

Epi Update for Friday, March 21, 2025

CENTER FOR ACUTE DISEASE EPIDEMIOLOGY (CADE)

Iowa Department of Health and Human Services (Iowa HHS)

Items for this week's Epi Update include

- **Update: Measles cases continue to be reported in the U.S.**
- **CDC updates dengue testing recommendations as risk in Americas remains high**
- **Infographic: What Iowans should know about measles**

Update: Measles cases continue to be reported in the U.S.

As of March 20, 378 confirmed measles cases were reported in the U.S. by 18 jurisdictions: Alaska, California, Florida, Georgia, Kansas, Kentucky, Maryland, Michigan, New Jersey, New Mexico, New York City, New York State, Ohio, Pennsylvania, Rhode Island, Texas, Vermont, and Washington. There have been no cases of measles reported in Iowa since 2019.

Outbreak-associated cases make up 90% of total confirmed measles cases. Texas is reporting 300 cases, and neighboring New Mexico is reporting 38 cases. Other jurisdictions with significant measles activity include Kansas (9) and California (6).

Overall, 95% of cases were unvaccinated or had an unknown vaccination status, 17% of cases were hospitalized, and two deaths have been reported.

Measles is characterized by a prodrome of fever, cough, coryza, and conjunctivitis (the three "C"s), followed by a maculopapular rash that spreads from the head to the trunk to the lower extremities. Consider measles in patients presenting with febrile rash illness and clinically compatible measles symptoms, especially if the person recently traveled internationally or was exposed to a person with febrile rash illness.

Health care providers who suspect measles should immediately notify CADE while the patient is still at the health care facility by calling 515-242-5935 during business hours or 515-323-4360 after hours. Health care providers should also routinely evaluate patient vaccination status and promote measles containing vaccines (MMR or MMRV) for patients who do not have presumptive evidence of immunity.

For more information about measles, visit

hhs.iowa.gov/center-acute-disease-epidemiology/epi-manual/reportable-diseases/measles.

For the latest updates from CDC about measles cases identified in the U.S., visit

www.cdc.gov/measles/data-research/index.html.

CDC updates dengue testing recommendations as risk in Americas remains high

Per a recent CDC HAN, dengue transmission remains high in the Americas, including in the U.S. territories of Puerto Rico and the U.S. Virgin Islands. Spring and summer travel coincide with peak dengue season in many countries, increasing the risk of both travel-associated and locally acquired cases in the U.S.

In the continental U.S. in 2024, locally acquired dengue cases were reported in Florida (91), California (18), and Texas (1). A record number of cases were also identified in 2024 among U.S. travelers (3,483 cases), an 84% increase compared to the previous year.

Health care providers should:

- Obtain travel history for patients presenting with acute febrile illness, with increased suspicion for dengue among those who have been in areas with dengue transmission within 14 days before onset.
- Test patients with suspected dengue via RT-PCR or an NS1 antigen test, as well as with an IgM enzyme-linked immunosorbent assay (ELISA) antibody test.
 - Note: The sensitivity of RT-PCR and NS1 antigen tests decrease after the first 7 days of symptoms.
 - If the patient tests negative for dengue, consider testing for other infectious diseases that might be occurring in the location where the patient was likely exposed. Zika, chikungunya, and Oropouche can all have similar symptoms and often circulate in the same areas as dengue.

Health care providers who would like to consult regarding dengue testing can contact CADE at 515-242-5935.

For full guidelines from the CDC HAN, visit www.cdc.gov/han/2025/han00523.html.

Infographic: What Iowans should know about measles

What Iowans should know about Measles

INITIAL SYMPTOMS
7-21 days post exposure

- High fever (may spike to >104°F)
- Cough
- Red eyes
- Runny nose
- Small bluish spots surrounded by red region on the inside of cheek

RASH
3-5 days after fever onset

A red, blotchy rash begins on the face at the hairline and progresses downward and outward towards the hands and feet.

TRAVEL
21 days before onset

- Have you traveled anywhere in the last 21 days where measles cases have been reported?
- Have you had contact with someone who has measles?

MMR VACCINATION
The best way to prevent measles is to get vaccinated.

1 dose is **92-95%** effective against measles

2 doses are **97-99%** effective against measles

WHAT TO DO IF YOU THINK YOU MIGHT HAVE MEASLES

- ☎ Call your health care provider and tell them you may have measles. They will give you instructions on how to be seen safely.
- ⊗ You should **not** sit in the waiting room or come through the main entrance because if you do have measles anyone in that area who is not vaccinated (like babies) will get sick.
- 🏠 Stay home until you see your health care provider.

If you have questions about measles, call your local public health department or Iowa HHS at 1-800-362-2736

To view in full size, visit hhs.iowa.gov/media/12367/download?inline.

Have a healthy and happy week!
Center for Acute Disease Epidemiology
800-362-2736