

PHFPC Briefing

April 9, 2025

Texas 2025 Measles Outbreak

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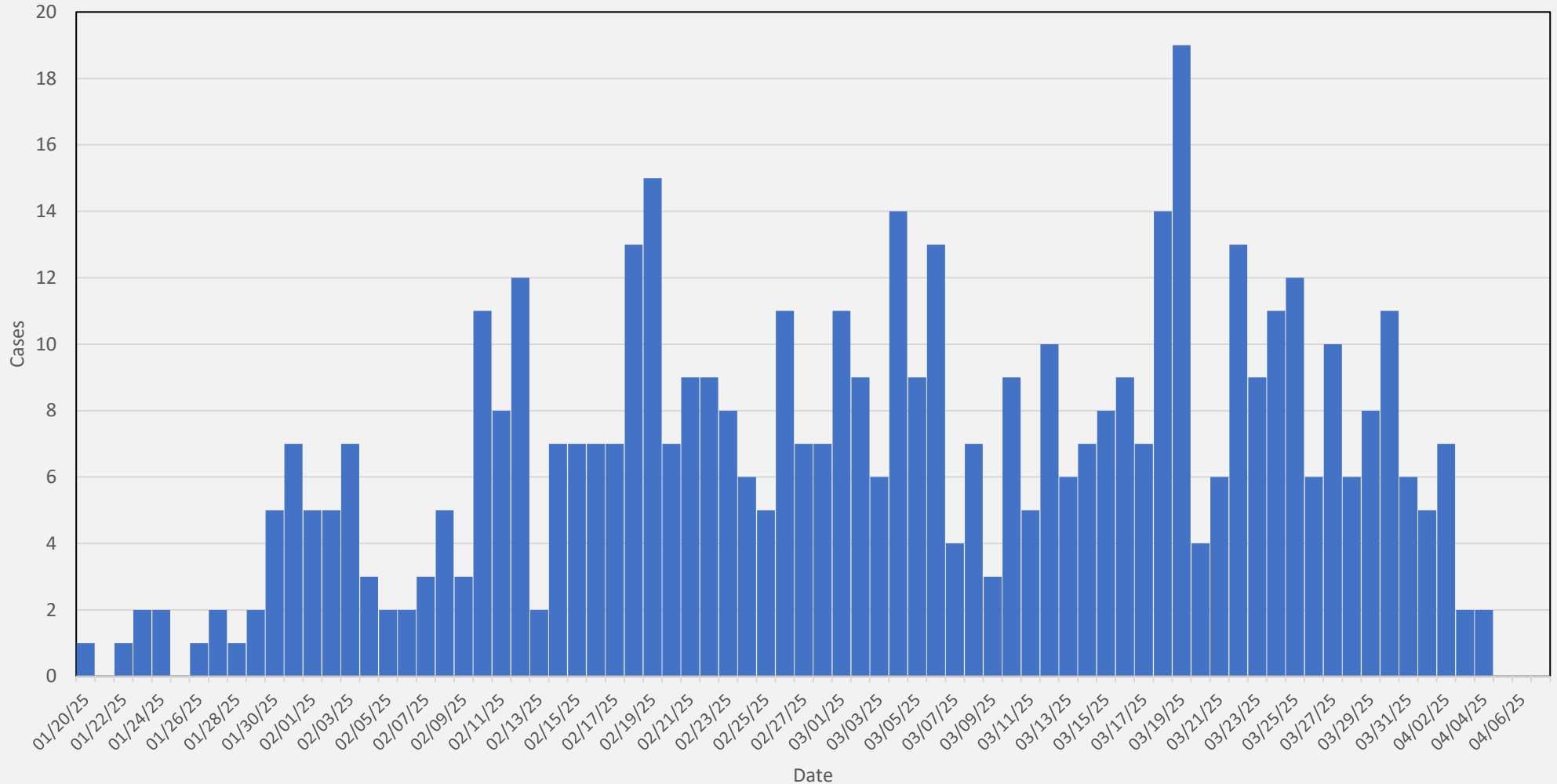
DISCLAIMER

The information presented today is based current preliminary data and on CDC's recent guidance. Information is subject to change.

April 9, 2025

Texas 2025 Measles Outbreak

Texas 2025 Measles Outbreak Epi Curve of Confirmed Cases (4/07/2025) Confirm Cases = 505



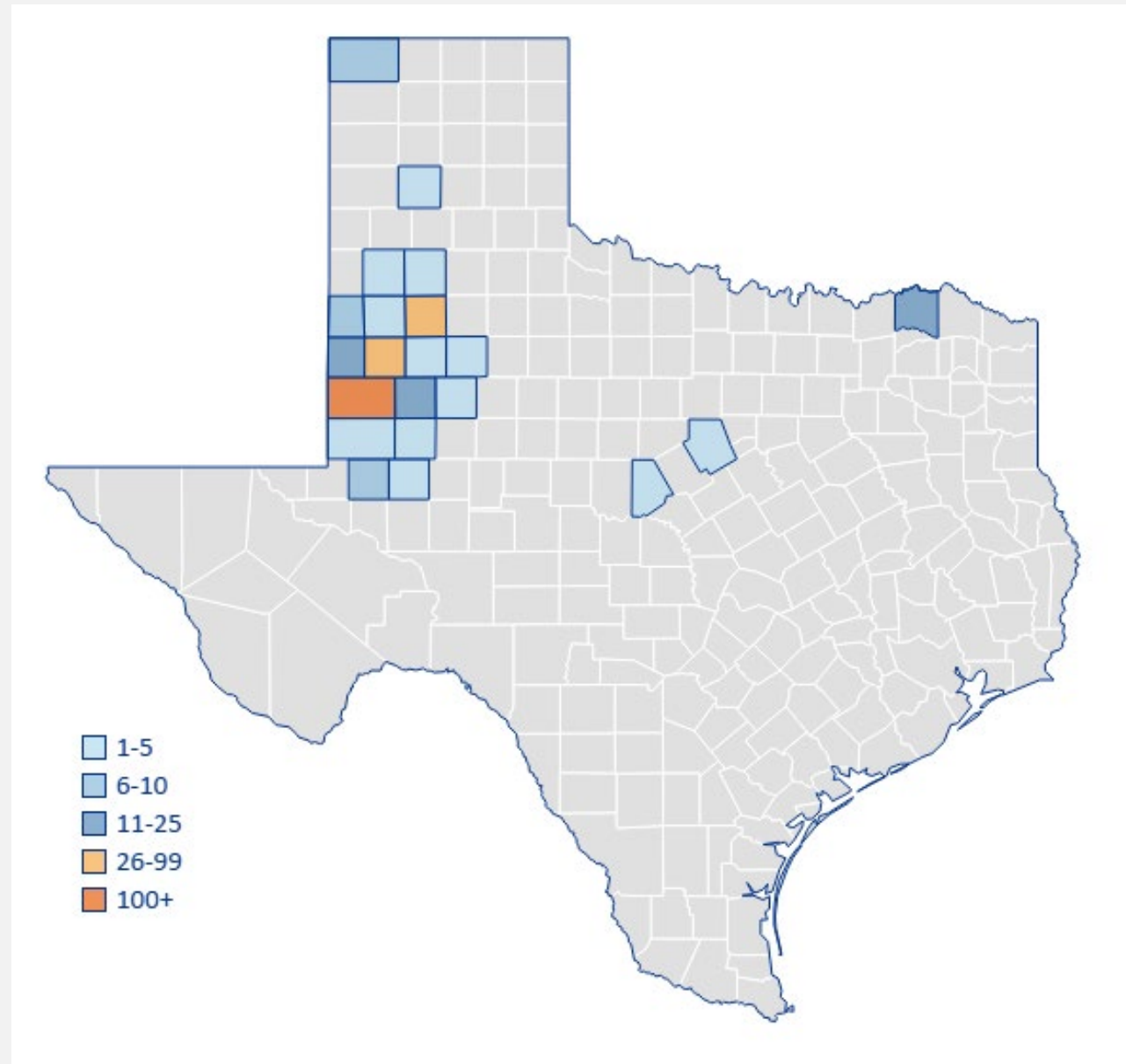
Data based on the following hierarchy according to available data: rash onset date, symptom onset date, specimen collection date, hospital admission date, or date reported to the region.



TEXAS
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Texas 2025 Measles Outbreak – Confirmed Cases (4/7/2025)



County	Confirm Cases
Andrews	1
Borden	1
Brown	1
Cochran	10
Dallam	7
Dawson	20
Ector	8
El Paso	0
Erath	1
Gaines	328
Garza	2
Hale	5
Hansford	0
Hockley	3
Lamar	11
Lamb	1
Lubbock	36
Lynn	2
Martin	3
Midland	1
Randall	1
Terry	46
Unknown	0
Yoakum	17
Total	505



Texas Department of State Health Services

Texas 2025 Measles Outbreak

Texas 2025 Measles Outbreak Confirm Cases by Age Status (4/7/2025) Confirm Cases = 505

Age Group	Confirmed
0-4 Yrs	160
5-17 Yrs	191
18+ Yrs	130
Pending	24



Texas 2025 Measles Outbreak

Texas 2025 Measles Outbreak Vaccination Status of Confirm Cases (4/7/2025)

Unvaccinated/Unknown	495
Vaccinated: 1 dose	3
Vaccinated: 2+ Doses	7

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



Texas 2025 Measles Outbreak

Texas 2025 Measles Outbreak Hospitalizations and ICU Admissions Among Confirm Cases (4/7/2025)

Total Hospitalizations	57
ICU Admissions	12



Texas 2025 Measles Outbreak

Texas announces second death in measles outbreak

[Texas announces second death in measles outbreak | Texas DSHS](#)

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 NEWS RELEASE

April 6, 2025

The Texas Department of State Health Services is reporting the second measles death of a Texas resident in the ongoing outbreak centered in the state's South Plains region. The school-aged child who tested positive for measles was hospitalized in Lubbock and passed away on Thursday from what the child's doctors described as measles pulmonary failure. The child was not vaccinated and had no reported underlying conditions.

As of April 4, 481 cases of measles have been confirmed in the outbreak since late January. Most of the cases are in children. Fifty-six people have been hospitalized over the course of the outbreak.

Measles is a highly contagious respiratory illness, which can cause life-threatening illness to anyone who is not protected against the virus. During a measles outbreak, about one in five children who get sick will need hospital care and one in 20 will develop pneumonia. Rarely, measles can lead to swelling of the brain and death. It can also cause pregnancy complications, such as premature birth and babies with low birth weight.

DSHS's interactive dashboard and additional information about the outbreak can be found on the [News & Alerts page](#) that is updated on Tuesdays and Fridays.

Health care providers can find recommendations for infection control and diagnostic testing in [DSHS health alerts](#). Providers should report any suspected cases to their local health department immediately, preferably while the patient is still with the provider.



Texas Department of State
Health Services

Health Alert: Texas 2025 Measles Outbreak – Expanded Outbreak Counties

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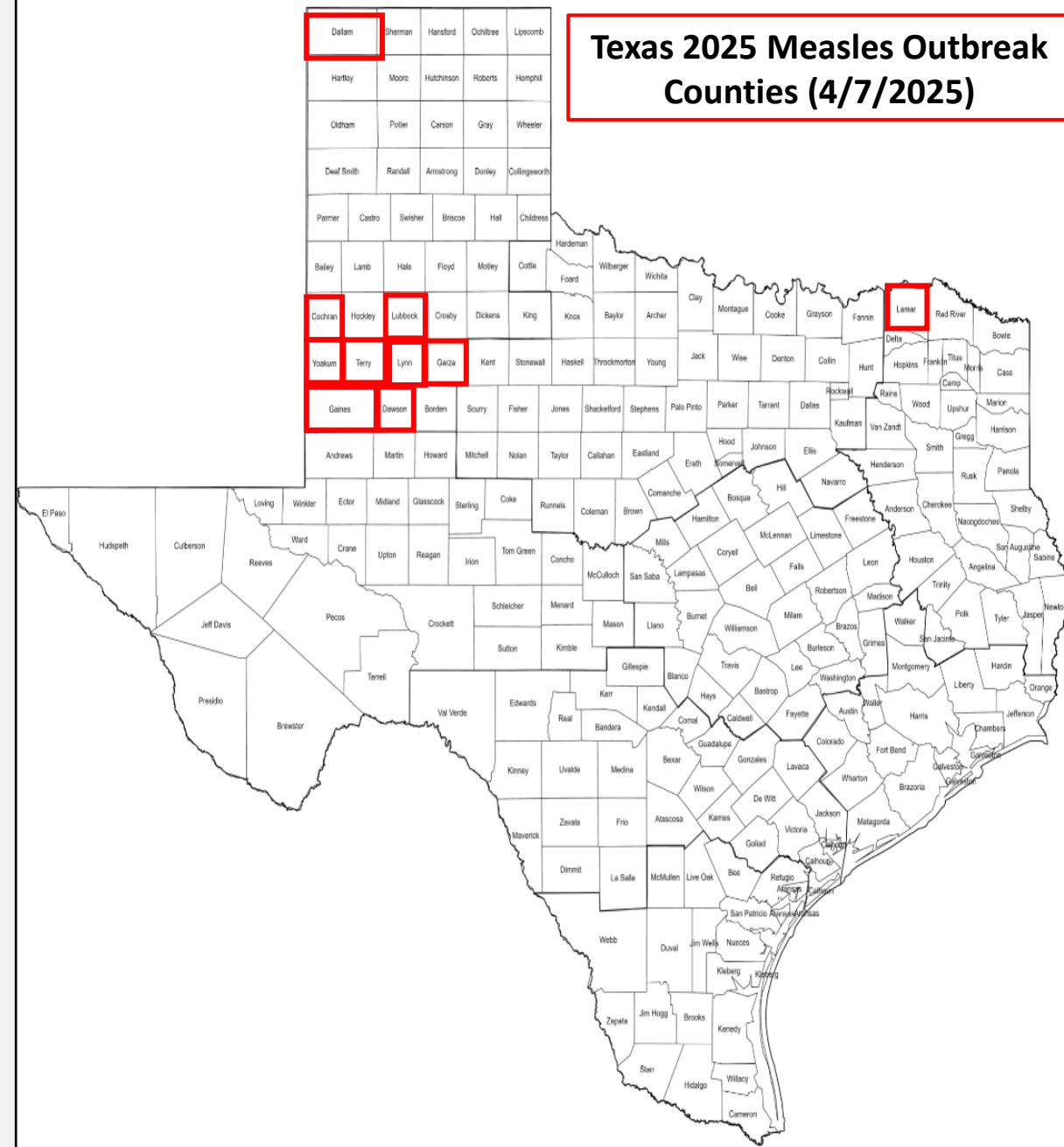
HEALTH ALERT
Summary

April 7, 2025

As part of the ongoing measles outbreak response, DSHS is updating the list of counties currently included in the designated outbreak area. It now includes Cochran, Dallam, Dawson, Gaines, Garza, Lynn, Lamar, Lubbock, Terry, and Yoakum counties.

- Effective April 7, 2025, as part of the ongoing measles outbreak response, DSHS is updating the list of counties currently included in the designated outbreak area. It now includes:
 - **Cochran, Dallam, Dawson, Gaines, Garza, Lamar, Lynn, Lubbock, Terry and Yoakum**
- DSHS continues to evaluate the area included in the designated outbreak area and will update it accordingly.

Texas 2025 Measles Outbreak Counties (4/7/2025)



Measles Prevention, Treatment and Postexposure Prophylaxis



Measles Vaccination

Measles, Mumps, Rubella (MMR) Vaccine

- Measles can be prevented with measles-containing vaccine.
- Measles vaccine is usually administered as the combination measles, mumps, and rubella (MMR) vaccine.
- Centers for Disease Control and Prevention recommends that people get MMR vaccine to protect against measles, mumps, and rubella.
- All children should get two doses of MMR vaccine*
 - First dose at 12 to 15 months of age, and
 - Second dose at 4 through 6 years of age.
- Teens and adults should also be up to date on their MMR vaccination.
- Increasing MMR vaccine coverage is a state-wide priority.
 - Encourage all eligible individuals to be up to date on MMR vaccination to prevent measles infection and spread.
- MMR vaccine is highly effective in preventing measles.**
 - First vaccine effectiveness of 93% when administered on or after age 12 months and
 - Second-dose vaccine effectiveness of 97%.

*Available: [Measles, Mumps, and Rubella \(MMR\) Vaccination | CDC](#), accessed 4/4/2025

**Available: [MMWR Immunization ACIP](#), accessed 4/4/2025

DSHS Outbreak MMR Vaccination Recommendations for Children Who Live in or Visit Counties with Ongoing Measles Spread

- Infants ages 6 to 11 months
 - Administer an early dose of measles, mumps, and rubella (MMR) vaccine.
 - Follow the Advisory Committee on Immunization Practices (ACIP) recommended schedule and receive:
 - Another dose at 12 through 15 months.
 - A final dose at 4 through 6 years.
- Children over 12 months old
 - If the child has not been vaccinated with MMR vaccine, administer one dose immediately and follow with a second dose at least 28 days after the first dose.
 - If the child has received one dose of MMR vaccine, administer the second dose as soon as possible, at least 28 days after the first dose.
- Teens with no evidence of immunity
 - Administer one dose of MMR vaccine immediately and follow with a second dose at least 28 days after the first.

DSHS measles outbreak vaccination recommendations for children who live in or visit designated outbreak counties¹

Age	Number of previous vaccine doses	MMR vaccine ² recommendations
0 - 6 months	0	<ul style="list-style-type: none"> • Vaccine is NOT recommended
6 - 11 months	0	<ul style="list-style-type: none"> • Should receive an early dose of vaccine immediately • Should receive two additional doses on the regular schedule: <ul style="list-style-type: none"> ➢ First dose at 12-15 months ➢ Second dose at 4-6 years • Receive each dose of MMR vaccine at least 28 days apart
1 - 17 years	0	<ul style="list-style-type: none"> • Should receive first dose <u>immediately</u> • Should receive second dose at least 28 days later
	1	<ul style="list-style-type: none"> • Should receive a second dose at least 28 days after first dose
	2	<ul style="list-style-type: none"> • Fully vaccinated; no additional doses needed

1. As of 4/7/25: Cochran, Dallam, Dawson, Gaines, Garza, Lamar, Lubbock, Lynn, Terry, and Yoakum counties

2. MMR vaccine refers to the live-attenuated MMR vaccine

DSHS Outbreak MMR Vaccination Recommendations for Adults Who Live in or Visit Counties with Ongoing Measles Spread

- Adults with no evidence of immunity
 - Administer one dose of MMR vaccine immediately and follow with a second dose at least 28 days after the first.
- Adults who have received one dose of the live-attenuated MMR vaccine should receive a second dose of MMR vaccine
 - For individuals born between 1957 and 1968 who only received an inactivated MMR vaccine, administer one dose of the live-attenuated MMR vaccine immediately and follow with a second dose at least 28 days after the first dose.
 - For individuals born between 1957 and 1968 who have received a dose of the live-attenuated MMR vaccine, administer the second dose immediately, at least 28 days after the first dose.
 - For individuals born after 1968 who only received one dose of the live-attenuated MMR vaccine, administer a second dose of the vaccine immediately, at least 28 days after the first dose.
- Adults born before 1957, pregnant women, and people with severe immunodeficiency* are not recommended to receive any dose of MMR vaccine.

*Severe immunodeficiency includes hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy or patients with human immunodeficiency virus [HIV] infection who are severely immunocompromised.

**DSHS measles outbreak vaccination recommendations
for adults who live in or visit counties with ongoing measles transmission¹**

If you were born	Number of previous vaccine doses	MMR vaccine ² recommendation
Before 1957	N/A	<ul style="list-style-type: none"> Likely exposed to measles as a child; vaccine not needed
Between 1957-1968	0	<ul style="list-style-type: none"> Should receive first dose immediately Should receive second dose at least 28 days later
	1 dose of inactivated MMR vaccine	
After 1968	0	<ul style="list-style-type: none"> Should receive first dose immediately Should receive second dose at least 28 days later
	1	<ul style="list-style-type: none"> Should receive a second dose of MMR vaccine at least 28 days after first dose
	2	<ul style="list-style-type: none"> Fully vaccinated; no additional doses needed

1. As of 4/7/25: Cochran, Dallam, Dawson, Gaines, Garza, Lynn, Lamar, Lubbock, Terry, and Yoakum counties
 2. MMR vaccine refers to the live-attenuated MMR vaccine

Measles, Mumps, and Rubella (MMR) Vaccine Recommendations for Specific Populations*

Pregnant Women	<ul style="list-style-type: none">• MMR vaccines are not recommended during pregnancy.
Severely Immunocompromised Individuals	<ul style="list-style-type: none">• MMR vaccine is not recommended for individuals with severe immunodeficiency• Severe immunodeficiency includes hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy or patients with human immunodeficiency virus [HIV] infection who are severely immunocompromised.
Healthcare Personnel	<ul style="list-style-type: none">• Healthcare personnel without presumptive evidence of immunity should get two doses of MMR vaccine, minimum 28 days apart.

* [Measles Vaccination for Specific Groups | Measles \(Rubeola\) | CDC](#)

Rev. 4/7/2025



Measles Outbreak Vaccine Recommendation Summary



Texas Department of State Health Services

Measles Outbreak Vaccine Recommendations

for those who live in or visit counties* with measles spread

*As of April 7: Cochran, Dallam, Dawson, Gaines, Garza, Lamar, Lubbock, Lynn, Terry and Yoakum

0 to 6 months



Vaccine is NOT recommended

1 year to adult



6 to 11 months



0

Previous Vaccine Doses

- Should receive an early dose of vaccine immediately
- Should receive two additional doses of MMR vaccine:
 - First dose at 12- 15 months
 - Second dose at 4- 6 years
- Give each dose at least 28 days apart

0

Previous Vaccine Doses

- Should receive first dose immediately.
- Should receive second dose at least 28 days later.

1

Previous Vaccine Doses

- Should receive a second dose of MMR vaccine, at least 28 days after first dose.

2

Previous Vaccine Doses

- Fully vaccinated.



TEXAS Health and Human Services

Texas Department of State Health Services

Measles Patient Management

- There is no specific antiviral therapy for measles. Medical care is supportive and to help relieve symptoms and address complications such as bacterial infections.
- Updated vitamin A recommendations
 - Under the supervision of a healthcare provider, vitamin A may be administered to infants and children in the United States with measles as part of supportive management.
 - Under a physician's supervision, children with severe measles, such as those who are hospitalized, should be managed with vitamin A.
 - Also under physician supervision, if vitamin A is recommended, it should be administered immediately on diagnosis and repeated the next day for a total of 2 doses. Inappropriate dosing may lead to hypervitaminosis A. The recommended age-specific daily doses are:
 - 50,000 IU for infants younger than 6 months of age
 - 100,000 IU for infants 6–11 months of age
 - 200,000 IU for children 12 months of age and older

Measles Postexposure Prophylaxis

MMR Vaccine & Immunoglobulin (IG)

- Presumptive evidence of measles immunity should be assessed for all identified contacts.
- Use of postexposure prophylaxis (PEP), available either in the form of MMR vaccine or immunoglobulin (IG), may prevent or modify the clinical course of disease among susceptible persons.
- PEP effectiveness appears to depend on the timing of PEP administration and the nature of exposure.
- Individuals who receive PEP should be monitored for signs and symptoms consistent with measles for at least one incubation period.

Use of MMR Vaccine as Postexposure Prophylaxis

- The MMR vaccine, if administered within 72 hours of initial measles exposure, may provide some protection or modify the clinical course of disease among susceptible persons who otherwise have no contraindications to MMR vaccination (e.g., severe immunocompromise, age < 6 months, pregnancy).
- All doses of live vaccine should be separated by 28 days or more.
- Except in health care settings, susceptible persons who receive a dose of MMR as PEP within 72 hours of initial measles exposure may return to childcare, school, or work.
- Any susceptible contact under 12 months of age who receives MMR vaccination should be revaccinated according to the routine pediatric schedule
 - Two additional doses with the first between 12–15 months of age
 - All doses of MMR must be separated by at least 28 days.

Use of Immunoglobulin (IG) for Postexposure Prophylaxis (PEP)

- IG, if administered within 6 days of initial measles exposure, may provide some protection against measles or modify the clinical course of disease among susceptible persons.
- IG is the only option for PEP for populations which cannot receive MMR vaccine:
 - Infants < 6 months of age,
 - Severely immunocompromised people, and
 - Pregnant women.
- IG PEP can be given to susceptible infants aged 0–12 months.
- However, MMR vaccine is preferred per AAP guidance if received within 72 hours of exposure for infants aged 6-12 months.
- IG PEP should be provided to severely immunocompromised contacts regardless of prior measles vaccination status due to the risk for severe disease.

Summary of Measles Postexposure Prophylaxis*

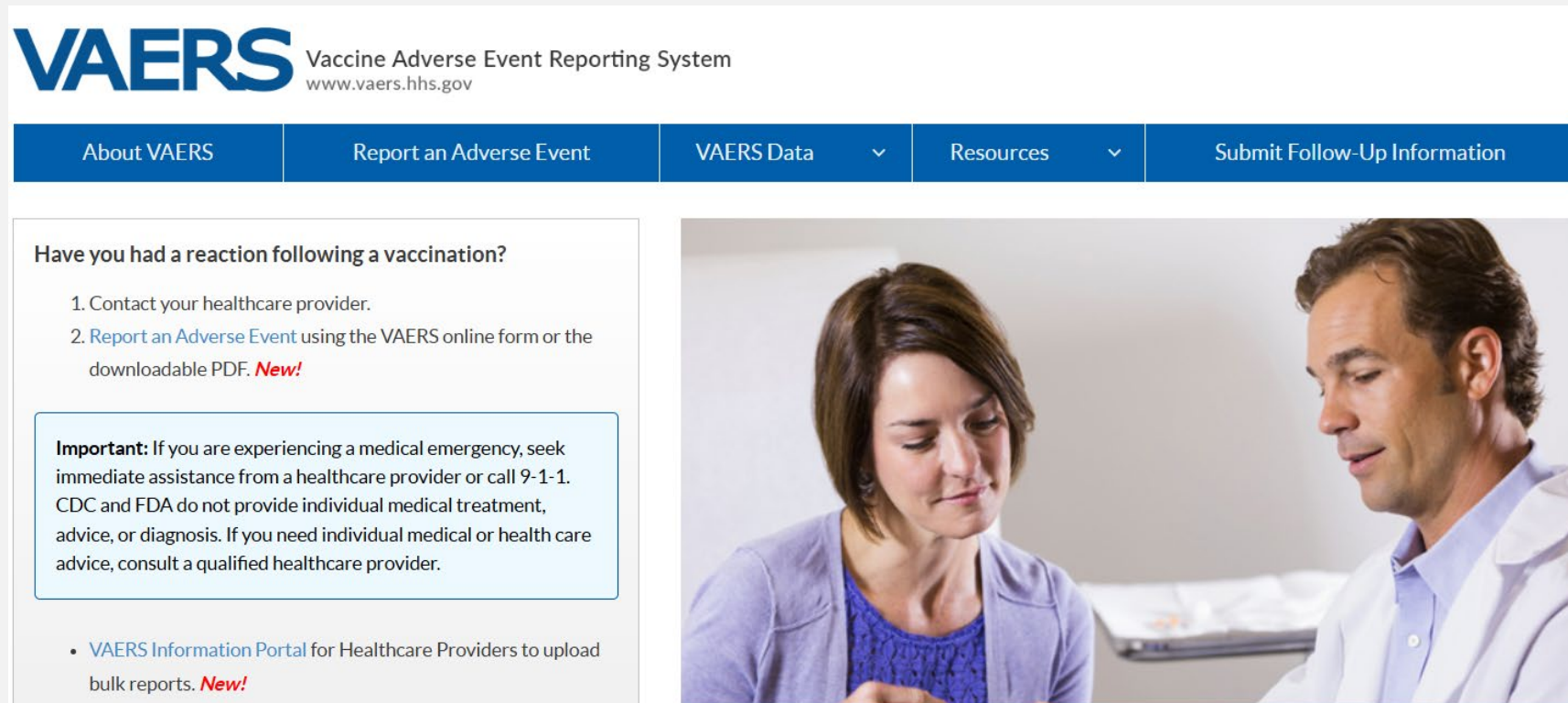
Risk Population	Time from First Exposure	
	< 72 hours	Through 6 days
Infant < 6 months old	IG	IG
Infant 6 through 12 months	MMR vaccine preferred or IG	IG
Age > 12 months (no risk factor)**	MMR vaccine dose 1 or MMR vaccine dose 2, if ≥ 28 days from MMR dose 1	IG
Pregnant woman	IG	IG
Severely immunocompromised	IG	IG

* The following patient groups are at risk for severe disease and complications from measles and should receive IG: infants aged <12 months, pregnant women without evidence of measles immunity, and severely immunocompromised persons. IGIM can be administered to other persons who do not have evidence of measles immunity, but priority should be given to persons exposed in settings with intense, prolonged, close contact (e.g., household, daycare, and classroom). For exposed persons without evidence of measles immunity, a rapid IgG antibody test can be used to inform immune status, provided that administration of IG is not delayed. [Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013](#)
 **IG is not often used for this age group given the volume of product required to achieve therapeutic doses (see: <https://www.cdc.gov/surv-manual/php/table-of-contents/chapter-7-measles.html>)



VAERS (Vaccine Adverse Event Reporting System)

- Report any adverse event that may occur after administering a vaccine dose to [Vaccine Adverse Event Reporting System \(VAERS\)](#)



The screenshot shows the VAERS website homepage. At the top left is the VAERS logo and the text "Vaccine Adverse Event Reporting System" with the URL "www.vaers.hhs.gov". Below this is a navigation bar with five items: "About VAERS", "Report an Adverse Event", "VAERS Data" (with a dropdown arrow), "Resources" (with a dropdown arrow), and "Submit Follow-Up Information".

Below the navigation bar, on the left, is a section titled "Have you had a reaction following a vaccination?". It contains two numbered steps: "1. Contact your healthcare provider." and "2. Report an Adverse Event using the VAERS online form or the downloadable PDF. *New!*". Below this is a light blue box with an "Important" notice: "If you are experiencing a medical emergency, seek immediate assistance from a healthcare provider or call 9-1-1. CDC and FDA do not provide individual medical treatment, advice, or diagnosis. If you need individual medical or health care advice, consult a qualified healthcare provider." At the bottom of this section is a bullet point: "• VAERS Information Portal for Healthcare Providers to upload bulk reports. *New!*".

On the right side of the page is a photograph of a female patient in a blue top and a male healthcare provider in a white lab coat looking at a laptop screen together.

Resources



TEXAS
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Health Services

Communications & Media Relations

- News updates, news releases, health alerts
 - Measles outbreak updates are posted on Tuesdays and Fridays.
 - News update includes links to data on school immunization coverage and exemptions

[News & Alerts | Texas DSHS](#)

News

HEALTH ALERT

April 7, 2025

Health Alert: Texas 2025 Measles Outbreak – Expanded Outbreak Counties

As part of the ongoing measles outbreak response, DSHS is

NEWS RELEASE

April 6, 2025

Texas announces second death in measles outbreak

The Texas Department of State Health Services is reporting the second measles death of a Texas
.....

NEWS UPDATES

April 4, 2025

Measles Outbreak – April 4, 2025

The Texas Department of State Health Services is reporting an outbreak of measles in the South
.....

NEWS UPDATES

March 18, 2025

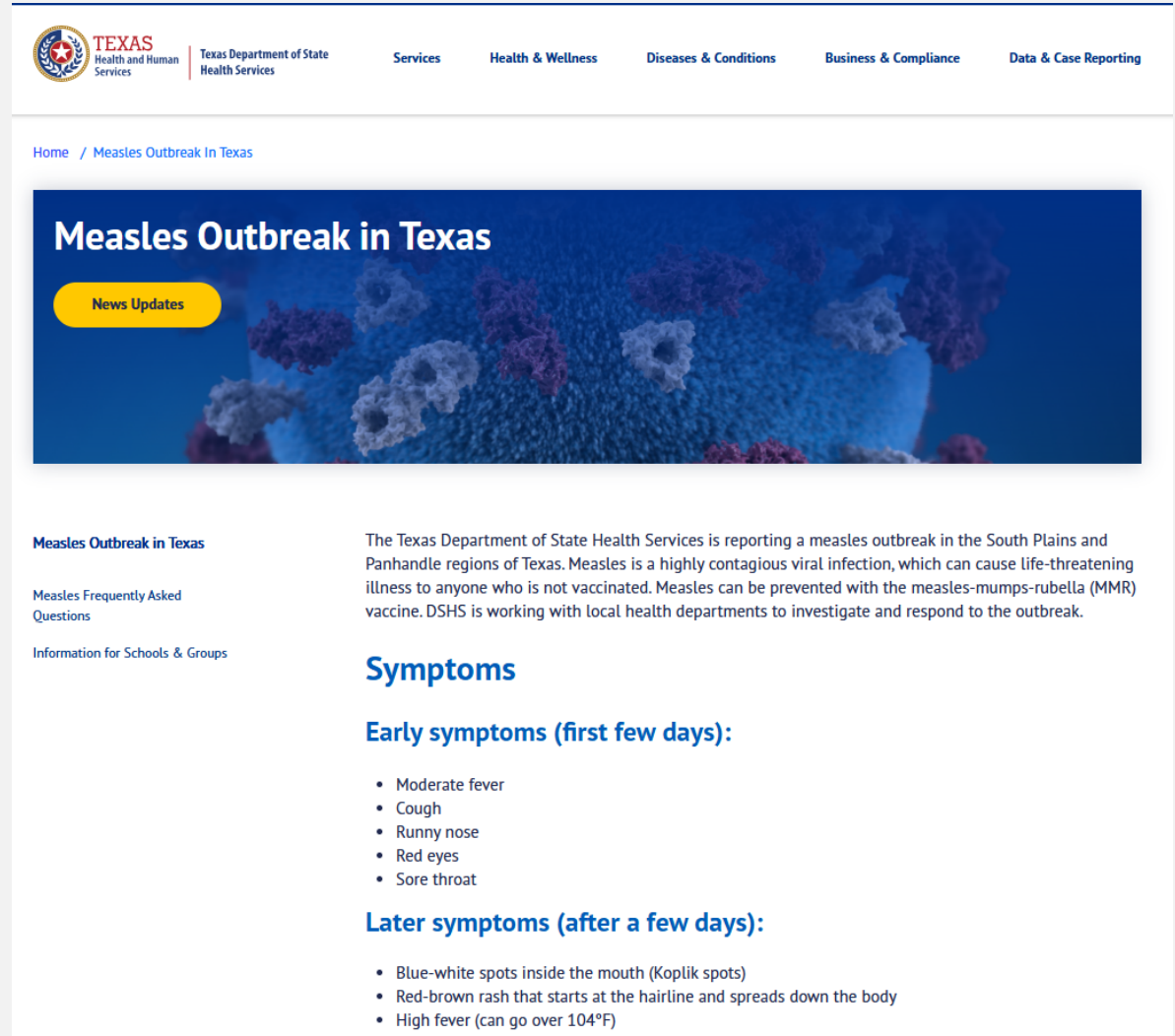
Measles Outbreak – March 18, 2025

The Texas Department of State Health Services is reporting an outbreak of measles in the South
.....

Communications & Media Relations

DSHS Website

- **New** Measles Outbreak page:
www.DSHS.Texas.gov/measles
 - When to seek emergency care
 - Prevention
 - Find a vaccine provider
 - Texas Vaccines for Children Program
 - Adult Safety Net Program
 - Vaccine FAQ
 - Information for Schools & Groups
 - [New - Interim Guidance for Measles in Schools, March 2025](#)
 - Measles Communication toolkit



The screenshot shows the DSHS website page for the Measles Outbreak in Texas. The page features a blue header with the DSHS logo and navigation links. The main content area has a blue background with a 3D illustration of virus particles. A yellow button labeled 'News Updates' is prominent. Below the header, there are sections for 'Measles Outbreak in Texas', 'Measles Frequently Asked Questions', and 'Information for Schools & Groups'. The 'Measles Outbreak in Texas' section contains a paragraph describing the outbreak and a 'Symptoms' section with two sub-sections: 'Early symptoms (first few days):' and 'Later symptoms (after a few days):', each with a list of symptoms.

TEXAS Health and Human Services | Texas Department of State Health Services

Services Health & Wellness Diseases & Conditions Business & Compliance Data & Case Reporting

Home / Measles Outbreak In Texas

Measles Outbreak in Texas

News Updates

Measles Outbreak in Texas

The Texas Department of State Health Services is reporting a measles outbreak in the South Plains and Panhandle regions of Texas. Measles is a highly contagious viral infection, which can cause life-threatening illness to anyone who is not vaccinated. Measles can be prevented with the measles-mumps-rubella (MMR) vaccine. DSHS is working with local health departments to investigate and respond to the outbreak.

Measles Frequently Asked Questions

Information for Schools & Groups

Symptoms

Early symptoms (first few days):

- Moderate fever
- Cough
- Runny nose
- Red eyes
- Sore throat

Later symptoms (after a few days):

- Blue-white spots inside the mouth (Koplik spots)
- Red-brown rash that starts at the hairline and spreads down the body
- High fever (can go over 104°F)

Communications & Media Relations

Communication Toolkit Documents

Measles Resources

DSHS designed informational flyers and digital ads for use during the 2025 measles outbreak. Please download and share these bilingual resources in your community.

Informational Flyers

- [When to go to the ER for measles flyer - color \(English\)](#)
- [When to go to the ER for measles flyer - color \(Spanish\)](#)
- [Measles flyer - color \(English\)](#)
- [Measles flyer - color \(Spanish\)](#)
- [Measles flyer - black & white \(English\)](#)
- [Measles flyer - black & white \(Spanish\)](#)

Digital Ads

- [Measles is spreading but it's preventable \(DS\) \(English\)](#)
- [Measles is spreading but it's preventable \(DS\) \(Spanish\)](#)

Explore and download CDC's free communications and public health resources about measles and the MMR vaccine. Use these graphics on your social media channels or websites.

- [Protect Your Child Infographic](#)
- [Measles Isn't Just A Rash Infographic](#)
- [Intl. Travel & Measles Infographic](#)
- [Measles is Highly Contagious Infographic](#)
- [Intl. Travel & MMR Vaccine Infographic](#)
- [Travel Abroad Summer Checklist Graphic](#)
- [Measles Clinical Diagnosis Fact Sheet](#)
- [Measles Videos](#)

Measles Press Release

Measles Vaccine Recommendations (English and Spanish)

Measles Testing

Measles Overview for School Nurses

Exposure Notification Script (English and Spanish)

Notification Letter to Parents/Guardians for School and Daycare (English and Spanish)

Healthcare Exposure Notification Letter (English and Spanish)

Additional Measles Resources

Measles is spreading.



SYMPTOMS

- Cough
- Runny nose
- Fever
- Pink eye
- Rash

What to know to protect your family.

Measles is an airborne, highly contagious disease

Measles can frequently lead to hospitalization

Measles can be deadly, especially for babies and young children

The measles vaccine has been protecting Texans for generations

Don't wait. Contact your doctor to schedule a measles vaccine. If you're infected, 90% of those around you who are not protected will also become infected.

For a vaccine near you, visit dshs.texas.gov/measles.



Every Dose Matters.

When to go to the ER for measles

Look out for serious symptoms—you might need emergency care

Measles typically starts first with cough, runny nose and red eyes and often leads to a rash and fever over 101 degrees Fahrenheit. If you think you have measles, get medical care. Symptoms can become worse over time, complications can develop, and measles can be deadly if you don't receive appropriate care.

If you have any of these symptoms, go to the emergency room immediately:



A hard time breathing or breathing faster than normal



Signs of severe dehydration (dry nose and mouth, urinating less than usual)



Confusion, decreased alertness, or severe weakness



For young children: a blue color around the mouth, crying without making tears, unusually low energy, or severe loss of appetite

! Have someone call the ER to let them know a person with measles is coming in so they can see you away from other patients.



Resources

- [Measles Outbreak in Texas | Texas DSHS](#)
- [Measles FAQ page](#)
- [Vaccine FAQ page](#)
- [Communication Toolkit webpage](#)
- [Schools & Groups webpage](#)
- [FAQ About Measles](#)
- [FAQ About Measles: When should my baby get the MMR vaccine?](#)
- [FAQ About Measles: What should I do if someone in my school might have measles?](#)

Thank You