NORTH Dakota | Health & Human Services
Be Legendary.

HEALTH ALERT NETWORK | HEALTH ADVISORY | March 10, 2025

Travelers and Clinicians are Advised to be Cautious of Measles

North Dakota Health and Human Services (ND HHS) is providing this information from the Centers for Disease Control and Prevention (CDC) to healthcare providers about the ongoing measles outbreak in Texas and New Mexico.

Disease investigations in Texas and New Mexico have identified over 200 cases of measles, with many more possible cases being assessed. **As of March 7, 2024, there are no active cases of measles in North Dakota**, however, suboptimal immunization rates make the potential for measles in the state possible**.** Healthcare providers are reminded to assess patients presenting with febrile rash, non-vaccination, and recent travel for measles. Local public health and healthcare providers are reminded to continue to vaccinate and promote vaccination amongst high-risk groups and those planning travel.

Suspected cases of measles should be assessed by healthcare providers for presentation and risk factors and samples should be sent to the ND Laboratory Services Division. **Healthcare providers should call the Disease Control and Forensic Pathology Section IMMEDIATELY to report suspected measles cases**, at 701-328-2378 or 800-472-2180. Laboratory and sample collection guidance is available by calling 701-328-6272. For more information on measles, please visit the ND HHS website at Measles | Health and Human Services North Dakota

This is an official

CDC HEALTH ADVISORY

Expanding Measles Outbreak in Texas and New Mexico and Guidance for the Upcoming Travel Season

Distributed via the CDC Health Alert Network
March 7, 2025, 2:00 PM ET
CDCHAN-00522

Summary

The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory to notify clinicians, public health officials, and potential travelers about a measles outbreak in Texas and New Mexico and offer guidance for prevention and monitoring. As of March 7, 2025, Texas and New Mexico have reported 208 confirmed cases associated with this outbreak (198 in Texas and 10 in New Mexico). As a part of this outbreak, two deaths have been reported: one in Texas and one in New Mexico. More cases are expected as this outbreak continues to expand rapidly

With spring and summer travel season approaching in the United States, CDC emphasizes the important role that clinicians and public health officials play in preventing the spread of measles. They should be vigilant for

cases of febrile rash illness that meet the measles case definition and share effective measles prevention strategies, including vaccination guidance for international travelers.

The risk for widespread measles in the United States remains low due to robust U.S. immunization and surveillance programs and outbreak response capacity supported by federal, state, tribal, local, and territorial health partners. **Measles-mumps-rubella (MMR) vaccination remains the most important tool for preventing measles**. To prevent measles infection and spread from imported cases, all U.S. residents should be up to date on their MMR vaccinations, especially before traveling internationally, regardless of the destination.

Background

As of March 6, 2025, a total of 222 measles cases have been reported by twelve U.S. jurisdictions this year: Alaska, California, Florida, Georgia, Kentucky, New Jersey, New Mexico, New York City, Pennsylvania, Rhode Island, Texas, and Washington; 201 of which occurred in New Mexico and Texas. Most of the 222 cases are among children who had not received the MMR vaccine. There have been three outbreaks, with an outbreak defined as three or more related cases, reported in 2025, and 93% of cases are outbreak-associated. For comparison, 16 outbreaks were reported during 2024 and 69% of cases were outbreak-associated.

Measles is a highly contagious viral illness that typically begins with fever, cough, coryza (runny nose), and conjunctivitis (pink eye), lasting 2-4 days prior to rash onset. Measles can cause severe health complications, including pneumonia, encephalitis (inflammation of the brain), and death. The virus is transmitted by direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs, or sneezes. Measles virus can remain infectious in the air and on surfaces for up to 2 hours after an infected person leaves an area.

Infected people are contagious from 4 days before the rash starts through 4 days afterward. The incubation period for measles, from exposure to fever, is usually about 7–10 days, and from exposure to rash onset is usually about 10–14 days (with a range of 7 to 21 days).

Recommendations for Healthcare Professionals

- Ensure all patients without other evidence of immunity, especially those planning international travel, are up to date on MMR vaccine per routine ACIP recommendations:
    - Children are recommended to receive 2 doses of MMR. The first dose is given at 12–15 months of age and the second is given at 4–6 years of age before school entry.
    - Infants 6 months of age or older can receive MMR prior to international travel or in outbreak settings (see below). MMR is not licensed for children <6 months of age.
    - Adults not at high risk of exposure are recommended to have at least 1 documented dose of MMR in their lifetime, or other evidence of immunity (e.g., positive measles immunoglobulin G (IgG)). Adults at high exposure risk, including students at post-secondary institutions, healthcare workers, and international travelers, should have two documented doses.
- Ensure patients who reside in areas with an ongoing measles outbreak follow state and local guidance. Texas Department of State Health Services (DSHS) has issued the following recommendations for the affected counties in Texas:
    - Infants 6 through 11 months receive an early dose of MMR vaccine (i.e., infant dose), and a second dose at 12-15 months, at least 28 days after the first.
    - Children older than 12 months who have not been vaccinated should receive one dose immediately and follow with a second dose at least 28 days after the first. Children older than 12 months with one prior dose should receive an early second dose of MMR vaccine separated by at least 28 days.
    - Teenagers and adults previously vaccinated with one dose of MMR vaccine should receive a second dose. Those with no evidence of immunity should receive one dose of MMR vaccine immediately and follow with a second dose at least 28 days later.

- Ensure all U.S. residents older than age 6 months without evidence of immunity who are traveling internationally receive MMR vaccine prior to departure:
    - Infants 6 through 11 months of age should receive one dose of MMR vaccine before departure. Infants who receive a dose of MMR vaccine before their first birthday should receive 2 more doses of MMR vaccine; the first of which should be administered when the child is 12 through 15 months of age and the second at least 28 days later (generally at age 4-6 years of age but can be administered sooner if indicated).
    - Children 12 months of age or older should receive two doses of MMR vaccine, separated by at least 28 days.
    - Teenagers and adults without evidence of measles immunity should receive two doses of MMR vaccine separated by at least 28 days.
- Be aware that some patients may develop a mild rash reaction in the 3 weeks following MMR vaccination. This does not typically require testing or public health intervention since a person with a rash due to a vaccine reaction is not infectious. If a symptomatic person who has been recently vaccinated also has a known or suspected measles exposure, consultation and additional testing may be required from the local or state health department to evaluate for acute measles.
- Consider measles as a diagnosis in anyone with fever (≥101°F or 38.3°C) and a generalized maculopapular rash with cough, coryza, or conjunctivitis who has recently traveled internationally, or domestically to a region with a known measles outbreak, or has other known or suspected exposure to measles.
- If you suspect measles:
    - **Isolate:**
        - **Isolate patients with suspected measles immediately,** ideally in a single-patient airborne infection isolation room (AIIR), or in a private room with a closed door until an AIIR is available. Patients with suspected measles should not remain in the waiting room or other common areas of a healthcare facility
        - Protect healthcare providers against measles by adhering to Standard and airborne precautions when evaluating confirmed or suspect cases, regardless of their vaccination status. Healthcare providers without presumptive evidence of measles immunity who are exposed to measles should be excluded from work from day 5 after the first exposure until day 21 following their last exposure and offered post-exposure prophylaxis, as appropriate.
        - Healthcare systems should ensure all healthcare providers have presumptive evidence of immunity to measles, ensure they can rapidly retrieve healthcare provider immunization status in case of exposures and offer postexposure prophylaxis when indicated.
        - Offer measles testing outside of facilities to avoid possible transmission in healthcare settings. Call ahead to ensure immediate isolation for patients referred to hospitals for a higher level of care.
    - **Notify:** Immediately notify state, tribal, local, or territorial health departments (24-hour Epi On Call contact list) about any suspected case of measles to ensure rapid testing and investigation. States report measles cases to CDC.
    - **Test:** Laboratory confirmation should be pursued for all patients with suspected measles. CDC recommends collecting either a nasopharyngeal (NP) swab or throat (OP) swab for reverse transcription polymerase chain reaction (RT-PCR) testing as well as a blood specimen for serology testing from all patients with clinical features compatible with measles. Collecting a urine specimen along with an NP/OP swab may improve sensitivity of testing.
    - **Manage:**
        - Post-exposure prophylaxis (PEP): In coordination with local or state health departments, provide appropriate measles PEP to close contacts without evidence of immunity, as soon as possible after exposure, either with MMR vaccine (within 72 hours) or immunoglobulin (within 6 days). The choice of PEP is based on elapsed

time from exposure or medical contraindications to vaccination.

- **Supportive care**: 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. Consistent with guidance from the American Academy of Pediatrics, vitamin A may be administered to infants and children in the United States with measles as part of supportive management. Children with severe measles, such as those who are hospitalized, should be managed with vitamin A. Vitamin A should be administered under the supervision of a healthcare provider and is not a substitute for vaccination. Overuse of Vitamin A can lead to toxicity and cause damage to the liver, bones, central nervous system, and skin. Pregnant women should avoid taking high levels of vitamin A as it has been linked to severe birth defects.

Recommendations for State and Local Health Departments

State and local health departments have the lead in investigating measles cases and outbreaks.

- Report measles immediately (within 24 hours) to CDC (measlesreport@cdc.gov) and through the National Notifiable Disease Surveillance System (NNDSS). Measles is a nationally notifiable disease.
- Establish measles case reporting within hospitals and to public health authorities.
- Record and report details about cases of measles, including close contacts and locations visited while infectious (i.e. 4 days before and after rash onset).
- Conduct active surveillance for any additional cases and facilitate transportation of specimens immediately to confirm diagnosis if measles is identified.
- Enhance outreach and communications to under-vaccinated communities through trusted messengers.
- Consider utilizing state-based syndromic surveillance to monitor for changes with healthcare seeking behavior for febrile rash illness or vitamin A toxicity.

Recommendations for Domestic Travelers to Outbreak Areas and International Travelers

- Talk to your doctor about the MMR vaccine, especially if you or your child plan to travel to an area with an ongoing outbreak or internationally. Two doses of MMR vaccine provide better protection (97%) against measles than one dose (93%).
- Check your destination and CDC's Global Measles Travel Health Notice for more travel health advice if you plan to travel internationally, including countries measles outbreaks have been reported.
- After domestic travel to an area with an ongoing outbreak or international travel, watch for signs and symptoms of measles for 3 weeks after returning to the United States. 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.

For More Information

- Clinical Overview of Measles | Measles (Rubeola) | CDC
- Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings | Infection Control | CDC
- Chapter 7: Measles | Manual for the Surveillance of Vaccine-Preventable Diseases | CDC
- Rubeola / Measles | CDC Yellow Book 2024

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national and international organizations.

Department of Health and Human Services

HAN Message Types

- **Health Alert:** Conveys the highest level of importance about a public health incident.
- **Health Advisory:** Provides important information about a public health incident.
- **Health Update:** Provides updated information about a public health incident.

This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations.

###