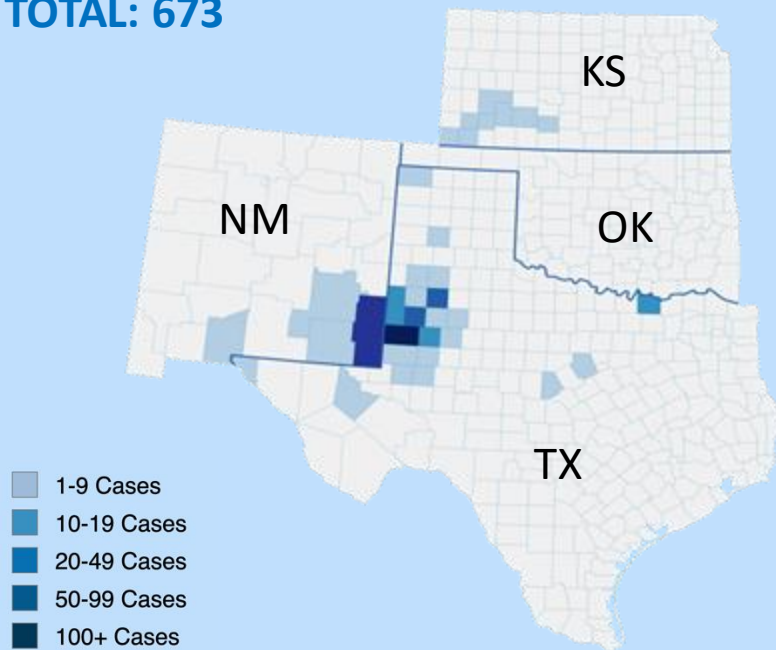





YALE SCHOOL OF PUBLIC HEALTH - ESF-8 VIRTUAL MEDICAL OPERATION CENTER SPECIAL REPORT

MEASLES OUTBREAK - SOUTHWEST U.S. - 2025

TOTAL: 673



MORBIDITY AND MORTALITY

STATE	CASES 	HOSPITALIZATIONS 	DEATHS 
TX	561 (+20)	58 (+2)	2
NM	63 (+5)	5 (+1)	1
OK	12	0	0
KS	37 (+5)	1	0
TOTAL	673 (+30)	64 (+3)	3

BACKGROUND

TIMELINE

CURRENT SITUATION

EPI CURVE / CASES OVER TIME

EPI SUMMARY

US OUTLOOK

INDIANA

OHIO

CONTRIBUTORS

Yale
SCHOOL
OF PUBLIC
HEALTH

4/17/2025

RISK ASSESSMENT IN OUTBREAK AREAS

Risk for Localized Spread	Risk to unvaccinated populations in and around the outbreak areas	Risk to Children	Potential for sustained transmission
HIGH	HIGH	HGH	HIGH

LINKS

TEXAS LINKS

- [TEXAS DEPARTMENT OF STATE HEALTH SERVICES](#)
- [FACEBOOK | X](#)
- [HEALTH ALERTS](#)
- [THE SOUTH PLAINS PUBLIC HEALTH DISTRICT](#)

NEW MEXICO LINKS

- [NEW MEXICO DEPARTMENT OF HEALTH](#)

OKLAHOMA LINKS

- [OKLAHOMA STATE DEPARTMENT OF HEALTH](#)

KANSAS

- [KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT](#)

RESOURCES FOR HEALTHCARE PROVIDERS

- [CDC – MEASLES FOR THE HEALTHCARE PROFESSIONALS](#)
- [CDC VIDEO: MEASLES CLINICAL FEATURES AND DIAGNOSIS](#)
- [CDC CLINICAL IMAGES OF MEASLES](#)
- [CDC LABORATORY TESTING FOR MEASLES](#)
- [CDC ROUTINE VACCINATION RECOMMENDATIONS](#)
- [CDC ISOLATION RECOMMENDATIONS](#)
- [CDC: MEASLES CONTROL IN HEALTHCARE SETTINGS](#)
- [CDC ALERT SIGN INFOGRAPHIC](#)
- [CDC POSTER FOR OFFICE DISPLAY](#)
- [NY HEALTH: RECOGNIZING MEASLES FACT SHEET](#)
- [NY HEALTH: DEALING WITH VACCINE HESITANCY](#)
- [MEASLES POST-EXPOSURE PROPHYLAXIS](#)
- [MEASLES REVIEW FOR PROVIDERS](#)

MEASLES TESTING LABORATORIES

- [CDC MEASLES VIRUS LABORATORY](#)

RESOURCES FOR THE PUBLIC

- [CDC – MEASLES](#)
- [MEASLES CASES AND OUTBREAKS](#)
- [NYSDOH: YOU CAN PREVENT MEASLES](#)
- [CDC VIDEO: GET VACCINATED AND PREVENT MEASLES](#)
- [CDC VACCINE SHOT FOR MEASLES](#)
- [DIRECTORY FOR LOCAL HEALTH DEPARTMENTS](#)

RESOURCES FOR EMS PROVIDERS

- [GUIDANCE FOR SUSPECTED MEASLES PATIENT](#)
- [NYSDOH POLICY STATEMENT](#)

PORTALS, BLOGS, AND RESOURCES

- [CIDRAP](#)
- [CORI](#)
- [FORCE OF INFECTION](#)
- [KAISER HEALTH NEWS](#)
- [MEDPAGE TODAY](#)
- [NY STATE GLOBAL HEALTH UPDATE](#)
- [THE PANDEMIC CENTER TRACKING REPORT](#)
- [YOUR LOCAL EPIDEMIOLOGIST](#)

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

BACKGROUND

TYPE OF PUBLIC HEALTH EMERGENCY: [LARGE REGIONAL MEASLES OUTBREAK](#)

OVERVIEW:

A measles outbreak originating in **West Texas** has spread in the US to **New Mexico, Oklahoma, and Kansas**, resulting in **64 hospitalizations** and **3 confirmed deaths** — including **two previously healthy children** in Texas and **one adult** in New Mexico. These are the **first U.S. measles deaths since 2015**, and the **first pediatric deaths since 2003**. Genetic and epidemiological evidence suggests this outbreak has also seeded the current outbreak in Chihuahua, Mexico, indicating clear cross-border transmission.

THE VIRUS:

[Measles](#) is a highly contagious viral disease transmitted 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 **airborne or infectious on surfaces for up to two hours**, contributing to its rapid spread.

Despite being preventable through the [MMR](#) (measles, mumps, and rubella) vaccine, outbreaks continue to occur in under-vaccinated communities, leading to severe health outcomes and increased transmission risk ([CDC](#)).

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:

- Emergency vaccination campaigns and targeted outreach.
- Focused messaging to combat misinformation and rebuild community trust.
- Multi-sector coordination involving schools, healthcare providers, and local organizations.

There appears to be a connection between the 2025 measles outbreaks in Canada, Mexico, and Texas. Contact tracing and genetic sequencing have identified that the measles virus circulating in all three regions belongs to the same genotype—D8—suggesting a direct epidemiological link.

CANADA:

The D8 genotype, specifically lineage MVs/Ontario.CAN/47.24, was first detected in Ontario in late 2024. By early 2025, it had been identified in 57 confirmed cases, primarily in Ontario, with additional cases in Quebec, Manitoba, and British Columbia. The majority of cases occurred among unvaccinated individuals. Source: [PAHO](#))

MEXICO:

In February 2025, a measles case in Chihuahua was confirmed to be of the D8 genotype, lineage MVs/Ontario.CAN/47.24. Contact tracing and active surveillance identified 17 additional related cases, confirming local transmission of this lineage. (Source: [El Diario de Chihuahua](#), [PAHO](#))

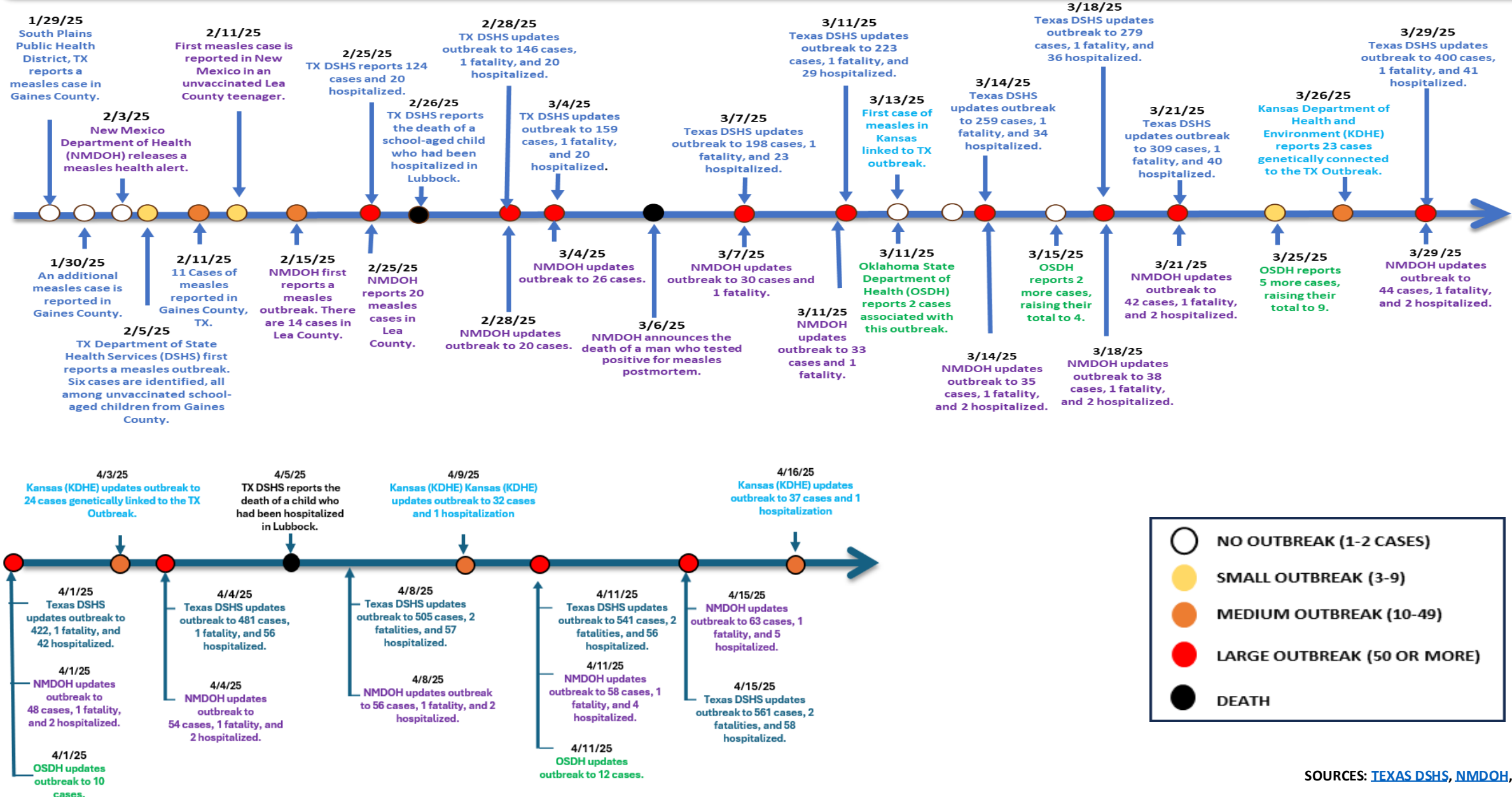
UNITED STATES:

While specific lineages are not always reported, genotype D8 has been predominant in recent outbreaks in Texas, New Mexico, Oklahoma, and Kansas. Genetic sequencing has linked the virus in the U.S. to the same D8 genotype circulating in Canada and Mexico, indicating a clear cross-border transmission pattern. However, the initial introduction of measles associated with these outbreaks remains unknown. (Source: [WHO](#))

This cross-national pattern highlights the critical importance of high vaccination coverage and robust surveillance systems to detect, contain, and prevent the spread of measles, particularly given how easily the virus can cross international borders.

The rapid spread of measles across multiple countries is a stark reminder that in a globalized world, diseases don't recognize borders—and neither should our public health response.

TIMELINE (JANUARY – APRIL 2025)



CURRENT SITUATION

As of 4/16/25, the Southwestern outbreak has **673 cases**, including confirmed and pending cases across **Texas, New Mexico, Oklahoma, and Kansas**. 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**.

Texas: The Texas DSHS has identified “designated outbreak counties” with ongoing measles transmission: Cochran, Dallam, Dawson, Gaines, Garza, Lynn, Lamar, Lubbock, Terry, and Yoakum.

CURRENT CASE COUNT: 673 (As of 04/16/2025)

- **Texas:** 561 (+20)
- **New Mexico:** 63 (+5)
- **Oklahoma:** 12
- **Kansas:** 37 (+5)

HOSPITALIZATIONS: 64 (+3)

- **Texas:** 58 (+2) This is 10.4% of TX cases.
- **New Mexico:** 5 (+1). This is 6.9% of NM cases.
- **Kansas:** 1. This is 2.7% of KS cases.

DEATHS: 3

- **Texas:** 2
- **New Mexico:** 1

INTERNATIONAL SPREAD: 347 (As of 4/15/2025)

- **Chihuahua, Mexico:** **347** (+86) cases, 5 hospitalizations, 1 fatality

AGES OF CASES:

WEST TEXAS OUTBREAK				
0-4 Years	5-17 Years	18+ Years	Pending	Total
175 (+4) (31%)	206 (+3) (37%)	156 (+13) (28%)	24 (4%)	561 (+20)
NEW MEXICO OUTBREAK				
0-4 Years	5-17 Years	18+ Years	Pending	Total
17 (+2) (25.9%)	19 (+3) (27.6%)	27 (46.5%)	0	63 (+5)
KANSAS OUTBREAK				
0-4 Years	5-17 Years	18+ Years	Pending	Total
11 (+1) (29.7%)	19 (+3) (51.4%)	7 (+1) (18.9%)	0	37 (+5)
OKLAHOMA OUTBREAK				
0-4 Years	5-17 Years	18+ Years	Pending	Total
9 Cases Confirmed, 3 Probable – no ages provided			3	12

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

DNA SEQUENCING: Texas submitted 92 identical DNA sequences of genotype D8. Ten sequences from New Mexico and one from Kansas matched those from Texas. Additionally, Texas reported three genotype D8 sequences with single nucleotide substitutions. 19 genotype D8 sequences have been reported from the affected states ([WHO](#)).

CURRENT SITUATION: - MEASLES IN AN URBAN SETTING

LUBBOCK, TX:

- Located about 80 miles from the outbreak's epicenter, **Lubbock**—a city of 257,000—has become a regional hotspot. As a medical hub, the city has facilitated viral spread, with rural residents traveling in for care and inadvertently introducing and amplifying transmission chains.
- As of April 15, 2025, **Lubbock County has reported 41 confirmed measles cases**, with a significant concentration within city limits. Due to increasing local transmission, the Texas Department of State Health Services has officially designated Lubbock as an outbreak area.
- The city's public health response has been constrained by stagnant immunization funding—just **\$254,000 annually**, unchanged for over 15 years. These limitations have hindered outreach, education, and vaccination efforts, especially in close-knit, vaccine-hesitant communities.
- Clusters of vaccine hesitancy, particularly among **faith-based and libertarian-leaning groups**, continue to depress community immunity.
- As of April 2025, the measles, mumps, and rubella (MMR) vaccination rate among kindergartners in Lubbock County, Texas, stands at approximately **92%**. This rate falls below what is needed to achieve herd immunity. While the overall county rate is relatively high, certain private schools and daycare centers in Lubbock report MMR coverage rates significantly below this threshold, contributing to the risk of localized outbreaks

EL PASO, TX

- With a population of 679,000, El Paso's **first confirmed case** was reported on 4/8/2025.
- As of April 2025, the vaccination rate in El Paso County stands at 96%. However, there is reason for concern about unvaccinated pockets within the community. Based on population, this would put 27,000 individuals at risk.
- In El Paso, cross-border dynamics with Juárez, Mexico, add unique challenges. High levels of daily binational travel have contributed to the spread of measles. Through contact tracing and sequencing data, a large outbreak in the Mexican state of Chihuahua has been directly linked to the ongoing outbreak in Gaines, Texas. The genotype D8 is now confirmed on both sides of the U.S.–Mexico border.
- Public health outreach faces obstacles such as language barriers, pervasive misinformation, and concerns among undocumented populations who may avoid seeking care for fear of deportation.
- Earlier cases in El Paso involved exposures at **high-traffic locations** such as malls, retail stores, and restaurants, underscoring the risk of transmission in urban public spaces.
- Measles cases have been reported in three YISD high schools, Eastwood, Bel Air, and Hanks, [triggering schoolwide alerts](#) and reinforcing the need for improved vaccination record reviews and contact tracing in school settings.

THE BOTTOM LINE:

Due to their unique community vulnerabilities, the rates of measles contraction have been steadily increasing in urban areas such as Lubbock, TX, and El Paso, TX. Cases linked to public venues like schools, retail settings, and other public spaces reveal how urban density accelerates the risk of measles exposure. Trusted community messengers who can spread awareness about the safety and necessity of the MMR vaccine are critical at this time.

CURRENT SITUATION

DAYCARE EXPOSURES

TEXAS:

- As of April 12, 2025, the measles outbreak at Tiny Tots U Learning Academy in Lubbock, Texas, has resulted in at least [seven confirmed cases](#) among children, with two hospitalizations.
- The Tiny Tots U Learning Academy is a center with approximately 230 infants, toddlers and preschool-age children. The children who have tested positive at the day care so far are between the ages of 5 months and 3 years old.
- The outbreak began when an infectious child transmitted the virus to two others, leading to further spread within the daycare.
- The daycare has implemented measures such as isolating unvaccinated children and those too young to be vaccinated. Unvaccinated attendees are required to stay home for 21 days following their last exposure.
- In response, **Lubbock Public Health has updated vaccination guidelines, recommending that infants receive their first MMR vaccine dose at 6 months old instead of the standard 12 months. Children who have received only one dose are advised to get their second dose earlier than the usual schedule.**

NEW MEXICO: The [New Mexico Department of Health](#) notified the public about a potential measles exposure from an unvaccinated child with measles at multiple locations in Hobbs, including a daycare center– Friday, April 4 and Tuesday, April 8, from 10:30 a.m. - 6:45 p.m. at the Kidz City Daycare.

UPDATED SET OF VACCINE RECOMMENDATION FOR TEXAS

The Texas Department of State Health Services this week released an [updated set of vaccine recommendations](#) for 10 West Texas counties at the center of an ongoing measles outbreak. Those counties include: Cochran, Dallam, Dawson, Gaines, Garza, Lamar, Lynn, Lubbock, Terry and Yoakum.

The recommendations for those living or traveling to the outbreak counties covers Texans of all ages, not just young children. The agency stressed that vaccination is the best defense against measles and that two doses of the measles-mumps-rubella (MMR) vaccine prevents more than 97% of measles infections.

DSHS's recommendations for outbreak areas include:

- Children 6 to 11 months receive an "outbreak" dose of the MMR vaccine if they live or are traveling to an outbreak county.
- Children over 12 months old who have not been vaccinated with the MMR vaccine receive one dose and follow up with a second at least 28 days later.
- Teens and adults should also be up to date on their MMR vaccination.
- Adults born between 1957 and 1968 who only received one MMR vaccine from that time period should consider getting one dose of the current vaccine.
- Adults born before 1957, pregnant women, and people with severe immunodeficiency are not recommended to receive any dose of MMR vaccine.

DAYCARE EXPOSURE PROCEDURES – TEXAS

TEXAS: Provide Staff with the following resources.

- **Post [informational flyers](#)** in English and Spanish in high-traffic areas for staff and guardians to view.
 - Messages including: measles is preventable through vaccination, when to go to the ER for measles, and measles is spreading
- **Collect and Verify Immunization Records.**
 - Ensure all staff and eligible children have up-to-date MMR (measles, mumps, rubella) vaccination. See [Vaccine Schedule and Requirements by Age Level](#).
 - Sort out any unvaccinated children or staff without documented immunity (medical records or lab-confirmed immunity) into separate classrooms. Encourage mask wearing for those who can comfortably wear a mask.
 - Promote and encourage MMR vaccination. See [vaccination site maps with low-cost options](#) and [measles vaccine FAQs](#).
- **Recognize Symptoms:** Train staff to recognize early signs of measles: fever, cough, runny nose, rash, and red, watery eyes. See [CDC symptoms](#) and [measles rash photos](#).
- **Isolate Exposed Unvaccinated Individuals and Suspected Cases.**
 - If exposure has occurred, exclude unvaccinated children and staff for 21 days from the date of last exposure.
 - If a child develops symptoms, immediately isolate them from others. Notify parents of the exposure and/or symptoms and how to re-enter safely.
- **Communicate with Health Officials:** Immediately report suspected cases to local public health authorities. Inform families and staff of a confirmed or suspected case while maintaining confidentiality. See [TX disease reporting contact by county](#).

- **Sanitation** - [General Guidance for Workers and Employers](#)
 - Wash hands regularly and wear gloves when coming into contact with bodily fluids.
 - Disinfect high-touch surfaces, including toys, books, and school supplies, regularly.
 - Improve ventilation in indoor areas, especially where children congregate (HEPA filters, open windows, replace/upgrade HVAC filters).
- **Collaborate with Public Health Authorities**
 - Cooperate with contact tracing efforts.
 - Follow health department guidance on closures, exclusions, and immunization catch-up clinics. See [Texas DSHS measles outbreak page](#).
- **Plan for Temporary Closure**
 - Be prepared for short-term closure if public health officials advise, especially in cases of multiple exposures or uncontrolled spread.
 - Provide parents with resources such as the Measles Communication Kit, Interim Guidance for Measles in Schools, Measles FAQs, and CDC Health Alert Network guidance (listed below).

1. [Measles Communications Toolkit](#) provided by Texas DSHS

- Informational flyers
- Exposure notification scripts and letters (English and Spanish),
- Measles overview for school nurses and school staff
- Additional measles resources (about measles, symptoms, how it spreads, etc.)

2. [Interim Guidance for Measles in Schools, March 2025](#) by Texas DSHS

- This document provides information for schools on preventative measures to enact and steps to follow when a case of measles is identified within a school and childcare setting.

3. [Measles FAQs](#) by Texas DHS

4. CDC Health Alert Network

- Expanding measles outbreak in the United States and [guidance](#) for upcoming travel season

CURRENT SITUATION – VACCINATION STATUS

STATE	VACCINATED WITH 1 DOSE	VACCINATED WITH 2 DOSES	UNVACCINATED/ UNKNOWN	TOTAL CASES
TX	4	7	550 (+20)*	561 (+20)

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

STATE	VACCINATED WITH AT LEAST ONE DOSE	NOT VACCINATED	UNKNOWN	TOTAL CASES
NM	6	46 (+5)	11	63 (+5)

STATE	VACCINATED WITH AT LEAST ONE DOSE	UNVACCINATED / UNKNOWN	TOTAL CASES
OK	0	12	12

STATE	AGE APPROPRIATELY VACCINATED	NOT AGE APPROPRIATELY VACCINATED	NOT VACCINATED	Pending Verification/ Unable to Verify	TOTAL CASES
KS	4	1	30	2	37



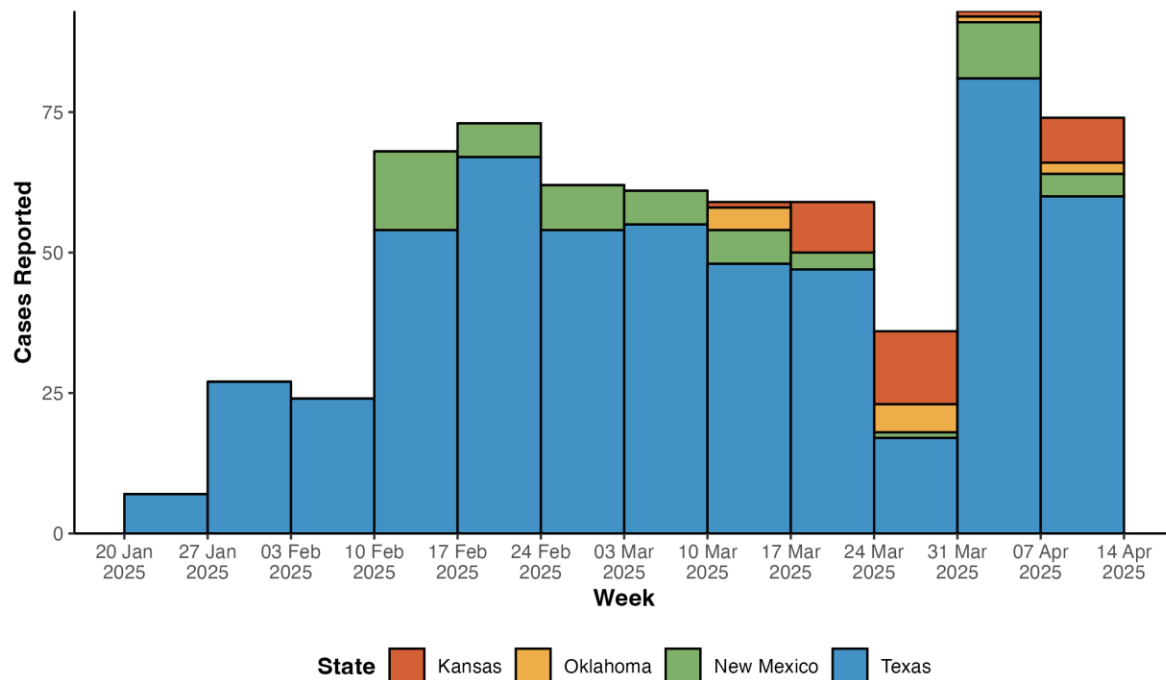
Among the affected counties in TX, 13 out of 23 are below a 95% vaccination rate, the recommended rate for herd immunity (SOURCE: [Annual Report on Immunization Status](#) and [CORI](#)).

BECAUSE MEASLES IS HIGHLY CONTAGIOUS, 95% OF THE POPULATION MUST BE VACCINATED TO ACHIEVE HERD IMMUNITY AND PREVENT ONGOING TRANSMISSION OF THE VIRUS.

- TX:** Vaccination rates are low in 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.
- NM:** NM reports that [94%](#) 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.
- OK:** For the 2023–24 school year, CDC reported Oklahoma kindergartners' vaccine exemption rate rose to 5.7%. [88.3%](#) of kindergartners received the MMR vaccine.
- KS:** Vaccination rates are low in the most affected counties in KS. The statewide vaccination rate is [90%](#). In the counties reporting cases, vaccination rates are far below herd immunity, except for Finney and Grant Counties (98% and 99%, respectively).

EPI CURVE AND CASES OVER TIME

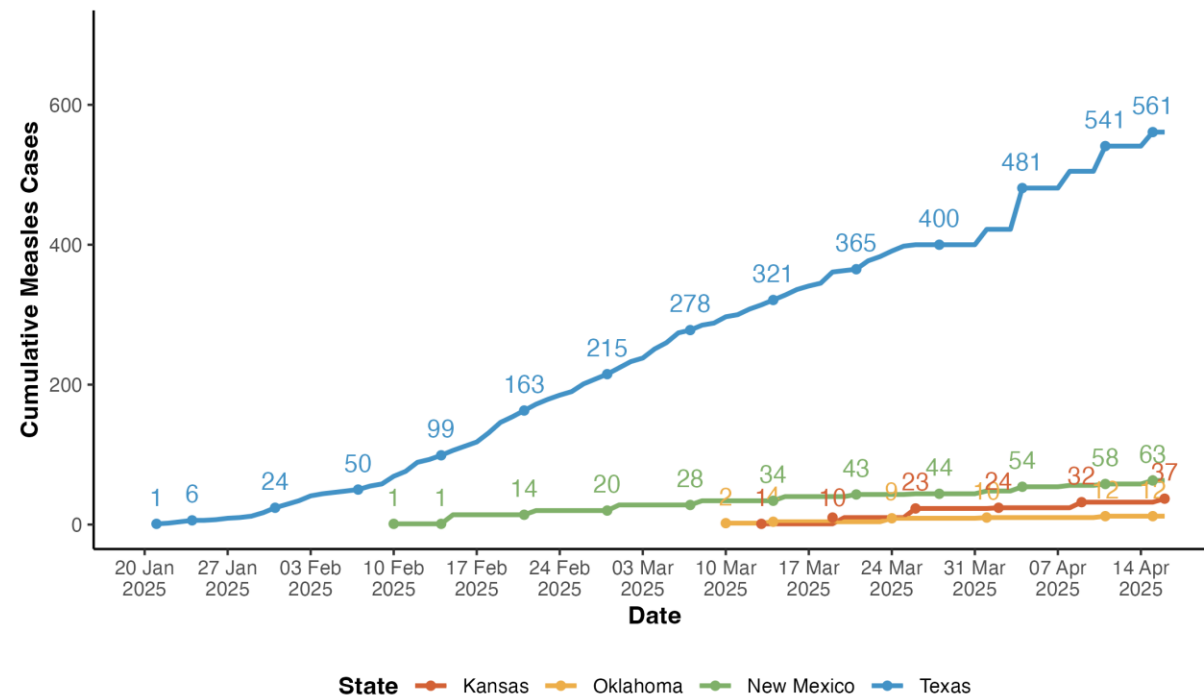
SOUTHWEST MEASLES OUTBREAK – EPI CURVE



The number of new cases per week remains high.

- **TX:** Reported first case the week of 1/25/25. Most cases in the current outbreak are in Gaines County.
- **NM:** Reported first cases the week of 2/10/25. First case in Doña Ana County reported 4/16/25.
- **OK:** Reported first cases the week of 3/10/25.
- **KS:** Reported first case on 3/13/25. First hospitalization reported 4/9/25. No new counties in the last week.

SOUTHWEST MEASLES OUTBREAK – CUMULATIVE CASES OVER TIME



Cases are rising, and the outbreak is not slowing down.

- **TX:** The number of cases has increased consistently over time, to a total of 561 cases across 23 counties.
- **NM:** A total of 63 cases have been reported in 4 counties.
- **OK:** A total of 12 cases have been reported by the OSDH. No new cases reported since 4/11/25.
- **KS:** A total of 37 cases across 8 counties have been reported by the KDHE. Cases increased by 50% from 4/2/25 to 4/9/25.

EPI SUMMARY - TEXAS

(n=561) AS OF 4/1

COUNTY	MEASLES CASES (NUMBER OF NEW CASES)	% of TOTAL CASES	% KINDERGARTENERS VACCINATED (2023-2024)	# OF SCHOOL DISTRICTS IN EACH COUNTY WITH MMR RATES BELOW 95%
Andrews	2 (+1)	0.4. %	97.70%	1
Borden	1	0.2%	94.44%	-
Brown	1	0.2%	93.64%	6
Cochran	12 (+1)	2.1%	95.20%	1
Dallam	7	1.3%	95.30%	2
Dawson	21	3.9%	88.10%	4
Ector	8	1.42%	91.30%	5
El Paso	7 (+4)	1.3%	96.37%	8
Erath	1	0.2%	93.94%	5
Gaines	364 (+9)	65%	82.00%	3
Garza	2	0.4%	97.10%	0
Hale	5	0.9%	98.30%	0
Hockley	3	0.5%	94.40%	2
Lamar	11	2.0%	96.80%	5
Lamb	1	0.2%	97.40%	1
Lubbock	41 (+3)	7.0%	92.30%	5
Lynn	2	0.4%	92.20%	2
Martin	3	0.5%	96.60%	1
Midland	2 (+1)	0.4%	94.80%	3
Randall	1	0.2%	93.95%	1
Reeves	1 (NEW)	0.2%	89.5%	2
Terry	47	8.4%	95.50%	2
Yoakum	18	3.2%	92.50%	1

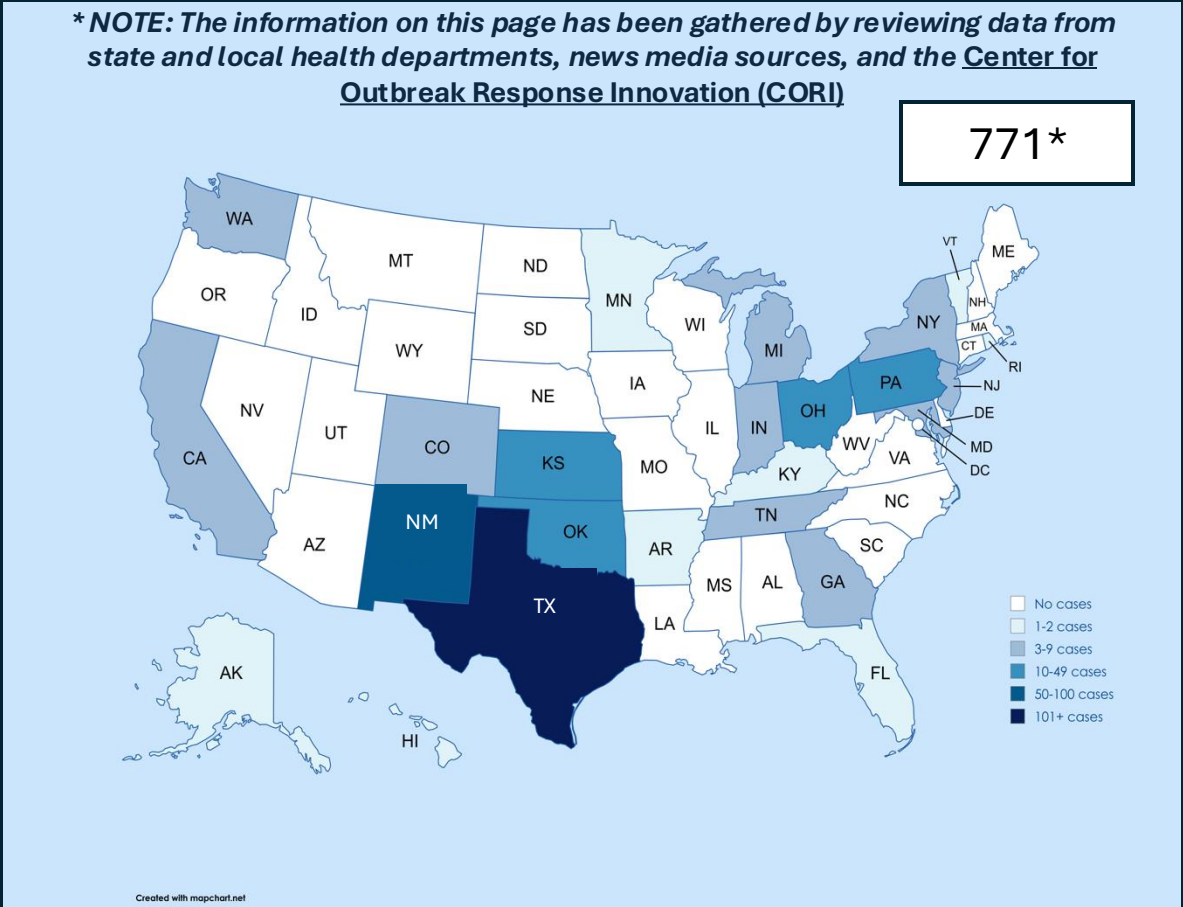
EPI SUMMARY (KS, NM, OK)

COUNTY	MEASLES CASES (NUMBER OF NEW CASES)	% of TOTAL CASES	% KINDERGARTENERS VACCINATED (2023-2024)
KANSAS (n=37) AS OF 4/16/2025			
Finney	Between 1- 5		98%
Ford	Between 1- 5		87%
Grant	Between 1- 5		99%
Gray	Between 1- 5		66%
Haskell	8	21.6%	58%
Kiowa	6	16.2%	92%
Morton	Between 1- 5		82%
Stevens	7	18.9%	83%
NEW MEXICO (n=63) AS OF 4/15/2025			
Chaves	1	1.6%	98%
Doña Ana	1 (+1) NEW	1.6%	
Eddy	2	3.2%	93%
Lea	59 (+4)	93.6%	94%
Note: Those 18 years or younger have a 95% vaccination rate. 63% of adults have received one shot of MMR, and only 55% have received both shots, according to local health officials, though they noted that there may be vaccinated adults whose records have not been added to the system. Adults make up more than half of reported cases in New Mexico.			
OKLAHOMA (n=12) AS OF 4/15/2025			
Tulsa and Cherokee Nation	12	Insufficient Information	89.5%

US OUTLOOK – INDIANA

*** NOTE: The information on this page has been gathered by reviewing data from state and local health departments, news media sources, and the Center for Outbreak Response Innovation (CORI)**

771*






The increase in measles cases can be attributed to falling vaccination rates and increased importation of travel-related cases, which occur when unvaccinated people acquire measles abroad and bring it back to the U.S.

Last week marked the first time the US had 90 cases in one day since 2019.

STATE	CASES
<u>TEXAS **</u>	568
<u>NEW MEXICO</u>	63
<u>KANSAS</u>	36
<u>OHIO</u>	25
<u>OKLAHOMA</u>	12
<u>PENNSYLVANIA</u>	11
<u>CALIFORNIA</u>	9
<u>INDIANA</u>	6
<u>MICHIGAN</u>	6
<u>NEW YORK</u>	4
<u>TENNESSEE</u>	4
<u>WASHINGTON</u>	4
<u>COLORADO</u>	3
<u>GEORGIA</u>	3
<u>MARYLAND</u>	3
<u>NEW JERSEY</u>	3
<u>ALASKA</u>	2
<u>ARKANSAS</u>	2
<u>HAWAII</u>	2
<u>FLORIDA</u>	1
<u>KENTUCKY</u>	1
<u>MINNESOTA</u>	1
<u>RHODE ISLAND</u>	1
<u>VERMONT</u>	1
TOTAL	771

OUTBREAKS

-  **SMALL OUTBREAK (3-9)**
-  **MEDIUM OUTBREAK (10 - 49)**
-  **LARGE OUTBREAK (50 OR MORE)**

An outbreak of measles is defined as three or more laboratory-confirmed cases that are temporally related and epidemiologically or virologically linked.

As of 4/16/2025, 2300 hrs. EDT, there are approximately **772** measles cases (including confirmed and suspected cases) across 21 states.

Currently, there are six or **seven measles outbreaks**:

1. West Texas, involving 23 counties in Texas, 4 counties in New Mexico, 2 counties in Oklahoma, and the Cherokee Nation in Oklahoma
2. 8 counties in Kansas are connected to West TX.
3. Ashtabula and Knox Counties, **Ohio**
4. Erin County, **Pennsylvania**
5. Allen County, **Indiana**
6. Bergen County, **New Jersey**
7. metro Atlanta, **Georgia**

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7. metro Atlanta, **Georgia**

**** TEXAS CASES NOT ASSOCIATED WITH OUTBREAK: 7**

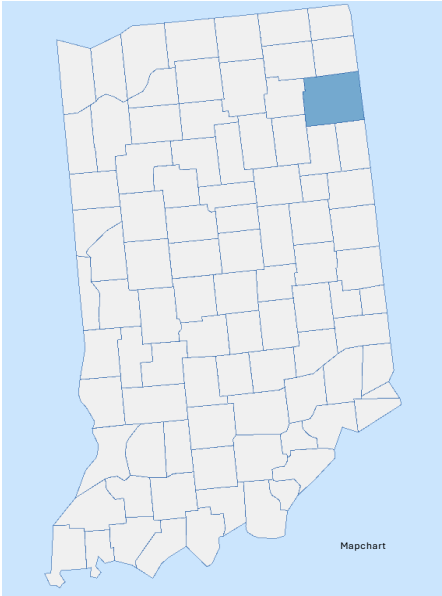
- 2 cases – Adults, Harris County (travel-related)
- 1 case – Infant, Harris County – required hospitalization (travel-related)
- 1 case – Harris County
- 1 case – Infant, Travis County (travel-related)
- 1 case – Adult, Rockwall County (travel-related)
- 1 case – Adult, Fort Bend (travel-related)

TEXAS CASES ASSOCIATED WITH THE OUTBREAK: 561

- 2 cases – Adults, Harris County (travel-related)
 - 1 case – Infant, Harris County – required hospitalization (travel-related)
 - 1 case – Harris County
 - 1 case – Infant, Travis County (travel-related)
 - 1 case – Adult, Rockwall County (travel-related)
 - 1 case – Adult, Fort Bend (travel-related)
- TEXAS CASES ASSOCIATED WITH THE OUTBREAK: 561**

TEXAS CASES ASSOCIATED WITH THE OUTBREAK: 561

US OUTLOOK – INDIANA



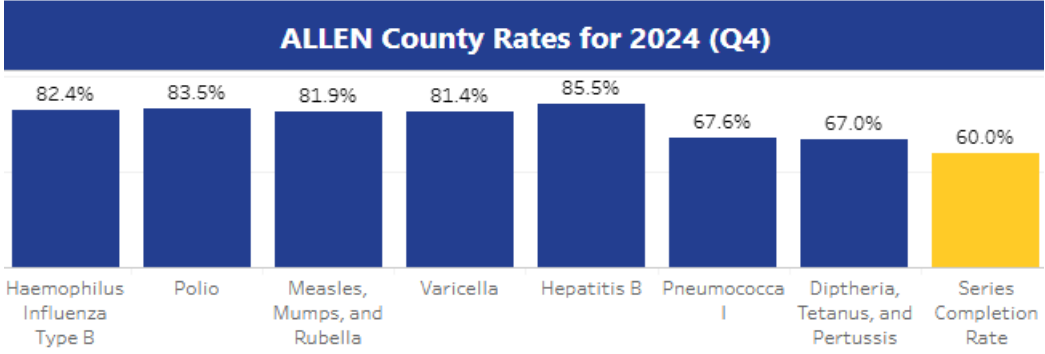
SITUATION: On 4/8/2025, Indiana reported its first confirmed case of measles in a minor from Allen County. On 4/10/2025, state health officials announced five additional cases—also in Allen County—all of which are epidemiologically linked to the initial case.

COUNTY	CASES	HOSPITALIZATIONS	DEATHS	% VAC
Allen	6	0	0	81.9%

WARNING ISSUED: The IDOH said the four minors were unvaccinated, and the two adults' vaccination status is unknown. Though all cases are connected, no known

links exist to cases in other states. The risk to the general public remains low.

CONTACT TRACING: State and local public health officials are working together on the investigation to contact those with known exposure to help prevent further spread of infection.



- **VACCINATION RATES:**
 - The vaccination rate for MMR increased from 78.4% in 2022 to 84.6% in 2024.
 - In Allen County, the rate is 81%.
 - The state requires 2 doses of MMR for all K-5 and above students.
- **RESPONSE:** The Indiana Department of Health is working with local health departments to get vaccination rates up to 95%.
- **VACCINATION CLINICS:** Vaccines are offered at county health departments, school-based health centers, and selected retail pharmacies.

US OUTLOOK – OHIO



SITUATION: Ohio is experiencing a measles outbreak. The first case was reported in Ashtabula County on 3/30/2025. The initial case involved an unvaccinated adult male linked to international travel, and subsequent cases were connected to this individual.

Additionally, a visitor in Knox County was confirmed to have measles, leading to exposures in Knox and nearby counties.

Most measles cases are in children under the age of 12.

On 4/14/2025, Ohio announced a total of 20 confirmed cases in Knox County, 13 in Ohio residents and 7 in non-residents.

COUNTY	CASES	HOSPITALIZATIONS	DEATHS	% VAC	NOTES
Ashtabula	11	0	0	93.5	Index case linked to travel
Knox	13 + 7 nonresidents	0	0	84.1	Includes 7 non-residents
Holmes	1	0	0	59.3	Under investigation

- **WARNING ISSUED:** Public health alerts were issued to residents in Ashtabula and Knox counties, urging unvaccinated individuals to receive the MMR vaccine and monitor for measles symptoms. School systems have also begun verifying immunization records and issuing exposure notices.

- **RESPONSE:** Ashtabula and Knox County health departments are holding emergency vaccination clinics and offering guidance through public health hotlines. Mobile vaccination units have also been deployed to improve access in underserved areas. The CDC is monitoring the outbreak and has provided updated clinician guidance.
- **CONTACT TRACING:** ODH and local health departments have deployed contact tracing teams to identify exposures and reduce community spread. Exposed individuals are advised to quarantine and monitor symptoms.
- **VACCINATION RATES:** Vaccination coverage in affected rural districts is below 85%, well under the threshold required for herd immunity.
 - In some areas, over 1 in 7 students is not fully vaccinated for measles.
 - High exemption rates are reported among families who homeschool or attend private schools.
 - 90% of confirmed cases involve individuals who are unvaccinated at the time of exposure.
- **VACCINATION CLINICS:**
 - MMR vaccines are available at county health departments, public schools, and select retail pharmacies (CVS, Walgreens).
 - ODH is coordinating with local partners to increase outreach in under-vaccinated communities.

CONTRIBUTORS

The Virtual Medical Operations Center Briefs (VMOC) were created as a service-learning project by the Yale School of Public Health faculty and graduate students in response to the 2010 Haiti Earthquake. Each year, students enrolled in Environmental Health Science Course 581—Public Health Emergencies: Disaster Planning and Response, produce the VMOC Briefs. These briefs compile diverse information sources—including status reports, maps, curated 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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