

Locally acquired measles and MMR recommendations

Health Advisory

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On Monday July 14th, 2025 Iowa Health and Human Services (HHS) reported the state's seventh measles case of 2025. Case 7 occurred in an adult resident of Eastern Iowa who was fully vaccinated and had no known link to the previous measles cases in Iowa, nor any recent travel outside the state. As of July 16th, 2025, a total of 1,309 confirmed measles cases have been reported in the United States. Of these, 1,204 (92%) were unvaccinated, and 105 (8%) had received at least one dose of MMR vaccine. Multiple public venues were identified as locations visited by the individual while contagious, where the public might have been exposed to measles — those public venues are listed here <https://hhs.iowa.gov/news-release/2025-07-14/iowa-health-officials-confirm-measles-case-release-locations-potential-exposures>.

Due to a locally acquired case of measles not linked to other known cases, an accelerated MMR vaccination schedule should be considered and discussed with eligible and interested patients. While the routine MMR schedule is one dose at 12–15 months and a second dose at 4–6 years, additional options for earlier protection include:

- **An early extra dose of MMR between 6 and 11 months of age (“dose 0”); this dose does NOT count toward the routine series**
- **The first routine dose (dose 1) can be given after 12 months of age, at least 28 days after dose 0**
- **The second routine dose (dose 2) can be given at least 28 days after dose 1, instead of waiting until age 4–6 years**

Iowa clinicians should be ready to identify suspect cases of measles, isolate the patient (under airborne precautions if available), notify public health (by calling the Center of Acute Disease Epidemiology [CADE] at 1-800-362-2736 during business hours or 515-323-4360 after hours and asking for the on-call epidemiologist), and rapidly test. PCR testing can identify infection earlier than IgM serology. HHS recommends a nasopharyngeal (NP) or oropharyngeal (OP) swab paired with a urine specimen for PCR testing, conducted at the State Hygienic Laboratory (SHL). Paired testing improves sensitivity, however, NP/OP PCR should not be delayed if the patient is unable to provide a urine specimen. PCR testing can be completed rapidly in-state at SHL.

For the latest case counts and measles guidance in Iowa, visit the Iowa HHS Center for Acute Disease Epidemiology disease information page (https://hhs.iowa.gov/center-acute-disease-epidemiology/disease-information?utm_medium=email&utm_source=govdelivery).

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