

Healthcare Providers: Stay Alert for Measles Cases

Key messages

- Measles can be severe. Since January 1, 2025, 12% of reported measles cases in the United States have been hospitalized. The Texas Department of State Health Services reported a third measles death in an unvaccinated child on April 6th, 2025.
- The risk of measles remains low for most of the United States due to high immunization coverage and rapid case identification and response efforts.
- Measles-mumps-rubella (MMR) vaccination is the best way to protect against measles and its complications.

Between January 1 and April 4, 2025, the Centers for Disease Control and Prevention (CDC) has been notified of 607 confirmed U.S. cases of measles in 22 jurisdictions and six outbreaks (defined as three or more cases), with the largest outbreak in Texas and New Mexico accounting for over 90% of cases. Most of these cases were among children and adolescents who had not received a measles vaccine or whose vaccination history was unknown. Three measles deaths have been reported so far this year: one in an unvaccinated adult in New Mexico and two in unvaccinated school-aged children in Texas.

Measles is extremely contagious and begins with fever, cough, coryza (runny nose), and conjunctivitis (pink eye), followed 2–4 days later by a rash that starts on the face and spreads downward on the body. Infected people are contagious from 4 days before the rash starts through 4 days afterward. The virus is transmitted by direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs, or sneezes and can remain infectious in the air and on surfaces for up to 2 hours after an infected person leaves an area. Measles can cause severe health complications, including pneumonia, encephalitis, and death.

MMR vaccination remains the best way to protect against measles and its complications.

If you suspect your patient has measles or was exposed to measles:

- **Isolate** your patient with suspected measles immediately, ideally in a single-patient airborne infection isolation room (AIIR), or in a private room

with a closed door until an AIIR is available. Patients with measles should call ahead so healthcare facilities can limit additional exposures, including offering measles triaging and testing outside the facility.

- **Immediately notify public health:** [24-hour Epi On Call contact list](#). Health departments will provide guidance on testing, isolating, and managing patients with suspected measles and people exposed to measles. People exposed to measles who do not have evidence of immunity may be eligible for post-exposure prophylaxis either with MMR vaccine (within 72 hours of exposure) or immunoglobulin (within 6 days of exposure).
- **Collect [samples](#),** either a nasopharyngeal (NP) swab or throat (OP) swab for reverse transcription polymerase chain reaction (RT-PCR) testing, as well as a blood specimen for serology testing. Collecting a urine specimen along with an NP/OP swab may improve sensitivity of testing.
- **Manage patients with supportive care.** There is no specific antiviral therapy for measles. Medical care is supportive to help relieve symptoms. Complications, such as pneumonia and other infections should be appropriately tested and treated. [Vitamin A](#) may be administered to patients with confirmed measles under the supervision of a healthcare provider. Overuse of vitamin A can lead to toxicity and cause damage to the liver, bones, central nervous system, and skin. Pregnant women should avoid taking high levels of vitamin A as it has been linked to severe birth defects.

CDC issued a Health Alert Network (HAN) health advisory about this expanding measles outbreak on March 7, 2025. For more information about this outbreak including guidance about the upcoming travel season, you can review the health advisory [here](#).