

Joe Lombardo
Governor

Richard Whitley,
MS
Director



DEPARTMENT OF
HEALTH AND HUMAN SERVICES



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



Cody Phinney,
MPH
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical
Officer

TECHNICAL BULLETIN

DATE: March 13, 2025

TOPIC: Measles in the United States, Recommendations for Health Care Providers

AUTHOR: Melissa Bullock, State Medical Epidemiologist, Office of State Epidemiology

TO: Health Care Providers, Health Care Facilities and Local Health Authorities

Summary

Measles (rubeola) activity in the United States is increasing with several outbreaks as well as several imported cases. On March 7, 2025, CDC released a [Health Alert Network \(HAN\) Health Advisory regarding measles and the upcoming travel season](#). Health care providers should consider measles as a potential diagnosis for unvaccinated or under-vaccinated individuals of all ages with a febrile rash, especially if they have had recent known exposure or travel to an affected area. To prevent spread, it is critical that health care providers promptly recognize, isolate and test patients who might have measles. Health care providers must report suspected and confirmed cases of measles to public health authorities within 24 hours of identification.

Background

Measles is a highly contagious viral illness and can cause severe health complications, including pneumonia, encephalitis and death, especially in unvaccinated populations. About 9 in 10 people without immunity (via vaccination or previous infection) who come into close contact with someone with measles will get it.¹ The virus is transmitted through direct contact with infectious droplets or by airborne spread when an infectious person breathes, coughs or sneezes, and can remain infectious in the air and on surfaces for up to 2 hours.¹

Measles typically begins with a prodrome of fever, cough, coryza and conjunctivitis, lasting 2 to 4 days before rash onset. The incubation period for measles from exposure to fever is usually about 10 days, with a range of 7–12 days, while rash onset is typically visible around 14 days after initial exposure with a range of 7–21 days. Individuals infected with measles are contagious from 4 days before the rash starts through 4 days afterward (the day of rash onset is considered day zero).¹

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).²

In the United States as of March 6, 2025, there have been 222 cases of measles reported in 12 jurisdictions: Alaska, California, Florida, Georgia, Kentucky, New Jersey, New Mexico, New York City, Pennsylvania, Rhode Island, Texas, and Washington. There are currently no cases in Nevada. Of these cases, 94% were not vaccinated or had unknown vaccination status and 17% of cases have been hospitalized with 1 confirmed death from measles and 1 death under investigation.²

¹ <https://www.cdc.gov/measles/hcp/clinical-overview/index.html>

² <https://www.cdc.gov/measles/cases-outbreaks.html>

Recommendations for health care providers

Ensure adequate vaccination to protect patients and prevent spread

Health care providers should offer MMR (measles, mumps, rubella) vaccine in accordance with [CDC recommendations](#). CDC recommends MMR vaccine for all [children](#) and for [adults](#) without presumptive [evidence of immunity](#), including international travelers and health care providers.³

Recognize measles and respond quickly

Consider measles as a diagnosis in anyone with fever ($\geq 101^{\circ}\text{F}$ or 38.3°C) and a generalized maculopapular rash with cough, coryza or conjunctivitis who has recently traveled, especially in [areas with ongoing outbreaks, or who has had known exposure to measles](#). Check CDC for global [travel health notices](#).

If measles is suspected:

- Isolate: Do not allow patients with suspected measles into common areas of a health care 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.
 - Call ahead to ensure immediate isolation for patients referred to hospitals for a higher level of care. Always use the [DPBH Interfacility Transfer Form](#) when transferring patients with infectious diseases, including measles, to another facility.
 - If releasing a patient to go home, advise the patient to isolate through the 4th day after rash onset (with the day of rash onset as day 0).
- Protect yourself: Health care providers should adhere to standard and airborne precautions when evaluating suspect cases, regardless of their vaccination status.
 - Exposed health care providers without evidence of immunity should be excluded from work from day 5 after their first exposure until day 21 following their last exposure.⁴
- Notify: Within 24 hours, notify the local health authority for your area about any suspected or confirmed cases of measles ([NAC 441A.225](#)) as they can help you arrange testing.

Local Health Authority	County	Phone Number to Report
Carson City Health and Human Services (CCHHS)	Carson City, Douglas, and Lyon	(775) 434-1690 (M-F 8 a.m. – 5 p.m.) (775) 887-2190 (after hours)
Central Nevada Health District (CNHD)	Churchill, Mineral, Eureka, and Pershing	(775) 866-7535 (24 hours)
Northern Nevada Public Health (NNPH, formerly WCHD)	Washoe	(775) 328-2447 (24 hours)
Southern Nevada Health District (SNHD)	Clark	(702) 759-1300 (24 hours)
Nevada Division of Public and Behavioral Health (DPBH) Office of State Epidemiology (OSE)	All other counties	(775) 684-5911 (M-F 8 a.m. – 5 p.m.) (775) 400-0333 (after hours)

- Test: Follow [CDC's testing recommendations and collect](#) either a nasopharyngeal swab, throat swab and/or urine for reverse transcription polymerase chain reaction (RT-PCR) and a blood specimen for serology (detection of IgM and IgG) from all patients with suspected measles.⁵
 - Offer testing outside of facilities to avoid transmission in health care settings.
 - Measles [PCR](#) can be performed at the Nevada State Public Health Laboratory with coordination through the public health authority or commercial laboratories such as [Labcorp](#) and [Quest Diagnostics](#).
 - Rarely, individuals recently vaccinated against measles may develop symptoms that can mimic a measles infection, including fever and a mild rash. If an individual has been vaccinated with the MMR vaccine in the past 21 days and has not recently traveled or had contact with a confirmed/suspected measles case, they do not need to be tested.
- Manage: There is no specific antiviral therapy for measles, so treatment is supportive.
 - Exposed close contacts without evidence of immunity should be offered post-exposure prophylaxis (PEP) as soon as possible after exposure. This should be done in coordination

with the local health authority and the Nevada Division of Public and Behavioral Health. The choice of PEP is based on elapsed time of exposure or medical contraindications to vaccination but may include MMR (within 72 hours) or immunoglobulin (within 6 days). MMR vaccine and IgG should not be administered simultaneously, as this invalidates the vaccine.⁶

- Vitamin A should be administered under the supervision of a healthcare provider and is not a substitute for vaccination as it does not protect you from measles.^{7,8} [Overuse of Vitamin A can lead to toxicity](#) and cause damage to the liver, bones, central nervous system, and skin. Pregnant women should avoid taking high levels of vitamin A as it has been [linked to severe birth defects](#).
- Nevadans can visit the [Nevada WebIZ public access portal](#) to access and print vaccination records for themselves or a legal dependent.

Additional Resources

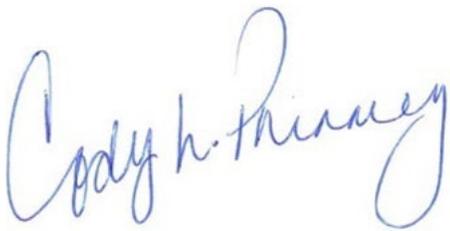
[Measles \(Rubeola\) | CDC](#)

[Routine MMR Vaccination Recommendations: For Providers | CDC](#)

[Measles - Nevada Public Health | The Office of State Epidemiology \(nvose.org\)](#)

Questions

For updated guidance, review [the Division of Public and Behavioral Health Technical Bulletin](#) web page regularly. Email DBPHEpi@health.nv.gov for other questions regarding measles.



Cody Phinney, MPH
Administrator
Division of Public and Behavioral Health



Ihsan Azzam, Ph.D., M.D.
Chief Medical Officer
Division of Public and Behavioral Health

³ <https://www.cdc.gov/vaccines/vpd/mmr/public/index.html>

⁴ <https://www.cdc.gov/infection-control/hcp/healthcare-personnel-epidemiology-control/measles.html>

⁵ https://www.cdc.gov/mumps/media/pdfs/2025/02/MMRV-Testing-for-Clinicians_Jan2025.pdf

⁶ <https://www.cdc.gov/measles/hcp/vaccine-considerations/index.html>

⁷ <https://www.cdc.gov/measles/hcp/clinical-overview-patient-management/index.html>

⁸ <https://publications.aap.org/aapnews/news/31490/AAP-leaders-combating-misinformation-amid-measles>