Maryland
DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Ryan Moran, DrPH, MHSA, Acting Secretary

March 4, 2025

Dear Colleagues:

We are writing to ensure you are aware of measles vaccination, testing, and other clinical guidance, given the large ongoing measles outbreak in the southwestern United States. There have been no cases of measles identified in Maryland in 2025. In 2024, there was 1 travel-related measles case in Maryland. Data on U.S. measles cases in 2024 and 2025 is available at https://www.cdc.gov/measles/data-research/index.html. Information about the Texas outbreak, including about the fatal case, is available at https://www.dshs.texas.gov/news-alerts/measles-outbreak-feb-28-2025.

Measles Background

- Measles is an acute viral respiratory illness. It is characterized by a prodrome of fever, malaise, and cough, coryza, and conjunctivitis; sometimes pathognomonic Koplik spots; followed by a maculopapular rash.
- The rash usually appears about 14 days after a person is exposed, and typically spreads from the head to the trunk to the lower extremities.
- Patients are considered to be contagious from 4 days before through 4 days after the rash appears.
- Measles is highly contagious, and is transmitted by direct contact with infectious droplet or airborne spread when an infected person breathes, coughs, or sneezes.
- Measles virus can remain infectious in the air for up to 2 hours after an infected person leaves an enclosed area.

Measles Vaccination

Vaccination is the most effective way to prevent measles infection.

- Children should routinely get two doses of MMR vaccine: one at age 12-15 months and a second at 4-6 years.
- Adults and teens should be up to date on MMR vaccinations with either one or two doses (depending on risk factors) unless they have presumptive evidence of immunity (see below).
    - Certain adults should receive 2 doses, including: students at post-high school education institutions, healthcare personnel (HCP), international travelers, close contacts of immunocompromised people, people with HIV infection.

- Before any international travel, infants 6 through 11 months of age should receive 1 dose of MMR vaccine. Infants who get one dose of MMR vaccine before their first birthday should get 2 more doses according to the routinely recommended schedule. People 12 months of age and older who will be traveling internationally should receive 2 doses of measles-containing vaccine.
- Providers generally do not need to actively screen adult patients for measles immunity in non-outbreak areas in the United States. After vaccination, it is also not necessary to test patients for antibodies to confirm immunity.
- There are no recommendations to receive a third dose of MMR vaccine during measles outbreaks.
- For more information on measles vaccination, go to CDC Measles Vaccine Recommendations.

Presumptive Evidence of Immunity

Presumptive evidence of immunity can be established in any of the following ways:

- Written documentation of one or more doses of a measles-containing vaccine administered on or after the first birthday for preschool-age children and adults not considered high-risk
- Written documentation of two doses of measles-containing vaccine for school-age children and adults at high risk, including students at post-high school secondary educational institutions, healthcare personnel (HCP), and international travelers
- Laboratory evidence of immunity
- Laboratory confirmation of disease
- Birth before 1957

NOTE: Verbal reports of measles vaccination or measles infection without written documentation should not be accepted as presumptive evidence of immunity.

NOTE: Although birth before 1957 is considered acceptable evidence of immunity for HCP in routine circumstances, healthcare facilities should consider vaccinating HCP born before 1957 who lack laboratory evidence of immunity or laboratory confirmation of disease. During a measles outbreak, two doses of measles virus-containing vaccine are recommended for all HCP, regardless of year of birth.

Measles Testing

- Individuals for whom measles is suspected due to clinical presentation and exposure history should be tested for measles.
- PCR and IgM serology are the preferred testing methods for measles diagnosis.
- **To request testing at MDH Laboratory, call your local health department. Specimens will not be accepted for testing without prior approval.**
- If testing at MDH Laboratory is approved, collect a NP/OP specimen on Dacron™ swab in viral transport media, and 5 mL of whole blood or 4 mL of serum in red-top or gold-top vacutainer.

- Ideally, upper respiratory specimens should be collected within 3 days of rash onset, but specimens collected after that time may still be tested. IgM is most sensitive 3+ days after rash onset and may not be detected in specimens collected earlier in the illness.
- Testing asymptomatic persons, including those identified as close contacts of a case, should be avoided as it increases the likelihood of obtaining false positive results.

Other Healthcare Facility Preparation for Suspected Measles Cases

- Healthcare facilities should ensure that all healthcare personnel (HCP) have presumptive evidence of immunity to measles, and that this information is documented and readily available.
- Advise your patients to CALL prior to coming to your facility if they have symptoms of measles. This will allow you to take steps to minimize risk of exposure to other people in your facility. If you must refer a patient with suspected measles to another healthcare facility, call the facility before advising the patient to go to that facility.
- Develop a facility-specific plan with your staff to assist with rapid identification and isolation of a symptomatic patient with suspected measles.
- Patients with suspected measles should preferably be placed in airborne precautions in a single-patient airborne infection isolation room. All staff entering the room should use respiratory protection consistent with airborne infection control precautions (e.g. N95 respirator). If an AIIR is not available, place the masked patient in a private room with the door closed. If feasible, the patient should continue to wear the mask for the duration of time spent in the non-AIIR room.
- If measles is suspected after initial evaluation, inform your local health department immediately.
- For more information, go to CDC's Infection Prevention and Control Recommendations for Measles in Healthcare Settings.

For questions, contact your local health department or the Maryland Department of Health Infectious Disease Epidemiology and Outbreak Response Bureau at 410-767-6700. Thank you for your assistance with preventing measles in Maryland.

Sincerely,

MD FAAP

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