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WICHITA FALLS-WICHITA COUNTY PUBLIC HEALTH DISTRICT
HEALTH ADVISORY**

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to HEALTH CARE PROVIDERS and INFECTION CONTROL PRACTITIONERS.
No further distribution is authorized without consent from the Health District.**

Confirmed Case of Measles – January 2025

Date: February 4, 2025

Subject: Confirmed Case of Measles – January 2025

Summary:

The Texas Department of State Health Services (DSHS) is reporting two confirmed cases of measles in residents of Harris County, and two confirmed cases of measles in Gaines County. These are the first confirmed cases of measles reported in Texas since 2023. All four confirmed cases are from unvaccinated residents of Harris and Gaines County.

Due to the highly contagious nature of this disease, additional cases may occur. We advise clinicians to follow the recommendations below and report any suspected cases to the Wichita Falls-Wichita County Public Health District (940) 761-7803 immediately, preferably while the patient is in your presence.

Background:

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

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Health Alert Conveys the highest level of importance; warrants immediate action or attention.

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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 measles-containing vaccine, 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, symptoms are generally milder, and they are less likely to spread the disease to other people. Texas Department of State Health Services (DSHS) and the Centers for Disease Control and Prevention (CDC)'s Advisory Committee on Immunization Practices (ACIP) recommend children receive one dose of MMR at 12 to 15 months of age and another at 4 to 6 years. Children too young to be vaccinated are more likely to have severe complications if they get infected with the measles virus. However, each MMR dose lowers the risk of infection and severity of illness if infected.

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 $\geq 101^{\circ}\text{F}$ (38.3°C) **AND**
- Generalized maculopapular rash lasting ≥ 3 days **AND**
 - Rash 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 the Wichita Falls-Wichita County Health District (940-761-7803). If possible, please report while the patient is

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present to facilitate testing and the public health investigation, including follow-up of potential exposures.

Infection Control Precautions

- If a measles case is identified in a healthcare setting, including outpatient and long-term care facilities, the following measures should be taken: [Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings | Infection Control | CDC](#)
 - Implementation of airborne and standard precautions for patients in whom measles is suspected or confirmed.
 - Airborne precautions include isolation in a negative air pressure isolation room, also known as airborne infection isolation (AII) or airborne infection isolation room (AIIR). In clinic settings where a negative air pressure isolation room may not be available, a single room with the door closed and away from susceptible contacts may be used when evaluating persons in whom measles is suspected while arranging transfer to a facility where an AIIR is available.
 - In addition, suspect or confirmed measles patients should be asked to wear a medical mask.
 - Immediate review of evidence of measles immunity in all exposed HCP and exposed patients.
- [Management of healthcare personnel \(cdc.gov\)](#)
 - For asymptomatic healthcare personnel with presumptive evidence of immunity to measles who have an exposure to measles:
 - Postexposure prophylaxis is not necessary.
 - Work restrictions are not necessary.
 - Implement daily monitoring for signs and symptoms of measles from the 5th day after their first exposure through the 21st day after their last exposure.

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- For asymptomatic healthcare personnel without presumptive evidence of immunity to measles who have an exposure to measles:
 - Administer postexposure prophylaxis (PEP) in accordance with CDC and ACIP recommendations ([CDC ACIP Vaccine Recommendations](#)).
 - Exclude from work from the 5th day after their exposure through the 21st day after their last exposure, regardless of receipt of PEP.
 - Work restrictions are not necessary for healthcare personnel who received the first dose of MMR vaccine before exposure:
 - They should receive their second dose of MMR vaccine as soon as possible (at least 28 days after their first dose).
 - Implement daily monitoring for signs and symptoms of measles from the 5th day after their first exposure through the 21st day after their last exposure.
- For healthcare personnel with known or suspected measles, exclude from work for 4 days after the rash appears.
- For immunocompromised healthcare personnel with known or suspected measles, exclude from work for the duration of their illness.
- During a measles outbreak, administer measles vaccine to healthcare personnel in accordance with [CDC's ACIP recommendations](#).

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.

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- 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.

For More Information Contact the Wichita Falls-Wichita County Public Health District:

- **General Questions on Measles: (940) 761-7803**
- **Laboratory Questions: (940) 761-7862**
- **MMR Vaccine: (940) 761-7877**

Additional Information:

- [For Healthcare Professionals – Clinical Overview of Measles](#)
- [Interim Measles Infection Prevention Recommendations in Healthcare Settings | CDC](#)
- [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](#)

For more information concerning this advisory, please contact the Wichita Falls-Wichita County Public Health District at (940)761-7803.

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