Utah Department of Health & Human Services

Official health alert network communication

HAN subject: Health alert | First confirmed case of measles in a Utah resident in 2025

HAN number: 06202025

From: Utah DHHS

Intended audience: local public health departments; healthcare providers; clinical labs; emergency departments; clinics

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 healthcare providers who may be involved, including urgent care, pediatricians, internists, infectious disease doctors, emergency department staff, family medicine clinics, and dermatology clinics.

Key points

Summary

On June 19, 2025, the Utah Department of Health and Human Services received notification about an unvaccinated Utah resident who tested positive for measles by PCR test. This individual is an adult and currently resides in Utah County. This person has no out-of-state exposures which indicates the infection was transmitted within Utah. No other people with measles have been identified at this time.

During their infectious period, the Utah County resident visited public places. People who were at these sites at the same time or 2 hours after this person could have been exposed to measles. We encourage clinicians to be aware of the risk to unvaccinated people who were in these locations during the exposure time period. Check the Utah DHHS 2025 measles response webpage for these dates and places.

While the general risk of measles in Utah remains low, we want clinicians to be aware of this situation and the potential for additional cases. We strongly encourage vaccination of all people older than 1 year of age, regardless of an exposure to this event. Given the limited risk in Utah, we do not recommend early vaccination for infants in Utah. However, infants who are 6 to 11 months

of age should be given an early dose if they are traveling on domestic flights or to areas in the U.S. with active measles spread. The Center for Outbreak Response Innovation has a good resource to help you understand where recent cases have occurred in the U.S. It is appropriate to follow the standard guidance for early vaccination for international travel for domestic travelers at this time. An early dose is allowable for infants older than 6 months of age. Any infant who gets an early dose will need to get 2 later doses in accordance with the standard vaccination schedule at 12–15 months and then a dose at 4–6 years.

Background

Measles is characterized by a prodrome of fever (as high as 105°F) and malaise, cough, coryza, and conjunctivitis, a pathognomonic enanthema (Koplik spots) followed by a maculopapular rash. The rash usually appears about 14 days after a person is exposed. The rash spreads from the head to the trunk to the lower extremities. Patients are considered to be contagious from 4 days before to 4 days after the rash appears.

People at high risk for severe illness and complications from measles include:

- Infants and children aged <5 years
- Unvaccinated people
- Pregnant women
- People who have compromised immune systems, such as from leukemia and HIV infection

Measles is one of the most contagious of all infectious diseases; up to 9 out of 10 susceptible persons with close contact to a measles patient will develop measles. The virus is transmitted by direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs, or sneezes. Measles virus can remain infectious in the air for up to 2 hours after an infected person leaves an area.

Measles can be prevented with measles-containing vaccine, which is primarily administered as the combination measles-mumps-rubella (MMR) vaccine. The combination measles-mumps-rubella-varicella (MMRV) vaccine can be used for children ages 12 months through 12 years for protection against measles, mumps, rubella, and varicella. One dose of MMR vaccine is approximately 93% effective at preventing measles; 2 doses are approximately 97% effective.

Laboratory diagnosis and treatment

Healthcare providers should consider measles in patients who present with febrile rash illness and clinically compatible measles symptoms, especially if the person recently traveled on domestic flights or to areas in the U.S. with active measles spread; or was exposed to a person with febrile rash illness. Laboratory confirmation is essential for all sporadic measles cases and all outbreaks. Detection of measles-specific IgM antibody in serum and measles RNA by real-time polymerase chain reaction (RT-PCR) in a respiratory specimen are the most common methods to confirm measles infection. Healthcare providers should obtain both a serum sample and a throat/nasopharyngeal swab from patients suspected to have measles during the first contact with them. RT-PCR testing can be conducted through the Utah Public Health Laboratory (UPHL)—for testing guidance and approval, contact 1-888-EPI-UTAH (374-8824). Additional laboratories conducting RT-PCR testing can be found here.

Isolation

Patients with suspicion of measles should be isolated for 4 days after they develop a rash; follow airborne precautions in healthcare settings. Because of the possibility, albeit low, of MMR vaccine failure in healthcare providers exposed to infected patients, they should all observe airborne precautions while caring for patients with measles. The preferred placement for patients who require airborne precautions is in a single-patient airborne infection isolation room (AIIR). Regardless of presumptive immunity status, all healthcare staff who enter the room should use respiratory protection consistent with airborne infection control precautions (use of an N95 respirator or a respirator with similar effectiveness in preventing airborne transmission).

- For more information, visit Interim Guidance on Infection Prevention and Control Recommendations for Measles in Healthcare settings.

Vaccine recommendations

- Children
  - CDC recommends routine childhood immunization for MMR vaccine starting with the first dose at 12 months through 15 months of age, and the second dose at 4 through 6 years of age or at least 28 days following the first dose. The measles-mumps-rubella-varicella (MMRV) vaccine is also available to children 12 months through 12 years of age; the minimum interval between

doses is 3 months.

  - Infants older than 6 months who are traveling on a domestic flight, to an area of the U.S. with ongoing transmission, or traveling internationally should be offered an early MMR dose. Any infant who gets an early dose will need to get 2 later doses in accordance with the standard vaccination schedule at 12–15 months and then a dose at 4–6 years.

- Students at post-high school educational institutions
  - Students at post-high school educational institutions without evidence of measles immunity need 2 doses of MMR vaccine, with the second dose administered no earlier than 28 days after the first dose.
- Adults
  - People who are born during or after 1957 who do not have evidence of immunity against measles should get at least 1 dose of MMR vaccine.
- International travelers
  - It is critical for all international travelers to be protected against measles, regardless of their destination.
  - People 6 months of age or older who will travel internationally should be protected against measles.
  - Before international travel:
    - Infants 6 months through 11 months of age should receive 1 dose of MMR vaccine
    - Children 12 months of age or older should have documentation of 2 doses of MMR vaccine (the first dose of MMR vaccine should be administered at age 12 months or older; the second dose no earlier than 28 days after the first dose)
    - Teenagers and adults born during or after 1957 without evidence of immunity against measles should have documentation of 2 doses of MMR vaccine, with the second dose administered no earlier than 28 days after the first dose
- Healthcare personnel
  - Healthcare personnel should have documented evidence of immunity against measles, according to the recommendations of the ACIP.

More information

- Recognizing measles in healthcare clinics
- Measles clinician guidance
- UPHL specimen collection and transport guide (Electronic copy)
- UPHL specimen collection and transport guide (Printable copy)
- Printable posters for healthcare facilities: Do not enter with measles symptoms
- Printable posters for healthcare facilities: Do not enter with measles symptoms (Spanish)
- Vaccine-preventable disease testing guide for medical providers
- Measles reference labs
- Measles frequently asked questions
- Utah DHHS general measles information page
- Utah DHHS measles current situation in Utah webpage

DHHS disease reporting line: telephone (1-888-EPI-UTAH (374-8824)), email (reporting@utah.gov), or fax (801-538-9923).

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