

Department of Health and Human Services Maine Center for Disease Control and Prevention 286 Water Street 11 State House Station Augusta, Maine 04333-0011 Tel: (207) 287-8016; Fax (207) 287-9058 TTY Users: Dial 711 (Maine Relay)

Maine Health Alert Network (HAN) System

PUBLIC HEALTH ADVISORY

То:	Health Care Providers
From:	Dr. Isaac Benowitz, State Epidemiologist
Subject:	Measles Updates and Domestic Travel Recommendations
Date / Time:	Wednesday, June 18, 2025, at 1:55PM
Priority:	Normal
Pages:	2
Message ID:	2025PHADV012

Measles Updates and Domestic Travel Recommendations

Summary

Ongoing measles outbreak activity across North America poses an ongoing risk of measles infection to people living in or visiting areas with measles transmission. Unvaccinated individuals are at the highest risk of infection. The U.S. Centers for Disease Control and Prevention (U.S. CDC) provides additional vaccination considerations for persons traveling outside of the U.S. The Maine Center for Disease Control and Prevention (Maine CDC) recommendations for persons traveling within the U.S. to areas with measles activity include an extra dose of the measles vaccine before age 12 months (in addition to the routine 2-dose series), an accelerated 2nd dose in older children, and two doses for adults without documented immunity.

Update: Measles in the U.S. and in the Americas

As of <u>June 12, 2025</u>, a total of 1,197 confirmed measles cases have been reported by 35 jurisdictions in the U.S. Some of these are outbreak-associated and others are connected to international travel. There have been 21 outbreaks (defined as 3 or more related cases) reported in 2025, and 90% of confirmed cases (1,072 of 1,197) are outbreak-associated. For comparison, 16 outbreaks were reported during 2024 and 69% of cases (198 of 285) were outbreak-associated. The U.S. continues to retain measles elimination status.

As of <u>May 31, 2025</u>, there were a total of 6,111 confirmed measles cases across the 23 countries that make up the Americas. Canada had reported 2,968 confirmed measles cases and Mexico had reported 1,926 confirmed measles cases. Most cases were among people aged 1–29 years old, who are unvaccinated or have an unknown vaccination status, and were imported or linked to importation.

Recommendations for Clinicians

The Maine CDC recommends following the U.S. CDC's international travel vaccination recommendations for all persons traveling to any area of the U.S. with continuous measles transmission (i.e., ongoing outbreak activity).

Ongoing measles outbreak at the destination of travel can be determined through the "Real-time measles updates from states" section of the <u>U.S. CDC Measles Cases and Outbreaks</u> website. For a snapshot of recent measles cases at the county level, Johns Hopkins Bloomberg School of Public Health has created a <u>U.S. Measles Tracker</u> which has a recent case viewer with county-level information.

Prior to planned travel, whether internationally or within the U.S. to an area with active measles transmission, the Maine CDC recommends the following guidance:

- Plan to be fully vaccinated at least 2 weeks before you depart.
- If your trip is less than 2 weeks away and you're not protected against measles, you should still get a dose of MMR vaccine.
- Infants (between 6–11 months of age): 1 MMR dose at 6–11 months followed by the routinely
 recommended dose at 12–15 months, and a final dose at 4–6 years. MMR vaccinations should occur at least
 28 days apart.
 - If MMRV is given at 12 months, the following MMRV vaccine should be given no earlier than 3 months after.
 - Please note MMRV is not licensed for children aged <12 months.
 - Children (aged \geq 12 months): 2 doses of MMR separated by \geq 28 days.
 - o If MMRV is used, doses must be given at least 3 months apart.
- Teens and adults with <u>no</u> evidence of immunity: 1 MMR dose immediately and a second dose 28 days after the first dose.
- Teens and adults with acceptable evidence of immunity: No additional MMR vaccination is recommended prior to travel.
 - o Acceptable evidence of immunity against measles includes at least one of the following:
 - Written documentation of adequate vaccination (two doses for travel to high-risk areas)
 - Laboratory evidence of immunity
 - Laboratory confirmation of measles
 - Birth in the United States before 1957

The U.S. CDC provides additional <u>vaccination recommendations for specific groups</u>, including college students, international travelers, health care personnel, close contacts of immunocompromised people, people with HIV infection, adults who received the inactivated measles vaccine, and groups at increased risk during a measles outbreak.

CDC does not recommend measles vaccine for infants younger than 6 months of age.

General Recommendations

Ensure all children are appropriately immunized following routine vaccination recommendations. When traveling internationally or domestically, check to ensure there is not an active measles outbreak at their destination. If there is an ongoing active measles outbreak, consider rescheduling travel, especially if they are not immune to measles, are traveling with an infant under 6 months old who cannot be vaccinated, or are immunocompromised. If traveling to an area with an active measles outbreak, individuals should consult with clinicians if their immunization status is unknown, and they lack evidence of immunity to measles.

Reporting Reminder

Measles is reportable to the Maine CDC upon clinician suspicion of illness. To report, call 800-821-5821.

Resources

- Johns Hopkins Bloomberg School of Public Health: U.S. Measles Tracker
- Maine CDC: Measles
- <u>Texas DSHS: measles outbreak updates</u>
- U.S. CDC: Measles cases and outbreaks