



## Measles Scenario-Based Human Health Risk Assessment

Updated as of February 26, 2025

Currently, the Center for Outbreak Response Innovation (CORI) judges the measles outbreak in the United States to be in Scenario 3:

	Risk to unvaccinated people	Risk to children	Risk to healthcare workers	Risk to the US general public
<b>Scenario 3</b> – Development of 1-2 large outbreaks	Moderate- High	Moderate- High	Low	Low

Our confidence in these risk scores is **moderate** given the currently available information.

**Overview:** As of February 26, 2025, approximately [148 measles cases](#) and [four outbreaks](#) ( $\geq 3$  related cases) have been reported across [eight jurisdictions](#) in the United States (US) this year.

### Measles Cases in the US

State	Outbreak	Location	% MMR Coverage*	# of Cases
Texas	Large	<a href="#">Gaines County</a>	82%	80 (update from 57)
		<a href="#">Dallam County</a>	95%	4 (new)
		<a href="#">Martin County</a>	97%	3 (new)
		<a href="#">Lubbock County</a>	92%	1
		<a href="#">Terry County</a>	96%	21 (update from 20)
		<a href="#">Yoakum County</a>	93%	5 (update from 4)
		<a href="#">Lynn County</a>	92%	1
		<a href="#">Dawson County</a>	88%	7 (update from 6)
		<a href="#">Ector County</a>	91%	2 (update from 1)
		<a href="#">Harris County</a>	94%	2
New Mexico	Small	<a href="#">Lea County</a>	96%	9
California		<i>State</i>	96%**	2 (update from 1)
New Jersey	Small	<i>State</i>	93%***	3 (outbreak confirmed)
New York		<a href="#">New York City</a>	97%	2
Georgia	Small	<a href="#">Metro Atlanta</a>	85-91%	3
Rhode Island		<i>State</i>	97%**	1
Alaska		<i>State</i>	84%**	2

\*MMR= measles-mumps-rubella vaccination; data sources linked, \*\*State coverage, \*\*\*coverage for all school vaccines in state

**Notable Highlights:** Majority of the cases occurred in unvaccinated individuals. Pockets of undervaccination ( $\leq 90\%$  MMR coverage) are contributing to sustained transmission. Targeted vaccine campaigns are critical for containment & achieving herd immunity ( $\geq 95\%$  MMR coverage).

- **Texas:** A large outbreak ([124 cases](#)) has spread across at least 9 counties and has resulted in [one reported death](#) in an unvaccinated school-aged child.
- **New Jersey:** A new, small outbreak has been reported ([3 cases](#)).

**MMR vaccination is highly effective, providing 93% - 97% protection from one to two doses.**



## Outbreak Summary

- As of February 25, 2025, approximately [148 measles cases](#) have been reported this year across [eight jurisdictions](#): Texas (TX), New Mexico (NM), California (CA), New Jersey (NJ), New York City (NYC), Georgia (GA), Rhode Island (RI), and Alaska (AK). Of these cases:
  - Majority of cases are among children, primarily aged [5 to 19 years](#).
  - At least [23 hospitalizations](#) have been reported, most involving children.
    - [One death](#) has been reported in an unvaccinated school-aged child linked to the ongoing measles Texas outbreak. This is the first measles-related fatality in the US since [2015](#) and the first in a child since [2003](#).
  - Majority of reported cases are among individuals [unvaccinated](#) or with unknown vaccination status, underscoring the critical importance of measles-mumps-rubella (MMR) vaccination in preventing spread.
- At least [four measles outbreaks](#) have emerged: Western Texas, Lea County, New Mexico, Bergen County, New Jersey, and metro Atlanta, Georgia.
  - **Texas:** The large outbreak ([124 cases](#)) in Western Texas has spread to 7 counties. Reports suggest there may be [many additional untested cases](#), though this remains unverified. The Texas State Department of Health has secured [2,000 MMR vaccine doses](#) from the federal stockpile, with higher uptake observed among those previously vaccinated. The outbreak is linked to a [close-knit, undervaccinated Mennonite community](#) in Gaines County, where most children are homeschooled, and [private religious schools](#). Some affected schools have temporarily [closed](#) to limit transmission. In Texas, homeschoolers are [exempt](#) from school vaccination requirements and [not included](#) in coverage reports, meaning actual MMR coverage may be lower. Personal and religious belief [exemptions](#) also contribute to pockets of undervaccination in schools, increasing risk of transmission. New exposures have been reported in [Central and South-central Texas](#), including two universities. More cases are expected.
  - **New Mexico:** A small outbreak ([9 cases](#)) has been reported, with [five](#) cases occurring among family members. No linkages have been reported to the current Texas outbreak. An exposure has been reported in an [elementary school](#). No additional cases have been reported.
  - **New Jersey:** [Three cases](#) were confirmed to be related. The two additional cases were identified as known contacts and were already in quarantine, helping to reduce additional exposures.
  - **Georgia:** A small outbreak emerged among [family members](#). The initial exposure [occurred in the US](#). No additional cases have been reported.
- Most cases occurring nationally are related to outbreaks but [sporadic cases](#) have also been reported.
  - **California:** A [travel-related case](#) was reported in an infant, presumably too young for vaccination.



- [All tested samples](#) from the Texas outbreak have been identified as [genotype D8](#), a wild-type measles virus strain that is naturally circulating and has been detected since [1990](#) in regions including [Europe, North Africa, the Middle East, and Southwest Asia](#).
  - The MMR vaccine contains a weakened, non-infectious strain (genotype A) that cannot cause or spread measles but safely helps the body build immunity.
  - No human-to-human transmission of the measles vaccine virus (genotype A) has ever been [reported](#).
- The Centers for Disease Control and Prevention (CDC) is in [ongoing communication](#) with state health departments regarding the measles outbreak in Texas and New Mexico, with one CDC epidemiologist confirmed in the region.
- CORI will continue monitoring the situation and provide updates as new information becomes available.

## Impact of MMR Vaccination Coverage

- The MMR vaccine is highly effective, providing [93% - 97% protection](#) from one to two doses.
- Maintaining [≥95% vaccination coverage](#) is critical for herd immunity, yet US MMR coverage stands at [92.7%](#) for the 2023-2024 kindergarten school year. Pockets of high-density settings or close-knit communities [increase the risk](#) of sustained transmission and large outbreaks (≥50 cases).
- Most cases this year are among children, the majority of whom are school aged. Schools can be high-risk settings for outbreaks—[once MMR coverage falls below 85% in a school, the likelihood of an outbreak and outbreak size increases significantly](#).

## Notable Limitations

- State, local, and school-level MMR coverage rates are often underreported, inconsistently available, and not standardized across different jurisdictions.
- Limited information and ongoing outbreak investigations may impact reported numbers, which are subject to change as more data becomes available.
- As of February 21, 2025, CDC transitioned to [weekly reporting](#) of measles cases.
- [National Notifiable Diseases Surveillance System \(NNDSS\)](#) data is often delayed, leading to potential underreporting in real time.
- Data is being supplemented from other sources, resulting in moderate confidence in current estimates.

## Mitigation Recommendations

To minimize the spread of measles and the potential for large outbreaks, CORI recommends:

- Implementing all recommendations from prior scenarios.



- Monitoring vaccination coverage rates within local and state jurisdictions, at the provider or clinic level, and within sub-communities that may be at increased risk of transmission due to mass gatherings (e.g., schools, shelters, etc.).
- Promoting targeted and culturally informed vaccine messaging and mobile clinics for populations with low vaccine coverage.
- Promoting community and provider awareness of measles cases early on and through diverse media (e.g., health alerts, clinician letters, and press releases).
- Building strong relationships with providers, community leaders, and schools (including school leadership and school nurses) to increase awareness of importance and efficacy of MMR vaccination, measles symptoms, testing, and isolation protocols.
- Enhancing communication between public health and medical leaders to share outbreak response experiences and lessons learned.

To minimize the spread of measles and the potential for small to medium-sized outbreaks, CDC recommends:

- Provision of [post-exposure prophylaxis \(PEP\)](#) as needed to possibly provide protection or alter the progression of illness.
- Implementation of temporary, [accelerated vaccination schedules](#) at the discretion of the state and local health departments.
- [Routine documentation of measles immunity status](#) among healthcare professionals to facilitate appropriate PEP or quarantine of individuals in the event of an occupational exposure.

To minimize the risk of measles transmission [due to international travel](#), CDC recommends:

- Individuals DO NOT travel while sick, especially with a fever and rash.
- Individuals planning to travel outside of the US are fully vaccinated against measles at least 2 weeks prior to departure, in accordance with [CDC guidelines](#).
- Individuals traveling internationally with infants under 12 months old should ensure that their child receives an early dose of vaccine between 6 and 11 months, a second dose at 12 to 15 months, and a final dose at 4 to 6 years, in accordance with [CDC guidelines](#).
- Individuals returning to the US after international travel should monitor their health for 3 weeks and contact their local health department or provider if symptoms such as high fever, cough, or rash develop.

To minimize the spread of measles in general, CDC recommends:

- [All children](#) receive a routine 2-dose measles, mumps, and rubella (MMR) vaccine: the first dose at age 12 through 15 months and the second dose at age 4 through 6 years (before school entry).



- [Adults and teens](#) should also be up to date on MMR vaccinations, with either 1 or 2 doses (depending on risk factors), unless they have other presumptive evidence of immunity to measles, mumps, and rubella.
- [Healthcare personnel without presumptive evidence of immunity](#) should get 2 doses of MMR vaccine, separated by at least 28 days.
- People with confirmed or suspected measles should isolate themselves from others without immunity to measles until after the fourth day of rash onset.
- Individuals without measles immunity who are exposed to the virus should receive post-exposure prophylaxis or quarantine.

## Scenarios

CORI identified 5 key scenarios that may shape the risk of measles in the US for the upcoming year. These scenarios consider the health risks of measles, taking into account the differing impacts to various population groups within the US.

***Currently, the Center for Outbreak Response Innovation (CORI) judges the measles outbreak in the United States to be in Scenario 3.***

Features that would characterize each scenario include:

- **Scenario 1 – Sporadic cases of measles, no outbreaks (baseline):** In this scenario, the measles virus is occasionally introduced, usually by international travelers, into a community, but transmission lasts for less than 12 months. While sporadic cases can occur in any community with varying vaccination coverage, they often occur in well-vaccinated communities (over 90% coverage). There is no or limited transmission from these cases, with a total of [1–2 related cases](#), and they do not lead to an outbreak.
- **Scenario 2 – Development of small-to-medium outbreaks:** In this scenario, small-to-medium outbreaks occur, with or without reports of sporadic cases, and do not result in sustained transmission beyond 12 months. These outbreaks usually occur when the measles virus is introduced to an undervaccinated community (90% coverage or less), which leads to a small ([3-9 related cases](#)) to medium ([10-49 related cases](#)) outbreak.
- **Scenario 3 – Development of 1–2 large outbreaks:** In this scenario, large outbreaks occur, with or without reports of small-to-medium outbreaks and/or sporadic cases, and do not result in sustained transmission beyond 12 months. Large outbreaks typically occur in close-knit, undervaccinated settings with high population density, especially when there are pockets of unvaccinated individuals, such as migrant shelters or mass gatherings. This results in a large outbreak, ranging from [50 or more cases](#).
- **Scenario 4 – Development of 3+ large outbreaks:** In this situation, three or more large outbreaks (50+ cases) occur across different communities, with or without reports of small-to-medium outbreaks and/or sporadic cases and does not result in sustained transmission beyond 12 months. These outbreaks are not connected by a shared chain of transmission but emerge independently due to various factors such as localized drops in vaccination



coverage, mass gatherings, or travel-related introductions. Additionally, there may be an increase of sporadic cases in highly vaccinated communities due to widespread prevalence of the virus.

- Scenario 5 – Sustained transmission beyond 12 months leading to loss of measles elimination status:** In the fifth scenario, the virus maintains sustained transmission, regardless of vaccination coverage levels, for at least 1 year. The sustained transmission of the virus results in measles once again becoming endemic in the US. CDC defines [endemic transmission](#) as a chain of measles virus transmission that is continuous for 12 months or more within the US. Under this scenario, the US would lose its measles elimination status, which was achieved in 2000.

## Scenario-Based Human Health Risk Assessment for the US

**Please note:** We are evaluating the risks to human health should each scenario occur, **not** the relative risk of any one scenario occurring. This risk assessment will be updated regularly.

	Risk to unvaccinated people	Risk to children	Risk to healthcare workers	Risk to the US general public
<b>Scenario 1 – Sporadic cases of measles, no outbreaks (baseline)</b>	Low-Moderate	Low-Moderate	Low	Low
<b>Scenario 2 – Development of small-to-medium outbreaks</b>	Moderate	Moderate	Low	Low
<b>Scenario 3 – Development of 1-2 large outbreaks</b>	Moderate-High	Moderate-High	Low	Low
<b>Scenario 4 – Development of 3+ large outbreaks</b>	High	High	Low-Moderate	Moderate
<b>Scenario 5 – Sustained transmission beyond 12 months leading to loss of measles elimination status</b>	High	High	Low-Moderate	Moderate

# Measles Scenario-Based Human Health



Our overall **confidence** in these risk scores is moderate given the current level and availability of information for each of these factors, historical knowledge from past outbreaks on transmission dynamics, and the availability of vaccination and treatment resources.

Human Health Risk Scale				
Low	Low-Moderate	Moderate	Moderate-High	High



## References

US Centers for Disease Control and Prevention. Measles Cases and Outbreaks. Updated February 21, 2025. Accessed February 21, 2025. <https://www.cdc.gov/measles/data-research/index.html>

Texas Department of State Health Services. Measles Outbreak– Feb. 25, 2025. Published February 25, 2025. Accessed February 25, 2025. <https://www.dshs.texas.gov/news-alerts/measles-outbreak-feb-25-2025>

Texas Department of State Health Services. 2023-2024 School Vaccination Coverage Levels by District/Private School and County – Kindergarten. N.d. Accessed February 12, 2025. [https://www.dshs.texas.gov/sites/default/files/LIDS-Immunizations/xls/2023-2024\\_School\\_Vaccination\\_Coverage\\_Levels\\_Kindergarten.xlsx](https://www.dshs.texas.gov/sites/default/files/LIDS-Immunizations/xls/2023-2024_School_Vaccination_Coverage_Levels_Kindergarten.xlsx)

Texas Department of State Health Services. Confirmed Case of Measles - January 2025. Published January 23, 2025. Accessed January 31, 2025. <https://www.dshs.texas.gov/news-alerts/confirmed-case-measles-january-2025>

NMHealth. 2025 Measles Outbreak Guidance. Updated February 25, 2025. Accessed February 25, 2025. <https://www.nmhealth.org/about/erd/ideb/mog/>

NMHealth. School Immunization Requirements. Updated N.d. Accessed February 21, 2025. <https://www.nmhealth.org/about/phd/idb/imp/sreq/>

New Jersey Department of Health. Measles. Updated February 21, 2025. Accessed February 25, 2025. <https://www.nj.gov/health/cd/topics/measles.shtml>

Georgia Department of Public Health. DPH Confirms Additional Measles Cases in Metro Atlanta. Published February 7, 2025. Accessed February 7, 2025. <https://dph.georgia.gov/press-releases/2025-02-07/additional-measles-cases-atlanta>

Georgia Department of Public Health. Immunization Study Reports. Published April 4, 2024. Accessed February 12, 2025. [https://immunizationstudyreports.s3.amazonaws.com/Child+Report/Child\\_Report\\_2023Q1.html](https://immunizationstudyreports.s3.amazonaws.com/Child+Report/Child_Report_2023Q1.html)

RI.gov. Measles Case Identified in Rhode Island / Identifican caso de sarampión en Rhode Island. Updated January 18, 2025. Accessed January 31, 2025. <https://www.ri.gov/press/view/48669>

US Centers for Disease Control and Prevention. Assessing Measles Outbreak Risk in the United States. Published April 4, 2024. Accessed February 8, 2025. <https://www.cdc.gov/ncird/whats-new/measles-outbreak-risk-in-us.html>





US Centers for Disease Control and Prevention. Measles, Mumps, and Rubella (MMR) Vaccination: What Everyone Should Know. Updated January 26, 2021. Accessed February 8, 2025.

<https://www.cdc.gov/vaccines/vpd/mmr/public/index.html>

Texas Department of State Health Services. Texas announces first death in measles outbreak. Published February 26, 2025. Accessed February 26, 2025. <https://www.dshs.texas.gov/news-alerts/texas-announces-first-death-measles-outbreak>

McCarthy M. US sees first measles death in 12 years. BMJ. 2015;351:h3653. Published 2015 Jul 3. doi:10.1136/bmj.h3653

NBC News. In rural West Texas, a measles outbreak grows with no end in sight. Published February 14, 2025. Accessed February 21, 2025. <https://www.nbcnews.com/health/health-news/measles-outbreak-west-texas-grows-unvaccinated-rcna192163>

CBS News. Texas measles outbreak nears 100 cases, raising concerns about undetected spread. Published February 21, 2025. Accessed February 21, 2025. <https://www.cbsnews.com/news/texas-measles-outbreak-cases-undetected-spread/>

Reuters. Texas child is first reported US measles death in a decade as outbreak hits more than 130. Updated February 27, 2025. Accessed February 27, 2025. <https://www.reuters.com/business/healthcare-pharmaceuticals/first-us-measles-death-reported-west-texas-outbreak-affects-more-than-130-people-2025-02-26/>

HSLDA. Texas Homeschool Laws. Published N.d. Accessed February 27, 2025. <https://hsllda.org/legal/texas>

Texas Department of State Health Services. Vaccination Coverage Levels. Published February 27, 2025. Accessed February 27, 2025 <https://www.dshs.texas.gov/immunizations/data/school>

NMHealth Public Health Division. Confirmed Case of Measles in Lea County. Published February 11, 2025. Accessed February 21, 2025. <https://www.nmhealth.org/publication/view/general/9111/>

NMHealth Public Health Division. Measles outbreak declared in Lea County. Published February 14, 2025. Accessed February 21, 2025. <https://www.nmhealth.org/news/vaccine/2025/2/?view=2180>

Georgia Department of Public Health. DPH Confirms Additional Measles Cases in Metro Atlanta. Published February 7, 2025. Accessed February 21, 2025. <https://dph.georgia.gov/press-releases/2025-02-07/additional-measles-cases-atlanta>



Georgia Department of Public Health. DPH Confirms Measles Case in Metro Atlanta - MMR Vaccine is Safe and Effective in Preventing Measles. Published January 28, 2025. Accessed February 7, 2025. <https://dph.georgia.gov/press-releases/2025-01-28/dph-confirms-measles-case-metro-atlan>

OC Health Care Agency. MEASLES CASE IN ORANGE COUNTY. Published N.d. Accessed February 26, 2025. <https://mailchi.mp/ochca/dustandashwindadvisory-17454430>

NBC. First measles death reported in Texas as Kennedy downplays the outbreak. Updated February 26, 2025. Accessed February 27, 2025. <https://www.nbcnews.com/health/health-news/person-dies-measles-west-texas-outbreak-rcna193812>

Centers for Disease Control and Prevention. Genetic Analysis of Measles Viruses. Updated June 7, 2024. Accessed February 26, 2025. <https://www.cdc.gov/measles/php/laboratories/genetic-analysis.html>

NPR. Upheaval and firings at CDC raise fears about disease outbreak response. Published February 25, 2025. Accessed February 26, 2025. <https://www.npr.org/sections/shots-health-news/2025/02/25/nx-s1-5307117/cdc-firings-infectious-disease-response>

US Centers for Disease Control and Prevention. NNDSS Weekly Data. Updated January 27, 2025. Accessed January 31, 2025. [https://data.cdc.gov/NNDSS/NNDSS-Weekly-Data/x9gk-5huc/about\\_data](https://data.cdc.gov/NNDSS/NNDSS-Weekly-Data/x9gk-5huc/about_data)

US Centers for Disease Control and Prevention. Measles Vaccine Recommendations. Published July 15, 2024. Accessed August 26, 2024. <https://www.cdc.gov/measles/hcp/vaccine-considerations/index.html>

US Centers for Disease Control and Prevention. Measles Vaccine for Specific Groups. Published July 15, 2024. Accessed August 26, 2024. <https://www.cdc.gov/measles/hcp/vaccine-considerations/specific-groups.html>

McLean HQ, Fiebelkorn AP, Temte JL, et al. Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013: Summary Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR Morb Mortal Wkly Rep.* 2013; 62(RR04):1-34. <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm>

US Centers for Disease Control and Prevention. Measles Plan for Travel. Published July 15, 2024. Accessed August 26, 2024. <https://www.cdc.gov/measles/travel/>



US Centers for Disease Control and Prevention. Measles / Rubeola 2013 Case Definition. Updated April 16, 2021. Accessed August 30, 2024. <https://ndc.services.cdc.gov/case-definitions/measles-2013/>

**The Center for Outbreak Response Innovation is supported through Cooperative Agreement NU38FT000004 between CDC's Center for Forecasting and Outbreak Analytics and Johns Hopkins University's Bloomberg School of Public Health.**