

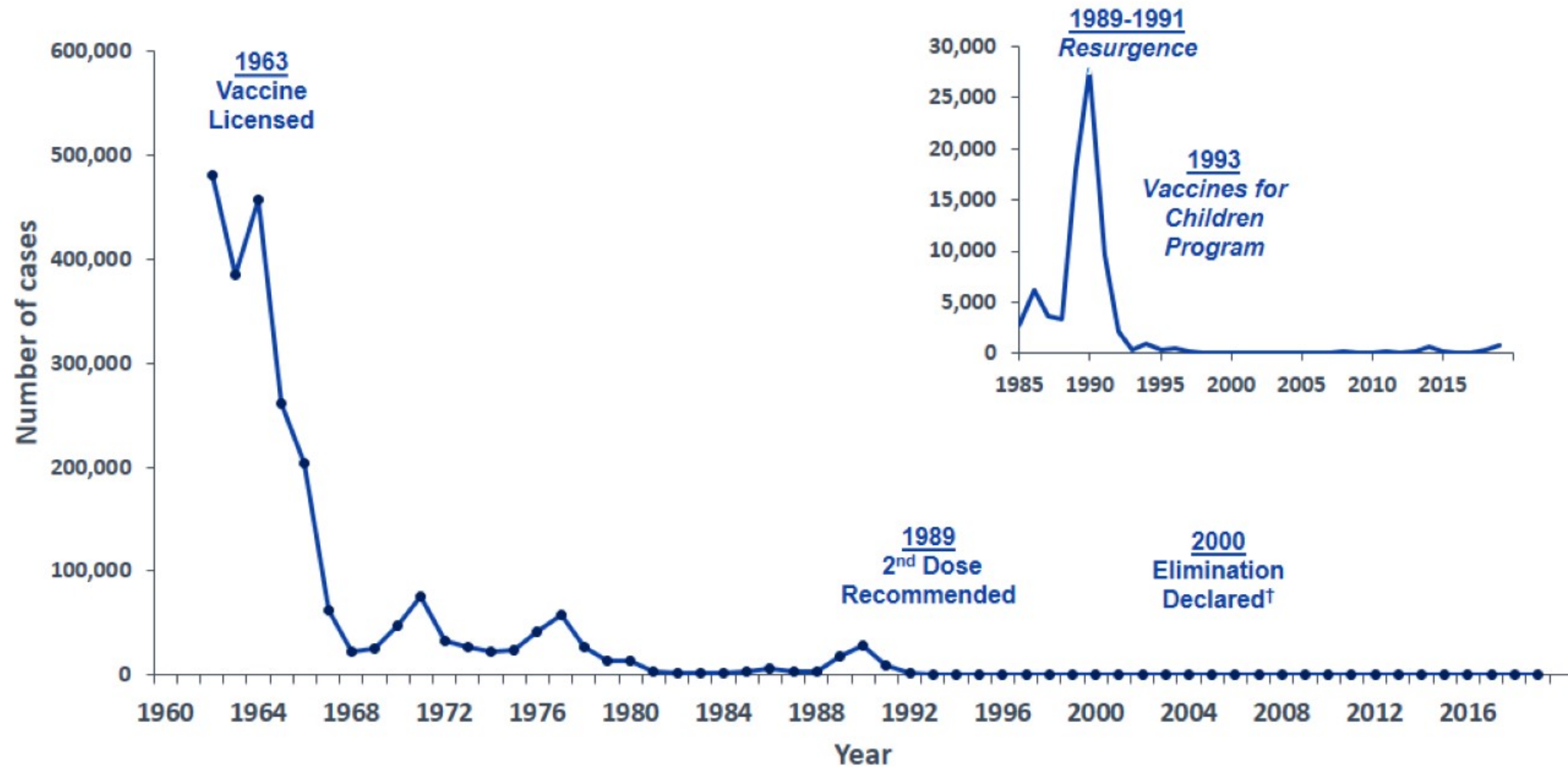
Measles—United States, 2019

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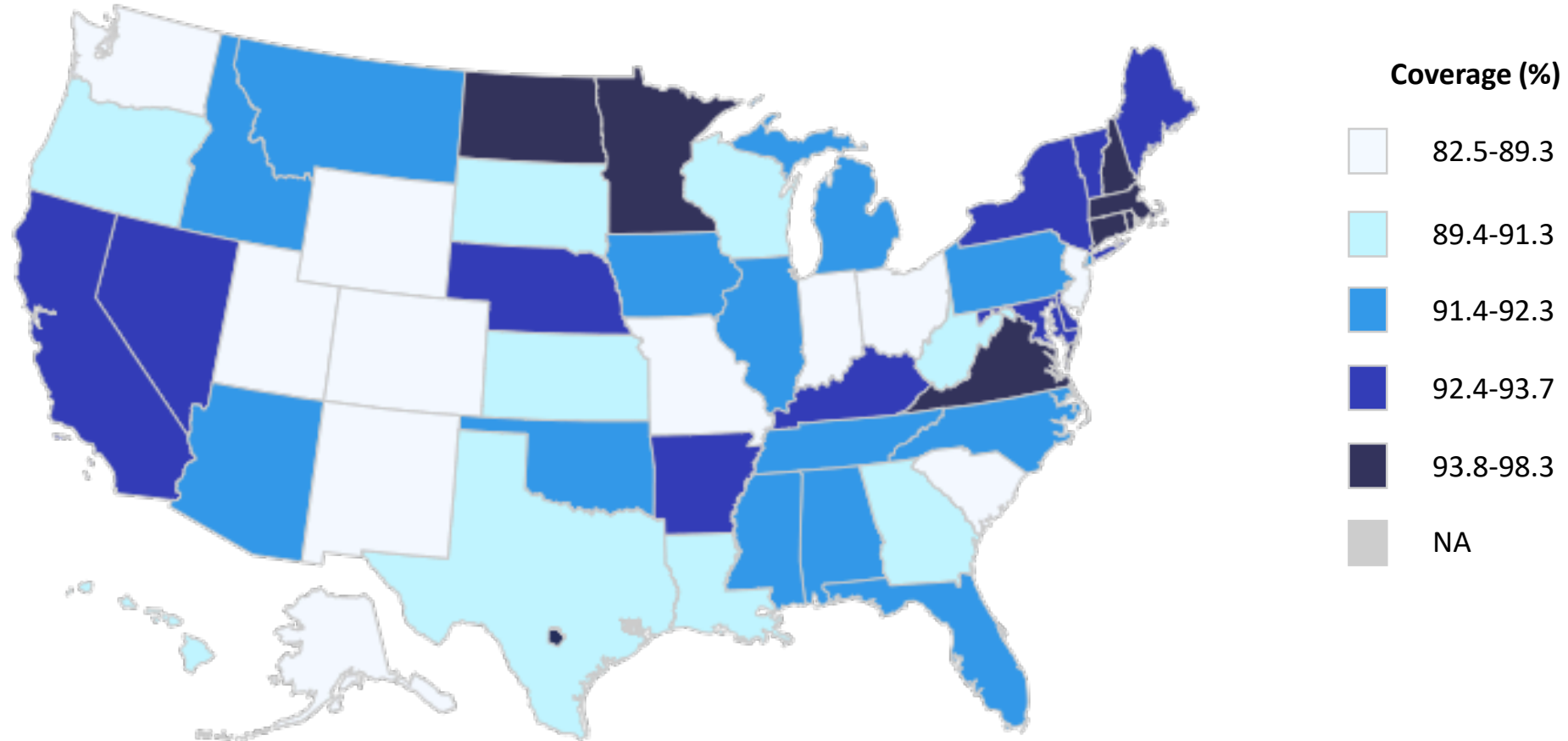
Reported Measles Cases, United States, 1962–2019*



*2018 and 2019 data are preliminary and subject to change

†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

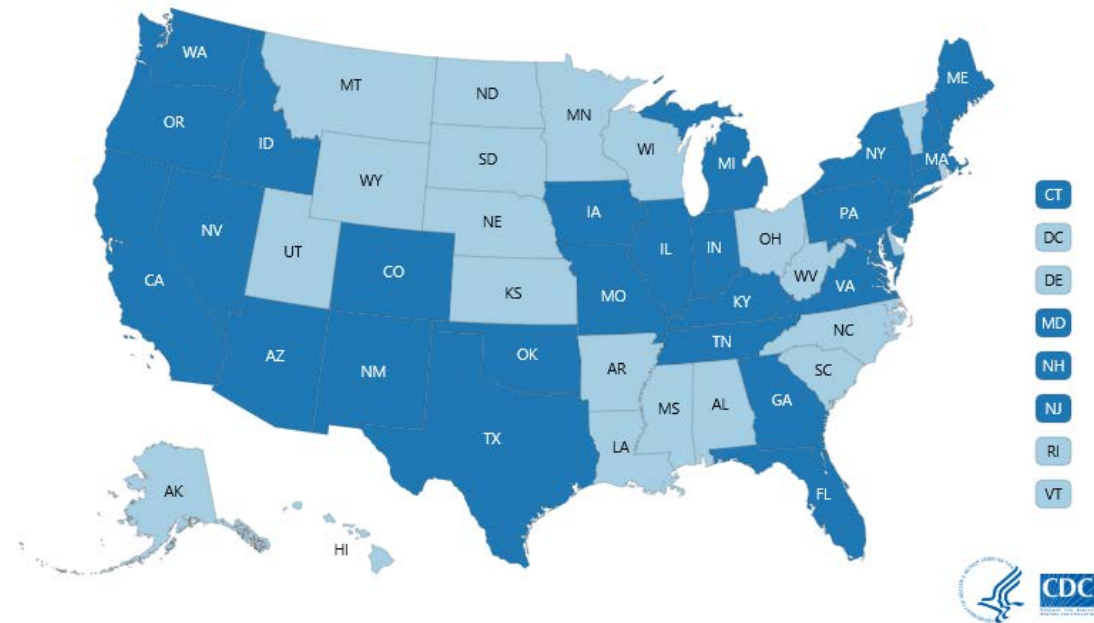
2017 Vaccine Coverage for ≥ 1 Dose MMR (ages 19-35 months)



Source: National Immunization Survey-Child (NIS-Child), 1995 through 2017 available online through CDC ChildVaxView at <https://www.cdc.gov/vaccines/imz-managers/coverage/childvaxview/data-reports/index.html>

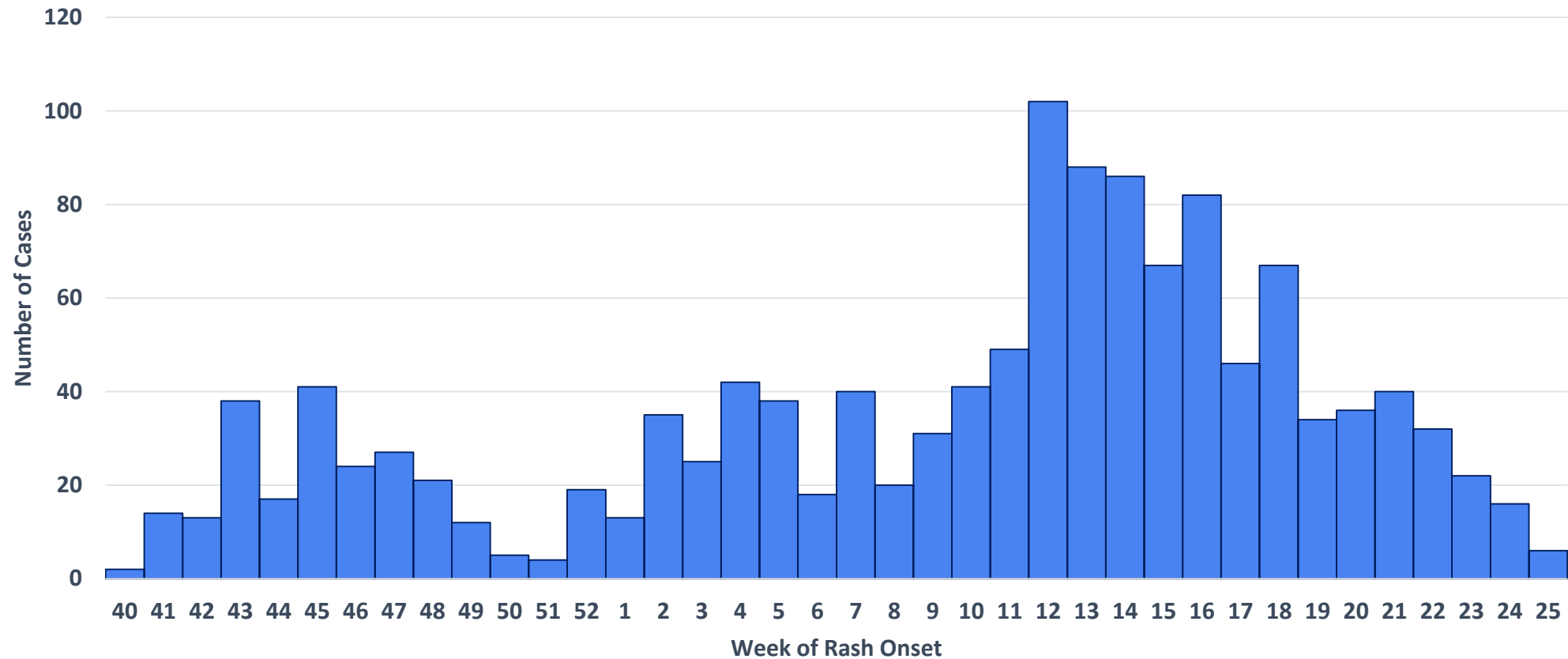
Measles Cases in 2019

- 1077* Individual cases of measles confirmed in 28 states
- This is the greatest number of cases reported in the United States since 1992 and since measles was declared eliminated in 2000
- Measles outbreaks ongoing:
 - New York State, Rockland County
 - New York City
 - California, Butte County
 - Pennsylvania, Allegheny County
 - Washington, King County



*Through June 20, 2019

Measles Cases by Week of Rash Onset— United States, September 30, 2018 – June 25, 2019 (N=1319)

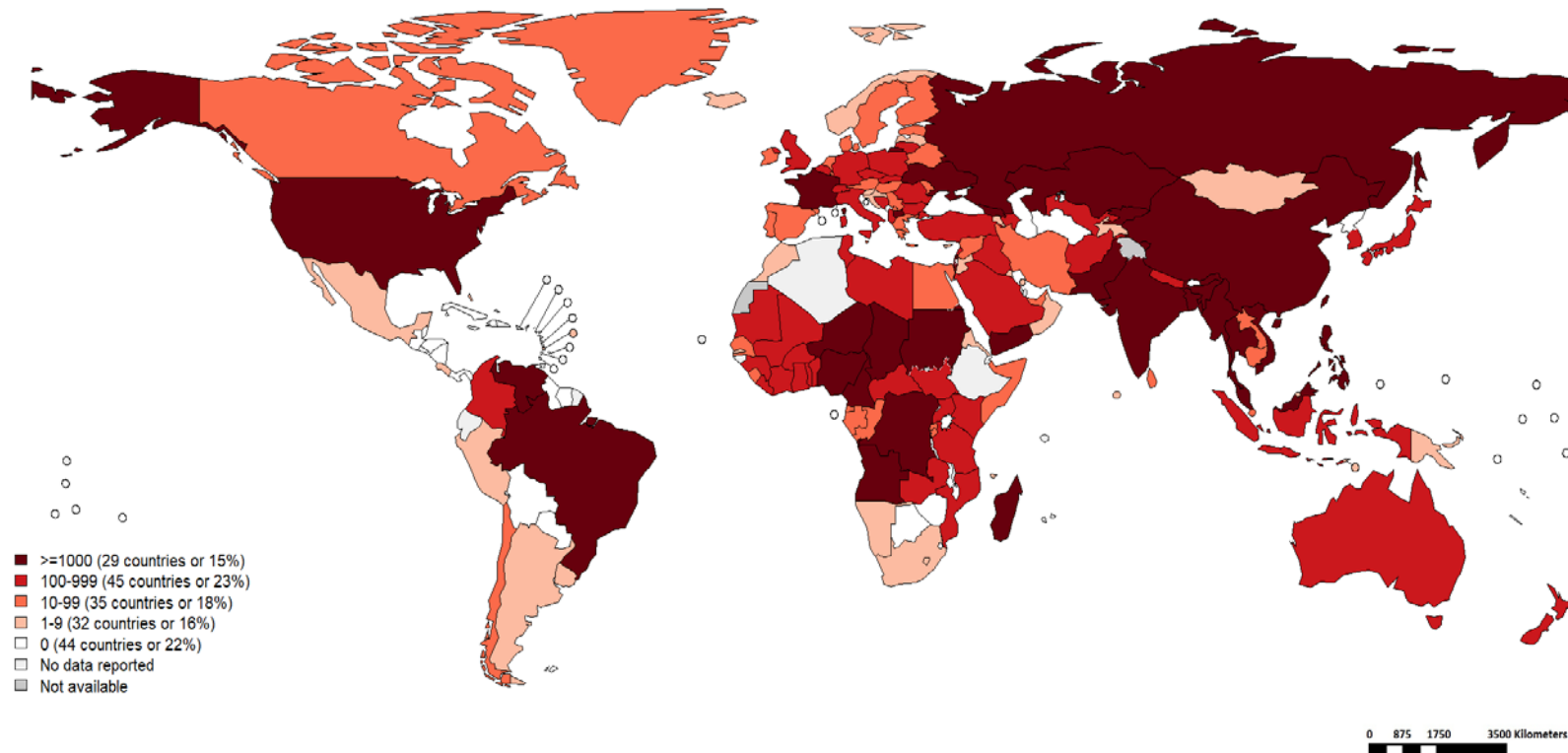


Measles Outbreaks and International Importations— January 1 – June 20, 2019 (N=1077)

- **High two-dose coverage has been critical to limiting transmission**
- **13 outbreaks reported In US**
 - 94% of reported cases are outbreak-related
 - 6 of 13 in under-immunized, close-knit communities
 - 77% of cases are related to outbreaks in New York State and New York City
- **International importations**
 - 64 (6%) cases were internationally imported
 - 44 (69%) US residents
 - 20 (31%) foreign visitors
 - Three most common source countries are the Philippines (15 imports), Ukraine (10 imports), and Israel (9 imports)

Global Measles Cases— November 2018 – April 2019

Top 10*	
Country	Cases
Madagascar	82585
Ukraine	60972
Philippines	25661
India**	21914
Nigeria	19780
Kazakhstan	7336
Brazil	6144
Venezuela (Bolivarian Republic of)	5668
Yemen	5643
Myanmar	4663



CDC Measles Response

- Operating in Incident Management Structure (April 8)
 - >100 staff working on response
 - Update case counts and outbreak information weekly
 - Promote vaccination of travelers and prevention of importations
- Providing technical assistance to states reporting measles cases
 - Prevention and control
 - Case confirmation and genotyping
- Providing rapid, on-ground assistance when requested
 - >25 staff deployed
- Providing science-based information and targeted communications resources
- Establishing collaborations with key stakeholders in affected communities
 - Rabbis/Rabbinical organizations, healthcare providers, health centers, and summer camps

Increase in Measles Cases — United States, January 1–April 26, 2019

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On April 29, 2019, this report was posted as an MMWR Early Release on the MMWR website (<https://www.cdc.gov/mmwr>).

As of April 26, 2019, CDC had reported 704 cases of measles in the United States since the beginning of 2019, representing the largest number of cases reported in the country in a single year since 1994, when 963 cases occurred, and since measles was declared eliminated* in 2000 (1,2). Measles is a highly contagious, acute viral illness characterized by fever and a maculopapular rash; complications include pneumonia, encephalitis, and death. Among the 704 cases, 503 (71%) were in unvaccinated persons and 689 (98%) occurred in U.S. residents. Overall, 66 (9%) patients were hospitalized. Thirteen outbreaks have been reported in 2019, accounting for 663 cases, 94% of all reported cases. Six of the 13 outbreaks were associated with underimmunized close-knit communities and accounted for 88% of all cases. High 2-dose measles vaccination coverage in the United States has been critical to limiting transmission (3). However, increased global measles activity poses a risk to U.S. elimination, particularly when unvaccinated travelers acquire

(Table). Among all measles patients, 503 (71%) were unvaccinated, 76 (11%) were vaccinated (received ≥ 1 measles, mumps, and rubella (MMR) vaccine), and the vaccination status of 125 (18%) was unknown. Overall, 66 (9%) patients were hospitalized, and 24 (3%) had pneumonia. No deaths or cases of encephalitis were reported to CDC.

Of the 704 total cases, 663 (94%) were associated with outbreaks; 13 outbreaks have been reported in 2019. Outbreak-related cases have been reported in 12 states[†] and New York City; multistate transmission was documented in four outbreaks. Six outbreaks were associated with underimmunized close-knit communities and accounted for 88% of all cases. New York state and New York City accounted for 474 (67%) of all cases reported in 2019 and have had ongoing transmission since October 2018.

Among the 704 cases, 689 (98%) occurred in U.S. residents. Forty-four cases were directly imported from other countries, including 34 (77%) that occurred in U.S. residents; 23 imports resulted in no known secondary cases. Among the 44 interna-

Summary

- The United States remains in elimination status, although there are prolonged outbreaks in close-knit communities
- Vaccination coverage remains high, but communities with low vaccination coverage are at risk for outbreaks
- Increased global measles activity poses a risk of continuing importations

Get Vaccinated: Prevent and Stop Measles Outbreaks

When measles happens anywhere in the world...



Make sure you and your family members are up-to-date on your measles-mumps-rubella (MMR) vaccine, including before traveling internationally. Ask your doctor if everyone has received all recommended doses of MMR for best protection against measles.

www.cdc.gov/features/measles/

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U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CDC Strategy to End Measles Outbreaks

Driver #1 Access to Vaccines

- **Strategy: Dismantle Barriers to Access**
 - Minimize vaccine costs to patients
 - Connect parents with health care providers
 - Find new opportunities to vaccinate and minimize missed chances

Driver #2 Pockets of Low Vaccination

- **Strategy: Identify, Reach, and Assist Communities at Risk**
 - Leverage data to identify pockets of low vaccination *before* an outbreak occur
 - Work with health partners and providers to reach groups at risk
 - Create tailored, effective, and empathetic materials and approaches to improve MMR vaccination among at-risk communities

Driver # 3 Bad Information

- **Strategy: Immunize against bad information with accurate, persuasive communications**
 - Contain and counter false safety and efficacy claims
 - Partner with health agencies, providers, and other stakeholders to educate the public and policy makers
 - Empower health care providers to make a positive case for vaccines