Responding to Measles Outbreaks in 2025

By Katherine Bliss & Priya Chainani

KEY TAKEAWAYS

- Since January 2025, the United States has confirmed more than 1,000 cases of measles and three deaths due to the infection. More than two-thirds of cases are in Texas, with more than 50 percent of those concentrated in one western county. This outbreak is the largest in the nation since 2019, when there were nearly 1,300 recorded measles cases.
- During the Covid-19 pandemic, disruptions to health services and circulation of vaccine misinformation in digital media contributed to lower coverage and decreased confidence in vaccines. A recent poll by KFF showed that nearly a quarter of parents surveyed who believed at least one false claim about measles vaccines to be true were more likely to have skipped some vaccines for their children. Nationally, the median percentage of kindergartners with at least one nonmedical vaccine exemption rose from 2.4 percent in the 2020–2021 school year to 3.7 percent in the 2023–2024 school year.
- The measles outbreak poses high risks for undervaccinated and unvaccinated children across the nation, where the median immunization coverage among states remains below the 95 percent coverage required to prevent sustained spread of the highly contagious viral infection.

BACKGROUND AND CONTEXT

In 2000, the United States was certified as having eliminated measles, meaning that no generalized transmission of the virus had been detected for a period of 12 months. In the last 25 years, periodic outbreaks, including more than 1,200 measles cases in 2019, have brought the country close to losing that certification. But reasonably high rates of vaccination among children aged five and over, along with robust disease surveillance programs, have ensured that measles introduced by infected travelers returning to the United States from countries with high caseloads has not seeded sustained spread of the disease.

Over the past five months, however, a cluster of infections first reported in West Texas has led to several hundred cases and three deaths, once again endangering the United States' record of eliminating measles for the last quarter-century. Children are required to have received two doses of the measles vaccine to enter kindergarten in Texas, but the percentage of families in the state successfully seeking immunization exemptions increased over the last decade.

LEGISLATIVE AND POLICY IMPLICATIONS

Several recent actions now further imperil sustained measles elimination in the United States and could intensify outbreaks overseas. On January 20, President Trump issued an executive order announcing the United States would withdraw from the World Health Organization. That action also pulled U.S. funding for the Global Measles and Rubella Laboratory Network, which supports measles case identification and surveillance worldwide.

In early March, the National Institutes of Health terminated several dozen grants supporting behavioral science projects aimed at understanding the drivers and consequences of vaccine hesitancy in the United States and abroad. And on March 26, the Trump administration rescinded more than $11 billion in pandemic-era grants that had supported state and local agencies in outbreak investigation, contact tracing, and immunization services; municipalities, unions, and state agencies have sued the Department of Health and Human Services to protest the elimination of funding.

Not only does cutting support for national and global immunization programs threaten the U.S. measles elimination certification, but it also limits economic growth, undermines the viability of U.S. trading partners, and imperils the health of children around the world.

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RECOMMENDATIONS

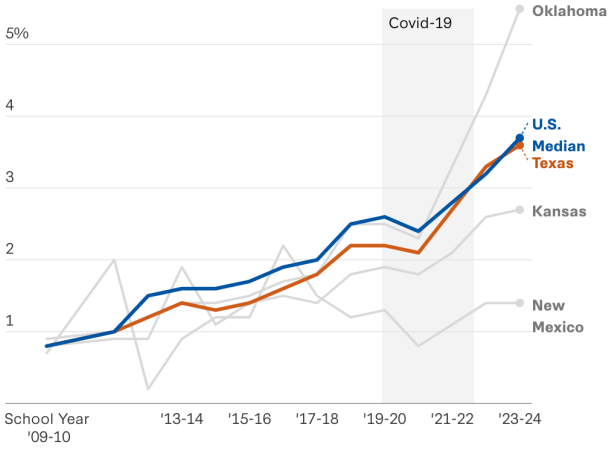
- Strengthen vaccine communications, including by listening to people's concerns about vaccine safety and empowering trusted local leaders and institutions to provide accurate information about disease prevention.
- Establish sufficient funding to facilitate federal, state, and local public health agency coordination during health crises and ensure communication among affected entities to share best practices and lessons learned during outbreak response.
- Prioritize the development of protocols to decrease the risk of transmission between states, including coordination on contact tracing and quarantine measures, as well as making sure clinics and health departments have the vaccine available for those who seek it.
- Maintain updated data on vaccination rates, along with emergency room visits for respiratory illnesses and rashes, so that public health officials can know when and where to act.

CHALLENGES AND RISKS

- **High Transmissibility:** One of the most contagious viral diseases, measles causes initial respiratory symptoms, followed by rash, which can make it difficult for people to differentiate between a common cold and measles at first. The fact that people may be able to transmit measles while still unaware of their infections poses a high risk for pregnant women seeking prenatal care.
- **Mixed Messaging:** The success of vaccines in curtailing measles infections since the 1960s has made the severity of the disease a distant memory for most families. Limited recognition by parents of the dangers of contracting measles, combined with false narratives that vitamin A and cod liver oil prevent measles more effectively than vaccines, points to the need for effective communications to educate families about the health threat posed by measles.
- **Costly Measures:** Responding to measles outbreaks is far costlier than preventing them. It is less expensive to provide two doses of measles vaccine than it is to stop an outbreak, which can involve providing treatment, contact tracing, quarantining suspected cases, and administering an immunization campaign.

Vaccine Exemptions for Kids Are on the Rise

Percentage kindergartners with nonmedical vaccine exemption



Source: U.S. Centers for Disease Control and Prevention

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Additional Resources and Contact Information

Katherine E. Bliss, "A Quarter-Century of Disease Prevention Efforts at Risk," CSIS, *Commentary*, April 2, 2025, https://www.csis.org/analysis/quarter-century-disease-prevention-efforts-risk.

"Measles Outbreaks in 2025 with Dr. Ephrem T. Lemango and Dr. Adam Ratner" (public event, CSIS, Washington, DC, April 30, 2025), https://https://www.csis.org/events/commonhealth-live-dr-adam-ratner-and-dr-ephrem-t-lemango.

"Impact of the 'Reevaluating and Realigning United States Foreign Aid' Executive Order on Routine Immunization Programs" (public event, CSIS, Washington, DC, February 19, 2025), https://www.csis.org/events/impact-reevaluating-and-realigning-united-states-foreign-aid-executive-order-routine.

"Increasing Measles Vaccination Coverage to Improve Global Health Security" (public event, CSIS, Washington, DC, January 23, 2024), https://www.csis.org/events/increasing-measles-vaccination-coverage-improve-global-health-security.

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