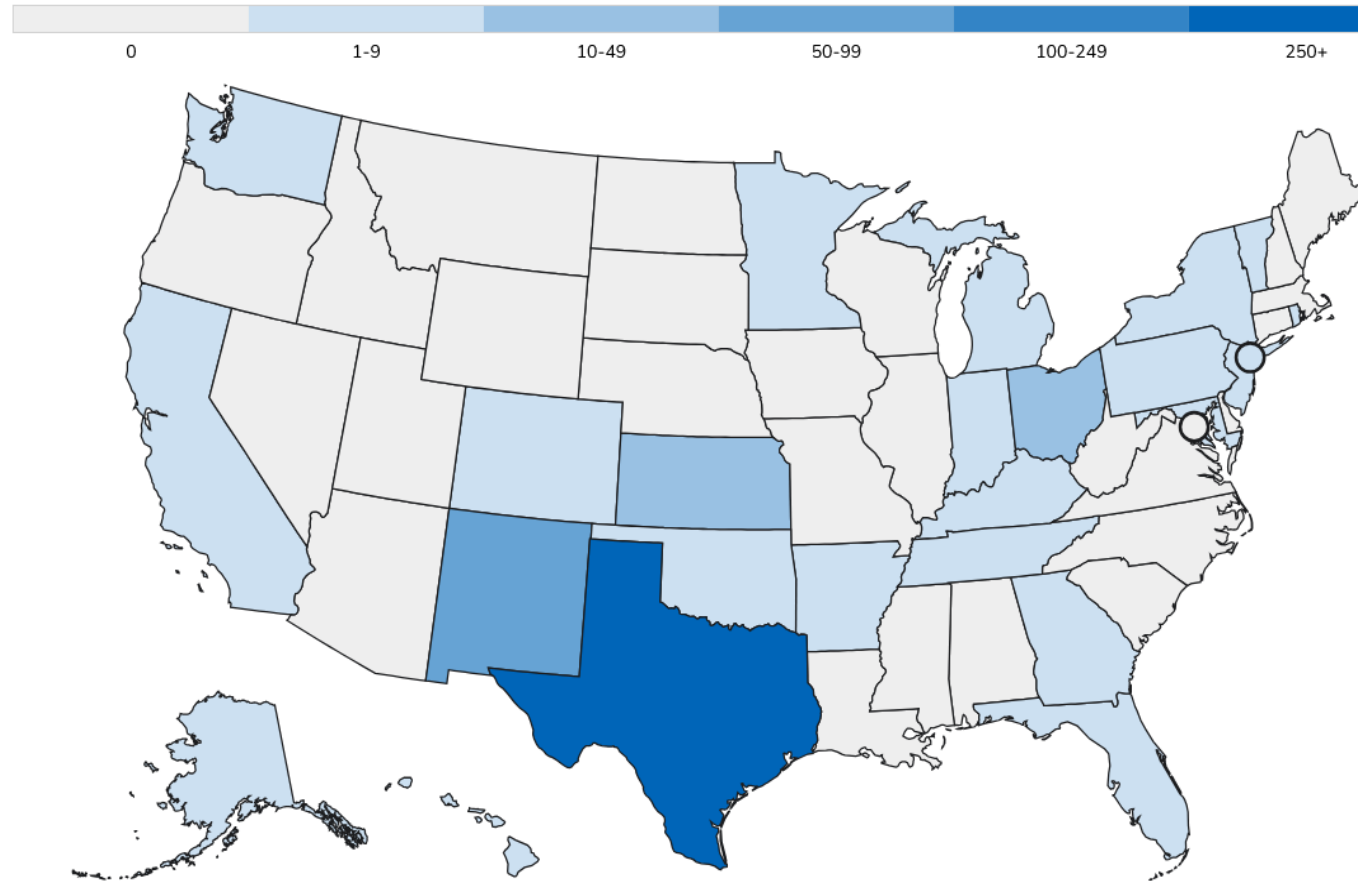


# Georgia Situational Update

## Measles, serious and high consequence

Project ECHO/ Vanessa Aden MPH, MPA, CIC/ April 17, 2025

# Measles in 2025: National Data



**As of April 10, 2025**

**National Cases: 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%**

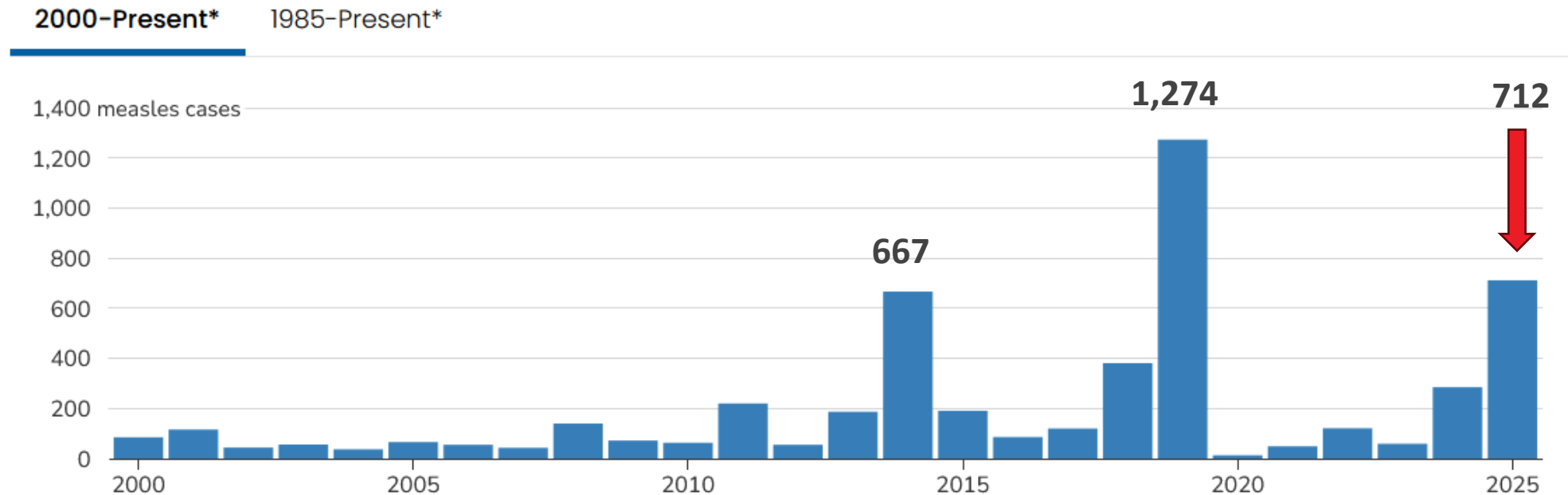
## **Deaths: 3**

2 confirmed and 1 under investigation

# Measles Cases in the US, 2000-2025

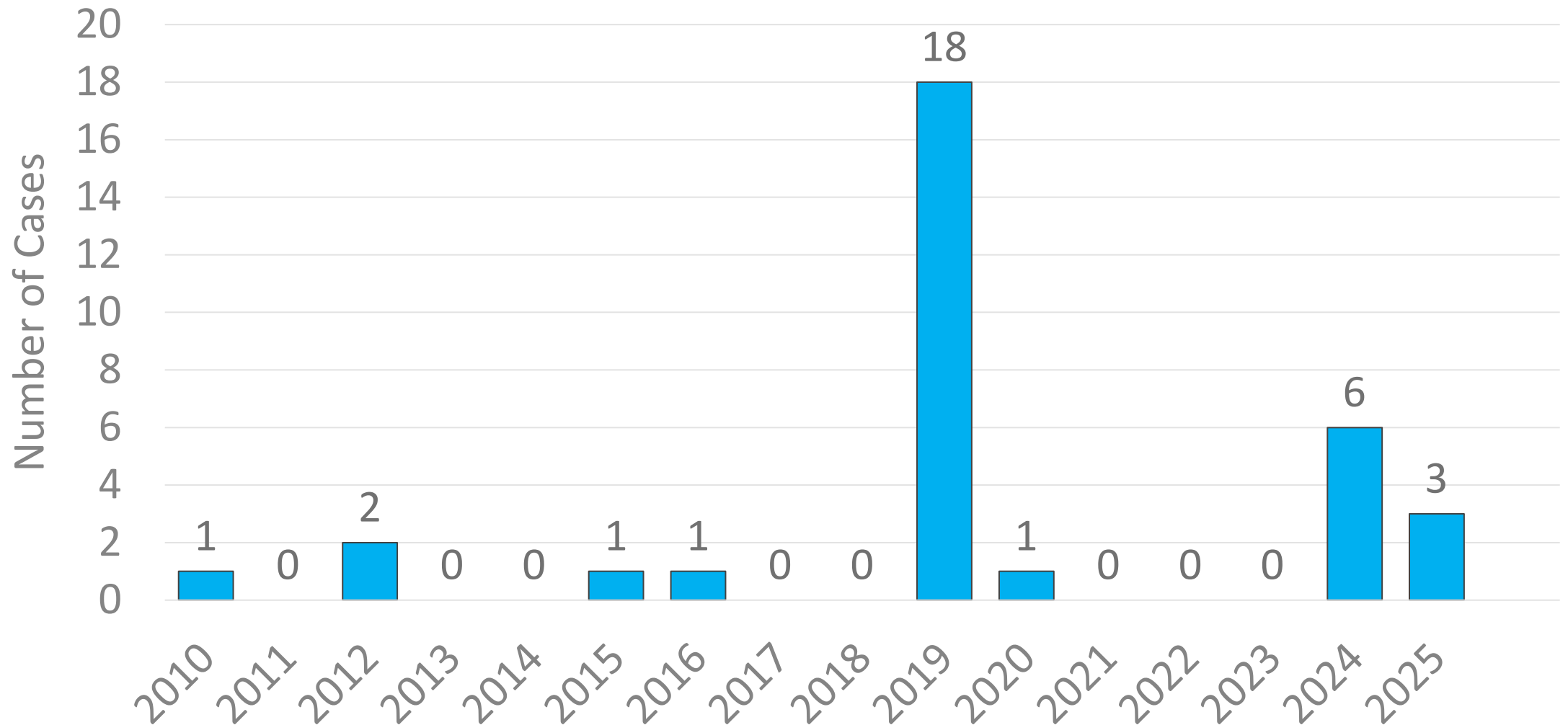
## Yearly measles cases

as of April 10, 2025



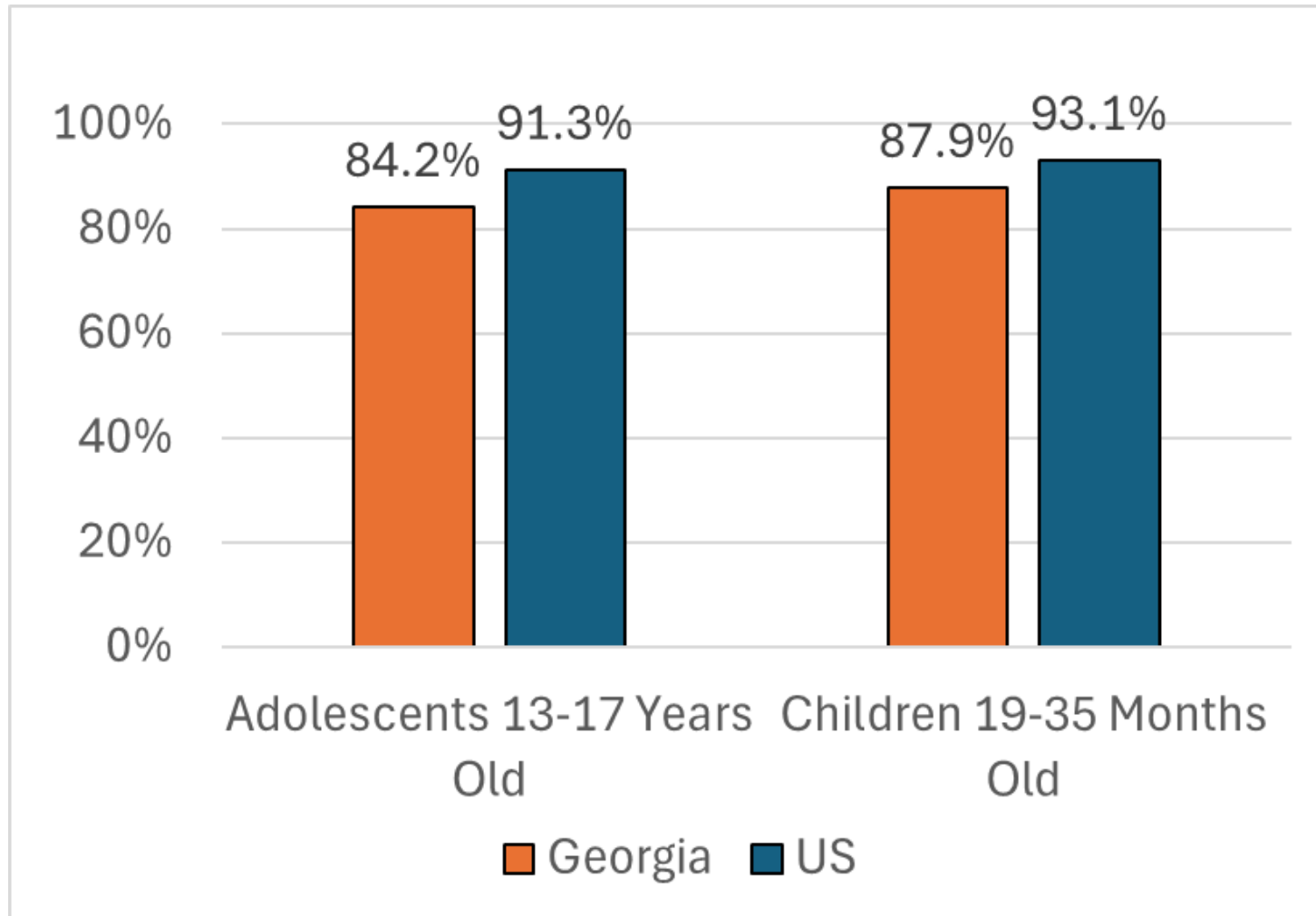
<https://www.cdc.gov/measles/data-research/index.html>, accessed on April 14 , ,2025

# Measles Cases, Georgia 2010-2025\*



Data pulled March 27, 2025

# MMR Coverage by Age Group and Geography



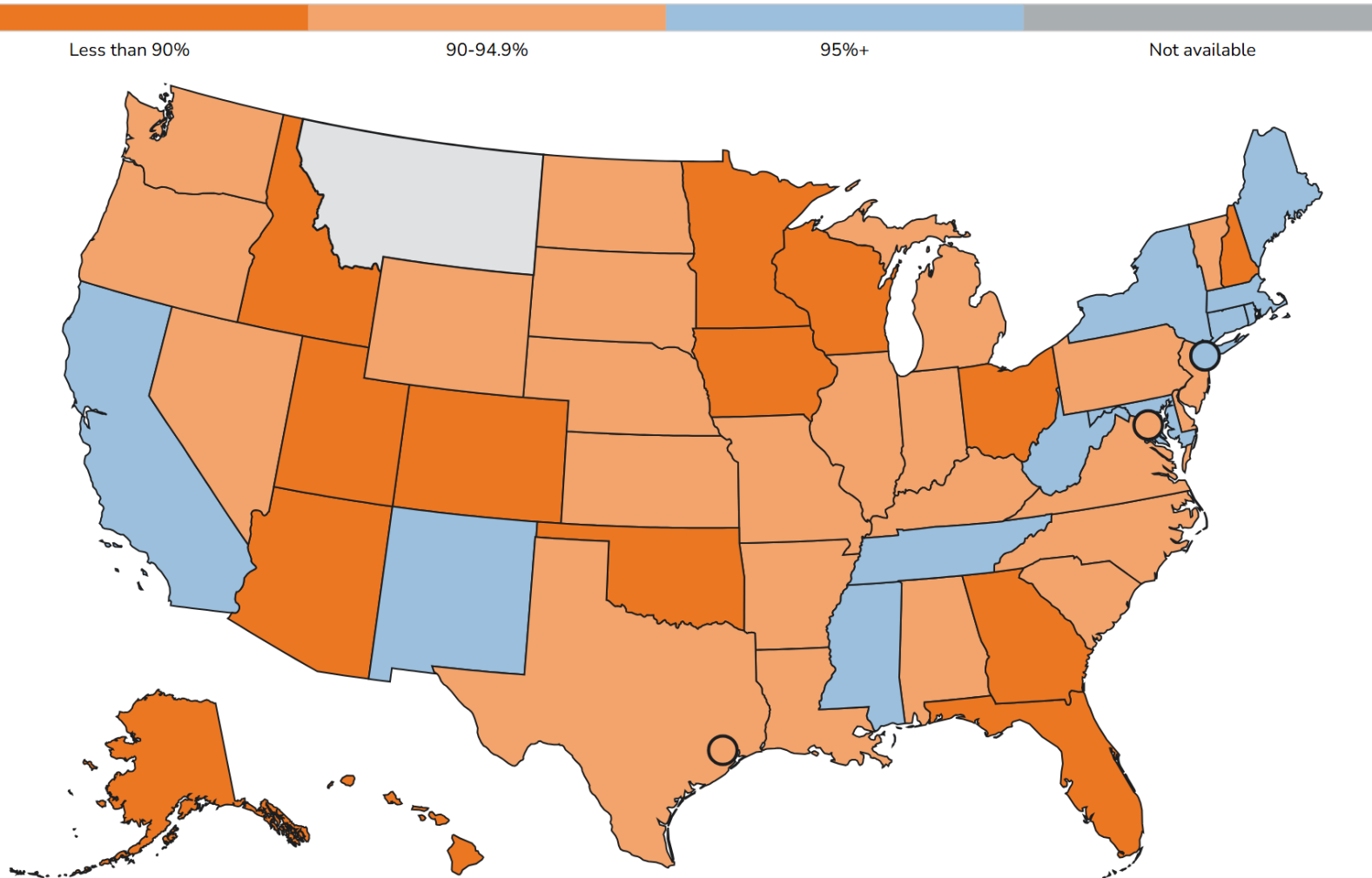
Among adolescents aged 13-17 years, the MMR coverage rate was

- 84.2% in Georgia in 2024 using data from Georgia's IIS
- 91.3% nationally in 2023 using data from CDC's NIS-Teen

Among children aged 19-35 months, the MMR coverage rate was

- 87.9% in Georgia in 2024 using data from Georgia's IIS
- 93.1% nationally in 2021 using data from CDC's NIS-Child

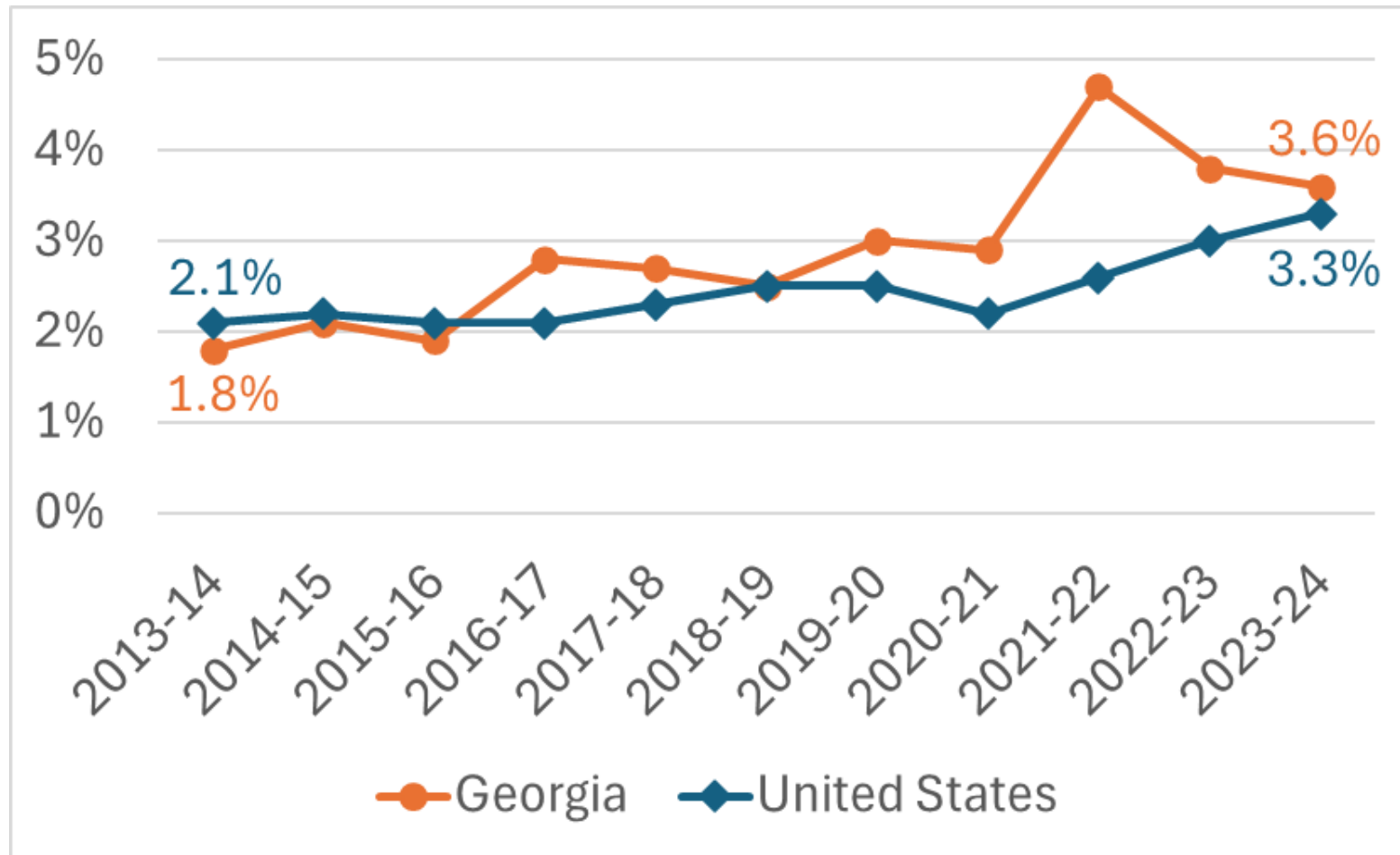
# Kindergarten MMR Coverage 2023-2024 School Year



Georgia's kindergarten MMR coverage (88.4%) is lower than most of its neighboring states.

A coverage rate of 95% or higher is needed to prevent the spread of measles, mumps, and rubella.

# Kindergarten Vaccine Exemption Rate, 2013-2014 School Year to 2023-2024 School Year



States and DC report vaccination and exemption status of kindergarteners to CDC.

Over the past 10 years, rates of any exemption (religious, medical, philosophical) have increased.

Georgia's exemption rates have remained higher than the national rate since the 2018-2019 school year. Currently Georgia's rate is 3.6% compared to 3.3% nationally

# Measles in 2024: First Case since 2020

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JANUARY 18, 2024

## **DPH Confirms Measles Case in Metro Atlanta**

FOR IMMEDIATE RELEASE:

Georgia confirmed its first measles case on January 18, 2024, in an unvaccinated 12-year-old that acquired the virus while traveling abroad

- A second case of measles was confirmed on January 25, 2024 (the younger sibling of the index case who was also unvaccinated and travelled abroad).



# Measles in 2024: Continued

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## Georgia's second outbreak:

- International Youth Leadership Group
- Second measles case received MMR PEP
- Genotype inconclusive
- Counted as the 2<sup>nd</sup> case

APRIL 11, 2024

## DPH Confirms Third Measles Case in 2024

NEWS RELEASE

FOR IMMEDIATE RELEASE:

## Georgia's third outbreak:

- 2 siblings, 2 exposure events
- **1,500 measles exposures**

AUGUST 19, 2024

## DPH Confirms Measles Case in Metro Atlanta

FOR IMMEDIATE RELEASE:

# Measles in 2025: Identify, Isolate, Inform

## 1 Outbreak: 3 cases (siblings)

### IDENTIFY

- Identify patients with:
  - Travel to areas with current outbreaks or endemic disease OR
  - Contact with sick persons who recently traveled AND
  - Symptoms of illness
- Use Travel Clinical Assistant to help identify which diseases are present in traveled areas.
- Collect detailed travel information from last 30 days.
- Collect detailed information on symptom onset and progression.
- Inquire about other potential exposures (ex: funerals, healthcare facilities, animals).

### ISOLATE

- Isolate patients that have both exposure and symptoms.
- Place patient in a private room.
- Wear appropriate personal protective equipment (PPE) when entering the room.
- Limit the number of healthcare personnel that enter the room.

### INFORM

- Inform Infection Prevention and Control.
- Inform State Public Health
  - Call 1-866-PUB-HLTH (1-866-782-4584).
  - Provide reason for calling, brief patient history and ask for a Medical Epidemiologist.
- Depending on the situation, the Med Epi will need the following information:
  - Locations (countries and/or cities) and exact dates of travel.
  - Symptoms and progression of illness.
  - Risk Factors/exposures

# Georgia's Response Efforts

# Georgia's Health Alert Network

## Register for Health Alerts

Receive notifications of disease clusters, outbreaks and other events of public health significance on a 24/7/365 basis

### Health Alert

**Health Alert:** The highest level of notification conveying the most urgent request for action, and usually refers to an immediate threat to the community, and may require that immediate action be taken.

### Health Advisory

**Health Advisory:** A condition or an event that may not be a medical or public health emergency but conveys important information regarding a public health event, and may not require immediate action.

### Health Update

**Health Update:** Provides updated information regarding an existing incident or situation (i.e., follow-up to a previous Alert or Advisory); unlikely to require immediate action.

### Health Info Service

**Health Info Service:** Does not require immediate action; provides general public health information.

<https://dph.georgia.gov/epidemiology/epidemiology-emergency-preparedness/gahan>

# Health Alerts



Kathleen E. Toomey, M.D., M.P.H., Commissioner / Brian Kemp, Governor

2 Peachtree Street, NW, 15th Floor  
Atlanta, Georgia 30303-3142

[dph.ga.gov](https://dph.ga.gov)

## Health Update: Acute Flaccid Myelitis (AFM) in Georgia, November 2024

### ACTION STEPS:

**District and County Health Departments:** Please forward this to hospitals and clinics in your jurisdiction.

**Hospitals and clinics:** Please distribute to infectious disease physicians, infection preventionists, emergency department physicians, intensive care physicians, neurologists, radiologists, primary care providers, and pediatricians.

### SUMMARY

The Georgia Department of Public Health (DPH) urges healthcare providers to



Kathleen E. Toomey, M.D., M.P.H., Commissioner / Brian Kemp, Governor

200 Piedmont Avenue, SE  
Atlanta, Georgia 30334

[dph.ga.gov](https://dph.ga.gov)

## Health Update: Multisystem Inflammatory Syndrome in Children (MIS-C) Associated with COVID-19 in Georgia

**District and County Health Departments:** Please forward to hospitals and clinics in your jurisdiction.

**Hospitals and clinics:** Please distribute to infectious disease physicians, infection preventionists, emergency department physicians, intensive care physicians, cardiologists, primary care providers, and pediatricians.

The Georgia Department of Public Health (DPH) and the Centers for Disease Control and Prevention (CDC) have developed a standardized surveillance case definition for



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2 Peachtree Street, NW, 15th Floor  
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## Health Alert: Measles (Rubeola)

Georgia Department of Public Health Requests Reports of Suspect Measles Cases

### Action Steps:

**Local health departments:** Please forward to hospitals and clinics in your jurisdiction.

**Hospitals and clinics:** Please distribute to infectious disease doctors, infection preventionists, emergency department physicians, intensive care physicians, neurologists, primary care providers, and pediatricians.

The Georgia Department of Public Health (DPH) has confirmed a case of measles in the Atlanta area. DPH is working with identified locations to identify any persons who were infectious (Jan. 7-15, 2024), to identify any persons who were exposed. The index patient acquired the virus while traveling abroad. Through May is the peak time for importation of measles.



Kathleen E. Toomey, M.D., M.P.H., Commissioner / Brian Kemp, Governor

200 Piedmont Avenue, SE  
Atlanta, Georgia 30334

[dph.ga.gov](https://dph.ga.gov)

## Health Advisory: Pertussis in Georgia, December 2024

### ACTION STEPS:

**Local health departments:** Please forward to hospitals and clinics in your jurisdiction.

**Hospitals and clinics:** Please distribute to infectious disease physicians, infection preventionists, emergency department physicians, intensive care physicians, neurologists, radiologists, primary care providers, and pediatricians.



Kathleen E. Toomey, M.D., M.P.H., Commissioner / Brian Kemp, Governor

200 Piedmont Avenue, SE  
Atlanta, Georgia 30334

[dph.ga.gov](https://dph.ga.gov)

## Health Update: Varicella

### Action Steps:

**Local health departments:** Please forward to hospitals and clinics in your jurisdiction.

**Hospitals and clinics:** Please distribute to infectious disease physicians, infection preventionists, emergency department physicians, intensive care physicians, neurologists, radiologists, primary care providers, and pediatricians.

# Measles Resources: GA DPH Measles Webpage



- What if I am Exposed to Measles? FAQ (General Public)
- Measles Infographic (General Public)
- Measles in the Healthcare Setting Guidance
- Should I Test for Measles? A guide for GA Healthcare Providers
- Reporting and Testing
- Statistics

## Should I Test For Measles? A Guide for Georgia Healthcare Providers

Do you suspect your patient has measles? Immediately mask and isolate the patient per airborne precautions\* and check immunization status.

### STEP 1 IDENTIFY



**In the 21 days prior to onset of illness, has patient had any of the following:**

- Known exposure to a person with measles?
- International travel, contact with an international traveler, been to an international airport or places popular with international visitors in the US?
- Attended or visited events/places with large gatherings?
- Resided in or visited a US community with measles cases?

Current listings at [cdc.gov/measles/data-research/index.html](https://cdc.gov/measles/data-research/index.html)

**If NO to all, measles is very unlikely, testing is not required.**

**If YES to any, continue**

### STEP 2 ISOLATE



**Has the patient had a combination of:**

- **FEVER**
- And one or more of: **COUGH, CONJUNCTIVITIS, or RUNNY NOSE**
- And **RASH†**
  - Red-brown macules or papules, may become confluent patches
  - Begins on face and progresses to the rest of the body
  - Typically appears within a few days after other symptoms begin

**If YES**

### STEP 3 INFORM



**CALL 866-PUB-HLTH (866-782-4584)**

**COLLECT** specimens for viral and serologic testing:

- Collect 7-10 ml of blood in a red top or serum separator tube
- Urine (10-15 ml) in sterile container
- Throat swabs use viral transport kit, if possible.

**DO NOT** refer the patient to another facility without first contacting that facility to prevent additional exposures. Contact the facility first, then notify Georgia DPH.

**If NO**

**Measles is unlikely, testing is not required.**

As needed, call Georgia DPH for consultation.

**Contact Georgia DPH 24/7**  
1-866-PUB-HLTH  
(1-866-782-4584)

\*Place patient in a negative pressure room when available; if not, examine the patient outside the facility or in a private room with the door closed; minimize the time patient spends in the facility. Other precautions apply.

†Immunization in last month with MMR or MMRV can be a cause of measles-like rash - check immunization history. **Testing is not indicated if immunized against measles in last month and answer is no to all questions in Step 1.**



# Measles Lab Testing

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**Prioritize testing to those with clinically compatible symptoms and risk factors**

- **The following specimens should be collected for all suspect cases\*:**
  - Two (2) throat specimens (using synthetic swabs and placed in its own viral transport media)
  - One (1) urine specimen (10-15 mL)
  - Serology (only need 1 vial for both IgM and IgG)

**\*Select both measles and rubella testing on GPHL form:**

- 1510 Rubella IgG, 1515 Rubella IgM
  - 1520 Rubella IgG, 1525 Rubella IgM
  - 416000 Measles RT-PCR
- **Specimens sent to CDC: Measles IgM, genotyping, and avidity**



# Collaboration

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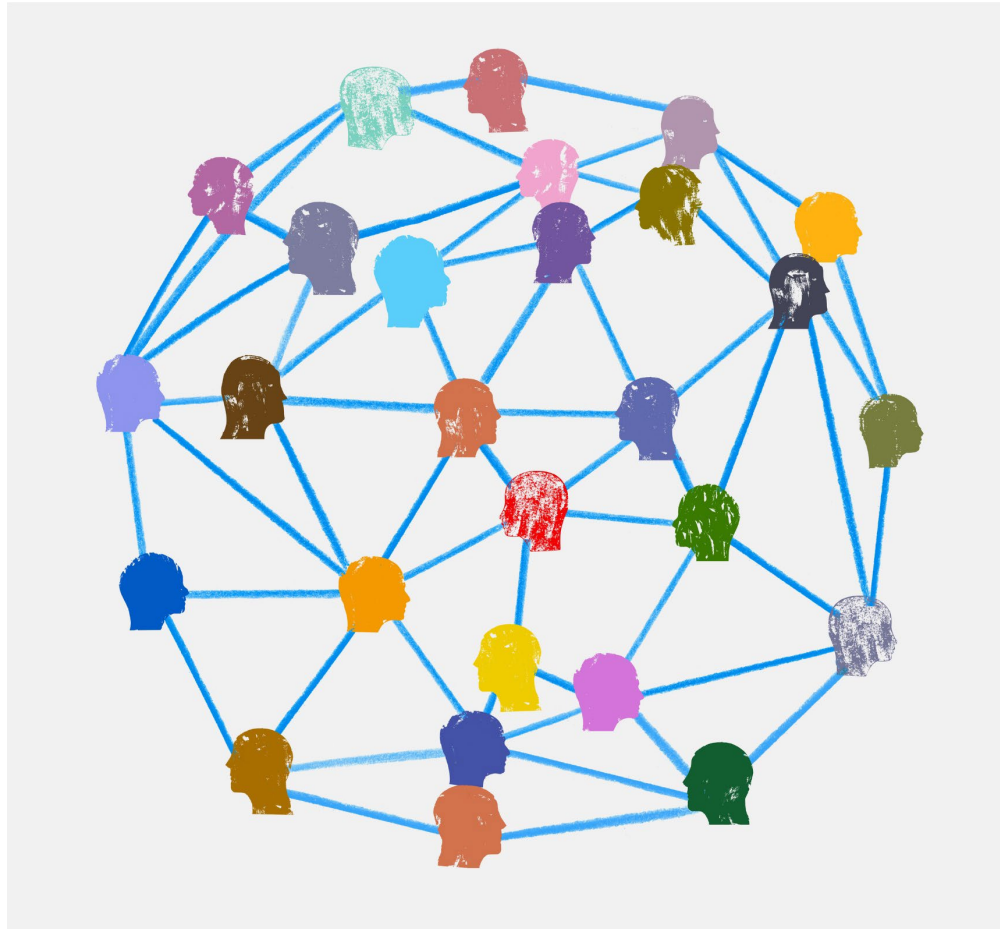
District and State  
Epidemiology



State Lab/ Georgia  
Public Health Lab



Healthcare Providers  
and Facilities



Immunization Program



District and State Nursing



DPH Office of Pharmacy





# Measles Prophylaxis- Immunoglobulin (IGIM)



3-1 Cobb  
3-2 Fulton  
3-4 GNR  
3-5 Decatur  
5-2 Macon  
8-1 Valdosta

# Thank You

Vanessa Aden, MPH, MPA, CIC

[Vanessa.aden@dph.ga.gov](mailto:Vanessa.aden@dph.ga.gov)

Vaccine-Preventable Disease Team

Lead/ VPD Epidemiologist Supervisor

404-657-2588

866-PUB-HLTH (866-782-4584)