



Public Health

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HEALTH ALERT

First Confirmed Measles Cases Tarrant County

The intended audience for this health alert is hospitals, clinicians, infection preventionists, clinics, and clinical laboratories in Tarrant County.

- Tarrant County Public Health (TCPH) has confirmed the first two cases of measles in Tarrant County in 2025 in an adult and a child.
- Both cases were unvaccinated.
- The two individuals visited Mansfield Methodist Hospital on April 29/30 from 8pm to 3am while they were contagious. The last day to monitor for symptoms from this exposure is May 20.

Situational Summary

Tarrant County Public Health reports the first confirmed measles cases in the county for 2025. The cases involve an unvaccinated adult and child who live in the same household. Both individuals were infectious during their illnesses and TCPH is actively investigating potential exposures during this period. Additional information will be shared once close contacts and public locations of concern have been identified and notified.

Background

Measles is a highly contagious respiratory illness. The virus is transmitted by direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs, or sneezes. Measles virus can remain infectious in the air for up to two hours after an infected person leaves an area. Illness onset (high fever, cough, runny nose, and red, watery eyes) begins 7 to 21 days after exposure to a person with measles. A few days later, the telltale rash breaks out as flat, red spots on the face and then spreads down the neck and trunk to the rest of the body. A person is contagious about four days before the

rash appears to four days after. People with measles should stay home from work or school during that period.

The best way to prevent getting sick is to be immunized with two doses of a measles-containing vaccine, which is administered as the combination measles-mumps-rubella (MMR) vaccine. Two doses of the MMR vaccine are highly effective at preventing measles. Texas Department of State Health Services (DSHS) and the Centers for Disease Control and Prevention (CDC)'s Advisory Committee on Immunization Practices (ACIP) recommend children receive one dose of MMR at 12 to 15 months of age and another at 4 to 6 years. Children too young to be vaccinated are more likely to have severe complications if they get infected with the measles virus. However, each MMR dose lowers the risk of infection and severity of illness if infected.

Signs and Symptoms

Healthcare providers should consider measles in patients presenting with the following symptoms:

- Fever $\geq 101^{\circ}\text{F}$ (38.3°C) **AND**
- Cough, runny nose, or conjunctivitis **OR** Koplik spots (bluish-white specks or a red-rose background appearing on the buccal and labial mucosa usually opposite the molars) **AND**
- Generalized maculopapular rash lasting ≥ 3 days
 - Rash typically begins at the hairline/scalp and progresses downward.

Prevention

Anyone who is not protected against measles is at risk of infection. The most effective prevention is two doses of the measles-mumps-rubella (MMR) vaccine:

- Two MMR doses are about 97 percent effective at prevention
- One MMR dose is about 93 percent effective

The MMR vaccine is recommended to those 12 months or older and two doses should be administered at least 28 days apart. Contact your health care provider if you are unsure of your vaccination status or if you have any questions about your vaccine options.

Additionally, good hygiene practices—such as frequent handwashing and disinfecting commonly touched surfaces—can help reduce the spread of viruses.

What To Do If Exposed

If you think you have measles or have been exposed to someone with measles, isolate yourself from others and call your healthcare provider before arriving to be tested so they can prepare for your arrival without exposing other people to the virus. Measles is extremely contagious and can cause life-threatening illness to anyone who is not protected against the virus. Review your and your child's vaccination history to see if you are up to date on your measles-containing vaccines. Additionally, discuss with your provider your vaccination history and any questions about these vaccines.

If you are fully vaccinated, you are considered protected and are unlikely to contract the virus.

If you have been exposed and are not immune, contact your health care provider for guidance and monitor for symptoms.

If you develop measles symptoms, immediately isolate, and call your doctor. Unless it is an emergency, **contact the clinic or hospital before visiting to help prevent the spread to others.**

Healthcare provider, laboratories, and healthcare facilities and inpatient healthcare facilities required to immediately report suspect measles cases to Tarrant County Public Health (TCPH) at **817-321-5350**, even before confirmation. Schools and childcare facilities report measles cases to TCPH if reported by the parent/guardian or from a staff member. If possible, please report while the patient is present to facilitate testing and the public health investigation, including follow-up of potential exposures.

Infection Control Precautions

- If a measles case is identified in a healthcare setting, including outpatient and long-term care facilities, the following measures should be taken: [Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings | Infection Control | CDC](#)
 - Implementation of airborne and standard precautions for patients in whom measles is suspected or confirmed.
 - Airborne precautions include isolation in a negative air pressure isolation room, also known as airborne infection isolation (AII) or airborne infection isolation room (AIIR). In clinic settings where a negative air pressure isolation room may not be available, a single room with the door closed and away from susceptible contacts may be used when evaluating

persons in whom measles is suspected while arranging transfer to a facility where an AIIR is available.

- In addition, suspect or confirmed measles patients should be asked to wear a medical mask.
- Immediately review of evidence of measles immunity in all exposed healthcare personnel and exposed patients.
- [Management of healthcare personnel \(cdc.gov\)](#)
 - For asymptomatic healthcare personnel [with presumptive evidence of immunity to measles](#) who have an exposure to measles:
 - Postexposure prophylaxis is not necessary.
 - Work restrictions are not necessary.
 - Implement daily monitoring for signs and symptoms of measles from the 5th day after their first exposure through the 21st day after their last exposure.
 - For asymptomatic healthcare personnel without presumptive evidence of immunity to measles who have an exposure to measles:
 - Administer postexposure prophylaxis (PEP) in accordance with CDC and ACIP recommendations ([CDC ACIP Vaccine Recommendations](#)).
 - Exclude from work from the 5th day after their first exposure through the 21st day after their last exposure, regardless of receipt of PEP.
 - Measles–exposed healthcare personnel who haven’t received two doses of MMR vaccine or have proof of measles immunity by titer should isolate from 5 to 21 days following a measles exposure.
 - For healthcare personnel with known or suspected measles, exclude from work for 4 days after the rash appears.
 - For immunocompromised healthcare personnel with known or suspected measles, exclude from work for the duration of their illness.
 - During a measles outbreak, administer measles vaccine to healthcare personnel in accordance with [CDC's ACIP recommendations](#).

Diagnostic Testing

Testing for measles should be done for all suspected measles cases at the time of the initial medical visit:

- The DSHS Laboratory and others can perform PCR testing on throat swabs (preferred), or nasopharyngeal swabs placed in viral transport media and serology on serum specimens but require TCPH approval before submission.
- Providers should contact TCPH at 817-321-5350 regarding PCR testing at the DSHS Laboratory if PCR testing is unavailable via commercial laboratory.
- TCPH will approve and coordinate testing at the DSHS Laboratory to ensure specimens are submitted correctly and meet testing requirements. TCPH approval and coordination is required for DSHS Laboratory to accept measles specimens for testing from Tarrant County healthcare providers.
- Commercial laboratory can perform PCR testing and serology on serum specimens.

Control and Prevention Measures




- MMR Vaccine
 - The MMR vaccine, if administered within 72 hours of initial measles exposure, may provide some protection, or modify the clinical course of disease among susceptible persons who otherwise have no contraindications to MMR vaccination (e.g., severe immunocompromise, age <6 months, pregnancy) ([cdc.gov/surv-manual/php/table-of-contents/chapter-7-measles.html](https://www.cdc.gov/surv-manual/php/table-of-contents/chapter-7-measles.html))
 - Susceptible persons who receive a dose of MMR vaccine as PEP within 72 hours of initial measles exposure may return to childcare, school, or work.
 - Any susceptible contact under 12 months of age who receives MMR vaccination should be revaccinated according to the routine pediatric schedule (i.e., two additional doses with the first between 12–15 months of age). All doses of MMR vaccine must be separated by at least 28 days.
- Immune globulin (IG)
 - IG, if administered within six days of initial measles exposure, may provide some protection against measles or modify the clinical course of disease among susceptible persons ([cdc.gov/surv-manual/php/table-of-contents/chapter-7-measles.html](https://www.cdc.gov/surv-manual/php/table-of-contents/chapter-7-measles.html)).

- IG is the only option for PEP for populations which cannot receive MMR (infants less than six months of age, severely immunocompromised people, and pregnant women).
- Priority should be given to persons exposed in settings with intense, prolonged, and close contact (e.g., household, daycare, classroom) and for those at high risk of severe disease. IG PEP should be provided to severely immunocompromised contacts regardless of prior measles vaccination status due to the risk for severe disease.
- IG PEP can be given to susceptible infants aged 6–12 months, although MMR vaccine is preferred per American Academy of Pediatrics (AAP) guidance if received within 72 hours of exposure.

Controlling Outbreaks in Group Settings

- People with confirmed or suspected measles should stay home from school, work, and other group settings until **after** the fourth day of rash onset.
- During an outbreak, people without documented immunity from vaccination or previous measles infection should be isolated from anyone with measles to protect those without immunity and control the outbreak. Additional information on school exclusion and readmission can be found at [School Communicable Disease Chart](#).

Selected References:

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|  | Alert: | Conveys the highest level of importance; warrants immediate action or attention |
|  | Advisory: | Provides important information for a specific incident or situation; may not require immediate action. |
|  | Update: | Provides update information regarding an incident or situation; unlikely to require immediate action. |



Information:

Provides general information that is not necessarily considered to be of an emergent nature.

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