

Health Advisory: Measles Outbreak in Texas and New Mexico and Guidance for Travel March 7, 2025

Situational Update

As of March 7, 2025, Texas and New Mexico have reported 208 confirmed cases (198 in Texas and 10 in New Mexico) associated with a measles outbreak identified since January 2025; two deaths have been reported as part of this outbreak. More cases are expected as this outbreak continues to expand rapidly.

Known or Suspected Measles:

1. **Identify and immediately isolate** patients with known or suspected measles. Persons with signs or symptoms of measles should be isolated in a single-person exam room or airborne precaution isolation room, if available, as soon as possible. Ensure patient remains masked.
2. **Evaluate** persons for measles symptoms, vaccination status, and exposures. Screen by phone if possible.
 - a. Symptoms: Fever, cough, coryza (runny nose), and conjunctivitis (red, watery eyes). Koplik spots (tiny white spots) may appear inside the mouth 2-3 days later. Measles rash appears 3-5 days after the first symptoms, usually starting on the face (hairline) then spread down to the neck, trunk, arms, legs, and feet.
 - b. Vaccination: Review vaccine records. Provide measles, mumps, and rubella (MMR) vaccine according to ACIP recommendations² to person with no history of measles infection or vaccination.
 - c. Exposures: Consider persons who are unvaccinated or with unknown vaccination history who exposed to a known or suspected case OR recent travel to an area with measles outbreaks.³
3. **Report** any known or suspect cases immediately by phone to SCPH at (916) 875-5881.
4. **Collect** samples using one of the methods below. Refrigerate specimens (2-8°C) until transport to lab. Specimens must be transported within 48 hours and may be frozen if delay beyond 72 hours expected.
 - a. Respiratory samples: throat, nasal, or nasopharyngeal, collected no later than 7 days from symptom onset. Use Dacron tipped swabs with a non-wooden shaft. Place specimen in viral transport media (VTM).
 - b. Urine samples: use sterile collection cup and collect within 10 days of symptom onset. Centrifuge samples at 2500 x g for 15 minutes at 2-8°C. Discard supernatant, resuspend cell sediment in 2-3mL of VTM, and withdraw 140µl sample from resuspended VTM for testing. Store at 2-8°C until extracted (store at -20°C if extraction is not performed within 72 hours of collection).
5. **Adhere** to Standard and Airborne Precautions for patients with known or suspected measles.

Vaccination, International Travel:

Ensure all patients, especially those traveling internationally, are up to date on MMR vaccine per ACIP²:

- Children are recommended to receive 2 doses of MMR: 1st dose at 12–15 months, 2nd dose at 4–6 years.
- Infants 6 months of age or older can receive MMR prior to international travel or in outbreak setting. Infants who receive a dose of MMR vaccine before their 1st birthday should receive 2 more

doses of MMR vaccine: 1st dose at 12-15 months, 2nd dose at least 28 days later (generally at 4-6 years).

- 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 IgG). Adults at high exposure risk (e.g., students at post-secondary institutions, healthcare workers, and international travelers) should have 2 documented doses.

Resources:

1. Expanding Measles Outbreak in Texas and New Mexico and Guidance for the Upcoming Travel Season (CDC): <https://www.cdc.gov/han/2025/han00522.html>
2. Routine Measles, Mumps, and Rubella Vaccination (CDC): <https://www.cdc.gov/vaccines/vpd/mmr/hcp/recommendations.html>
3. Global Measles Outbreaks (CDC): <https://www.cdc.gov/global-measles-vaccination/data-research/global-measles-outbreaks/index.html#cdc-report-pub-study-section-3-top-10-countries-with-measles-outbreaks>

Sincerely,



Olivia Kasirye, MD, MS
Public Health Officer