the urgency of testing patients for measles; however, we would like to take this opportunity to remind you that any suspected cases of measles are considered an immediately notifiable condition to the health department, as outlined in the Texas Administrative Code 97, Title 95.

Additionally, submissions for testing through the Texas Department of State Health Services and the Bioterrorism Response Network, or LRN, may be submitted for testing. **In the absence of a likely alternative diagnosis, testing may be considered if the patient meets the following case criteria:**

- Fever of at least 101°F **and**
- Maculopapular rash lasting at least 3 days **and**
- Cough, coryza, or conjunctivitis

If these symptoms are present, please **contact your infection prevention team** for further guidance. Testing must be approved by the local public health department before submission to any laboratory. Furthermore, testing submissions must include comprehensive patient demographic information. These steps are essential to ensure a timely investigation and facilitate post-exposure prophylaxis as quickly as possible.

If a patient does not meet the clinical criteria but measles testing should still be considered, an IgG or IgM test offered through a commercial laboratory may be a viable option.

We sincerely appreciate your cooperation in these matters and thank you once again for your continued partnership in protecting public health.

Warm regards,

Lubbock Public Health



MEASLES EXPOSURE LETTER FOR SCHOOLS/DAYCARES

Letterhead (Facility or Health Authority/Department)

Date

To Parents and Guardians:

This letter is to inform you that your child may have been exposed to a person with measles at **SCHOOL NAME on DATE(S)**. We are sending this letter to make you aware of this exposure and to provide additional information about measles.

Measles is a very contagious disease that is spread through the air when a person with measles coughs or sneezes. Children and adults who have not had measles or who have not been fully immunized [with 2 doses of vaccine] are at risk of developing measles, which can lead to encephalitis (brain swelling), severe respiratory illness, and death. For the next two weeks, it is very important for you to watch your child for symptoms of measles, which include the following (usually in this order):

- Fever
- Cough
- Runny nose
- Pink eyes
- Rash that starts on the head and spreads all over the body

Children usually receive the MMR (measles-mumps-rubella) vaccine at 12-15 months and again at 4-6 years of age. Children that have had two doses of MMR are considered immune to measles. If you are unsure of your child's vaccination status or if your child has not received the vaccine or has only had one dose of MMR, consult your healthcare provider.

People with measles are infectious for four days before the rash starts and four days after. The measles rash usually starts 14 days after exposure, although it may occur 5-21 days after exposure.

Children who have measles are required to stay home from school or daycare until four days after the day the rash started. Children with fevers over 100 degrees are also required to stay home from school and daycare. Children who have not been vaccinated against measles and have been exposed may be asked to stay home from school or daycare to ensure that they do not get sick and expose other children.

Children under the age of 1 year and those with weakened immune systems are at higher risk of complications from measles. Notify your child's doctor as soon as possible that your child may have been exposed to measles.

If your child experiences measles symptoms, or if you have questions, please contact your healthcare provider as well as the **LOCAL HEALTH DEPARTMENT at PHONE NUMBER** as soon as possible. **Measles is a very contagious airborne disease.** If you decide you want your child to be seen at your doctor's office or at a healthcare facility such as an emergency department or clinic, **PLEASE CALL THEM FIRST** and inform them you were possibly exposed to measles. If you are advised to go to a healthcare facility, *please bring this letter with you*, so you will be properly evaluated upon arrival.

Sincerely,

SIGNATURE BLOCK



Measles Outbreak Simulator

- [Measles School Outbreak Simulator](#)
- utpandemics@austin.utexas.edu.

