Health Alert: Measles Outbreak in Gaines County, Texas

HEALTH ALERT **February 5, 2025**

Summary

The Texas Department of State Health Services (DSHS) is reporting an outbreak of measles in Gaines County. At this time, six cases have been identified with symptom onset within the last two weeks, all among unvaccinated school-aged children who are residents of Gaines County.

Due to the highly contagious nature of this disease, additional cases are likely to occur in Gaines County and the surrounding communities. DSHS advises clinicians to follow the below measles immunization recommendations for the communities affected by the outbreak and immediately report any suspected cases to your local health department, preferably while the patient is in your presence.

To immediately increase the measles immunity and prevent disease occurrence in the affected communities, DSHS advises the following immunization recommendations for residents of Gaines County:

- Infants ages 6 to 11 months:
  - Administer an **early dose** of measles, mumps, and rubella (MMR) vaccine.
  - Follow the CDC's recommended schedule and get:
    - Another dose at 12 through 15 months.
    - A final dose at 4 through 6 years.
- Children over 12 months old:
  - If the child has not been vaccinated, administer one dose immediately and follow with a second dose at least 28 days after the first.
  - If the child has received one dose, administer the second dose as soon as possible, at least 28 days after the first.
- Teen and adults with no evidence of immunity:

Administer one dose immediately and follow with a second dose at least 28 days after the first.

Background

In January 2025, the Houston Health Department confirmed two cases of measles associated with international travel in unvaccinated Harris County residents. Those were the first Texas measles cases since 2023 and prompted a DSHS health alert on January 23.

On January 29, the South Plains Public Health District notified the public of a measles case in a Gaines County child. As of now, a total of six cases have been identified, all among unvaccinated school-aged children who are residents of Gaines County. There is no suspected link between the Gaines County outbreak and the Harris County cases.

Measles is a highly contagious respiratory illness. The virus is transmitted by direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs, or sneezes. Measles virus can remain infectious in the air for up to two hours after an infected person leaves an area. Illness onset (high fever, cough, runny nose, and red, watery eyes) begins a week or two after someone is exposed. A few days later, the telltale rash breaks out as flat, red spots on the face and then spreads down the neck and trunk to the rest of the body. A person is contagious about four days before the rash appears to four days after. People with measles should stay home from work or school during that period.

The best way to prevent getting sick is to be immunized with two doses of a vaccine against measles, which is primarily administered as the combination measles-mumps-rubella (MMR) vaccine. Two doses of the MMR vaccine are highly effective at preventing measles. Some vaccinated people can occasionally develop measles; however, they generally experience milder symptoms and are less likely to spread the disease to other people. DSHS and CDC's Advisory Committee on Immunization Practices (ACIP) recommend children receive one dose of MMR vaccine at 12 to 15 months of age and another at 4 to 6 years. Each MMR dose lowers the risk of infection and severity of illness if infected. Children too young to be vaccinated are more likely to have severe complications if they get infected with the measles virus.

Recommendations For Health Care Professionals:

Healthcare providers should consider measles in patients presenting with the following symptoms, particularly those who have traveled abroad or had contact with known measles cases:

- Fever ≥101°F (38.3°C) **AND**
- Generalized maculopapular rash lasting ≥3 days **AND**
    - Rash usually begins at the hairline/scalp and progresses down the body
- Cough, 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).

Immediately report any suspected measles cases to your local health department (contacts by county at Disease Reporting Contacts). If possible, please report while the patient is present to facilitate testing and the public health investigation, including follow-up of potential exposures.

Diagnostic Testing

Testing for measles should be done for all suspected measles cases at the time of the initial medical visit:

- DSHS strongly encourages providers to submit specimens for PCR testing to the DSHS Laboratory because genotyping will be performed on positive PCR specimens, which can be helpful during outbreaks.
- The DSHS Laboratory can perform PCR testing on throat swabs (preferred) or nasopharyngeal swabs placed in viral transport media and serology on serum specimens.
- Measles PCR and serology (IgM and IgG) testing is available at both the DSHS Laboratory and at commercial laboratories.
- Providers should work with their local health department or DSHS regional office to coordinate testing at the DSHS Laboratory to ensure specimens are submitted correctly and meet testing requirements.
- Unless coordinated in advance, specimens may only be received by the DSHS Laboratory during normal business hours Monday through Friday.

Recommendations for Public Health

- MMR Vaccine
  - The best defense against getting sick is to be immunized with two doses of a vaccine against measles such as MMR vaccine.
- Post-Exposure Prophylaxis (PEP)
  - MMR vaccine, if administered within 72 hours of initial measles exposure, may provide some protection, or modify the clinical course of disease among susceptible persons who otherwise have no contraindications to MMR vaccination (e.g., severe immunocompromise, age <6 months, pregnancy). (Chapter 7: Measles). Providing MMR vaccine within 72 hours should be focused on people unvaccinated and people with one dose of MMR vaccine.
  - Susceptible persons who receive a dose of MMR vaccine as PEP within 72 hours of initial measles exposure may return to childcare, school, or work.
  - Children 6 months to 12 months of age may be given one dose of MMR if exposure occurred within 72 hours. Any susceptible contact between 6 months and 12 months of age who receives MMR vaccination should follow the CDC's recommended schedule, as mentioned above. Children less than 6 months of age are not recommended to receive an MMR vaccine.
  - For people who are fully vaccinated with two doses of MMR vaccine or have measles infection documentation, a dose of MMR vaccine is not recommended.
- Immunoglobulin (IG)
  - IG, if administered within six days of initial measles exposure, may provide some protection against measles or modify the clinical course of disease among susceptible persons (Chapter 7: Measles). IG is available to be given intramuscularly (IGIM) or intravenously (IGIV). Depending on the patient's personal medical history and time from exposure, IG may or may not be recommended.
  - IG is the only option for PEP for populations that cannot receive MMR vaccine (infants less than six months of age, severely immunocompromised people, and pregnant women).
  - Priority should be given to persons exposed in settings with intense, prolonged, and close contact (e.g., household, daycare, classroom) and for those at high risk of severe disease. IG PEP should be provided to severely immunocompromised contacts regardless of prior measles vaccination status due to the risk for severe disease.

    - IG PEP can be given to susceptible infants aged 6–12 months, although MMR vaccine is preferred per American Academy of Pediatrics (AAP) guidance if received within 72 hours of exposure.
    - IG can be obtained at a local hospital or through public health departments.
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Controlling Outbreaks in Group Settings

- People with confirmed or suspected measles should stay home from school, work, and other group settings until **after** the fourth day of rash onset.
- During an outbreak, people without documented immunity from vaccination or previous measles infection should be isolated from anyone with measles to protect those without immunity and control the outbreak. Additional information on school exclusion and readmission can be found at School Communicable Disease Chart.
- According to the Texas Administrative Code (TAC) Rule §97.7, schools and childcare settings shall exclude unimmunized children for at least 21 days after the last date the unimmunized child was exposed to a measles case.

Recommendations for the Public

If you think you have measles or have been exposed to someone with measles, isolate yourself from others and call your healthcare provider before arriving to be tested so they can prepare for your arrival without exposing other people to the virus. Measles is extremely contagious and can cause life-threatening illness to anyone who is not protected against the virus. Review your and your child's vaccination history to see if you are up to date on your measles vaccines. Additionally, discuss with your provider your vaccination history and any questions about these vaccines.

For More Information:

- For Healthcare Professionals – Clinical Overview of Measles
- Interim Measles Infection Prevention Recommendations in Healthcare Settings | CDC
- Measles Infection Control in Healthcare Personnel | CDC
- Acceptable Presumptive Evidence of Immunity to Measles | MMWR
- ACIP Recommendations: Measles, Mumps and Rubella (MMR) Vaccine
- Measles – Manual for the Surveillance of Vaccine-Preventable Diseases | CDC
- Plan for Travel – Measles | CDC
- Laboratory Testing for Measles | CDC
- Measles Serology Testing | CDC
- CDC Measles Resources
- Global Measles Outbreaks | CDC