

## Measles in Illinois in 2025 Update

### Summary and Action Items

- 1.) There have been **4 confirmed cases** of measles in Illinois to date in 2025.
- 2.) Upon further investigation, the Chicago Department of Public Health has determined that the patient did not visit the Chicago Public Library Independence Branch on April 21, 2025. **Updated public exposure locations** where persons infectious with measles visited are provided below. Clinicians should have increased suspicion for measles in any patients with symptoms of measles who also name these locations as places attended in the 21 days before symptom onset.
- 3.) Clinicians should **immediately report to public health any suspect measles cases** at the time it is first suspected and prior to clinical testing results being available, and take appropriate steps for diagnosis and infection control and isolation. Clinicians should [report suspect cases](#) to their [local health departments](#) within three hours.
- 4.) Clinicians and healthcare facilities should take steps to ensure their patient populations are up-to-date on measles vaccination. Additional vaccination guidance is provided below, including for high-risk populations.
- 5.) Review vaccination records prior to any international travel and prior to domestic travel to regions experiencing an outbreak. Provide needed vaccinations as per recommendations.
- 6.) All persons who work in healthcare facilities should have [presumptive evidence of immunity to measles](#).
- 7.) Healthcare clinics and hospitals should review and implement [preparedness measures](#) to reduce healthcare exposures.

### Background

The first Illinois measles case in Marion, Illinois was confirmed on April 23, 2025. The patient was an unvaccinated adult. Contacts without proof of immunity are being quarantined. A secondary case was identified yesterday, May 1, 2025.

On April 29, 2025, IDPH confirmed two additional cases. Both cases are adults and were not hospitalized. One case is from Chicago with international travel and one prior vaccination dose. For anyone 12 months of age or older without evidence of immunity who plans to travel internationally, 2 doses are recommended at least 2 weeks prior to travel. The second case is from suburban Cook County who presented to a local hospital and was quickly isolated. A public health investigation is underway to identify locations where these patients were while infectious. Persons exposed will be contacted to determine immune status. Those susceptible will be monitored for symptoms and asked to quarantine. *At this time, no evidence suggests a link between the Cook County and Marion cases; we do not currently consider this an outbreak (measles outbreaks are defined as 3 epidemiologically linked cases).*

Chicago/Cook County Exposure Locations:

Clinicians should consider any patients with measles symptoms, including prodromal symptoms of fever, cough, conjunctivitis or coryza, and who frequented one of the following locations as highly suspicious for measles. Please note that Chicago Public Library Independence Branch is no longer

considered an exposure location at this time. Going forward, exposure locations will be updated on our website at <https://dph.illinois.gov/topics-services/diseases-and-conditions/measles/exposure-locations.html>.

Exposure Location	Address	Date and Time (if known), includes two hours after case left location
Fittingly Delicious	3939 W. Irving Park Rd. Chicago, IL 60618	April 21
Chicago O'Hare, including Terminal 1		April 22 from 10:00 am to 8:00 pm April 23 from 10:00 am to 8:00 pm
Aldi	7235 39th St Lyons, IL 60534	April 25 from 10:00 am to 12:30 pm
Shell Gas Station	3901 S. Harlem Ave. Stickney, IL 60402	April 27 from 10:00 am to 12:30 pm
Mobile Gas Station	2945 S. Harlem Ave Berwyn, IL 60402	April 28 from 10:20 am to 1:00 pm

#### Southern Illinois Locations:

There are eight known exposure locations. The dates and times when the case was at most of these facilities is unknown, so clinicians should consider any exposures from April 7 to April 15, 2025.

- 1) The clinic where the person sought care. Anyone exposed at this facility is being notified directly.
- 2) Don Sol Restaurant in Marion, Illinois
- 3) Legacy Fitness in Marion, Illinois
- 4) Walmart in Marion, Illinois
- 5) Kroger in Marion, Illinois
- 6) Wonder Wash Laundry in Marion, Illinois
- 7) Easy Coin Laundry in Marion, Illinois
- 8) Small Star Laundry in Marion, Illinois

As of April 24, 2025, there have been 884 confirmed cases reported in the U.S. in 30 states. In Canada, there have been 1,069 measles cases. Globally, measles outbreaks are occurring; therefore, non-immune travelers returning to the U.S. are at an increased risk, and clinicians should be aware of the steps to take to prevent and manage measles.

### Diagnosis

**Clinicians and healthcare facilities should be alert for possible [measles cases](#), especially in people who could have traveled to areas [where cases are occurring](#).** The measles prodrome usually lasts for two to four days but may persist for as long as eight days. Symptoms typically include fever and malaise, followed by conjunctivitis, coryza, and cough. The prodromal symptoms typically intensify a few days before the rash appears. The measles rash is typically maculopapular and starts on the head or hairline and spreads down the body. Clinicians should also be suspicious in those that are ill and had recent travel to [countries](#) or [U.S. counties](#) where there are measles (See attached resources for healthcare settings).

**If you suspect measles, immediately place the patient in airborne isolation, and notify infection control.** Non-immune (see below in Prevention section for definition of measles immunity) contacts of measles cases can be vaccinated within three days of exposure, or in some special situations given immune globulin within six days of exposure to prevent or ameliorate the illness. Clinicians should administer a second MMR to contacts over 12 months of age who were previously vaccinated with only

one dose, as long as there are 28 or more days since the last dose of live vaccine. **If you suspect measles, immediately place the patient in airborne isolation, and notify your infection control staff or clinic point person for measles response.**

## Reporting

Clinicians and healthcare facilities need to immediately (within 3 hours) report suspect measles cases to their [local health department](#) or to IDPH. **This means reporting at earliest clinical suspicion and at the point testing is requested; do not wait on laboratory confirmation or rely on laboratory reporting.** Delays in reporting might result in avoidable exposures as well as missed prophylaxis options for non-immune close contacts. If unable to reach their local health department after-hours, clinicians can call IEMA-OHS at 217-782-7860 to reach someone at IDPH.

## Testing

IDPH laboratory provides PCR testing of throat or nasopharyngeal swabs for measles at no cost to the patient or provider. It is recommended that testing of suspect measles cases by PCR be conducted at the state lab as testing at commercial laboratories can delay results by multiple days which then delays a public health response if the case is positive (see [instructions for submission](#)). Measles can be tested using measles-specific IgM antibody in serum via commercial lab. Clinicians should obtain both a serum sample and a respiratory specimen (throat swab or nasopharyngeal swab) from patients suspected to have measles. Swabs should be placed in viral transport media (VTM). (See [IDPH Measles Testing Flowchart](#).)

## Transmission and Infection Control

The measles virus spreads easily through contact with respiratory droplets and via airborne spread. The virus can remain airborne for up to two hours after an infectious person leaves an area. Measles is highly contagious. Up to 90% of susceptible people who have contact with someone with measles will develop measles. Patients are contagious starting four days before through four days after rash onset (with rash onset date being day zero). Anyone with measles should isolate during that time except to seek necessary medical care. If medical care is required, patients should call to notify the facility of their diagnosis in advance.

Healthcare personnel should follow [CDC's Interim Guidelines on Measles Infection Control in Healthcare Settings](#) when dealing with potential measles cases and determining degree of exposure (Appendix A in the guidance document).

## Vaccination and Post-Exposure Prophylaxis

[Vaccination](#) is the best protection against measles. MMR is a measles containing vaccine that is highly effective in providing measles immunity. It is recommended that facilities keep records of their employees' vaccinations to facilitate a prompt response to a measles exposure, should one occur.

[Post-exposure prophylaxis](#): Non-immune (see below for definition of measles immunity) contacts of measles cases can be vaccinated within three days of exposure (if over six months and no [contraindications](#)), or in some special situations given immune globulin within six days of exposure to prevent or ameliorate the illness.

Clinicians should ensure all patients are up-to-date on MMR vaccination and prioritize timely administration of vaccination.

- 1) **Children:** The routine MMR vaccine schedule is a first dose at 12-15 months of age and a second dose at 4-6 years of age.
  - Vaccination is recommended as soon as possible upon reaching age 12 months.
  - Clinicians may consider accelerated dosing for children 12 months and older by administering the second dose at least 28 days after the first dose without waiting until the child turns 4 years old.
- 2) **Adults (non-high risk):** Adults born during or after 1957 should have at least one dose of the MMR vaccine, or presumptive evidence of immunity.

**Additional recommendations for certain high-risk populations:**

- 1) Students at post-high school educational institutions: Should have two doses of MMR, spaced out by at least 28 days, or evidence of immunity.
- 2) For individuals who are traveling internationally to any region or traveling [domestically to an area with an outbreak](#):
  - a) Infants 6 through 11 months of age
    - Traveling internationally: Should be given one dose of MMR vaccine. These children will still need their regularly scheduled 2 MMR doses at 12 months of age and older.
    - Traveling to domestic areas of outbreak: Clinicians should look to the vaccination guidance of the state or local health department for the residents of the outbreak-affected community to determine whether vaccination is needed. If a dose is given, the child will still need their regularly scheduled 2 MMR doses at 12 months of age and older.
    - For infants 6 through 11 months of age residing in or traveling to a domestic area with measles activity but where public health has not recommended vaccination of all 6 to 11 month-olds: Clinicians should consider individual risk of exposure and carefully weigh the benefits of early vaccination against the [risk](#) of potential long-term impact of lower immune responses to future MMR doses if the first dose is received before 12 months of age.
    - Those who receive a vaccine before 12 months of age are required to additionally receive their 12-15 month vaccine on schedule.
  - b) Individuals 12 months of age or older (both children and adults) should have two doses of MMR, separated by at least 28 days.
- 3) Healthcare personnel (HCP) (all paid and unpaid persons working in health-care settings): Should have presumptive evidence of immunity to measles.
  - a) Presumptive evidence of immunity is defined as:
    - written documentation of vaccination with 2 doses of live measles or MMR vaccine administered at least 28 days apart,
    - laboratory evidence of immunity (positive serum IgG),
    - laboratory confirmation of disease, or
    - birth before 1957. (*According to CDC, although birth before 1957 is considered as presumptive evidence of immunity, for unvaccinated HCP born before 1957 that lack laboratory evidence of measles immunity or laboratory confirmation of disease, health care facilities should consider vaccinating personnel with two doses of MMR vaccine at the appropriate interval.*)
  - b) Healthcare personnel who are non-immune should be excluded from work from day 5 of the first day of exposure through day 21 from the last (not first) day of exposure.

### **Additional Resources & References**

- [CDC: Measles](#)
- [CDC: Measles Vaccination Information](#)
- [IDPH: Measles](#)
- [IDPH: Measles Testing Instructions](#)
- [CDC: Plan for Travel](#)
- [CDC Infection Control Guidelines](#)
- [CDC: Questions about Measles](#)

**Target Audience:** Healthcare Providers, Hospital Infection Preventionists, Emergency Departments, Local Health Departments

### **Date Issued**

May 2, 2025