



Public Health Advisory Update

11/10/2025

First Measles Case in Clark County, NV: Maintain Heightened Vigilance and Urgent Vaccination

SITUATIONAL AWARENESS SUMMARY

- Situation:** On November 5, 2025, the Southern Nevada Health District (SNHD) confirmed a case of measles in an infant in Clark County, NV, the first case in the County since 2018. The child was not yet eligible for the measles, mumps, and rubella (MMR) vaccine, was hospitalized, has since been discharged, and is now recovering at home.
- As of November 4, 2025, the Centers for Disease Control and Prevention (CDC) reported 1,681 cases of measles in 2025 with 3 confirmed deaths.
 - Individuals may have been exposed at St. Rose Dominican Hospital, Siena Campus Pediatric Emergency Department, on October 31, from 8 a.m. to 1:30 p.m. and November 1, from 7 a.m. to 3 p.m.

Measles is highly contagious. SNHD strongly urges all healthcare providers to:

- Maintain a High Index of Suspicion for Measles:** Consider measles in patients presenting with the following symptoms:
 - 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**
 - Fever $\geq 101^{\circ}\text{F}$ (38.3°F) **AND**
 - Maculopapular rash that starts on the head and descends.
- Conduct a Thorough Exposure and Immunization History:** Ask about:
 - International travel in the past three weeks.
 - Domestic travel in the past three weeks to areas with active measles transmission or outbreaks.
 - Individuals born in 1957 or later who have never been vaccinated are at higher risk.
- Implement Infection Control Measures to Prevent Transmission:**
 - 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.
 - Measles respiratory secretions can live for up to two hours in an airspace or on contaminated surfaces.
- Perform Laboratory Testing for Measles Promptly: Testing should be performed at the initial medical visit.** Avoid referring patients to external sites for testing to minimize exposure and transmission.

Test	Specimen	CPL	LabCorp	Quest
Measles RT-PCR	Nasopharyngeal or oropharyngeal swab	3594	140470	39306
Measles RT-PCR	Urine	3461	140505	-
Measles IgM*	Serum	4603	160178	34256

*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.

- Emphasize the Importance of Measles Vaccination:** Discuss immunization measures for prevention.
 - Recommended 2 dose series started between 12-15 months.
 - Separate MMR and VAR vaccines preferred for dose 1 if given between ages 12-47 months.
 - MMRV preferred for dose 2 and dose 1 at age 48 months or older.
 - Adult vaccination recommended without acceptable presumptive immunity for specific populations:
 - Born 1957 or later, at least 1 dose if unvaccinated.
 - 2 doses for students entering post-high school educational institutions.
 - 2 doses for healthcare personnel.
- Report: Do not wait for laboratory confirmation to report** to SNHD's Division of Disease Surveillance and Control via Phone 702-759-1300 or Fax 702-759-1414.

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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

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