

NEW MEXICO HEALTH ALERT NETWORK (HAN) ADVISORY **Administration of Vitamin A for Children with Measles**

March 5, 2025

Background

The New Mexico Department of Health (NMDOH) is notifying healthcare providers that during the measles outbreak in Southeast New Mexico, NMDOH and the Centers for Disease Control and Prevention (CDC) recommend that children diagnosed with severe measles, such as those who are hospitalized, should be managed with vitamin A. Under the supervision of a healthcare provider, vitamin A may be administered to infants and children with measles as part of supportive management.

Measles vaccination is the only preventive therapy for measles. Vitamin A will not prevent measles infection and should not be given prophylactically. Please discourage your patients from taking vitamin A that is not directed by you.

The 9 confirmed New Mexico measles cases have all been among residents of Lea County and we expect ongoing community exposures in Lea County at the present time. Measles has not been confirmed in New Mexico outside of Lea County. Healthcare providers should be vigilant for febrile rash in unvaccinated or under-vaccinated patients of any age, especially those with recent travel to the outbreak area or exposure to known cases. It is important that your patients be up to date with measles vaccination, and critical for patients with suspected measles to be promptly recognized, isolated, **reported to 1-833-796-8773**, and tested to prevent further spread.

NMDOH measles updates can be found on our website <http://measles.doh.nm.gov/>

Administration of vitamin A

- **Under physician supervision, if vitamin A is recommended for measles, it should be administered immediately on diagnosis and repeated the next day for a total of 2 treatment doses.**
- **Inappropriate dosing may lead to hypervitaminosis A.**
- **The recommended age-specific treatment dose for measles is:**
 - **50,000 IU for infants younger than 6 months of age**
 - **100,000 IU for infants 6-11 months of age**
 - **200,000 IU for children 12 months of age and older**

Reminders

- **If measles is suspected, immediately notify NMDOH by calling 1-833-SWNURSE, option 4 (1- 833-796-8773) for further guidance.**
- **Testing of febrile people without a rash is not recommended and may lead to false negative results. The PCR test is unlikely to detect measles virus until the**

onset of rash.

- **There is no need to test asymptomatic contacts.**
- **Patients suspected of having measles should be instructed to isolate themselves at home pending test results.**
- **Details on case management and vaccination recommendations can be found in a previous HAN available at this link: [Measles HAN Feb 21,2025](#)**

New Mexico Health Alert Network: To register for the NM Health Alert Network, please visit the following site <https://nm.readyop.com/fs/4cjZ/10b2> Please fill out the registration form completely and click Submit at the bottom of the page, to begin receiving Important health alerts, advisories, and updates.

Please Note that our system also utilizes text messaging to notify members of important health information. Due to FCC Regulation changes that are designed to decrease the amount of unwanted spam text messages sent each year to citizens, please save, this phone number **(855) 596-1810** as the **“New Mexico Health Alert Network”** default phone number for your account used for text messages on the mobile device(s) you register with us.

If measles is suspected, call 1-833-SWNURSE, option 4 (1-833-796-8773) for further guidance.

Asymptomatic exposed contacts do not need testing. If an exposed contact develops febrile rash illness, treat as a suspect case.

Table 1 Management of Contacts

Adapted from RedBook 2021-2024 Report of the Committee on Infectious Diseases 32nd edition

AGE RANGE	MEASLES IMMUNE STATUS	PEP TYPE DEPENDING ON TIME AFTER INITIAL EXPOSURE		
		≤3 days	4-6 days	>6 days
All ages	Immune (2 MMR doses, or born before 1957, or IgG positive)	PEP not indicated		
<6 months	Non-immune due to age	Give IMIG Home quarantine for 28 days after last exposure		PEP not indicated (too late) Home quarantine for 21 days after last exposure
6-11 months	Non-immune due to age	Give MMR (preferred over IG) No quarantine needed	Give IMIG Home quarantine for 28 days after last exposure	PEP not indicated (too late) Home quarantine for 21 days after last exposure
≥12 months	Non-immune (zero doses of MMR or IgG negative)	Give MMR No quarantine needed	PEP not indicated Home quarantine for 21 days after last exposure give MMR vaccine to protect against future exposure	
≥12 months	1 dose of MMR vaccine	Give 2 nd MMR dose if ≥ 28 days from last dose of live vaccine. No quarantine needed	Household or documented contacts (higher risk exposure) to confirmed/suspect case <ul style="list-style-type: none"> Obtain IgG titers to determine immunity, home quarantine while awaiting results. If IgG negative quarantine for 21 days after last exposure Give 2nd dose MMR to protect against future exposures Age 1-3 years less likely to get sick due to 1 dose of MMR no quarantine needed 	
AGE RANGE	MEASLES IMMUNE STATUS	PEP TYPE DEPENDING ON TIME AFTER INITIAL EXPOSURE		
		≤3 days	4-6 days	>6 days
≥12 months	1 dose of MMR vaccine	Give 2 nd MMR dose if ≥ 28 days from last dose of live vaccine. No quarantine needed	Lower risk exposures (grocery store, restaurant, public event, etc.) <ul style="list-style-type: none"> Age 1-3 years less likely to get sick due to 1 dose of MMR, no quarantine needed, self-monitor for symptoms Age ≥ 4 years less likely to get sick due to 1 dose of MMR, give 2nd dose MMR to protect against future exposures, no quarantine needed, self-monitor for symptoms 	