To: Vermont Health Care Providers and Facilities
Date: March 11, 2025
From: Laura Ann Nicolai, MPH, Deputy State Epidemiologist

Confirmed Measles Case in Vermont

Summary of Requested Actions

- Strongly consider measles, especially in unvaccinated patients with compatible illness, and test for measles.
- Report suspected cases to the Health Department immediately.
- Ensure all patients are up to date on MMR vaccine.
- Prepare for measles cases.

Situation Summary

The Vermont Department of Health has confirmed a case of measles in a school-aged child in Lamoille County. The child became sick shortly after returning from recent international travel. The individual's infectious period is March 5 through March 13, and the child is isolating away from the public. This is the first confirmed measles case in Vermont in 2025.

There is no ongoing transmission risk from this case to members of the public in Vermont. However, there is a **limited possibility of exposure at the Copley Hospital Emergency Department**, where the child was evaluated. The Health Department is working closely with hospital staff to contact a small number of people who may have been exposed while inside the Emergency Department in Morrisville, VT between 3:15 p.m. and 6 p.m. on Sunday, March 9.

People who were in the Emergency Department waiting room during this time are being asked to confirm their evidence of immunity to measles and monitor for measles symptoms through Sunday, March 30. Those without known immunity to measles are asked to contact the Health Department at 802-863-7240, option 2 for guidance.

Background

In addition to the risk of importation of measles following international travel, a large measles outbreak is currently impacting a region of west Texas and eastern New Mexico. As of March

6, 228 cases have been reported, and more cases are expected as this outbreak continues to expand rapidly. An active measles outbreak is also ongoing in Québec since December 2024 with 31 cases reported, as of March 7, 2025.

With spring and summer travel season approaching in the United States, health care providers are encouraged to share effective measles prevention strategies, including vaccination guidance for international travelers, and to have an increased index of suspicion for measles in people with compatible febrile rash illness.

The incubation period after exposure to measles is typically 10-14 days, but it can range from 7-21 days. Measles most often presents in adults and children as an acute, viral illness characterized by fever and generalized, maculopapular rash. The prodrome might include cough, conjunctivitis and coryza. Koplik spots, blue-white spots on the buccal mucosa, are occasionally seen. The rash usually starts on the face, proceeds down the body, and may include the palms and soles. The rash, which lasts for several days, fades in order of appearance. Complications include diarrhea, otitis media, pneumonia, hepatitis, and encephalitis.

Requested Actions

1. **Strongly consider measles, especially in unvaccinated patients with compatible illness, and test for measles.**
    - Contact the Health Department at 802-863-7240, option 2 for assistance with submitting specimens to the Health Department Laboratory for testing. Testing will be performed at no charge.
    - Obtain specimens for both measles PCR and serology at first contact with a patient suspected to have measles.
    - Collect a throat or nasopharyngeal swab for measles PCR as soon as possible after rash onset. Swabs should be synthetic (non-cotton) in viral transport media. Respiratory samples are preferred early in the course of illness because that test is more sensitive in that timeframe, and samples can be tested at the Health Department Laboratory. Urine samples may also be collected but must be sent by the Health Department Laboratory to CDC for testing and will incur delays. Urine samples may be collected in a sterile, sealable urine specimen container.
    - Measles IgM testing must be sent out-of-state by the Health Department Laboratory. Providers may wish to send serology samples directly to reference laboratories for more

rapid IgM turnaround time. If sending through the Health Department Laboratory, collect 0.7mL of blood in a red-top or serum separator (tiger top) tube for measles IgM. Allow the blood to clot thoroughly and then centrifuge the tube to remove serum from the clot. Gel separation tubes should be centrifuged within two hours of collection. Measles IgM results from blood specimens collected within the first 72 hours after rash onset may be falsely negative and may need to be repeated before rule-out.

- Refrigerate all specimens after collection and transport them on ice packs within 24 hours of collection.

- **Report all suspected cases of measles immediately to the Health Department's Infectious Disease Epidemiology program (802-863-7240, option 2; available 24/7) at the time of initial clinical suspicion. Do not wait for laboratory confirmation to report.**

2. Ensure all patients are up-to-date on MMR vaccine.

- Children should routinely get two doses of MMR vaccine: one at age 12-15 months and a second at 4-6 years.
- Adults born in 1957 or later are up to date on MMR vaccinations if they have either 1 or 2 doses (depending on risk factors), and do not need any additional doses.
    - These adults should receive 2 doses: students at post-high school education institutions, healthcare personnel, international travelers, close contacts of immunocompromised people, and people with HIV infection.
- Adults vaccinated in the 1960s may need to be revaccinated. An inactivated measles virus vaccine was available in 1963-1967 and was not effective. People who were vaccinated prior to 1968 with either inactivated (killed) measles vaccine or measles vaccine of unknown type should be revaccinated with at least one dose of live attenuated measles vaccine. People who have documentation of receiving LIVE measles vaccine in the 1960s do not need to be revaccinated.
- Adults without evidence of immunity and no contraindications to MMR vaccine can be vaccinated without checking immune titers. There is no harm in giving MMR vaccine to a person who may already be immune to one or more of the vaccine viruses.
- 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.

- There are no recommendations to receive a third dose of MMR vaccine during measles outbreaks.

3. **Prepare for measles cases.**
    - Ensure that all health care personnel and staff have documented evidence of immunity to measles.
    - Ensure that patients are up to date on MMR vaccine.
    - Review infection control plans for assessing patients who might have measles or who might have been exposed.

Additional Resources

- Clinical Overview of Measles (CDC)
- Expanding Measles Outbreak in the U.S. (CDC HAN)
- Measles Information for Providers (Vermont Department of Health)
- Instructions for Collecting and Shipping Measles PCR Specimens to the Health Department Laboratory (Vermont Department of Health)
- MMR ACIP Vaccine Recommendations (CDC)

If you have any questions, please contact Laura Ann Nicolai at:
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HAN Message Type Definitions

Health Alert: Conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation; may not require immediate action.

Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action.

Info Service Message: Provides general correspondence from the Vermont Department of Health, which is not necessarily considered to be of an emergent nature.