

May 27, 2025

Measles Status & Regional Public Health Preparedness



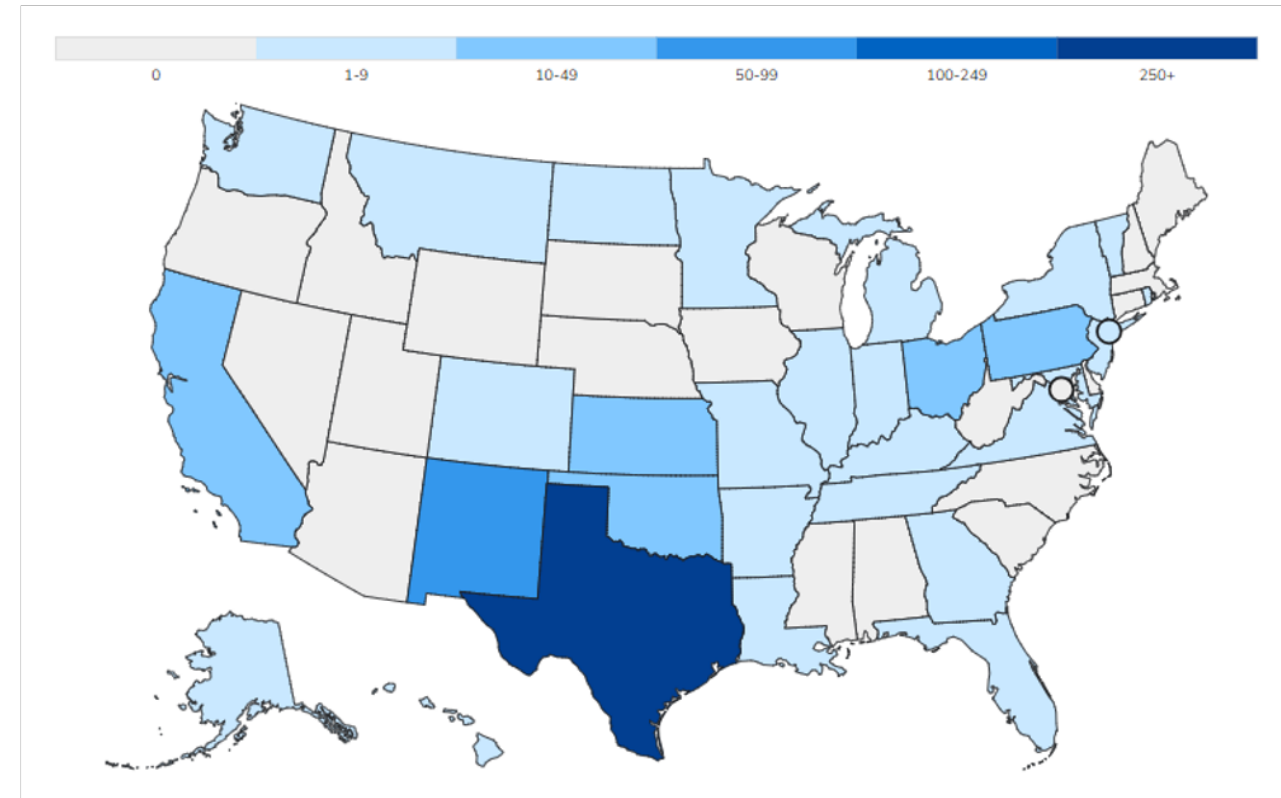


National & Regional Measles Status

- 2024 saw a significant rise in U.S. measles cases compared to previous years
- Missouri and Kansas have each reported confirmed cases in 2025
- No cases so far in the MARC region
 - Several exposed contacts were monitored
- National hotspots driven by unvaccinated pockets and international travel

CURRENT STATE OF MEASLES IN THE U.S.

- 31 Jurisdictions reporting confirmed measles cases (1001 confirmed cases)
- 14 total outbreaks reported in 2025 (defined as 3 or more related cases)
- Age groups:
 - Under 5 – 30%
 - 5-19 - 38%
 - 20+ - 31%
 - Unknown – 1%
- Hospitalizations: 13%
- Deaths: 3



CURRENT STATE OF MEASLES IN KANSAS & MISSOURI

Kansas:

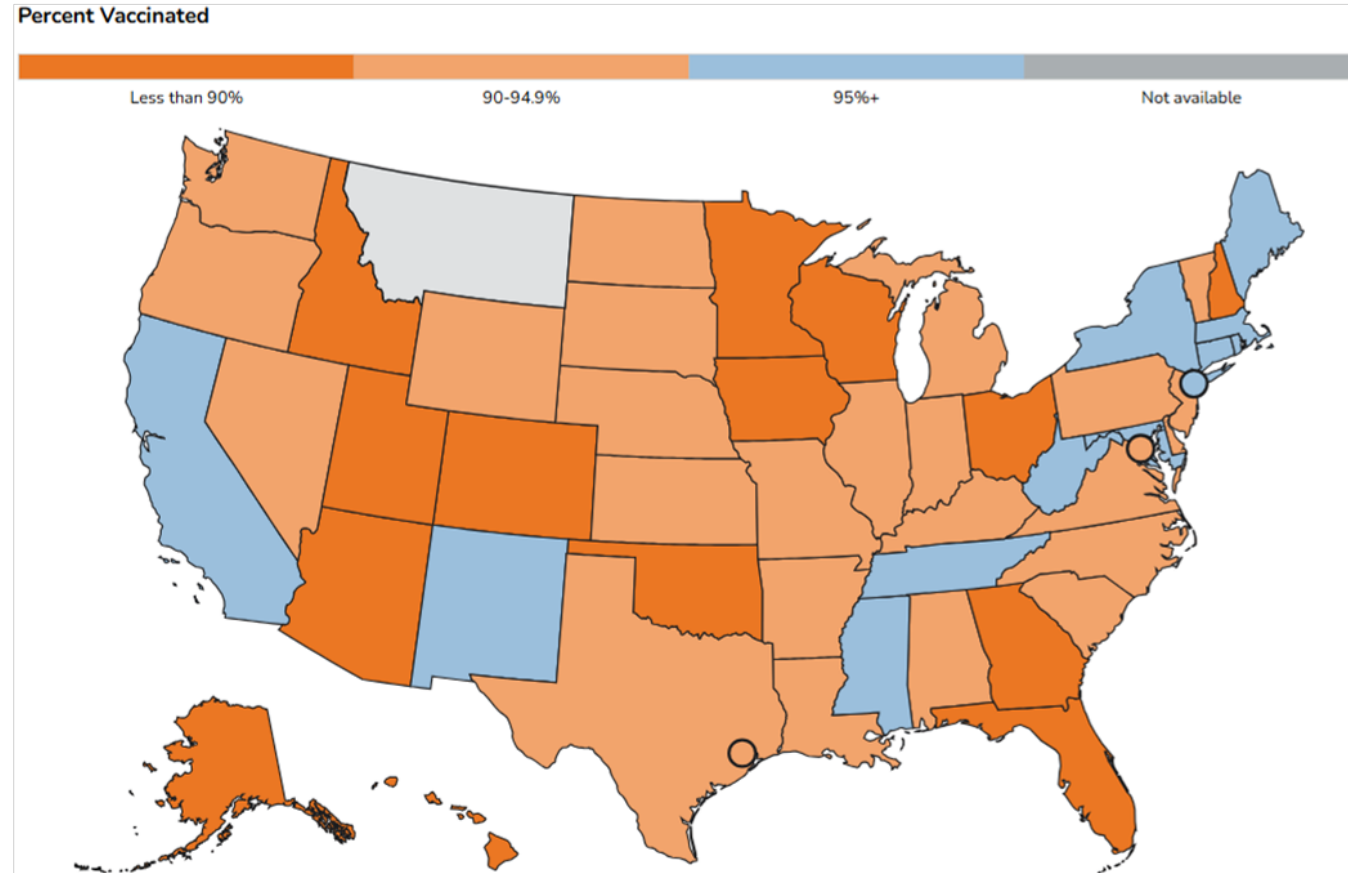
- 51 Cases
 - 49 cases associated with the SW Kansas outbreak
 - 2 cases associated with international travel

Missouri:

- 3 Cases
 - 1 case associated with international travel
 - 1 is a Missouri resident
 - 1 was an out-of-state visitor



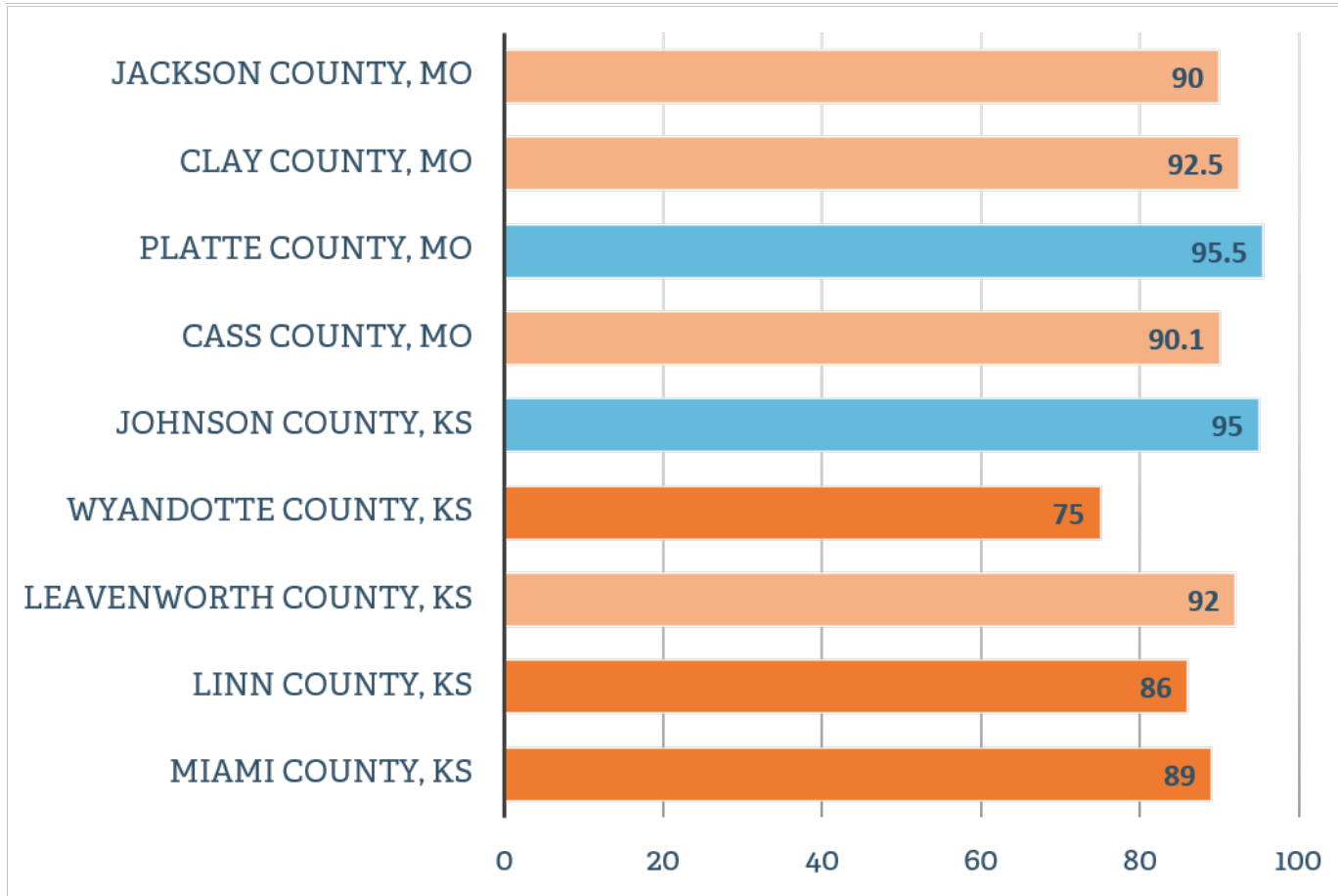
Measles Vaccination Rates:



KANSAS & MISSOURI:

90.4 percent vaccinated for the 2023-2024 school year

Measles vaccination rates by county:



Percent Vaccinated



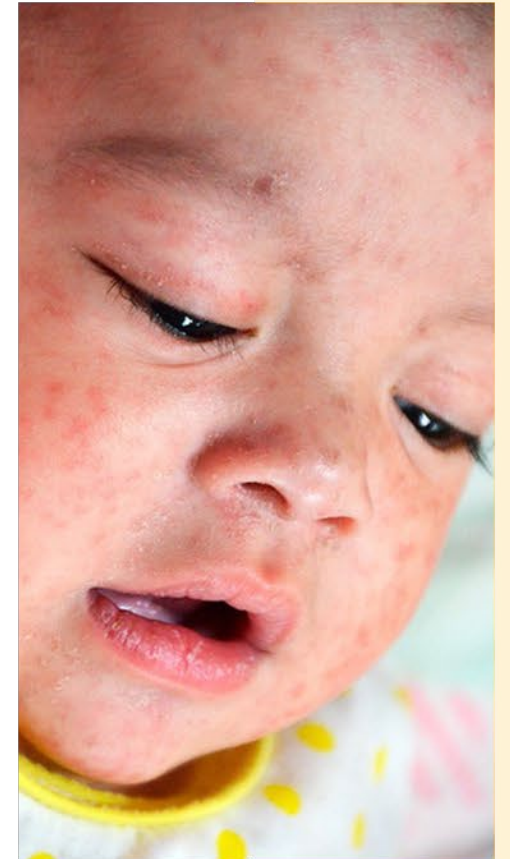
Percent of kindergarteners who had received the MMR vaccine in the 2023-24 school year. Herd immunity, when measles is unlikely to spread, requires 95%.

Source: [Missouri Dept. of Health and Senior Services](#), [Kansas Dept. of Health and Environment](#)

KANSAS & MISSOURI:
Kindergarten vaccination rates for the 2023-2024 school year by county

MEASLES: SYMPTOMS AND TRANSMISSION

- Early symptoms: fever, cough, runny nose, conjunctivitis
- Rash develops 3–5 days after symptoms begin
- Highly contagious: airborne transmission via droplets and surfaces (*up to 2 hours*)
- An infected individual is infectious from 4 days before to 4 days after a rash forms
- One case can infect up to 90% of susceptible contacts
- Complications:
Pneumonia, hearing loss, brain inflammation, brain damage, blindness, SSPE (fatal brain disorder that develops years after recovering), death



Populations & Communities Most at Risk

01.

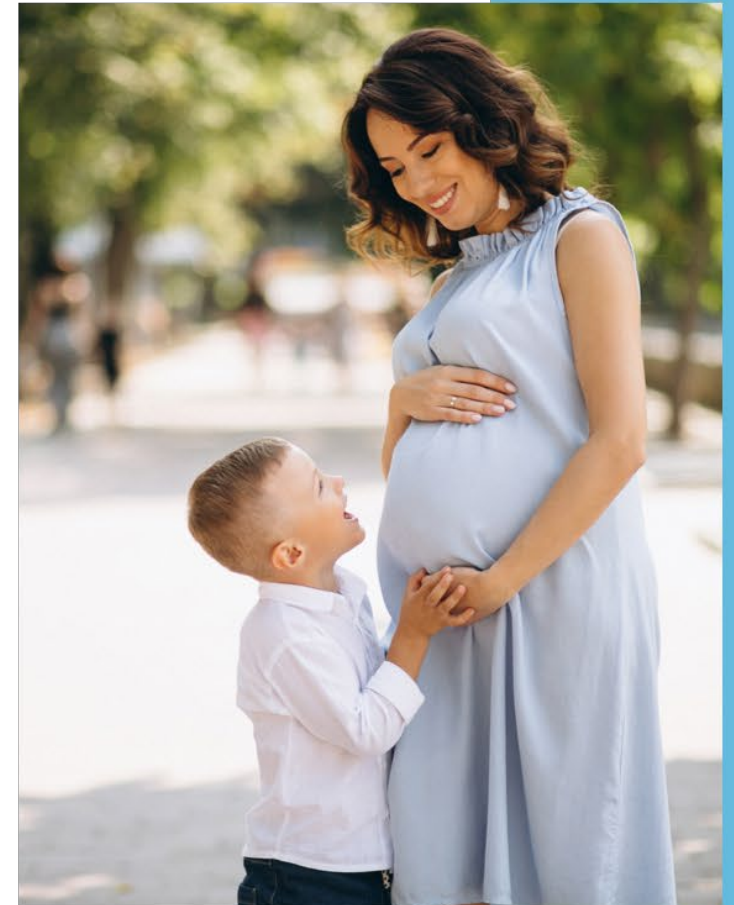
Under-vaccinated communities, especially in certain school districts

02.

Children under age 5, pregnant people, and immunocompromised individuals

03.

Counties with MMR rates below 95% at kindergarten entry



Common **Myths** About Measles



MYTHS



FACTS



- **Myth:** "Measles is just a harmless childhood illness."
- **Fact:** Measles can cause serious complications like pneumonia, encephalitis, and death, especially in young children, the immunocompromised, and pregnant individuals.
- **Myth:** "Once you've had measles, you can get it again."
- **Fact:** Natural infection usually provides lifelong immunity, but the risk of complications is high, which is why vaccination is preferred.
- **Myth:** "The MMR vaccine causes autism."
- **Fact:** This claim has been thoroughly debunked. Major studies have found no link between the MMR vaccine and autism.
- **Myth:** "If vaccination rates are high in my area, I don't need to vaccinate my child."
- **Fact:** This undermines herd immunity and increases community risk—especially for those who can't be vaccinated due to age or health.
- **Myth:** "Measles was eliminated, so it's not a threat anymore."
- **Fact:** Measles can be imported from countries with active outbreaks. Low local vaccination rates can lead to community-wide spread.

LOCAL HEALTH DEPARTMENTS: MONITORING & RESPONSE

- *Active syndromic surveillance with hospitals and clinics*
- *Coordination with schools and childcare providers*
- *Targeted communications on measles were disseminated to partners & stakeholders*
- *Response plan and press release templates are in place if a case appears*
 - *Sharing these resources with other jurisdictions*
- *Public outreach and vaccine education campaigns*
- *Offering MMR vaccine*



REGIONAL PUBLIC HEALTH COLLABORATION

UNIFIED MESSAGING

- *Coordinated public information*
- *Shared letters and press release templates*
- *Consistent vaccine messaging across counties*

SHARED SURVEILLANCE EFFORTS

- *Active syndromic surveillance in partnership with hospitals, clinics, and schools*
- *Regional monitoring of immunization rates and case trends*
- *Data sharing to detect potential outbreaks*

MUTUAL SUPPORT FOR CONTACT TRACING

- *Cross-jurisdictional collaboration to trace exposures across county lines*
- *Surge support agreements—teams assist one another during high case volume*
- *Centralized protocols to streamline case investigation and response*



What We Can Do

- Encourage vaccination and myth-busting in your communities
- Direct constituents to reliable vaccine info (*CDC, local health department, etc.*)



Questions?



// JACKSONCOUNTYPH