

SEPTEMBER 26, 2025

Purpose of this Message:

To inform clinical laboratory partners of three new measles cases in the metro area and provide instructions on acceptable specimens, transport media and shipping conditions for testing at MDH-PHL.

Action Item:

Please review the information below and share with your clinical laboratory partners.

Laboratory Testing Information:

The MDH Public Health Laboratory (MDH-PHL) offers a real-time reverse transcriptase PCR assay for measles testing. Real-time PCR is the preferred diagnostic assay due to cross-reactivity with the serology test. It is important to collect specimens as soon as possible after the onset of the rash. Considering day 0 as the rash onset date, collect specimens as outlined below:

- Day 0 5 of rash: throat swab
- Day 6 9 of rash: throat swab and urine

Requests for measles IgM serologies should be sent to your regular reference lab; MDH-PHL does not perform measles serology testing.

Acceptable specimens:

- Throat swab (preferred), nasal/nasopharyngeal swab or nasal washing submitted in a viral transport media (VTM): universal transport medium (UTM), M5, M4, Minimum Essential Medium (MEM), saline, balanced salt solution (BSS), Sterile isotonic solutions, Phosphate buffered saline (PBS), Liquid Stuart's Medium.
- Urine (10 40 mL) should be collected and shipped in a sterile urine container.

Transport:

In order to obtain same-day results, specimens must arrive at MDH-PHL before 10:30 AM.

Store and ship specimens at refrigeration temperature (2 - 8°C) on ice packs in an insulated container. Further information on collection, transport media and shipping can be found on the MDH Measles Lab Testing web page

(https://www.health.state.mn.us/diseases/measles/hcp/labtesting.html).

Background:

Three cases of measles have been identified in Minnesota in the past week. All cases are in unvaccinated children with no history of recent travel. These cases are thought to have been

exposed by an unvaccinated family member with recent domestic travel who reported having a measles compatible illness but was not tested for measles. The cases reside in Dakota County. MDH is working with local health departments to contact those who were known to be exposed to these cases. A list of measles symptoms is available on the MDH measles web page (https://www.health.state.mn.us/diseases/measles/measlesfacts.html#symptoms).

These three cases bring Minnesota's case count to eight for 2025. Nationally, measles continues to increase. As of Sept. 23, a total of 1,514 confirmed measles cases have been reported by 42 jurisdictions throughout the United States in 2025 (CDC: Measles Cases and Outbreaks [www.cdc.gov/measles/data-research/]).

It is important to assess MMR vaccination status at every clinic visit and recall those who have previously refused MMR vaccine. MMR vaccine remains the most important tool for preventing measles and the current measles situation is an opportunity to restart conversations with patients about the importance of vaccination.

This information was shared with clinicians and infection preventionists through the Health Alert issued by MDH Health Alert Network (https://www.health.state.mn.us/han).

Questions:

For questions on laboratory testing please contact:

 Anna K. Strain, Infectious Disease Laboratory Manager 651-201-5035, <u>Anna.Strain@state.mn.us</u>

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Minnesota Laboratory System
Minnesota Department of Health, Public Health Laboratory
601 Robert St. N, St. Paul, MN 55164-0899
651-201-5200
health.mnlabsystem@state.mn.us
www.health.state.mn.us/diseases/idlab/mls/index.html

To obtain this information in a different format, call: 651-201-5200.