

Date: May 12, 2025

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

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

RE: Measles Update and Frequently Asked Questions

As of May 7, 2025, the Kansas Department of Health and Environment (KDHE) is reporting 51 cases of measles across the state; 49 cases are associated with an ongoing outbreak in southwest Kansas and two cases thought to be associated with international travel in Sedgwick and Reno counties. Most cases continue to present among unvaccinated children. 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. As summer travel season begins, we will likely see additional imported cases among Kansans travelling within the United States and internationally.

Cases of measles also continue to increase in other states. As of May 8, 2025, a total of 1,001 confirmed measles cases were reported by 31 jurisdictions: Alaska, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Missouri, Montana, New Jersey, New Mexico, New York City, New York State, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, Tennessee, Texas, Vermont, Virginia, and Washington. Most of these cases are occurring in children through 19 years old (68%) and almost all are either unvaccinated or have an unknown vaccination status (96%). Approximately 13% of cases have been hospitalized (126/1001) and three (3) have died.

KDHE advises healthcare 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. Please 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.

Frequently Asked Questions

Defining Cases, Outbreaks and Community Spread

How are individual cases of measles counted?

Both KDHE and CDC count a person as a confirmed measles case if the person has an acute febrile rash plus laboratory evidence of measles infection. In the absence of laboratory evidence, cases may be confirmed by direct epidemiological linkage to another confirmed case.

What is an outbreak of measles?

In the past, because measles was considered a relatively rare disease within the United States, an outbreak of measles was declared when one case was confirmed. Currently, both KDHE and CDC are defining an outbreak of measles as three or more related cases. As of May 7, 2025, Kansas is reporting one outbreak of measles in southwest Kansas and two individual cases in Sedgwick and Reno counties thought to be associated with international travel.

What is an imported case of measles?

An internationally imported case is defined as a case which results from exposure to the measles virus outside of the United States as evidenced by at least part of the exposure period (7-21 days before rash onset) occurring outside of the United States and rash occurring within 21 days of entering the United States and there is no known exposure to measles in the United States during that time. All other cases are considered United States-acquired.

When does KDHE suspect community spread of measles?

When public health investigations identify cases of measles with no clear linkage to other confirmed cases or linkage to locations with known potential for exposure, we suspect that the virus may be spreading more widely within a specific community.

Testing

If a healthcare provider suspects a patient may have measles, what is the preferred test to confirm?

The gold standard for confirming measles infection is a RT-PCR. KDHE is strongly recommending to providers that, if they suspect a patient has measles, they should submit either a nasopharyngeal or throat swab to the Kansas Health and Environment Laboratory (KHEL) for measles testing rather than sending specimens to commercial laboratories because turnaround times at reference labs may be long. Contact the 24/7

KDHE Epidemiology Hotline at 877-427-7317 (option 5) to report the suspect case and to help facilitate specimen submission.

Immunity

Who is considered immune to measles?

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 healthcare settings or attend a post-secondary educational institution, OR
- Being born before 1957.

Vaccination

What is the routine recommendation for measles, mumps and rubella (MMR) vaccine 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 healthcare 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 one 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.

Are there MMR recommendations for travelers?

Yes. 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.

Are there MMR recommendations for outbreak and surrounding counties?

KDHE is recommending the following for counties with evidence of widespread community transmission 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. 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.

Why does KDHE recommend the early MMR infant dose for infants 6 through 11 months, the accelerated second dose for children older than 12 months with one dose, and a routine second dose for all teenagers and adults with one dose for some counties and not others?

This MMR recommendation is aimed at controlling the spread of measles in communities with evidence of sustained community transmission. In counties with isolated individual cases, KDHE does not routinely make this recommendation.

What are the pros and cons of the outbreak MMR recommendation?

Accelerated MMR dosing at 6 months offers early protection and is safe, especially during sustained community transmission or during international travel. However, it results in lower initial and long-term antibody responses, requiring a second dose at 12 months and an additional dose at 4 – 6 years. Routine early vaccination is not recommended except in special circumstances, as long-term immunity may be compromised (Gans HA, Yasukawa LL, Alderson A, Rinki M, DeHovitz R, Beeler J, Audet S, Maldonado Y, Arvin AM. Humoral and cell-mediated immune responses to an

early 2-dose measles vaccination regimen in the United States. J Infect Dis. 2004 Jul 1;190(1):83-90. doi: 10.1086/421032. Epub 2004 May 26. PMID: 15195246).

Who ultimately decides if the outbreak MMR recommendations should be implemented in a county?

While KDHE may make a recommendation for an accelerated dosing schedule for the MMR vaccine for specific areas of the state, ultimately local health officers have the authority to make recommendations for their counties, and providers have the responsibility to determine guidance for their patients.

Resources

- All mandated reporters should report any suspected case of measles to the KDHE Epidemiology Hotline at 877-427-7317 (option 5).
- For any questions or further clarification on measles, please reach out to the KDHE Epidemiology Hotline at kdhe.epihotline@ks.gov.
- 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.
- To join KS HAN please complete the [New Member Portal Request Form \(PDF\)](#) and [email it to the KS-HAN Administrator](#) to request access. Once approved, you will receive a link via email to complete your registration. KS-HANs are also available to the public on the KDHE website. You can find them in the [News Flash](#) section under the “Kansas Health Alert Network (KS-HAN)” category.
- KDHE offers the Monthly Local Partners Update Webinar on the first Thursday of each month.
- KDHE offers the bi-weekly Measles Update for Outbreak and Surrounding Counties with Local Health Departments and local providers in counties with a current outbreak and neighboring counties. Local Health Departments and providers are added to the invitation-only webinar as needed.
- Starting May 28, KDHE will host for all Local Health Departments the Weekly Local Health Department Measles Update Webinar on Wednesdays. The KDHE/LHD Monthly Meeting will continue on the third Wednesday of each month. This weekly webinar will be on the other Wednesdays. Local Health Departments are not required to attend the weekly webinar but can hear information from KDHE and ask questions.
- For general information about measles: <https://www.kdhe.ks.gov/1501/Measles>
- For data on the measles outbreak in southwest Kansas: <https://www.kdhe.ks.gov/2314/Measles-Data>

- For data on all reportable infectious and contagious diseases, include statewide and county-specific data on measles:
<https://kshealthdata.kdhe.ks.gov/t/KDHE/views/InfectiousDiseaseCaseDashboard/DiseaseCharts?%3Aembed=y&%3AisGuestRedirectFromVizportal=y>
- For data on measles cases in the United States:
<https://www.cdc.gov/measles/data-research/index.html>