

Montana Health Alert Network

DPHHS HAN

UPDATE

Cover Sheet



DATE

Dec. 2, 2025

SUBJECT

Measles Activity in Montana

INSTRUCTIONS

DISTRIBUTE to your local HAN contacts. This HAN is intended for general sharing of information.

- Time for Forwarding: **As Soon As Possible**
- **Remove this cover sheet before redistributing and replace it with your own**

For LOCAL HEALTH DEPARTMENT reference only
DPHHS Subject Matter Resource for more information regarding this HAN, contact:

DPHHS PHSD

Epidemiology Section
1-406-444-0273

Immunization Section
1-406-444-5580

For technical issues related to the HAN message contact the Emergency Preparedness Section at 1-406-444-0919

DPHHS HAN Website:

<https://dphhs.mt.gov/publichealth/phep/han>

REMOVE THIS COVER SHEET BEFORE REDISTRIBUTING AND REPLACE IT WITH YOUR OWN

Please ensure that DPHHS is included on your HAN distribution list.

hhshan@mt.gov

Categories of Health Alert Messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

Information Service: passes along low level priority messages that do not fit other HAN categories and are for informational purposes only.

Please update your HAN contact information on the Montana Public Health Directory

DPHHS HAN

Information Sheet



DATE

Dec. 2, 2025

SUBJECT

Update on Measles Cases in Montana

BACKGROUND

In the last week, two newly confirmed cases of measles were reported to the Montana Department of Public Health and Human Services (DPHHS). The two new cases included one adult and one child who are residents of Gallatin County. These two cases are known to have been in contact with an out-of-state visitor who was reported to have measles. To date, a total of 34 confirmed measles cases have been reported to DPHHS in 2025.

INFORMATION

Montana's recent measles cases exposed the public at multiple locations in Gallatin and Missoula counties. The exact locations of the public measles exposures in Montana are listed on the [Gallatin](#) and [Missoula](#) health department websites, included in the resources section below. Measles outbreaks are also presently occurring in multiple locations [throughout the United States](#), including in Utah, Arizona, and South Carolina. High numbers of measles cases are also occurring globally, including Mexico and Canada.

RECOMMENDATIONS

Recommendations for Clinicians

Consider measles as a diagnosis in anyone with fever ($\geq 101^{\circ}\text{F}$ or 38.3°C) and a generalized maculopapular rash with cough, coryza, or conjunctivitis in individuals who report recent travel to locations in Gallatin and Missoula county where measles exposures recently occurred, recent travel to [areas in the U.S.](#) with measles outbreaks, or individuals who recently traveled abroad in countries with measles cases or individuals who report exposure to a case of measles in the previous 21 days.

- Some patients may not have a history of travel or visitors; this should not deter clinicians from testing suspected measles cases.
- Some measles cases have reported a "modified" presentation of measles, including a more subtle rash that some describe resembling "pimples" and other reduced symptoms. This seems to be more common in persons who are partially or fully vaccinated for measles.
- Any person reporting an exposure to measles should be monitored for 21 days (28 days if immune globulin was given) for sign and symptoms of measles illness.

MMR Vaccine Recommendations

- Children are routinely recommended to receive two doses of MMR vaccines. Children should receive their first dose of MMR at age 12 to 15 months and their second dose at four to six years.
- Unvaccinated children and adolescents are recommended to receive two age-appropriate doses of MMR vaccine.
- Unvaccinated adults may need one or two doses of MMR vaccine, depending on their circumstances, if they do not have evidence of immunity. Persons born before 1957 are considered to have presumed immunity.
- Special circumstances may warrant additional MMR vaccine schedule considerations, including domestic travel to areas experiencing a measles outbreak, international travel, and working in health care settings.
- MMR doses should be separated by at least 28 days.

Recommendations for Local and Tribal Health Departments

Measles is an immediately notifiable disease. Call the CDEpi 24-hour Epi On Call phone number (406-444-0273) to report any suspected case of measles to ensure rapid testing and case investigation. DPHHS will report measles cases to CDC.

- Work closely with CDEpi to coordinate specimen collection and testing at MTPHL.
- If highly suspected or confirmed measles is identified, conduct active surveillance for additional (secondary) cases and facilitate transportation of specimens immediately to confirm diagnosis.
- If highly suspected or confirmed measles is identified, identify exposed individuals and assess their measles immunity status. Work closely with CDEpi to implement control measures and monitoring, including potential recommendations for post-exposure prophylaxis.
- Record and report details about cases of measles, including adherence to recommended precautions and facility location(s) of index and secondary cases.
- Enhance outreach and communications to undervaccinated communities in your jurisdiction through trusted messengers.

Resources

- Gallatin HAN 12/1/2025
- [Gallatin Measles Website](#)
- [Missoula Measles Press Release](#) 12/2/2025



****Health Alert Network (HAN) Message****

Message Type: Health Advisory

To: Area Healthcare Providers

Date: 8 YWYa VYf`\$%Z&\$&)

RE: `A YUg`Ys`7 UgYg`j]b`h Y`; U`Uq]b`J U`Ym

******See Attached Information******

During regular business hours contact GCCHD at 406 582-3100
During afterhours including weekends dial sheriffs dispatch at 406 582-2100 ext 2.

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Information Service	Passes along low priority messages; for informational purposes only.

Subject: Measles cases identified in Gallatin County

Background: As of December 1, 2025, 2 new cases of measles have been identified among Gallatin County residents, bringing the total amount of confirmed cases to 21 in 2025. On November 28, 2025, Gallatin County identified a case of measles in a child who was not yet eligible to receive the MMR vaccine. On December 1, another case of measles was confirmed in a fully vaccinated adult. This individual had a known exposure to measles through a public exposure site. Public health officials are working to identify and notify anyone who may have been exposed. All public exposure information can be found on our website: www.healthygallatin.org.

Information: Measles cases are at their highest level in the United States since 1992, with 1,798 confirmed cases reported nationally in 2025. Montana has confirmed 34 cases of measles in 2025. Measles Dashboard: [Measles](#)

Recommendations:

Recommendations for Clinicians:

Administer post-exposure prophylaxis (PEP) to all eligible individuals. Extensive community exposures as listed on our website occurred on 11/28/2025. December 1 (**today only**) is still within the 72-hour window to administer MMR post-exposure prophylaxis to eligible individuals. Those who are pregnant, immunocompromised, or less than 12 months old, are eligible to receive Measles Immune Globulin (IG) within 6 days of their exposure.

Have a low threshold to test for measles in patients with known exposures in the last 21 days. Measles should also be considered in any patient with a fever of at least 101°F (38.3°C) and a generalized maculopapular rash, even without documented exposure or recent travel. Individuals with elevated risk factors, such as recent travel or known exposure to measles, should always be tested, but measles should remain in the differential for any febrile rash illness regardless of risk history. Symptoms can vary, and atypical presentations may occur, especially in vaccinated individuals. **Please consult the Gallatin City County Health Department before submitting specimens for measles testing by calling 406-582-3100 during business hours or 406-582-2100 ext. 2 after hours and on weekends.**

- **Isolate:** Do not allow patients with suspected measles to remain in the waiting room or other common areas of a healthcare facility; isolate patients with suspected measles immediately, ideally in a single-patient airborne infection isolation room (AIIR) if available, or in a private room with a closed door if an AIIR is not available. Healthcare providers should be adequately protected against measles and should adhere to standard and airborne precautions when evaluating

suspect cases, regardless of their vaccination status. If measles is suspected, please recommend that the individual isolate at home while results are pending. If there are any barriers to isolation, please contact the health department for guidance. Measles virus can remain airborne for up to two hours after an infectious person has left the area. Because of this, healthcare personnel should continue wearing appropriate PPE for the full two hours if they remain in the same shared, non-AIRR airspace. Facilities should also restrict or temporarily close any shared areas where other patients or visitors might be exposed during this period. These recommendations apply to both confirmed and suspected measles cases.

- **Notify:** Immediately notify local public health about any suspected case of measles, *regardless of your level of suspicion*, to ensure rapid testing and investigation.
- **Test:** Specimen Criteria – Collect the following specimens to test for measles infection:
 - Respiratory specimen (throat, nasopharyngeal, or nasal swab)
 - Serum

Specimen Collection for PCR Testing: Collect specimens as soon as possible after the appearance of rash, ideally within three days of rash onset, although detection is still possible up to day seven. Respiratory specimens should be collected using throat, nasopharyngeal, or nasal Dacron swabs placed in viral transport media. Consult with public health authorities before performing PCR testing in individuals without rash who may have had a recent measles exposure.

Specimen Collection for IgM Testing: For IgM testing, specimens must be collected more than 48 hours after rash onset. 1 to 2 ml of serum, submitted in a spun serum separator tube or poured off into a transport tube.

- **Manage:** In coordination with local or state health departments, provide appropriate measles post-exposure prophylaxis (PEP) as soon as possible after exposure to close contacts without evidence of immunity, either with MMR (within 72 hours) or immunoglobulin (within 6 days). The choice of PEP is based on elapsed time from exposure or medical contraindications to vaccination.

MMR Vaccine Recommendations

- Children are routinely recommended to receive two doses of MMR vaccine. The first dose should be given at 12 to 15 months of age, and the second dose at four to six years.
- An accelerated immunization schedule may be utilized based on shared clinical decision making between the patient's provider and the patient or guardian.

- Unvaccinated children and adolescents are recommended to receive two age-appropriate doses of MMR vaccine.
- Unvaccinated adults may need one or two doses of MMR vaccine, depending on their circumstances, if they do not have evidence of immunity. Persons born before 1957 are considered to have presumed immunity.
- Special circumstances may warrant additional MMR vaccine schedule considerations, including domestic travel to areas experiencing measles outbreaks, international travel, and employment in health care settings.
- MMR doses should be separated by at least 28 days.