The Public Health Response to Measles Cases in Arkansas, 2025

Oral Health Summit, 10/24/2025

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- With respect to the following presentation, there has been no relevant (direct or indirect) financial relationship between speakers (or other activity planners) and any ineligible company in the past 24 months which would be considered a relevant financial relationship.
- The views expressed in this presentation are those of the speakers and may not reflect official policy of Moses/Weitzman Health System.
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Disclosure and Disclaimer

- I have no financial disclosures or conflicts of interest.

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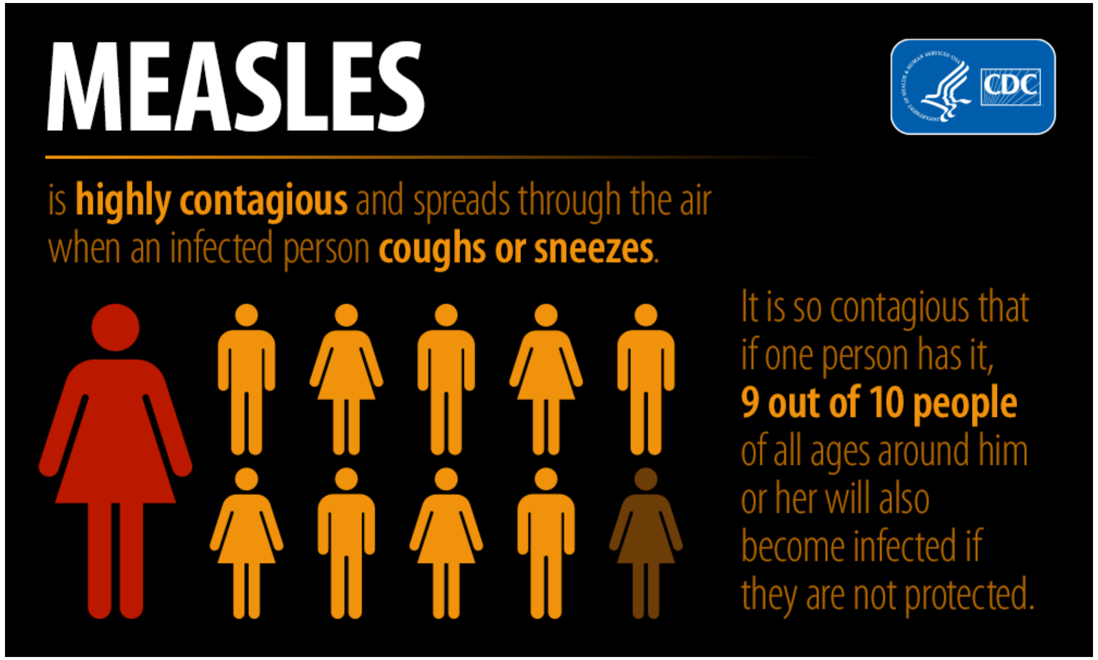
Learning Objectives

- Describe the recent trends and contributing factors behind the increase in domestic measles cases in the United States.
- Summarize the timeline of the measles cases identified in Arkansas, including the geographic distribution.
- Review the key components of the public health response to the measles cases in Arkansas in 2025.

Measles and MMR Vaccination in the United States and Arkansas

Measles Virus Epidemiology

- Reservoir: humans
- Transmission:
  - Person to person via large respiratory droplets
  - Airborne in closed areas for up to 2 hours
- Temporal pattern:
  - Late winter and spring
- Communicability:
  - 4 days before through 4 days after rash onset.
  - Rash onset = day 0
  - Immunocompromised: duration of illness



https://www.cdc.gov/pinkbook/hcp/table-of-contents/chapter-13-measles.html

Severe Measles Complications

- **Hospitalization.**
  - 1 in 5 unvaccinated people in the U.S.
- **Pneumonia.**
  - 1 out of every 20 children.
- **Encephalitis.**
  - 1 child out of every 1,000
- **Death**
  - Nearly 1 to 3 of every 1,000 children
- **Complications during pregnancy**
  - Premature birth or cause your baby to have a low birth weight

https://www.cdc.gov/measles/signs-symptoms/index.html

Immune Amnesia

- Many deaths related to measles are from secondary infections
- Immune amnesia occurs when the immune system does not remember how to fight off infections it successfully dealt with before
- People who get measles can become very susceptible to infections they have been vaccinated against or have been exposed to before
- Immune amnesia can last for **years.**

[How Measles Causes Immune Amnesia | Harvard Magazine]

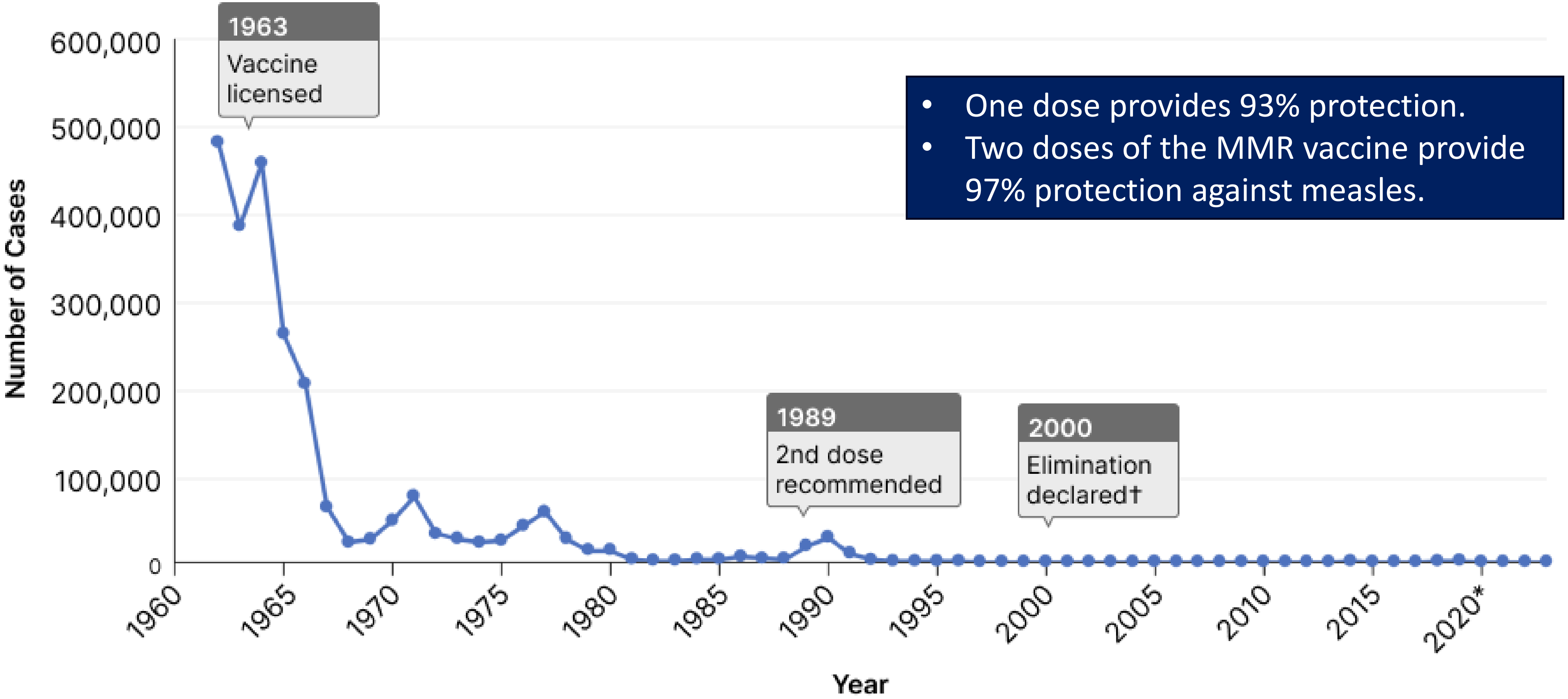
Michael J. Mina *et al.*, Measles virus infection diminishes preexisting antibodies that offer protection from other pathogens. *Science* **366**, 599-606 (2019). DOI: 10.1126/science.aay6485

Subacute sclerosing panencephalitis

- Chronic demyelinating disease due to one of the following:
  - Persistent viral invasion of the neurons
  - Reactivation of previously acquired measles virus
  - Underdeveloped immune system in children younger than 2 years old
- Develops 7 to 10 years after a person has measles
- Clinical progression
  - Stage 1: behavioral and cognitive decline
  - Stage 2: myoclonic jerks, seizures, and dementia
  - Stage 3: rigidity, extrapyramidal symptoms, and progressive unresponsiveness
  - Stage 4: coma, persistent vegetative stage, akinetic mutism, automatic instability
- Mortality rate is around 95%

Diwan MN, Samad S, Mushtaq R, et al. Measles Induced Encephalitis: Recent Interventions to Overcome the Obstacles Encountered in the Management Amidst the COVID-19 Pandemic. *Diseases*. 2022;10(4):104. Published 2022 Nov 17. doi:10.3390/diseases10040104

Number of measles cases in the U.S., 1962- 2023



- One dose provides 93% protection.
- Two doses of the MMR vaccine provide 97% protection against measles.

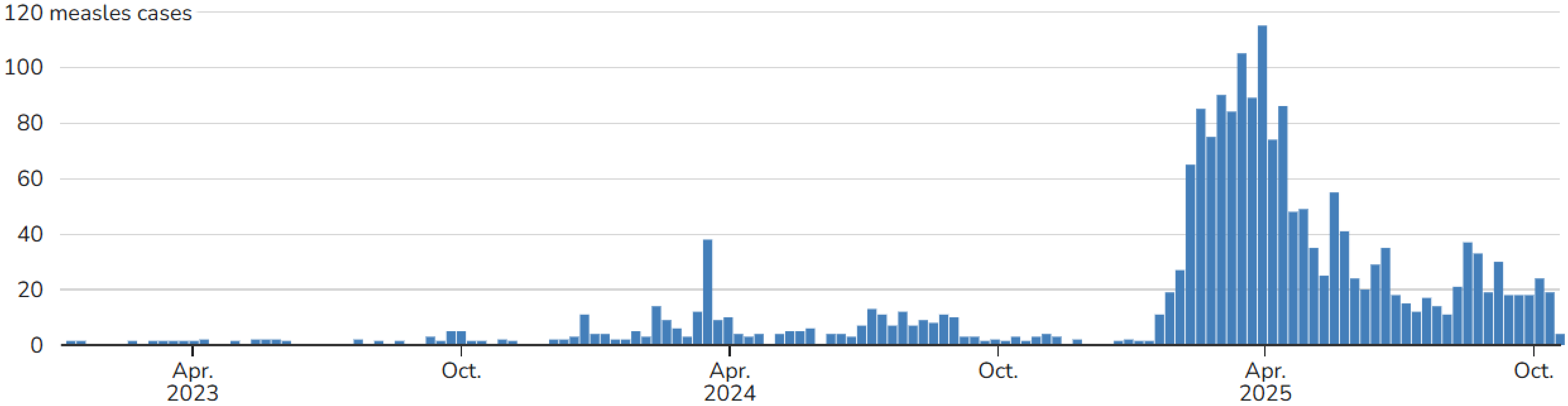
*2023 data are preliminary and subject to change.

†Elimination is defined as the absence of endemic measles transmission in a region for ≥ 12 months in the presence of a well-performing surveillance system

https://www.cdc.gov/measles/data-research/index.html

Weekly measles cases by rash onset date

2023–2025* (as of October 21, 2025)



Updated on October 22, 2025, to reflect confirmed measles cases reported to CDC as of noon on Tuesdays
[Measles Cases and Outbreaks | Measles (Rubeola) | CDC]
Obtained 10/22/2025

Domestic Measles Cases

U.S. Cases in 2025

Total cases

1618

Age
Under 5 years: **432 (27%)**
5-19 years: **644 (40%)**
20+ years: **534 (33%)**
Age unknown: **8 (0%)**

Vaccination Status
Unvaccinated or Unknown: **92%**
One MMR dose: **4%**
Two MMR doses: **4%**

U.S. Hospitalizations in 2025

12%

12% of cases hospitalized (198 of 1618).

Percent of Age Group Hospitalized
Under 5 years: **22% (95 of 432)**
5-19 years: **7% (44 of 644)**
20+ years: **11% (59 of 534)**
Age unknown: **0% (0 of 8)**

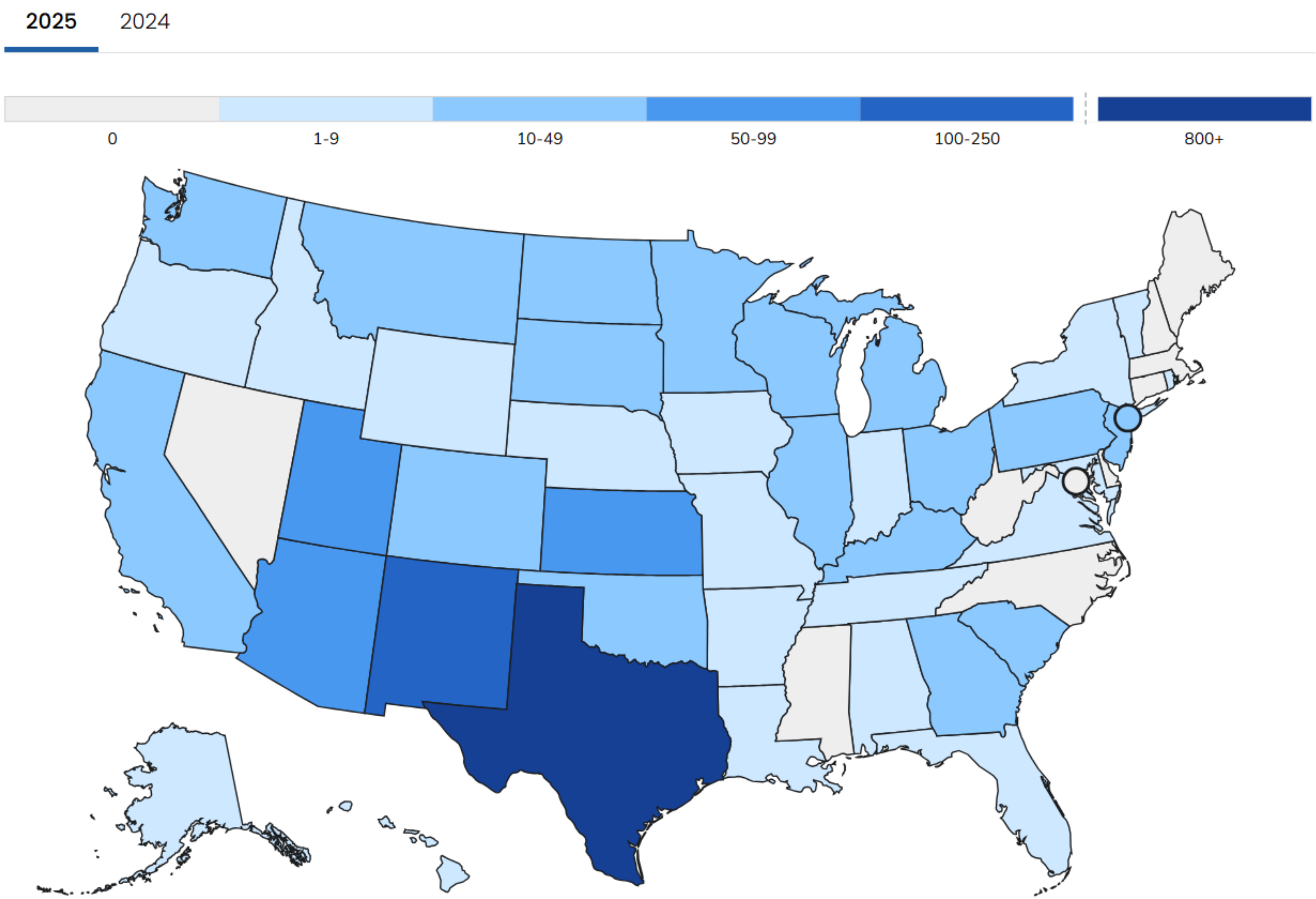
U.S. Deaths in 2025

3

There have been 3 confirmed deaths from measles.

Updated on October 22, 2025, to reflect confirmed measles cases reported to CDC as of noon on Tuesdays
[Measles Cases and Outbreaks | Measles (Rubeola) | CDC](#)
Obtained 10/22/2025

Measles Cases in the U.S., 2025



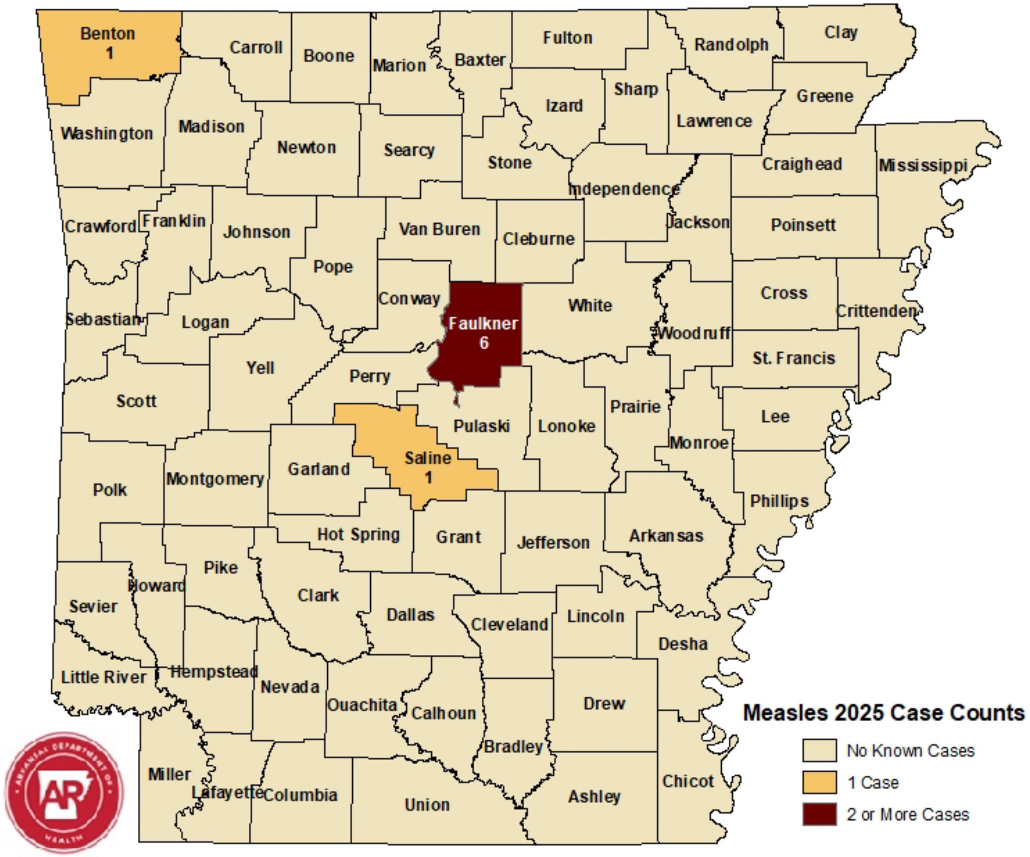
Updated on October 22, 2025, to reflect confirmed measles cases reported to CDC as of noon on Tuesdays

[Measles Cases and Outbreaks | Measles (Rubeola) | CDC]

Obtained 10/22/2025

Measles Cases in Arkansas, 2025

2025 Measles Case Counts by County as of June 17, 2025

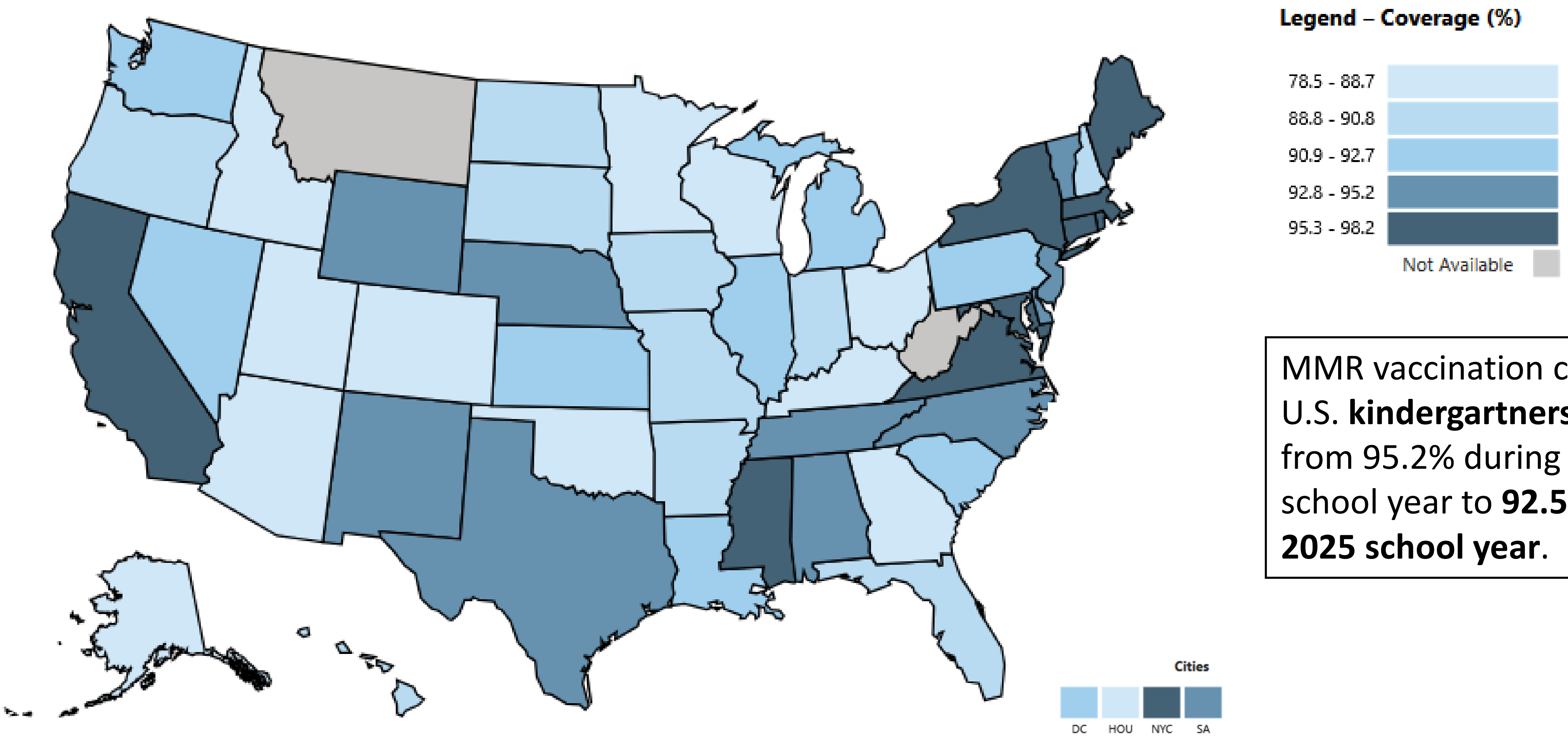


Date: June 17, 2025
Source: Arkansas Department of Health
National Electronic Disease Surveillance
System (NBS) system
Map created by: J. Jacobs, Epidemiologist

https://healthy.arkansas.gov/programs-services/diseases-conditions/communicable-diseases/measles-rubeola/arkansas-measles-exposure-locations/

Lower MMR vaccination rates increase risk for outbreaks

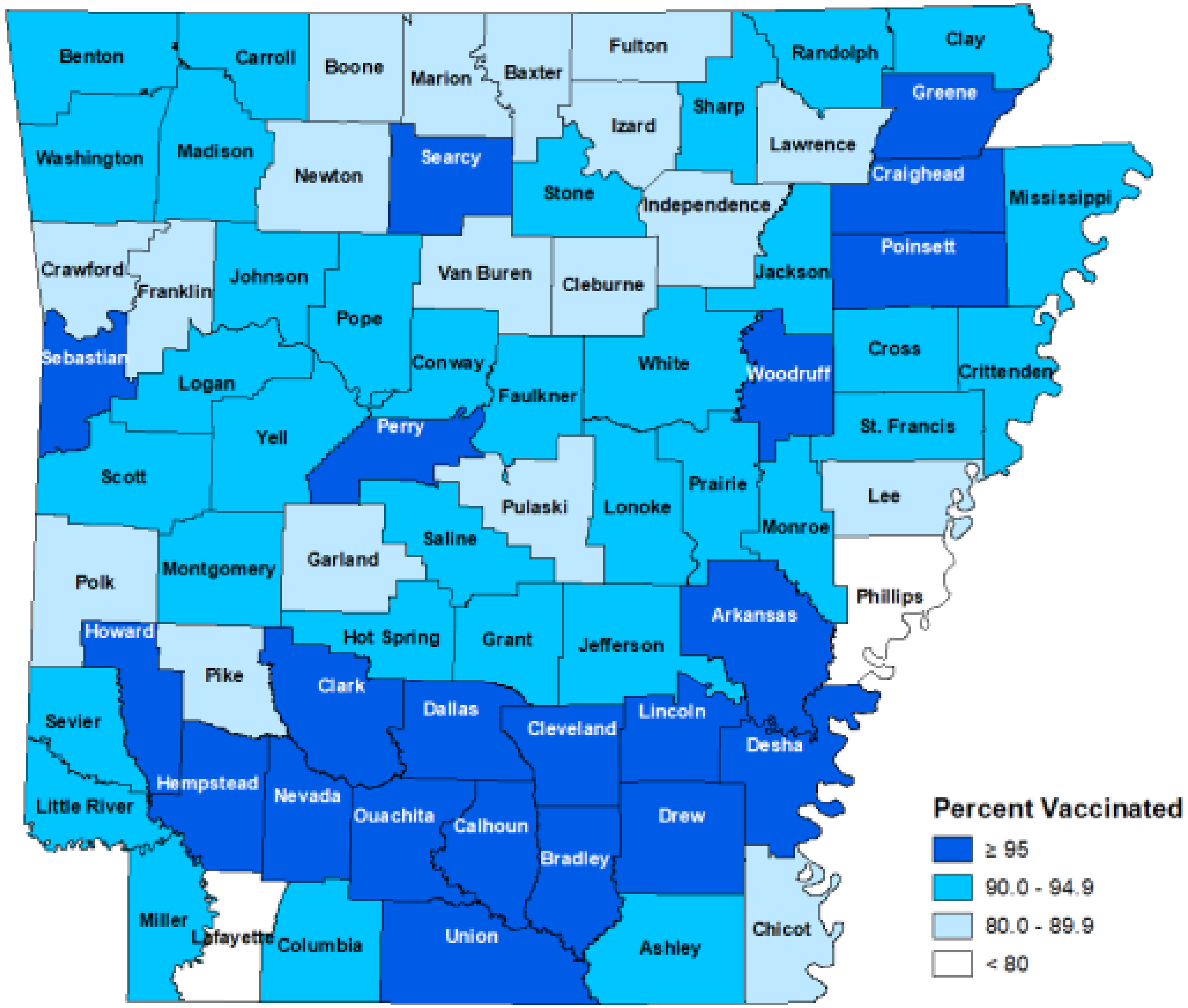
MMR Vaccination Coverage among Kindergartners entering the 2024 – 2025 School Year



MMR vaccination coverage among U.S. **kindergartners** has decreased from 95.2% during the 2019–2020 school year to **92.5%** in the **2024-2025 school year**.

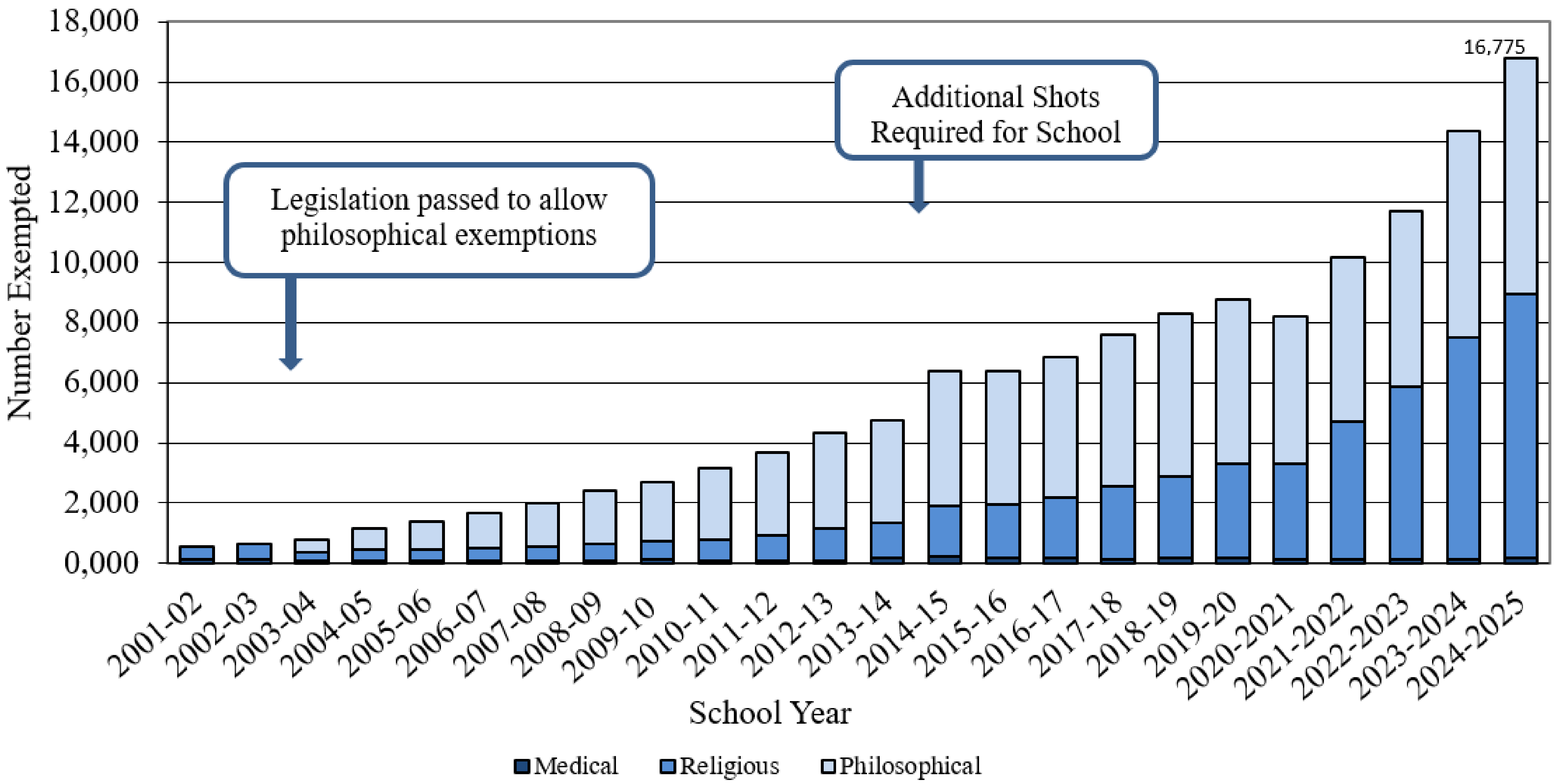
Data Source: CDC School's Survey

Kindergarten Students in Public Schools with Up-To-Date on MMR Vaccine, 2024-25 School Year



Data source: Arkansas Department of Education
Map Author: Haytham Safi
Data are provisional as of 2/5/2025

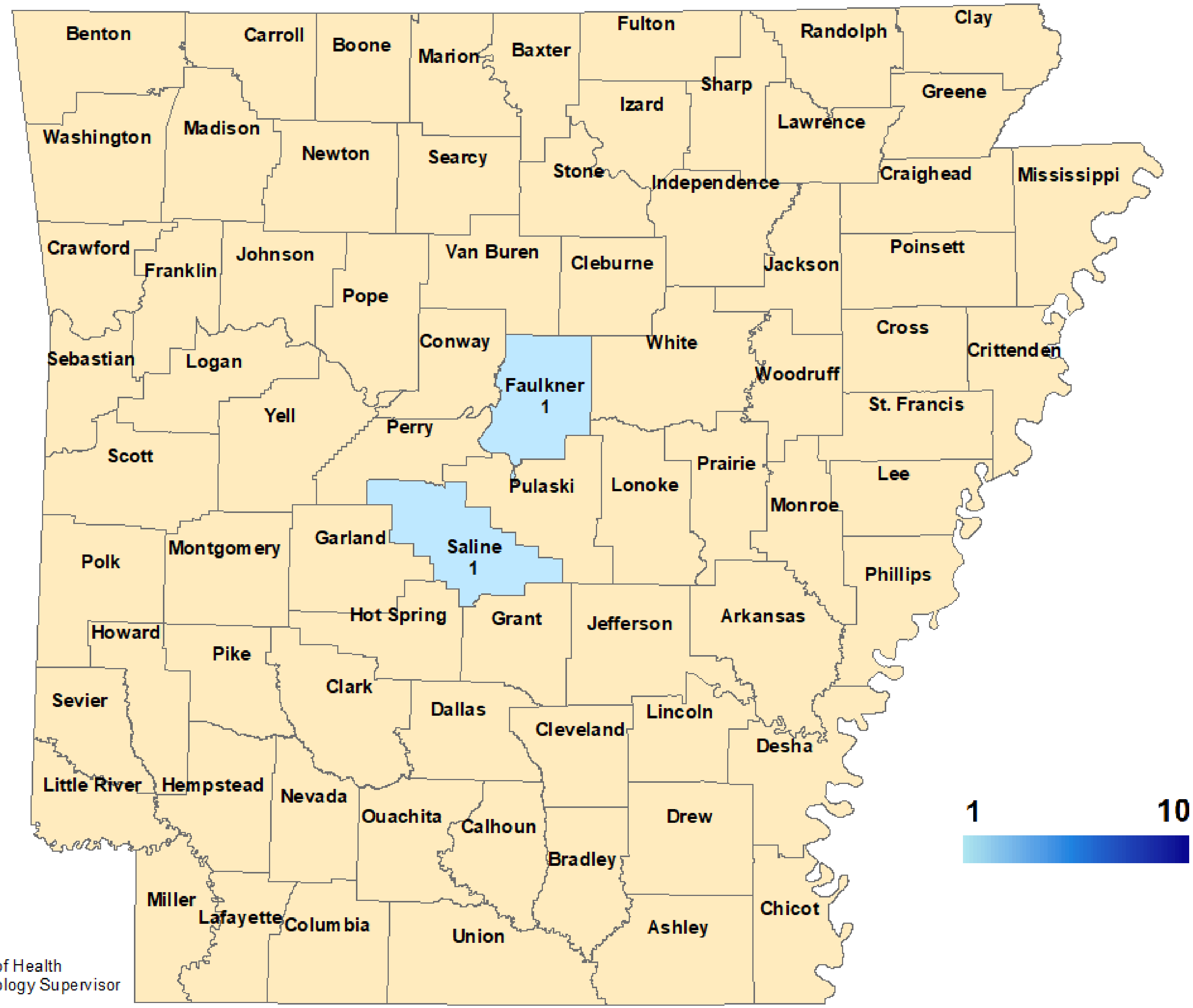
Exemptions in Arkansas Over Time



Data source: Arkansas Department of Health, Immunization
Data generated by Haytham Safi in 06/2025

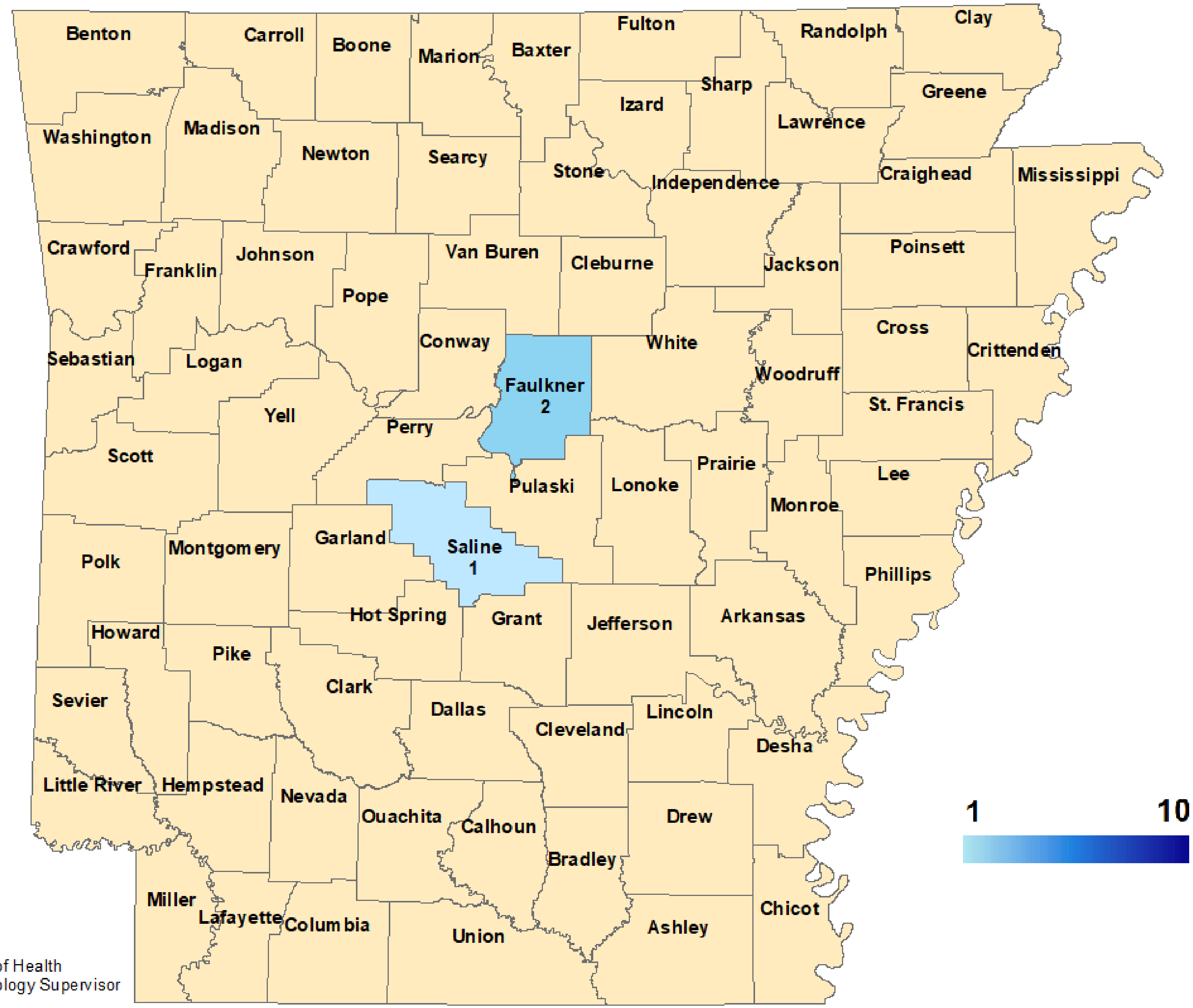
Timeline of the Public Health Response to Measles Cases, Arkansas 2025

Arkansas Reported Measles Cases by County as of April 10, 2025



Date: September 10, 2025
Source: Arkansas Department of Health
Author: Haytham Safi, Epidemiology Supervisor

Arkansas Reported Measles Cases by County as of April 18, 2025



Date: September 10, 2025
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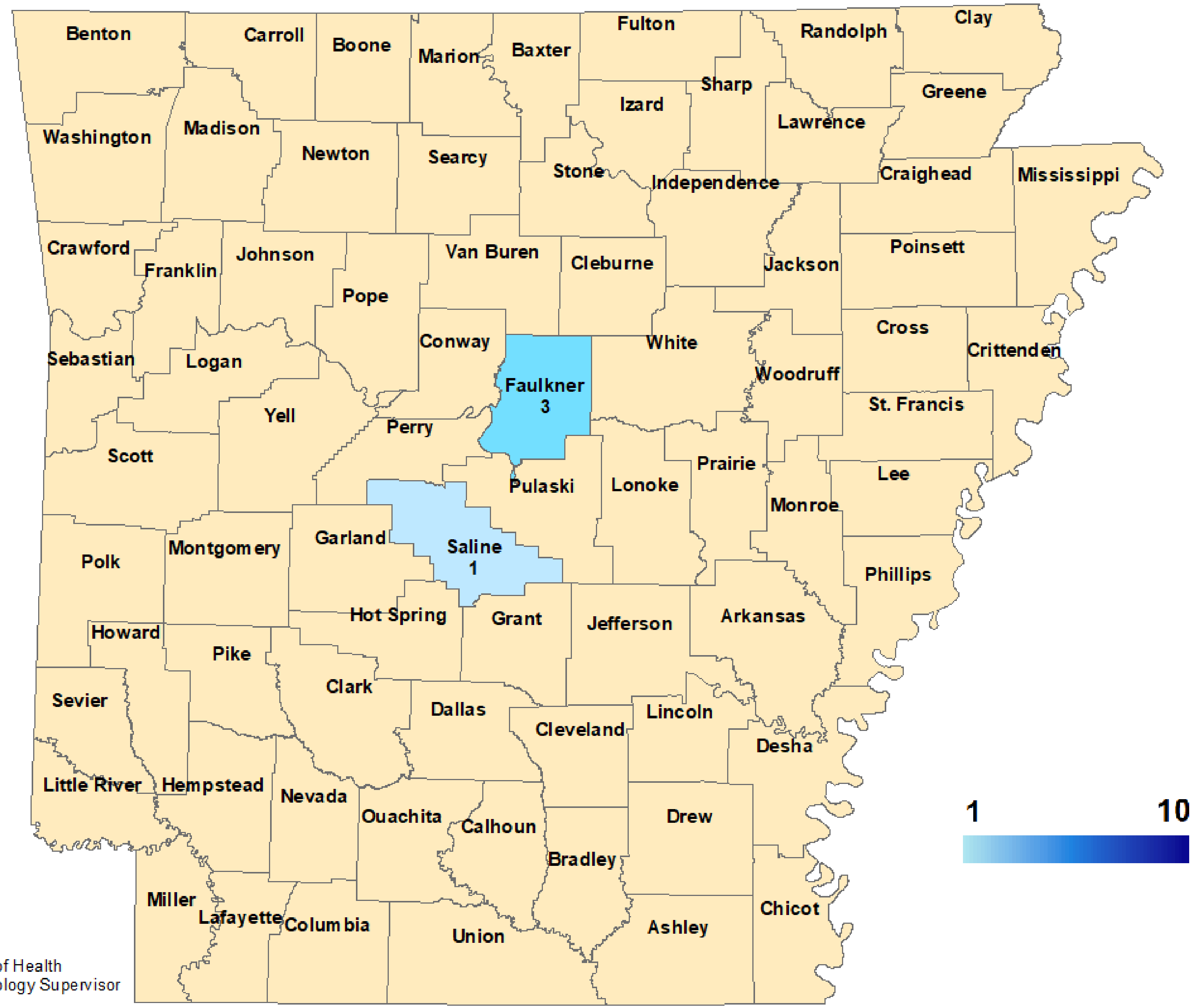
Arkansas Reported Measles Cases by County as of April 27, 2025



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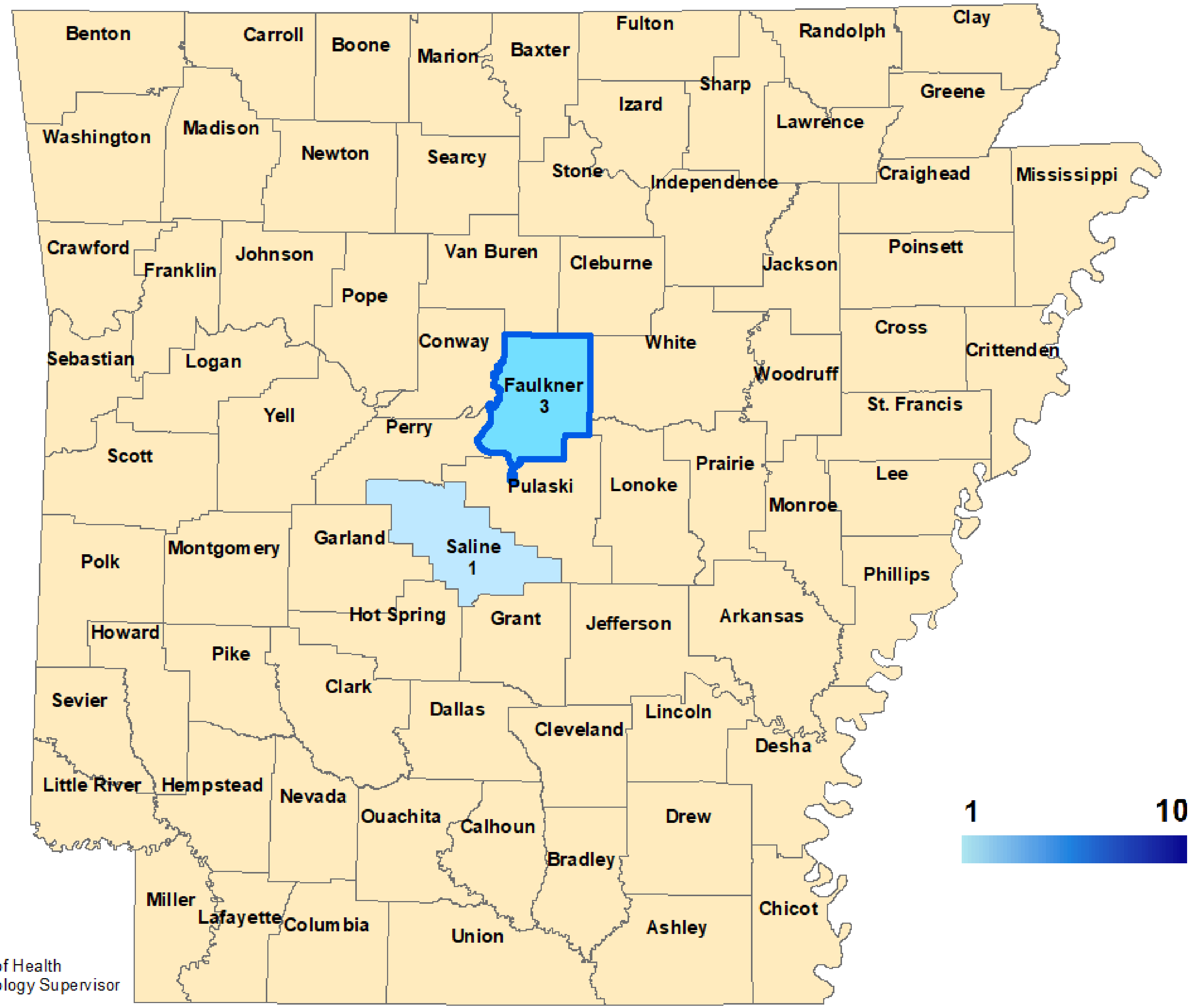

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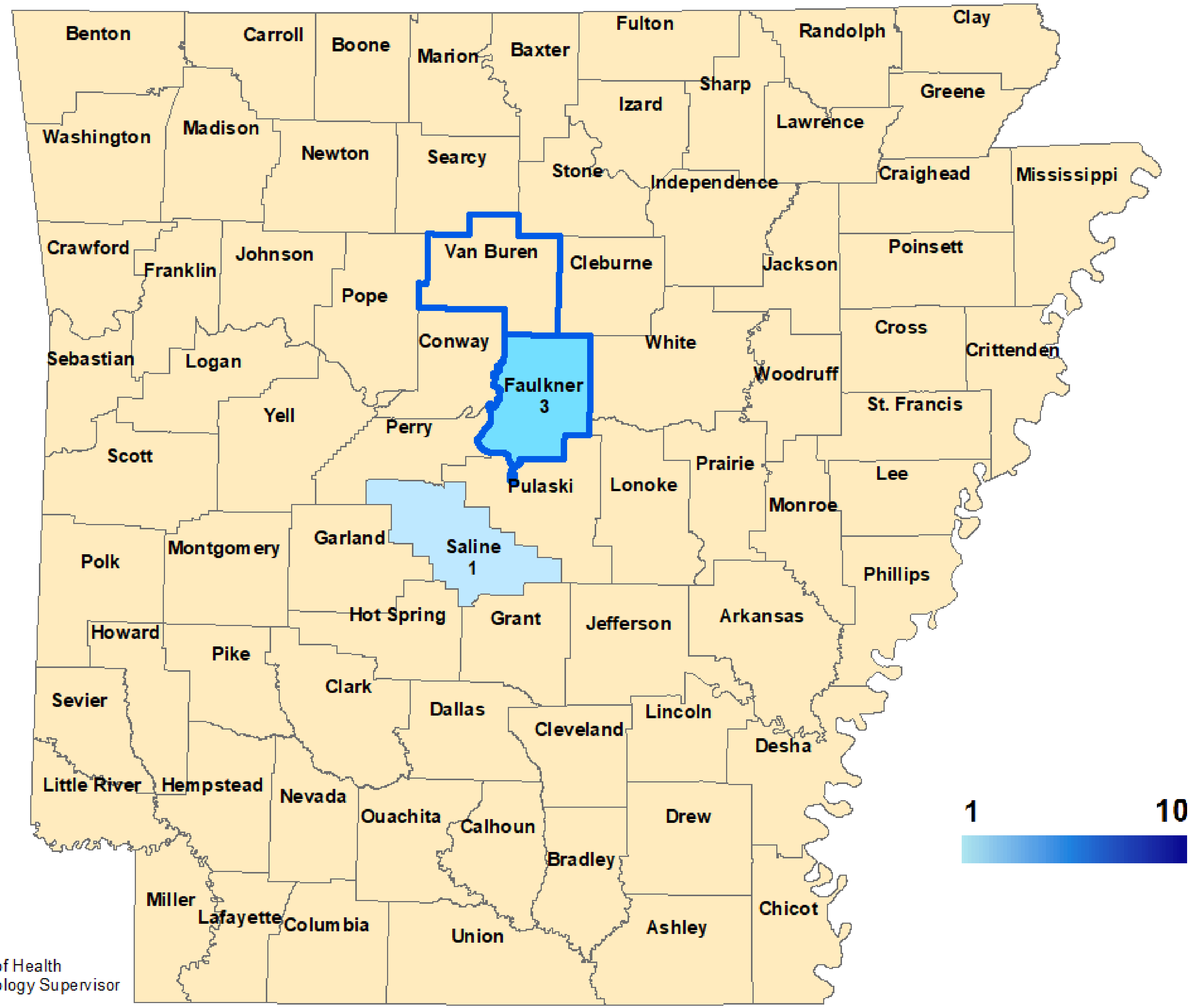

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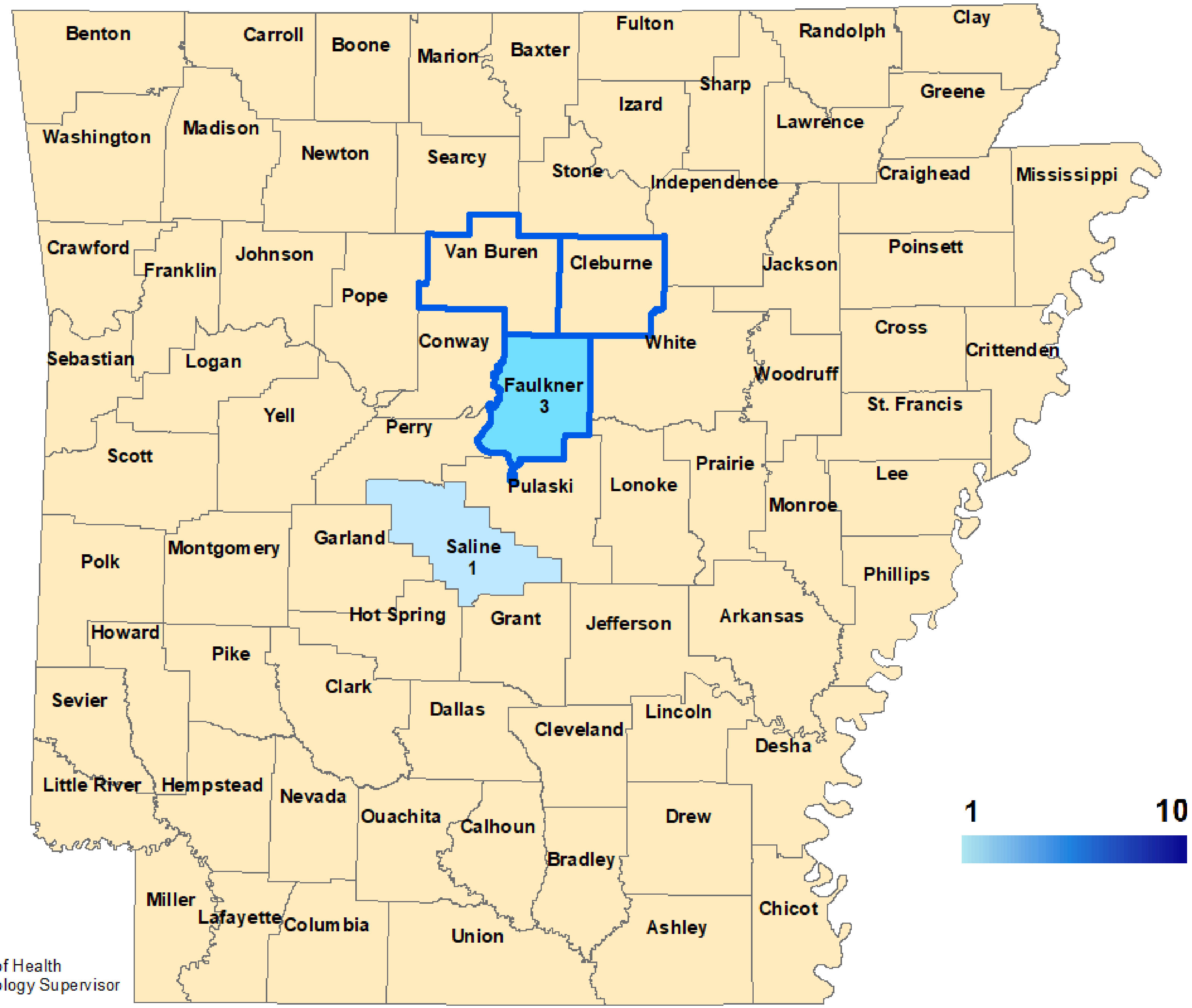

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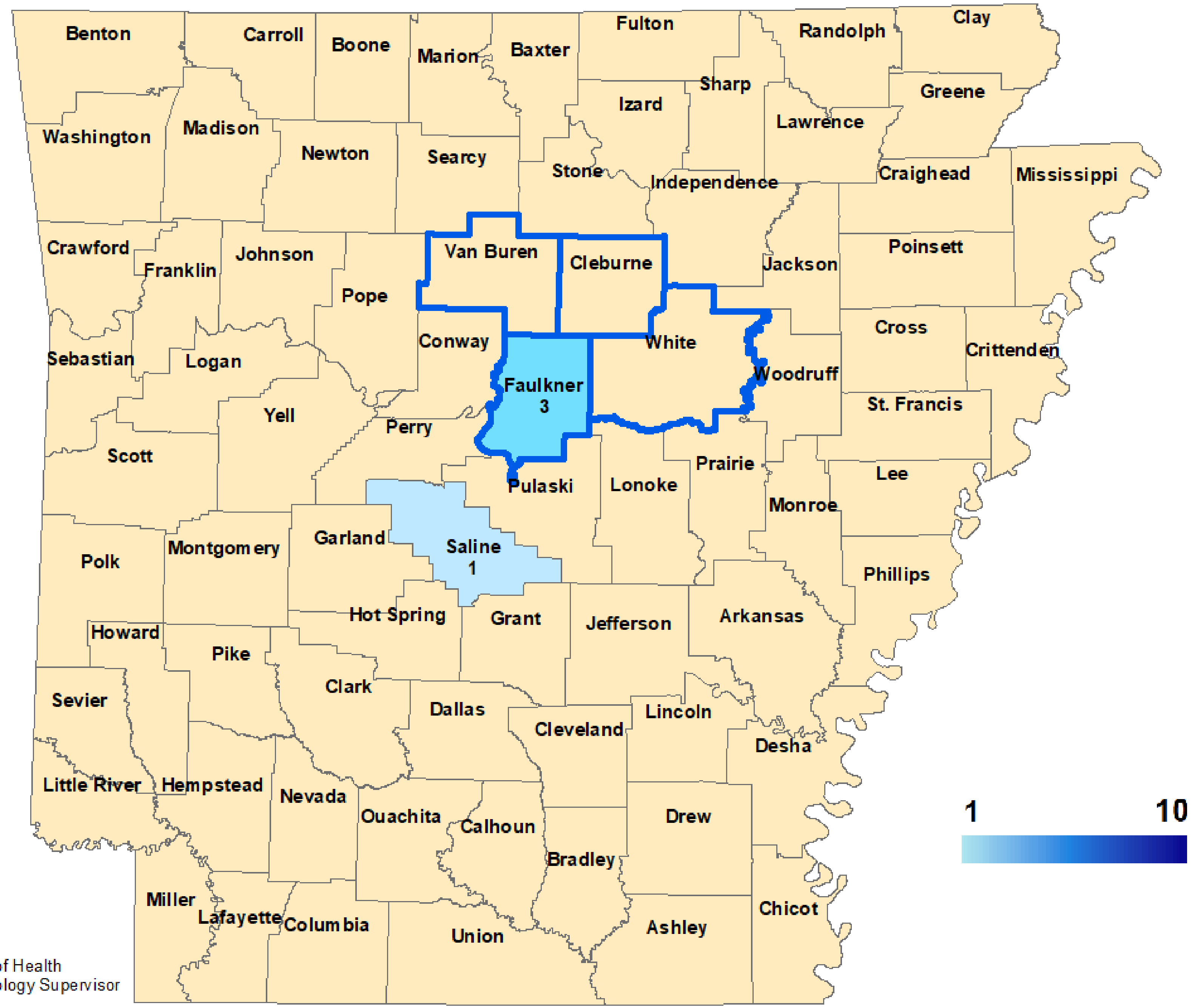

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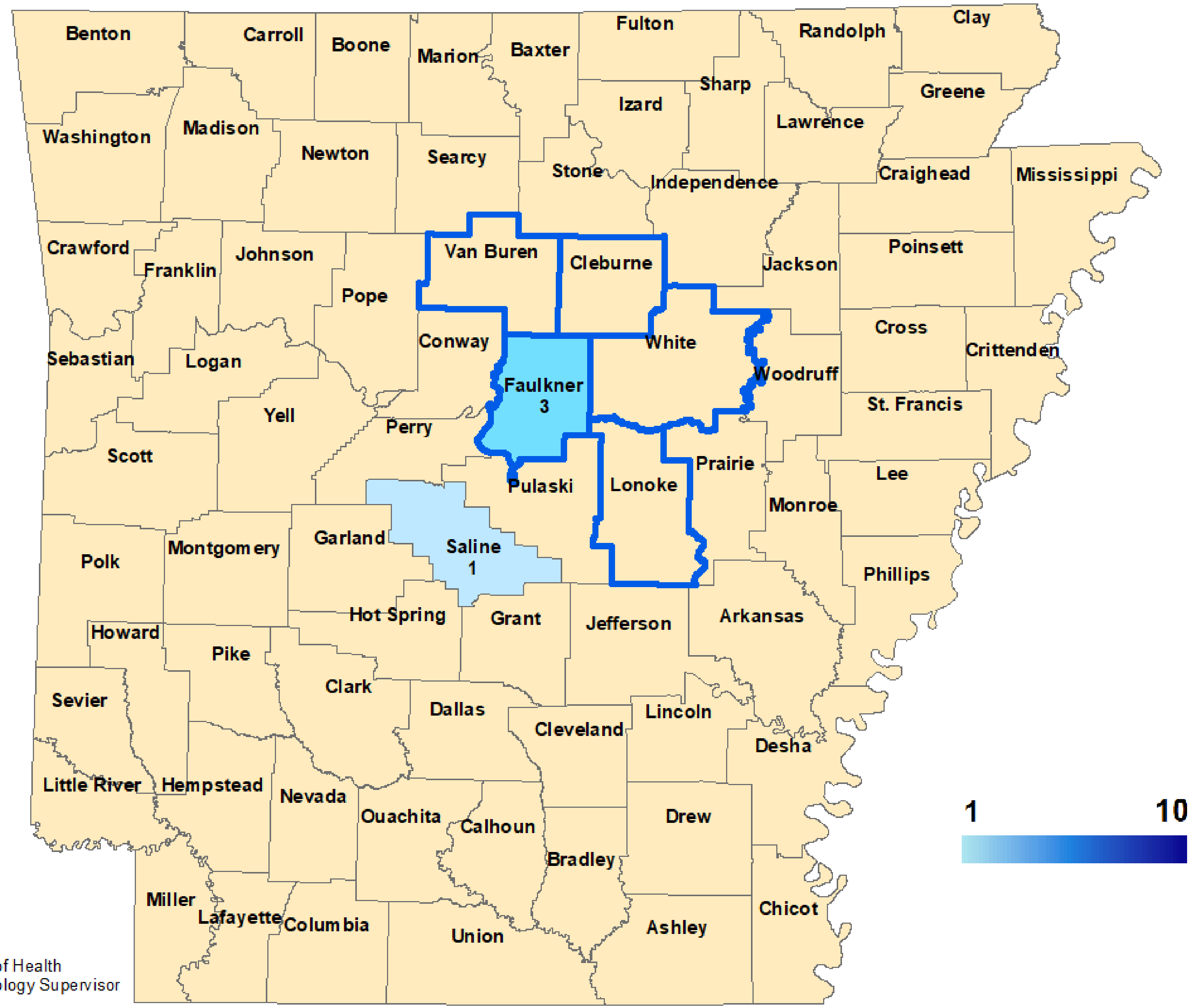

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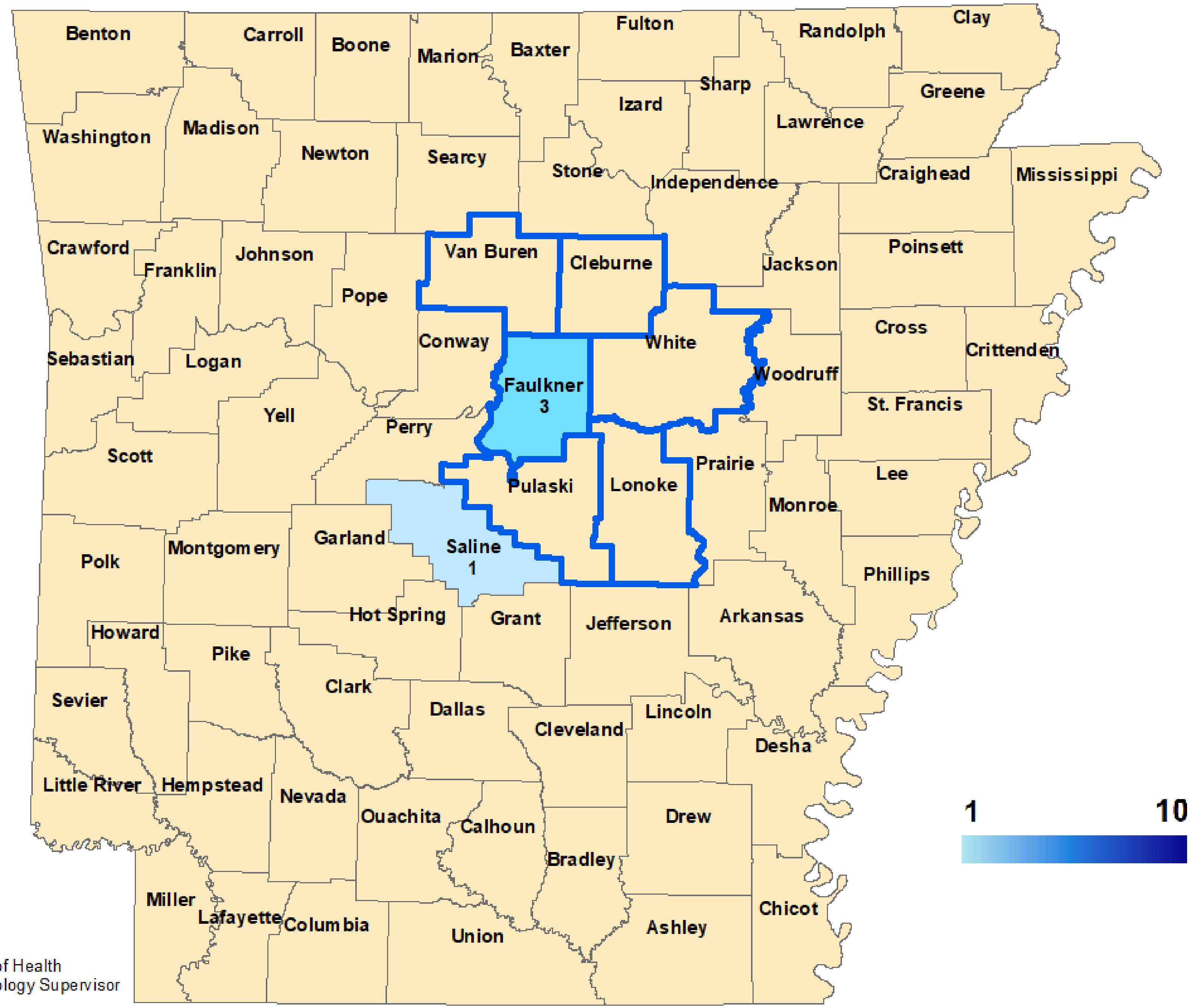

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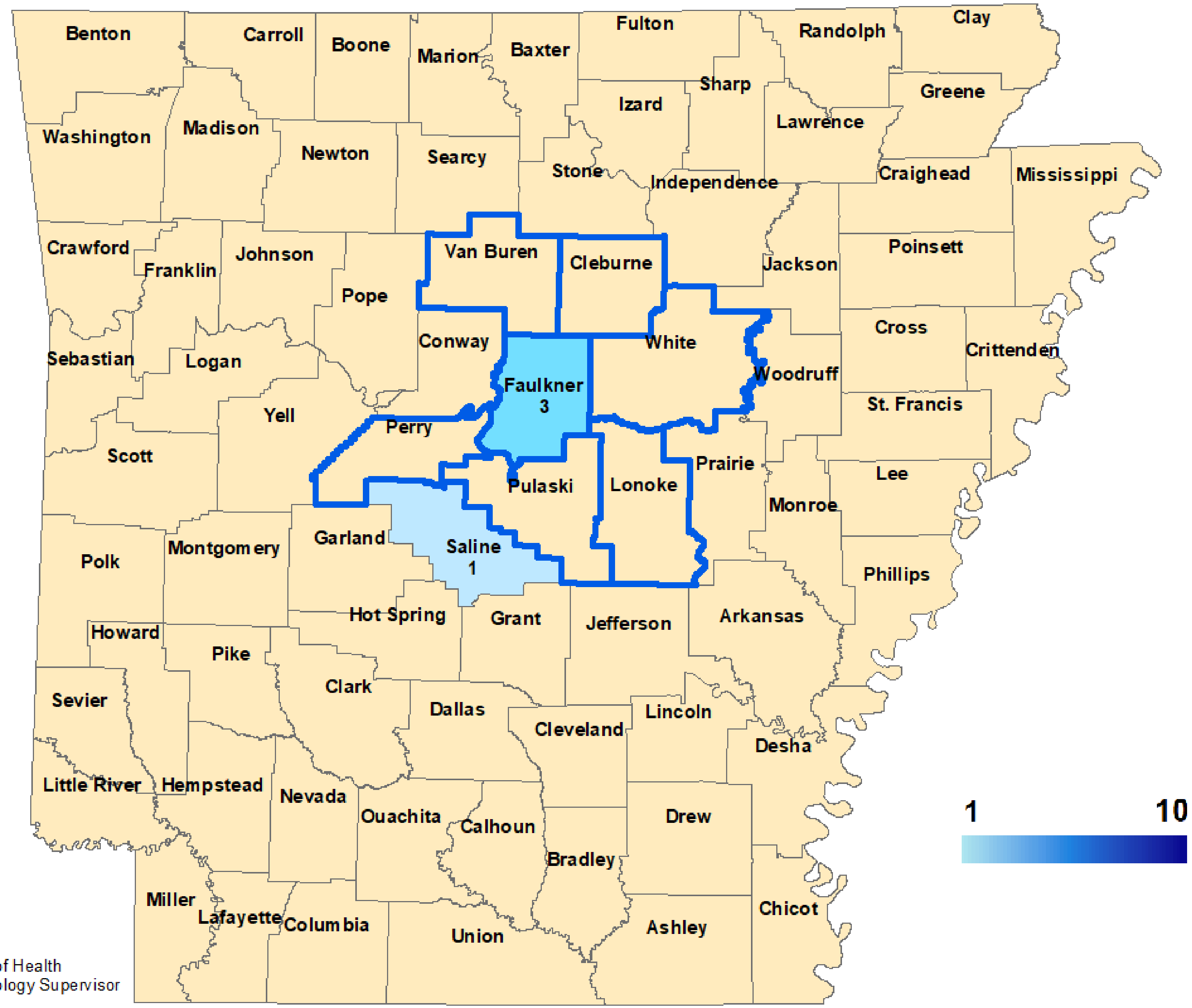

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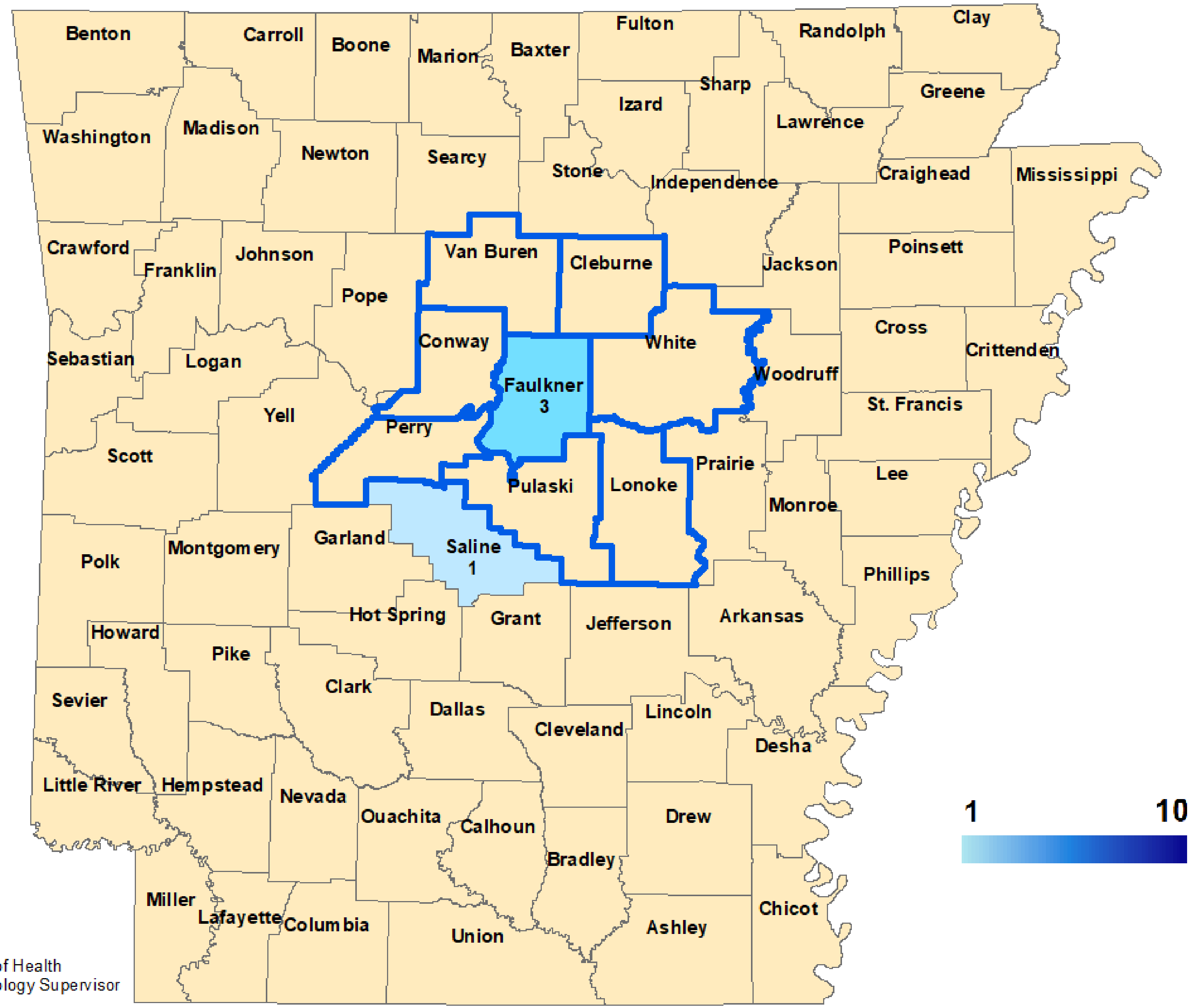

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Community Spread
Measles Vaccination Recommendations

Measles Vaccination Recommendations

for those who live in or visit a county with measles spread and the adjacent counties

As of April 29, 2025: Faulkner, Cleburne, Conway, Lonoke, Perry, Pulaski, Van Buren and White

0 to 6 months

Vaccine is NOT recommended.

6 to 11 months

NO Previous Vaccine Doses

- May receive an early dose of MMR vaccine immediately.
- May receive two additional doses of MMR vaccine:
  - First dose at 12-15 months
  - Second dose at 4-6 years
- Give each dose at least 28 days apart.

1 year through adulthood

NO Previous Vaccine Doses

- May receive first dose of MMR vaccine immediately.
- May receive second dose of MMR vaccine at least 28 days later.

1 Previous Vaccine Dose

- May receive second dose of MMR vaccine, at least 28 days after first dose.

2 Previous Vaccine Doses

- Fully vaccinated. No additional doses of MMR vaccine recommended.

Need Help or Have Questions?

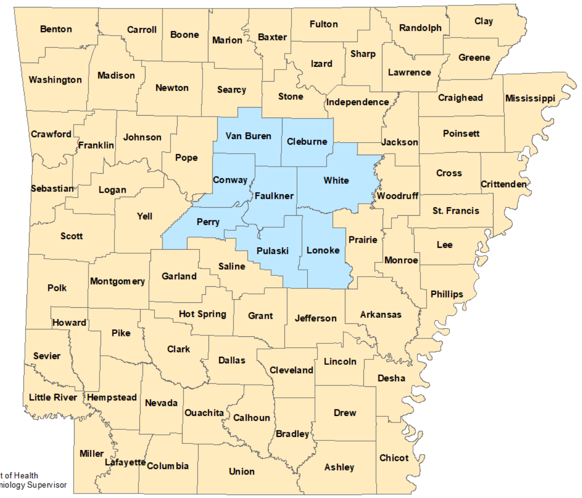
Arkansas Department of Health Measles Call Line

1-866-940-7568

We can answer your questions about symptoms, recent exposures, vaccines, and what to do next.

Rev. 4/29/25

Learn more: **healthyar.info/measles**

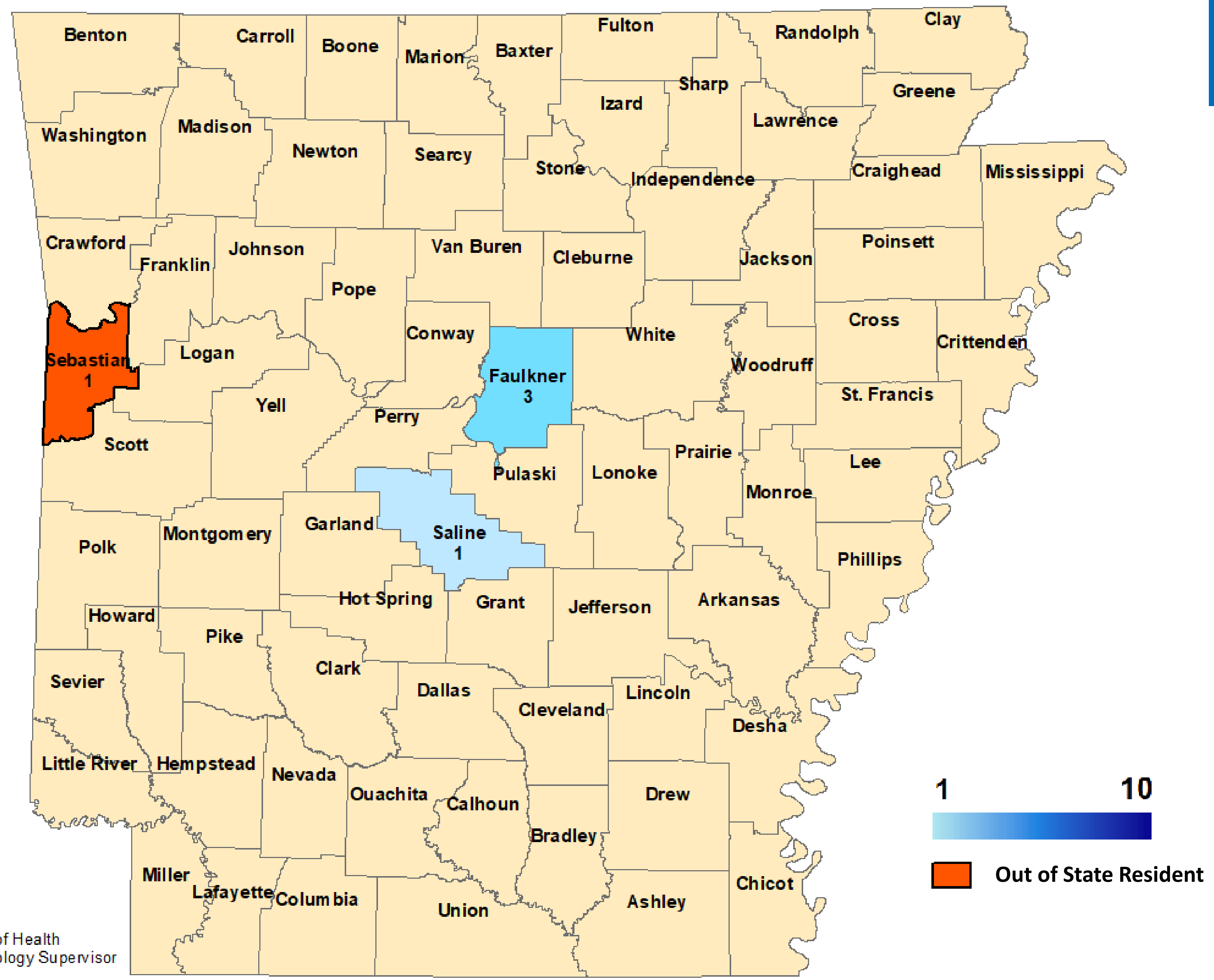


Date: September 10, 2025
Source: Arkansas Department of Health
Author: Haytham Safi, Epidemiology Supervisor

Effective from April 29, 2025, to July 7, 2025, in Faulkner and surrounding counties

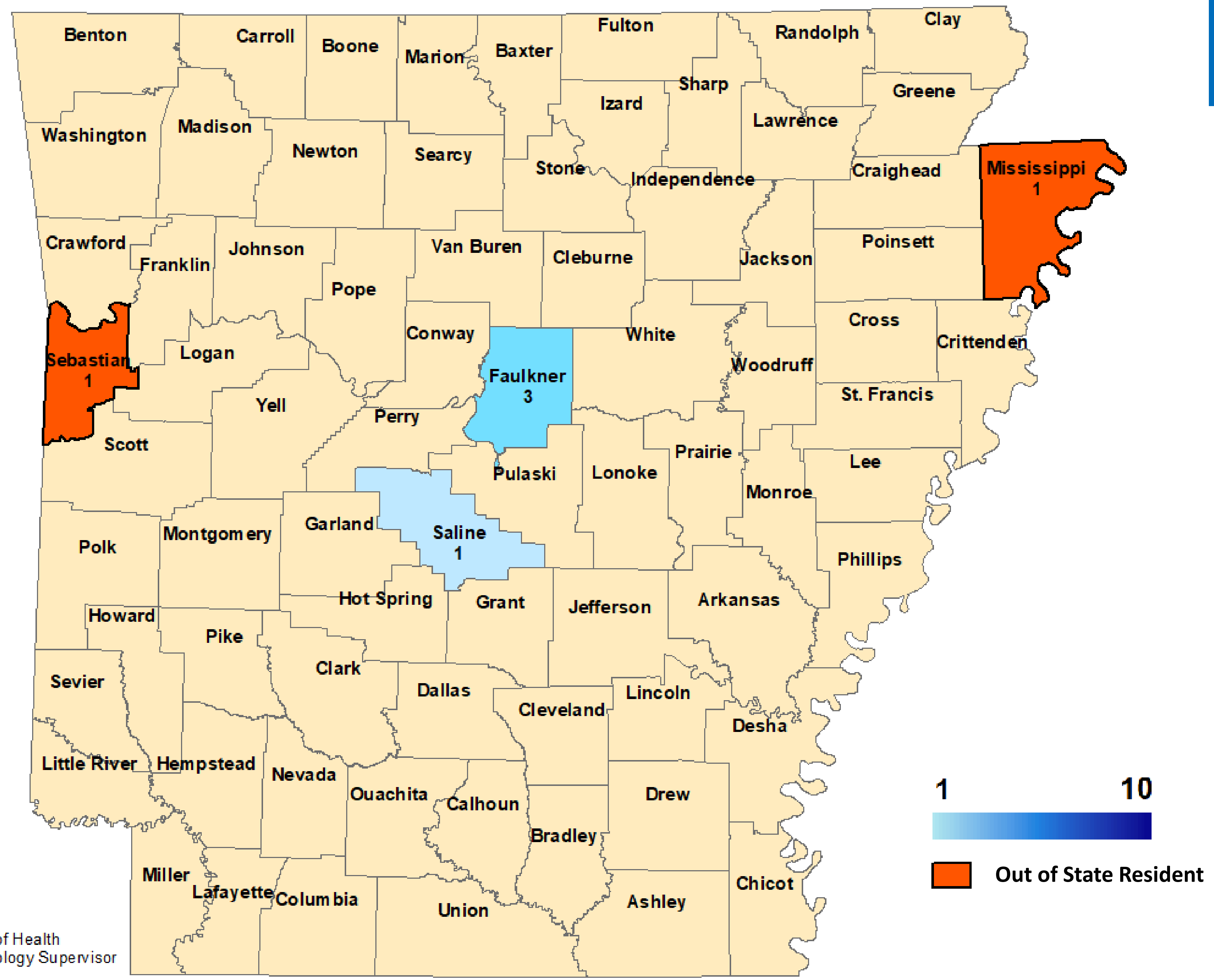
https://healthy.arkansas.gov/wp-content/uploads/one-page_Measles-Vaccine-Recommendations.pdf

Arkansas Reported Measles Cases by County as of May 1, 2025



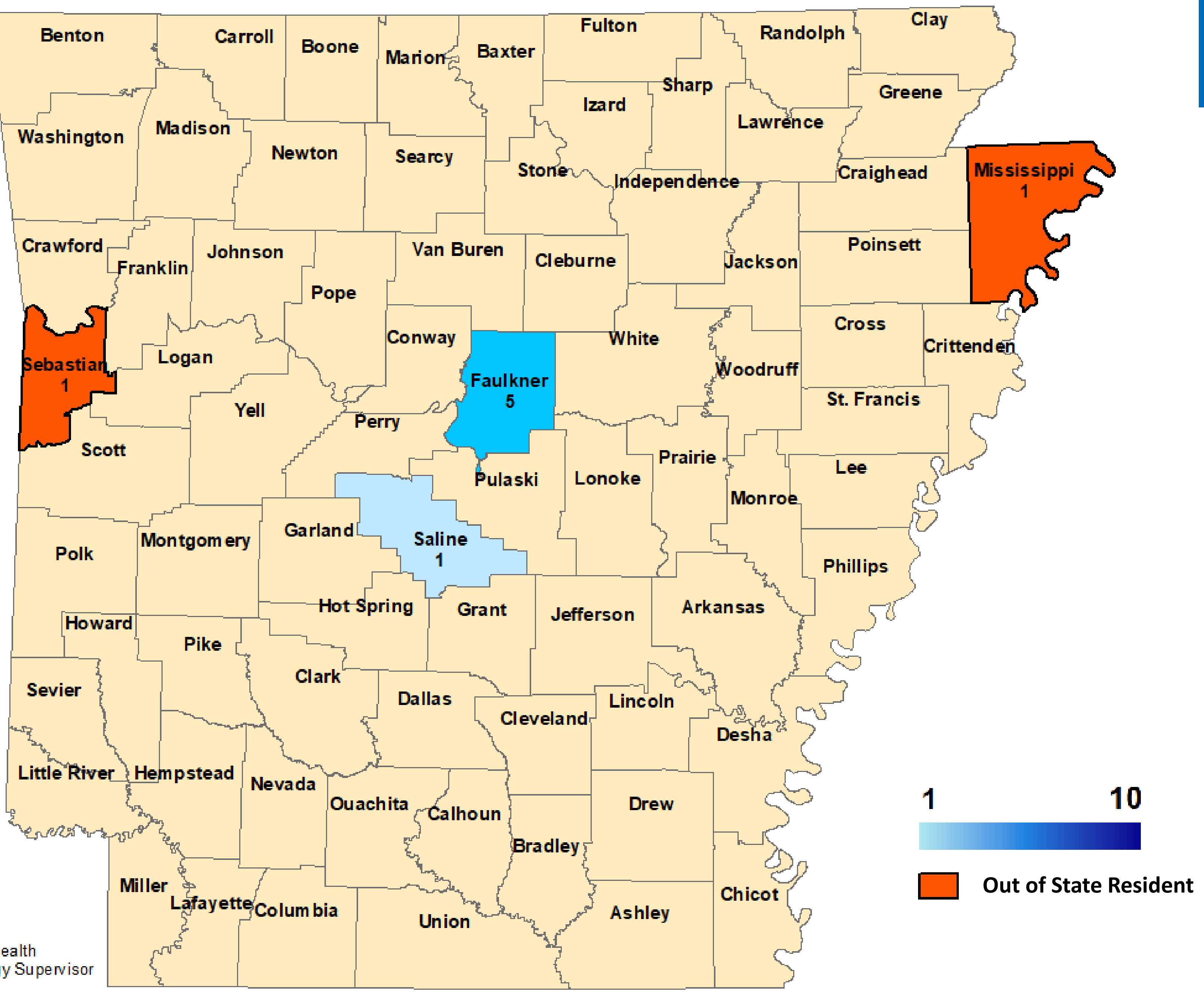
Date: September 10, 2025
Source: Arkansas Department of Health
Author: Haytham Safi, Epidemiology Supervisor

Arkansas Reported Measles Cases by County as of May 6, 2025



Date: September 10, 2025
Source: Arkansas Department of Health
Author: Haytham Safi, Epidemiology Supervisor

Arkansas Reported Measles Cases by County as of May 7, 2025



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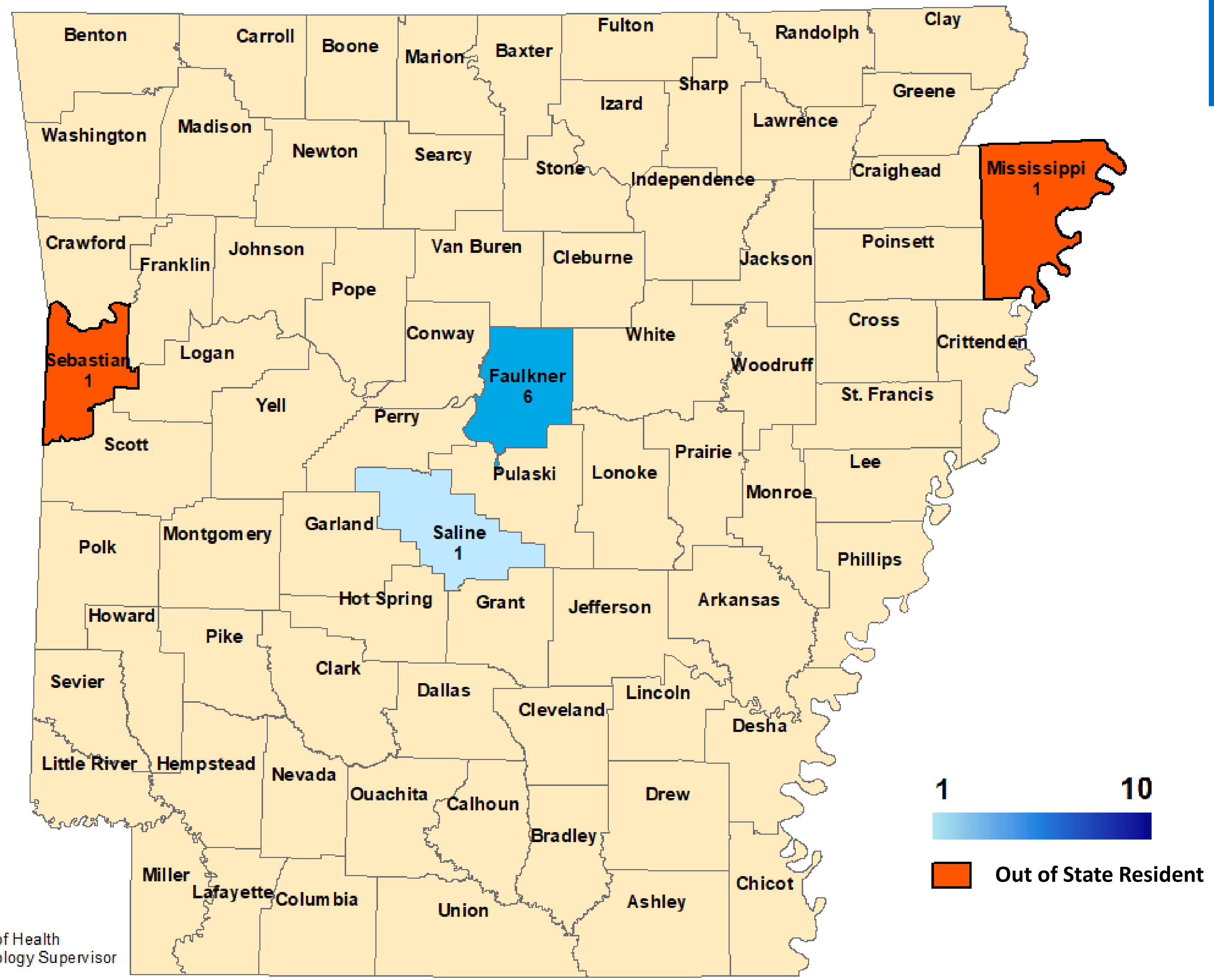
Arkansas Reported Measles Cases by County as of May 27, 2025



Date: September 10, 2025
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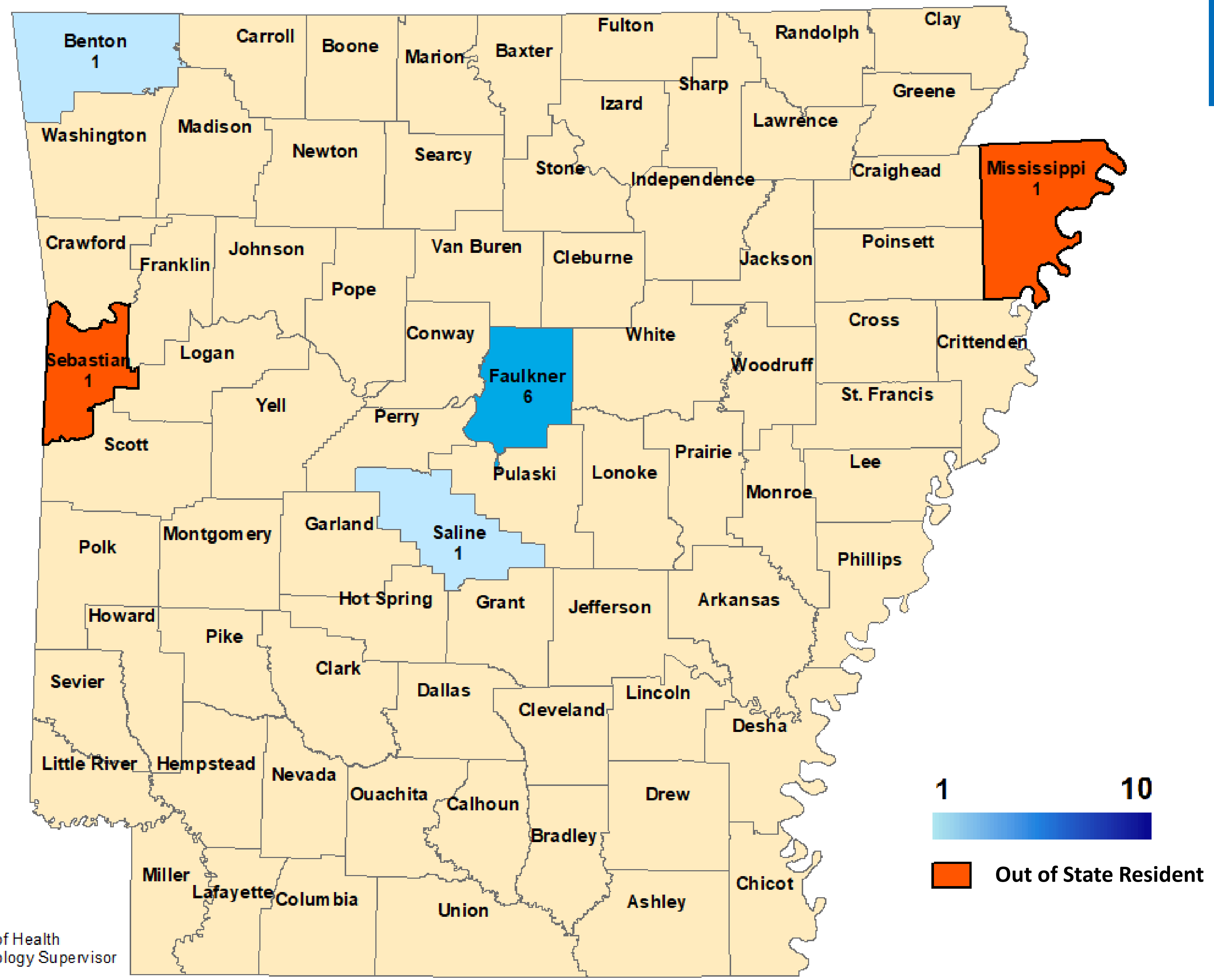
Arkansas Reported Measles Cases by County as of June 16, 2025



Date: September 10, 2025
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Hypothetical Suspect Measles Case Scenario

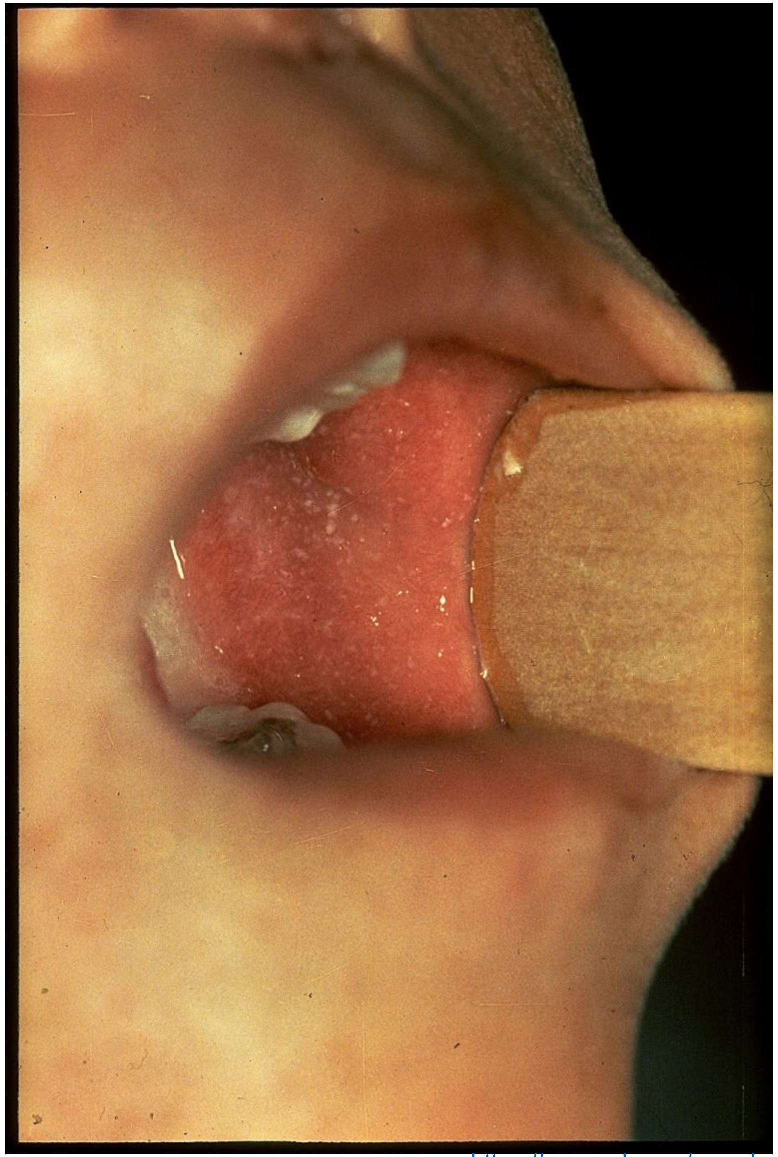
Scenario

- A pediatric patient presented to hospital on 4/18 with a 5-day history of malaise, cough, coryza, conjunctivitis, and a progressively worsening fever, peaking at 104°F. The patient also developed a darkening, widespread rash that initially appeared around the neck on 4/16 and spread downward, involving the palms and soles.
  - International travel: One week prior to presentation, the patient returned from Ontario, Canada. The patient had spent one week there for a family vacation.
  - The patient has not received any doses of a measles-containing vaccine, such as MMR or MMRV.

The Rash

https://www.cdc.gov/measles/signs-symptoms/photos.html

Prodrome: Koplik Spots



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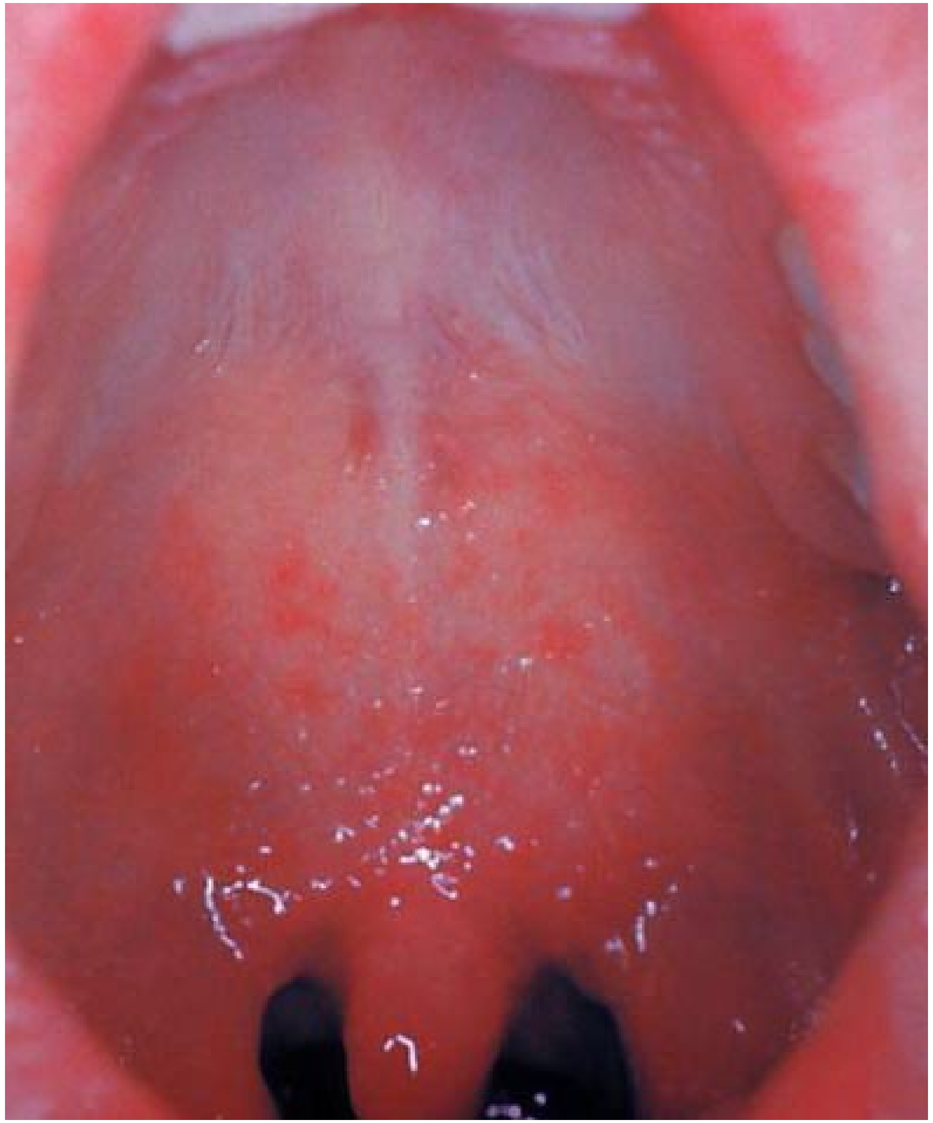
Prodrome: Koplik Spots

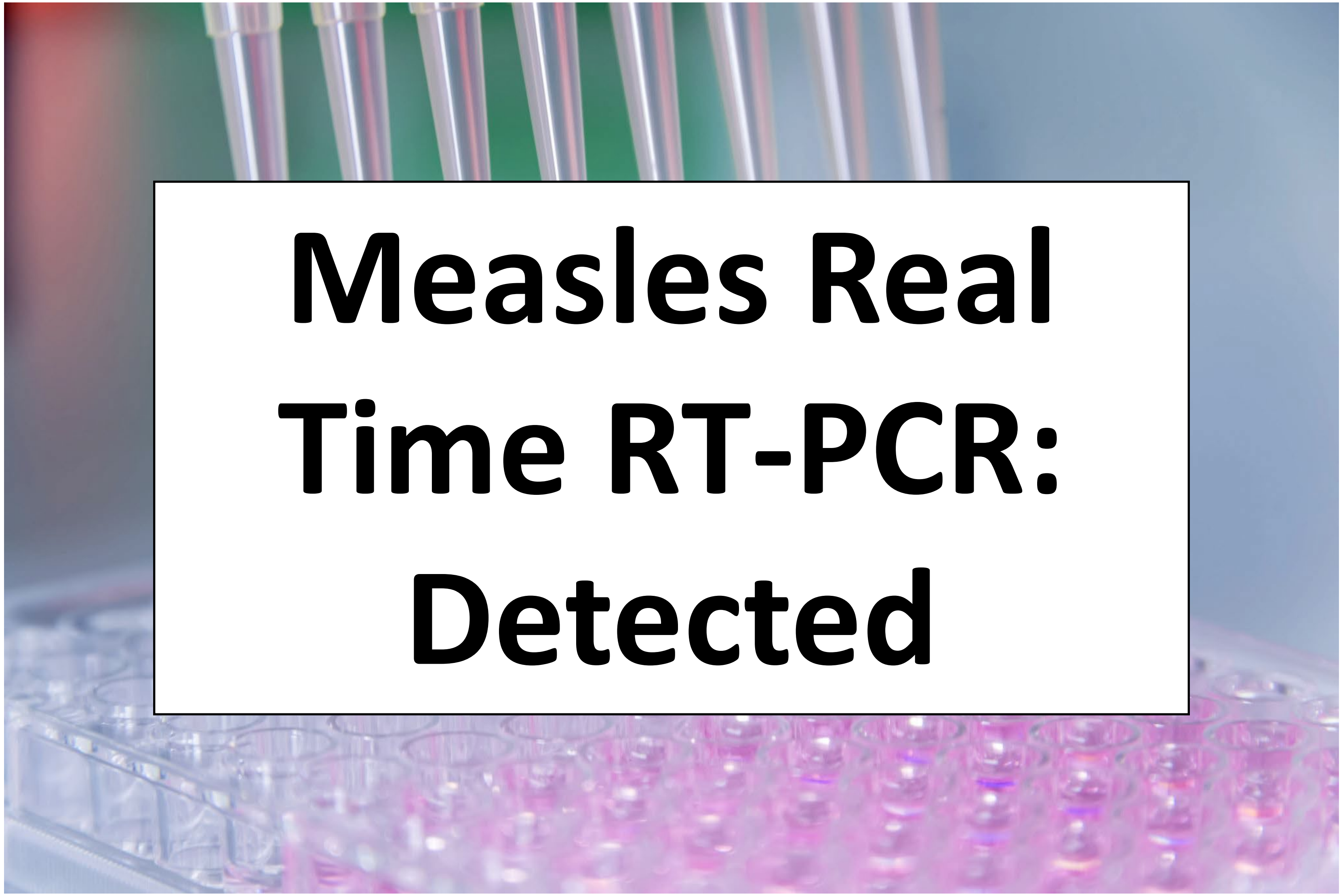


https://www.cdc.gov/measles/signs-symptoms/photos.html

Next Steps for a Suspect Measles Case

- Place a surgical mask on patient and family
- Transfer to an airborne infection isolation room (AIIR) or private room with door closed
- Use N95 and other appropriate PPE
- Limit patient transport
- Hand hygiene
- Supportive care
- Contact the Arkansas Department of Health (ADH)
- Isolation
  - Immunocompetent: Until 4 days after rash appeared
  - Immunocompromised: Duration of illness
- If an AIIR is not used, the room should remain vacant for up to 2 hours after patient leaves the room
- Standard cleaning and disinfection for measles virus environmental control

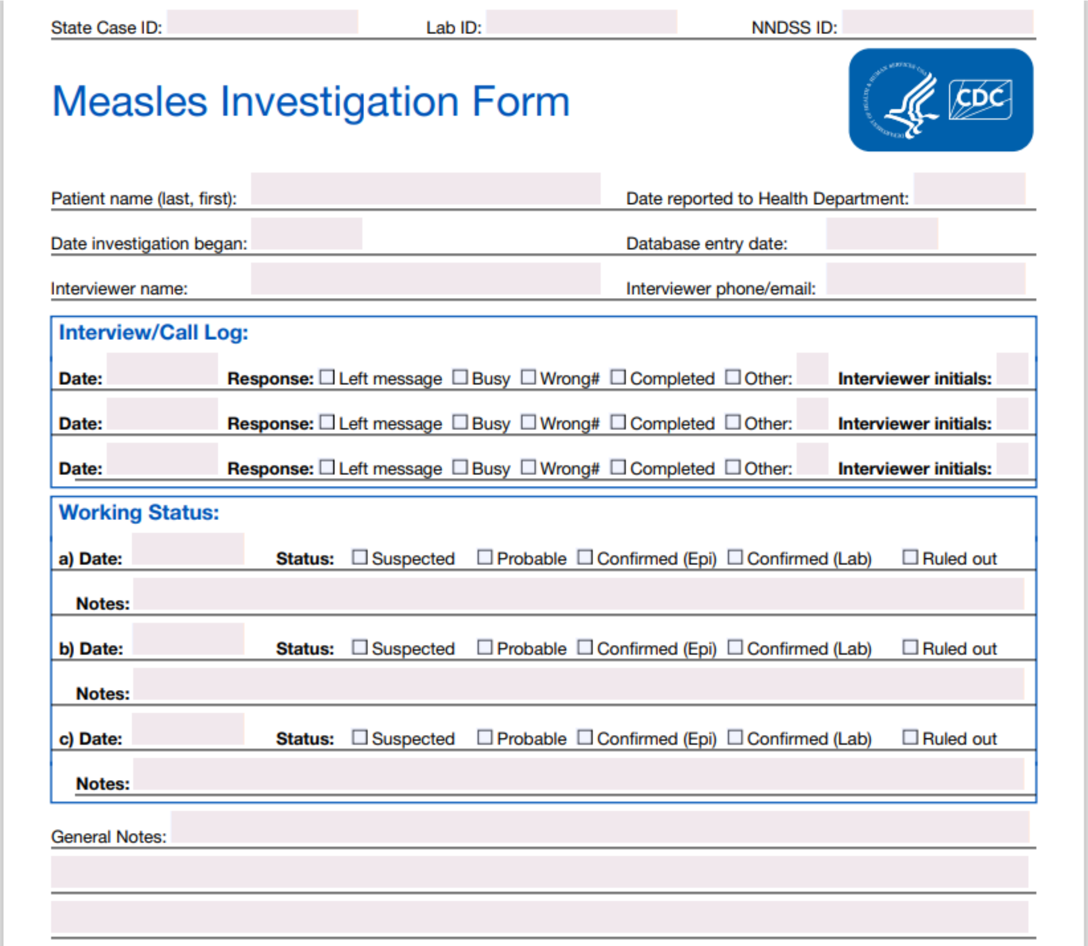
Measles Real Time RT-PCR



Measles Real Time RT-PCR: Detected

Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)

Complete Measles Case Investigation Form



State Case ID: Lab ID: NNDSS ID:

Measles Investigation Form

Patient name (last, first): Date reported to Health Department:

Date investigation began: Database entry date:

Interviewer name: Interviewer phone/email:

Interview/Call Log:

Date: **Response:** ☐ Left message ☐ Busy ☐ Wrong# ☐ Completed ☐ Other: **Interviewer initials:**

Date: **Response:** ☐ Left message ☐ Busy ☐ Wrong# ☐ Completed ☐ Other: **Interviewer initials:**

Date: **Response:** ☐ Left message ☐ Busy ☐ Wrong# ☐ Completed ☐ Other: **Interviewer initials:**

Working Status:

a) Date: **Status:** ☐ Suspected ☐ Probable ☐ Confirmed (Epi) ☐ Confirmed (Lab) ☐ Ruled out

Notes:

b) Date: **Status:** ☐ Suspected ☐ Probable ☐ Confirmed (Epi) ☐ Confirmed (Lab) ☐ Ruled out

Notes:

c) Date: **Status:** ☐ Suspected ☐ Probable ☐ Confirmed (Epi) ☐ Confirmed (Lab) ☐ Ruled out

Notes:

General Notes:

- Demographics
- Clinical information
- Epidemiologic information
  - Exposure period
  - Infectious period
- Vaccination status
- Laboratory testing

https://www.cdc.gov/measles/downloads/2024-dvd-measles-investigation-form.pdf

Identify Exposures in the Infectious Period

DAY OF MONTH:		
		(Specify location)
1. ATE OUT:	☐ BREAKFAST	
	☐ LUNCH	
	☐ DINNER	
2. Trip to doctor / Clinic / Hospital / Pharmacy		
3. Trip to Airport		
4. Trip to School		
5. Trip to church / synagogue/ mosque		
6. Attendance at other large social gathering (e.g. wedding, movie, picnic, sporting event, shopping mall)		
7. Received out-of-state/out-of-country visitor		
8. Traveled out-of-state/ out-of-country		
9. Visited an amusement park (which one?)		
10. Used Mass transit		
11. Other		

Infectious Period

- Immunocompetent
  - Four days before through four days after rash onset.
  - Rash onset = day 0
- Immunocompromised
  - Duration of illness

Scenario:

Rash onset: 4/16

Case infectious period is 4/12 - 4/20

http://publichealth.lacounty.gov/ip/Docs/2024/6E_MeaslesVPDCActivityLog.pdf

Infectious Period
Contact Exposed Persons

4/12/2025
Grocery Store: 11:00 am - 11:30 am
Exposure: 11:00 am - 1:30 pm

4/14/2025
Daycare: 8:00 am - 3:15 pm
Exposure: 8:00 am - 5:15 pm

4/16/2025
Clinic: 8:00 am - 9:00 am
Exposure: 8:00 am - 11:00 am

4/18/2025
Hospital: 8:00 am - 9:00 am
Exposure: 8:00 am - 11:00 am

4/12 → 4/13 → 4/14 → 4/15 → **4/16 Rash Onset** → 4/17 → 4/18 → 4/19 → 4/20

Infectious Period
Contact Exposed Persons

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4/18/2025
Hospital: 8:00 am - 9:00 am
Exposure: 8:00 am - 11:00 am

4/12 | 4/13 | 4/14 | 4/15 | **4/16 Rash Onset** | 4/17 | 4/18 | 4/19 | 4/20

Eligible for MMR vaccine Post-Exposure Prophylaxis (PEP)

Infectious Period
Contact Exposed Persons

4/12/2025
Grocery Store: 11:00 am - 11:30 am
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4/12 → 4/13 → 4/14 → 4/15 → **4/16 Rash Onset** → 4/17 → 4/18 → 4/19 → 4/20

Eligible for MMR vaccine Post-Exposure Prophylaxis (PEP)

Eligible for Immune Globulin (IG) PEP

Hospital Measles Exposure, 4/18/25

- On 4/18/25, the child is seen in a single patient room with standard precautions in the emergency department (ED) of an acute care hospital.
- One hour after the presentation, the provider caring for the patient expresses concern for measles.

What is an exposure?

- Sharing the same airspace with a case

OR

- Being in the same area(s) as the case, including up to 2 hours after the case leaves the area(s).

- 8:00 am: Checked into the ED waiting room.
- 8:30 am: Placed in a single-patient room with standard precautions in the ED.
- 9:00 am: Provider concerned for measles. Patient is immediately masked and moved to an airborne infection isolation room (AIIR).

Estimated exposure time:

8 am to 11 am

What is an exposure?

Request a Line List of Exposed Persons

- First name
- Last name
- Maiden name
- Date of birth
- Phone number
- Email
- State of residence
- Pregnant (Yes/No)
- Immunocompromised (Yes/No)

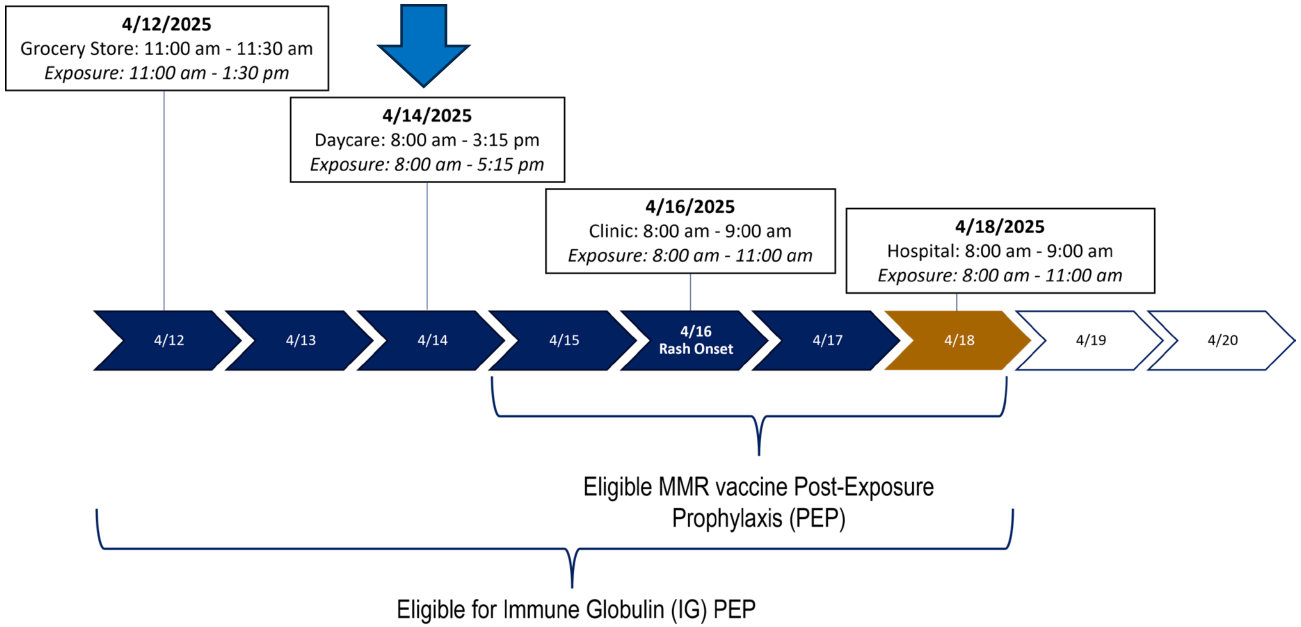
Example of a Line List

#	Exposure Date	First Name	Last Name	Maiden Name	Date of Birth	Phone Number	Email	State of Residence	Pregnant	Immuno-compromised
1	4/14	Olivia	Parker	N/A	01/22/2025	(501) 123-4567	N/A	AR	No	No
2	4/16	Samuel	Delgado	N/A	9/18/2024	(501) 223-4468	N/A	AR	No	No
3	4/16	Rachel	Kim	Cho	12/15/1990	(479) 123-1456	N/A	AR	No	Yes
4	4/16	Abigail	Booker	Smith	08/01/1995	(479) 657-3333	abooker@aol.com	AR	No	No

The individuals referenced are entirely fictional. Any resemblance to real persons, living or dead, is purely coincidental and unintentional. The data is used for educational or scenario-based illustration only.

Exposed Person: Example #1

- **Contact:** Olivia Parker
- **Initial Exposure Date**: 4/14
- **Today's Date:** 4/18
- **Age:** 2 months old
- **Medical History:** None
- **Vaccination status:** No MMR vaccine based on age
- **Symptoms of measles:** None

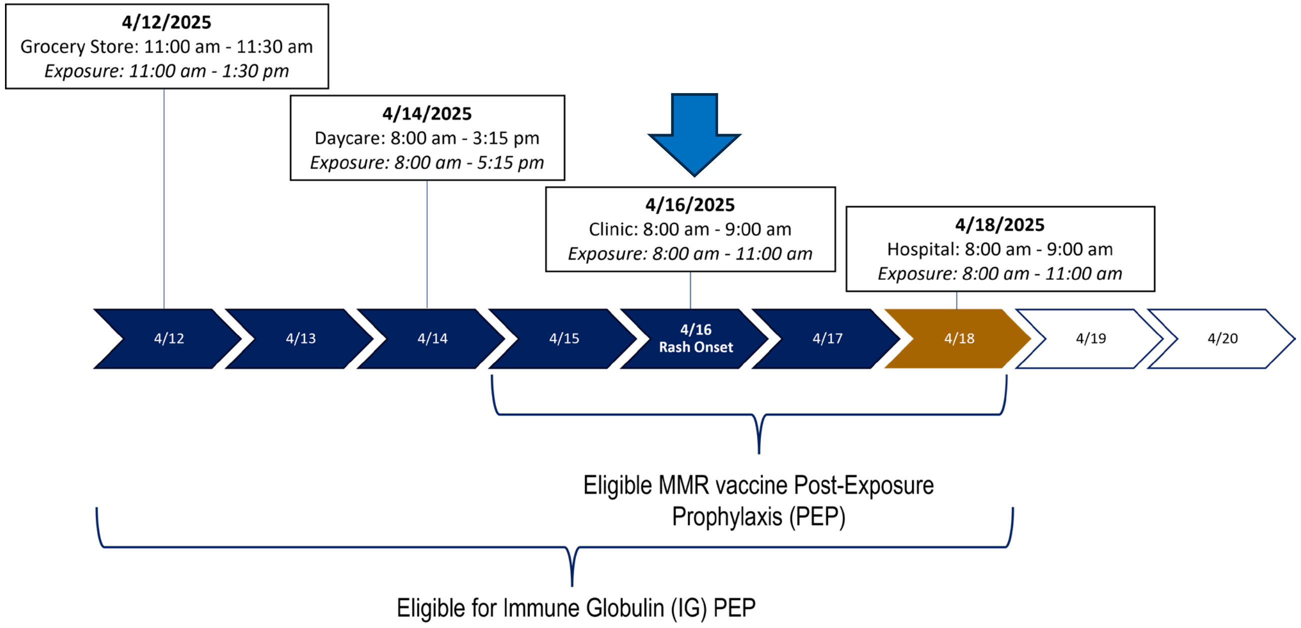


Recommendations

- Administer immune globulin intramuscular (IGIM) as PEP
- Stay home and separate from others
- Monitor for symptoms

Exposed Person: Example #4

- **Contact:** Abigail Booker
- **Initial Exposure Date**: 4/16
- **Today's Date:** 4/14
- **Age:** 29 years old
- **Medical History:** None
- **Vaccination status:** 2 doses of MMR
- **Symptoms of measles:** None



Recommendations

- PEP not indicated
- Continue regular activities
- Monitor for symptoms

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Measles Public Exposure Notification

Measles Public Exposure Locations

The Arkansas Department of Health (ADH) is notifying the public of measles exposures in places where contacts cannot be identified. This notification serves as a helpful tool for anyone who attended the locations listed below during the specific dates and times to take the appropriate steps to protect their health and limit the spread of measles. If you were at any of the locations during the dates and times listed below, you may have been exposed to measles. People exposed to measles typically develop symptoms 7 to 21 days after exposure. Public exposure notifications will be posted as they are identified and removed after 21 days.

Current Public Exposure Locations

	City	Location Name	Location Address	Exposure Date	Exposure Time	End of 21-day Symptom Watch
EXAMPLE	City A	Grocery Store	101 Main St.	4/12/2025	11:00am – 1:30pm	5/3/2025

https://healthy.arkansas.gov/programs-services/diseases-conditions/communicable-diseases/measles-rubeola/arkansas-measles-exposure-locations/

Acknowledgements

- Outbreak Response Nurses
- Epidemiologists
- Immunizations
- Healthcare Associated Infection (HAI) Section
- Molecular Team, AR SPHL
- Informatics
- Division of Local Public Health
- Division of Health Data and Analytics
- Communications
- Preparedness
- Call Center
- Leadership

Questions?

Call the Outbreak Response Branch at 501-661-2381

Email ADH.HAI@arkansas.gov

References

1. Centers for Disease Control and Prevention. Manual for the surveillance of vaccine-preventable diseases. Centers for Disease Control and Prevention, Atlanta, GA, 2012. Page last reviewed: 11/ 21/ 2024. Date accessed: 04, 10, 2025.
2. American Academy of Pediatrics. Measles. In: Kimberlin DW, Banjerjee R, Barnett ED, Lynfield R, Sawyer MH, eds. *Red Book: 2024–2027 Report of the Committee on Infectious Diseases.* American Academy of Pediatrics; 2024: [570-585]
3. Diwan MN, Samad S, Mushtaq R, et al. Measles Induced Encephalitis: Recent Interventions to Overcome the Obstacles Encountered in the Management Amidst the COVID-19 Pandemic. *Diseases*. 2022;10(4):104. Published 2022 Nov 17. doi:10.3390/diseases10040104

Contact Information

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Rubeola (measles)

- Three stages of infection, with each stage lasting 3 days (9-day measles).
  - The first 3 days are dominated by the “3 Cs”: coryza (runny nose), cough (typically brassy and uncomfortable), and conjunctivitis (red, watery, and photophobic eyes).
  - Oral signs are typically noted during this stage

Clinical Features - Measles

- Koplik spots
  - Foci of epithelial necrosis
  - Appear as small, blue-white macules surrounded by erythema
  - Sometimes described as “grains of salt.”

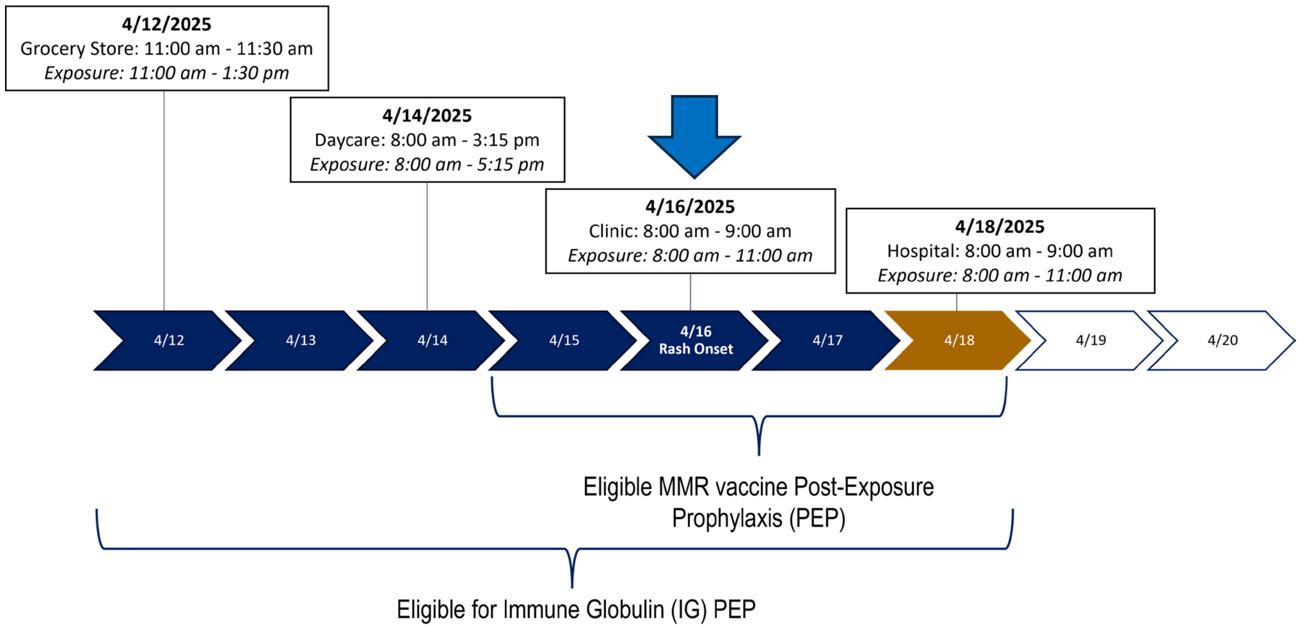
Clinical Features - Measles

- Koplik spots
  - Foci of epithelial necrosis
  - Appear as small, blue-white macules surrounded by erythema
  - Sometimes described as “grains of salt.”

Extra Slides

Exposed Person: Example #2

- **Contact:** Samuel Delgado
- **Initial Exposure Date**: 4/16
- **Today's Date:** 4/18
- **Age:** 7 months old
- **Medical History:** None
- **Vaccination status:** No MMR vaccine based on age
- **Symptoms of measles:** None

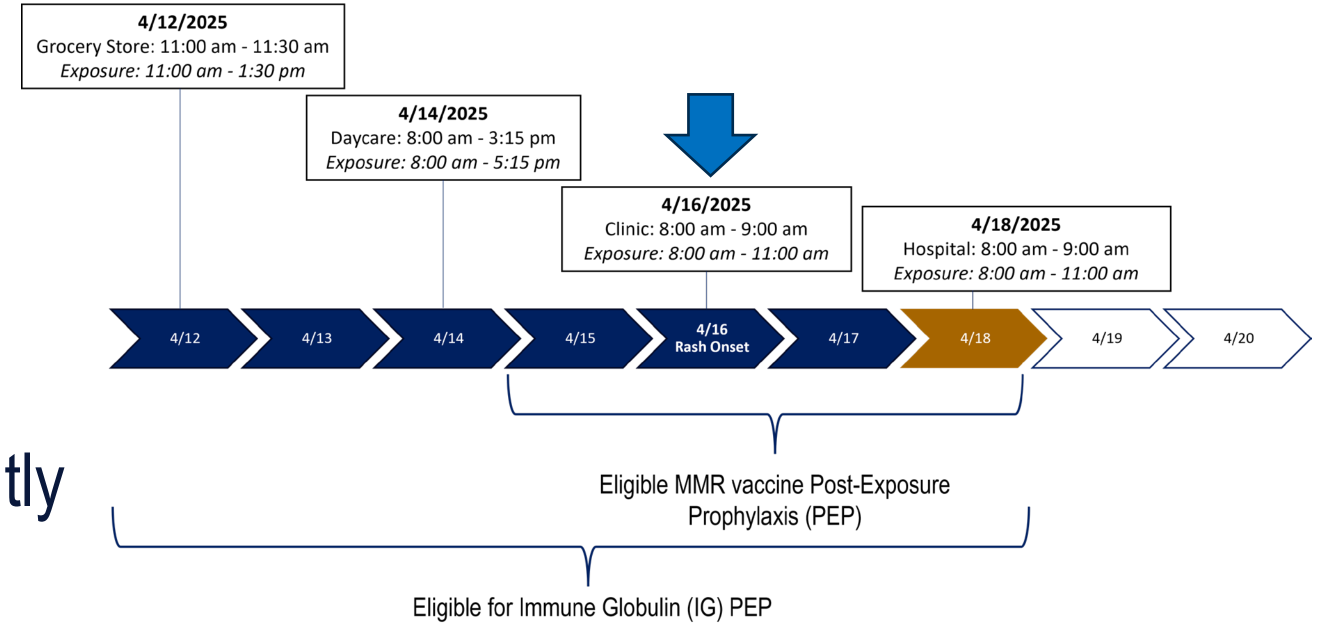


Recommendations

- Administer MMR vaccine as PEP
- Continue regular activities
- Monitor for symptoms

Exposed Person: Example #3

- **Contact:** Rachel Kim
- **Initial Exposure Date**: 4/16
- **Today's Date:** 4/18
- **Age:** 34 years old
- **Medical History:** Cancer, currently on chemotherapy
- **Vaccination status:** 2 doses of MMR
- **Symptoms of measles:** None



Recommendations

- Administer immune globulin intravenous (IGIV)
- Stay home and separate from others
- Monitor for symptoms

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Epidemiologic Insights

Public Health Response to Measles Cases

Exposed Persons: Exposure Location

Exposure Location Type	Count (Percent of Total)
Healthcare Facility Inpatient Outpatient	744 (86.3) 355 (41.2) 389 (45.1)
Business	79 (9.2)
Transportation	7 (0.8)
Other	32 (3.7)
Total	**862 (100)**

Source: Arkansas Department of Health
Measles Outbreak Response v2 REDCap system
Data generated by: Angelica Chavez on 9/9/2025

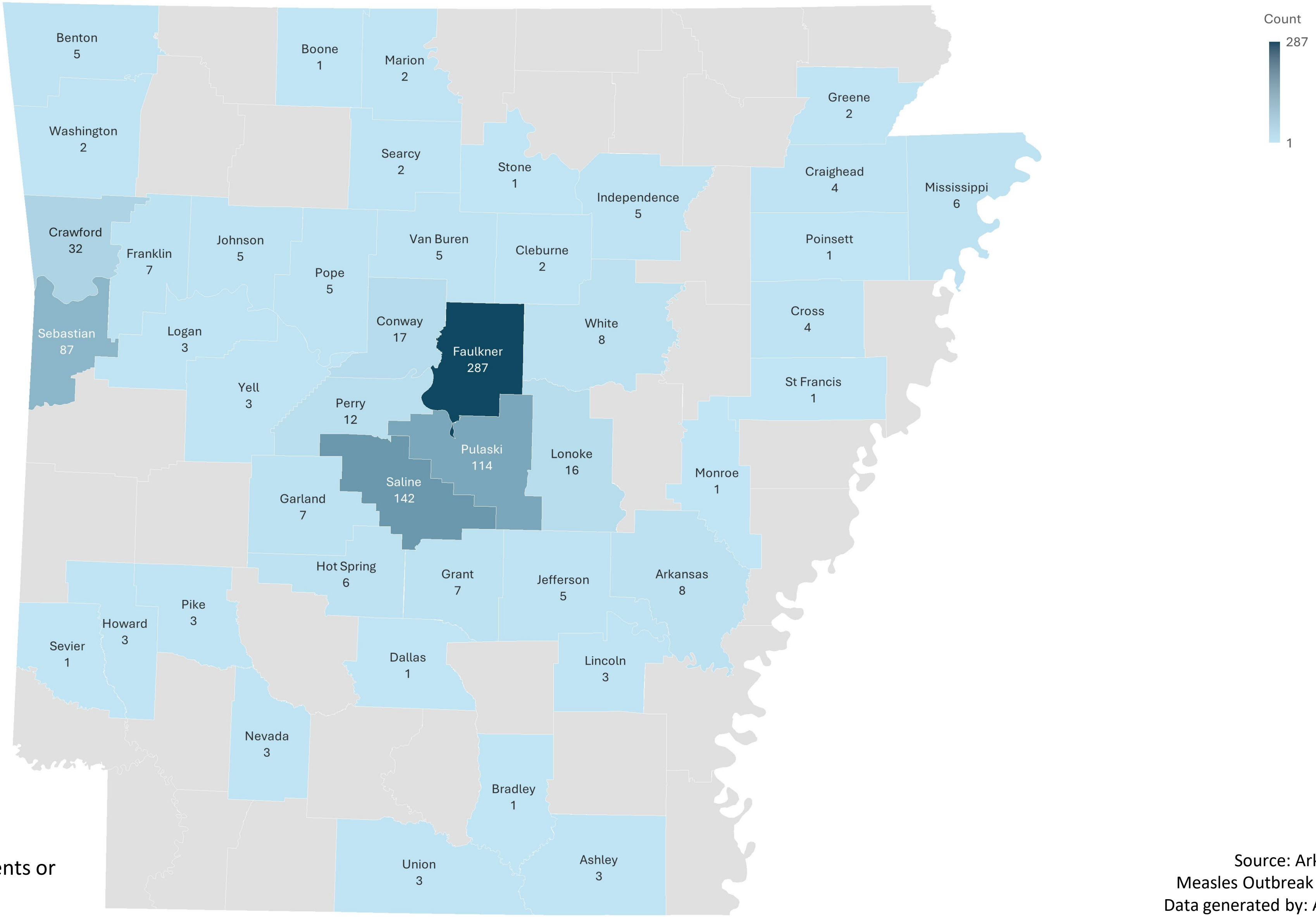
Exposed Persons: Demographic Characteristics

Demographic Characteristics	Count (Percent of Total)
Age (Year)	
<1	49 (5.7)
1 to 18	233 (27.0)
>18	577 (66.9)
Unknown	3 (0.3)
Sex	
Female	550 (63.8)
Male	311 (36.1)
Unknown	1 (0.1)
Race	
White	684 (79.4)
Black or African American	98 (11.4)
Other*	54 (6.3)
Unknown	26 (3.0)
Ethnicity	
Hispanic or Latino	86 (10.0)
Not Hispanic or Latino	723 (83.9)
Refused to Answer	40 (4.6)
Unknown	13 (1.5)
Total	**862 (100)**

*Includes Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Multi-Race, and nationalities.

Source: Arkansas Department of Health
Measles Outbreak Response v2 REDCap system
Data generated by: Angelica Chavez on 9/9/2025

Exposed Persons: County of Residence*



*26 exposed persons were out-of-state residents or had an unknown county of residence

Source: Arkansas Department of Health
Measles Outbreak Response v2 REDCap system
Data generated by: Angelica Chavez on 9/9/2025

Exposed Persons: Vaccination Status

Vaccination Status	Count (Percent of Total)
Unvaccinated	216 (25.1)
1 Dose of MMR	117 (13.6)
2 Doses of MMR	356 (41.3)
>2 Doses of MMR	25 (2.9)
Unknown	148 (17.2)
Total	**862 (100)**

Source: Arkansas Department of Health
Measles Outbreak Response v2 REDCap system
Data generated by: Angelica Chavez on 9/9/2025

Unvaccinated Exposed Persons

Unvaccinated Exposed Persons Age Groups (Years)	Count (Percent of Total)
< 1	48 (22.2)
1-18	19 (8.8)
19-67	66 (30.6)
68+ (Born before 1957)	81 (37.5)
Unknown	2 (0.9)
Total	**216 (100)**

Source: Arkansas Department of Health
Measles Outbreak Response v2 REDCap system
Data generated by: Angelica Chavez on 9/9/2025

Exposed Persons: Clinical Characteristics

Clinical Characteristics	Count (Percent of Total)
Pregnant	
Yes	9 (1.0)
No	453 (52.6)
Unknown/Not Applicable	400 (46.4)
Immunocompromised*	
Yes	21 (2.4)
No	841 (97.6)
Symptoms	
Conjunctivitis	3 (0.3)
Coryza	23 (2.7)
Cough	22 (2.6)
Fever	12 (1.4)
Rash	8 (0.9)
Complications	
Hospitalizations	0 (0)
Deaths	0 (0)

*Immunocompromised may include bone marrow transplant, chemotherapy, stem cell transplant, solid organ transplant, corticosteroid, immune modulators, combined primary immunodeficiency disorder, AIDS.

Source: Arkansas Department of Health
Measles Outbreak Response v2 REDCap system
Data generated by: Angelica Chavez on 9/9/2025

Symptomatic Exposed Persons: Test Results

Clinical Testing Performed*	Count (Percent of Total)
Yes	3 (6.5)
Positive	1 (2.2)
Negative	2 (4.3)
No	43 (93.5)
Total	**46 (100)**

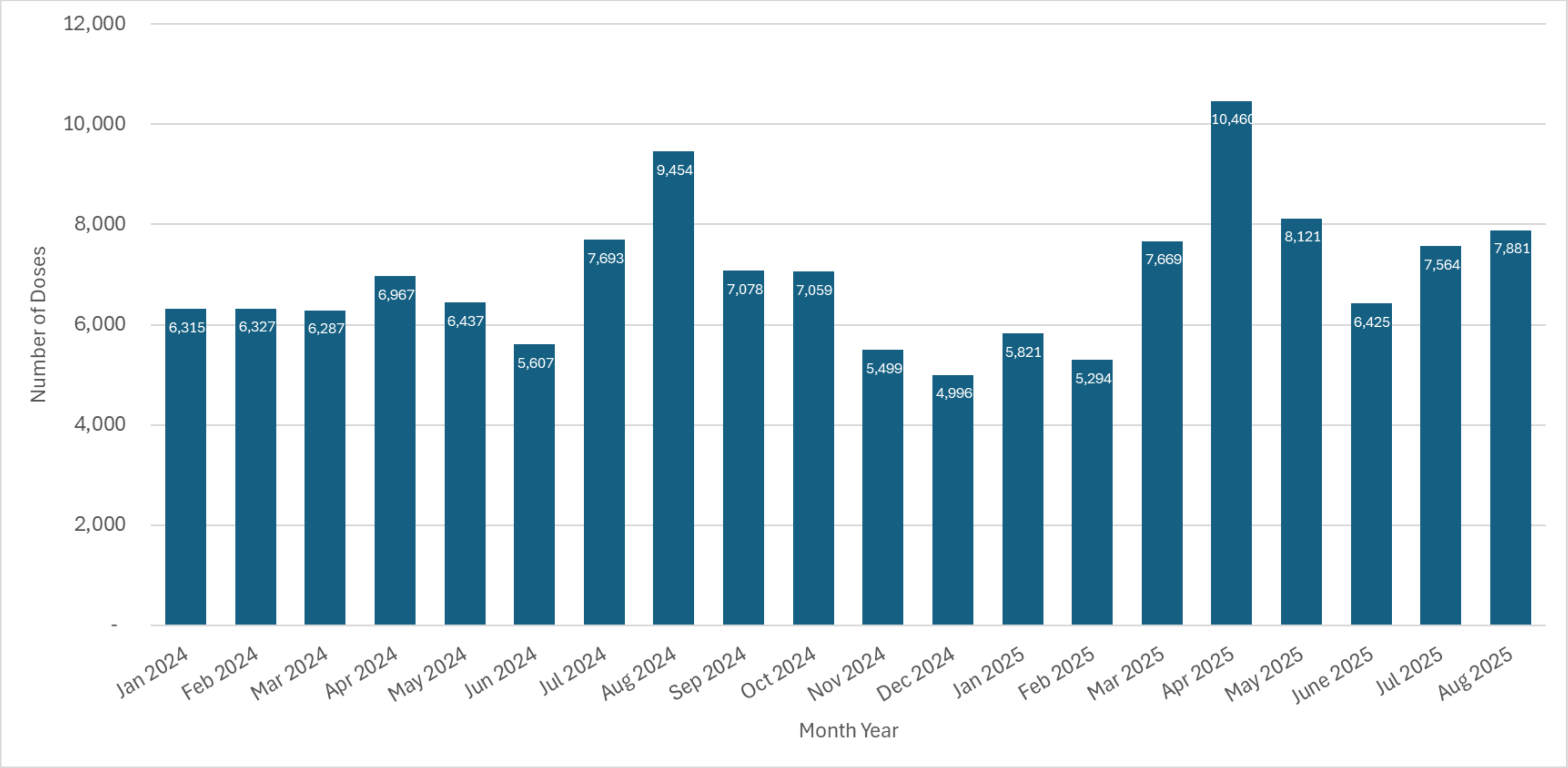
Source: Arkansas Department of Health
Measles Outbreak Response v2 REDCap system and Glen F Baker SPHL Laboratory Information Management System (LIMS)
Data generated by: Angelica Chavez and June Liu on 9/9/2025
*Clinical testing performed: Measles real time RT-PCR testing performed at the AR SPHL or results reported to the ADH.

Exposed Persons: Post-Exposure Prophylaxis (PEP) Recommendations

Post-Exposure Prophylaxis (PEP)	Count (Percent of Total)
Type of PEP Recommended (n = 862)	
MMR Vaccine	214 (24.8)
IGIM	35 (4.1)
IGIV	14 (1.6)
Not Recommended	466 (54.1)
Unknown	133 (15.4)
PEP Received (n = 81)	
MMR Vaccine	50 (61.7)
IGIM	26 (32.1)
IGIV*	5 (6.2)

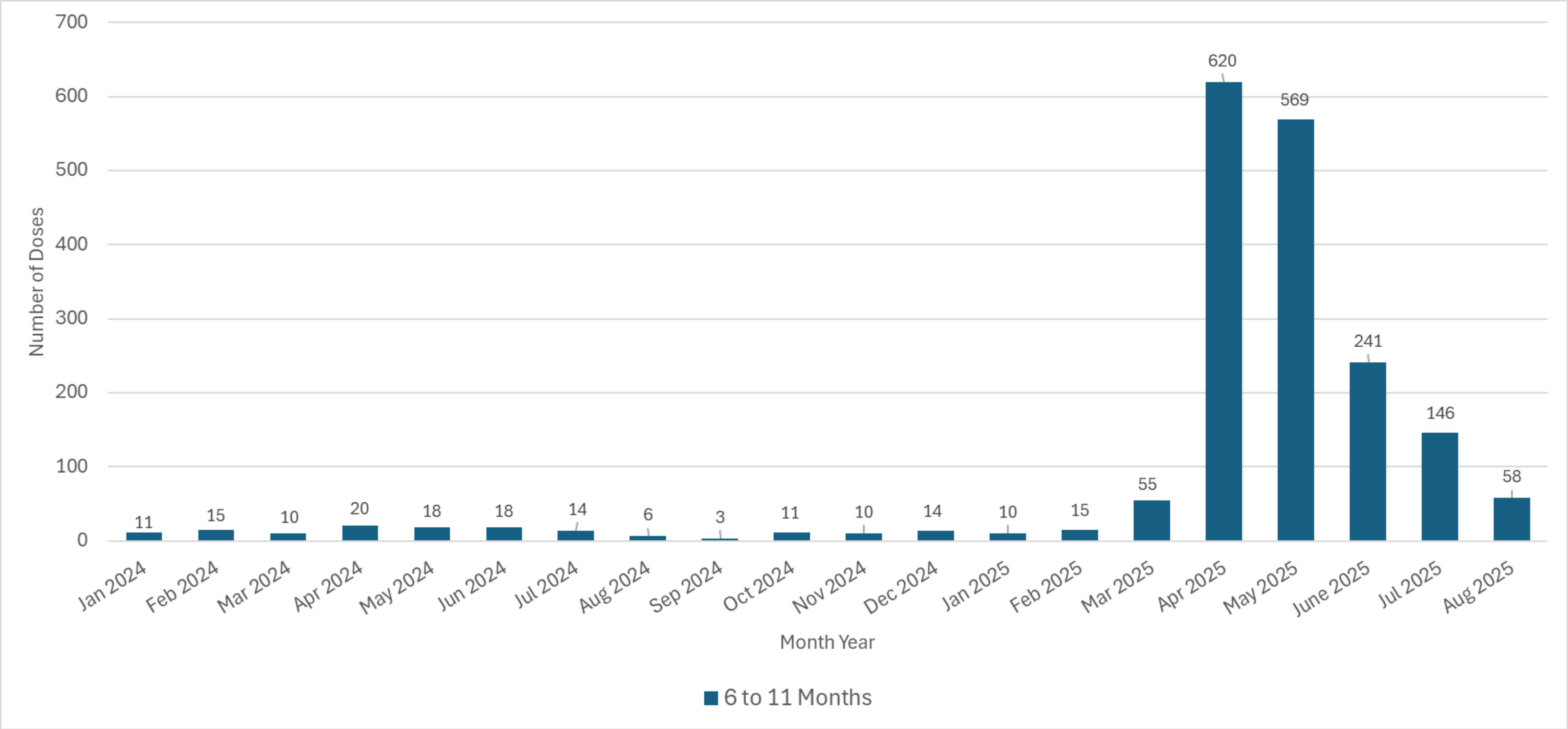
Source: Arkansas Department of Health
Arkansas Immunization Information System, WebIZ
Data generated by: Rachel Odom on 9/11/2025
*Data provided by Arkansas Children's Hospital

Total MMR Doses Administered by Month, Arkansas 2024-2025*



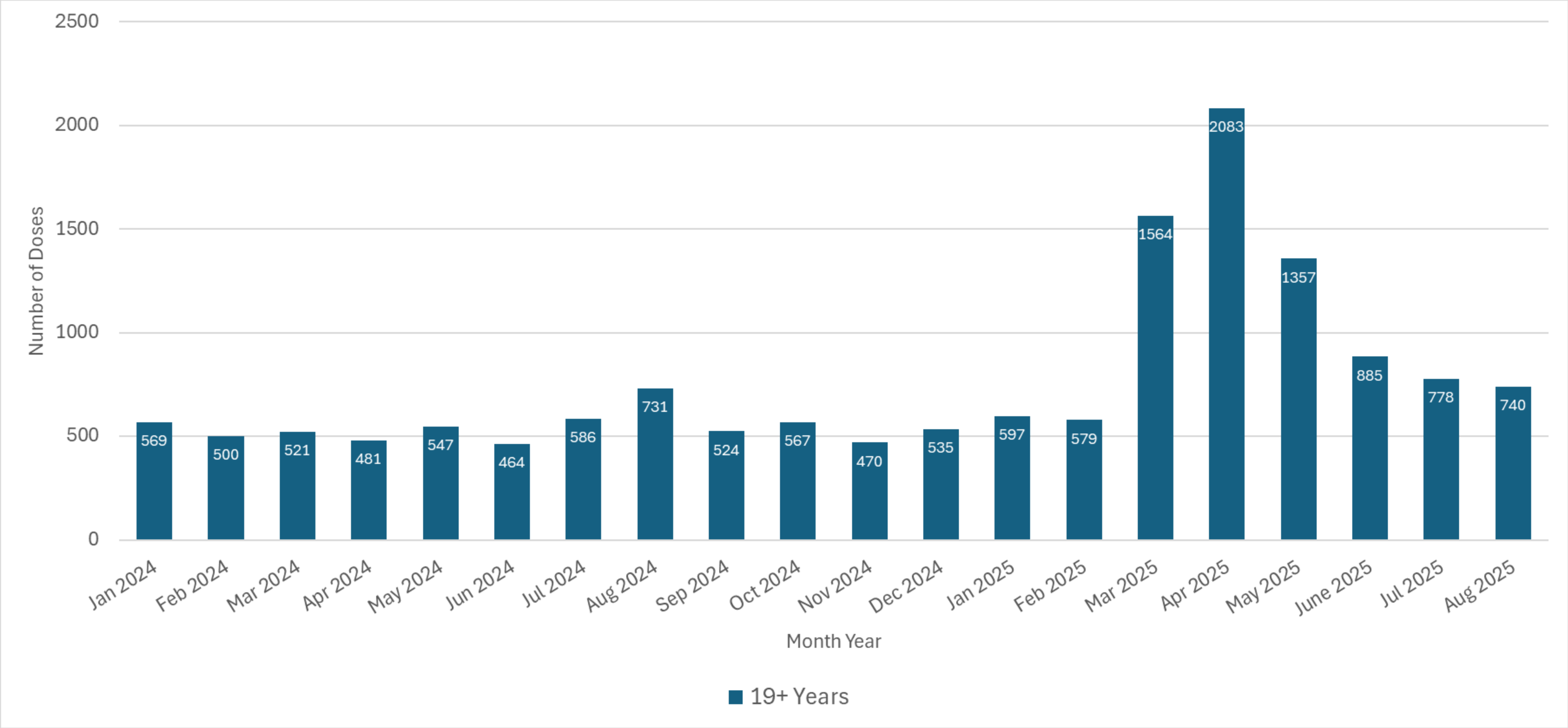
Source: Arkansas Immunization Information Systems (IIS), WebIZ
Data generated by Haytham Safi on 8/29/2025

Total MMR Doses Administered Monthly for 6-11 Months Old Children, Arkansas 2024-2025*



Source: Arkansas Immunization Information Systems (IIS), WebIZ
Data generated by Haytham Safi on 8/29/2025

Total MMR Doses Administered Monthly for Adults 19 Years and Older, Arkansas 2024-2025*



Source: Arkansas Immunization Information Systems (IIS), WebIZ
Data generated by Haytham Safi on 8/29/2025