

Public Health Advisory 08/15/2025

Measles Readiness – Immediate Inventory Assessment of Intramuscular Immunoglobulins (IgIM – GammaSTAN $^{\circledcirc}$)

SITUATIONAL AWARENESS SUMMARY

Situation: On August 8, 2025, the Nevada Department of Public and Behavioral Health (DPBH) issued a statewide request for all facilities to report their supplies of GammaSTAN®, the only intramuscular immune globulin (IgIM) product in the U.S., to ensure readiness in the event of a measles outbreak.

- As of August 6, 2025, the Centers for Disease Control and Prevention (CDC) has <u>reported</u> 1,356 measles cases in 2025, with 3 confirmed deaths.
- In August, Clark County, NV, recorded a single <u>wastewater detection</u> of measles RNA, followed by a negative subsequent sample.
- While Clark County, NV, has not had a reported measles case since 2018, four of five bordering states (CA, OR, UT, AZ) have reported measles cases in 2025.

Measles is one of the most contagious virus known and can lead to severe complications such as pneumonia, encephalitis, hospitalizations, and death. Postexposure prophylaxis (PEP) is a prevention strategy proven to protect unimmunized or immunocompromised patients at high risk for complications.

Action Requested - All healthcare facilities:

- 1) Immediately assess your inventory for IgIM and report supplies via EMResource.
- 2) Consider facility protocol for immune globulin (lg) use for the prophylaxis of measles:
 - a) Immune globulin should be administered up to 6 days from last exposure to measles.
 - b) Immune globulin dosing is weight dependent.

Indication	Dose and Route
Infants <12 months of age	0.5 mL/kg IM (max dose = 15mL)
Susceptible high-risk contacts <30 kg (66 lbs)*	0.5 mL/kg IM (max dose = 15mL)
Pregnant persons without evidence of immunity	400 mg/kg IV (intravenously)
Severely immunocompromised persons regardless of immunization status	400 mg/kg IV (intravenously)

^{*}persons weighing more than 30 kg (66 lbs) are unlikely to have received adequate measles antibodies c) Immune globulin should not be given to persons with:

- i) Immunoglobulin A (IgA) deficiency.
- ii) Severe thrombocytopenia or any coagulating disorders that would contraindicate IM injections.
- iii) History of Ig anaphylaxis.
- d) Immune globulin and MMR vaccine should not be given at the same time but can be given with any inactivated vaccine.
- 3) **Report: Do not wait for laboratory confirmation to report** to SNHD's Disease Surveillance and Control via phone (702) 759-1300.

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Southern Nevada Health District