



Public Health Advisory
03/05/2025

Measles Outbreak-Heightened Vigilance and Urgent Vaccination Recommended

SITUATIONAL AWARENESS SUMMARY

Situation: On January 23, 2025, the Texas Department of State Health Services (TX DSHS) issued a health advisory regarding two confirmed measles cases in unvaccinated school-age children in Texas.

- As of February 25, 2025, the number of confirmed cases in Texas has risen to 124, with the outbreak spreading to New Mexico, where nine cases have been reported.
On February 26, 2025, TX DSHS confirmed the first measles-related death in this outbreak.
Clark County, NV, has not reported measles cases since 2018.

Measles is highly contagious. Due to frequent interstate travel, the Southern Nevada Health District (SNHD) strongly urges all healthcare providers to:

- 1) Maintain a High Index of Suspicion for Measles: Consider measles in patients presenting with the following symptoms:
a) Cough, coryza (runny nose), or conjunctivitis OR Koplik spots (bluish-white specks or a red-rose background appearing on the buccal and labial mucosa, usually opposite the molars) AND
b) Fever ≥ 101°F (38.3°F) AND
c) Maculopapular rash that starts on the head and descends.
2) Conduct a Thorough Exposure and Immunization History: Ask about:
a) International travel in the past three weeks.
b) Domestic travel in the past three weeks to areas with active measles transmission or outbreaks.
c) Immunization status-individuals born in 1957 or later who have never been vaccinated are at higher risk.
3) Implement Infection Control Measures to Prevent Transmission:
a) Immediately mask and isolate patients suspected of having measles. Place them in airborne isolation immediately. If a negative pressure room is unavailable, keep the patient in a closed exam room wearing a surgical mask.
b) Measles respiratory secretions can live for up to two hours in an airspace or on contaminated surfaces.
4) Perform Laboratory Testing for Measles Promptly: Testing should be done at initial medical visit.

Table with 5 columns: Test, Specimen, CPL, LabCorp, Quest. Rows include Measles RT-PCR (Nasopharyngeal swab) and Measles IgM* (Serum).

*Recent measles vaccination can cause a positive IgM. It can also cause fever (10%) and rash (5%) in children around 6 to 12 days after vaccination.

- 5) Provide Supportive Care for Measles Cases: Measles treatment is supportive.
6) Emphasize the importance of measles vaccination: Discuss immunization measures for prevention.
a) Recommended 2 dose series started between 12-15 months.
i) Separate MMR and VAR vaccines preferred for dose 1 if given between ages 12-47 months.
ii) MMRV preferred for dose 2 and dose 1 at age 48 months or older.
b) Adult vaccination recommended without acceptable presumptive immunity for specific populations:
i) Born 1957 or later, at least 1 dose if unvaccinated.
ii) 2 doses for students entering post-high school educational institutions.
iii) 2 doses for healthcare personnel.
7) Report: Do not wait for laboratory confirmation to report to SNHD's Disease Surveillance and Control via Phone (702) 759-1300 or Fax 702-759-1414.

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