



Public Health

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Health Advisory

Measles Information and Guidance - Childcare

The audience for this guidance is childcare facilities in Tarrant County. This advisory contains information regarding the measles (rubeola) outbreak in West Texas.

Key Messages:

- 146 measles cases with 20 hospitalizations in the South Plains region of Texas (west and south of Lubbock).
- 79 cases are unvaccinated, 62 are of unknown vaccination status, and 5 are vaccinated with at least one dose of MMR. 116 cases have been 18 years old or younger. There has been one fatality in the outbreak area.
- Cases are concentrated in and around Gaines County in West Texas.
- No cases of measles have been reported in Tarrant County in 2025.

Situational Summary as of February 28, 2025

The Texas Department of State Health Services (DSHS) is reporting an outbreak of measles in the South Plains region of West Texas. As of this date, 146 cases have been identified with symptom onset within the last four weeks. Eighteen of the patients have been hospitalized. Five of the cases are vaccinated. 79 cases are unvaccinated, 62 are of unknown vaccination status, and 5 are vaccinated with at least one dose of MMR. 116 cases have been 18 years old or younger. There has been one fatality in the outbreak area.

The epicenter of the outbreak has been Gaines County with 98 cases. The eight other counties in the western part of the state that have had cases related to the outbreak are Lubbock, Lynn, Terry, Yoakum, Ector, Dallam, Martin, and Dawson.

Due to the highly contagious nature of this disease, additional cases are likely to occur in Gaines County and the surrounding communities. DSHS is currently working with South Plains Public Health District and Lubbock Public Health to investigate the outbreak.

Disease Background

Measles is a highly contagious respiratory illness, where one infected person could infect **12–18** others at risk, such as unvaccinated or immunocompromised people. The virus spreads through

the air when an infected person sneezes or coughs and someone nearby inhales the infected droplets or by direct contact with fluids from the nose or mouth of an infected person. Measles virus can remain in the air for several hours after an infected person leaves an area. Signs and symptoms of measles usually start between 7 and 21 days after exposure to a sick person, with 10-12 days being the average time. Initial symptoms may include high fever, cough, coryza (runny congested nose), and conjunctivitis (red watery eyes). Up to four days after symptoms begin, a rash with flat and raised red bumps begins on the scalp around the hair line and behind the ears, then spreads downward to the face, neck, trunk and outward to the rest of the body (arms and legs). A person is contagious four days before the rash appears, the day of rash onset, and four days after the rash appears, for a total of nine days.

Measles complications include ear infections, pneumonia (as many as 1 out of 20), croup, diarrhea, and most commonly occur in young children and immunocompromised people. About 1 in 5 unvaccinated people in the U.S. who gets measles is hospitalized. Measles infection can also lead to vulnerability to secondary infections with other diseases.

The best way to prevent getting sick is to be vaccinated with two doses of a vaccine against measles, which is administered as the combination measles-mumps-rubella (MMR) vaccine. Two doses of the MMR vaccine are 97% effective at preventing measles, are safe, and do not cause autism. Some vaccinated people can occasionally develop measles; however, they generally experience milder symptoms and are less likely to spread the disease to other people. DSHS and CDC's Advisory Committee on Immunization Practices (ACIP) recommend children receive one dose of MMR vaccine at 12 to 15 months of age and another at 4 to 6 years. Each MMR dose lowers the risk of infection and severity of illness if infected. Infants too young to be vaccinated are at the highest risk of serious illness, hospitalization, and death if they get infected with the measles virus.

Recommendations:

Think measles in students who have the following symptoms (particularly those who have traveled abroad, traveled to West Texas, or had contact with known measles cases):

- Fever $\geq 101^{\circ}\text{F}$ (38.3°C)
AND
- Cough, runny nose, or conjunctivitis (red watery eyes)
FOLLOWED BY
- Red, blotchy rash that begins at the hairline/scalp and behind the ears, then progresses down the body.
- Generalized rash that appears after one or more of the symptoms listed above and lasting ≥ 3 days increases suspicion of measles

If a student or staff member presents with symptoms consistent with measles:

Isolate: If a student or staff presents with symptoms that are consistent with measles, they should be isolated immediately to a separate room. Generally, a person with fever should not attend childcare. If a child or staff member is diagnosed with measles, the Texas Administrative

Code (TAC) 97.7, requires exclusion from childcare until four days after rash onset. If a person is suspected of having measles, the person is required to be excluded from childcare until four days after rash onset or until a medical provider has ruled out measles as a possible diagnosis (TAC 97.7).

Childcare workers who were born after 1957 and are eligible to receive the vaccine should be vaccinated to protect against the disease and prevent passing infection to others. Most people were vaccinated as children and will not need any additional vaccine. The best course of action is to review the vaccine status of both staff and children to know who may be susceptible. Children and staff who have been exposed to a known measles case and have no evidence of immunity, and who did not receive post-exposure prophylaxis (PEP), should be excluded from school from day 5 after the first exposure until day 21 following their last exposure.

Notify: If a parent reports their child as having measles, ***immediately report it to Tarrant County Public Health (TCPH) at 817-321-5350*** to facilitate public health investigation, including follow-up of potential exposure and next steps to take at the center.

The Texas Health and Safety Code, Chapter 81, and the Texas Administrative Code, Chapter 97, Title 25, require schools, childcare facilities, health care providers, hospitals, and laboratories to *immediately* report persons who are suspected of having measles to the local health department. Reporting suspected measles cases to TCPH should not wait for confirmation.

Infection Control and Prevention

If a person at your childcare facility is diagnosed with measles, extensive follow up will be conducted. TCPH will assist with determining and carrying out appropriate follow up, which includes:

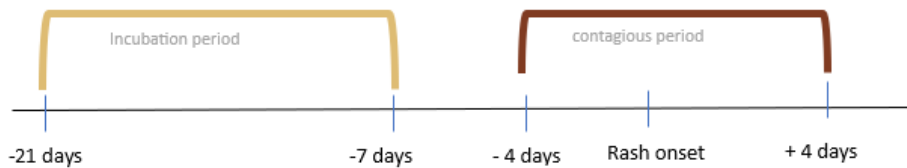
- Identifying anyone exposed.
- Reviewing vaccination records.
- Requesting staff vaccination records.
- Notifying parents and staff about the exposure.
- Identifying exposed and sick students/staff.
- Excluding students and staff who were exposed to measles and are unvaccinated or vaccine status is unknown.
- Appropriate disinfection with EPA registered disinfectants.
 - [EPA List S](#) is effective against HIV, Hepatitis B and Hepatitis C, as well as measles.

Because measles is extremely infectious, the following individuals should be considered exposed:

- Anyone who was in the same room as the sick individual during the infectious period (four days prior to rash onset, day of rash onset, and four days after rash onset, for a total of nine days).
- Anyone that was in the room up to two hours after the sick individual left the room during the infectious period.

- Facilities where students change classrooms or share common areas such as a cafeteria or play area, will likely need to consider all students/staff exposed due to the possibility of exposure in the hallways.

Persons with measles are contagious from 4 days before onset of rash, day of rash onset, to 4 days after appearance of rash, for a total of 9 days. If a student or staff member presents with measles symptoms, isolate them away from others.



Routine Vaccination

Children enrolled in child-care facilities or pre-kindergarten are required to have one MMR by 16 months of age (given on or after their 1st birthday). Students enrolled in kindergarten through 12th grade are required to have two doses of MMR vaccine with the first received on or after their 1st birthday (TAC, Title 25, Chapter 97, Rule 97.63).

Maintaining two-dose MMR vaccination coverage in communities remains the most effective way to prevent outbreaks. Parents with children on a delayed vaccine schedule should consider beginning vaccination with MMR during an outbreak as soon as possible.

Postexposure Prophylaxis (PEP) Overview

TCPH will provide more information on PEP in the event of a measles outbreak in Tarrant County. If someone is exposed to the measles virus and unsure of their vaccination or immune status, they should receive appropriate measles post-exposure prophylaxis (PEP) as soon as possible, either with MMR (within 72 hours of exposure) or immunoglobulin (within 6 days). The choice of PEP is based on elapsed time from exposure or medical contraindications to vaccination.

Babies under 6 months of age who are exposed to the measles virus should receive immunoglobulin within 6 days. Babies who are 6 months or older should receive the MMR vaccine within 72 hours of exposure to measles, followed by a second dose of MMR at least 28 days later. Parents should discuss how this will impact their vaccination schedule moving forward with their child’s pediatrician.

Childcare workers who are unvaccinated or uncertain of their immunization status and have been exposed to measles should receive one dose of vaccine within 72 hours and the second dose

at least 28 days later. There is no harm in getting another dose of MMR vaccine if you may already be immune to measles.





Selected References:

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	Alert:	Conveys the highest level of importance; warrants immediate action or attention
	Advisory:	Provides important information for a specific incident or situation; may not require immediate action.
	Update:	Provides update information regarding an incident or situation; unlikely to require immediate action.
	Information:	Provides general information that is not necessarily considered to be of an emergent nature.

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