

Measles



PEOPLE, PROGRAMS, AND OPPORTUNITIES

Measles Agenda



Situational Update



Local Information



Recommendations



Dr Beecham



Questions



Two Rivers Public Health Department engages collaborative partners, community leaders, and the public to promote **healthy lifestyles**, provide **preventative education**, assure **environmental quality**, and create more healthy and safe communities for all who live within the district.

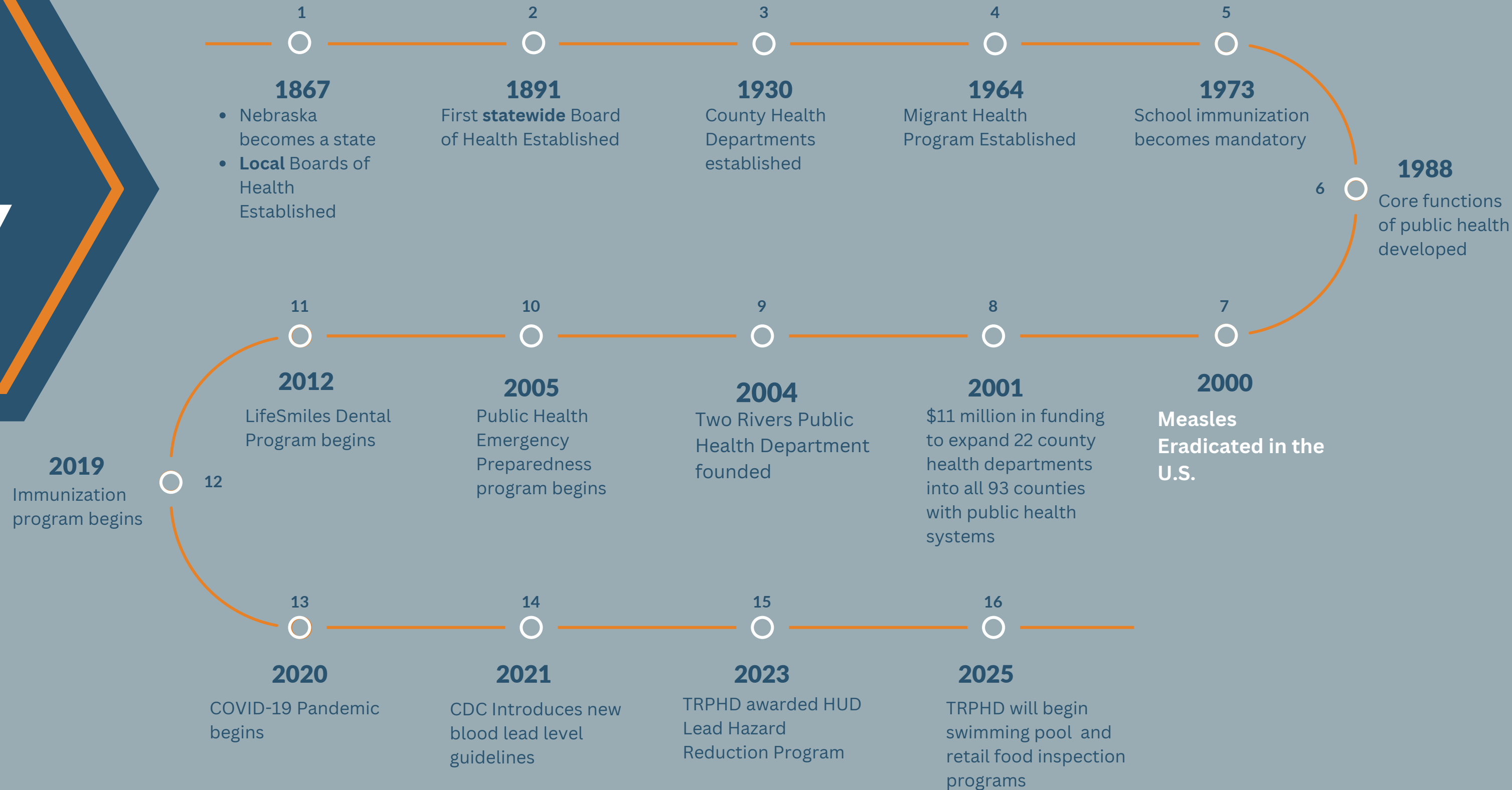
In short...

TRPHD

envisioning a health district where all are able to safely and actively live, learn, work and play in their communities. Two Rivers Public Health Department facilitates collaborative, partnerships, and unique approaches that **educate, empower, and engage** local community partners, health providers, political decision-makers, community leadership, and the public

**Healthier
communities for all!**

A little History





Leadership

It is heartening to witness the continued support for public health initiatives in Nebraska. We thank each and every individual who has contributed. Public health is a crucial aspect of our society, and it plays a significant role in ensuring the well-being of our communities. From ensuring access to healthcare services for everyone to education on just about anything you can think of, public health initiatives have been instrumental in improving the health outcomes for Nebraskans. So we thank you for your support, time, and efforts!

**Jeremy
Eschliman**



*Health
Director*

**Aravind
Menon**



Epidemiologist

**Jacki
Haley**



*Clinical Section
Manager*

**Jesse
Valenti**



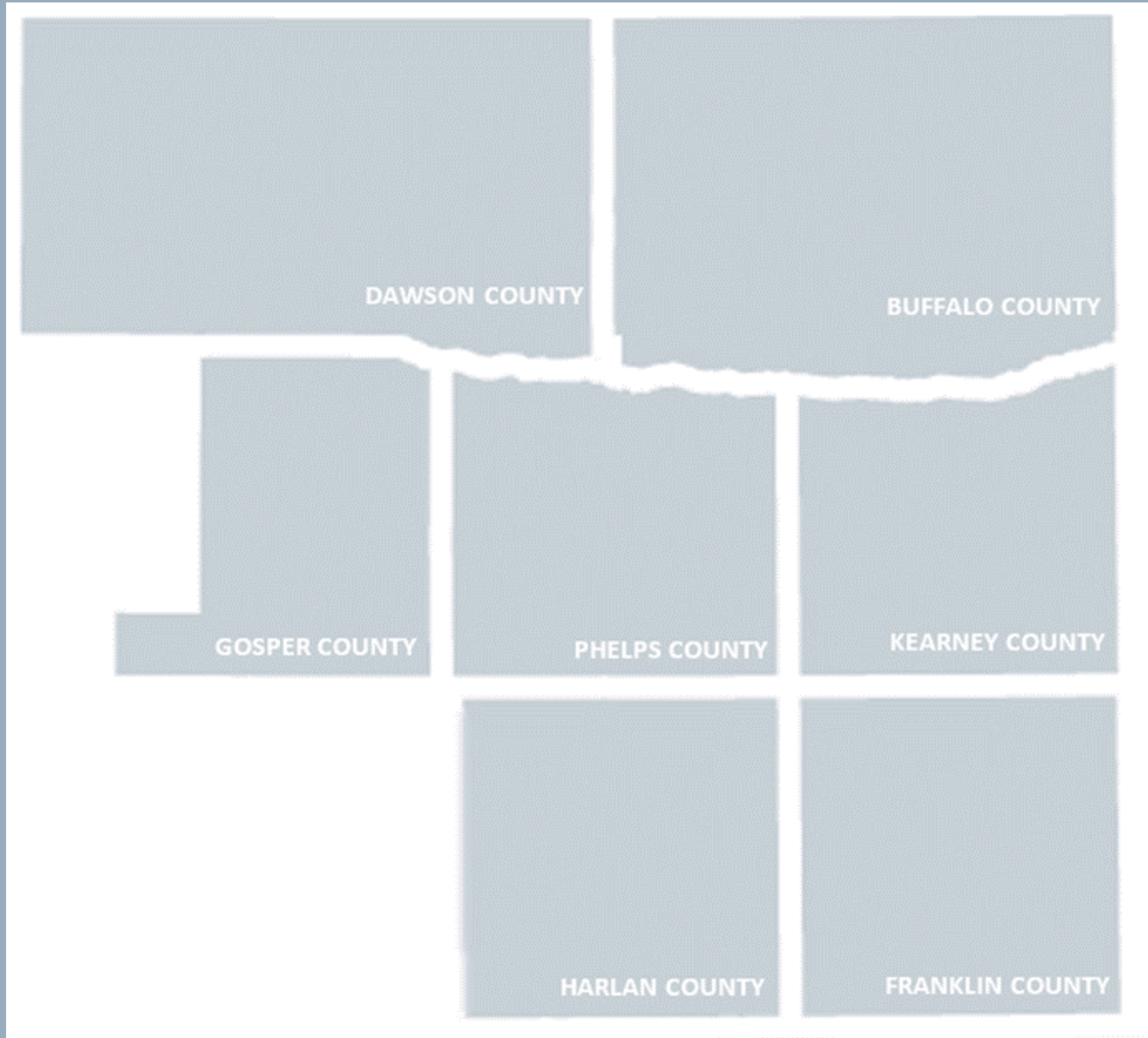
*Finance
Manager*

**Katie
Mulligan**



*Planning Section
Manager*

Who We Serve



Counties

- Population: 97,706
 - Buffalo: 50,084
 - Dawson: 24,111
 - Phelps: 8,968
 - Kearney: 6,688
 - Harlan: 3,073
 - Franklin: 2,889
 - Gosper: 1,893

4,626 Square Miles

Welcome:

Jeremy

Eschliman

TRPHD Health Director



Update:

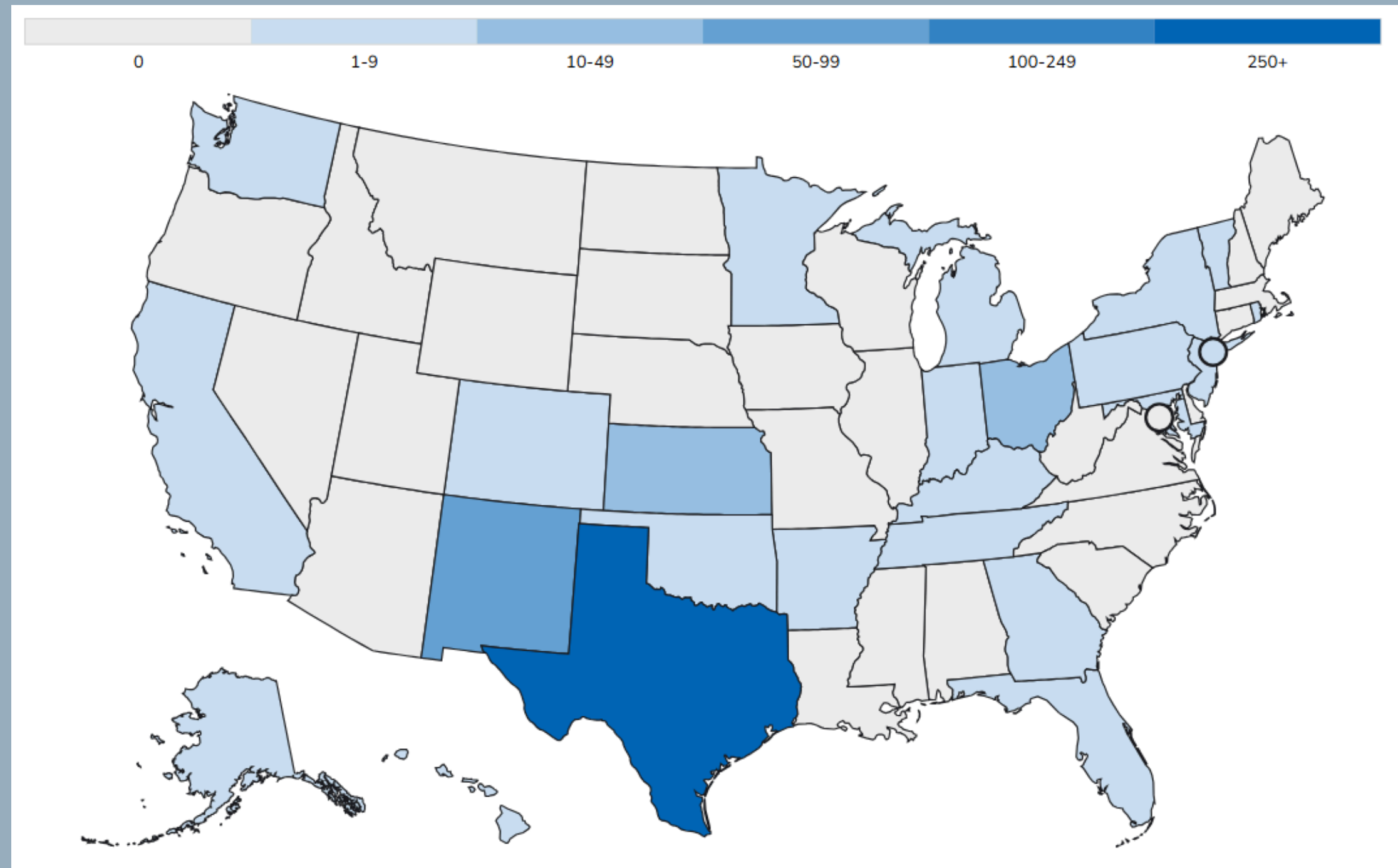
Dr. Sydney Stein

NE DHHS State Epidemiologist



National Update

- 712 confirmed measles cases reported
- 25 States
- Most affected Ages
 - under 5
 - 5-19yo
- Vaccination status
 - 97% unknown or unvaccinated
- Hospitalizations
 - 79 out of 712
 - under 5 years old 45/225
- Deaths
 - 3



National Data Comparison: 2024 - 2025

- 3 or more related cases is an outbreak
- US declared 'measles eliminated' in 2000.
 - Yearlong outbreak indicates loss of designation
- Loss of status implies endemicity, vaccination policy implications, global health impact
- Older age profile of cases, deaths characterize 2015 outbreaks

Measles	2024	2025
Total Cases	285	712
Jurisdictions	AZ, CA, DC, FL, GA, ID, IL, IN, LA, MD, MA, MI, MN, MO, NH, NJ, NM, NYC, NYS, NC, OH, OK, OR, PA, SC, SD, TN, TX, VT, VA, WA, WI, WV	AK, AR, CA, CO, FL, GA, HI, IN, KS, KY, MD, MI, MN, NJ, NM, NYC, NYS, OH, OK, PA, RI, TN, TX, VT, WA
Outbreaks	16 outbreaks (69% outbreak-assoc)	7 outbreaks (93% outbreak assoc)
Deaths	0	2 confirmed, 1 under review
Hospitalization Rate	40% (114 of 285)	11% (79 of 712)
Age		
Under 5 yrs (cases)	120 (42%)	225 (32%)
5–19 yrs (cases)	88 (31%)	274 (38%)
20+ yrs (cases)	77 (27%)	198 (28%)
Unknown Age (cases)	–	15 (2%)
Hospitalization		
Under 5 yrs (hosp)	62 (54%)	45 (57%)
5–19 yrs (hosp)	22 (19%)	20 (25%)
20+ yrs (hosp)	30 (26%)	12 (15%)
Unknown Age (hosp)	–	2 (3%)
Vaccination Status		
Unvax or Unknown	89%	97%
1 MMR dose	7%	1%
2 MMR doses	4%	2%

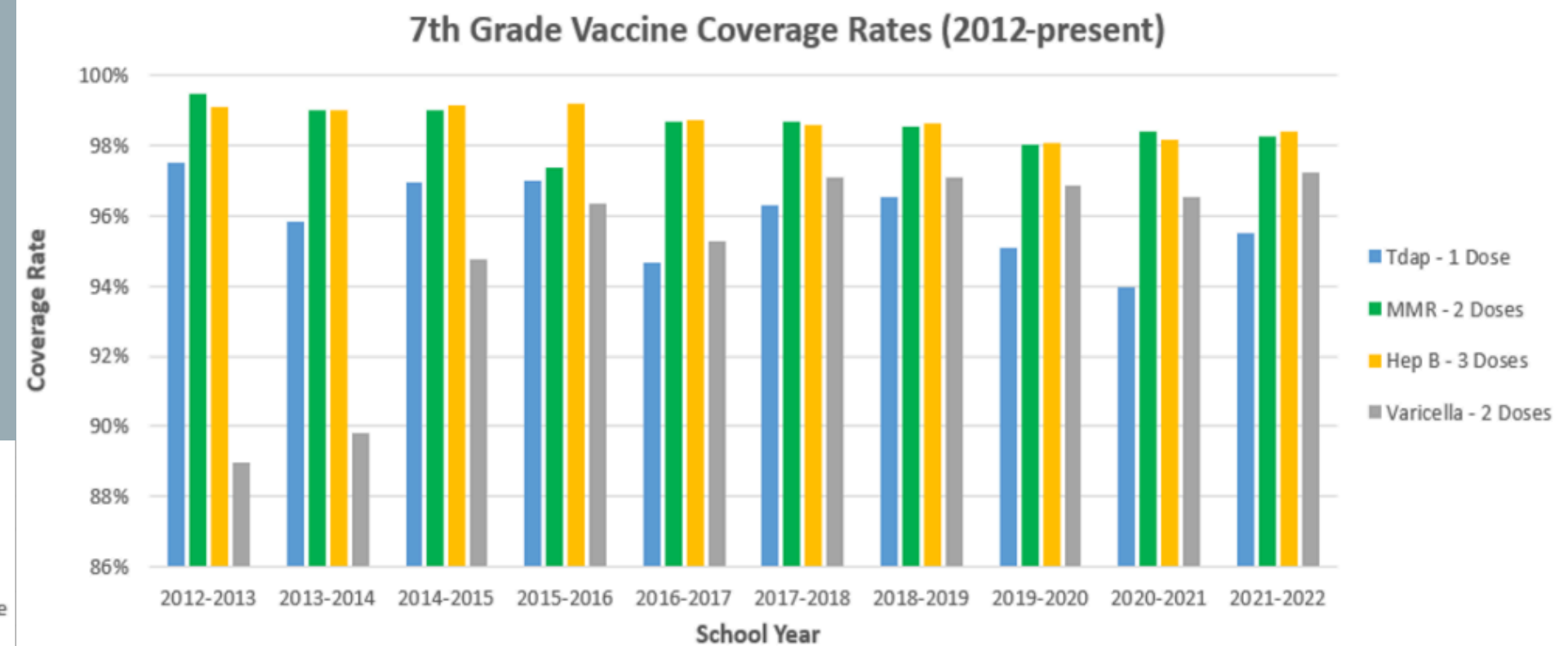
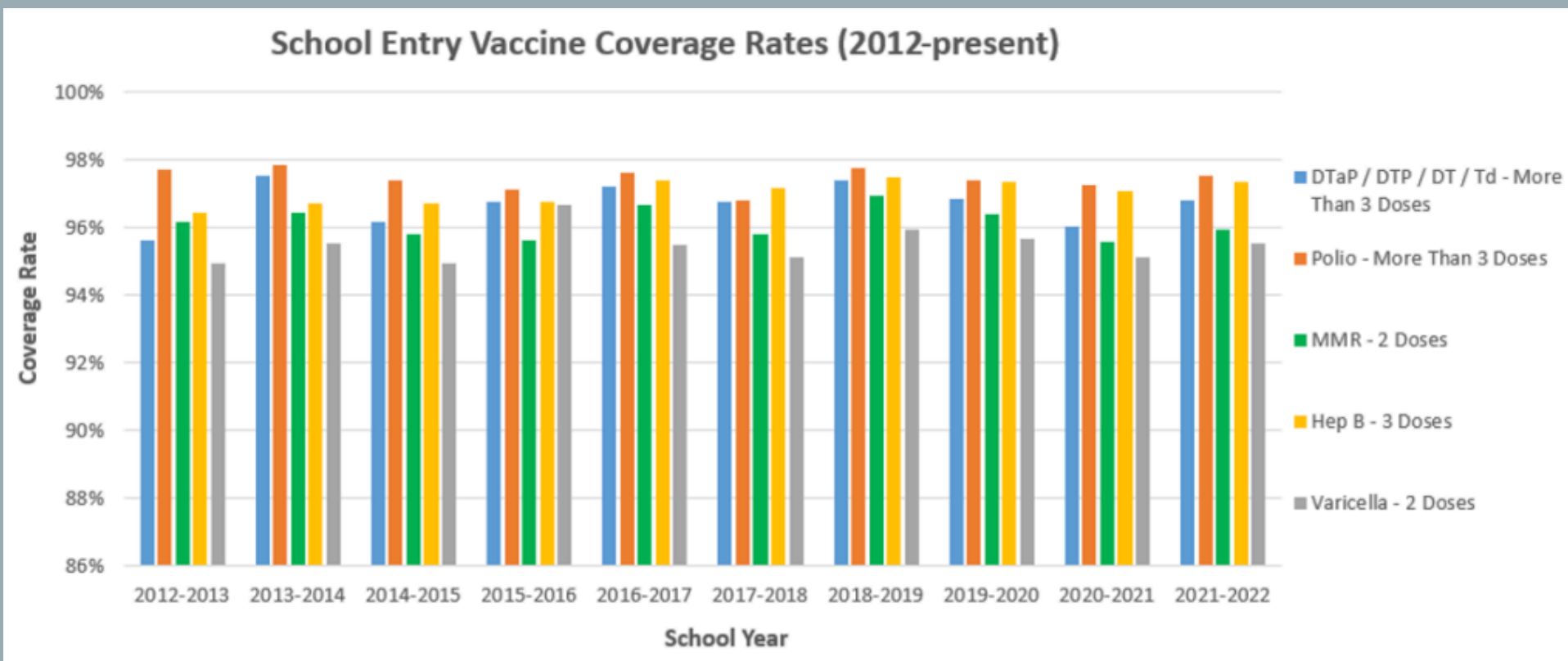
Local Vaccination Data

- County level vaccination data not available
- Data projections from
 - a. **National Immunization Survey**
 - b. **Nebraska Childcare Facility Survey**
 - c. **Nebraska School Survey**
- **MMR Vaccination rate for 2025: 93.5%**



Local Vaccination Data

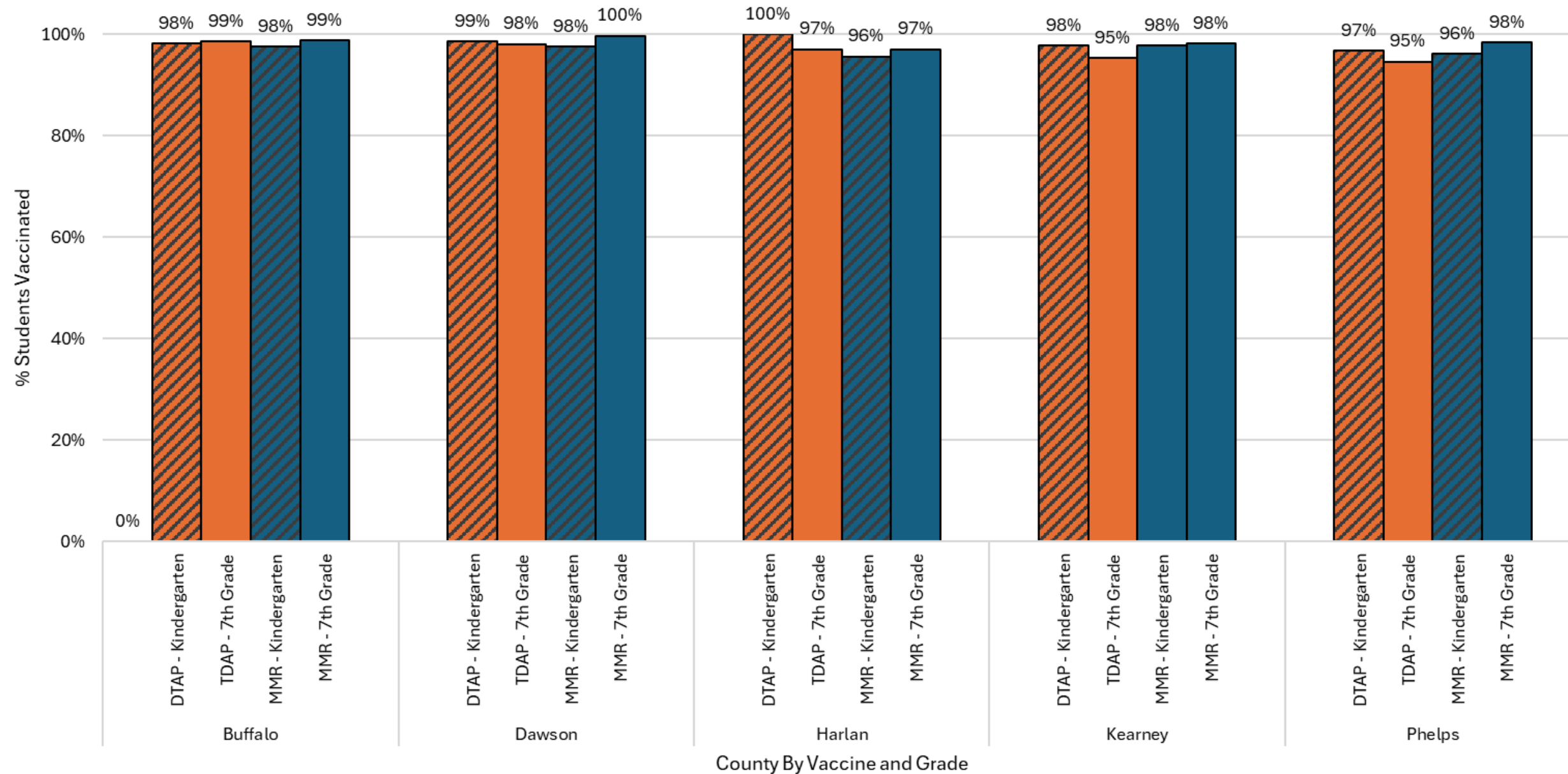
- Statewide data representation, school-based
- Dip in late vaccinations (12 months)
- Declining MMR trend in more recent years
- Increasing Varicella vaccination rates



Suggested citation for this article: Pingali C, Yankey D, Elam-Evans LD, et al. National Vaccination Coverage Among Adolescents Aged 13–17 Years — National Immunization Survey-Teen, United States, 2021. MMWR Morb Mortal Wkly Rep 2022;71:1101–1108. DOI: <http://dx.doi.org/10.15585/mmwr.mm7135a1>

Local Vaccination Data

Student Immunization in TRPHD by County and Grade for the 2024-2025 School Year



- Gap between kindergarten and 7th graders
- Increase in religious exemptions
- Data incompleteness, underreporting or lack of reporting

Signs and Symptoms



- Measles symptoms appear 7-14 days after contact with the virus
 - High Fever
 - Cough
 - Runny Nose
 - Red, watery eyes
- 2-3 days after symptoms begin
 - Koplik spots
- Measles rash appears 3-5 days after symptoms begin

High Risk Groups



- Children younger than 5 years of age
- Adults older than 20 years of age
- Pregnant women
- People with weakened immune systems, such as from leukemia or HIV infection

Common Complications

- Ear infections and diarrhea

Serious Complications

- Pneumonia and encephalitis



Prevention

What we can do right now

- **MMR Vaccination**
- **Travel vaccines**

If you suspect or diagnose a case

- **Isolate immediately**
- **PPE**
- **Notify**
- **Test**
- **Manage**

Local Public Health Roles and Responsibilities



- Lead in investigating measles cases and outbreaks.
- Report measles immediately to DHHS
- Conduct active surveillance
- Facilitate transportation of specimens
- Enhance outreach and communications
- Monitor disease trends



Recommendations

Clinicians

- Report immediately to TRPHD
- Know patient vaccination status
- Know patient medical history
- Know travel history
- Measles signs and symptoms
- Act fast



Recommendations

Clinicians- Lab

- Will need:
 - Viral Transport media and swab (Micro114)
 - Sterile Urine Container (Micro117)
 - VPD Supplemental Form
 - Label Last name, First Name and DOB
 - 2x small bio bag (Bag1)
 - Category B shipping system
 - Ice packs



Recommendations

Clinicians- Collection



Nasopharyngeal or Throat Swab

- Use standard NP/throat swab technique.
- Place swab in 2–3 mL transport media; secure lid.
- Label with patient's full name, DOB, collection time/date, source, and collector initials.
- Refrigerate at 2–8°C until shipping.

Urine

- Collect 5–10 mL urine in sterile, leakproof container.
- Label with patient's full name, DOB, collection time/date, source, and collector initials.
- Verify label matches patient ID.
- Place in biohazard bag.
- Refrigerate at 2–8°C until shipping.



Recommendations

Schools

- Report immediately to TRPHD
- Know your schools Vaccination status
- Know medical history of students and staff
- Know travel history of students and Staff
- Measles signs and symptoms
- Act fast



Recommendations

General Public



- Report immediately to TRPHD
- If you suspect measles:
 - CALL your MD before the appointment
- Know your Vaccination status
- Know your Medical History and if you are considered a high risk group
- Know your risks with travel and discuss with your MD
- Know the signs and symptoms of Measles
- Act fast





Dr Beecham

TRPHD Board Medical Director

BRIEFING



Questions?

Contact Us

Website : www.trphd.ne.gov

Address : 516 W. 11 St. Suite 108B
Kearney NE, 68845

Phone : 888-669-7154

Resources

<https://www.cdc.gov/measles>

[CDC measles outbreaks](#)

[DHHS NE HAN on measles](#)

leadership@trphd.ne.gov

[NPHL Guidance- Measles](#)



**THANK
YOU**