

Health Update: Measles, April 2025

ACTION STEPS:

District and County Health Departments: *Please forward to hospitals and clinics in your jurisdiction.*

Hospitals and clinics: *Please distribute to infectious disease doctors, infection preventionists, emergency department physicians, intensive care physicians, neurologists, radiologists, primary care providers, and pediatricians.*

SUMMARY

As of April 17, 2025, a total of 800 measles cases have been reported by 25 jurisdictions, including Georgia. Three measles related deaths have also been reported in an unvaccinated adult and two unvaccinated children. There have been 10 outbreaks (defined as 3 or more related cases) reported this year, with 94% of cases associated with outbreaks. Georgia has had one outbreak with three measles cases reported so far in 2025. With spring and summer travel season approaching in the United States, DPH urges healthcare providers to maintain heightened awareness for patients with symptoms compatible with measles, as well as recent domestic and international travel. Providers should share effective measles prevention strategies including vaccination guidance for travelers. New and updated measles resources are available on the Georgia DPH Measles webpage.

CLINICAL PRESENTATION

Measles is a highly contagious illness and is spread primarily person-to-person via aerosolized droplets. The incubation period is typically 10 to 12 days but can range from 4 to 21 days. Measles typically begins with a prodrome of stepwise increasing fever (often as high as 104-105° F) accompanied by cough, coryza, and/or conjunctivitis. Koplik spots (tiny red spots with bluish-white centers on the buccal mucosa), which are diagnostic for measles, may appear 2-3 days before the rash and fade 1-2 days later. As fever peaks on day 4-5, a maculopapular rash typically appears on the face along the hairline and behind the ears, and then progresses downward to the chest, back, and extremities. Within 4-5 days, the rash fades in the same order that it appeared.

REPORTING

Measles is a notifiable disease, and suspect cases should be reported to the Georgia Department of Public Health (O.C.G.A. §31-12-2) immediately. Call your local [District Health Office](#) or the DPH Acute Disease Epidemiology Section at 404-657-2588 during business hours Monday through Friday, or 1-866-PUB-HLTH (1-866-782-4584) after-hours on evenings and weekends. Do not await laboratory results before reporting.

LABORATORY TESTING

The preferred method for confirming measles is by reverse transcriptase-polymerase chain reaction testing (RT-PCR). Collection of a throat swab (or nasopharyngeal swab)

and urine sample for PCR testing is recommended. Measles may also be laboratory confirmed by the presence of measles-specific IgM antibody or a significant rise in measles-specific IgG antibody titer between acute-and convalescent-phase serum specimens. Collect serum, throat, and urine specimens simultaneously for best results (note: suspect patients should be **isolated** immediately, see **Actions** below). Detailed specimen collection and shipping guidelines are available at the DPH measles website, and DPH epidemiologists will facilitate testing at the time of notification.

To coordinate specimen collection and laboratory submission, call your [District Health Office](#) or the DPH Acute Disease Epidemiology Section at 404-657-2588 during business hours Monday through Friday, or 1-866-PUB-HLTH (1-866-782-4584) afterhours on evenings and weekends. **Please do not send specimens directly to the Georgia Public Health Laboratory (GPHL) or the Centers for Disease Control and Prevention (CDC) without prior authorization.**

VACCINATION

Measles-containing vaccine (MMR) remains the most effective prevention against disease. Ensure that patients are up to date on their MMR vaccine. Vaccination is recommended for children at 12 to 15 months of age with a second dose at 4 to 6 years of age. Documentation of two MMR vaccinations or proof of immunity to measles is required to attend school in Georgia.

ACTIONS REQUESTED OF HEALTHCARE PROVIDERS:

- Consider measles in persons with febrile rash illness and clinically compatible symptoms (cough, coryza, and/or conjunctivitis) and a history of recent international or domestic travel, exposure to international travelers, or exposure to a possible measles case.
- **Isolate persons with suspected measles IMMEDIATELY (negative pressure room, if available). Patients should be managed in a manner that prevents disease spread in the healthcare setting.**
<https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>
- Obtain appropriate clinical specimens. Laboratory testing for measles is required for confirmation. This includes throat swabs and urine for measles PCR and culture, and blood for serology testing (see Laboratory Testing section above)
- Report suspected cases of measles **IMMEDIATELY** by calling your local [District Health Office](#) or the DPH Acute Disease Epidemiology Section at 404-657-2588 during business hours Monday through Friday, or 1-866-PUB-HLTH (1-866-782-4584) after-hours on evenings and weekends.
- Ensure patients are up to date on their vaccinations according to CDC's recommended schedules for children and adults.

CONTACT INFORMATION

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