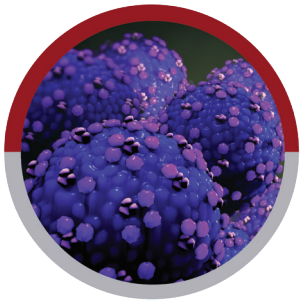
Emerging Pathogen Alert: *Measles*



Pathogen Profile[1]

+ Measles is caused by a single-stranded, enveloped RNA virus with 1 serotype and humans are the only natural hosts of measles virus.
+ Measles is a highly contagious respiratory virus that lives in the nose and throat of an infected person and can spread to others via coughing and sneezing.
+ Clinical symptoms present with onset of fever (as high as 105°F) with malaise, cough, nasal inflammation, conjunctivitis, and Koplik spots (small red lesions on inside of mouth/cheek, characteristic of Measles).
+ A rash characterized by a flat, red area on the skin that is covered with small confluent bumps usually appears about 14 days after a person is exposed.
+ The rash spreads from the head to the trunk to the lower extremities.
+ Serious complications may occur with Measles.
+ Persons at high risk for severe illness and complications from measles include:
    - Infants and children aged <5 years
    - Adults aged >20 years
    - Pregnant women
    - People with compromised immune systems, such as from leukemia and HIV infection

Situation[2]

+ In the year 2000, measles was declared eliminated from the United States; elimination is defined as the absence of endemic measles virus transmission in a defined geographic area for 12 months or longer in the presence of a well-performing surveillance system.
+ Measles cases/outbreaks still occur every year in the United States due to measles still commonly transmitted in many parts of the world and being brought into the United States.
+ As of April 3, 2025, a total of 607 confirmed* measles cases were reported by 22 jurisdictions: Alaska, California, Colorado, Florida, Georgia, Kansas, Kentucky, Maryland, Michigan, Minnesota, New Jersey, New Mexico, New York City, New York State, Ohio, Oklahoma, Pennsylvania, Rhode Island, Tennessee, Texas, Vermont, and Washington.
+ There have been 6 outbreaks (defined as 3 or more related cases) reported in 2025, and 93% of confirmed cases (567 of 607) are outbreak-associated. For comparison, 16 outbreaks were reported during 2024 and 69% of cases (198 of 285) were outbreak-associated.
+ When more than 95% of people in a community are vaccinated (coverage >95%), most people are protected through community immunity (herd immunity).
+ Global measles activity is increasing, thus more chances of an unvaccinated person infected with measles abroad returning to the United States.

Routes of Transmission - How is Measles Spread?[3,4]

+ The majority of people who get measles are unvaccinated.
+ Measles is still common in many parts of the world; travelers with measles continue to bring the disease into the United States.
+ Measles can spread when it reaches a community in the U.S. where groups of people are unvaccinated.
+ Measles is a highly contagious virus that lives in the nose and throat mucus of an infected person.
+ It can spread to others through coughing and sneezing.
+ Measles virus can live for up to 2 hours in an airspace where the infected person coughed or sneezed.
+ If other people breathe the contaminated air or touch the contaminated surface, then touch their eyes, noses, or mouths, they can become infected if not already immune.
+ Measles is so contagious that if one person has it, up to 90% of the people close to that person who are not immune will also become infected.
+ Infected people can spread measles to others from 4 days before through 4 days after the rash appears.

Precautions and Infection Control[5,6]

+ Measles vaccination is key to prevention: one dose of MMR vaccine is approximately 93% effective at preventing measles; two doses are approximately 97% effective.
+ People exposed to measles who cannot show that they have evidence of immunity against measles should be offered post-exposure prophylaxis (PEP) or be excluded from work, school, hospital, childcare, etc.
+ Infected people should be isolated for 4 days after they develop a rash; airborne precautions should be followed in healthcare settings.
+ Airborne isolation protocols should be followed in healthcare including the appropriate use of personal protective equipment (including respirator), hand hygiene, and environmental disinfection.

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Target Measles with Trusted Disinfection Solutions

For targeted disinfection against measles, rely on Super **Sani-Cloth**® and **Sani-Cloth**® Bleach.

DISINFECTS IN 2 MINUTES

DISINFECTANT QUAT/ ALCOHOL FORMULATION

KILLS 34 MICROORGANISMS

Super **Sani-Cloth**® Germicidal Disposable Wipe

Super **Sani-Cloth**® is ideal for daily disinfection, effectively eliminating measles and other viruses in just 2 minutes.

	REORDER NO.	WIPE SIZE	CASE PACK	CASE WGT	CASE CUBE	PALLET TI/HI
Large Canister	Q55172	6″ x 6.75″	12/160s	26.04 lbs	1.430 ft	10/3
X-Large Canister	P86984	7.5″ x 15″	6/75s	15.56 lbs	0.936 ft	10/4
Large Individual Packet	H04082	5″ x 8″	10/50s	8.03 lbs	0.539 ft	20/4
X-Large Individual Packet	U87295	11.5″ x 11.75″	3/50s	7.19 lbs	0.500 ft	24/3
Softpack	A22480	8.2″ x 9.8″	9/80s	16.58 lbs	0.948 ft	10/4

DISINFECTS IN 4 MINUTES

DISINFECTANT 1:10 BLEACH DILUTION FORMULATION

KILLS 52 MICROORGANISMS

Sani-Cloth® Bleach Germicidal Disposable Wipe

Designed for high-risk environments that require sporicidal action, **Sani-Cloth**® Bleach delivers powerful terminal disinfection against measles, *C. difficile*, *C. auris*, and more.

	REORDER NO.	WIPE SIZE	CASE PACK	CASE WGT	CASE CUBE	PALLET TI/HI
Clinical Size Wipes Canister	P84172	6″ x 5″	12/160s	26.86 lbs	1.430 ft	10/3
Large Canister	P54072	6″ x 10.5″	12/75s	26.50 lbs	1.430 ft	10/3
X-Large Canister	P25784	7.5″ x 15″	6/65s	19.79 lbs	0.936 ft	10/4
Large Individual Packet	H58195	5″ x 7″	10/40s	8.25 lbs	0.505 ft	19/5
X-Large Individual Packet	U26595	11.5″ x 11.75″	3/40s	8.20 lbs	0.500 ft	24/3
Pail	P7007P	7.5″ x 15″	2/160s	16.50 lbs	0.953 ft	10/5
Refill (for Pail)	P700RF	7.5″ x 15″	2/160s	15.60 lbs	0.529 ft	18/3

References:
[1]https://www.cdc.gov/measles/hcp/clinical-overview/index.html
[2]https://www.cdc.gov/measles/data-research/index.html
[3]https://https://www.cdc.gov/measles/about/index.html#cdc_disease_basics_causes_risk_spread-how-it-spreads
[4]https://www.cdc.gov/measles/hcp/clinical-overview/index.html
[5]https://www.cdc.gov/infection-control/hcp/measles/index.html#cdc_generic_section_2-recommendations-for-measles-in-healthcare-settings
[6]https://www.cdc.gov/infection-control/hcp/healthcare-personnel-epidemiology-control/measles.html

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