



HEALTH ADVISORY

Measles in the U.S. and California March 27, 2025

SITUATIONAL UPDATE:

As of March 20, 2025, a total of 378 measles cases have been identified in the US. This number has now surpassed the total number of measles cases in the US in 2024. There have been cases and **outbreaks** in 12 states, including California. Texas and New Mexico are experiencing large outbreaks of measles (Texas = 327 cases with 40 persons hospitalized and 1 death; New Mexico = 43 cases, with 2 hospitalizations and 1 death). Among these outbreaks, the majority of cases have been unvaccinated. Large outbreaks are ongoing in several countries, including Viet Nam, Indonesia, Thailand, India, and Pakistan.

According to the California Department of Public Health (CDPH) website, as of March 11, 2025, **8 confirmed measles cases** have been reported **in California**, including one case in a San Mateo County resident who had recently traveled internationally. As a consequence, we are asking San Mateo County clinicians to maintain a high index of suspicion.

BACKGROUND INFORMATION AND KEY POINTS:

Measles is very infectious, and airborne transmission can occur in settings with large numbers of people like healthcare facilities, schools, childcares, shopping centers, public transportation, airports, and amusement parks. Patients with prodromal symptoms are quite ill and often visit healthcare facilities 2 or 3 times before rash onset. **Of note, a self-reported history of measles immunization or infection does not rule out the possibility of measles.** Clinicians should ensure that all patients and staff are up to date with immunizations and in order to avoid ongoing transmission, clinicians should remain vigilant to promptly identify and appropriately manage suspected measles cases.

ACTIONS REQUESTED OF CLINICIANS:

1. **Consider/suspect measles** in patients with a maculopapular rash that starts on the head and descends, and a fever, including subjective fever, although patients with measles typically have a high fever ($\geq 101^{\circ}\text{F}$ or 38.3°C). Ask about measles vaccination and exposure to a known



measles case, traveling outside of North America, transiting through an international airport in the U.S., traveling to an area with measles cases or outbreaks, interacting with foreign visitors or visiting a popular U.S. tourist attraction in the three weeks prior to illness.

2. **Prepare your facility for the possibility of patients with measles.** Ask patients to call ahead first if they have a febrile rash illness. [Signage](#) that directs patients with fever and rash to notify staff should be displayed prominently at all entrances. Train staff to immediately implement airborne precautions if measles is suspected.
 - Mask and isolate the patient in an airborne isolation room.
 - Do not re-use the exam room for at least one hour after the patient has left the room.
 - If referring the patient to other healthcare facilities, ensure that airborne precautions are in place.
 - Only staff immune to measles should be taking care of suspected measles cases. Staff should use
 - N-95 respirators.
 - For more complete infection control guidance in healthcare settings, go to <http://tinyurl.com/yxes3amk>.
3. **Immediately report** suspected measles cases **while the patient is still in your office. During normal business hours, please call the San Mateo County Communicable Diseases Control Program at 650- 573-2346.** After hours call 650-363-4981 and ask for the On-call Health Officer.
4. After consultation with the San Mateo County Communicable Diseases Control Program, **test** suspected measles cases as follows:
 - Please HOLD all specimens for testing by public health as using a commercial laboratory may delay testing.
 - For patients presenting ≤ 7 days after rash onset:
 - Obtain a Dacron throat swab (rather than NP swab) and place in viral transport media.
 - Collect 10-50 ml of urine for PCR testing in a sterile centrifuge tube or urine specimen container.
 - For patients presenting > 7 days after rash onset:
 - Obtain a Dacron throat swab (rather than NP swab) and place in viral transport media.
 - Collect 10-50 ml of urine for PCR testing in a sterile centrifuge tube or urine specimen container.
 - Serology (measles IgM and IgG): Draw 7-10 ml blood in a red-top or serum separator tube; spin down if possible.
5. Collecting specimens while the patient is at your facility will prevent delays in confirmation and limit the potential for additional healthcare visits/exposures. Details on specimen collection, storage and shipment can be found in this document: [Measles Investigation Quicksheet](#). **Advise patients with suspected measles to stay home with no visitors until at least four days after rash onset**



and/or until cleared to resume normal activities by the San Mateo County Communicable Disease Control Program. Patients should go home by private vehicle, not public transportation, or a ride share (e.g. Uber, Lyft) and should only be accompanied by someone immune to measles.

6. **Confirm immunity of contacts and health care staff** with unknown vaccination status by ordering Measles IgG only. DO NOT order measles IgM testing for asymptomatic individuals, as there is a substantial possibility of a false positive IgM result. *Confirm staff immunity now to avoid staff exclusion from work in the event of an exposure.* CDC recommends 2 doses of MMR for healthcare workers without evidence of immunity.
7. **Vaccinate children and non-immune adults**, unless contraindicated, according to national guidelines. [Immunization Schedules | Vaccines & Immunizations | CDC.](#)

Resources:

- CDPH Measles Clinical Guidance - Identification and Testing of Suspect Measles Cases:
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/Measles-ClinicalGuidance.pdf>
- CDPH Measles Webpage:
www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/measles.aspx
- Centers for Disease Control and Prevention (CDC) Measles (Rubeola) for Healthcare Professionals: [Clinical Overview of Measles | Measles \(Rubeola\) | CDC](#)
- Measles Information for Healthcare Providers:
- Travelers' Health alerts for international destinations: [Travelers' Health | CDC](#)

The Communicable Disease Control Program is available to help meet the reporting needs of, and answer questions for, San Mateo County clinicians. To report a disease or outbreak, please call 650-573-2346, Monday through Friday, 8:00 am to 5:00 pm, or fax a Confidential Morbidity Report (CMR) to 650-573-2919. You may download an electronic copy of the CMR at smchealth.org/cmr. Web-based reporting via CalREDIE is also available and accounts may be requested at <https://calrediehelp.powerappsportals.us/>. Non-urgent questions and/or general inquiries may be directed to SMCCDControl@smcgov.org.

Categories of urgency levels:

- : conveys the highest level of importance; warrants immediate action or attention.
- : provides important information for a specific incident or situation; may not require immediate action.
- : provides information regarding an incident or situation; unlikely to require immediate attention.