

**Enhancing Measles Vaccinations and Prevention Throughout the County**

The United States is currently experiencing the worst measles outbreak in recent years. As of May 16, 2025, there have been 1,024 confirmed measles cases throughout 31 jurisdictions, including California, and 14 outbreaks (defined as 3 or more related cases) reported in 2025. Of confirmed cases, 96% are among persons who are unvaccinated or have unknown vaccination status. Thirty percent of cases are among children under five, 38% among children and youth aged five to nineteen years, and 32% among adults over the age of 20 years. Additionally, 13% of cases have led to hospitalization, while three measles cases have led to death. However, it is estimated that many more cases are unreported, while the number of confirmed cases is on the rise.

Measles is caused by a highly contagious virus (significantly more contagious than SARS Co-V-2, HIV, and varicella) that spreads through air when an infected person talks, breathes, coughs, or sneezes. When an unvaccinated person is exposed, they have a 90% chance of becoming infected. Common measles symptoms include fever, cough, runny nose, pink eye, tiny white spots in the mouth, and a rash that typically starts on the face/hairline and spreads downwards. Other common complications that arise from a measles infection include diarrhea, ear infection, and

**MOTION**

Solis	_____
Mitchell	_____
Horvath	_____
Hahn	_____
Barger	_____

REVISED MOTION BY SUPERVISOR HILDA L. SOLIS

June 10, 2025

**Enhancing Measles Vaccination and Prevention in Los Angeles County**

pneumonia, with up to 25% requiring hospitalization. Although rare it is also possible to experience inflammation of the brain, as well as subacute sclerosis panencephalitis (a progressive neurological disorder that presents 7 to 10 years after a measles infection), and death.

The number of cases observed across the country are particularly concerning, as measles was officially eradicated in the year 2000 in the United States, which was considered a historic public health achievement. This was due to uptake of the measles, mumps, and rubella (MMR) vaccine which is both a safe and effective mechanism for preventing measles. When more than 95% of community population are vaccinated, most individuals are protected through community immunity. However, when vaccination rates decrease, the possibility of infection significantly increases particularly in close-knit under-vaccinated communities. Given the rise of measles cases, vaccination rates among some communities throughout the United States are not adequately high.

An April 2025 KFF Tracking Poll on Health Information and Trust found that most adults throughout the United States, including parents, have heard at least one false claim related to measles and the MMR vaccine. Meanwhile, 63% of adults and 61% of parents have been exposed to the false claim that the MMR vaccine causes autism, while 33% of adults have been exposed to the false claim that the MMR vaccine is more dangerous than being infected with measles. Additionally, 70% of adults expressed some uncertainty related to these false claims. The spread of misinformation related to

REVISED MOTION BY SUPERVISOR HILDA L. SOLIS

June 10, 2025

**Enhancing Measles Vaccination and Prevention in Los Angeles County**

the MMR vaccine, including from the Trump administration, is extremely dangerous.

The MMR vaccine is the most effective form of prevention for measles, while there is no medical treatment for measles once contracted.

As of May 12, 2025, there have been 11 confirmed measles cases reported in California, four who were in Los Angeles County during their infectious period. Throughout the County, 98% of children in kindergarten during the 2024-2025 school year were immunized against measles. However, population-level measles immunization coverage among County residents by demographics, geography, and time is largely unknown. This is due to an incomplete immunization information system (IIS) designed to consolidate individual-level immunization records into one centralized system to guide clinical decision making and track immunization coverage in the County. Los Angeles County's IIS is the California Immunization Registry (CAIR), a secure web-based system that is available to healthcare providers to report, monitor and update patient immunization records. In 2023, California Assembly Bill 1719 mandated that healthcare providers report all administered immunizations to the CAIR. While CAIR reporting has increased since the 2023 mandate, it is still considered an incomplete data source given that many providers are not complying with CAIR reporting requirements. Additionally, the reporting mandate does not include a requirement to document historical vaccination records, resulting in missed or unnecessary vaccinations due to fragmented immunization histories. Also, many residents who were vaccinated prior to the existence of electronic medical records or

REVISED MOTION BY SUPERVISOR HILDA L. SOLIS

June 10, 2025

**Enhancing Measles Vaccination and Prevention in Los Angeles County**

who have lost their paper vaccination records, may have an unknown vaccine status.

Lack of proactive and consistent reporting and tracking of immunization events in CAIR, particularly among adults, has led to the vaccination status among adults being largely unknown. Other sources of data on patient immunization histories are still needed to improve our understanding of population-level immunization coverage, identify under-vaccinated communities at risk, target vaccine outreach and educate the public. Based on recommended immunizations for the California Department of Health Care Services' Quality Incentive Program, that provides quality measures for public hospitals in California, the County's Department of Health Services and other public hospital providers track vaccines among children and adults. Although the measles vaccine is part of the children's vaccine schedule, it is not a vaccine that the State requires to be tracked among adults based on standard protocol, and individual providers may or may not track adult measles vaccination status. At a time of growing misinformation around vaccines, including the MMR vaccine, the County must take proactive steps to ensure utilization of recommended vaccines. This includes adequate tracking and reporting of the MMR vaccine coverage, counteracting false claims and narratives around vaccines, and communicating important messages to County residents and healthcare providers that vaccination against measles is the most effective way to prevent measles.

The Department of Public Health (DPH) has engaged in numerous efforts to support vaccine uptake and prevent measles throughout the County. DPH has a

REVISED MOTION BY SUPERVISOR HILDA L. SOLIS

June 10, 2025

**Enhancing Measles Vaccination and Prevention in Los Angeles County**

dedicated [information page on their website for the public and for providers on measles and vaccine information](#), and has developed a [public messaging toolkit](#) in multiple languages to help inform residents on up-to-date measles information. In addition, DPH engages directly with providers on detecting and preventing spread, reporting suspect cases to DPH, collecting specimens for measles testing, and submitting specimens to a public health laboratory for testing.

A key intervention for preventing measles in an ongoing measles investigation is provision of post-exposure prophylaxis (PEP) to protect susceptible patients that are exposed to measles (contacts) from getting infected. Contacts at high risk for severe complications of disease should be prioritized for receiving immune globulin (IG) PEP; this include infants less than 12 months of age who are too young to be vaccinated, pregnant women, and severely immunocompromised individuals. IG PEP is time sensitive as it needs to be administered within six days of the measles exposure to be effective. Provider offices do not typically carry IG, so susceptible persons who fall within the six-day PEP window period need to be referred to a clinical site that carries the product. Costs of intramuscular IG (IMIG) is \$95 per two milliliter vial which is sufficient for one susceptible infant under five pounds. In a recent measles investigation involving a children's hospital, the number of infants under 12 months that were eligible for IG PEP was less than five individuals. IG for pregnant or immunocompromised persons is administered through intravenous infusions which is widely available in hospitals.

REVISED MOTION BY SUPERVISOR HILDA L. SOLIS

June 10, 2025

**Enhancing Measles Vaccination and Prevention in Los Angeles County**

DPH has indicated that measles outbreaks are resource intensive, with the median cost per outbreak costing an estimated \$152,308, the median cost per case being \$32,805, and the median cost per contact being \$223. Given the ongoing measles outbreak in the U.S. and continuous rise in cases, it is critical that the County continue to identify opportunities to enhance prevention and response measures that will keep our residents safe from vaccine-preventable diseases (VPDs). This is particularly important as vaccine misinformation spreads, and the County prepares for potential funding reductions from the federal government. Currently, Public Health receives federal funding through Centers for Disease Control and Prevention's (CDC) Public Health Infrastructure Grant to support modernization of IIS to reliably estimate vaccination coverage accurately and provide the needed information to monitor, evaluate and direct immunization service delivery to where it is needed the most. In addition, Public Health expects to enter a new five-year cooperative agreement with CDC to prevent and respond to VPDs through expansion of robust surveillance systems to enhance early detection and rapid response to VPDs such as measles; targeted strategies to increase access, confidence and demand in immunization service delivery; and establishment of strong public health networks and partnerships with providers and community-based organizations to meet the immunization needs of the diverse communities they serve. The potential loss of this funding will result in the inability for the County to respond to future outbreaks of measles and other VPDs, reduced access to vaccines particularly among the most underserved and vulnerable community

REVISED MOTION BY SUPERVISOR HILDA L. SOLIS

June 10, 2025

**Enhancing Measles Vaccination and Prevention in Los Angeles County**

members, and lower immunization coverage in the population to adequately protect our communities against severe morbidity and mortality from VPDs.

**I, THEREFORE, MOVE** that the Board of Supervisors direct the Department of Health Services, in collaboration with the Department of Public Health, to report back in writing in 60 days with a plan to:

1. Continue to promote measles vaccination and enhance the consistent tracking of measles vaccination coverage among its empaneled patients by demographics, geography, and time, in addition to other recommended vaccines, including those in the Quality Improvement Program.
2. Continue to ensure that all historical and current measles immunization events among its empaneled patients, in addition to other Quality Improvement Program recommended vaccines, are reported to CAIR.
3. Develop a system-wide report of adult measles vaccination status among its empaneled patients.
4. Serve as a hospital referral site for administering intramuscular immune globulin (IMIG) post-exposure prophylaxis (PEP) to susceptible uninsured residents ~~that are exposed to a measles case~~ and or residents who do not have a medical provider to administer IMIG PEP within the six-day guideline period following exposure to a measles case.

**I, FURTHER, MOVE** that the Board of Supervisors direct the Department of Public Health in partnership with the Los Angeles County Office of Education, the Department

REVISED MOTION BY SUPERVISOR HILDA L. SOLIS

June 10, 2025

**Enhancing Measles Vaccination and Prevention in Los Angeles County**

of Health Services, and the Department of Mental Health to report back in writing in 30 days on existing efforts and/or plans for:

1. Engaging with daycares and schools to promote back-to-school vaccination efforts throughout the County and vaccine utilization among children and parents.
2. Educating and building relationships with *promotoras*, community health workers, and other trusted community stakeholders in under-vaccinated communities on measles, including importance of vaccines, and detecting and preventing its spread.
3. Working with health plans and providers to enroll in CAIR and consistently report all measles vaccination administrations to CAIR, in addition to other recommended vaccines.
4. Working with health plans and providers to develop recommendations on additional vaccines that should be more consistently tracked among County residents.
5. Sharing and disseminating existing social media graphics and copy available in multiple language with partners, including County departments, community-based organizations, and other trusted entities that share public service announcements.

# # #

HLS:jgd