



U.S. Measles Update

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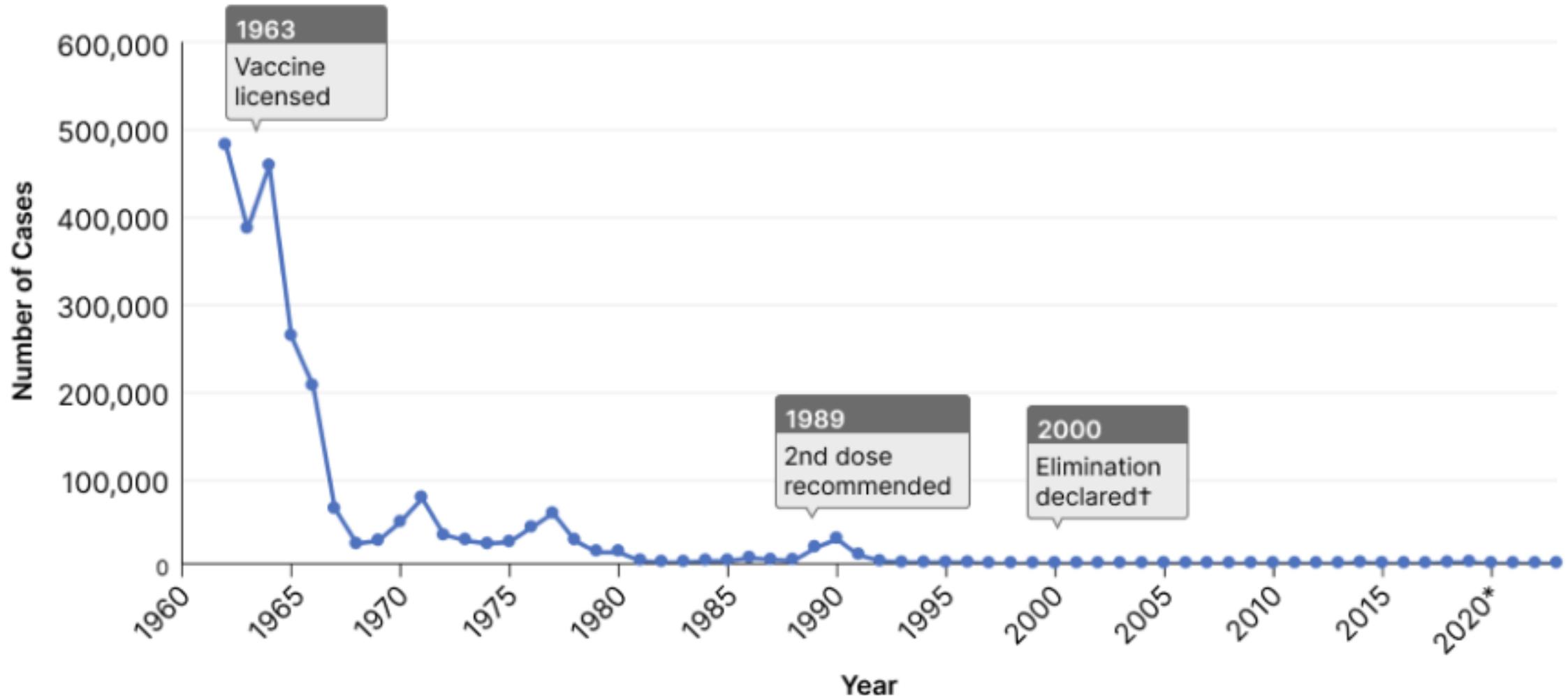
Senior Scientist, 2025 Measles Response

Division of Viral Diseases / National Center for Immunization and Respiratory Diseases

US Centers for Disease Control and Prevention (CDC)

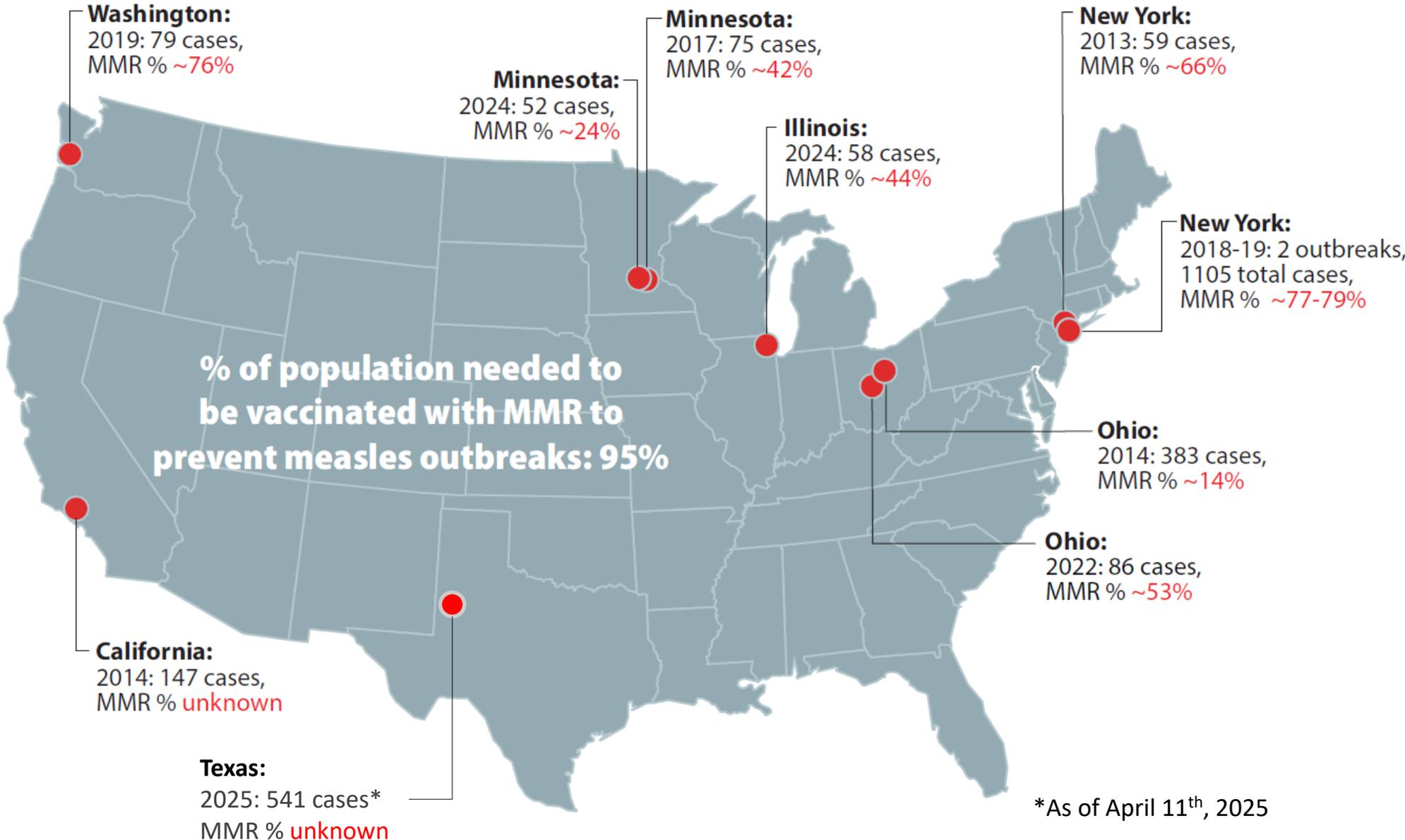
April 15, 2025

History of measles cases in the U.S., 1962–2023



†Measles was declared eliminated in the U.S. in 2000 by WHO/PAHO. Elimination is defined as the absence of endemic measles transmission in a region for ≥ 12 months in the presence of a well-performing surveillance system

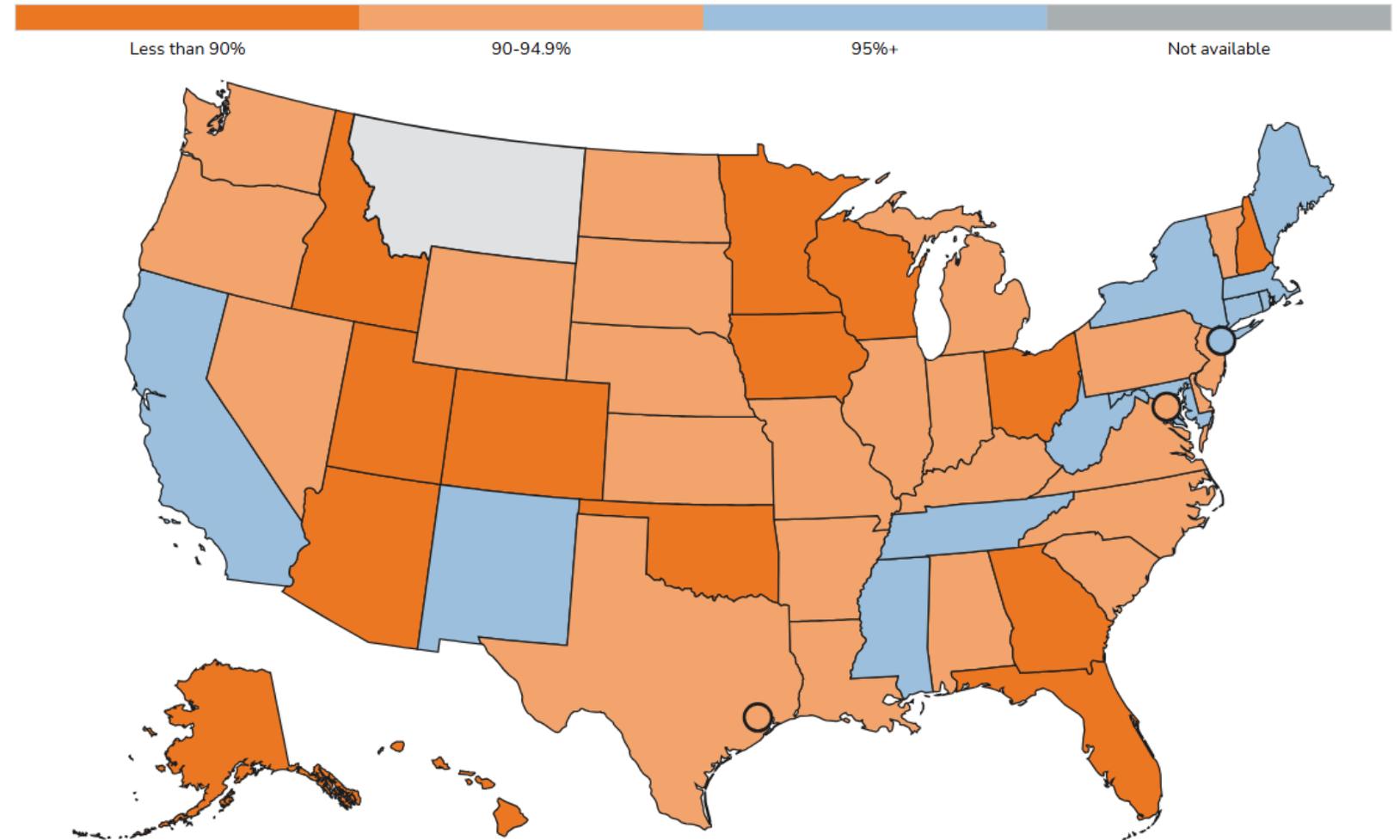
Measles outbreaks with 50+ cases and MMR vaccine coverage among affected populations – U.S. 2001–2025



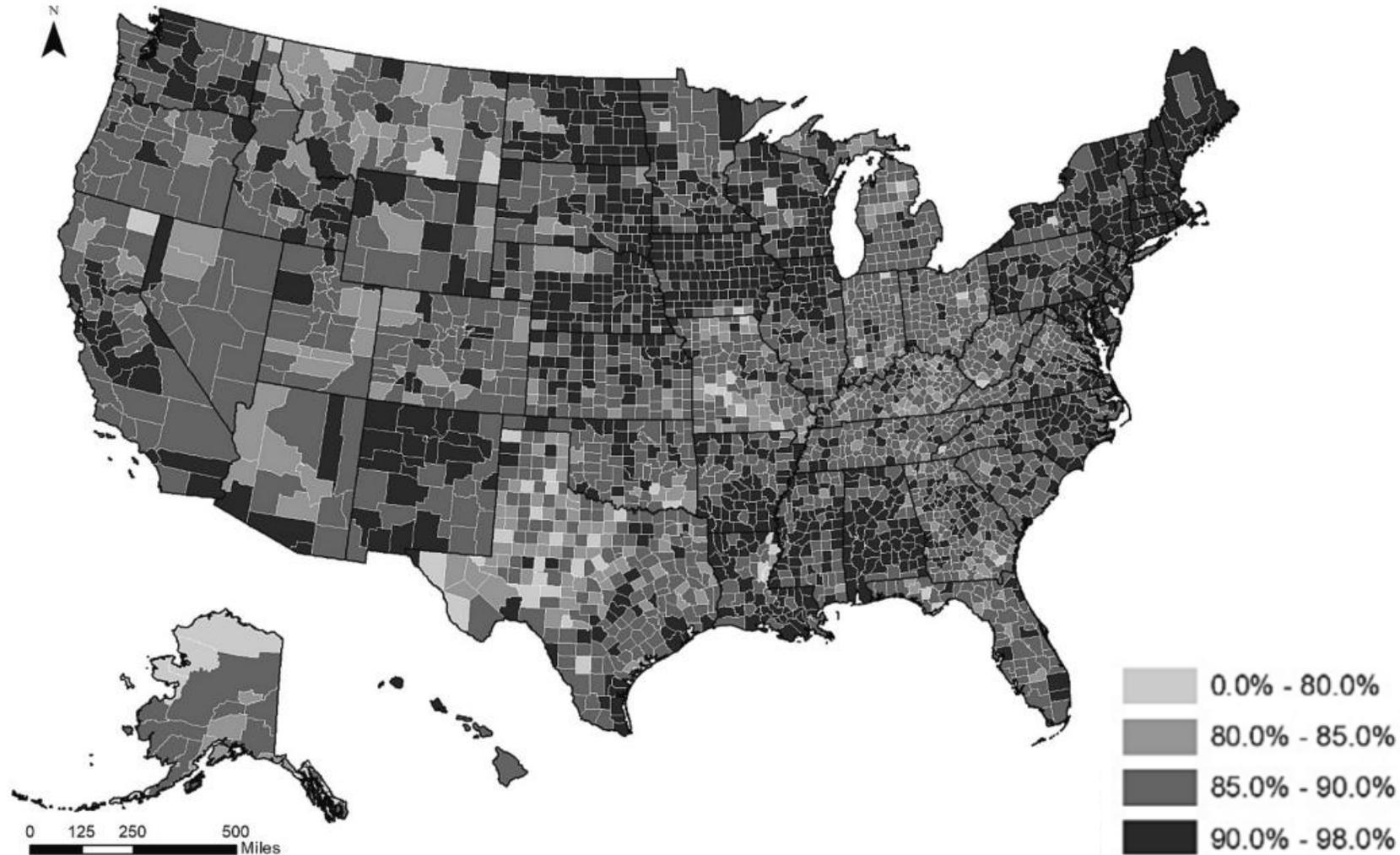
National and State Level 2-dose MMR Coverage among Kindergartners: 2023–2024

MMR (2 doses)	
2019-20	95.2%
2020-21	93.9%
2021-22	93.0%
2022-23	93.1%
2023-24	92.7%

Percent Vaccinated

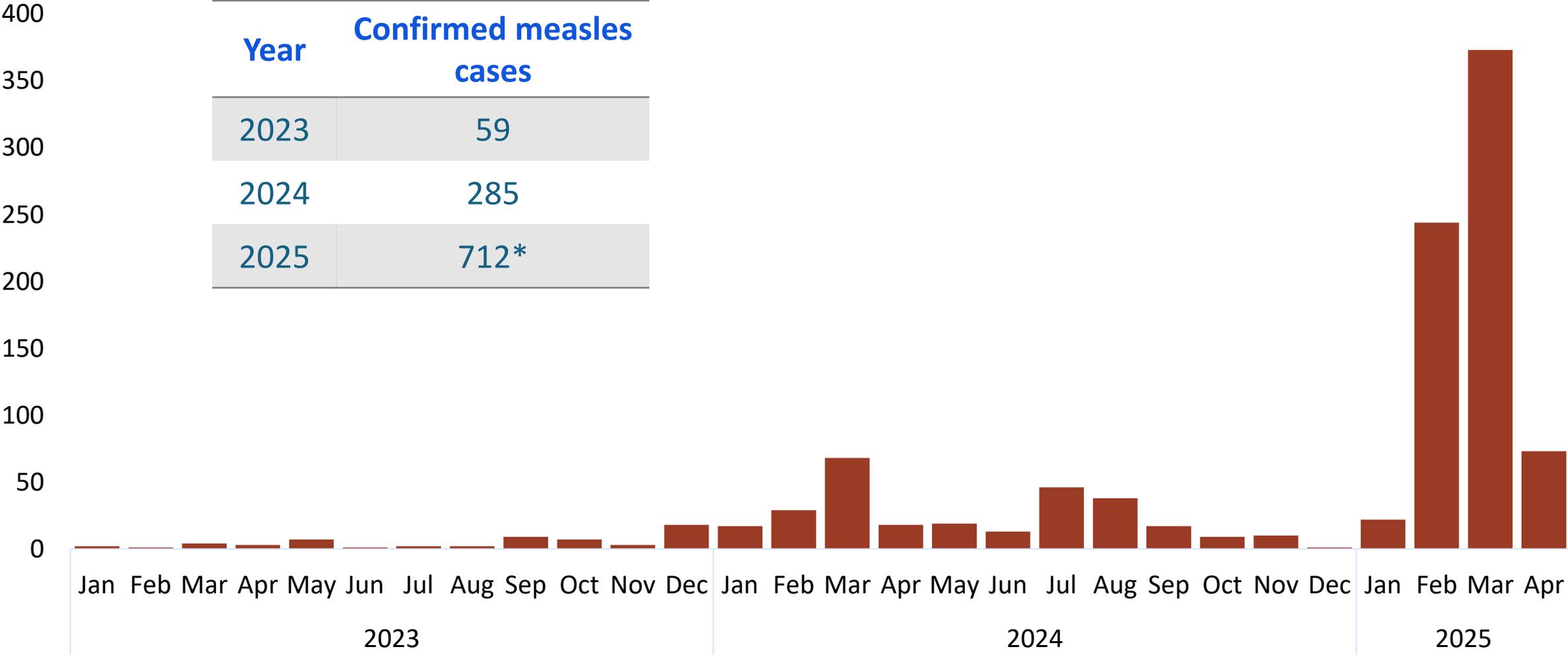


County-level coverage with ≥ 1 dose of MMR vaccine



Seeskin, ZH et al. Estimating county-level vaccination coverage using small area estimation with the National Immunization Survey-Child, Vaccine, Vol 42, Issue 3, 2024, Pages 418-425.

U.S. monthly measles cases by rash onset, 2023–2025



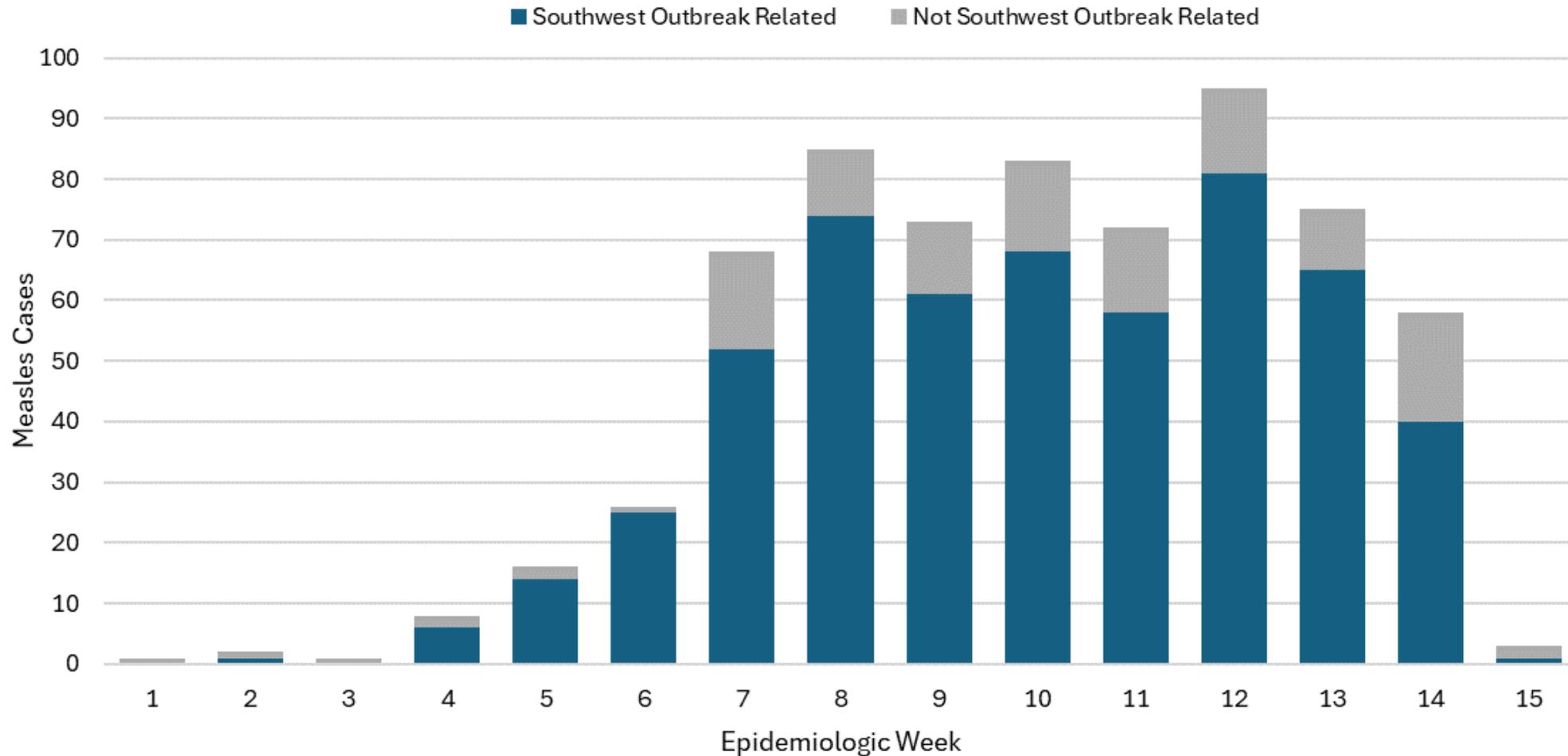
*As of April 10th, 2025.

U.S. measles outbreaks, 2023–2025

Year	No. outbreaks	No. (%) cases associated with outbreaks / total cases	Outbreak size, median cases (maximum)	Outbreak duration, median days (maximum)
2023	4	28/58 (48%)	7 (10)	22 (31)
2024	16	194/285 (68%)	4 (58)	17.5 (131)
2025	7	660/712 (93%)	5 (591)	12.5 (5 outbreaks ongoing)

- As of April 10, 2025, Texas, New Mexico, and Oklahoma have reported 591 confirmed cases associated with this single outbreak (528 in [Texas](#), 56 in [New Mexico](#), and 7 in [Oklahoma](#)).

National and Southwest Outbreak Measles Cases, 2025 (As of April 10th, 2025)*



Epidemiology of U.S. measles cases in 2025 (n=712)

- **Age**

- Under 5 years: 225 (32%)
- 5-19 years: 274 (38%)
- 20+ years: 198 (28%)
- Age unknown: 15 (2%)

- **Vaccination Status:**

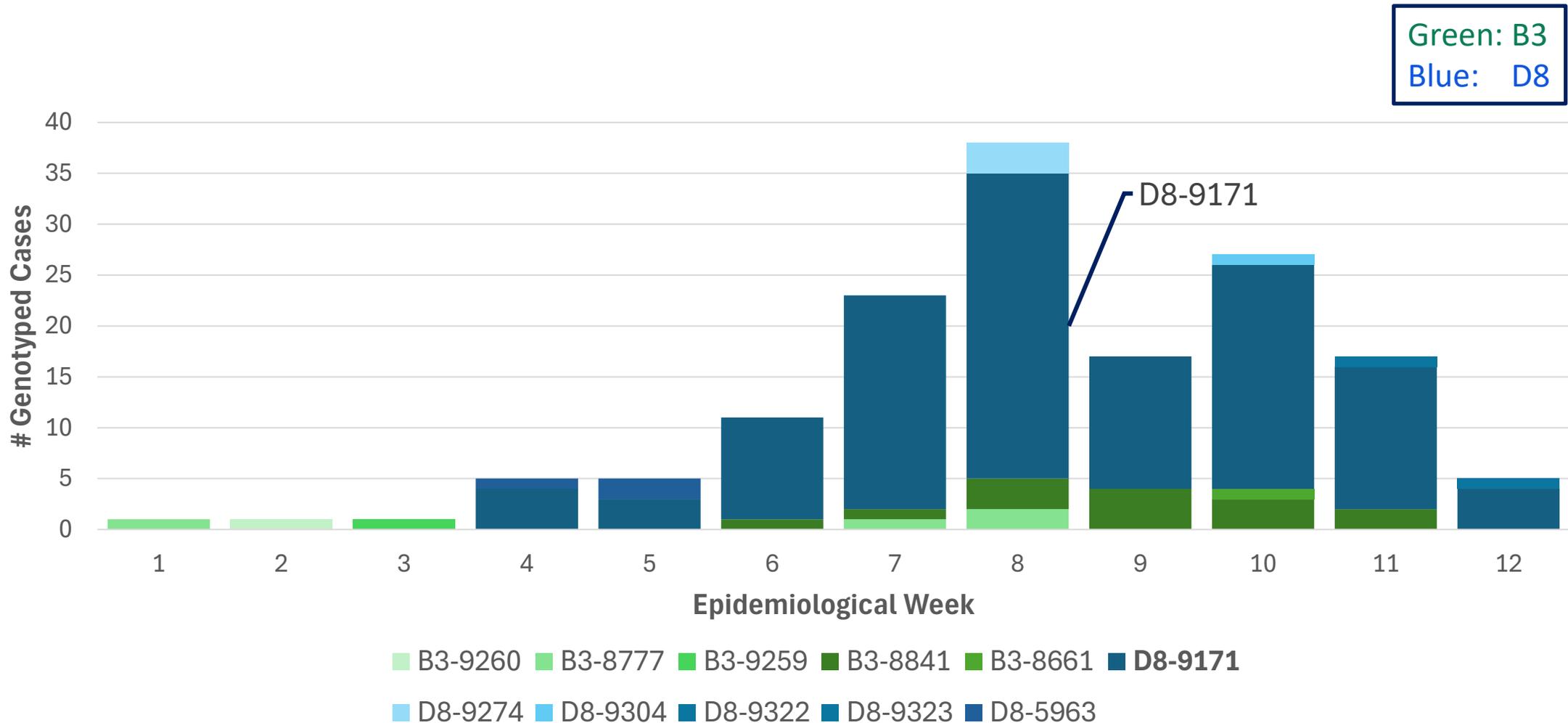
- Unvaccinated or Unknown: 97%
- One MMR dose: 1%
- Two MMR doses: 2%

- **Hospitalizations**

- 11% of cases (79 of 712) for management of measles complications
 - Deaths - 2 in Texas and 1 in New Mexico



Distribution of Distinct Sequence Identifiers (DSIDs) for measles genotypes B3 and D8 detected in the U.S. by epidemiological week in 2025



CDC 2025 measles outbreak response efforts

- Texas Epi-Aid: 15 deployers from CDC provided on-site technical assistance in Texas during 3/4-4/1, with another team deploying this week.
 - Provided infection prevention control support for 7 healthcare facilities with ventilation assessments by NIOSH
 - Reviewed school infection control activities and risk mitigation strategies
 - Developed an internal dashboard for TX to track cases by location and exposure location
- Provide remote technical assistance to multiple state health departments
- Biweekly national measles calls with public health partners
- Biweekly trilateral calls with Canada and Mexico to share updates and lessons learned
- Continue to make additional, outbreak-related MMR vaccine doses available for health departments to order at their request

CDC 2025 measles outbreak response efforts (continued)

- Provider Outreach
 - [Health Alert Network \(HAN\) released - Expanding Measles Outbreak in Texas and New Mexico and Guidance for the Upcoming Travel Season](#)
 - Clinician Outreach and Communication Activity (COCA) and Epi-X alerts
 - Shared a provider letter summarizing routine and outbreak-related MMR vaccination recommendations
- Laboratory Support
 - Coordination with the APHL Vaccine Preventable Disease Reference Centers (VPD-RCs) for genotyping and sequencing
 - Expanded and standardized testing for wastewater surveillance for measles with the National Wastewater Surveillance System (NWSS) and Center of Excellence in Texas.
- Ongoing modeling work to determine risk

Thank you

For more information, contact CDC/ATSDR
1-800-CDC-INFO (232-4636)

TTY: 1-888-232-6348 www.cdc.gov www.atsdr.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.



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