Humboldt County Department of Health & Human Services

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Measles Outbreak in the United States and Guidance for the Upcoming Travel Season March 20, 2025

CDPH/Health Advisory - March 7, 2025 - The Centers for Disease Control and Prevention (CDC) is issuing this Health Advisory to notify clinicians, public health officials, and potential travelers about a measles outbreak in Texas and New Mexico. They are also offering guidance for prevention and monitoring as well as guidance for the Upcoming Travel Season. *As of March 18th, 2025, there have been 279 confirmed measles cases in Texas and 38 in New Mexico, with a total of 2 deaths.* There have been no reports of confirmed measles cases in Humboldt County residents in 2025 to date. CDPH issued a Health Advisory on March 3, 2025, about rising domestic measles cases, reminding providers to make sure that patients and healthcare staff are up to date on their measles vaccinations and to follow protocols for suspected cases.

Health officials say the best protection is to get the two recommended doses of the measles, mumps and rubella (MMR) vaccine.

- People who do not know if they have been vaccinated against measles can obtain a blood test (titers) to check for antibodies.
- **Where do I access my Digital Vaccine Record?** Visit **California's Vaccine Record Site** at myvaccinerecord.cdph.ca.gov or use the QR code below to request access to your record. The online DVR request form is available in multiple languages.

Providers

- 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.
    - Minimize Potential Measles Exposures 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:** Per Title 17, CA Code of Regulations (CCR) §2500, §2593, §2641.5- 2643.20, and §2800- 2812 Reportable Diseases & Conditions: **Immediately notify by Telephone - Humboldt County Public Health at (707)268-2182,** 24 Hours/7Days/Week about any suspected case of measles to ensure rapid testing and investigation.

- **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. **Samples should be directed to Humboldt County Public Health for expedited processing.**

- **Manage:**
    - Post-exposure prophylaxis (PEP): In coordination with Humboldt County Public Health, 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) for severely immunocompromised people, unvaccinated infants, and susceptible pregnant persons. The choice of PEP is based on elapsed time from exposure or medical contraindications to vaccination. **Call Humboldt County Public Health at (707)268-2182 for guidance.**

After exposure to measles

- If an individual does not have immunity against measles and becomes exposed, we recommend they talk with their doctor about getting the MMR vaccine. Getting an MMR vaccine after exposure to measles is not harmful; doing so within 72 hours may prevent later disease.
- Scientists in the United States and other countries have carefully studied the MMR vaccine. None has found a link between autism and the MMR vaccine.
- It is safe for breastfeeding women to receive MMR vaccination. Breastfeeding does not interfere with the response to the MMR vaccine, and the baby will not be affected by the vaccine through breast milk.

One dose of MMR vaccine is:	Two doses of MMR vaccine are:
• 93% effective against measles • 72% effective against mumps • 97% effective against rubella	• 97% effective against measles • 86% effective against mumps

Isolation and Quarantine Guidance

- For those exposed to an individual with confirmed measles
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Table 1. Recommendation Follow-Up of High-risk Measles Contacts

High-risk contacts (persons with potential for severe illness if infected **or** to whom the transmission potential is high)	**IgG testing***	**PEP†**	**Quarantine if no PEP‡**	**Exclusion**	**Monitoring§**
Unvaccinated infants <6 months of age	No	IG only	Yes	Yes**	Active
Unvaccinated infants 6-11 months of age††	No	MMR or IG‡‡	Yes	Yes**	Active
Pregnant persons without 2 documented MMR vaccine doses or serologic evidence of immunity‡‡	Yes*	IG only	Yes	Yes**	Active
Severely immunocompromised§§	No	IG only	Yes	Yes**	Active
Household contact or contact with prolonged exposure **without** 2 documented MMR vaccine doses or serologic evidence of immunity	Yes*	MMR or IG***	Yes	Yes**	Active
Immunocompetent contact **with** 2 documented MMR vaccine doses or serologic evidence of immunity	No	No	No	No	Passive

Infants 6 months of age or older can receive MMR prior to international travel or in outbreak settings. *MMR is not licensed for children <6 months of age*. Subsequent doses should follow CDC's recommended childhood schedule.

Table 2. Recommended Follow-Up of Measles Contacts Who Work in a Healthcare Setting or Other High-Risk Setting

Contacts who work in a healthcare setting or other high-risk setting	**IgG testing***	**PEP**	**Quarantine if no PEP‡**	**Exclusion**	**Monitoring**
High-risk for severe disease due to personal medical history and without 2 documented MMR vaccine doses or serologic evidence of immunity	See Table 1				
Low risk for severe disease and with 1 documented MMR vaccine dose and no serologic evidence of immunity	Yes	MMR	No	Yes**	Active
Low risk for severe disease and with <u>no</u> documented MMR vaccine doses and no serologic evidence of immunity	Yes	MMR	Yes	Yes**	Active
With 2 documented MMR vaccine doses or serologic evidence of immunity	No	No	No	No	Passive

Footnotes:

A. Acceptable evidence of immunity against measles, mumps and rubella includes at least one of the following: *1) Written documentation of adequate vaccination, 2) Laboratory evidence of immunity, 3) Laboratory confirmation of disease, or 4) Birth before 1957*. Before vaccines were available, nearly everyone was infected with these viruses during childhood. Most born before 1957 are likely to have been infected naturally and therefore are presumed to be protected against measles, mumps, and rubella. Healthcare personnel born before 1957 without laboratory evidence of immunity or disease should consider getting 2 doses of MMR vaccine.

***** For measles contacts who have tested measles IgG negative or equivocal in a commercial lab, CDPH should be consulted regarding potential retesting at CDPH VRDL. If a contact tests positive for IgG at VRDL or a commercial lab, consider them to be immune.
† Contacts at high risk of severe infection (severely immunocompromised people, unvaccinated infants, and susceptible pregnant persons) should receive IG PEP within 6 days or less from the date of last exposure to measles.
‡ Implement quarantine from day 7 after first exposure through day 21 after last exposure. If symptoms consistent with measles develop, the exposed person should be isolated and tested.
§ Persons who receive IG should be actively monitored for 21 days. They should then passively monitor (symptom watch) during days 22-28.
****** Exclude from high-risk settings (e.g., childcare facilities with infants and healthcare facilities; see definition above) from day 7 (day 5 for healthcare workers in healthcare settings) after first exposure through day 21 after last exposure. Those who have received IG should exclude through day 28 after last exposure.
†† MMR vaccine can be given as PEP within 72 hours or less from the time of exposure to persons >6 months of age who do not have contraindications for MMR vaccine. IMIG can be given as PEP for exposed infants 12 months of age who may have been vaccinated or had disease and receive MMR vaccine as PEP should have blood drawn and tested for measles IgG if measles IgG status is unknown at the time of MMR administration.
‡‡ If it can be done rapidly, it is recommended that pregnant persons be tested for measles IgG prior to administering IGIV if it is likely that they have received vaccine or had disease. If an exposed pregnant person is IgG negative or IgG equivocal or has unknown status and IgG test results (or retest at VRDL) will not be known by day 6 after exposure, administer IGIV.
§§ See page 6 for high-level immunosuppression criteria.
******* IGIM can be considered for susceptible persons in this category weighing <30 kg (<66 pounds). There is no recommendation for IGIM in susceptible persons >30 kg (≥66 pounds). MMR PEP is preferred if <72 hours of exposure. IGIV is not recommended for low-risk contacts weighing ≥30 kg (≥66 pounds).
††† See CDPH Measles Investigation Quicksheet pages 3-4 for "Presumption of Immunity Criteria for Low-Risk Contacts". A self-reported history of measles disease without documentation is not acceptable as a presumption of immunity. If a low-risk contact has a measles IgG negative or IgG equivocal result, and subsequently provides documentation of two doses of MMR vaccine, base public health decisions on the two documented doses of MMR vaccine, i.e., presume immunity.

References:

- CDPH - Measles Investigation Quicksheet July 2024 https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/Measles- Quicksheet.pdf
- CDC - Expanding Measles Outbreak in the United States and Guidance for the Upcoming Travel Season https://www.cdc.gov/han/2025/han00522.html
- CDC – Preventing Meals Before and After Travel https://www.cdc.gov/measles/media/pdfs/2024/07/English- image_Measles-Before-After-Travel_Fact-Sheet_073124_cleared.pdf
- CDC - Measles (Rubeola) Plan for Travel https://www.cdc.gov/measles/travel/index.html