Utah Department of Health & Human Services

Official health alert network communication

HAN subject: Measles transmission in Southwest Utah and considerations for early extra MMR dose

HAN number: 08262025

From: Utah DHHS

Intended audience: local public health departments; clinicians including ED, urgent care, primary care, pediatrics, clinical labs

Action steps

- **Local health departments:** Please forward to hospitals, clinics, urgent care centers, emergency departments, and other clinics or associations in your jurisdiction.
- **Hospitals and clinics:** Please forward to all health care providers who may be involved, including ED, urgent care, primary care, pediatrics, clinical labs.

Key points

- Utah DHHS, the Southwest Utah Public Health Department, and the Arizona Department of Health Services have identified community transmission of measles in Northwest Arizona and Southwest Utah. Transmission is likely occurring at school and extracurricular activities, as well as broader community transmission. Additional cases are expected in the coming weeks.
- While Utah has confirmed 6 cases in Southwest Utah, we believe there is additional community spread and encourage clinicians to discuss the possibility of an early, extra dose of the MMR vaccine for infants who are between 6 months and 1 year of age.

More information

Utah DHHS, the Southwest Utah Public Health Department, Mohave County Department of Public Health, and the Arizona Department of Health Services have identified community transmission of measles in Northwest Arizona and Southwest Utah. Measles transmission is likely occurring in many parts of the area, due to low vaccination rates in this region of the state. Many school age children were exposed at school in the area on 8/14 and 8/19. We expect additional people to become ill with measles secondary to these exposures. In addition, multiple people with measles

from both Utah and Arizona have visited emergency rooms in Washington County in recent days seeking care. **We encourage clinicians in this region to be vigilant for possible measles cases and to screen patients as soon as they arrive to make sure anyone with measles does not wait in the waiting room.** It's important to identify alternative entrances for patients with measles-like symptoms to protect your other patients.

Given the evidence of community spread and the expectation of additional measles infections in Washington County, we encourage clinicians to consider providing an early, extra MMR dose to infants who live in or plan to travel to this county. It is important to recognize that not all infants have equal risk. Infants who are surrounded by vaccinated people have very little risk from getting sick with measles and may not benefit from early vaccination. Clinicians should discuss the advantages and disadvantages of an early, extra dose with parents and consider individual risk and parental preferences.

An early, extra dose is allowable for infants 6 months of age or older. Any infant who gets an early dose will need to get 2 later doses in accordance with the standard childhood vaccination schedule, with a dose at 12–15 months and then a dose at 4–6 years.

We do not recommend wide-spread administration of an early, extra dose for the following reasons:

- The child will still need the 2 recommended doses at 12-15 months and 4-6 years. The data suggests that many children may not get much protection from an early dose (possibly due to maternal antibodies blunting the response).
- There is some evidence that children who get an early dose have a more rapid decay of antibody titers later in life. Therefore, given the current low risk and the possible impact on antibody titers, we do not currently recommend an early, extra dose.

If a clinician decides to provide an early, extra dose of vaccine, MMRV should not be used. Only MMR is recommended for infants younger than age 1.

Utah Epidemiology: https://epi.utah.gov/
Utah measles dashboard: https://files.epi.utah.gov/Utah%20measles%20dashboard.html
Utah 2025 measles response: https://epi.utah.gov/measles-response/
Measles information for clinicians and local health departments:
https://epi.utah.gov/measles-providers/
DHHS disease reporting line: telephone (1-888-EPI-UTAH (374-8824)), email (reporting@utah.gov), or fax (801-538-9923).

*The information in this message is intended to spread awareness among healthcare providers and other professionals across Utah. This is not intended for mass distribution or media purposes.

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