



DATE: February 26, 2025

TO: Hospitals, Laboratories, Emergency Medicine, Critical Care, Family Medicine, Pediatrics, Adolescent Medicine, Internal Medicine, Infectious Disease, Infection Control Practitioners, Urgent Care, Primary Care Providers, Director of Nursing, Local Health Departments

FROM: New York State Department of Health (NYSDOH), Division of Vaccine Excellence and the New York City Department of Health and Mental Hygiene (NYCDOHMH), Bureau of Immunization

**HEALTH ADVISORY:
Measles Activity in the United States and Canada**

Summary

Measles activity is increasing in parts of the United States and Canada in 2025.

- The [Texas Department of State Health Services](#) is reporting an outbreak of measles in the South Plains Region of Texas, with 124 cases as of February 25, 2025. Only five of the persons were vaccinated, 18 patients have been hospitalized and there has been one death.
- The [New Mexico Department of Health](#) is reporting an outbreak of measles in Lea County, near Gaines County, Texas. As of February 25, 2025, 9 cases have been identified.
- The [Public Health Agency of Canada](#) has reported 44 cases of measles in 2025, 31 cases in Ontario and 13 in Quebec. Thirty-three (33) persons were unvaccinated or had unknown vaccination status and four patients have been hospitalized.
- The [New Jersey Department of Health](#) has reported 3 cases of measles among unvaccinated Bergen County residents as of February 20, 2025.
- The NYCDOHMH has reported two unrelated cases of measles since the beginning of 2025. During this time, there have been no cases identified in New York State outside of New York City.
- “Immune amnesia,” or the resetting of the immune system, can occur among persons who are infected with measles. This can cause increased susceptibility to other infectious diseases after a measles infection.
- The measles, mumps and rubella (MMR) vaccine, which includes two doses, is 97% effective at preventing measles. Communities develop herd immunity when at least 95% of residents are vaccinated.
- MMR vaccination rates by NYS county and zip code (excluding NYC) are available [here](#).

Clinician Actions

Clinicians should:

- Educate patients about [vaccines that provide protection](#) against measles. This is especially important before travel to areas in which measles outbreaks are occurring in the United States and internationally, including Canada. An early, extra dose of MMR is recommended prior to international travel for infants ages 6-11 months.
- Be alert for patients who have febrile rash illness and [symptoms consistent with measles](#) (e.g., cough, coryza, or conjunctivitis) particularly if the timing of symptoms is consistent with measles and they have recently [traveled](#) to areas with ongoing measles outbreaks.
- Report patients with suspected measles immediately to the [local health department](#) of the patient's residence. If the residence is in New York City, report persons with suspected measles immediately to the New York City Department of Health and Mental Hygiene at 866-692-3641. **Do not wait for laboratory confirmation to report.**
- Call the emergency room or urgent care before sending a patient with suspected case of measles so that appropriate infection control precautions can be taken.

Measles Testing

Healthcare providers should test for measles in individuals presenting with rash and fever, cough, conjunctivitis, and coryza, especially if they have traveled to or from areas with known measles outbreaks. Samples outside of New York City should be sent to the NYSDOH Wadsworth Center. For testing in NYC, when the provider calls to report the suspected case, arrangements will be made for testing at the NYC Health Department laboratory. [Testing should include:](#)

- Collection of a nasopharyngeal swab for reverse transcription-polymerase chain reaction (RT-PCR). Ideally 0-3 days after rash onset and up to 10 days after rash onset.
- Blood for serology should be collected by facilities outside of New York City to detect measles-specific IgM antibodies. IgM is most sensitive at 3 or more days after rash onset and may be negative from days 0-3 after rash onset.
- Urine samples can also contain the measles virus and can be considered for facilities outside of New York City. Collection should occur within 10 days of rash onset. Collecting both respiratory and urine samples may improve test sensitivity, especially if individuals are at the end of the PCR detection window.

For more information:

- [CDC: Measles](#)
- [CDC: Measles Cases and Outbreaks](#)
- [CDC: Talking with Parents about Vaccines](#)
- [CDC: Vaccines for Your Children](#)
- [NYS: Measles Update](#)
- [NYC: Measles](#)
- [Wadsworth Center](#)