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In reply, please refer to:  
File:

March 11, 2025

## MEDICAL ADVISORY: RISE IN MEASLES ACTIVITY IN THE UNITED STATES IN 2025

- Measles cases are on the rise and include a rapidly expanding outbreak in Texas and New Mexico in which two deaths in unvaccinated persons have been reported.
- Measles is highly contagious, and vaccine continues to remain the best defense against this disease. Hawaii Department of Health (DOH) recommends that providers encourage all their patients to be fully vaccinated against measles.

### If you suspect a measles case:

- **Implement standard and airborne precautions immediately** including **isolating the patient** in a single-patient airborne infection isolation room (AIIR), or in a private closed room. Provide a face mask for the patient to wear. **Patients with suspected measles should not remain in the waiting room or other common areas of a healthcare facility.**
- **Immediately report at initial evaluation to DOH** suspected measles infections. **DO NOT WAIT** for laboratory results.
- **Collect specimens for testing and coordinate diagnostic testing with DOH.** Nasopharyngeal or throat swabs, serum and urine should be collected upon initial suspicion of measles. Serologic testing for measles IgM is commercially available. Nasopharyngeal or throat swabs and urine specimens can be tested by Reverse Transcription Polymerase Chain Reaction (RT-PCR) at the State Laboratories Division (SLD). Disease Outbreak Control Division (DOCD) coordination and approval is required before submission of specimens to SLD.

Dear Healthcare Provider:

Cases of measles infection are increasing nationally and include a rapidly expanding outbreak in Texas and New Mexico in which two deaths in unvaccinated persons have been reported. These are the first reported measles deaths in the United States since 2015. More cases are expected. Providers should take to steps to prevent measles including ensuring Measles, Mumps, and Rubella (MMR) vaccination, identifying, isolating, and urgently reporting to Hawaii Department of Health (DOH) suspect measles infections.

Hawaii has not experienced any recent outbreaks or transmission of measles within the state and

to date no cases associated with the current outbreak in Texas and New Mexico have been detected in Hawaii. However, with the large number of [domestic](#) and [international](#) visitors to Hawaii and upcoming spring break, it is critical to ensure that our community is appropriately protected against this highly contagious disease. If one person has measles, 9 out of 10 people of all ages around that infected person will also become infected if they are not protected. The Centers for Disease Control and Prevention (CDC) Kindergarten Assessment of Immunization for the 2024 school year showed that only 89.8% of assessed students were fully vaccinated which is below the 95% level that protects communities from measles outbreaks, making Hawaii vulnerable. The DOH strongly urges providers to schedule vaccination for MMR for those unimmunized and who do not have [presumptive evidence of immunity](#).

Prior to the measles vaccine, an average of 6,000 measles-related deaths occurred each year in the United States. While no vaccine is 100% effective, on average the MMR vaccine protects 97 out of 100 people from getting sick if they are exposed to measles. MMR coverage rates have dropped in the general pediatric population, both locally and abroad since pre-pandemic years ([Global measles outbreak](#)).

### **Vaccine Guidance**

Clinicians should ensure all patients without other evidence of immunity, especially those planning international travel, are up to date on [MMR vaccine](#) per Advisory Committee on Immunization (ACIP) recommendations:

- Children are recommended to receive two doses of MMR. The first dose is given at 12–15 months of age and the second is given at 4–6 years of age before school entry.
- Adults not at high risk of exposure are recommended to have at least one documented dose of MMR in their lifetime, or other evidence of immunity including:
  - written documentation of **one or more doses** of a measles-containing vaccine administered on or after the first birthday.
  - positive measles IgG.
  - prior laboratory confirmed measles.
  - or birth before 1957.
- Adults at [high exposure risk](#), including students at post-secondary institutions, healthcare workers, and international travelers, should have two documented doses.
- Infants six months of age or older can receive MMR prior to international travel. MMR is not licensed for children <six months of age.

### **Clinical Presentation**

Measles is an [acute viral respiratory illness](#). The first sign of measles is usually a high fever (often >104 F) that typically starts 8-12 days after exposure and lasts 4-7 days. This prodromal phase is marked by malaise, fever, anorexia, and the classic triad of conjunctivitis, cough, and coryza (the “3 Cs”).

Tiny white spots (Koplik spots) may appear inside the mouth two to three days after symptoms begin however these are not always present and the absence of this finding should not be used to excluded measles.

Rash develops about 14 days after exposure, starting on the face and upper neck and spreading to the extremities. The characteristic rash generally appears 2-4 days after the onset of the prodromal phase (about 14 days from exposure) and lasts 3-5 days. Mild pruritus may be associated. Immunocompromised patients may not develop a rash. About 1 out of 5 unvaccinated people in the United States who get measles are hospitalized due to complications such as pneumonia.

### Evaluation of Suspect Measles Cases

Providers should consider measles in persons with fever and generalized maculopapular rash illness with cough, coryza, or conjunctivitis and evaluate risk for measles including if they have traveled internationally, or domestically to a region with a [known measles outbreak](#). Upon presentation and while evaluating risk, providers should:

- **Implement standard and airborne precautions immediately** including **isolating the patient** in a single-patient airborne infection isolation room (AIIR), or if not available in a private room with closed door. Provide a face mask for the patient to wear. **Patients with suspected measles should not remain in the waiting room or other common areas of a healthcare facility.** Measles is transmitted by direct contact with infectious droplets or by airborne spread and is highly contagious. The virus can remain infectious in the air for up to two hours after an infected person leaves the area.
- Adhere to [standard and airborne precautions](#) when evaluating confirmed or suspect cases, regardless of their vaccination status including the use respiratory protection (i.e., a respirator) that is at least as protective as a fit-tested, National Institute for Occupational Safety and Health (NIOSH) certified disposable N95 filtering facepiece respirator.
- If measles testing is needed, and no AIIR is available, consider testing outside of facilities, such as parking lot to avoid possible transmission in healthcare settings.
- If suspect measles cases are being referred to hospitals for a higher level of care due to severity of illness, call ahead to ensure immediate isolation for patients.
- Persons with measles are contagious from four days before through four days after rash onset. Persons with suspect measles infections should isolate away others during this time or until measles has been ruled out.

If measles is suspected after assessing travel and exposure risk:

- **Collect specimens for laboratory confirmation testing at initial evaluation:**
  - Nasopharyngeal or throat swabs as well as serum and urine should be collected upon initial suspicion of measles.
  - Measles IgM testing is available through commercial laboratories. Repeat testing may be needed for initial specimens collected  $\leq$  three days after rash onset.
  - Measles reverse transcription polymerase chain reaction (RT-PCR) testing has the greatest diagnostic sensitivity when specimens are collected at first contact with a suspected case and best within three days and up to 10-14 days of rash onset. [RT-PCR testing](#) on nasopharyngeal, throat swabs, and urine specimens is available through the State Laboratories Division (SLD).


Approval and coordination through the Disease Outbreak Control Division (DOCD) is required.

- Throat or nasopharyngeal swabs are the preferred specimens for measles RT-PCR and should be collected using Dacron synthetic tip swabs with aluminum or plastic shaft. Place swab in 1–3 mL of viral transport media (VTM) and maintained cold at 2-8°C and ship within 24 hours.
- Urine samples >four days after onset of symptoms may also be submitted. Collect a minimum of 10-50 ml of urine in a sterile cup for testing.

**Immediately report to DOH** at the time measles infection is suspected. **DO NOT WAIT** for laboratory results. Measles is an URGENT CATEGORY NOTIFIABLE CONDITION and should be reported by calling:

Oahu (Disease Reporting Line) .....(808) 586-4586  
Maui District Health Office .....(808) 984-8213  
Kauai District Health Office .....(808) 241-3563  
Big Island District Health Office (Hilo) .....(808) 933-0912  
Big Island District Health Office (Kona).....(808) 322-4877  
After hours on Oahu.....(808) 600-3625  
After hours on neighbor islands.....(800) 360-2575 (toll free)

Help us in keeping our families safe, healthy and by staying up to date with recommended immunizations. Thank you for doing your part to keep our families and visitors protected in Hawaii.

Sincerely,  


Nathan Tan, M.D.  
Deputy State Epidemiologist

References:

Clinical Overview of Measles | Measles (Rubeola) | CDC:  
<https://www.cdc.gov/measles/hcp/clinical-overview/index.html>  
Measles Vaccine Recommendations | Measles (Rubeola) | CDC:  
<https://www.cdc.gov/measles/hcp/vaccine-considerations/index.html>  
Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings | CDC: <https://www.cdc.gov/infection-control/hcp/measles/index.html>  
Specimen requirement for RT-PCR measles testing at SLD| DOH:  
<https://health.hawaii.gov/statelab/files/2013/07/sld-brs-sr-measles2.pdf>