**NEW MEXICO HEALTH ALERT NETWORK (HAN) ADVISORY**
**Updated Measles Vaccine Recommendations**

July 24, 2025

**Background**

The New Mexico Department of Health (NMDOH) is updating its vaccination guidance amid the ongoing outbreak of measles across the United States. As of July 24th, New Mexico has identified 96 measles cases, with the most recent case occurring in an unvaccinated child in Santa Fe County with recent international travel. Nationally, the Centers for Disease Control and Prevention (CDC) has reported 1,319 cases across 40 jurisdictions. New cases have slowed since peaking in Spring 2025; however, the outbreak is still active in New Mexico and across the United States, and measles can always be introduced to a community by international or domestic travelers.

Vaccination with the measles, mumps, and rubella (MMR) vaccine remains the best protection against measles. NMDOH is replacing the previous county-specific recommendations for early vaccination with the following guidance:

Infants

- Infants aged 6-11 months who will be traveling internationally, or domestically to an area with increased measles transmission, should receive an early dose of the measles, mumps, and rubella (MMR) vaccine at least 2 weeks prior to planned travel.
- Although not specifically recommended by NMDOH, any infant aged 6-11 months old may receive an early dose of the MMR vaccine in consultation with their healthcare provider.
- **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 who have not been vaccinated should immediately receive their first dose.
- Children at least one year of age with one prior documented dose who will be traveling internationally, or domestically to an area with increased measles transmission, may receive an early second dose, given at least 28 days after the first dose.
- Parents of any child aged 1-4 years eager to provide the best protection from measles can consider getting the second dose prior to age four.

**Early second doses for children are valid doses for purposes of school entry and are reflected as such in the New Mexico Statewide Immunization Information System (NMSIIS).** There is no need for a third dose prior to school entry.

Adults

- All adults with only one previous documented dose of measles vaccine should receive a second dose of MMR vaccine.
- Adults with no documented vaccination history should receive two MMR doses at least 28 days apart.

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

Healthcare providers should remain vigilant for febrile rash in unvaccinated or under-vaccinated patients of any age, especially those with recent travel to an outbreak area or exposure to known cases. 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**

<table>
<tr><th>AGE RANGE</th><th>MEASLES IMMUNE STATUS AT TIME OF EXPOSURE</th><th colspan="3">PEP TYPE DEPENDING ON TIME AFTER INITIAL EXPOSURE</th></tr>
<tr><th></th><th></th><th>≤3 days (≤72 hours)</th><th>4-6 days</th><th>>6 days</th></tr>
<tr><td>All ages</td><td>Immune (2 MMR doses, or born before 1957, or IgG positive)</td><td colspan="3">PEP not indicated</td></tr>
<tr><td><6 months</td><td>Non-immune due to age</td><td colspan="2">Give IMIG<br>Home quarantine for 28 days after last exposure</td><td>PEP not indicated (too late).<br>Home quarantine for 21 days after last exposure</td></tr>
<tr><td rowspan="2">6-11 months</td><td>Non-immune due to age</td><td>Give MMR (preferred over IG).<br>No quarantine needed</td><td>Give IMIG.<br>Home quarantine for 28 days after last exposure</td><td>PEP not indicated (too late).<br>Home quarantine for 21 days after last exposure</td></tr>
<tr><td>1 early dose of MMR vaccine</td><td colspan="3">PEP not indicated</td></tr>
<tr><td>≥ 12 months</td><td>Non-immune (zero doses of MMR or IgG negative)</td><td>Give MMR.<br>No quarantine needed</td><td colspan="2">PEP not indicated (too late).<br>Home quarantine for 21 days after last exposure.<br>Two doses of MMR vaccine, given at least 28 days apart, recommended to protect against future exposures.</td></tr>
<tr><td>≥ 12 months</td><td>1 dose of MMR vaccine</td><td>Give 2nd MMR dose if ≥ 28 days from last dose of live vaccine.<br>No quarantine needed</td><td colspan="2">Give 2nd MMR if not up-to-date. No quarantine needed, but monitor for symptoms for 21 days after last exposure.</td></tr>
<tr><td>Adults</td><td>Unknown measles immune status</td><td>Give MMR vaccine<br><br>No quarantine needed if MMR PEP given</td><td colspan="2">Obtain IgG titers to determine immunity, home quarantine while awaiting results.<br>If IgG negative, quarantine for 21 days after last exposure.<br>Two doses of MMR, given at least 28 days apart, recommended to protect against future exposures</td></tr>
</table>

<table>
<tr><th rowspan="2">CATEGORY</th><th rowspan="2">MEASLES IMMUNE STATUS</th><th colspan="3">PEP TYPE DEPENDING ON TIME AFTER INITIAL EXPOSURE</th></tr>
<tr><th>≤3 days (≤72 hours)</th><th>4-6 days</th><th>>6 days</th></tr>
<tr><td>Severely immunocompromised*</td><td>Will need IG regardless of measles immune status**</td><td colspan="2">Give intramuscular immunoglobulin (IMIG) if <12 months old, or intravenous immunoglobulin (IVIG) if ≥12 months old.<br><br>Home quarantine for 28 days after last exposure</td><td>PEP not indicated (too late).<br>Home quarantine for 21 days after last exposure</td></tr>
<tr><td rowspan="3">Pregnant</td><td>Immune (IgG positive or 2 MMR doses)</td><td colspan="3">PEP not indicated, exposed person has documented immunity</td></tr>
<tr><td>Non-immune (IgG-negative)</td><td colspan="2">Give intravenous immunoglobulin (IVIG) and home quarantine for 28 days after last exposure</td><td>PEP not indicated (too late). Home quarantine for 21 days after last exposure</td></tr>
<tr><td>Unknown immunity</td><td colspan="2">Draw titers (measles IgG) to determine immunity; proceed as above based on titer results</td><td>PEP not indicated (too late). Draw titers to determine risk of infection/risk to infant; proceed as above based on titer result.</td></tr>
</table>

Adapted from RedBook 2024-2027 Report of the Committee on Infectious Diseases 33nd edition

* Management of immunocompromised persons can be challenging and may require individualized decisions with provider based on immunocompromising condition or medications. Severely immunocompromising conditions (per ACIP and IDSA)* include:

- Severe primary immunodeficiency;
- Bone marrow transplant until >12 months after finishing all immunosuppressive treatment, and maybe longer in patients who have developed graft-versus-host disease;
- On treatment for acute lymphoblastic leukemia (ALL) within and until ≥6 months after completion of immunosuppressive chemotherapy;
- On cancer chemotherapy**
- Post solid organ transplantation**
- Receiving daily corticosteroid therapy with a dose ≥20mg (or >2 mg/kg/day for patients who weigh <10 kg) of prednisone or equivalent for ≥14 days
- Receiving certain biologic immune modulators, such as tumor necrosis factor-alpha (TNF-α) blockers or rituximab**
- After hematopoetic stem cell transplant, duration of high-level immunosuppression is highly variable and depends on type of transplant (longer for allogenic than autologous), type of donor and stem cell source, and post-transplant complications such as graft vs. host disease and their treatments**

- AIDS or HIV with severe immunosuppression defined as CD4 <15% (all ages) or CD4 count <200 lymphocytes/mm3 (age > 5 years).

Low-level immunosuppression: In the absence of published guidance on exposed persons with low-level immunosuppression, consider assessing presumptive immunity to measles (measles IgG positive or 2 MMR vaccine doses) to determine if PEP is indicated. If not immune to measles, give PEP as MMR (if not contraindicated^ and within 72 hours of initial exposure). Consider intravenous IG if MMR is contraindicated^ or if it is too late for MMR (day 4-6 after initial exposure) with home quarantine for 28 days after last exposure. If no PEP is given because it is too late, home quarantine for 21 days after last exposure.

** If a severely immunocompromised person has a new positive IgG titer collected on or after the date of exposure, quarantine is not required. The person should still monitor for symptoms for 21 days from the date of exposure, or 28 days if IVIG or IMIG was administered.