Texas 2025 Measles Outbreak

April 30, 2025

The information presented today is based current preliminary data and on CDC’s recent guidance. Information is subject to change.

Welcome and Opening Remarks

Varun Shetty, MD, MBA, MS

Chief State Epidemiologist

Texas Department of State Health Services

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April 30, 2025

DISCLAIMER

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April 30, 2025

Discussion Topics

- Measles Situational Update
- Texas 2025 Measles Outbreak Update
- Measles Testing
- Infection Control and Precautions
- Measles Prevention, Treatment and Postexposure Prophylaxis
- Vaccine Ordering & Reporting
- Communication & Resources
- Q&A
- Closing Remarks

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April 30, 2025

Guest Panelists

Claire Bocchini, MD
Assistant Professor of Pediatrics
Pediatric Infectious Disease
Baylor College of Medicine

Madhuri M. Sopirala, MD, MPH
Chief, Infection Prevention, Parkland Health
Dallas, TX
Associate Professor of Medicine
UT Southwestern Medical Center

Measles Situational Update

Claire Bocchini, MD
Assistant Professor of Pediatrics
Pediatric Infectious Disease
Baylor College of Medicine

Madhuri M. Sopirala, MD, MPH
Chief, Infection Prevention, Parkland Health, Dallas, TX
Associate Professor of Medicine
UT Southwestern Medical Center

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Measles

- Measles is highly contagious.
- If one person has it, up to 9 out of 10 people will become infected if they are not protected.
- Anyone who is not protected against measles is at risk
- The best protection against measles is measles, mumps, and rubella (MMR) vaccine.
  - MMR vaccine provides long-lasting protection against all strains of measles.
- Measles can cause serious health complications, especially in children younger than 5 years of age, pregnant women, and people who are immunocompromised.

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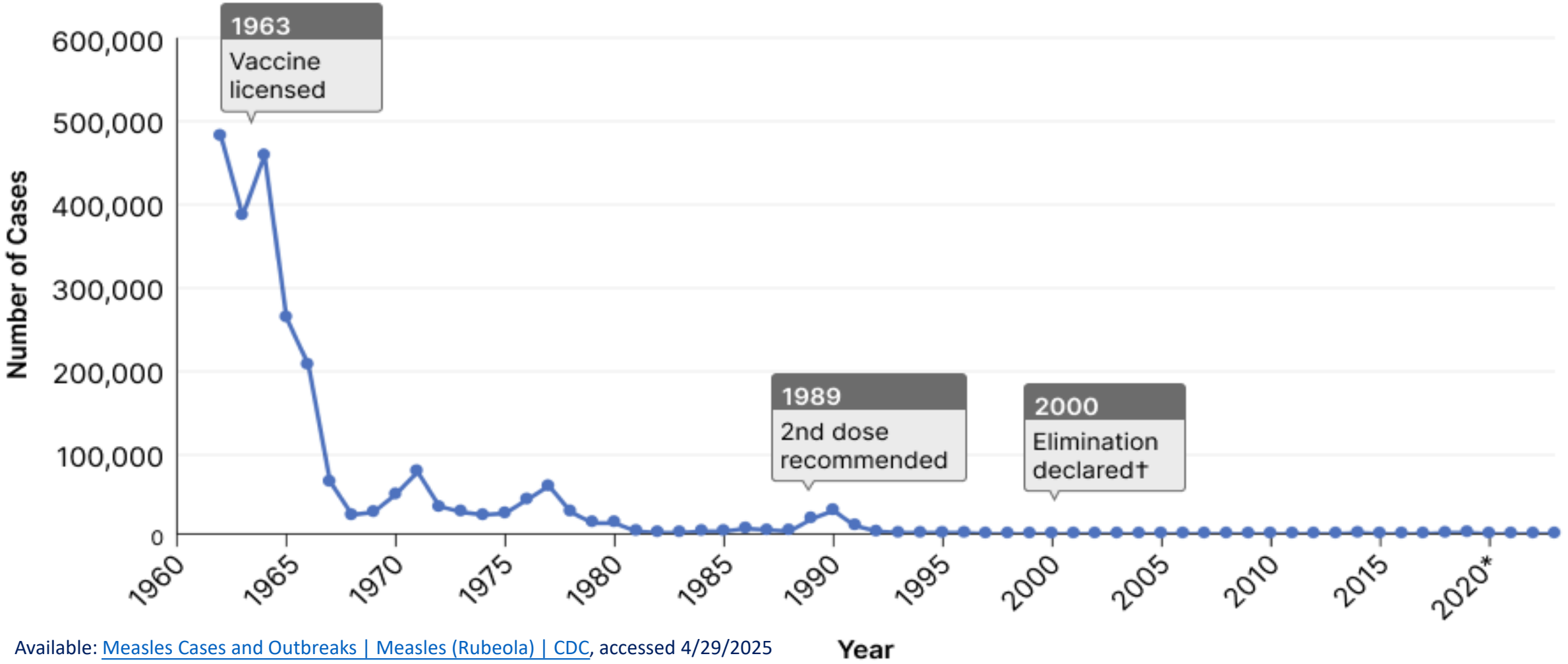
Available: About Measles | Measles (Rubeola) | CDC, accessed 4/29/2025

Reported Measles Cases in the United States from 1962 – 2023*



Available: Measles Cases and Outbreaks | Measles (Rubeola) | CDC, accessed 4/29/2025

*2023 data are preliminary and subject to change. †Elimination is defined as the absence of endemic measles transmission in a region for ≥ 12 months in the presence of a well-performing surveillance system. *The information presented today is based current preliminary data and on CDC's recent guidance. Information is subject to change. April 30, 2025*

Measles Cases and Outbreaks in the U.S. At-A-Glance

Available: Measles Cases and Outbreaks | Measles (Rubeola) | CDC, accessed 4/29/2025

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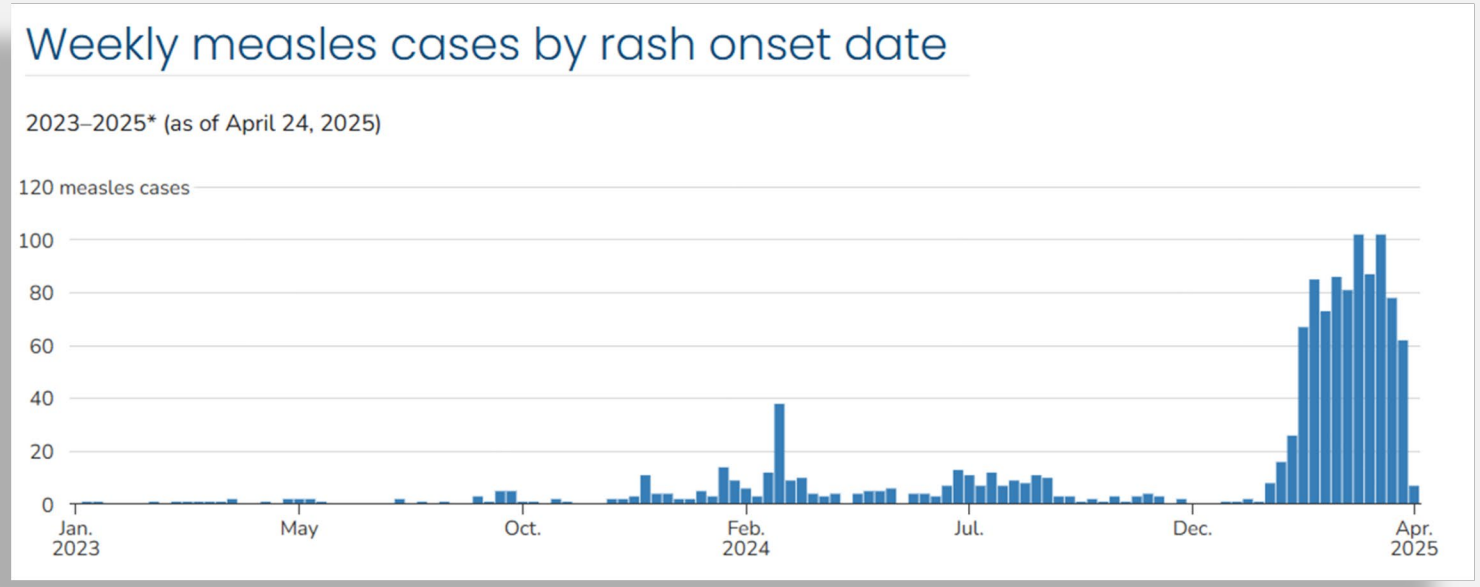
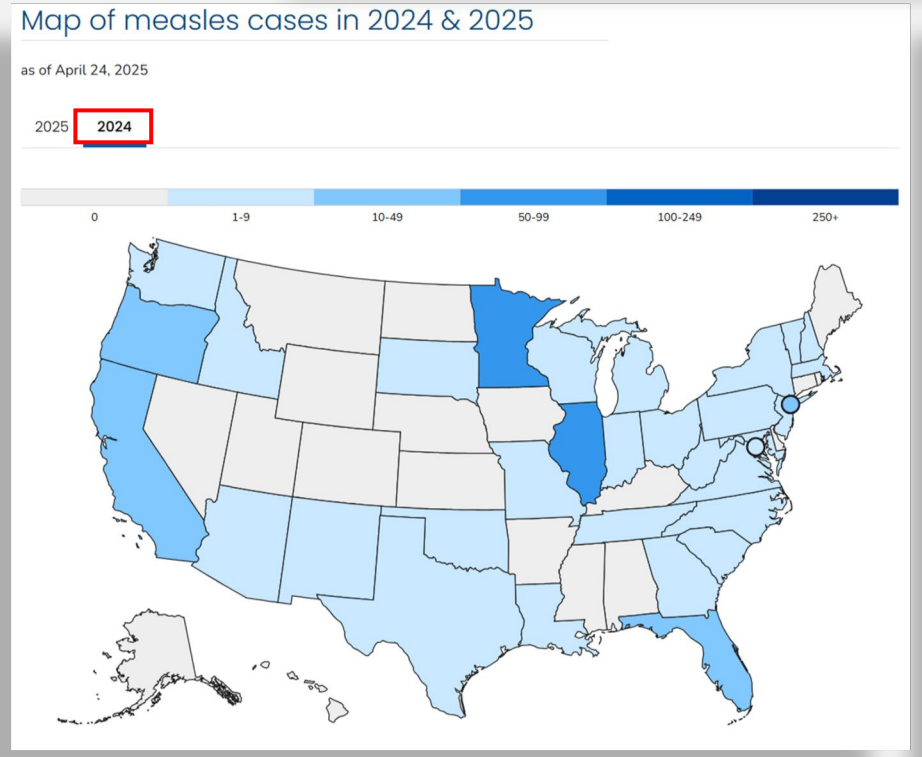
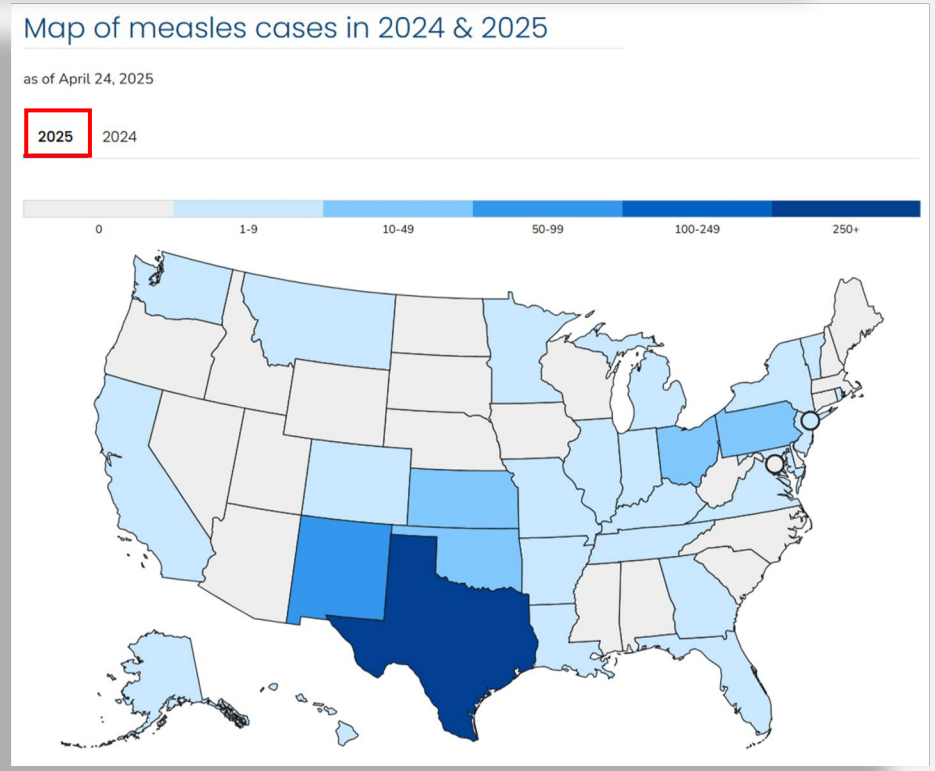
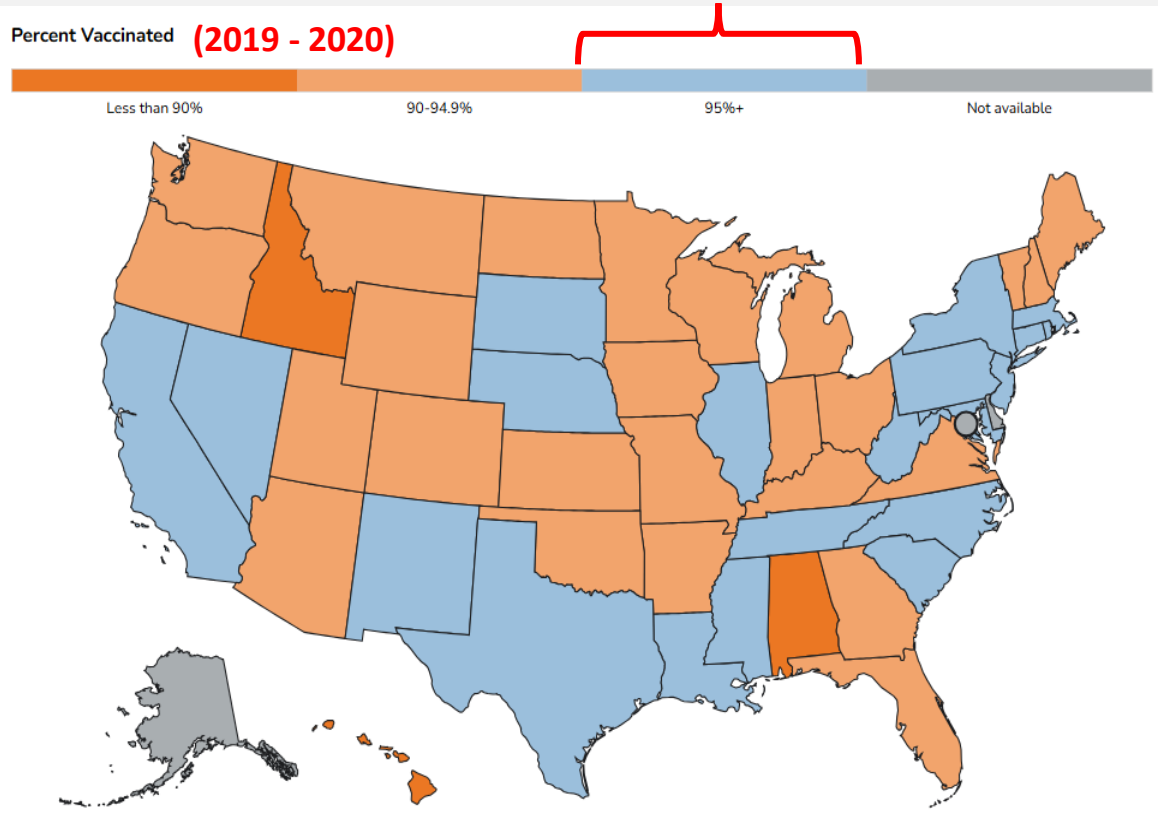


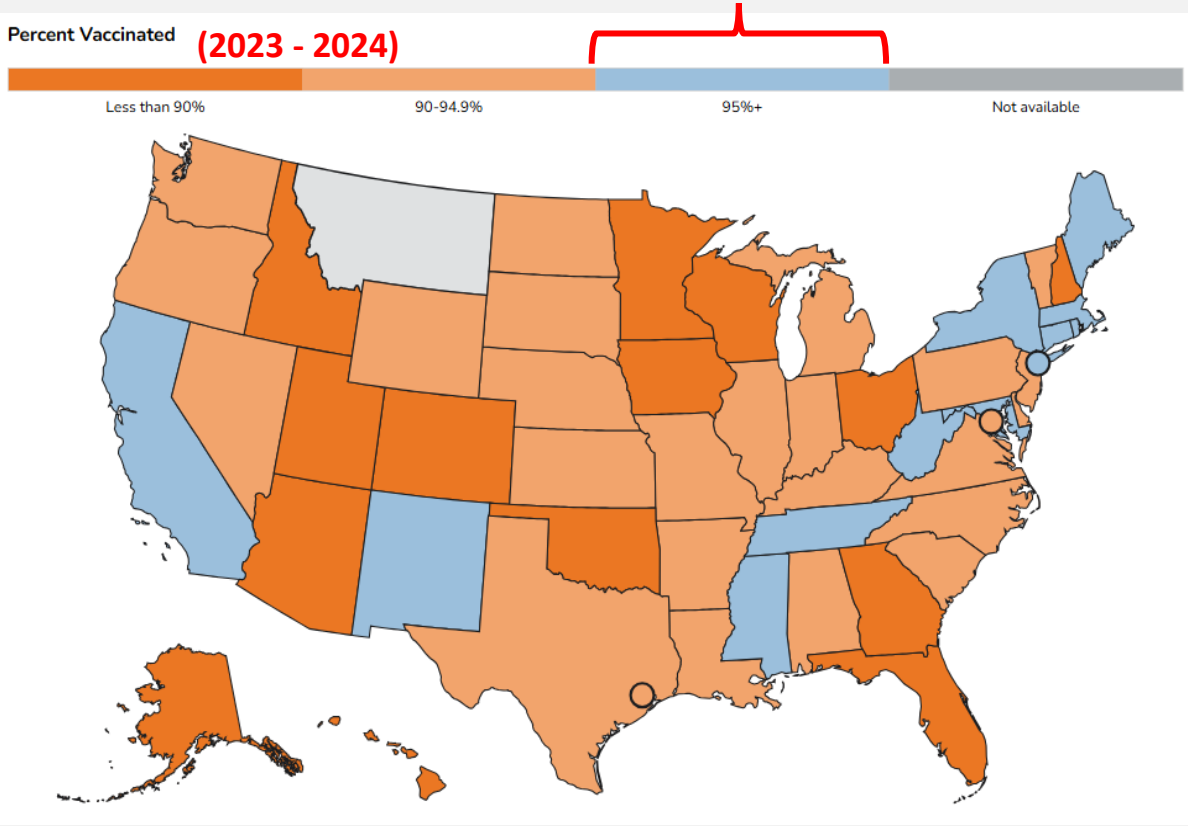




MMR Vaccine Coverage for Kindergarteners by school Year, United States

- The measles, mumps, and rubella (MMR) vaccine is very safe and effective.
- When more than 95% of people in a community are vaccinated (coverage >95%), most people are protected through community immunity (herd immunity).
- However, MMR vaccination coverage among U.S. kindergartners has decreased from 95.2% during the 2019–2020 school year to 92.7% in the 2023–2024 school year.
  - MMR vaccination coverage in TX: 96.9 % (2019-2020) versus 94.3% (2023-2024) school year.





Available: Measles Cases and Outbreaks | Measles (Rubeola) | CDC, accessed 4/29/2025

Measles Clinical Features

- Incubation period 11 to 12 days
  - Exposure to rash onset averages 14 days (range 7-21 days)
- Prodrome lasts 2 to 4 days (range 1-7 days)
  - Stepwise increase in fever to 103-105°F
  - Cough, coryza, and conjunctivitis (three "C"s)
  - Koplik spots (on mucous membranes)
- Rash
  - Persists 5 to 6 days
  - Begins at the hairline, then involves the face and upper neck
  - Proceeds downward and outward to hands and feet
  - Severe areas peel off in scales
  - Fades in order of appearance

Available: Chapter 13: Measles | Pink Book | CDC, accessed 4/29/2025

Measles Clinical Presentation

Koplik spots

Measles rash on the forehead

Available: Photos of Measles | Measles (Rubeola) | CDC, accessed 4/29/2025

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Measles Clinical Presentation

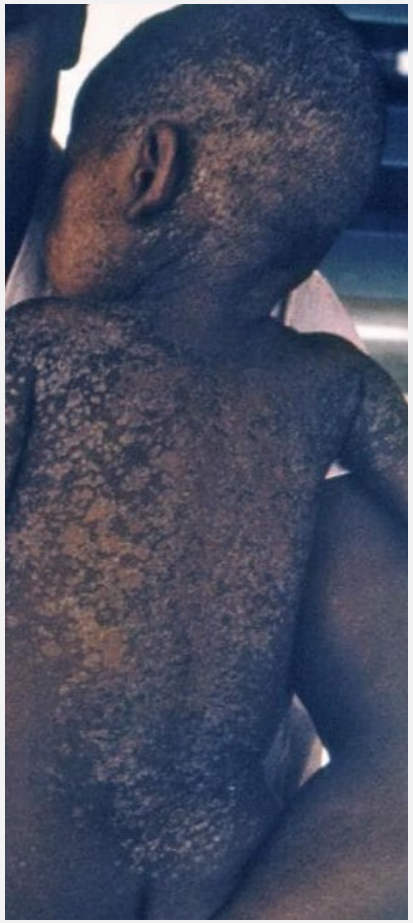
Conjunctivitis, coryza, and measles rash

Red Book Online: 2024–2027 Report of the Committee on Infectious Diseases (33rd Edition). https://publications.aap.org/redbook/book/755/Red-Book-2024-2027. Accessed 4.29.25.

Measles Clinical Presentation

Maculopapular rash on cheek

Child with classic measles rash



Skin sloughing off of a child healing from measles infection

Available: Photos of Measles | Measles (Rubeola) | CDC, accessed 4/29/2025

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Rash Differences among Measles, Chickenpox & Mpox

	Measles	Chickenpox	Mpox
Rash Development	Rapid	Rapid	Slow
Rash Distribution	Starts on face then spreads downward; May reach hands and feet	More concentrated on torso; Absent on palms and sole	More concentrated on face; Present on palms and soles
Types of Lesions	Macules and papules	Papules that progress to vesicles; vesicles eventually crust	Macules and papules that progress to vesicles and pustules; vesicles and pustules eventually crust
Itchy	Not typically	Yes	Yes
Painful	Not typically	Not typically	Yes

https://publichealth.jhu.edu/sites/default/files/2024-07/skin-assessment-guidancemeasles7-1124.pdf. Accessed 4/25/2025

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Measles Complications

- Common complications from measles include otitis media, bronchopneumonia, laryngotracheobronchitis, and diarrhea.
- Even in previously healthy children, measles can cause serious illness requiring hospitalization.
- 1 out of every 1,000 measles cases will develop acute encephalitis, which often results in permanent brain damage.
- 1 to 3 out of every 1,000 children who become infected with measles will die from respiratory and neurologic complications.
- Subacute sclerosing panencephalitis (SSPE) is a rare, but fatal degenerative disease of the central nervous system characterized by:
  - Behavioral and intellectual deterioration.
  - Seizures that generally develop 7 to 10 years after measles infection.

Available: Clinical Overview of Measles | Measles (Rubeola) | CDC, accessed 4/29/2025

Common Misconceptions

- **“MMR vaccine is more dangerous than measles infection”**
  - **MMR vaccine is safe. It provides robust and duration protection against measles infection.**
  - For every 10,000 who get measles: 2000 will be hospitalized, 500 will get pneumonia, 10 will get encephalitis, 10-30 will die
  - For every 10,000 who get the MMR vaccine: 3 febrile seizures, 0.4 cases of low platelets, 0.035 severe allergic reactions
- **“Vaccines cause autism”**
  - Vaccines (including MMR) do NOT cause autism
    - We know this from multiple studies with hundreds of thousands of children
  - Most brain changes associated with autism occur before a baby is born
- **“Vitamin A can prevent measles”**
  - Vitamin A does not prevent or cure measles
  - Large doses of vitamin A can be dangerous – toxicity can cause damage to the liver/ brain
    - Can cause birth defects if pregnant women take too much vitamin A

Why do some people who are vaccinated get measles?

- In all major measles outbreaks, up to 3-5% of people who are infected are fully vaccinated
  - When this happens, the infection is usually milder, and the individuals are less likely to spread measles
- Why does this happen?
  - 2 doses of MMR vaccine is 97% effective
  - The small numbers of cases are a testament to how well the MMR vaccine works.

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Varun Shetty, MD, MBA, MS
Chief State Epidemiologist
Texas Department of State Health Services

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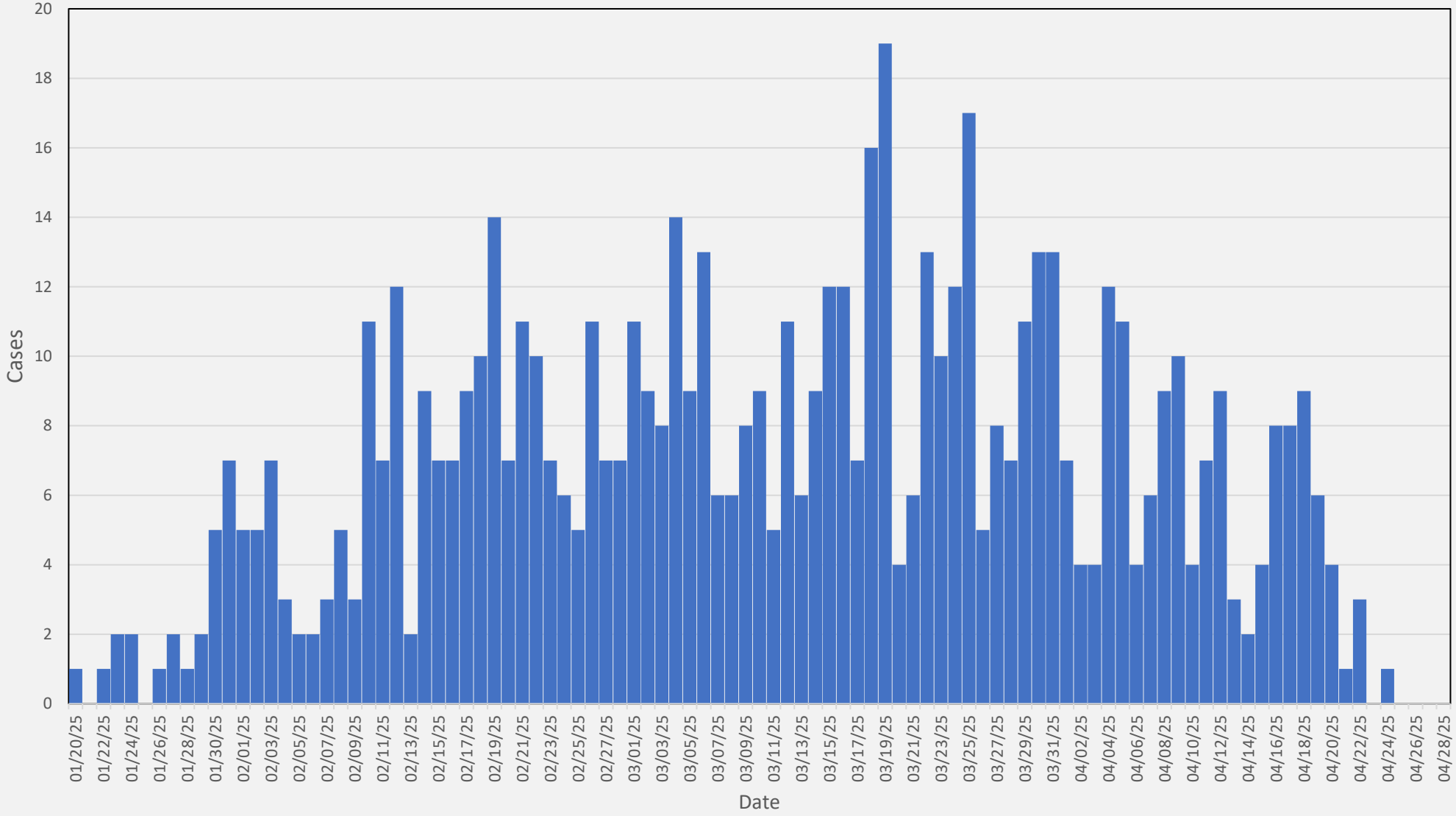
Texas 2025 Measles Outbreak

Texas 2025 Measles Outbreak Epi Curve of Confirmed Cases (4/28/2025)
Confirm Cases = 663



Data based on the following hierarchy according to available data: rash onset date, symptom onset date, specimen collection date, hospital admission date, or date reported to the region.
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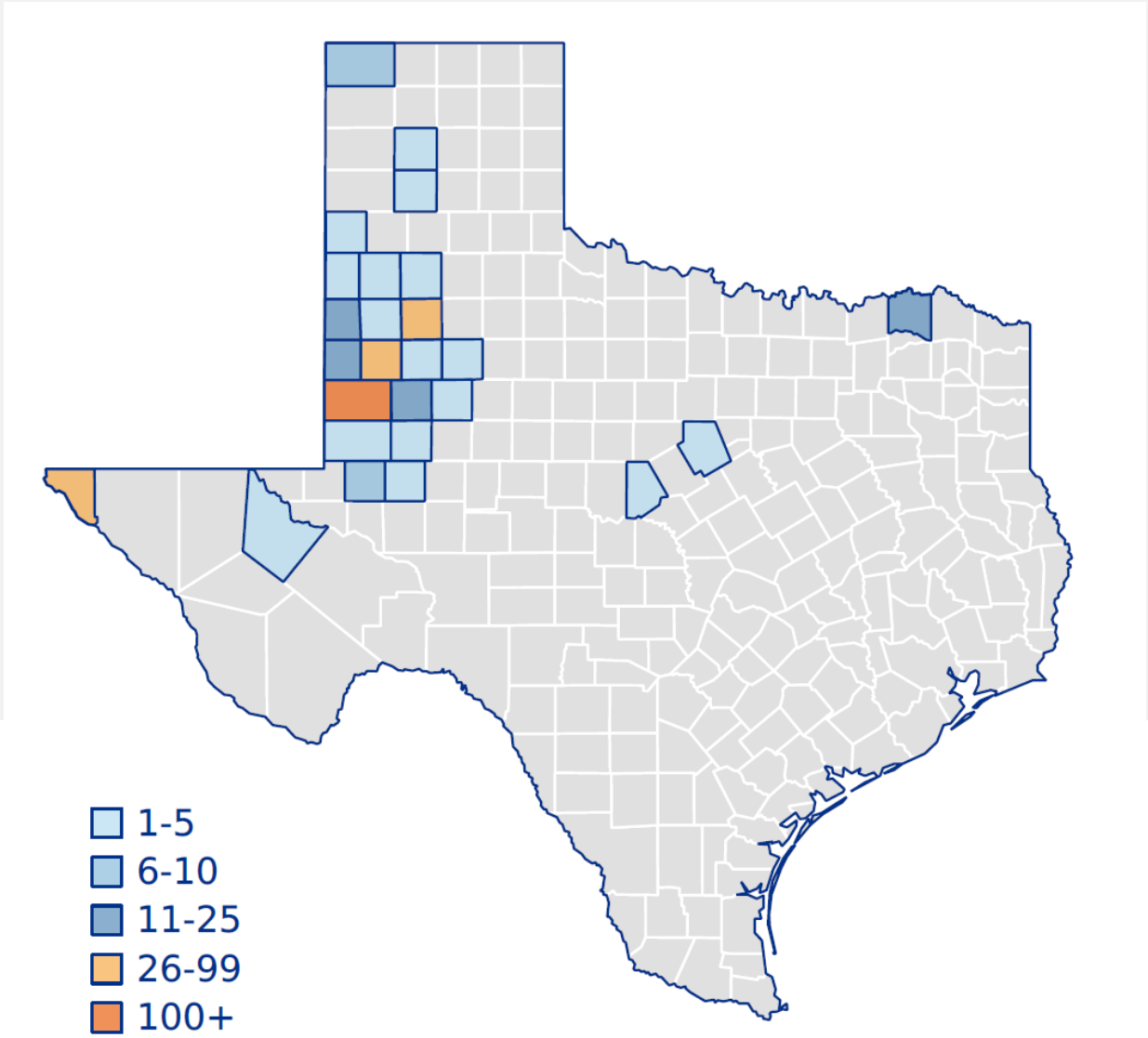
Texas 2025 Measles Outbreak – Confirmed Cases (4/28/2025)



COUNTY	CONFIRM CASES
ANDREWS	3
BAILEY	2
BORDEN	1
BROWN	1
COCHRAN	14
DALLAM	7
DAWSON	25
ECTOR	10
EL PASO	32
ERATH	1
GAINES	396
GARZA	2
HALE	5
HOCKLEY	5
LAMAR	17
LAMB	1
LUBBOCK	48
LYNN	2
MARTIN	3
MIDLAND	3
PARMER	4
POTTER	1
RANDALL	1
REEVES	1
TERRY	59
YOAKUM	19
TOTAL	663

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Texas 2025 Measles Outbreak

Texas 2025 Measles Outbreak Confirm Cases by Age Status
Confirm Cases = 663 (4/28/2025)

Age Group	Confirmed
0-4 Yrs	200
5-17 Yrs	245
18+ Yrs	194
Pending	24

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Texas 2025 Measles Outbreak

Texas 2025 Measles Outbreak Vaccination Status of Confirm Cases (4/28/2025)	
Unvaccinated/Unknown	635
Vaccinated: 1 dose	12
Vaccinated: 2+ Doses	16

Note: The unvaccinated/unknown category includes people with no documented doses of measles vaccine more than 14 days before symptom onset.

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Texas 2025 Measles Outbreak

Texas 2025 Measles Outbreak Hospitalizations and ICU Admissions Among Confirm Cases (4/14/2025)	
Total Hospitalizations	87
ICU Admissions	12

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Texas 2025 Measles Outbreak

Texas announces second death in measles outbreak

Texas announces second death in measles outbreak | Texas DSHS

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NEWS RELEASE

April 6, 2025

The Texas Department of State Health Services is reporting the second measles death of a Texas resident in the ongoing outbreak centered in the state's South Plains region. The school-aged child who tested positive for measles was hospitalized in Lubbock and passed away on Thursday from what the child's doctors described as measles pulmonary failure. The child was not vaccinated and had no reported underlying conditions.

As of April 4, 481 cases of measles have been confirmed in the outbreak since late January. Most of the cases are in children. Fifty-six people have been hospitalized over the course of the outbreak.

Measles is a highly contagious respiratory illness, which can cause life-threatening illness to anyone who is not protected against the virus. During a measles outbreak, about one in five children who get sick will need hospital care and one in 20 will develop pneumonia. Rarely, measles can lead to swelling of the brain and death. It can also cause pregnancy complications, such as premature birth and babies with low birth weight.

DSHS's interactive dashboard and additional information about the outbreak can be found on the News & Alerts page that is updated on Tuesdays and Fridays.

Health care providers can find recommendations for infection control and diagnostic testing in DSHS health alerts. Providers should report any suspected cases to their local health department immediately, preferably while the patient is still with the provider.

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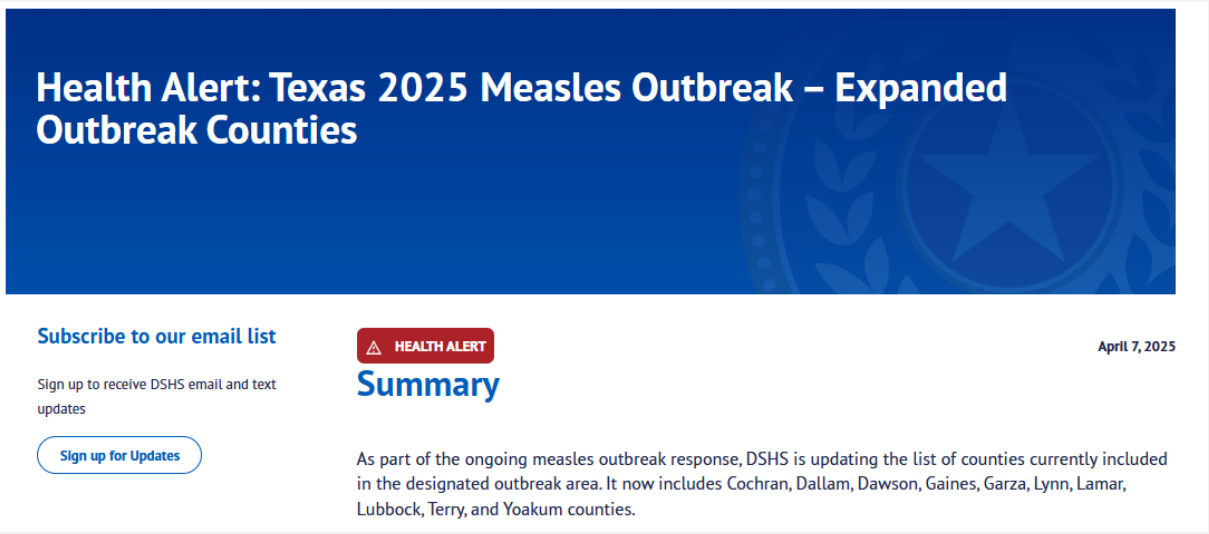
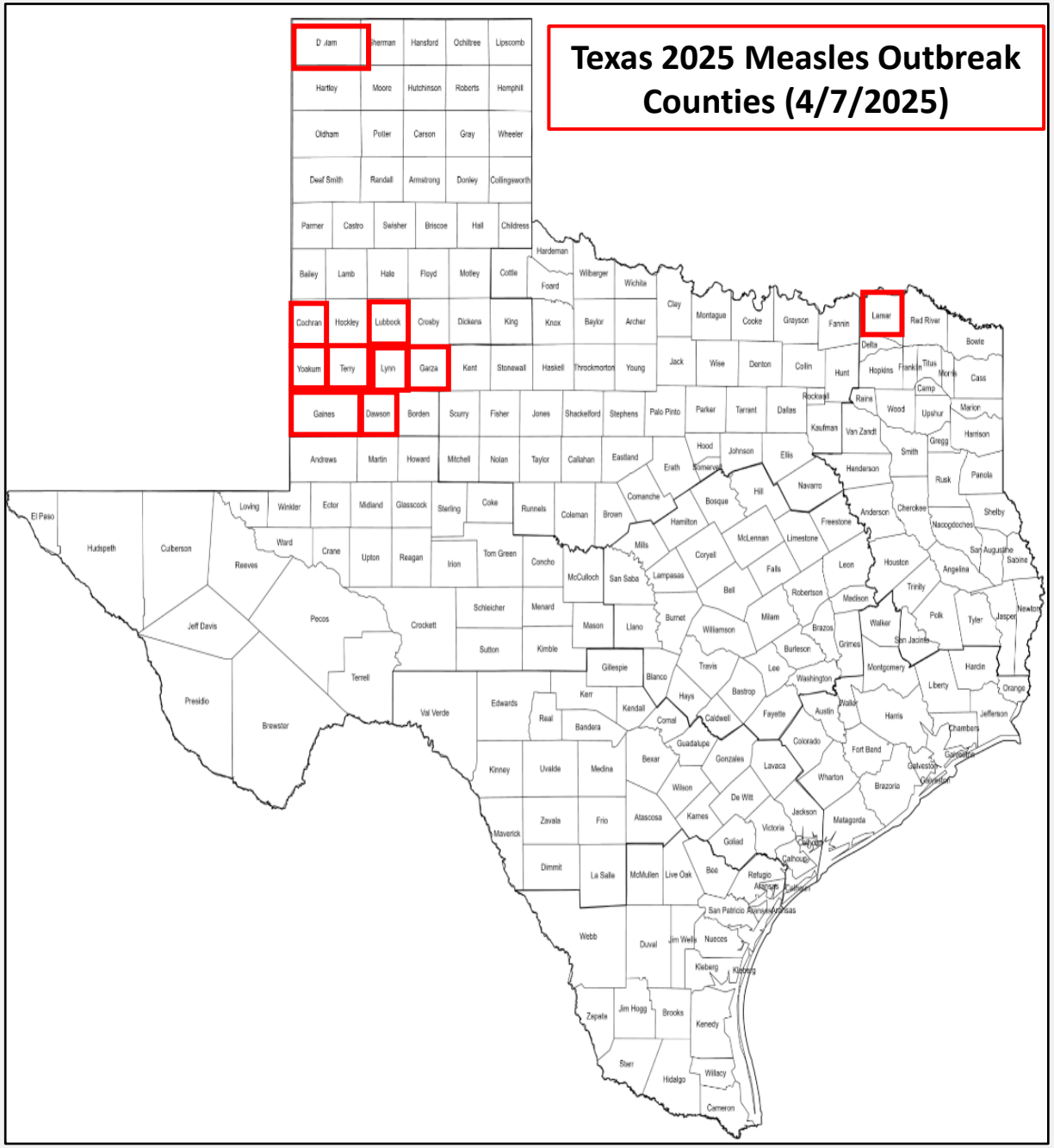


- Effective April 7, 2025, as part of the ongoing measles outbreak response, DSHS is updating the list of counties currently included in the designated outbreak area. It now includes:
  - **Cochran, Dallam, Dawson, Gaines, Garza, Lamar, Lynn, Lubbock, Terry and Yoakum**
- DSHS continues to evaluate the area included in the designated outbreak area and will update it accordingly.

Health Alert: Texas 2025 Measles Outbreak – Expanded Outbreak Counties | Texas DSHS



Measles Testing

Grace Kubin, PhD
Deputy Commissioner
Public Health Laboratory Division
Texas Department of State Health Services

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When & How to Test Persons Exposed to Measles

- For any person exposed to a confirmed case of measles who develops measles-compatible symptoms within ***7 to 21 days after exposure***, coordinate measles testing with your local health department ***immediately***.

- Your local health department will provide guidance for specimen collection, storage, and shipping including required specimen submission form completion, materials to be used in collection and storage, and proper shipping procedure (temperature, delivery date, method, etc.).

Measles Testing Types

- Tests to detect current infections
  - RT-PCR testing provides the best sensitivity for confirming measles infections when collected on first day of rash through 7 days following rash onset**.**
    - May be able to detect virus up to 10 -14 days after rash onset, but becomes less reliable as the time from when a specimen is collected increases beyond rash onset
  - Serologic IgM testing can be confirmatory *if not otherwise ruled out by other confirmatory testing, such as PCR;* your local health department can recommend the appropriate test type based on symptoms and date onset

- *Note: If a specimen is collected too early in disease progression, it might cause a false negative result. For individuals who receive a negative result, please follow up with them a few days later to see if they have experienced worsening symptoms and consider working with your local health department to determine if additional testing is needed.*

Where to Find Measles Testing

- Public Health Laboratories (DSHS Austin Lab, Texas Tech LRN Lab, El Paso LRN Lab and City of Houston Lab) provide RT-PCR testing in support of rapid outbreak response
  - Average RT-PCR result turnaround time is 24 to 48 hours after receipt of specimen at the lab
  - Submitter receives results via the method of their choice
- Commercial labs
  - Some provide RT-PCR testing; most perform IgM and/or IgG serology only
  - Longer result turnaround times; average 3-5 days

Infection Control Precautions

Thi Dang, MPH, CHES, CIC, FAPIC

HAI-AR Epidemiology Manager

Healthcare Safety Unit

Office of the Chief State Epidemiologist

Texas Department of State Health Services

Healthcare exposures

- Healthcare workers are at higher risk for measles acquisition than the general population, as patients with measles often seek medical care for their symptoms
- Healthcare exposure occurs when spending any amount of time while not wearing recommended respiratory protection (N95 respirator):
  - In a shared air space with an infectious measles patient at the same time, or
  - In a shared air space vacated by an infectious measles patient for up to two (2) hours
- An airspace can be a small space in a healthcare facility (e.g., patient compartment of an ambulance, a single patient room, or a clinic waiting area) OR a large space (e.g., different areas in a large emergency department that share a common unfiltered air source).

Available at: https://www.cdc.gov/infection-control/hcp/healthcare-personnel-epidemiology-control/measles.html and https://www.cdc.gov/infection-control/hcp/measles/appendix-a.html ; accessed 04/14/25.

Preventing healthcare exposures

Ensure healthcare workers have presumptive evidence of immunity

Exclude potentially infectious healthcare workers

Educate healthcare workers on recognition, triage, diagnosis, and management of measles cases

Available at: https://www.cdc.gov/infection-control/hcp/healthcare-personnel-epidemiology-control/measles.html; accessed 04/14/25.

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Healthcare worker immunity status

- Presumptive evidence of measles immunity should be documented
  - Documentation of vaccination with 2 doses of measles virus-containing vaccine; OR
  - Laboratory evidence of immunity; OR
  - Laboratory confirmation of disease; OR
  - Birth before 1957
- Only those with documented immunity should care for suspected or confirmed measles patients

Available at: https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm#Tab3, https://www.cdc.gov/infection-control/hcp/healthcare-personnel-epidemiology-control/measles.html and https://www.cdc.gov/infection-control/hcp/measles; accessed 04/14/25.

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Healthcare worker exclusion

- Symptomatic/known or suspected measles case
  - Exclude for 4 days after rash appears
  - Immunocompromised workers should be excluded for the duration of illness
- Exposed/asymptomatic without presumptive immunity
  - Exclude from 5th day after first exposure through 21st day after last exposure

Available at: https://www.cdc.gov/infection-control/hcp/healthcare-personnel-epidemiology-control/measles.html; accessed 04/14/25.

Necessary supplies

- NIOSH-certified disposable N95 respirator
- Surgical masks
- Signage
- Tissues
- Disinfectants
- Hand hygiene supplies

Available at: https://www.cdc.gov/infection-control/hcp/measles; accessed 04/14/25.

Scheduling appointments

- Screen callers for measles signs, symptoms, and exposure history
- Provide instructions for arrival
  - Which entrance to use
  - What precautions to take (e.g., wear a surgical mask, follow screening procedures)
- Schedule suspected or confirmed patients at the end of the day, if feasible

Available at: https://www.cdc.gov/infection-control/hcp/measles; accessed 04/14/25.

Patient placement

Identify entrance that minimizes facility exposure

- Immediately screen patients for measles signs, symptoms, and exposure history
- Ask suspected or confirmed measles patients to wear a surgical mask and educate them on appropriate use

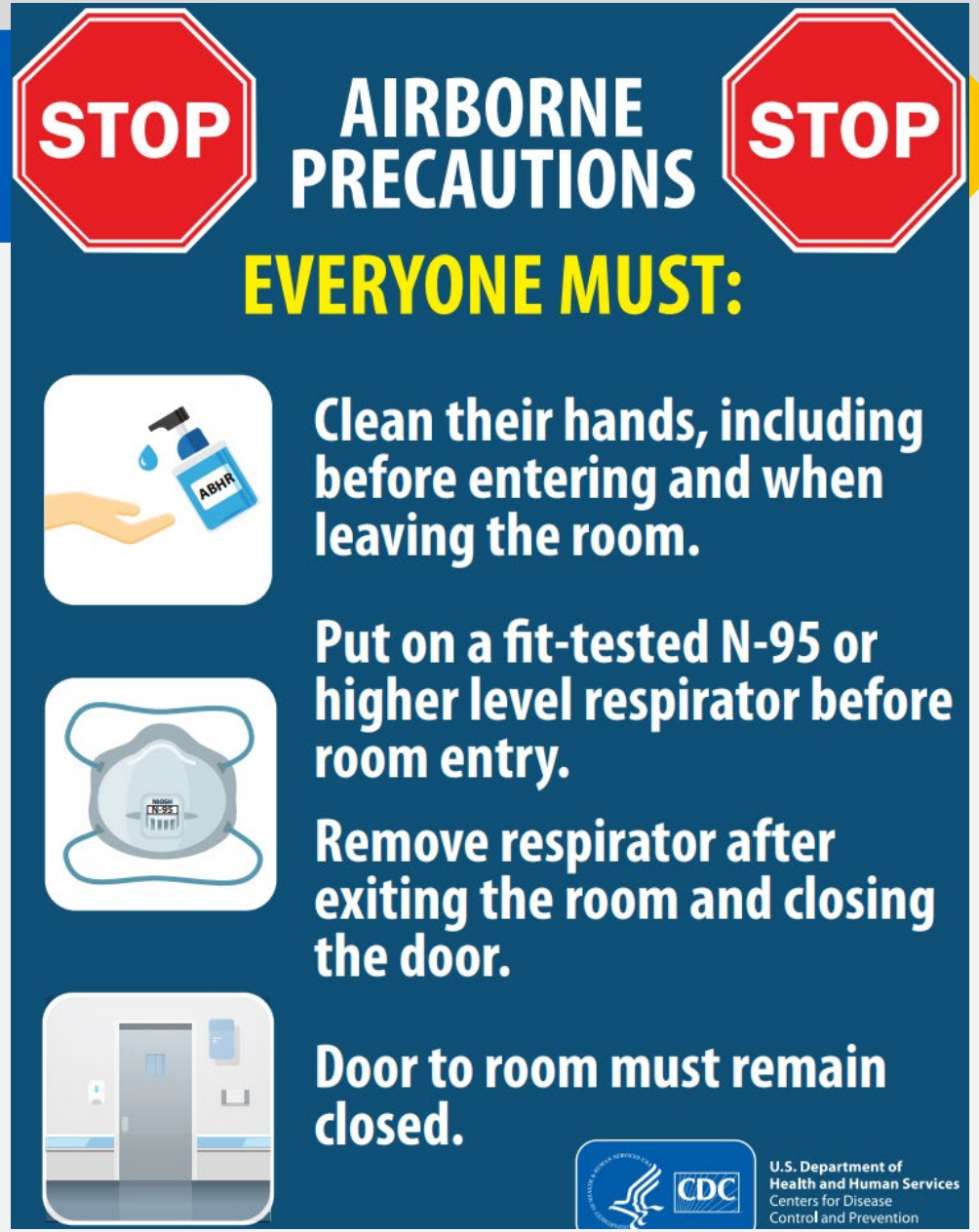
Identify where to place suspected or confirmed patients

- Airborne infection isolation room (AIIR)
- If an AAIR is not available, the patient should be placed in a private room with the door closed and be asked to wear a mask at all times, even when alone in the patient's room
- Room should remain vacant for 2 hours after patient departure

Available at: https://www.cdc.gov/infection-control/hcp/measles; accessed 04/14/25.

Patient care

- Use standard and airborne precautions
- Healthcare workers should wear fit-tested N95 respirators or higher-level respirators
- Limit patient movement



Available at: https://www.cdc.gov/infection-control/hcp/measles and https://www.cdc.gov/infection-control/media/pdfs/airborne-precautions-sign-P.pdf ; accessed 04/14/25.

Managing Healthcare Exposures

1. Determine when airborne precautions began and patient was masked

2. Identify patients and healthcare workers who shared airspace with the infectious measles patient

3. Determine susceptibility of those exposed

   - Confirm immunity status and if immunocompromised

4. Implement post-exposure prophylaxis, work restrictions and symptom monitoring recommendations

Available at: https://www.cdc.gov/infection-control/hcp/healthcare-personnel-epidemiology-control/measles.html; accessed 04/14/25.

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Managing patient exposures

- Exposed patients with no presumptive immunity:
  - Place on airborne precautions for 21 days after the last exposure, or until discharge, if earlier
  - Administer postexposure prophylaxis

Available at: https://www.cdc.gov/infection-control/hcp/measles; accessed 04/19/25.

Reporting Healthcare Exposure Data

- Healthcare facilities are asked to report healthcare exposure data to local health departments and PHRs
- DSHS can provide tracking logs to summarize healthcare exposure data

Measles Prevention, Treatment and Postexposure Prophylaxis

Saroj Rai, PhD, MPH

Senior Scientific Advisor

Texas Department of State Health Services

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Measles Vaccination
Measles, Mumps, Rubella (MMR) Vaccine

- Measles can be prevented with measles-containing vaccine.
- Measles vaccine is usually administered as the combination measles, mumps, and rubella (MMR) vaccine.
- Centers for Disease Control and Prevention recommends that people get MMR vaccine to protect against measles, mumps, and rubella.
- All children should get two doses of MMR vaccine*
  - First dose at 12 to 15 months of age, and
  - Second dose at 4 through 6 years of age.
- Teens and adults should also be up to date on their MMR vaccination.
- Increasing MMR vaccine coverage is a state-wide priority.
  - Encourage all eligible individuals to be up to date on MMR vaccination to prevent measles infection and spread.
- MMR vaccine is highly effective in preventing measles.**
  - First vaccine effectiveness of 93% when administered on or after age 12 months and
  - Second-dose vaccine effectiveness of 97%.

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*Available: Measles, Mumps, and Rubella (MMR) Vaccination | CDC, accessed 4/29/2025
**Available: MMWR Immunization ACIP, accessed 4/29/2025

DSHS Outbreak MMR Vaccination Recommendations for Children Who Live in or Visit Counties with Ongoing Measles Spread

- Infants ages 6 to 11 months
  - Administer an early dose of measles, mumps, and rubella (MMR) vaccine.
  - Follow the Advisory Committee on Immunization Practices (ACIP) recommended schedule and receive:
    - Another dose at 12 through 15 months.
    - A final dose at 4 through 6 years.
- Children over 12 months old
  - If the child has not been vaccinated with MMR vaccine, administer one dose immediately and follow with a second dose at least 28 days after the first dose.
  - If the child has received one dose of MMR vaccine, administer the second dose as soon as possible, at least 28 days after the first dose.
- Teens with no evidence of immunity
  - Administer one dose of MMR vaccine immediately and follow with a second dose at least 28 days after the first.

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DSHS measles outbreak vaccination recommendations for children who live in or visit designated outbreak counties[1]		
Age	**Number of previous vaccine doses**	**MMR vaccine[2] recommendations**
0 - 6 months	0	• Vaccine is NOT recommended
6 - 11 months	0	• Should receive an early dose of vaccine immediately • Should receive two additional doses on the regular schedule: ➢ First dose at 12-15 months ➢ Second dose at 4-6 years • Receive each dose of MMR vaccine at least 28 days apart
1 - 17 years	0	• Should receive first dose immediately • Should receive second dose at least 28 days later
	1	• Should receive a second dose at least 28 days after first dose
	2	• Fully vaccinated; no additional doses needed

1. As of 4/7/25: Cochran, Dallam, Dawson, Gaines, Garza, Lamar, Lubbock, Lynn, Terry, and Yoakum counties
2. MMR vaccine refers to the live-attenuated MMR vaccine

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Measles Vaccination and PEP Recommendations

Rev. 4/7/2025

TEXAS Health and Human Services | Texas Department of State Health Services

DSHS Outbreak MMR Vaccination Recommendations for Adults Who Live in or Visit Counties with Ongoing Measles Spread

- Adults with no evidence of immunity
  - Administer one dose of MMR vaccine immediately and follow with a second dose at least 28 days after the first.
- Adults who have received one dose of the live-attenuated MMR vaccine should receive a second dose of MMR vaccine
  - For individuals born between 1957 and 1968 who only received an inactivated MMR vaccine, administer one dose of the live-attenuated MMR vaccine immediately and follow with a second dose at least 28 days after the first dose.
  - For individuals born between 1957 and 1968 who have received a dose of the live-attenuated MMR vaccine, administer the second dose immediately, at least 28 days after the first dose.
  - For individuals born after 1968 who only received one dose of the live-attenuated MMR vaccine, administer a second dose of the vaccine immediately, at least 28 days after the first dose.
- Adults born before 1957, pregnant women, and people with severe immunodeficiency*are not recommended to receive any dose of MMR vaccine.

*Severe immunodeficiency includes hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy or patients with human immunodeficiency virus [HIV] infection who are severely immunocompromised.

The information presented today is based current preliminary data and on CDC's recent guidance. Information is subject to change. April 30, 2025

DSHS measles outbreak vaccination recommendations for adults who live in or visit counties with ongoing measles transmission[1]

If you were born	Number of previous vaccine doses	MMR vaccine[2] recommendation
Before 1957	N/A	• Likely exposed to measles as a child; vaccine not needed
Between 1957-1968	0	• Should receive first dose immediately • Should receive second dose at least 28 days later
	1 dose of inactivated MMR vaccine	
	1 dose of live-attenuated MMR vaccine	• Should receive second dose
After 1968	0	• Should receive first dose immediately • Should receive second dose at least 28 days later
	1	• Should receive a second dose of MMR vaccine at least 28 days after first dose
	2	• Fully vaccinated; no additional doses needed

1. As of 4/7/25: Cochran, Dallam, Dawson, Gaines, Garza, Lynn, Lamar, Lubbock, Terry, and Yoakum counties
2. MMR vaccine refers to the live-attenuated MMR vaccine

The information presented today is based current preliminary data and on CDC's recent guidance. Information is subject to change. April 30, 2025

Measles Vaccination and PEP Recommendations

Rev. 4/7/2025

TEXAS Health and Human Services | Texas Department of State Health Services

Measles, Mumps, and Rubella (MMR) Vaccine Recommendations for Specific Populations*	
Pregnant Women	• **MMR vaccines are not recommended during pregnancy.**
Severely Immunocompromised Individuals	• **MMR vaccine is not recommended for individuals with severe immunodeficiency** • Severe immunodeficiency includes hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy or patients with human immunodeficiency virus [HIV] infection who are severely immunocompromised.
Healthcare Personnel	• **Healthcare personnel without presumptive evidence of immunity should get two doses of MMR vaccine, minimum 28 days apart.**

* Measles Vaccination for Specific Groups | Measles (Rubeola) | CDC

Rev. 4/7/2025

TEXAS Health and Human Services | Texas Department of State Health Services

Measles Vaccination and PEP Recommendations

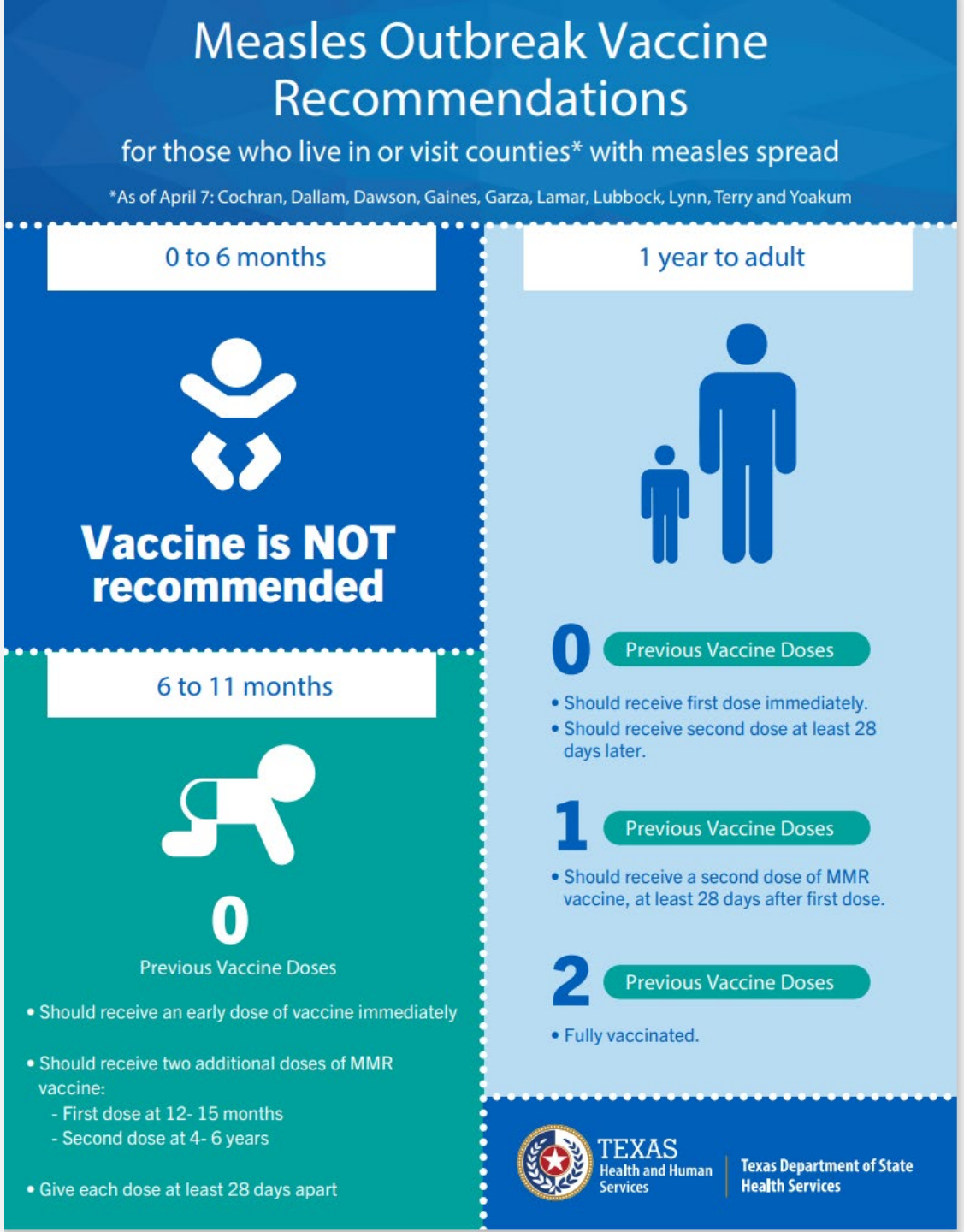
The information presented today is based current preliminary data and on CDC's recent guidance. Information is subject to change. April 30, 2025

Measles Outbreak Vaccine Recommendation Summary

The information presented today is based current preliminary data and on CDC's recent guidance. Information is subject to change.
April 30, 2025

TEXAS Health and Human Services

Texas Department of State Health Services



[Measles Infographic]

Measles Patient Management

- There is no specific antiviral therapy for measles. Medical care is supportive and to help relieve symptoms and address complications such as bacterial infections.
- Updated vitamin A recommendations
  - Vitamin A does not prevent measles and is not a substitute for vaccination.
  - Consistent with guidance from the American Academy of Pediatrics, vitamin A *may* be administered to infants and children in the United States with measles under the supervision of a healthcare provider as part of supportive management.
  - Children with severe measles, such as those who are hospitalized, *should* be managed with vitamin A.
  - 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.
  - If vitamin A is recommended, it should be administered immediately upon diagnosis and repeated the next day for a total of 2 doses under the supervision of a healthcare provider.
  - The recommended age-specific daily doses are:
    - 50,000 IU for infants younger than 6 months of age
    - 100,000 IU for infants 6–11 months of age
    - 200,000 IU for children 12 months of age and older

Available: Clinical Overview of Measles | Measles (Rubeola) | CDC & AAP Measles Frequently Asked Questions , accessed 4/30/2025

Measles Postexposure Prophylaxis
MMR Vaccine & Immunoglobulin (IG)

- Presumptive evidence of measles immunity should be assessed for all identified contacts.
- Use of postexposure prophylaxis (PEP), available either in the form of MMR vaccine or immunoglobulin (IG), may prevent or modify the clinical course of disease among susceptible persons.
- PEP effectiveness appears to depend on the timing of PEP administration and the nature of exposure.
- Individuals who receive PEP should be monitored for signs and symptoms consistent with measles for at least one incubation period.

Available: Chapter 7: Measles | Manual for the Surveillance of Vaccine-Preventable Diseases | CDC, accessed 4/29/2025

The information presented today is based current preliminary data and on CDC's recent guidance. Information is subject to change. April 30, 2025

Use of MMR Vaccine as Postexposure Prophylaxis

- The MMR vaccine, if administered within 72 hours of initial measles exposure, may provide some protection or modify the clinical course of disease among susceptible persons who otherwise have no contraindications to MMR vaccination (e.g., severe immunocompromise, age < 6 months, pregnancy).
- All doses of live vaccine should be separated by 28 days or more.
- Except in health care settings, susceptible persons who receive a dose of MMR as PEP within 72 hours of initial measles exposure may return to childcare, school, or work.
- Any susceptible contact under 12 months of age who receives MMR vaccination should be revaccinated according to the routine pediatric schedule
  - Two additional doses with the first between 12–15 months of age
  - All doses of MMR must be separated by at least 28 days.

Available: Chapter 7: Measles | Manual for the Surveillance of Vaccine-Preventable Diseases | CDC, accessed 4/29/2025

The information presented today is based current preliminary data and on CDC's recent guidance. Information is subject to change. April 30, 2025

Use of Immunoglobulin (IG) for Postexposure Prophylaxis (PEP)

- IG, if administered within 6 days of initial measles exposure, may provide some protection against measles or modify the clinical course of disease among susceptible persons.
- IG is the only option for PEP for populations which cannot receive MMR vaccine:
  - Infants < 6 months of age,
  - Severely immunocompromised people, and
  - Pregnant women.
- IG PEP can be given to susceptible infants aged 0–12 months.
- However, MMR vaccine is preferred per AAP guidance if received within 72 hours of exposure for infants aged 6-12 months.
- IG PEP should be provided to severely immunocompromised contacts regardless of prior measles vaccination status due to the risk for severe disease.
- Receipt of IG PEP may prolong the duration of the incubation period of measles; the symptom monitoring period should therefore be increased **to 28 days for those receiving** IG PEP.

Available: Chapter 7: Measles | Manual for the Surveillance of Vaccine-Preventable Diseases | CDC, accessed 4/29/2025

Summary of Measles Postexposure Prophylaxis*

Risk Population	Time from First Exposure	
	< 72 hours	Through 6 days
Infant < 6 months old	IG	IG
Infant 6 through 12 months	MMR vaccine preferred or IG	IG
Age > 12 months (no risk factor)**	MMR vaccine dose 1 or MMR vaccine dose 2, if ≥28 days from MMR dose 1	IG
Pregnant woman	IG	IG
Severely immunocompromised	IG	IG

* The following patient groups are at risk for severe disease and complications from measles and should receive IG: infants aged <12 months, pregnant women without evidence of measles immunity, and severely immunocompromised persons. IGIM can be administered to other persons who do not have evidence of measles immunity, but priority should be given to persons exposed in settings with intense, prolonged, close contact (e.g., household, daycare, and classroom). For exposed persons without evidence of measles immunity, a rapid IgG antibody test can be used to inform immune status, provided that administration of IG is not delayed. Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013

**IG is not often used for this age group given the volume of product required to achieve therapeutic doses (see: https://www.cdc.gov/surv-manual/php/table-of-contents/chapter-7-measles.html)

rev. March 27, 2025

Information for Health Care Providers | Texas DSHS

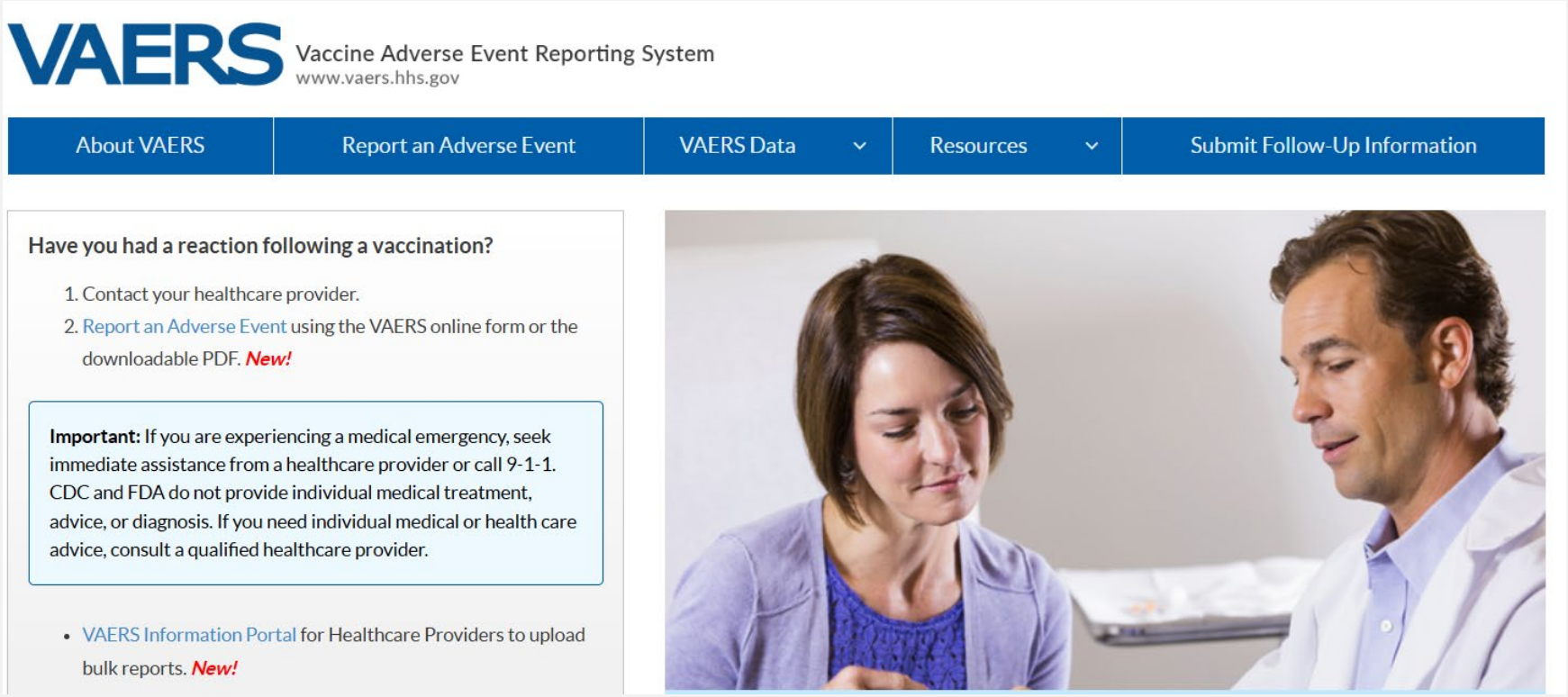
Microsoft Word - Measles Vaccination and PEP Recommendations

TEXAS Health and Human Services | Texas Department of State Health Services

The information presented today is based current preliminary data and on CDC's recent guidance. Information is subject to change. April 30, 2025

VAERS (Vaccine Adverse Event Reporting System)

- Report any adverse event that may occur after administering a vaccine dose to Vaccine Adverse Event Reporting System (VAERS)



The information presented today is based current preliminary data and on CDC's recent guidance. Information is subject to change. April 30, 2025

Vaccine Ordering & Reporting

Josh Hutchison

Deputy Commissioner

Infection Disease Prevention Division

Texas Department of State Health Services

TVFC/ASN & Outbreak Dose Guidance

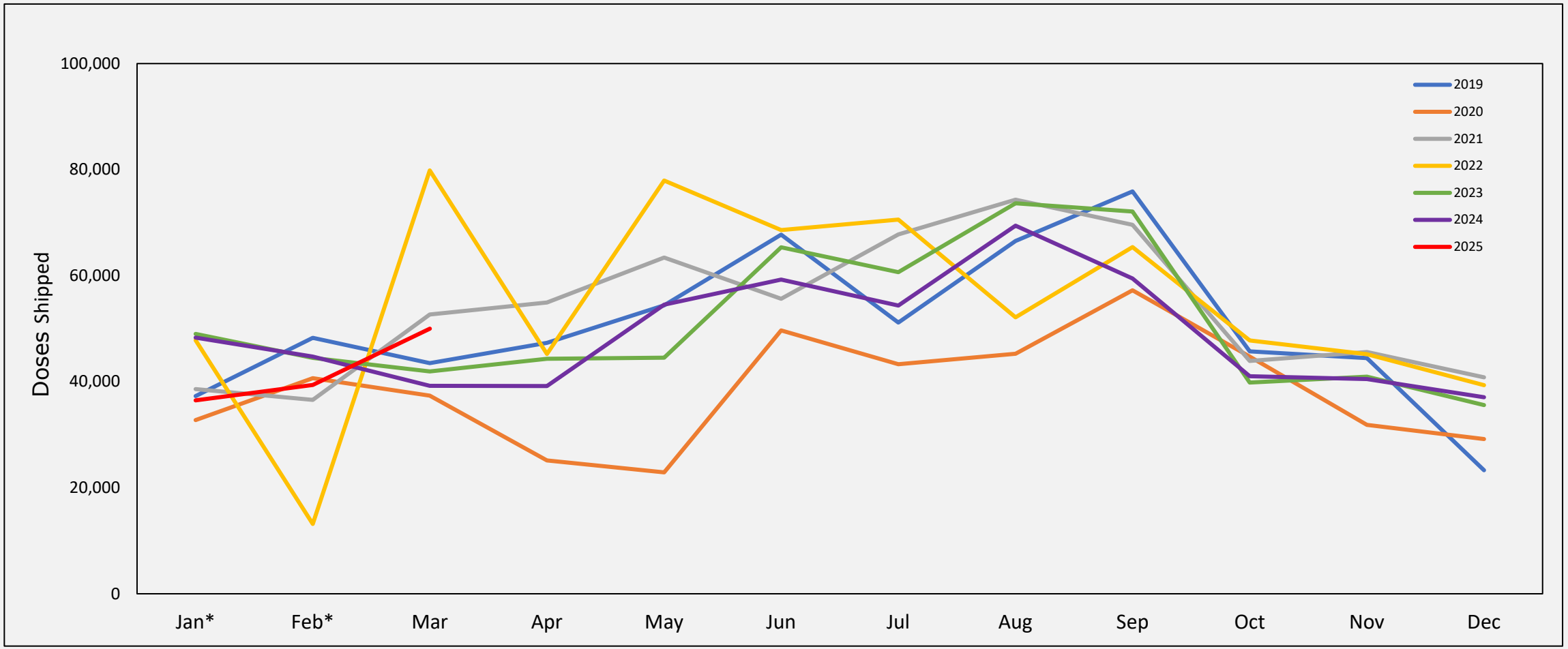
- Order ample supply
  - May exceed your recommended maximum stock level
- Normal TVFC/ASN eligible children should receive a TVFC/ASN dose
  - Even if it is for post-exposure prophylaxis (PEP) for exposed children.
- Outbreak doses are available ONLY for DSHS Public Health Regions and LHDs
  - Should be used for insured children/adults seen in DSHS regional or LHD clinics.
    - Follow outbreak MMR clinical recommendations, as presented earlier
    - In Public Health Regions (PHR) 1, 9/10, and 4/5 should use these for outbreak response vaccination clinics.
    - Outside PHR 1, 9/10, and 4/5 the outbreak doses should be limited to only PEP for insured populations
    - Note, private TVFC providers are not eligible to receive outbreak doses

Outbreak MMR Vaccine Reporting

- Outbreak MMR doses ordered through the VAOS emergency response module:
  - Administered doses must be reported in VAOS **daily**.
- TVFC and ASN doses ordered through the regular ordering process:
  - Administered doses must be reported on the regular reporting schedule.
- All doses administered, transferred, and updated inventory must be recorded in VAOS before requesting additional MMR vaccines.
- ImmTrac2

TVFC Doses Shipped

Measles-containing Vaccines (MMR/MMRV) by Year 2019-2025



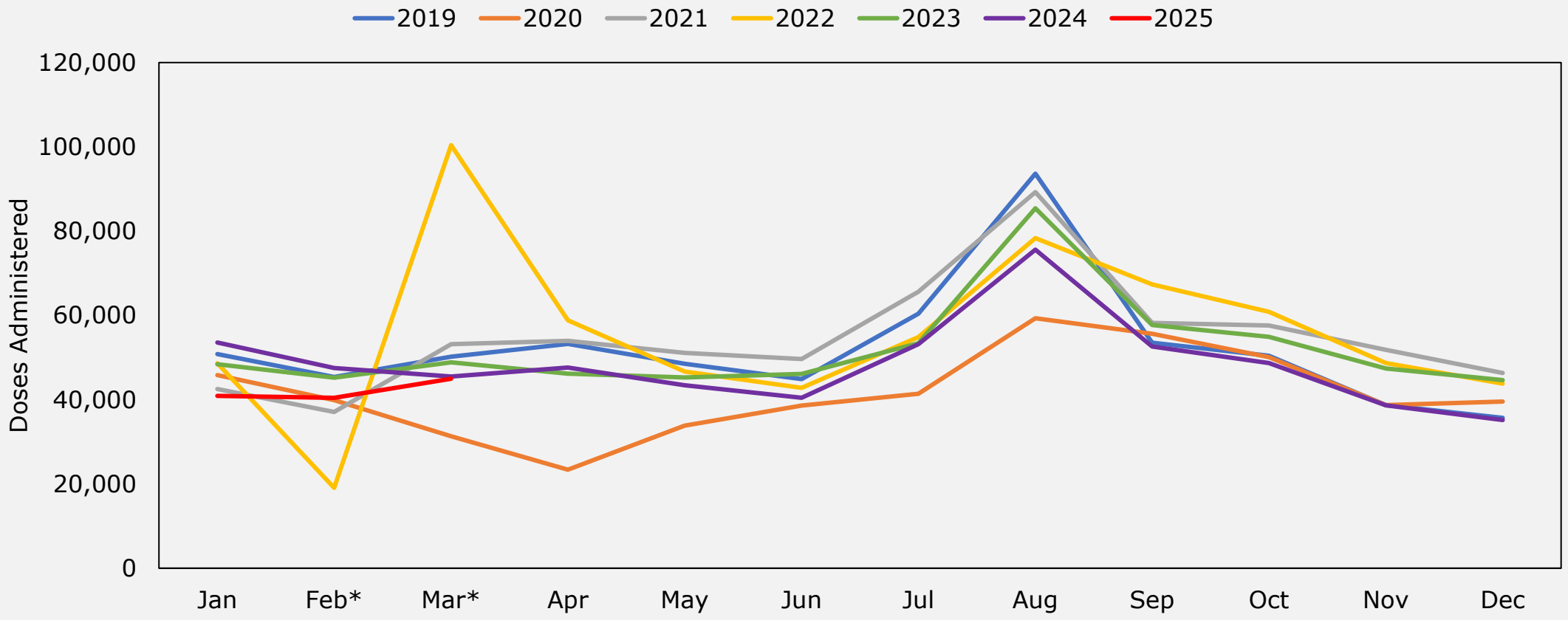
*Routine monthly reporting was disrupted due to database migration for February and March 2022.

Data source from Texas Vaccines for Children Program shipping data (VTrckS).

The information presented today is based current preliminary data and on CDC's recent guidance. Information is subject to change. April 30, 2025

TVFC Doses Administered

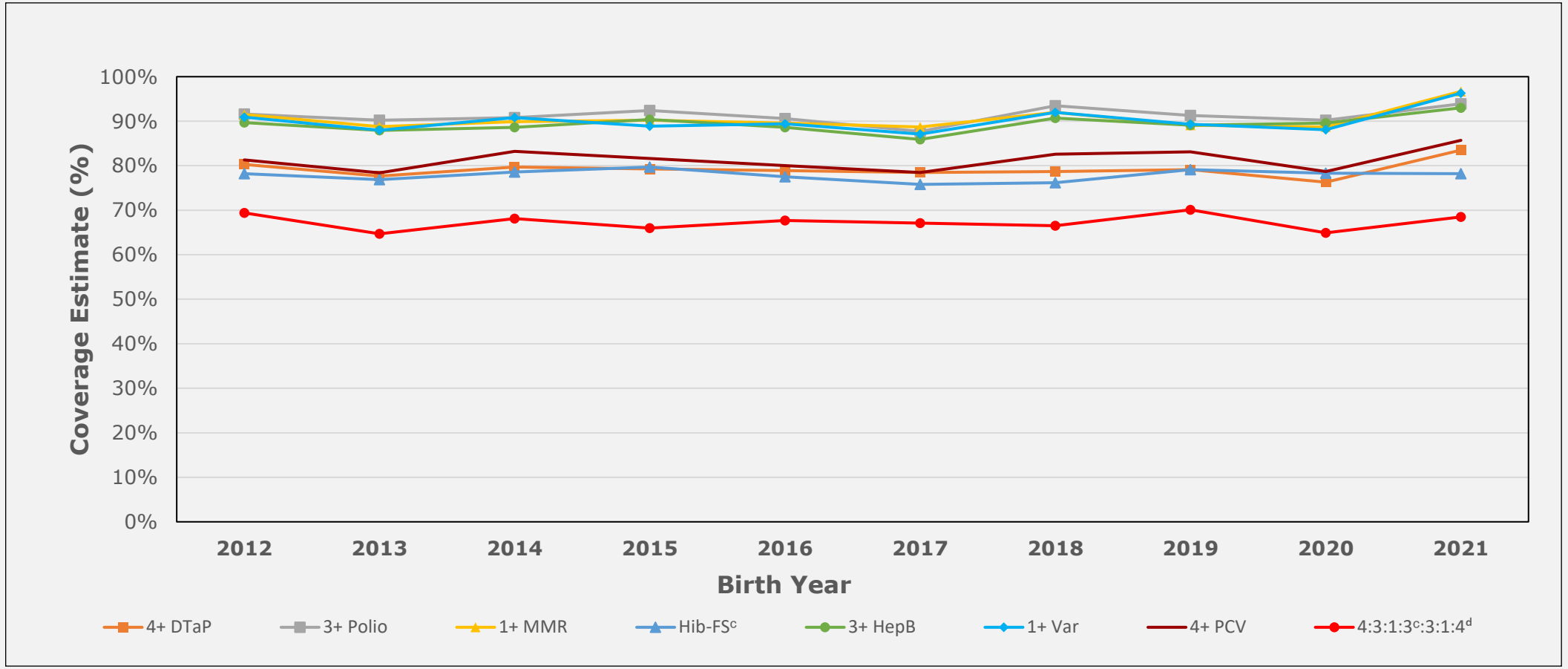
Measles-containing Vaccines (MMR/MMRV) by Year, 2019-2025



Data source from Texas Vaccines for Children Program administration data (VAOS).

*Routine monthly reporting was disrupted due to database migration for February and March 2022.

National Immunization Survey (NIS)-Child Immunization Coverage Estimates in Texas for Select Vaccines by 24 Months of Age[a], by Birth Year, 2012-2021[b]



[a] Coverage estimates are at 24 months unless otherwise noted (i.e. rotavirus vaccine coverage assessed at 8 months)
[b] Data for the 2021 birth year are considered preliminary and come from survey years 2022 and 2023.
[c] Full series (FS) of either 3 or 4 doses of *Hib* conjugate vaccine, depending on vaccine type
[d] 4:3:1:3:3:1:4 includes 4+ DTaP (diphtheria, tetanus, and acellular pertussis), 3+polio, 1+MMR (measles, mumps and rubella), 3 or 4 doses Hib, depending on vaccine type, 3+Hep B, 1+varicella, and 4+PCV

Other Immunization Data Sources

- Annual Report of Immunization Status
  - School Vaccination Coverage Levels by District and County for Kindergarten and Seventh Grade can be accessed here: School Coverage | Texas DSHS
- For assistance with data and vaccination coverage requests, please reach out to Imm.Epi@dshs.Texas.gov or submit a data request form on our website here: Data Request Form | Texas DSHS

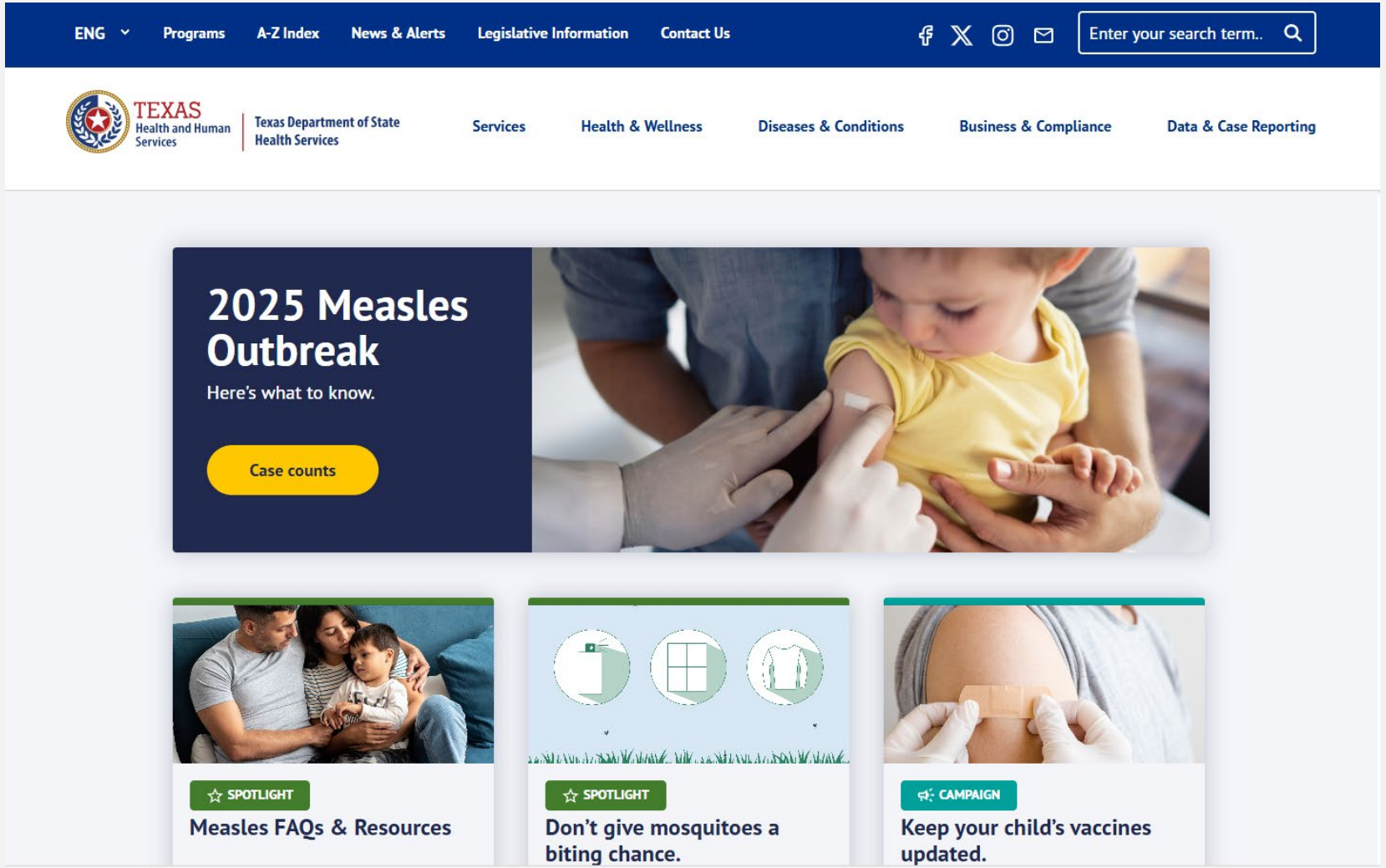
Communications & Resources

Chris Van Deusen

Director, Media Relations

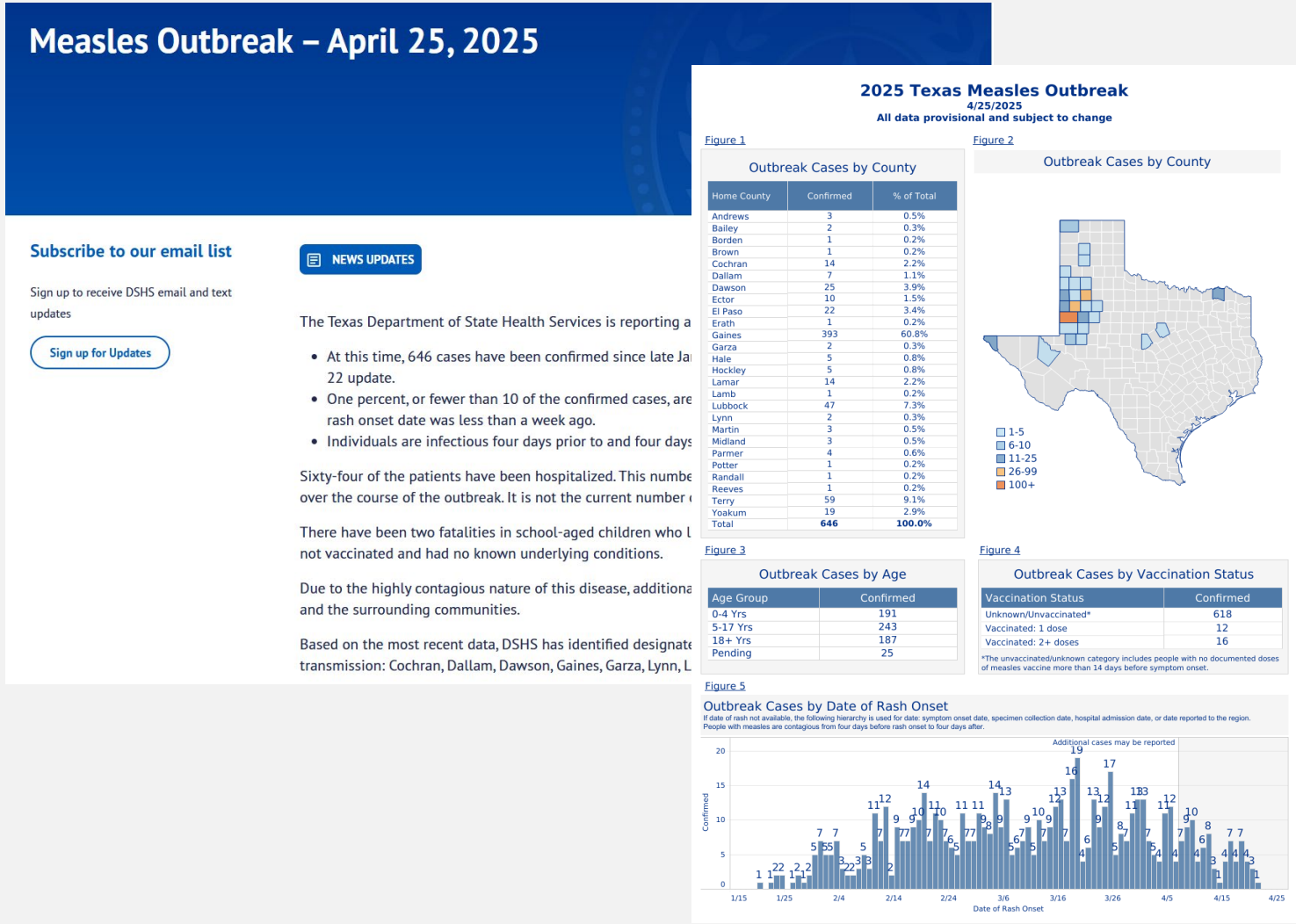
Texas Department of State Health Services

Communications & Resources



News Update

- Updated Tuesdays and Fridays
- Case counts (outbreak and non-outbreak cases)
- Links to news releases and health alerts
- Links to data on school immunization coverage and exemptions and historical measles data.



Measles Outbreak – April 25, 2025

Subscribe to our email list

Sign up to receive DSHS email and text updates

Sign up for Updates

NEWS UPDATES

The Texas Department of State Health Services is reporting a

- At this time, 646 cases have been confirmed since late Ja 22 update.
- One percent, or fewer than 10 of the confirmed cases, are rash onset date was less than a week ago.
- Individuals are infectious four days prior to and four days

Sixty-four of the patients have been hospitalized. This numbe over the course of the outbreak. It is not the current number

There have been two fatalities in school-aged children who l not vaccinated and had no known underlying conditions.

Due to the highly contagious nature of this disease, additiona and the surrounding communities.

Based on the most recent data, DSHS has identified designate transmission: Cochran, Dallam, Dawson, Gaines, Garza, Lynn, L

2025 Texas Measles Outbreak

4/25/2025

All data provisional and subject to change

Figure 1

Outbreak Cases by County

Home County	Confirmed	% of Total
Andrews	3	0.5%
Bailey	2	0.3%
Borden	1	0.2%
Brown	1	0.2%
Cochran	14	2.2%
Dallam	7	1.1%
Dawson	25	3.9%
Ector	10	1.5%
El Paso	22	3.4%
Erath	1	0.2%
Gaines	393	60.8%
Garza	2	0.3%
Hale	5	0.8%
Hockley	5	0.8%
Lamar	14	2.2%
Lamb	1	0.2%
Lubbock	47	7.3%
Lynn	2	0.3%
Martin	3	0.5%
Midland	3	0.5%
Parmer	4	0.6%
Potter	1	0.2%
Randall	1	0.2%
Reeves	1	0.2%
Terry	59	9.1%
Yoakum	19	2.9%
Total	**646**	**100.0%**

Figure 2

Outbreak Cases by County

Figure 3

Outbreak Cases by Age

Age Group	Confirmed
0-4 Yrs	191
5-17 Yrs	243
18+ Yrs	187
Pending	25

Figure 4

Outbreak Cases by Vaccination Status

Vaccination Status	Confirmed
Unknown/Unvaccinated*	618
Vaccinated: 1 dose	12
Vaccinated: 2+ doses	16

*The unvaccinated/unknown category includes people with no documented doses of measles vaccine more than 14 days before symptom onset.

Figure 5

Outbreak Cases by Date of Rash Onset

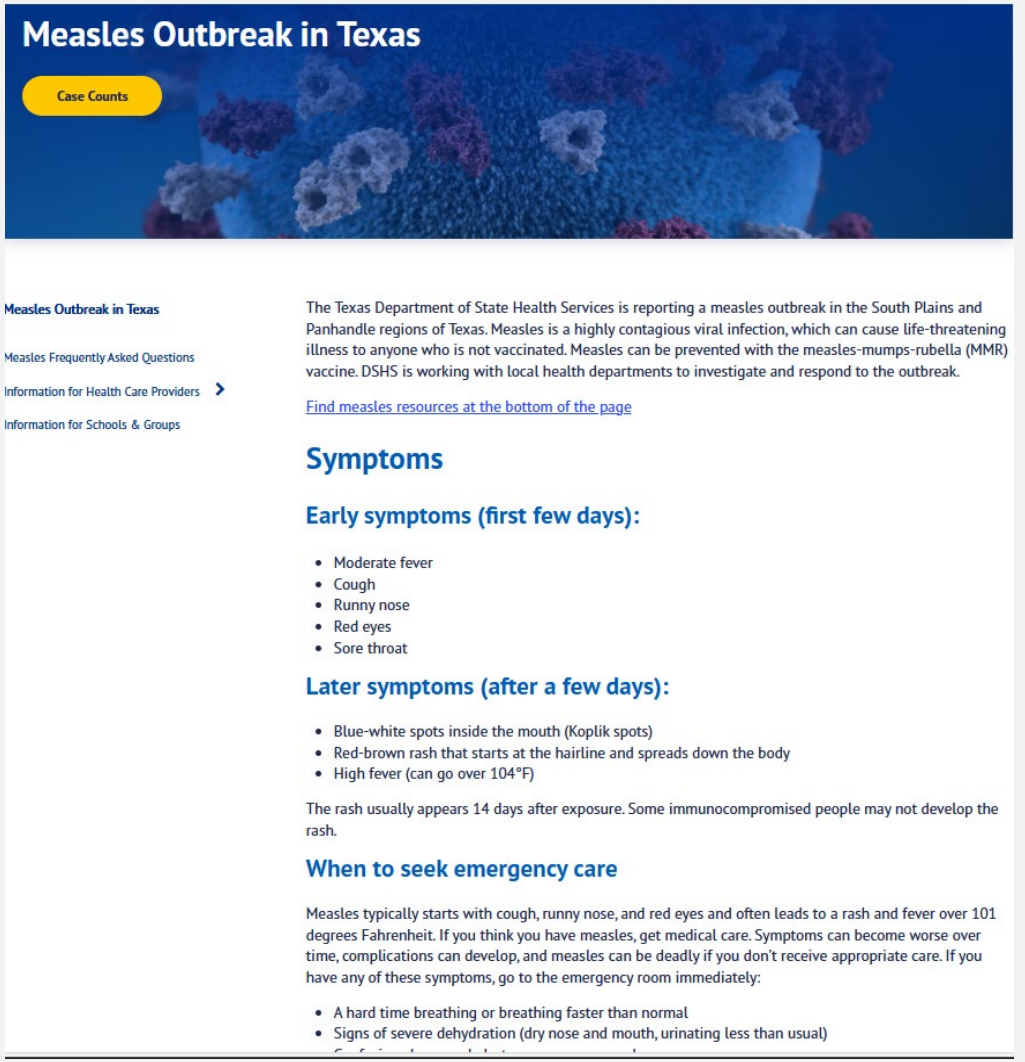
If date of rash not available, the following hierarchy is used for date: symptom onset date, specimen collection date, hospital admission date, or date reported to the region. People with measles are contagious from four days before rash onset to four days after.

[News & Alerts | Texas DSHS]

Outbreak Page

DSHS Website

- Measles Outbreak page: www.dshs.texas.gov/measles
  - Symptoms
  - When to seek emergency care
  - Prevention
  - Vaccine finder
  - Links to additional resources
    - Measles FAQ
    - Vaccine FAQ
    - Information for Health Care Providers
    - Information for Schools & Groups
    - Communication toolkit



Communication Toolkit

Communication Toolkit Documents

Measles Resources

DSHS designed informational flyers and digital ads for use during the 2025 measles outbreak. Please download and share these bilingual resources in your community.

Informational Flyers

- When to go to the ER for measles flyer - color (English)
- When to go to the ER for measles flyer - color (Spanish)
- Measles flyer - color (English)
- Measles flyer - color (Spanish)
- Measles flyer - black & white (English)
- Measles flyer - black & white (Spanish)

Digital Ads

- Measles is spreading but it's preventable. (30s English)
- Measles is spreading but it's preventable. (30s Spanish)

Explore and download CDC's free communications and public health resources about measles and the MMR vaccine. Use these graphics on your social media channels or websites.

- Protect Your Child Infographic
- Measles Isn't Just A Rash Infographic
- Intl. Travel & Measles Infographic
- Measles is Highly Contagious Infographic
- Intl. Travel & MMR Vaccine Infographic
- Travel Abroad Summer Checklist Graphic
- Measles Clinical Diagnosis Fact Sheet
- Measles Videos

Measles Press Release

Measles Vaccine Recommendations (English and Spanish)

Measles Testing

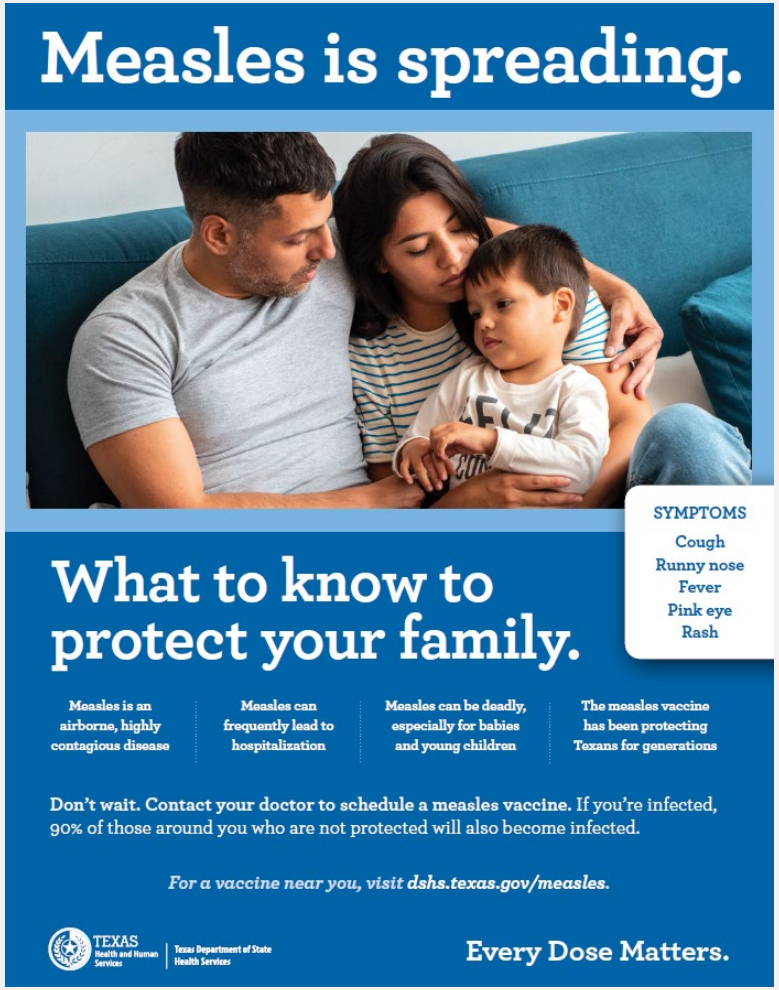
Measles Overview for School Nurses

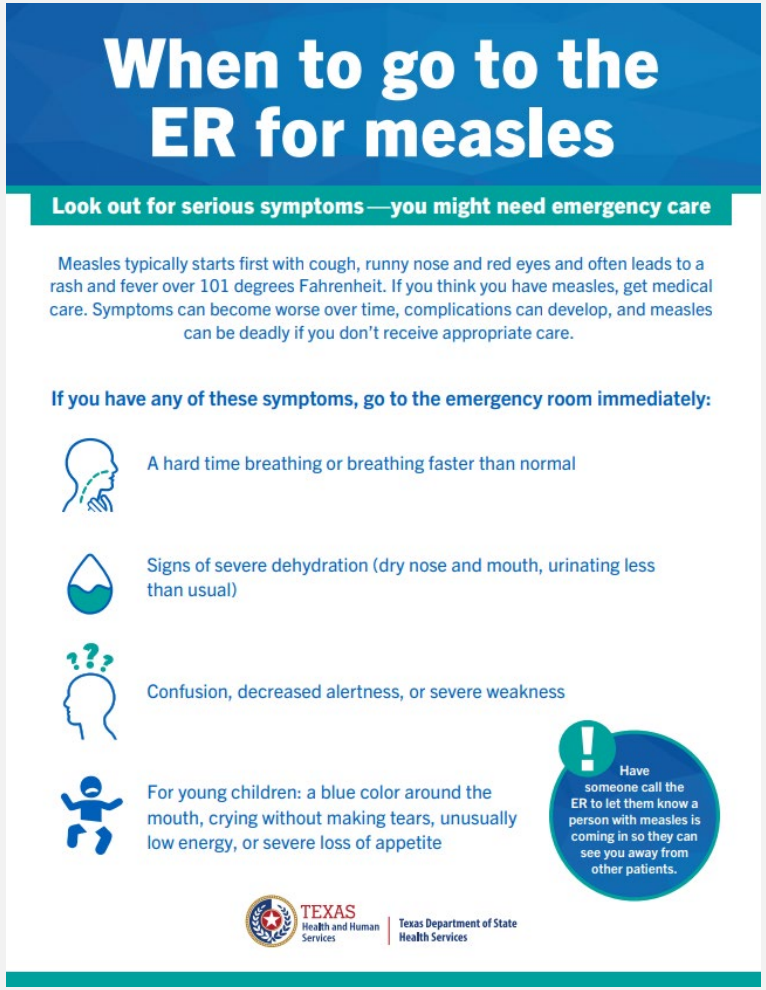
Exposure Notification Script (English and Spanish)

Notification Letter to Parents/Guardians for School and Daycare (English and Spanish)

Healthcare Exposure Notification Letter (English and Spanish)

Additional Measles Resources





[Measles Communication Toolkit | Texas DSHS]

Public Awareness Campaign

- Bilingual multimedia campaign included eight-week digital buy, indoor ads at Walmart and restaurants, radio and newspaper ads, touring LED truck, outdoor digital billboards, and flyers.

- Renewing for an additional eight weeks in May and June.
  - Current outbreak designated counties plus El Paso
  - Areas with low immunization coverage in schools

- Ongoing communications support to South Plains and Lubbock health departments and other areas with new cases.

Traveling LED Truck with Video Messaging

Outdoor Digital Billboard

The information presented today is based current preliminary data and on CDC's recent guidance. Information is subject to change. April 30, 2025

FAQs, etc.

Measles Frequently Asked Questions

Resources

Measles Information

- Current Cases
- Find a Vaccine Provider
- About Measles
- About Measles Symptoms and Prevention

Measles Videos

- When should my baby get t vaccine?
- What should I do if someor might have measles?

FAQ About Measles

General Information

- Where is measles spreading?
- How do I prevent getting measles?
- Can vitamin A help treat or prevent measles?

Information for Health Care Provide

This webpage includes measles information for health care providers about minii infection control procedures, treating patients, and testing.

Find information about the current outbreak on the DSHS website.

More measles resources for health care providers are available at the bottom of t

Minimizing Exposure

If possible, health care providers should prepare in advance to treat patients with cases, including to:

- Ensure health care personnel have presumptive evidence of measles immuni evidence of measles can be found on the CDC website.
- Have a plan for how your facility will:
  - Appropriately manage exposed and ill health care personnel.
  - Quickly identify and isolate patients with known or suspected measles.
  - Adhere to standard and airborne precautions for people with known or s
- Routinely promote and facilitate respiratory hygiene and cough etiquette, and
  - Face masks to people with respiratory symptoms or close contact exposu
  - Alcohol-based hand sanitizer dispensers.
  - Tissues and no-touch receptacles to dispose of used tissues.
  - Hand washing supplies at sinks, where applicable.

Visit the CDC Interim Infection Prevention and Control Recommendations for Mea Settings webpage for more information.

Initial Infection Control Procedures

Screen all patients, visitors, and health care personnel for measles signs and sym suspected or confirmed measles comes to your facility, immediately mask and isol patient airborne infection isolation room (AIIR). If an AIIR is not available, tempor with a closed door until the person can be transferred to an AIIR. Persons with su not be in the waiting room or other facility common areas.

Measles Vaccine Frequently Asked Questions

Find information on the ongoing measles outbreak.

Measles Outbreak Vaccine Recommendations Infographic

Download MMR Vaccination and Measles Postexposure Prophylaxis Recommendations

When should my baby get the MMR vaccine?

Measles Vaccine FAQs

- Who should get the measles vaccine?
- Is the measles shot just a one-time dose?
- When should I get the second dose of MM...
- What kind of vaccine is it?

Information for Schools & Groups

Interim Guidance for Measles in Schools, March 2025

Find more measles resources for schools and groups at the bottom of the page

Measles spreads easily in places where people gather, including homes, schools, day cares, homeless shelters, and other group gatherings.

How can schools and child care centers prepare for measles?

Schools and child care centers with unvaccinated students/personnel have a higher risk of measles spreading if an outbreak happens. To protect students and staff, schools should:

- Keep accurate vaccination records for all students and staff, and know which students have exemptions for vaccination.
- Prepare exposure letters in advance to inform parents and staff if a measles case occurs.
- Encourage vaccination for students who are missing MMR (measles, mumps, and rubella) vaccine doses:
  - First dose for those unvaccinated.
  - Second dose for those who only have one dose (must be at least 28 days apart).
- Encourage routine hygiene by making handwashing and covering coughs and sneezes a priority for students and staff.

The information presented today is based current preliminary data and on CDC's recent guidance. Information is subject to change. April 30, 2025

DSHS Resources

- News Update: Measles Outbreak
- Measles Outbreak in Texas
- Measles FAQ page
- Vaccine FAQ page
- Information for Health Care Providers
- Measles Outbreak Vaccine Infographic
- Measles Vaccination and PEP Recommendations
- Communication Toolkit
- Information for Schools & Groups
- Videos:
  - FAQ About Measles
  - FAQ About Measles: When should my baby get the MMR vaccine?
  - FAQ About Measles: What should I do if someone in my school might have measles?

Other Resources

- Clinical Overview of Measles | Measles (Rubeola) | CDC
- Measles Vaccination | Measles (Rubeola) | CDC
- Chapter 7: Measles | Manual for the Surveillance of Vaccine-Preventable Diseases | CDC
- Measles Cases and Outbreaks | Measles (Rubeola) | CDC
- Questions About Measles | Measles (Rubeola) | CDC
- Genetic Analysis of Measles Viruses | Measles (Rubeola) | CDC
- Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013
- FDA Package Insert - M-M-R-II
- Package Insert - PRIORIX
- Vaccine Information Statement: MMR Vaccine - What you need to know