MISSISSIPPI STATE DEPARTMENT OF HEALTH

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MS Health Alert Network (HAN) - Advisory

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RECIPIENTS: **All Physicians, Hospitals, ERs, ICPs, NPs, PAs, and Healthcare Providers –Statewide**

Friday, March 7, 2025

SUBJECT: **Measles Update 03/07/2025**

Dear Colleagues,

The Mississippi State Department of Health (MSDH) is disseminating the information below to inform healthcare providers of the current measles situation in the U.S., including its signs and symptoms, key prevention methods, and recommended actions if measles is suspected in a patient.

Key Messages

- Measles is an airborne, extremely infectious, and potentially severe febrile rash illness.
- As of March 6, 2025, 222 measles cases were reported to the Centers for Disease Control and Prevention (CDC) by 12 jurisdictions (Alaska, California, Florida, Georgia, Kentucky, New Jersey, New Mexico, New York City, Pennsylvania, Rhode Island, Texas, and Washington).
    - 93% (207 cases) were outbreak-associated (March 7th CDC Health Advisory). Only 69% of the reported cases in 2024 were outbreak-associated.
    - 79% of the cases have occurred in individuals under the age of 20 years.
    - 94% of the cases have occurred in unvaccinated individuals or their vaccination status was unknown.
    - Two confirmed deaths from measles have been reported to CDC in 2025.
- There have been no reported cases of measles in Mississippi since 1992, when there were 17 reported cases associated with international travel.
- The MMR vaccine is safe and effective in the prevention of measles.
    - Two doses of the measles, mumps and rubella (MMR) vaccine are 97% effective at preventing measles, one dose is 93% effective.
- The MMR vaccine is available as a two-dose series at all County Health Departments.
- Mississippi physicians/clinicians must report any suspected cases of measles to the Mississippi State Department of Health by phone within 24 hours of first knowledge or suspicion.
    - Reporting Hotline: 1-800-556-0003 (Monday – Friday, 8am – 5pm)
    - After-hours, weekends, holidays: 601-576-7400

Current Situation

As of March 6, 2025, 222 measles cases were reported to the Centers for Disease Control and Prevention (CDC) by 12 jurisdictions with 93% (207) of these cases being outbreak-associated among three reported outbreaks. Of the 222 reported measles cases nationwide, 17% (38) of the cases have been hospitalized and two confirmed deaths have been reported due to measles. The majority (79%) of the cases have occurred in individuals under the age of 20 years, and 94% of the cases were either unvaccinated or their vaccination status was unknown.

Clinical Presentation and Transmission

Measles is a highly contagious acute viral respiratory illness characterized by a prodrome of fever (as high as 105°F), malaise, cough, coryza, conjunctivitis (the 3 "C"s), a pathognomonic enanthema (Koplik spots) followed by a maculopapular rash. The rash can appear anywhere between 7 – 21 days after being exposed but typically appears about 14 days after exposure. The rash begins on the head and spreads to the trunk to the lower extremities. Those with measles are contagious from four days before to four days after the rash appears. Immunocompromised patients may not develop the rash. Those with suspected measles should isolate for four days after they develop a rash.

Measles is spread by direct contact with infectious droplets and via airborne spread through aerosolized droplet nuclei. Droplet nuclei can remain suspended and infectious for up to two hours after a person with measles leaves an area. Measles can occur at any time of the year; however, it is often spread during periods of high travel (e.g., spring break) or in situations where unvaccinated persons are in close quarters (e.g., dorms, summer camps).

Vaccination Recommendations

One of the most safe and effective ways to protect against measles is with a measles-containing vaccine in either the combination measles, mumps, and rubella (MMR) vaccine or the combination measles, mumps, rubella, and varicella (MMRV) vaccine. The MMR vaccine is licensed for use in persons 12 months or older; MMRV vaccine is licensed for use in persons 12 months through 12 years old.

One dose of the MMR vaccine has a median effectiveness of 93%, while two doses have a median effectiveness of 97%. Children should receive their first dose at 12 through 15 months, and their second dose at 4 through 6 years (before school entry). For additional information on child and adolescent immunization schedules, please refer to the CDC website.

Healthcare settings should ensure that all staff meet one of the following criteria when determining measles immunity: have written documentation of vaccination with two doses of measles virus-containing vaccine, have laboratory evidence of immunity to measles, have laboratory confirmation of disease, or were born before 1957. If a healthcare provider was born before 1957 and does not have evidence of immunity to measles, then vaccination should be considered.

Reporting Requirements, Testing Options and Infection Prevention Recommendations

If you suspect or have a patient infected with measles, perform the following:

- Have the patient wear a mask and immediately isolate the patient in a single-patient airborne infection isolation room (AIIR) or a private room with the door closed if an

AIIR is unavailable.

  - Note: Any room occupied by a suspected measles patient should not be used for two hours after the patient leaves.
  - All healthcare staff entering the room should use respiratory protection consistent with airborne infection control precautions regardless of presumptive immunity status.

- Notify MSDH by phone **within 24 hours of first knowledge or suspicion** at 1-800-556-0003 (Monday – Friday, 8am – 5pm) and after-hours, weekends, holidays at 601-576-7400.
- Through coordination with MSDH, collect a throat (preferred) or nasopharyngeal swab and place the swab in viral transport media and, when feasible, urine in a sterile container for RT-PCR testing. Collect whole blood in a red top or serum separator tube for serology (IgG and IgM) testing. For further information on specimen collection and submission to the MSDH Public Health Laboratory, please refer to the MPHL Guide to Services.
- For additional information and recommendations regarding infection prevention and control for measles in healthcare settings, please refer to CDC's Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings.

Additional Resources

- General Measles Information: https://www.cdc.gov/measles/index.html
- CDC Health Advisory – Expanding Measles Outbreak in Texas and New Mexico and Guidance for the Upcoming Travel Season: https://www.cdc.gov/han/2025/han00522.html
- Current U.S. Measles Cases and Outbreaks: https://www.cdc.gov/measles/data-research/index.html
- Recommendations on how to talk with parents about vaccines: https://www.cdc.gov/vaccines-children/hcp/conversation-tips/index.html

Regards,

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