

Epi Update for Tuesday, June 17, 2025

CENTER FOR ACUTE DISEASE EPIDEMIOLOGY (CADE)

Iowa Department of Health and Human Services (Iowa HHS)

Items for this week's Epi Update include

Measles cases and exposures identified in lowa

Measles cases and exposures identified in lowa

lowa HHS reported the state's third measles case of 2025 in an lowa resident from the Eastern region of the state who was exposed during international travel and spent time at multiple locations in Johnson County during June 4 - 5, 2025. Investigation has determined this measles case is not related to the first two cases in lowa. Using a median incubation period of 14 days from exposure to rash onset, secondary cases' rash onset would most likely begin June 16 - 19 with a wide range (range = June 7 - 26).

Locations	Times
Costco: 2900 Heartland Dr, Coralville, IA 52241	June 4, 2025, between 11:30 AM - 4:15 PM
Walmart: 919 Hwy 1 W, Iowa City, IA 52246	June 4, 2025, between 2:30 PM - 5:30 PM
Marshalls: 1451 Coral Ridge Ave, Coralville, IA 52241	June 5, 2025, between 11:00 AM - 2:00 PM

As of June 12, 2025, a total of 1,197 confirmed measles cases were reported by 35 jurisdictions: Alaska, Arkansas, Arizona, California, Colorado, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Missouri, Montana, Nebraska, New Jersey, New Mexico, New York City, New York State, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Vermont, Virginia, and Washington.

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

Outbreaks in Mexico, Canada, and across the globe continue; summer travel should increase suspicion of measles if symptoms are consistent.

Travel remains a critical risk factor and must be elicited among patients presenting with the symptoms listed above.

Health care providers are urged to stay informed on measles activity in lowa by regularly visiting the lowa HHS CADE disease information page: <a href="https://html.ncbi.nlm.

Updated MMR vaccine recommendations: Clinicians should ensure all patients are up to date on MMR vaccination and prioritize timely administration of vaccination.

- 1. <u>Children</u>: The routine MMR vaccine schedule is a first dose at 12 15 months of age and a second dose at 4 6 years of age.
 - Vaccination is recommended as soon as possible upon reaching age 12 months.
 - Clinicians may consider accelerated dosing for children 12 months and older by administering the second dose at least 28 days after the first dose without waiting until the child turns four years old.



- 2. <u>Adults (non-high risk)</u>: Adults born during or after 1957 should have at least one dose of the MMR vaccine documented (preferred), or other presumptive evidence of immunity (e.g., record of positive IgG test).
- 3. Individuals traveling internationally to any region or traveling domestically to an area with an outbreak:
 - Infants 6 through 11 months of age
 - Traveling internationally: should be given one dose of MMR vaccine as "dose 0." These
 children will still need their regularly scheduled "dose 1" and "dose 2" MMR vaccines at 12
 months of age and older.
 - Traveling to domestic areas of outbreak: Clinicians should look to the vaccination guidance of the state or local health department for the residents of the outbreak-affected community to determine whether vaccination is needed. If a "dose 0" is given, the child will still need their regularly scheduled "dose 1" and "dose 2" MMR vaccines at 12 months of age and older.
 - Residing in or traveling to a domestic area with measles activity but where public health
 has not recommended vaccination of all 6 to 11-month-olds: Clinicians should consider
 individual risk of exposure and weigh the benefits of early vaccination against the potential
 risk of lower immune responses to future MMR doses if a "dose 0" is administered before
 12 months of age.
 - Those who receive a "dose 0" MMR before 12 months of age are required to additionally receive the "dose 1" and "dose 2" MMR vaccines on the regular schedule
 - Dose 0, dose 1, and dose 2 MMR vaccinations must be separated by a minimum of 28 days.

Electronic Health Record (EHR) Workflow Modifications: To enhance clinical detection and public health response to measles, Iowa HHS recommends that health care facilities update EHR intake workflows to prompt staff to assess for fever with rash, cough, coryza, or conjunctivitis; recent international or domestic travel (within 21 days); visits to known public exposure sites; and MMR vaccination history or documented immunity.

Reporting: lowa Administrative Code 641-1.3(139) stipulates that the laboratory and the health care provider immediately report any suspected or confirmed case. The reporting number for CADE is (800) 362-2736 during business hours and (515) 323-4360 after-hours.

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