

Date: March 21, 2025

From: Kansas Department of Health and Environment – Division of Public Health

To: Kansas Health Care Providers, Laboratories and Local Health Departments

RE: Increase of Measles Cases in Kansas and Updated MMR Vaccination Recommendation

As of March 21, 2025, the Kansas Department of Health and Environment (KDHE) is reporting ten (10) cases of measles within Grant, Morton and Stevens counties. All these cases are in children aged from 0-17. Nine (9) of the individuals were not vaccinated, and one (1) is under-vaccinated having only received 1 out of the 2 doses of the recommended MMR vaccine. There have been no hospitalizations or deaths among the cases. Due to the highly contagious nature of measles, additional cases are likely to occur in the outbreak area in Kansas and in surrounding counties, especially among those that are unvaccinated.

Cases of measles also continue to increase in other states. As of March 21, 2025, the Centers for Disease Control and Prevention (CDC) is reporting a total of 378 measles cases in 15 jurisdictions: Alaska, California, Florida, Georgia, Kansas, Kentucky, Maryland, Michigan, New Jersey, New Mexico, New York City, New York State, Ohio, Pennsylvania, Rhode Island, Texas, Vermont and Washington. Most of these cases are occurring in children (76%) and almost all are either unvaccinated or have an unknown vaccination status (95%). Fifty (50) persons have been hospitalized and two (2) have died.

KDHE advises health care providers to be on high alert for patients who have: (1) febrile rash illness and [symptoms consistent with measles](#) (for example, cough, coryza, or conjunctivitis) particularly among unvaccinated individuals, or (2) have recently traveled, especially internationally or domestically to areas with ongoing measles outbreaks, or (3) have frequent contact with unimmunized individuals in a congregate setting (e.g. attends daycare).

Mandated Reporters, including clinicians, are required by Kansas Administrative Regulation ([K.A.R. 28-1-2](#)) to report by phone all suspected cases of measles to the 24/7 KDHE Epidemiology Hotline (877-427-7317, option 5) within four (4) hours of suspicion to facilitate rapid testing and investigation. Do not wait for test results. Be prepared to provide detailed information on clinical presentation, immunity status, and recent exposure history. Laboratories are required by [K.A.R. 28-1-18](#) to report laboratory results of measles to KDHE using an approved electronic method.

Recommendations for Health Care Providers

Given the rapid increase of measles cases in Kansas, in other states, and globally, KDHE is strongly recommending to providers that, if they suspect a patient has measles, they should submit the specimen to the Kansas Health and Environment Laboratory (KHEL) for measles testing rather than sending specimens to commercial laboratories.

- Given the potential for long turnaround times at commercial laboratories for measles RT-PCR and IgM testing, providers should contact the 24/7 KDHE Epidemiology Hotline and submit specimens for testing to KHEL. The turnaround time at KHEL is 1-2 business days after samples are received.
- KHEL can perform free RT-PCR from nasopharyngeal swab, throat swab, or urine specimens. This is the gold standard test for confirming measles infection.
- Contact the 24/7 KDHE Epidemiology Hotline at 877-427-7317 (option 5) to report the suspect case and to help facilitate specimen submission.
- Persons that are suspected to have measles should be instructed to stay in home isolation until test results are received. Persons who have measles should be instructed to remain in home isolation for four days following the onset of rash, except when seeking medical care. Persons that are susceptible to measles and exposed should be excluded from working in an adult care home, correctional facility, or health care facility and attending or working in a school, childcare facility, or adult day care for 21 days following the last exposure.

A person is considered immune to measles if any of the following conditions are met:

- History of measles disease that is documented by a physician OR
- Laboratory (serologic) evidence of immunity (positive IgG titer) OR
- Documentation of having been age appropriately vaccinated with the MMR vaccine
 - One dose of MMR in children 12 months until school entry (4 – 6 years)
 - Two doses of MMR in children 4 – 6 years to 18 years
 - One dose of MMR in adults 18 years or older
 - Two doses of MMR in adults 18 years or older that work in health care settings or attend a post-secondary educational institution OR
- Being born before 1957

Recommendations for Measles Vaccination

For the prevention of measles:

- Two doses of MMR vaccination are recommended for children with the first dose administered at age 12 through 15 months and the second dose administered at age 4 through 6 years before school entry.
- Two doses are recommended for adults working in health care or attending a post-secondary educational institution because of the high risk for exposure and transmission in these settings.

- One dose is recommended for all other adults ages 18 years and older.
- Individuals who were vaccinated between 1963 and 1967 with an inactivated (killed) measles vaccine or a vaccine of unknown type should receive at least 1 dose of the live attenuated measles vaccine, which is the current MMR formulation. This recommendation is to protect those who may have received the ineffective killed vaccine, which was available from 1963 to 1967.
- Ensure all U.S. residents older than age 6 months without [evidence of immunity](#) who are [traveling internationally](#) receive MMR vaccine prior to departure:
 - Infants 6 through 11 months of age should receive one dose of MMR vaccine before departure. Infants who receive a dose of MMR vaccine before their first birthday should receive 2 more doses of MMR vaccine; the first of which should be administered when the child is 12 through 15 months of age and the second at least 28 days later (generally at age 4-6 years of age but can be administered sooner if indicated).
 - Children 12 months of age or older should receive two doses of MMR vaccine, separated by at least 28 days.
 - Teenagers and adults without evidence of measles immunity should receive two doses of MMR vaccine separated by at least 28 days.

KDHE is issuing the following recommendations for counties that are impacted by this outbreak of measles and adjacent counties:

- Infants 6 through 11 months receive an early dose of MMR vaccine (i.e., infant dose). Subsequent doses should follow CDC’s recommended childhood schedule:
 - Another dose at 12 through 15 months of age and
 - A final dose at 4 through 6 years of age.
- Children older than 12 months who have not been vaccinated should receive one dose immediately and follow with a second dose at least 28 days after the first. No third dose is needed.
- Children older than 12 months with one prior dose should receive an early second dose of MMR vaccine separated by at least 28 days.
- Teenagers and adults previously vaccinated with one dose of MMR vaccine should receive a second dose. Those with no evidence of immunity should receive one dose of MMR vaccine immediately and follow with a second dose at least 28 days later.

Local health departments are advised to take the following actions. Your proactive response and collaboration are vital to protecting public health in Kansas.

- Share this alert with health care providers, hospitals, and clinics in your county to ensure they are informed and prepared.
- Ensure that you have appropriate testing and shipping supplies including nasopharyngeal swabs, viral transport media, and cold shippers.

- Supplies can be ordered using the online ordering form, kdhe.ks.gov/FormCenter/Labs-20/Specimen-Kit-and-Supplies-Request-Form-66. If you need assistance with ordering supplies, or if you need supplies urgently, contact KHEL customer service at 785-296-1620 or kdhe.khel_help@ks.gov.
- Promptly report any suspected case of measles to the KDHE Epidemiology Hotline at 877-427-7317 (option 5) and encourage mandated reports to do the same.
- For any questions or further clarification on measles, please reach out to the KDHE Epidemiology Hotline at kdhe.epihotline@ks.gov or your regional epidemiologist.
- For any vaccine-related questions, please reach out to the Kansas Immunization Program at kdhe.vaccine@ks.gov or the Regional Nurse On-Call 877-296-0464 option 3.