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Sent: Wednesday, March 5, 2025 12:16 PM
Subject: Measles Outbreak Update & Guidance for CT Providers

CONNECTICUT
Public Health

Date: March 5, 2025

Summary

The Connecticut Department of Public Health (CT DPH) is sending this communication to provide a situational update on measles in the United States and to ensure that pediatric providers are familiar with vaccine recommendations and reporting requirements for suspected measles cases.

Measles (rubeola) is a highly contagious disease; one person infected with measles can infect 9 out of 10 unvaccinated individuals with whom they come in close contact. There is currently an ongoing outbreak of measles in Texas. As of February 28, 146 cases have been identified with 20 hospitalizations and one measles-related death. Most of these cases have been in children who were unvaccinated, under-vaccinated, or of unknown vaccine status. This outbreak is one of three reported to the Centers for Disease Control and Prevention (CDC) since January 1, 2025. Cases have been reported in 9 states including New York City, New Jersey, and Rhode Island for a total of 164 cases reported in 2025 nationwide. In 2024, 285 cases were reported.

Vaccination remains the most effective means of preventing measles and reducing its spread within communities. The CDC strongly recommends that children receive the measles, mumps, and rubella (MMR) vaccine according to the recommended schedule. Connecticut has high vaccination coverage, with 97.7% of kindergarten students up to date with MMR vaccination during the 2023-24 school year. The last reported cases of measles in Connecticut occurred in 2021 and were associated with international travel.

If you suspect a patient has measles: Immediately notify the CT DPH Immunization Program to ensure rapid testing and investigation. Measles is a category 1 reportable disease in Connecticut, which means providers must call immediately upon suspicion. Information on measles testing and turn-around times can be found here.

Call 860-509-7929 during normal business hours (M-F 8:30am to 4:30 pm). To report a suspected case after hours or on weekends/holidays, call 860-509-8000.

Background

Measles was declared eliminated in the US in 2000. However, measles cases continue to be brought into the United States by travelers who are infected while in other countries, resulting in domestic measles outbreaks. Most of these cases are among unvaccinated US residents.

Measles is almost entirely preventable through vaccination. MMR vaccines are safe and highly effective, with two doses being 97% effective against measles (one dose is 93% effective). When more than 95% of people in a community are vaccinated, most people are protected through community immunity (herd immunity). However, declines in measles vaccination rates globally have increased the risk of measles outbreaks worldwide, including in the United States.

General information on measles for healthcare providers can be found here.

Recommendations for Healthcare Providers

- Discuss domestic and international travel plans at regular well-child visits.
- Share this link with parents who intend to travel abroad so that they can plan their trip with measles in mind: Measles – Plan for Travel.
- All U.S. residents older than age 6 months without evidence of immunity who are planning to travel internationally should receive MMR vaccine prior to departure.

    - Infants aged 6 through 11 months should receive one dose of MMR vaccine before departure. Infants who receive a dose of MMR vaccine before their first birthday should still receive 2 additional doses according to the routine schedule.
    - Children aged 12 months or older should receive two doses of MMR vaccine, separated by at least 28 days, prior to departure.
    - **At this time there is no recommendation to vaccinate children under 12 months of age who will not be traveling.**
- Consider measles as a diagnosis in anyone with fever (≥101°F or 38.3°C) and a generalized maculopapular rash with cough, coryza, or conjunctivitis who has recently been abroad. Visit this page for more information on managing patients suspected of having measles.
- Do not allow patients with suspected measles to remain in the waiting room or other common areas of the healthcare facility; **isolate** patients with suspected measles immediately, ideally in a single-patient airborne infection isolation room (AIIR) if available, or in a private room with a closed door until an AIIR is available.
- See links to additional information below.

Thank you for your continued support and cooperation.

For the CT DPH Immunization Program, visit: Contact Us

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For More Information for Healthcare Providers

- Clinical Overview of Measles | CDC
- Think Measles — One-Pager for Healthcare Providers | Project Firstline and AAP
- Immunization Schedules | CDC
- Safety Information — Measles, Mumps, Rubella (MMR) Vaccines | CDC

- Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings | CDC
- Measles — Manual for the Surveillance of Vaccine-Preventable Diseases | CDC
- Rubeola / Measles — CDC Yellow Book 2024 | CDC
- Laboratory Testing for Measles | CDC (including specimen collection)
- Measles Serology Testing | CDC
- Test Directory | Submitting Specimens to CDC | CDC