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Measles outbreak identified in southern Iowa

Health Advisory

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Iowa HHS and local public health agencies are investigating an evolving measles outbreak in southern Iowa. **As of August 16*th*, twelve confirmed cases of measles have been identified.** Cases identified to date have occurred among members of Amish communities, with evidence of person-to-person spread. Iowa HHS and local public health agencies are working closely with families and community leaders, who have been receptive and actively engaged in efforts to identify illnesses, share information, and ensure access to vaccination. Community affiliation alone does not determine measles risk; exposure history and evidence of immunity are the primary considerations.

Nine measles cases were identified among Iowa residents in 2025. One travel-related measles case was identified in Iowa in 2026, prior to this outbreak. Measles continues to circulate throughout the United States and throughout the world. Rapid clinical recognition, testing, isolation, vaccination, and public health response remain critical to limiting spread in Iowa.

Iowa clinicians should maintain a high index of suspicion for measles, be ready to identify suspect cases of measles, and isolate the patient (under airborne precautions if available). Whenever possible, patients with suspected measles should call the healthcare facility before arrival so appropriate infection-control precautions can be implemented. Absence of a known connection to the affected Amish community should not exclude measles from the differential diagnosis in a patient with compatible clinical and epidemiologic findings. Iowa clinicians should consider measles in any patient with compatible signs and symptoms, particularly patients who are unvaccinated or have unknown immunity and who:

- live in or have traveled to an area with ongoing measles transmission;
- have had contact with members of the affected community;
- have had contact with a known or suspected measles case; or
- have attended a known measles exposure setting

Public exposure settings are released in press releases that can be found here: https://hhs.iowa.gov/about/newsroom.

If a suspect measles case is identified, Iowa clinicians should notify public health (by calling the Center of Acute Disease Epidemiology [CADE] at 1-800-362-2736 during business hours or 515-323-4360 after hours and asking for the on-call epidemiologist), and rapidly test. PCR testing can identify infections earlier than IgM serology. HHS recommends a nasopharyngeal (NP) or oropharyngeal (OP) swab paired with a urine specimen for PCR testing, conducted at the State Hygienic Laboratory (SHL). Paired testing improves sensitivity, however, NP/OP PCR should not be delayed if the patient is unable to provide a urine specimen. PCR testing can be completed rapidly in-state at SHL.

Iowa clinicians should review MMR status with their patients, use every visit to administer MMR if eligible, prioritize routine childhood vaccination on schedule while continuing accelerated recommendations when indicated during outbreaks or before travel, and encourage families who have delayed vaccination to become up to date as soon as possible.

In response to the emergence of recent measles activity in Iowa in 2025, clinicians, pharmacies, and local public health agencies administered 98,718 doses of MMR (15,693 [19%] more than in 2024 and 15,937 [19%] more than in 2023). These administrations likely increased protection among many Iowans and reduced opportunities for transmission. Statewide childhood coverage, however, has not yet shown meaningful improvement. For 2025, MMR coverage among children aged 2 years remained 83.0% and kindergarten two-dose MMR coverage remained 88.9% (https://data.idph.state.ia.us/t/IDPH-DataViz/views/Immunization2yearold/Map?iframeSizedToWindow=true&%3Aembed=y&%3AshowAppBanner=false&%3Adisplay_count=no&%3AshowVizHome=no&%3Arender=false). These data suggest many doses have gone to individuals who were overdue, traveling, seeking early vaccination, or otherwise outside the routine childhood cohorts used for school-entry metrics. Achieving and sustaining ≥95% routine childhood coverage remains the most effective strategy for preventing future outbreaks and poor outcomes among Iowans.

Given the emerging measles outbreak in Iowa, an accelerated MMR vaccination schedule should be considered and discussed with eligible and interested patients across Iowa. While the routine MMR schedule is one dose at 12–15 months and a second dose at 4–6 years, additional options for earlier protection include:

- An early extra dose of MMR between 6 and 11 months of age (“dose 0”); this dose does NOT count toward the routine series
- The first routine dose (dose 1) can be given after 12 months of age, at least 28 days after dose 0
- The second routine dose (dose 2) can be given at least 28 days after dose 1, instead of waiting until age 4–6 years

For the latest case counts and measles guidance in Iowa, visit the Iowa HHS CADE disease information page (https://hhs.iowa.gov/health-prevention/disease-information).

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