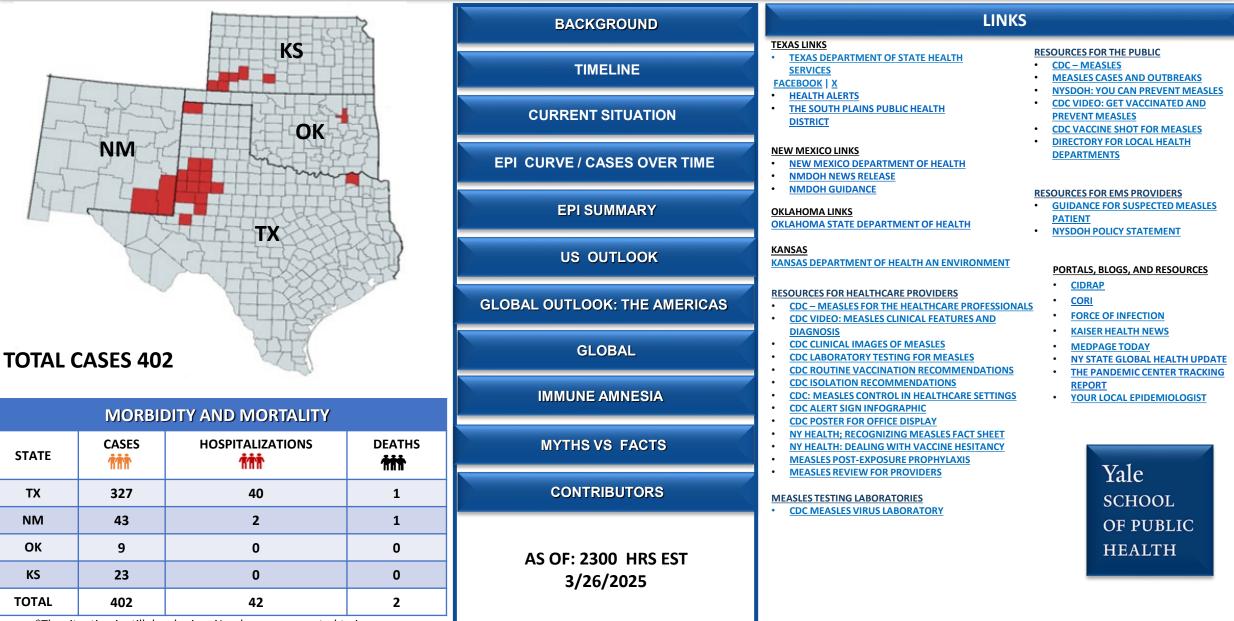
YALE SCHOOL OF PUBLIC HEALTH - ESF-8 VIRTUAL MEDICAL OPERATION CENTER SPECIAL REPORT

MEASLES OUTBREAK - SOUTHWEST U.S. - 2025



*The situation is still developing. Numbers are expected to increase

BACKGROUND

TYPE OF PUBLIC HEALTH EMERGENCY: LARGE REGIONAL MEASLES OUTBREAK

OVERVIEW: A measles outbreak in West Texas (TX) has been linked to cases in New Mexico (NM), with additional cases reported in Oklahoma (OK) and Kansas (KS). A substantial number of measles patients have required hospitalization, and there have been two fatalities. These deaths represent the first measles-related fatalities in the U.S. since 2015 and the first death of a child from measles since 2003.

THE VIRUS: <u>Measles</u> is a highly contagious viral disease that spreads primarily through respiratory droplets from coughing or sneezing. Symptoms include high fever, cough, runny nose, conjunctivitis, and a distinctive red, blotchy rash. The virus can remain infectious in the air or on surfaces for up to two hours, significantly increasing its transmissibility. Although preventable by <u>vaccination (MMR)</u>, measles outbreaks continue in areas with low vaccination rates, creating a risk for serious health complications.

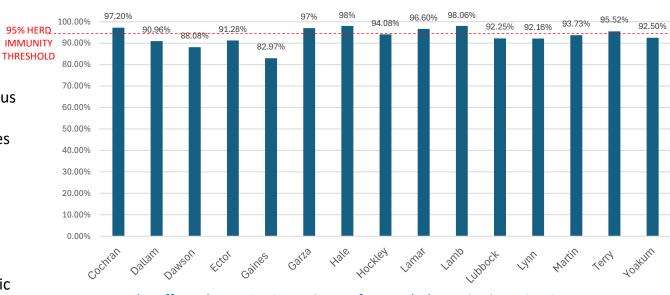
FACTORS DRIVING THIS OUTBREAK:

- Low vaccination rates
- High levels of vaccine hesitancy and misinformation
- Community mistrust in public health authorities, heightened by post-pandemic attitudes

PUBLIC HEALTH RESPONSE:

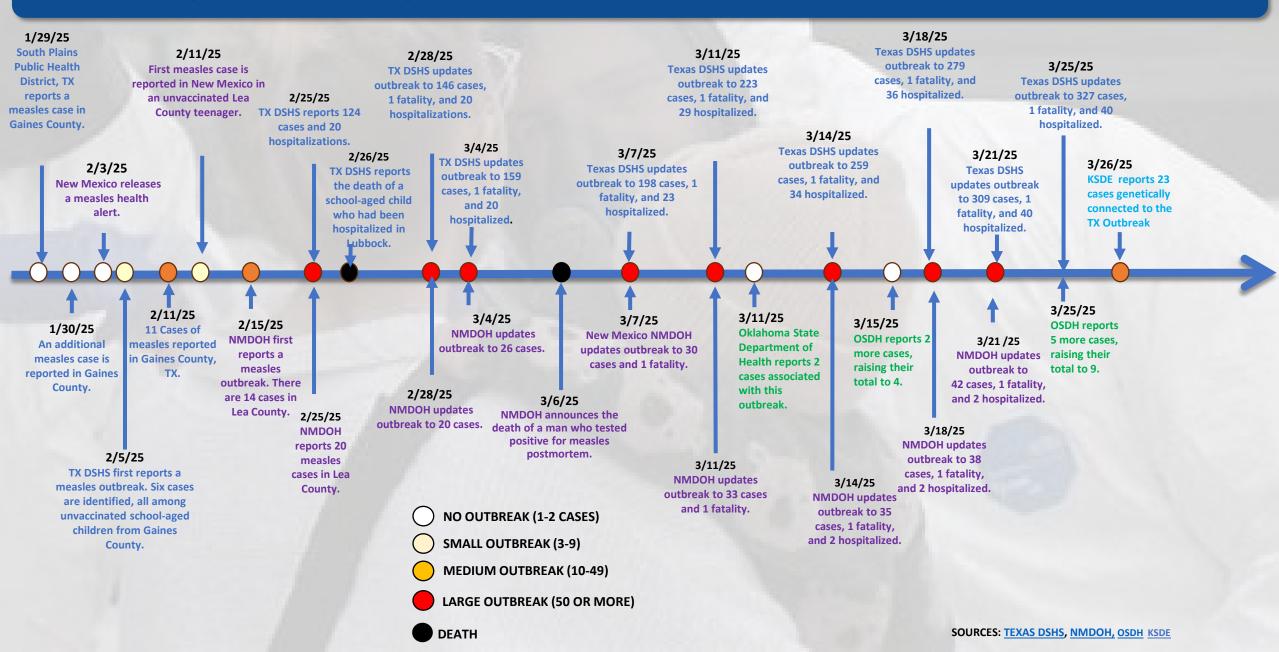
- Increased vaccination campaigns and community outreach
- Efforts to build trust and combat misinformation
- Coordination with schools, healthcare providers, and community organizations

MMR VACCINE RATES AMONG KINDERGARTENERS 2023-2024



Among the affected counties in TX, 9 out of 15 are below a 95% vaccination rate, the recommended rate for herd immunity (SOURCE: <u>Annual Report on</u> <u>Immunization Status</u> and <u>CORI</u>)

TIMELINE (TX – NM – OK)



CURRENT SITUATION

The outbreak in the US now stands at **402 confirmed cases** across **Texas**, **New Mexico**, **Oklahoma**, and **Kansas**, though experts warn this is **likely a severe undercount**. The situation remains fluid, with case numbers expected to rise. Experts project the outbreak could last **up to a year**.

KANSAS: The virus has mainly <u>infected unvaccinated children</u> in the southwest corner of the state. **Genetic sequencing has suggested a link to the Texas and New Mexico outbreaks, state health officials told <u>The New York Times</u> on Wednesday, 3/26/2025.**

CURRENT CASE COUNT: 402 (As of 3/26/2025)

- **Texas:** 327 (+18 since the last report. Lamb is the latest county to be added)
- New Mexico: 43 (+1)
- Oklahoma: 9 (+5)
- Kansas: 23 (New)

HOSPITALIZATIONS: 42 (No change since last report)

- **Texas:** 40 have been hospitalized. This is 12% of all confirmed cases in TX.
- New Mexico: 2 have been hospitalized. This is 5% of all confirmed cases in NM.

DEATHS: 2 (No change since last report)

CONTACT TRACING: Texas, New Mexico, and Oklahoma are conducting contact tracing to help identify and track positive cases and inform people who may have been exposed.

AGES OF CASES:

WEST TEXAS OUTBREAK						
0-4 Years	5-17 Years	18+ Years	Pending	Total		
105(32%)	140(43%)	63(19%)	19 (6%)	327		
NEW MEXICO OU	TBREAK					
0-4 Years	5-17 Years	18+ Years	Pending	Total		
8(19%)	11 (26%)	23(53%)	1 (2%)	43		
KANSAS	KANSAS					
0-4 Years	5-17 Years	18+ Years	Pending	Total		
6	15	2	0	0		
OKLAHMOMA OUTBREAK						
0-4 Years	5-17 Years	18+ Years	Pending	Total		
7 Cases C	7 Cases Confirmed – no ages provided			9		

LABORATORY TESTING:

- In TX: Texas Tech University Bioterrorism Response Laboratory, part of a national network of CDC-funded labs, began measles testing on 3/3/2025. Prior to that, only the state lab in Austin was performing the test, which resulted in delays due to the distance involved.
- In NM: If measles is suspected, providers are to immediately notify NMDOH by calling 1-833-SWNURSE, option 4 (1-833-796-8773) for further guidance and testing approval. They are to obtain a throat swab or nasopharyngeal swab in viral transport medium for PCR testing at the State Public Health Laboratory.

CURRENT SITUATION

VACCINATION RATES:

- TX: Vaccination rates are low in the most affected areas. In Gaines County, TX, vaccination rates are significantly below the threshold required for herd immunity, contributing to the virus's rapid spread. In the county, one in five students is not vaccinated with the measles-mumps-rubella (MMR) vaccine.
- NM: Reports that <u>94%</u> of individuals aged 18 and under in Lea County have received at least one dose of the MMR vaccine. This is slightly below the state's overall rate of 95% for the same age group.
- Because measles is so highly contagious, 95% of the population must be vaccinated to achieve herd immunity and prevent ongoing transmission of the virus.

STATE	VACCINATED WITH 2 DOSES	UNVACCINATED/ UNKNOWN	TOTAL CASES
тх	2	325*	327

NOTES: The TX unvaccinated/unknown category includes people with no documented doses of measles vaccine more than 14 days before symptom onset.

STATE	VACCINATED WITH LEAST ONE DOSE			OTAL CASES		
NM	4		31	8	43	
STATE	ACCINATED WITH	UNVACCINATED / UNKNOWN		TOTAL CASES		
ОК	0	9		9		
STATE	VACCINATED	NOT VACCINATED UNKNOWN		TOTAL CASES		
KS	1		21	1		23

IMPACTS ON AREA HOSPITALS - As of **3/25/2025**, most hospitalized cases involve **unvaccinated children** experiencing severe symptoms, including respiratory complications that necessitate **supplemental oxygen and intensive care**. While all area hospitals remain operational, they are facing **challenges** in managing the outbreak.

INFECTION CONTROL MEASURES: To prevent further spread within healthcare facilities, hospitals have implemented **strict infection control protocols**:

- Mask Mandates: UMC Children's Hospital in Lubbock has implemented a mask-wearing mandate in its first- and second-floor common areas to protect vulnerable patients, including newborns and individuals with immunocompromised conditions.
- Screening and Isolation: Midland Memorial Hospital is conducting symptom screenings at entry points and isolating suspected measles cases to prevent transmission within the facility.

INCREASED PATIENT LOAD: The outbreak has led to a **surge in hospitalizations**, with patients experiencing severe complications such as **pneumonia**. This influx is straining **hospital capacity, staff, and resources** across the region.

NEW COMPICATION: Doctors in West Texas are observing measles cases exacerbated by alternative therapies promoted by vaccine skeptics. **Parents increasingly turning to unproven supplements and treatments to shield their unvaccinated children from measles have unknowingly caused additional harm.** One supplement is cod liver oil, rich in vitamin A. Physicians at Covenant Children's Hospital in Lubbock, Texas, report treating several unvaccinated children who exhibited symptoms of **liver damage** due to **excessive vitamin A intake**. These children had **received unsafe doses of cod liver oil and other vitamin A supplements for several weeks**, mistakenly believing this would prevent measles infection.

SOURCES: TX MEASLES OUTBREAK, NM MEASLES OUTBREAK, OSDH, AP -3/21/2025 NYT

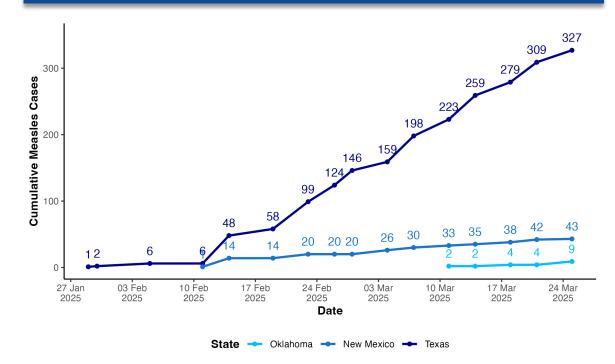
EPI CURVE AND CASES OVER TIME

SOUTHWEST MEASLES OUTBREAK - EPI CURVE

NOTE: WILL UPDATE WITH KS DATA WITH NEXT BRIEF

60 **Cases Reported** 20 24 Feb 03 Mar 27 Jan 03 Feb 10 Feb 17 Feb 10 Mar 17 Mar 24 Mar 31 Mar 2025 2025 2025 2025 2025 2025 2025 2025 2025 2025 Week State Oklahoma New Mexico Texas

SOUTHWEST MEASLES OUTBREAK - CUMULATIVE CASES OVER TIME



TX: Reported first case the week of 1/27/25. There have been an average of 51 new cases per week since 2/10/25. Most cases in the current outbreak are in Gaines County, TX.

NM: Reported first case the week of 2/10/25. The greatest increase in new cases was during the week of 2/10/25.

OK: Reported 4 cases the week of 3/10/25. 5 new cases identified 3/25/2025.

TX: The number of cases has increased consistently over time, to a total of 327 cases across 15 counties. During the week of 3/25/25, one county reported a case for the first time during the current outbreak (Lamb).

NM: A total of 43 cases have been reported in 2 counties (Lea and Eddy).

OK: A total of 9 cases have been reported by the OSDH.

EPI SUMMARY

COUNTY	MEASLES CASES (Number of new cases)	% KINDERGARTENERS VACCINATED (2023-2024)	NUMBER OF SCHOOL DISTRICTS IN EACH COUNTY WITH MMR VACCINATION RATES BELOW HERD IMMUNITY LEVELS (95%)
TEXAS			
Cochran	7	97.2%	1
Dallam	6	90.96%	2
Dawson	13	88.08%	4
Ector	2	91.28%	5
Gaines	226 (+15)	82.97%	3
Garza	1	97%	0
Hale	1	98%	0
Hockley	1	94.08%	2
Lamar	5	96.6%	5
Lamb	1 (New)	98.06	1
Lubbock	10 (+2)	92.25%	5
Lynn	1	92.16%	2
Martin	3	93.73%	1
Terry	37 -	95.52%	2
Yoakum	13 (+1)	92.50%	1

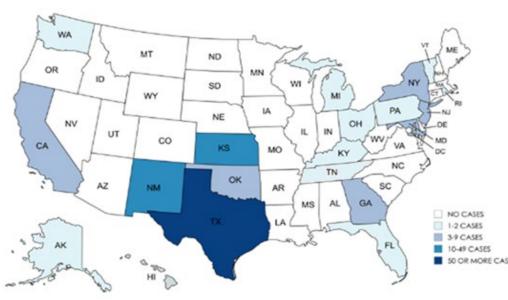
EPI SUMMARY (CONTINUED)

COUNTY	MEASLES CASES (Number of new cases)	% KINDERGARTENERS VACCINATED (2023-2024)	NUMBER OF SCHOOL DISTRICTS IN EACH COUNTY WITH MMR VACCINATION RATES BELOW HERD IMMUNITY LEVELS (95%)	
KANSAS				
Grant	3	99%		
Gray	1	66%		
Haskel	4	58%		
Kiowa	6	92%		
Morton	3	82%		
Stevens	6	58%		
NEW MEXICO				
Eddy	2	• <u>18 years or younger: 95% vaccination</u>	<u>rate</u>	
Lea	41 (+1)	 In adults: 63% have received one sho 	ot of MMR, and only 55% have received both shots, according to	
OKLAHOMA		local health officials, though they not	ed that there may be vaccinated adults whose records have not	
Not specified	4 (+5)	been added to the system. Adults make up more than half of reported cases in New Mexico.		

NOTE: WILL UPDATE WITH MORE DETAILS ON KS NEXT BRIEF

US OUTLOOK

* NOTE: The information on this page has been gathered by reviewing data from state health departments, news media sources, and <u>CORI</u>



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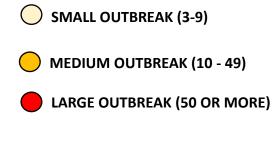
- The increase in measles cases can be attributed to falling vaccination rates and to increased importation of travel-related cases, which occur when unvaccinated people acquire measles abroad and bring it back to the U.S.
- There have been four confirmed outbreaks of measles in the U.S. so far in 2025 (TX-NM-OK, NJ, GA, KS), with 91% of cases linked to these domestic outbreak.

_	CTATE	CASES
447*	STATE	CASES
77/	<u>ALASKA</u>	2
	CALIFORNIA	8
	FLORIDA	1
	D.C.	1
3	GEORGIA	3
and a second sec	KANSAS	23
2	<u>KENTUCKY</u>	1
	MARYLAND	3
	MICHIGAN	1
	MINNESOTA	1
	NEW MEXICO	43
CASES CASES	NEW YORK CITY	3
AP CASES	NEW YORK	1
OR MORE CASES	NEW JERSEY	3
	PENNSYLVANIA	4
	<u>OHIO</u>	10
	<u>OKLAHOMA</u>	9
ates and	RHODE ISLAND	1
	<u>TEXAS</u>	335**
J.S.	TENNESSEE	1
r in 2025	VERMONT	1
utbreak.	WASHINGTON	2
	TOTAL	447

As of 3/26/2025, 1700 hrs. EDT, there are approximately **447** measles cases across **20** *States, NYC, and DC.*

Currently, there are *four measles outbreaks*:

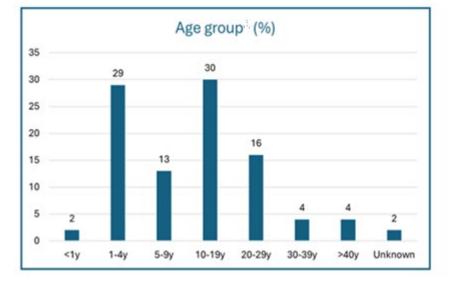
- West Texas, involving <u>15 counties</u> in Texas, <u>2 counties</u> in New Mexico, <u>and 2</u> <u>unspecified counties</u> in Oklahoma
- 2. <u>6 counties</u> in Kansas connected West TX
- 3. Bergen County, New Jersey
- 4. metro Atlanta, Georgia

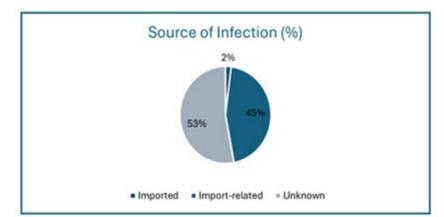


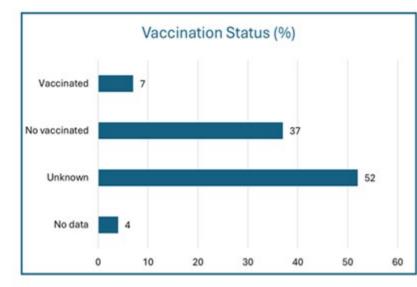
	TEXAS CASES NOT ASSOCIATED WITH OUTBREAK: 8
•	2 cases - Adults, Harris County (travel-related)
•	1 case – Infant, Harris County – required hospitalizations (travel-related
•	1 case - Infant, Travis County (travel-related)
•	1 case - Adult, Rockwell County (travel-related)
•	1 case – Adult, Midland County (Travel Related)
•	2 cases - Lamar County
TE	KAS CASES ASSOCIATED WITH THE OUTBREAK: 327

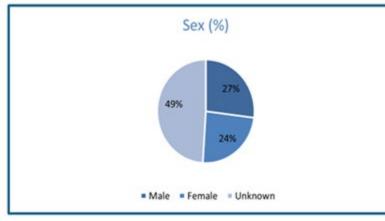
GLOBAL OUTLOOK: THE AMERICAS

Characteristics of measles outbreaks in the Americas, 2025 (n=611)









CANADA:

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- Canada's measles outbreak began in October 2024, following a travel-related case in New Brunswick, which subsequently sparked outbreaks in both New Brunswick and Ontario.
- As of 3/19/2025, Public Health Ontario (PHO) has reported a total of 470 outbreak-associated cases in Ontario, including 361 confirmed and 109 probable cases. Cases have been relatively evenly distributed across age groups, with the majority (74.7%) occurring in individuals under 20 years of age.
- The most affected health units are Southwestern Public Health (223 cases) and Grand Erie Public Health (111 cases). Nearly all cases involved individuals who were either unvaccinated (85.1%) or had unknown vaccination status (10.6%). Additionally, 34 individuals (7.2%) have been hospitalized. Overall, 90% of cases reported being unvaccinated.

MEXICO:

- On 3/18/2025, Mexico confirmed 43 measles cases, 39 of which were recorded in the northern state of Chihuahua and are likely linked to the TX outbreak.
- More than 50% of the cases are in children under nine years old.

Sources: PAHO MR BULLETIN-3/14/ 2025, GLOBAL HEALTH UPDATE 3.20.25 - FINAL.PDF, MEDICAL XPRESS 3/18/2025

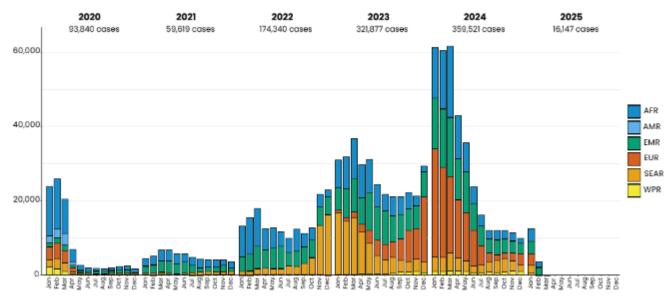
GLOBAL EPIDEMIOLOGY

MEASLES MORBIDITY AND MORTALITY – 359,521 CASES OF MEASLES WORLDWIDE IN 2024 (FOCUS ON EUROPEAN REGION AND THE AMERICAS FOR THIS REPORT)

EUROPEAN REGION: One third of all reported measles cases in 2024 occurred in the WHO European Region, with 127,350 cases reported across 53 countries in Europe and Central Asia. This figure is double the number reported in 2023 and represents the highest number of cases since 1997. Children under five accounted for 43%— over 54,000 cases. More than half of all individuals infected, nearly 74,000 people, required hospitalization.

AMERICAS REGION: Although the Americas region was reverified as measles-free in 2024, the disease remains a threat due to its ongoing circulation in other parts of the world, which increases the risk of importation through travelers. Additionally, pockets of unimmunized populations continue to be vulnerable. In 2024, the region reported 17,887 suspected cases of measles, of which 464 were confirmed—many occurring among adolescents and young adults. Notably, 63% of confirmed cases had not been vaccinated, underscoring persistent gaps in immunization coverage.

Measles case distribution by month and WHO Region (2020-2025)



SOURCES: WHO MARCH 2025 UPDATE, CDC, UNICEF - EUROPEAN REGION, PAHO

Highest incidence rates (2/2024 – 1/2025)				
Country	Cases	Cases per 1 million persons		
Kyrgyzstan	12940	1,800.72		
Romania	27314	1,436.44		
Kazakhstan	18805	913.19		
Azerbaijan	8586	830.64		
Iraq	25264	548.72		
Yemen	21457	528.72		
Bosnia and Herzegovina	1578	498.70		
Liberia	2040	363.45		
Burkina Faso	6790	288.34		
Eq. Guinea	474	250.46		

Highest total cases (8/2024 – 1/2025)			
Country	Cases		
Yemen	7,584		
Pakistan	6,661		
India	6,532		
Thailand	6,224		
Ethiopia	4,596		
Romania	4,478		
Afghanistan	4,358		
Indonesia	3,346		
Kyrgyzstan	2,966		
Viet Nam	1,835		

IMMUNE AMNESIA - THE LONG-TERM IMMUNE DAMAGE INFLICTED BY MEASLES

What is "immune amnesia"?

"Immune amnesia" is a condition where the immune system forgets previously acquired immunity following a measles infection. It results in a significant reduction in the body's ability to protect itself from previously encountered infections, increasing a person's vulnerability to other viral and bacterial infections.

How does "immune amnesia" happen?

The measles virus destroys the memory cells in the immune system, leading to loss of previously acquired immunity (11-73% reduction in one's antibodies). Destroying immune cells decreases the body's ability to fight against viruses and bacteria and increases the risk of severe infection and death.

How long does it last?

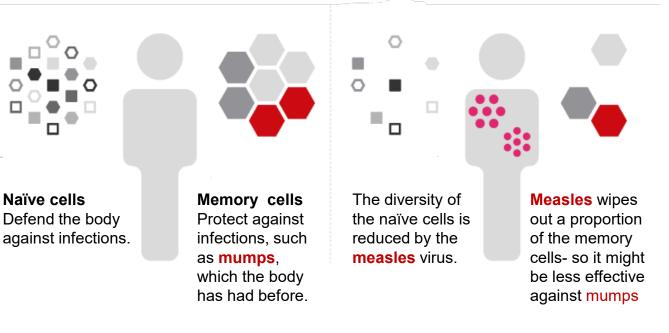
It takes 2-3 years after measles infection for protective immune memory to be restored.

How to prevent "immune amnesia"?

By maintaining high measles vaccination coverage, herd immunity prevents the spread of measles infection, thus preventing the longterm immunosuppressive effects associated with measles infection.

How Measles Leaves the Body Vulnerable to Infection

Measles affects two **key lines of immune response** within the body. After measles strikes, the body is left vulnerable long after the initial illness has passed.



Guardian graphic. Source: Science Immunology

MYTHS VERSUS FACTS

MYTH #1 Everyone should get the measles vaccine.

✓ FACT: Babies younger than 6 months, patients whose immune systems are not normal or who are on medications that suppress it should NOT get live virus vaccines like the MMR. Instead, these patients depend upon others to be vaccinated to keep measles out of their communities. The potential problem with early immunization is that many babies still have enough antibodies in their bodies from their mothers that the vaccine would not work effectively.

MYTH #2 - Measles is only a problem for children

FACT: While children have a higher risk of complications, adults can also get measles and experience serious illness.

MYTH #3 - Am I (or my children) at high risk of contracting measles visiting theme parks and playgrounds?

✓ FACT: The biggest risk of contracting measles is living in a community with a high rate of unvaccinated people or traveling to an area where measles rates are high due to low vaccination rates. People who have had 2 doses of the MMR are at very low risk to contract the measles virus.

MYTH #4 - MYTH: Proper handwashing alone can prevent measles.

✓ FACT: Good hand washing is very important for preventing illness. However, measles is so contagious that even tiny particles with live measles virus stay in the air for 2 hours and can remain on surfaces for several hours after a contagious person has left a room. In medical settings, that room is closed for at least several hours and surfaces sanitized to prevent spread.

Myth #5: My child is only a year old—too young to be vaccinated.

FACT: Most children receive their first measles vaccine between 12 and 15 months. During a local outbreak, vaccination can begin as early as 6 months. However, because young babies might still have maternal antibodies, vaccines given before 12 months may be less effective. Therefore, children vaccinated early due to an outbreak should be re-vaccinated at 12 months and again at age 4 to ensure lasting protection.

Myth #6: You can get the measles multiple times, even if you've already had it.

FACT: Not true. Unlike the chicken pox, measles do not come back once your system is cleared of the virus.

Stay informed. Stay protected.

CONTRIBUTORS

The Virtual Medical Operations Center Briefs (VMOC) were created as a service-learning project by faculty and graduate students at the Yale School of Public Health in response to the 2010 Haiti Earthquake. Each year, the VMOC Briefs are produced by students enrolled in Environmental Health Science Course 581 -Public Health Emergencies: Disaster Planning and Response. These briefs compile diverse information sources – including status reports, maps, news articles, and web content– into a single, easily digestible document that can be widely shared and used interactively.

Key features of this report include:

- **Comprehensive Overview:** Provides situation updates, maps, relevant news, and web resources.
- Accessibility: Designed for easy reading, wide distribution, and interactive use.
- **Collaboration:** The "unlocked" format enables seamless sharing, copying, and adaptation by other responders.

The students learn by doing, quickly discovering how and where to find critical information and presenting it in an easily understood manner.

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