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Maine Health Alert Network (HAN) System

PUBLIC HEALTH ADVISORY

To: Health Care Providers

From: Dr. Isaac Benowitz, State Epidemiologist

Subject: **U.S. CDC: Expanding Measles Outbreak in Texas and New Mexico and Guidance for the Upcoming Travel Season**

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Please take a moment to review this update on measles activity in the United States, information on measles prevention, and response guidance for the upcoming travel season. A large measles outbreak is ongoing in Texas and New Mexico. Smaller outbreaks have been reported in New Jersey and Georgia, and there are other cases in several additional states. No measles cases have been reported in Maine in 2025; the most recent case was in 2019. Of particular concern is the outbreak in Texas/New Mexico, where measles is circulating in a closeknit community with low vaccination coverage. Two deaths have been reported there, both in unvaccinated individuals. Federal, state, and local public health authorities are collaborating with community partners to stop this ongoing outbreak.

Measles elimination in the U.S. has been maintained since 2000, indicating no sustained local measles spread. When 95% of people in a community are vaccinated, herd immunity protects most people. Vaccination coverage for two doses of measles-mumps-rubella (MMR) vaccine in kindergarten children in the 2023–2024 school year was 92.7% nationally and 97.5% in Maine. This reduces the risk of a measles outbreak. However, this does not prevent measles introductions from outside of a community. Measles remains endemic in many other countries, and unvaccinated or under-vaccinated persons who travel internationally can become infected and transmit the disease in the U.S. Community outbreaks can still occur, particularly in areas with low vaccine coverage, and it remains crucial to continue MMR vaccination efforts to protect individuals and communities. Clinicians should be aware of Maine's child care, school, and health care immunization rules and U.S. CDC's immunization schedules.

Laboratory testing remains an important part of measles diagnosis and confirmation. Specimens should include oropharyngeal or nasopharyngeal swab for polymerase chain reaction (PCR) and serum for IgM serology. The Maine CDC prefers measles specimens for PCR testing to be submitted to the Maine Health and Environmental Testing Laboratory (HETL). This allows the Maine CDC to better track the timeline of the result. At HETL, a measles PCR result is generally available within 1–3 business days of specimen receipt. Measles PCR testing is also available at some commercial laboratories. Please see the HETL Laboratory Submission Information Sheet (LSIS) before submitting specimens to HETL for measles PCR testing. HETL's Measles PCR LSIS can be found at https://www.maine.gov/dhhs/mecdc/public-health-systems/health-and-environmental-testing/micro/documents/Measles-Virus-Detection-by-Real-Time-RT-PCR-Assay-LSIS.pdf. Many commercial

laboratories offer measles IgM testing, and HETL does not offer this testing. If specimens are submitted to HETL for serologic testing, they will be forwarded to a reference laboratory.

U.S. CDC: Expanding Measles Outbreak in Texas and New Mexico and Guidance for the Upcoming Travel Season

Summary
The United States Centers for Disease Control and Prevention (U.S. 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, U.S. 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 Health Care 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, health care 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). An MMR vaccine given at 6–11 months is given in addition to the two recommended doses, not as a replacement dose. After the dose at 6-11 months, a child should receive a second dose at 12-15 months, at least 28 days after the first, and a final dose at 4-6 years of age.
    - 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 in collaboration with the Maine CDC 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 health care facility
        - Protect health care providers against measles by adhering to Standard and Airborne precautions when evaluating confirmed or suspect cases, regardless of their vaccination status. Health care 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.
        - Health care systems should ensure all health care providers have presumptive evidence of immunity to measles, ensure they can rapidly retrieve health care

provider immunization status in case of exposures and offer postexposure prophylaxis when indicated.
        - Offer measles testing outside of facilities to avoid possible transmission in health care settings. Call ahead to ensure immediate isolation for patients referred to hospitals for a higher level of care.
    - **Notify:** Immediately notify the Maine CDC at 1-800-821-5821 about any suspected case of measles to ensure rapid testing and investigation.
    - **Test:** Laboratory confirmation should be pursued for all patients with suspected measles. U.S. 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 the Maine CDC, 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 health care 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 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 U.S. CDC's Global Measles Travel Health Notice for more travel health advice if you plan to travel internationally, including countries where 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 health care 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) | U.S. CDC
- Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings | Infection Control | U.S. CDC
- Chapter 7: Measles | Manual for the Surveillance of Vaccine-Preventable Diseases | U.S. CDC
- Rubeola / Measles | U.S. CDC Yellow Book 2024
- Measles Vaccination | Measles (Rubeola) | CDC
- Measles, Plan for Travel | U.S. CDC
- Clinical Overview of Measles: Diagnosis, Laboratory Testing, and Outbreak Response (CE Credit)
- New Mexico Health: Measles Outbreak Guidance

- Texas Department of State Health Services: Alerts

Maine Resources

- Maine CDC: Childcare Immunization Standards Resource
- Maine CDC: Childcare Regulations for Licensing
- Maine CDC Health and Environmental Testing Laboratory (HETL)
- Maine CDC: Immunization Requirements for Healthcare Workers
- Maine CDC: School Immunization Requirements Resource
- Maine CDC: School Immunization Rule:
- Maine CDC: Measles
- Maine Immunization Program