

Montana Health Alert Network
DPHHS HAN
ADVISORY
Cover Sheet



DATE

Mar. 3, 2025

SUBJECT

Large Measles Outbreak in Texas and New Mexico - Continued Vigilance Required in Montana

INSTRUCTIONS

DISTRIBUTE to your local HAN contacts. This HAN is intended for general sharing of information.

- Time for Forwarding: **As Soon As Possible**
- **Remove this cover sheet before redistributing and replace it with your own**

For LOCAL HEALTH DEPARTMENT reference only
DPHHS Subject Matter Resource for more information regarding this HAN, contact:

DPHHS PHSD

Epidemiology Section
1-406-444-0273

Immunization Section
1-406-444-5580

For technical issues related to the HAN message contact the Emergency Preparedness Section at 1-406-444-0919

DPHHS HAN Website:

<https://dphhs.mt.gov/publichealth/phep/han>

REMOVE THIS COVER SHEET BEFORE REDISTRIBUTING AND REPLACE IT WITH YOUR OWN

Please ensure that DPHHS is included on your HAN distribution list.

hhshan@mt.gov

Categories of Health Alert Messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

Information Service: passes along low level priority messages that do not fit other HAN categories and are for informational purposes only.

Please update your HAN contact information on the Montana Public Health Directory

DPHHS HAN

Information Sheet



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Mar. 3, 2025

SUBJECT

Large Measles Outbreak in Texas and New Mexico - Continued Vigilance Required in Montana

BACKGROUND

An outbreak of measles originating in rural Texas in January 2025 has grown to over 140 cases and recently expanded to New Mexico. Most cases in this outbreak are children under 18 years of age who are not vaccinated with the measles-mumps-rubella (MMR) vaccine. On February 26, 2025, Texas reported the first death associated with this outbreak, in a school-aged child who was not vaccinated.

Measles is a highly contagious viral illness that can result in severe health complications, including pneumonia, encephalitis (inflammation of the brain), and death, particularly in unvaccinated persons. Measles typically begins with a prodrome of fever, cough, coryza (runny nose), and conjunctivitis (pink eye), lasting two to four days before rash onset. In some cases, two to three days after prodromal symptoms start, tiny white spots called Koplik spots will appear inside the mouth. The incubation period for measles from the time of exposure to fever is usually about 10 days (range seven to 12 days), while rash onset is typically visible around 14 days (range seven to 21 days) after initial exposure. The virus is transmitted through direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs, or sneezes. The virus can remain infectious in the air and on surfaces for up to two hours after an infected person leaves an area. Individuals infected with measles are contagious from four days before the rash starts through four days afterward.

Measles is almost entirely preventable through vaccination. MMR vaccines are safe and highly effective, with two doses being 97% effective against measles (one dose is 93% effective).

INFORMATION

The current outbreak of measles in Texas and New Mexico raises concerns for further spread to additional states, including Montana.

No cases of measles have been identified in Montana. Measles was last reported in Montana in 1990.

RECOMMENDATIONS

Recommendations for Clinicians

Consider measles as a diagnosis in anyone with fever ($\geq 101^{\circ}\text{F}$ or 38.3°C) and a generalized maculopapular rash with cough, coryza, or conjunctivitis in individuals who report recent travel to the South Plains area of Texas (between Lubbock and Amarillo in Western Texas), Leo County, New Mexico (eastern New Mexico), or who

recently traveled abroad in countries with measles cases or report exposure to a case of measles in the previous 21 days. When a clinician suspects a diagnosis of measles, there are several key steps to prevent ongoing transmission, as noted below:

- **Isolate:** Do not allow patients with suspected measles to remain in the waiting room or other common areas of a health care facility; isolate patients with suspected measles immediately, ideally in a single-patient airborne infection isolation room (AIIR), if available, or in a private room with a closed door until an AIIR is available. Health care providers should be adequately protected against measles and should adhere to standard and airborne precautions when evaluating suspect cases, regardless of their vaccination status. Health care providers without evidence of immunity should be excluded from work from day five after the first exposure until day 21 following their last exposure. Offer testing outside of facilities to avoid transmission in health care settings. Call ahead to ensure immediate isolation for patients referred to hospitals for a higher level of care. See [Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings](#) for more details.
- **Notify:** Immediately notify your [local or tribal health department](#) or the DPHHS Communicable Disease Epidemiology Section (CDEpi) at the 24-hour Epi On Call phone number (406-444-0273) about any suspected case of measles to ensure rapid testing and investigation. DPHHS will report measles cases to the Centers for Disease Control and Prevention (CDC).
- **Test:** Follow the attached Montana Public Health Laboratory (MTPHL) testing recommendations and collect a respiratory specimen (either throat, nasopharyngeal, or nasal Dacron swabs in viral transport media) for reverse transcription polymerase chain reaction (RT-PCR) from all patients with clinical features compatible with measles. Also collect a blood specimen for serology testing (1 – 2 ml of serum). Specimens can be transported by [courier](#) (if available), UPS, or FedEx to MTPHL in Helena. Given potential shortages in IgM test kits, providers should be vigilant in contacting MTPHL at 1-800-821-7284 for guidance on testing.
- **Manage:** In coordination with your local health department and DPHHS, provide appropriate measles post-exposure prophylaxis (PEP) to eligible individuals as soon as possible after exposure to close contacts without evidence of immunity, either with MMR (within 72 hours) or immunoglobulin (within six days). The choice of PEP is based on elapsed time from exposure or medical contraindications to vaccination.
- **Vaccinate:** The best way to protect against measles is vaccination. No changes have been made to the existing measles, mumps, and rubella (MMR) vaccine recommendations in the United States. Schools, early childhood education providers, and health care providers should work to ensure students are current with MMR vaccine.

MMR Vaccine Recommendations

- Children are routinely recommended to receive two doses of MMR vaccines. Children should receive their first dose of MMR at age 12 to 15 months and their second dose at four to six years.
- Unvaccinated children and adolescents are recommended to receive two age-appropriate doses of MMR vaccine.
- Unvaccinated adults may need one or two doses of MMR vaccine, depending on their circumstance, if they do not have evidence of immunity. Persons born before 1957 are considered to have presumed immunity.
- Special circumstances may warrant additional MMR vaccine schedule considerations, including international travel and working in health care settings.
- MMR doses should be separated by at least 28 days.

Recommendation for Local and Tribal Health Departments

Measles is an immediately notifiable disease. Call the CDEpi 24-hour Epi On Call phone number (406-444-0273) to report any suspected case of measles to ensure rapid testing and case investigation. DPHHS will report measles cases to CDC.

- Work closely with CDEpi to coordinate specimen collection and testing at MTPHL.
- If highly suspected or confirmed measles is identified, conduct active surveillance for additional (secondary) cases and facilitate transportation of specimens immediately to confirm diagnosis.
- If highly suspected or confirmed measles is identified, identify exposed individuals and ascertain their measles immunity status. Work closely with CDEpi to implement control measures and monitoring, including potential recommendations for post-exposure prophylaxis.
- Record and report details about cases of measles, including adherence to recommended precautions and facility location(s) of index and secondary cases.
- Enhance outreach and communications to under-vaccinated communities in your jurisdiction through trusted messengers.

Montana Public Health Laboratory Guidance: Measles Testing



*State communicable disease reporting rules require health care providers suspecting measles to report suspected cases to local public health authorities **immediately**. Public health authorities may implement immediate control measures to prevent transmission and/or arrange immediate transport of the specimen when warranted.*

Specimen Criteria

Collect the following specimens to test for measles infection:

- Respiratory Specimen (Throat, NP, Nasal Swab)
- Serum

Specimen Collection for PCR Testing:

Collect specimens as soon as possible after appearance of rash, and ideally within 3 days of rash onset. Detection can be possible up to day 7 following onset of rash. *Respiratory Specimen:* Throat, Nasopharyngeal, or Nasal Dacron swabs in viral transport media.

Consult with Public Health authorities regarding PCR testing prior to rash development of individuals who may have had a recent exposure to measles.

Specimen Collection for IgM Testing:

For IgM testing, specimens must be collected >48 hours post rash onset.

- *Serum:* 1 – 2 ml of serum. Can be sent in a spun serum separator tube or can be poured off into a transport tube.

Transport Conditions:

- Keep *Respiratory specimens* cold, and transport with cold packs as soon as possible following specimen collection. Avoid repeat freeze-thaw cycles. If specimen transport is going to be delayed >24 hours, freeze the sample at -70°C and ship on dry ice.
- *Serum* specimens can be shipped cold (refrigerated) or frozen (preferable for IgM testing).

Submission Reminders:

*Please be sure to include the collection date and at least two patient identifiers (Name and DOB or medical record #) on the sample container.

*Use the online portal to order found at <https://labportal.hhs.mt.gov>. *For respiratory specimens, order Measles PCR. *For serology specimens, order Rubella IgM Serology (ND). *Be sure to select the appropriate specimen source when ordering. *For the Onset Date, enter the date of rash onset.

*Print the Requisition form, verify patient identifiers match the sample, and place the paperwork in the side pouch of the specimen bag. *Place the two specimens in separate specimen bags with the correct paperwork in each pouch. *Finally, create a manifest for all samples being shipped and place the manifest separately in the shipping container.

Specimens can be transported by courier (if available), UPS or FedEx to:

Montana Public Health Laboratory
1400 Broadway, Room B126
Helena, MT 59601

Please contact the Montana Public Health Laboratory at 1-800-821-7284 for more information and remember to report any suspect measles to your local health department.