



## Measles Scenario-Based Human Health Risk Assessment

Updated as of March 14, 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.

**As of March 14, 2025, approximately [325 measles cases](#) (including probable cases) have been reported this year across [17 jurisdictions](#) in the United States\*.**

### New Updates

- CDC will only report confirmed cases. CORI will include probable cases reported by credible sources.
- **Texas Outbreak Updates (300 cases)**
  - **Texas ([263 cases](#)):** An [additional 36 cases](#) were reported with new with new spread to Lamar County (4 cases) in Northeast Texas, bordering Oklahoma, and Cochran County in Western Texas, near other outbreak-related counties. Additional cases are likely.
  - **New Mexico ([35 cases](#)):** An [additional 2 cases](#) were reported with one in Lea County and the other in Eddy County. Additional cases are likely.
  - At least [16 measles cases](#) have been reported in Chihuahua, Mexico, which borders Texas, linked to a Mennonite community, suggesting potential undetected transmission to Mexico given the high mobility between the regions and the connection to the Mennonite community. Currently, no cases have been reported in U.S. counties bordering Mexico, but there are concerns of underreporting.
- New sporadic cases
  - **Kansas ([1 case](#)):** First case in Kansas reported. Unknown if linked to any outbreaks.

**NEW:** CORI has developed a [measles dashboard](#) that serves an up-to-date resource, providing data on reported cases and immunization coverage for counties with available information, sometimes before the risk assessment.



## Outbreak Summary

- Of the reported cases:
  - [Most](#) cases are among children, primarily aged [5 to 19 years](#).
  - At least [17% were hospitalized](#), the majority ([28%](#)) of whom are under 5 years.
    - [89%](#) of hospitalizations are linked to the Texas outbreak.
  - [At least 94%](#) 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.
- [Two measles-associated deaths](#) were reported, marking the first U.S. measles-related fatalities since [2015](#) and the first pediatric measles fatality since [2003](#).
  - The [first](#) death occurred in an unvaccinated school-aged child in Texas with no known underlying conditions.
  - The [second](#) death was reported in an unvaccinated adult in New Mexico who did not seek medical care. The official cause of death is still under investigation.
- [Three measles outbreaks](#) have been reported: Texas Outbreak (which now includes New Mexico and Oklahoma), Bergen County, New Jersey, and metro Atlanta, Georgia.
  - **Texas Outbreak (Large 300 cases):**
    - **Texas (263 cases):** The outbreak remains concentrated in Gaines County (67%), the epicenter of transmission with links to a [close-knit, undervaccinated Mennonite community](#). The outbreak has spread across a total of [11 counties](#), including Gaines. The Texas Department of State Health Services is now recommending an [accelerated vaccination schedule for those in affected counties](#). The Centers for Disease Control and Prevention (CDC) and Administration for Strategic Preparedness and Response (ASPR) are [collaborating](#) with Texas to support outbreak response.
    - **New Mexico (35 cases):** All cases are located in Lea County, except one.
    - **Oklahoma (2 probable cases):** Two cases epi-linked to Texas Outbreak.
  - **New Jersey (Small Outbreak, 3 cases):** The outbreak was linked to international travel, with all cases occurring in unvaccinated individuals. No additional cases reported.
  - **Georgia (Small Outbreak, 3 cases):** The initial exposure [occurred in the US](#), though the specific location has not been disclosed. No additional cases reported.
- The majority (93%) of cases occurring nationally are related to outbreaks but [sporadic cases](#), mostly related to international travel, have also been reported.

## 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

- 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 by 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.
  - NOTE: The Texas Department of State Health Services is now recommending an [accelerated vaccination schedule for those in affected counties.](#)



- [Routine documentation of measles immunity status](#) among healthcare professionals to facilitate appropriate PEP or quarantine of individuals in the event of an occupational exposure.
- During a measles outbreak in a healthcare facility or facilities serving outbreak areas, healthcare personnel are [recommended](#) to receive two doses of MMR vaccine, regardless of birth year, if they lack laboratory evidence of immunity or laboratory confirmation of measles disease.

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 to be 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](#) with the measles vaccine within 72 hours or immunoglobulin within 6 days, or they may need to quarantine to prevent further spread.



## 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                      |

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 |



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