

Montana Health Alert Network

DPHHS HAN

ADVISORY

Cover Sheet



DATE

May 7, 2025

SUBJECT

North Dakota reports potential community transmission of measles in county bordering eastern Montana

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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>

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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



DATE

May 7, 2025

SUBJECT

North Dakota reports potential community transmission of measles in county bordering eastern Montana

BACKGROUND

On May 6, 2025, North Dakota Health and Human Services (NDHHS) reported a total of 9 cases of measles not linked to earlier known exposures, indicating potential community transmission of measles. The cases are residents of Williams County, which borders two eastern Montana counties, Richland and Roosevelt. NDHHS updated their measles vaccine recommendations for travelers to Williams County (see attached NDHHS HAN). Montana healthcare providers and public health officials should consider following the updated vaccine recommendations for Montanans who plan to travel to Williams County, ND. Individuals can find information about public exposure locations and dates in North Dakota [here](#).

INFORMATION

In Montana, 8 total cases of measles have been reported in Gallatin County residents in two households from April 17 through May 6, 2025. The first five cases of measles were infected after travelling to another state in early April; the individuals were all unvaccinated or vaccination status was unknown. The three additional cases were unvaccinated household contacts to the original cases. All eight cases have recovered and been released from isolation. Presently, there is no evidence of community transmission of measles in Gallatin County or elsewhere in Montana.

RECOMMENDATIONS

At this time, there is no change to measles vaccination recommendations in Montana because there is no evidence of community transmission of measles in Montana. In alignment with CDC guidance, Montana public health officials recommend that providers may consider an expanded vaccination schedule for people traveling to areas with outbreaks with sustained, community-wide transmission. Of note, all doses of MMR must be separated by at least 28 days. View complete CDC guidance on measles vaccination [here](#).

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 [areas in the U.S.](#) with measles outbreaks, including Williams County, ND, or individuals who recently traveled abroad in countries with measles cases, or individuals who 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](#), 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 or tribal 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 domestic travel to areas experiencing a measles outbreak, international travel, and working in health care settings.
 - Consider an early dose of MMR vaccine for infants aged 6-11 months who are expected to travel to Williams County, ND. Also consider early vaccine administration for older children visiting Williams County.
 - Children ages 12 months and older should receive their first dose of MMR if they have not already, followed by a second dose at least 28 days later.
 - Children who received an age-appropriate first dose at 12 months of age should receive the second dose sooner than 4-6 years old, and at least 28 days after their first dose.

- Adults born after 1957 traveling to Williams County, ND should be up to date on MMR vaccination with two doses of MMR, separated by at least 28 days.
- For full recommendations issued by North Dakota Health and Human Services, see attached HAN.
- MMR doses should be separated by at least 28 days.

Recommendations 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 assess 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 undervaccinated communities in your jurisdiction through trusted messengers.
- Consider holding vaccination events for your community.
- Local and tribal health departments near Williams County, ND should work with their school districts to bring awareness to the situation so schools can take steps to prepare for the possibility of cases of measles in their schools. Steps schools can take to prepare for measles include:
 - School staff can review which students are not fully vaccinated against measles.
 - Plan where a suspect measles case can rest while waiting to be picked up from school:
 - Private area, preferably with the door closed. Other ill students should not be in the same room
 - Have masks, hand hygiene, and cleaning supplies available
 - Understand the nature of shared air flow inside school buildings
 - Check cleaning supplies for effectiveness against the measles virus, among other disease-causing agents, and review appropriate usage of these products
 - Educate all staff and students that vaccination is the best protection from measles and share locations in the community where undervaccinated individuals can access MMR.
 - Ensure all schools know who to contact at the local county or tribal public health agency if there is a suspect measles case or another reportable condition.

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Updated MMR Vaccination Recommendations for Individuals Living or Traveling to Williams County

Today, May 6, 2025, North Dakota Health and Human Services (HHS) is reporting five additional measles cases in Williams County, bringing the state's total to nine cases in 2025. All newly confirmed individuals were unvaccinated and had no reported contact with previously identified cases. These individuals are currently isolating at home as recommended to help limit further spread.

Because some of the new cases are not linked to earlier known exposures, there is concern about potential community transmission. As a precaution, HHS recommends that all residents and travelers to Williams County ensure they are vaccinated against measles. This includes consideration of early MMR vaccination for infants aged 6 through 11 months. (Note: Infants under 6 months are not eligible for the vaccine.)

The following measles vaccine recommendations should be utilized for residents and travelers to Williams County.

Infants Less than 6 months old:

Infants less than 6 months old are not recommended to receive a dose of MMR.

Infants 6 – 11 months:

Infants aged 6 – 11 months old are recommended to receive a dose of MMR vaccine early prior to any international travel or travel to an outbreak area, which now includes Williams County, North Dakota. Due to potential risk of ongoing measles transmission in Williams County ND, HHS is recommending all infants 6 - 11 months old residing in or traveling to Williams County receive a dose of MMR vaccine. Measles, Mumps, Rubella, and Varicella (MMRV) vaccine should not be utilized in infants under 12 months of age.

Children who receive a dose of MMR prior to 12 months should still receive two age-appropriate doses of MMR vaccine at least 28 days apart after their first birthday.

Children 12 months – 17 years:

Any child 12 months – 17 years old who have not previously received any dose of MMR vaccine should be vaccinated immediately regardless of residence. For children residing in or visiting Williams County, a second dose of MMR vaccine should be administered at least 28 days after receipt of the first dose of MMR vaccine.

Children residing in or visiting Williams County who received their first age-appropriate dose of MMR vaccine should not wait to receive their second dose of MMR vaccine until 4-6 years old. The minimum interval of 28 days should be utilized due to the risk of ongoing measles transmission in Williams County.

No additional or booster doses of MMR are recommended for children aged 1 – 17 years who have received two doses of MMR after 12 months old.

Adults 18 years and older:

All **adults born before 1957** were likely exposed to measles as a child and considered immune to measles. Unless these individuals work in health care, there are no recommendations for these individuals to receive MMR vaccine.

Adults born between 1957 and 1968 who have no documented doses of MMR vaccine or who received doses of inactivated MMR vaccine and who reside in or are visiting Williams County should receive the first dose of MMR vaccine immediately followed by a second dose at least 28 days later. Adults born in this age group who have one dose of live-attenuated MMR vaccine and who reside in or are visiting Williams County should receive a second dose of MMR vaccine. There are no booster or additional doses recommended after an individual has received two doses of MMR vaccine.

Adults born after 1968 who reside in or are visiting Williams County and are unvaccinated should receive a dose of MMR vaccine immediately followed by a second dose at least 28 days later. Any adult born after 1968 residing in or visiting Williams County who has one documented dose of MMR vaccine should receive a second dose of MMR vaccine. There are no booster or additional doses recommended after an individual has received two doses of MMR vaccine. Adults born after 1968 who DO NOT reside in or travel to Williams County only need one dose of MMR vaccine to be considered up-to-date.

Unknown Vaccination Status:

Anyone who does not know their vaccination status or is unable to find their record may receive a dose of MMR.

Access to Immunization Records:

Immunization records for North Dakota residents can be accessed at hhs.nd.gov/IRR or by contacting a healthcare provider.

Measles antibody testing:

CDC does not recommend measles antibody testing after MMR vaccination to verify the patient's immune response to vaccination. Appropriately documented doses of MMR vaccine should be considered as proof for evidence of immunity.

ND HHS provides measles vaccine for children eligible for the Vaccines For Children (VFC) Program – Medicaid-eligible, uninsured, underinsured, and American Indian/Alaska Native. ND HHS also provides measles vaccine for uninsured and underinsured adults.

For more information about measles in North Dakota, please visit the North Dakota Immunization Unit website at <https://www.hhs.nd.gov/immunizations/measles>.