



MEASLES

Island County Public Health

adapted from WA DOH

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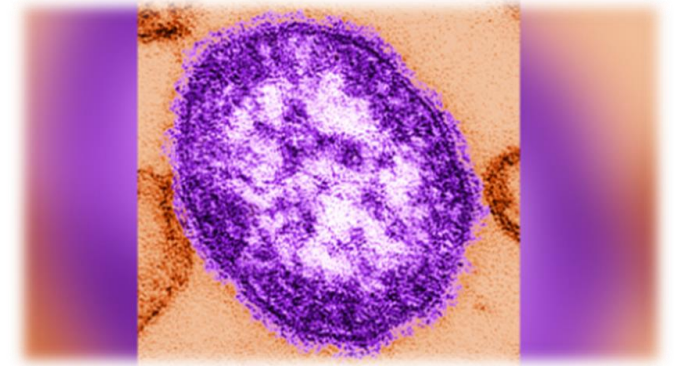
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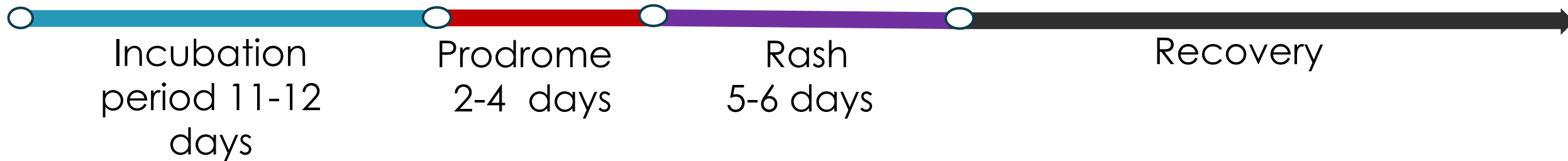
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Measles



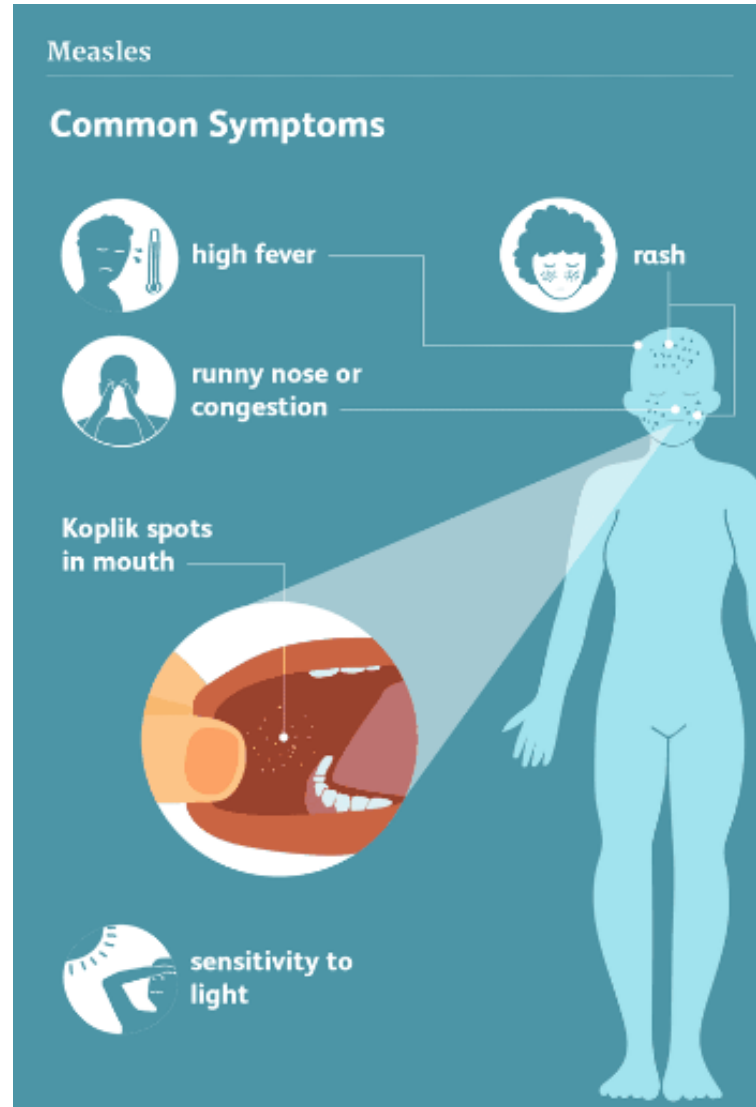
- An acute, infective, viral disease
- First described in the 7th century
- Infection nearly universal during childhood in the prevaccine era
- First live-vaccine was licensed for use in the United States in 1963
- 2005 MMR was combined with varicella vaccine (MMRV)
- 2000 measles declared eliminated in the United States
- Parts of the world where the population is not immunized, outbreaks are still possible

Clinical Presentation Timeline



Prodromal Phase

- High fever which increases in a stepwise fashion peaking as high as 103°F-105° F (39.4 °C – 40.5 °C)
- Cough
- Runny nose (coryza)
- Red, watery eyes (conjunctivitis)
- Tiny white spots inside the mouth (Koplik spots)
 - 2 -3 days after symptoms begin



The Rash

- 2 to 4 days after symptoms begin (fever, cough, conjunctivitis) the rash appears
- The rash usually begins as flat red spots at the hairline and spreads down the body
- Fever may spike to more than 104°F



Complications

About 1 in 5 unvaccinated people in the U.S. who get measles is hospitalized

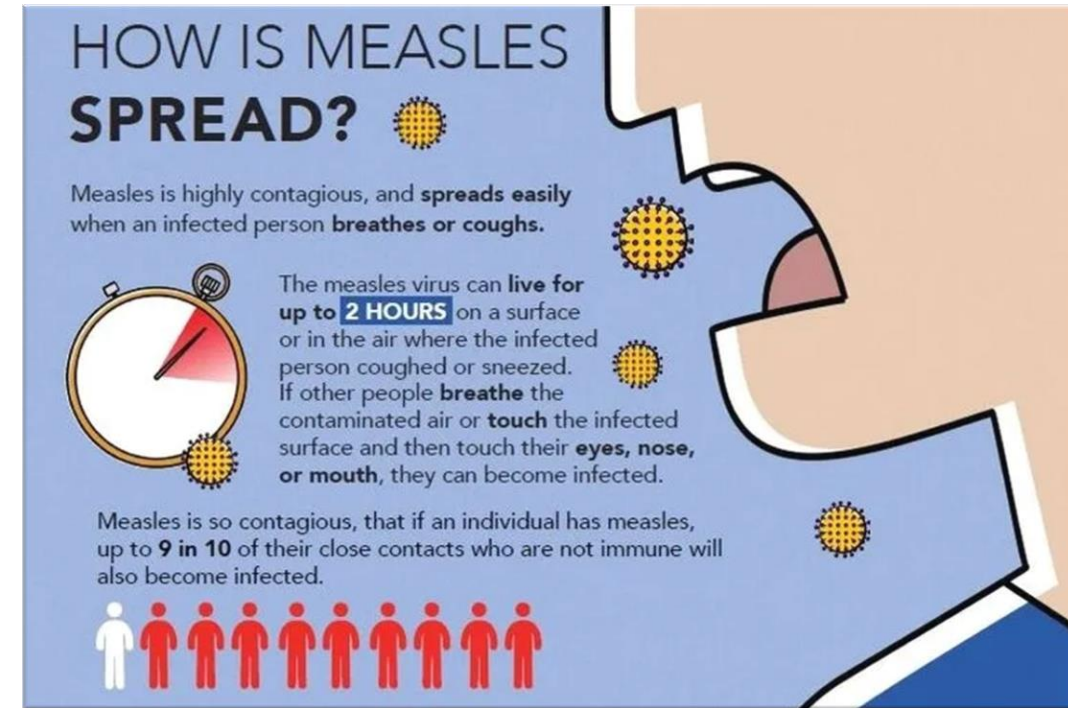
Children <5 years old are more likely to suffer from measles complications

Common complications include

- Diarrhea and vomiting
- Ear infection
- Bronchitis or laryngitis
- Pneumonia
- Encephalitis
- Pregnancy complications

Transmission

- Airborne transmission from an infected person who breathes, coughs or sneezes
- Can remain active and infectious **for up to 2 hours** in the air and on surfaces of indoor environment after infected person leaves the room
- 90% of the people close to an infected person who are not protected with MMR vaccine or N95 mask become infected.
- Infected people are contagious from 4 days before to 4 days after the rash



Treatment

Post-exposure vaccination with MMR:

- Within 72 hours of exposure may help provide protection or lessen severity

Immune Globulin (IG)

- Within 6 days of exposure to prevent disease or make symptoms less severe for those who are at risk for serious complications

A few medications may be helpful (with licensed practitioner discussion)

- Antipyretics (ex: tylenol, ibuprofen)
- Vitamin A- this is only helpful with an active measles infection
 - Children with low levels of vitamin A are more likely to have a more severe case of measles
 - There is no specific treatment for Measles.
 - It is a Vaccine Preventable Disease (VPD)



Vaccination is the best protection

Two doses of MMR (measles-mumps-rubella) vaccine are **97% effective** at protecting against measles

Children need two doses of MMR vaccine: the first dose at **age 12-15 months**, and the second dose at **age 4-6 years**.

Babies ages 6-11 months should get an early dose if traveling internationally. They will still need two additional doses later. *Children **12 months and older** should receive 2 doses before travel **at least 28 days apart**.* Check with your pediatrician before leaving on your trip to make sure your children are protected.

A large commercial airplane is shown from a low angle, flying towards the viewer. The sky is filled with soft, golden clouds, suggesting a sunset or sunrise. The plane's wings, engines, and tail are clearly visible.

A plane ride away

- **Measles is still common in many other countries.**
- **Unvaccinated travelers continue to get measles in other countries and bring it back into the United States.**
- **Anyone who is not protected against measles is at risk of getting the disease. This includes infants who are too young to receive MMR**

Measles in the US (CDC Data)

As of April 10 2025, a total of **712** confirmed* measles cases in: Alaska, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Indiana, Kansas, Kentucky, Maryland, Michigan, Minnesota, New Jersey, New Mexico, New York City, New York State, Ohio, Oklahoma, Pennsylvania, Rhode Island, Tennessee, Texas, Vermont, and **Washington**

There are **4 confirmed Measles cases in WA state in 2025 (King and Snohomish CO)**. They are linked to international travel in infants and exposure in unvaccinated adults.

Island County currently has **0 confirmed cases of Measles**

Measles Cases and Outbreaks

[Español \(Spanish\)](#) [Print](#)

CDC updates this page monthly.

Measles cases in 2023

As of, November 2, 2023, a total of 41 measles cases were reported by 18 jurisdictions.

Measles cases in 2022

From January 1 to December 31, 2022, a total of 121 measles cases were reported by 6 jurisdictions. *

Measles cases in 2021

From January 1 to December 31, 2021, a total of 49 measles cases were reported by 5 jurisdictions. *

Measles cases in 2020

From January 1 to December 31, 2020, 13 individual cases of measles were confirmed in 8 jurisdictions.*

*Jurisdictions refer to any of the 50 states, New York City, and the District of Columbia.

Measles cases in 2019

- From January 1 to December 31, 2019, 1,274* individual cases of measles were confirmed in 31 states.
- This is the greatest number of cases reported in the U.S. since 1992. The majority of cases were among people who were not vaccinated against measles. Measles is more likely to spread and cause outbreaks in U.S. communities where groups of people are unvaccinated.

Global Measles and US Vaccine Coverage Trends

- [Global Measles Outbreaks](#)
 - Ongoing outbreak in India with 36,000+ cases
- Both [CDC](#) and [WA DOH](#) data have shown decreases in pediatric vaccination uptake during COVID-19 – which includes MMR
- *Please make sure your students are up to date on MMR vaccines*

Top 10 Countries with Global Measles Outbreaks*

Rank	Country	Number of Cases
1	India**	36,154
2	Yemen	28,271
3	Pakistan	8,989
4	Nigeria	7,433
5	Ethiopia	7,111
6	Kazakhstan	4,438
7	Cameroon	4,314
8	Indonesia	4,182
9	Iraq	3,741
10	Türkiye	3,525

Provisional data based on monthly data reported to WHO (Geneva) as of early October 2023. Data covers March 2023 – August 2023.

*Countries with highest number of cases for the period.

**WHO classifies all suspected measles cases reported from India as measles clinically compatible if a specimen was not collected as per the algorithm for classification of suspected measles in the WHO VPD Surveillance Standards. Thus numbers might be different between what WHO reports and what India reports.



Thank You

For all you do to protect and improve the health of those you serve!

Measles Resources

- [WA DOH Measles Guideline](#)
- [WA DOH Measles Assessment Tool](#)
- [WA PHL Measles Testing](#)
- [CDC Pink Book – Measles](#)
- [CDC Pink Book Series \(webinar\) – Measles, Mumps, Rubella](#)
- [CDC – Measles for Public Health Professionals](#)
- [CDC – Global Measles Outbreaks](#)
- [ACIP – MMR Vaccination Recommendations](#)
- [WHO – Measles Fact Sheet](#)