HEALTH ADVISORY # 226
Increase in US Measles Cases and Updated Guidance for Healthcare Providers

TO: West Virginia Healthcare Providers, Hospitals, and Other Healthcare Facilities

FROM: Shannon McBee, MPH, CHES State Epidemiologist, West Virginia Department of Health and Human Resources, Bureau for Public Health

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LOCAL HEALTH DEPARTMENTS: Please distribute to community health providers, hospital-based physicians, infection control preventionists, laboratory directors, and other applicable partners

OTHER RECIPIENTS: Please distribute to association members, staff, etc.

The United States is currently on track to exceed the highest number of measles cases reported since 2019. As of April 17, 2025, a total of 800 confirmed measles cases were reported across 25 jurisdictions, and as of April 22, 2025, measles cases have been reported in all states bordering West Virginia. There have been 10 outbreaks (defined as three or more related cases), with the largest outbreak in Texas, accounting for 624 confirmed cases since late January. The current surge in measles cases is attributed to travel-related exposures and spread within communities with low immunization rates.

In light of these developments, West Virginia healthcare providers are urged to remain vigilant for measles, especially among patients with recent travel history. The Centers for Disease Control and Prevention (CDC) issued a provider alert on April 7, 2025, highlighting the growing concern.

The WV Bureau for Public Health (BPH) is recommending the following for Healthcare Providers:

1. Consider Measles in Suspected Cases
Evaluate patients presenting with acute viral respiratory illness and a relevant exposure history within the past 21 days. Clinical features include:

- **Prodrome symptoms**: Fever (≥101°F), cough, coryza, conjunctivitis.
- **Koplik spots**: Pathognomonic enanthem on the buccal mucosa.
- **Rash**: Maculopapular, beginning at the hairline/head, spreading to trunk and extremities.

Consider measles in patients who:

- Are not up to date with MMR vaccination.
- Recently traveled internationally or to states reporting measles outbreaks.
- Have clinically compatible illness.

This message was directly distributed by the West Virginia Bureau for Public Health to local health departments and professional associations. Receiving entities are responsible for further disseminating the information as appropriate to the target audience.
Categories of Health Alert messages:
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Health Advisory: Provides important information for a specific incident or situation. May not require immediate action.
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2. If Measles is Suspected

- **Isolate** immediately: Use an airborne infection isolation room (AIIR) or a private room with the door closed. Patients should not remain in waiting rooms or common areas.
- **Notify the local health department** immediately.
- **Test**: Submit a nasopharyngeal or throat swab in viral transport media for PCR and collect a urine specimen (10–20 mL) to increase likelihood of detection.
    - Testing is available commercially and through the West Virginia State Public Health Laboratory.
    - State lab testing must be approved/coordinated by the Office of Epidemiology and Prevention Services: (304) 558-5358, extension 2.

3. There are **additional vaccination considerations before traveling** for individuals who do not have evidence of immunity. Acceptable evidence of immunity against measles includes at least one of the following:

- Written documentation of adequate vaccination
- Laboratory evidence of immunity
- Laboratory confirmation of measles
- Birth in the United States before 1957

Vaccination Recommendations for Domestic Travelers

For West Virginians traveling to outbreak areas; ideally two weeks before travel:

- **Adults** who received **only one MMR dose:** should receive a second dose.
- **Adults with no documented vaccination history** should receive two doses, at least 28 days apart.
- **Children aged 1–4 years with one prior dose:** should receive a second dose.
- **Children with no documentation of MMR vaccination:** Two MMR doses, at least 28 days apart.
- **Infants 6–11 months:** One early MMR dose *(Note: this dose does not count toward the routine series; the child will still need two routine doses later).*

International Travel Guidance

All travelers aged **6 months and older** without documented measles immunity should be vaccinated prior to international travel:

- **Infants 6–11 months:** One early MMR dose at least two weeks before travel *(Note: this dose does not count toward the routine series; the child will still need two routine doses later).*
- **Children ≥12 months, teens, and adults**: Two MMR doses, at least 28 days apart, with the second dose ideally given at least two weeks before travel.

For questions or additional information please visit our website at: https://oeps.wv.gov/measles/pages/default.aspx or call the Office of Epidemiology and Prevention Services at: (304) 558-5358, extension 2.

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