

NEW MEXICO HEALTH ALERT NETWORK (HAN) ADVISORY
Measles Cases Identified in Sandoval County

May 15, 2025

Background

The New Mexico Department of Health (NMDOH) is notifying healthcare providers that 73 cases of measles have been confirmed in New Mexico, including the first two cases in Sandoval County. As with most cases in this outbreak, the Sandoval County cases are an unvaccinated individual and an individual with unknown vaccination status. These are the first New Mexico measles cases identified outside of the Southeast and Southwest regions in 2025. NMDOH is contacting people who may have been exposed and providing guidance to prevent further spread. If these individuals present for care with clinically compatible symptoms, please call the SWNURSE line at **(1-833-796-8773)**. NMDOH is also recommending an early dose of the measles, mumps, and rubella (MMR) vaccine for infants aged 6-11 months old who live in, or will travel to, areas at increased risk of measles exposure; within New Mexico, this now includes Lea County, Dona Ana County, Curry County, and Sandoval County.

Infants

- Infants aged 6-11 months should receive an early dose of measles, mumps, and rubella (MMR) vaccine.
- **Infants who receive an early dose should still receive two additional doses of MMR vaccine on the regular schedule:**
 - **a dose at 12-15 months**
 - **a dose at 4-6 years**

Children

- Children at least one year of age with no prior documented doses should immediately receive their first recommended dose.
- Children aged 4-17 years with no prior documented doses should receive two doses at least 28 days apart.
- Children aged 4-17 years with one prior documented dose should immediately receive their second dose, at least 28 days after the first dose.

Adults

- Administer a second dose of MMR vaccine for adults who received one prior dose.
- Adults with no documented vaccination history should receive two doses at least 28 days apart.

*Adults born before 1957, pregnant women, and people with severe immunodeficiency are not recommended to receive MMR vaccine

As of May 8, CDC had reported 1,001 cases among 31 jurisdictions, with most related to the outbreak beginning in west Texas earlier this year. The majority, 96% of cases in the United States, were

unvaccinated or had unknown vaccination status. There are also large, ongoing measles outbreaks occurring in Canada and Chihuahua, Mexico.

Additional exposures in the community may come from people who visited the following locations during the specific dates and times:

- Wednesday, April 30 from 12:00 PM to 5:30 PM and Sunday, May 11 from 7:30 AM to 1:00PM
 - Presbyterian Rust Hospital Emergency Department
- Thursday, May 1 from 2:00 PM to 4:30 PM
 - Presbyterian Rust Medical Center Hematology/Oncology Clinic
- Tuesday, May 6, from 10:30 AM to 1:00 PM
 - Trader Joe's, 8928 Holly Ave NE, Albuquerque, NM
- Saturday, May 10, from 12:00 PM to 3:00 PM
 - Ribs Hickory Pit, 12220 NM-14, Cedar Crest, NM 87008

Healthcare providers should remain vigilant for febrile rash in unvaccinated or under-vaccinated patients of any age, especially those with recent exposure to a known case, recent travel to an area where measles is spreading, or who visited the above locations at the specified dates and times. It is critically important for patients with suspected measles to be promptly recognized, isolated, **reported to 1-833-796-8773**, and tested to prevent further spread.

NMDOH measles updates, including the times and locations of measles vaccine clinics, and press releases regarding measles exposures to large public settings, can be found on our website <http://measles.doh.nm.gov/>.

Management of suspect cases

- If measles is suspected, **immediately notify NMDOH by calling 1-833-SWNURSE, option 4 (1-833-796-8773) for further guidance.**
- Testing of febrile people **without a rash is not recommended** and may lead to false negative results. The PCR test is unlikely to detect measles virus until the onset of rash.
- Patients with a rash only and no fever or prodrome of cough, coryza or conjunctivitis should be evaluated for an alternative diagnosis.
- There is **no need to test asymptomatic contacts**; see “Management of Exposed Contacts” below
- Obtain a throat swab or nasopharyngeal **swab in viral transport medium for PCR testing** at the State Public Health Laboratory; serology is not needed.
- Patients suspected of having measles should be **instructed to isolate** themselves at home pending test results.

Measles is characterized by a prodrome of fever, malaise, cough, coryza, and conjunctivitis, followed by a maculopapular rash. The rash begins on the head and spreads down the body, and usually appears about 14 days after exposure, but ranges from 7-21 days after exposure. A person with measles is contagious from 4 days before the rash begins through 4 days after it appears. Measles is extremely contagious, and **NMDOH recommends that patients with suspected measles (fever and rash at triage)**

not be allowed in the waiting room with others. Preferably patients are initially evaluated outside the clinic, e.g., in the car or as the last patient of the day. If measles is suspected, the patient should wear a mask and immediately be isolated in a negative-pressure room or a private room with a closed door. Any room occupied by a suspected measles patient should not be used for two hours after the patient leaves, due to measles virus remaining suspended in the air during that time.

Management of confirmed cases

No specific antiviral therapy is available. Medical care is supportive to help relieve symptoms and address complications such as bacterial infections. Complications of measles including otitis media, bronchopneumonia, croup, and diarrhea occur commonly in young children and immunocompromised hosts. Even in previously healthy children, measles can cause serious illness requiring hospitalization. About one in five measles cases require hospitalization.

Confirmed cases should isolate at home until day 5 after rash onset, with onset date being day zero, and instructed to call their medical provider should symptoms worsen.

Management of exposed contacts

Asymptomatic exposed contacts do not need testing. If an exposed contact develops febrile rash illness, treat as a suspect case.

Measles vaccine should be considered in all exposed individuals who are vaccine eligible and have not been vaccinated or only received one dose. Measles vaccine administered to susceptible individuals within 72 hours of exposure can provide protection or disease modification. If exposure does not result in infection, the vaccine can provide protection against future exposures. **Refer to Table 1** on the final page of this HAN.

Additional Resources:

[New Mexico Department of Health Measles Updates](#)

For more information about measles, please visit the Centers for Disease Control and Prevention (CDC) website at <https://www.cdc.gov/measles/index.html> or call the NMDOH Center for Health Protection at **1-833-SWNURSE** (1-833-796-8773).

Vaccine communication resources can be found here:
<https://www.cdc.gov/vaccines/resources/index.html>.

New Mexico Health Alert Network: To register for the NM Health Alert Network, please visit the following site <https://nm.readyop.com/fs/4cjZ/10b2> Please fill out the registration form completely and click Submit at the bottom of the page, to begin receiving Important health alerts, advisories, and updates.

Please Note that our system also utilizes text messaging to notify members of important health information. Due to FCC Regulation changes that are designed to decrease the amount of unwanted spam text messages sent each year to citizens, please save, this phone number **(855) 596-1810** as the **“New Mexico Health Alert Network”** default phone number for your account used for text messages on the mobile device(s) you register with us.

Table 1

AGE RANGE	MEASLES IMMUNE STATUS	PEP TYPE DEPENDING ON TIME AFTER INITIAL EXPOSURE		
		≤3 days	4-6 days	>6 days
All ages	Immune (2 MMR doses, or born before 1957, or IgG positive)	PEP not indicated		
<6 months	Non-immune due to age	Give IMIG Home quarantine for 28 days after last exposure		PEP not indicated (too late) Home quarantine for 21 days after last exposure
6-11 months	Non-immune due to age	Give MMR (preferred over IG) No quarantine needed	Give IMIG Home quarantine for 28 days after last exposure	PEP not indicated (too late) Home quarantine for 21 days after last exposure
	1 early dose of MMR vaccine	PEP not indicated		
≥12 months	Non-immune (zero doses of MMR or IgG negative)	Give MMR No quarantine needed	PEP not indicated Home quarantine for 21 days after last exposure Give MMR vaccine to protect against future exposure	
≥12 months	1 dose of MMR vaccine	Give 2 nd MMR dose if ≥ 28 days from last dose of live vaccine. No quarantine needed	Household or documented contacts (higher risk exposure) to confirmed/suspect case <ul style="list-style-type: none"> Obtain IgG titers to determine immunity, home quarantine while awaiting results. If IgG negative quarantine for 21 days after last exposure Give 2nd dose MMR to protect against future exposures Age 1-3 years less likely to get sick due to 1 dose of MMR no quarantine needed 	
			Lower risk exposures (grocery store, restaurant, public event, etc.) <ul style="list-style-type: none"> Age 1-3 years less likely to get sick due to 1 dose of MMR, no quarantine needed, self-monitor for symptoms Age ≥ 4 years less likely to get sick due to 1 dose of MMR, give 2nd dose MMR to protect against future exposures, no quarantine needed, self-monitor for symptoms 	

Adapted from RedBook 2021-2024 Report of the Committee on Infectious Diseases 32nd edition

*High risk contacts, such as those who are pregnant or immunocompromised, may need additional evaluation.