From: Robertson, Alaina B. (CDC/OD/OC)
Sent: Tuesday, March 25, 2025 6:34 PM
To: Patterson, Sara S. (CDC/PHIC/OD) <afo0@cdc.gov>
Subject: RE: RO Review: Measles Risk Assessment

Thanks, Sara!

I'll connect with their comms staff to let them know and close this one out.

Have a great night!

Best,

Alaina

From: Patterson, Sara S. (CDC/PHIC/OD) <afo0@cdc.gov>
Sent: Tuesday, March 25, 2025 4:22 PM
To: Robertson, Alaina B. (CDC/OD/OC) <ifs2@cdc.gov>; Aleshire, Noah (CDC/OD/OPPE) <uwo2@cdc.gov>; Brand, Anstice M. (CDC/OD/CDCWO) <atb6@cdc.gov>; Coffin, Nicole (CDC/PHIC/OD) <ndc3@cdc.gov>; Das, Mansi S. (CDC/OD/OC) <hrg7@cdc.gov>; Dempsey, Jay H. (CDC/OD/OC) <ifb5@cdc.gov>; Fischer, Arielle (CDC/OD/OC) <ak26@cdc.gov>; Fountain, Alison (CDC/OD/OCS) <nrc0@cdc.gov>; Greaser, Jennifer (CDC/OD/CDCWO) <cbx5@cdc.gov>; Haynes, Benjamin (CDC/OD/OC) <fxq2@cdc.gov>; Hoffmann, Lauren (CDC/OD/OCS) <cpf5@cdc.gov>; Holloway, Rachel (CDC/OD/OBPA) <khx1@cdc.gov>; Houry, Debra E. (CDC/IOD) <vjz7@cdc.gov>; Lentine, Dan (CDC/OD/OPPE) <dhl2@cdc.gov>; Lubar, Debra (CDC/OD/OPPE) <dpl9@cdc.gov>; Manchester, Brittney Lynne (CDC/OD/OC) <jks6@cdc.gov>; Mandel, Daniel A. (CDC/OD/OBPA) <ibt7@cdc.gov>; O'Connor, Melissa (CDC/OD/OCS) <oex0@cdc.gov>; Reczek, Jeffrey (CDC/OD/CDCWO) <msq5@cdc.gov>; Sargent, Emily (CDC/OD/OPPE) <nul3@cdc.gov>; Schindelar, Jessica (CDC/OD/OC) <ghq1@cdc.gov>; Schwarcz, Cristi L. (CDC/OD/CDCWO) <zcj1@cdc.gov>; Solhtalab, Elizabeth (CDC/OD/OBPA) <IKD9@cdc.gov>; Thomas, Stephanie (CDC/PHIC/DWD) <sqt8@cdc.gov>; Voegeli, Chris (CDC/OD/OC) <oqo2@cdc.gov>; Wilson, Michelle (CDC/OD/OBPA) <zwv2@cdc.gov>; Jones, Jamila H. (CDC/OD/OC) <akq3@cdc.gov>; Taylor, Ryan (CDC/OD/CDCWO) <bnw0@cdc.gov>; Ward Gokhale, Lindsay (CDC/OD/OBPA) <nje8@cdc.gov>; Mandel, Daniel A. (CDC/OD/OBPA) <ibt7@cdc.gov>
Cc: Mandel, Samantha (CDC/OD/OC) <mvi0@cdc.gov>
Subject: RE: RO Review: Measles Risk Assessment

Hi all,

After discussion in IOD, leadership does not want to pursue putting this on the website. Please let us know if you have any questions.

Thanks,
Sara

From: Robertson, Alaina B. (CDC/OD/OC) <ifs2@cdc.gov>
Sent: Sunday, March 23, 2025 6:17 PM
To: Aleshire, Noah (CDC/OD/OPPE) <uwo2@cdc.gov>; Brand, Anstice M. (CDC/OD/CDCWO)

<atb6@cdc.gov>; Coffin, Nicole (CDC/PHIC/OD) <ndc3@cdc.gov>; Das, Mansi S. (CDC/OD/OC) <hrg7@cdc.gov>; Dempsey, Jay H. (CDC/OD/OC) <ifb5@cdc.gov>; Fischer, Arielle (CDC/OD/OC) <ak26@cdc.gov>; Fountain, Alison (CDC/OD/OCS) <nrc0@cdc.gov>; Greaser, Jennifer (CDC/OD/CDCWO) <cbx5@cdc.gov>; Haynes, Benjamin (CDC/OD/OC) <fxq2@cdc.gov>; Hoffmann, Lauren (CDC/OD/OCS) <cpf5@cdc.gov>; Holloway, Rachel (CDC/OD/OBPA) <khx1@cdc.gov>; Houry, Debra E. (CDC/IOD) <vjz7@cdc.gov>; Lentine, Dan (CDC/OD/OPPE) <dhl2@cdc.gov>; Lubar, Debra (CDC/OD/OPPE) <dpl9@cdc.gov>; Manchester, Brittney Lynne (CDC/OD/OC) <jks6@cdc.gov>; Mandel, Daniel A. (CDC/OD/OBPA) <ibt7@cdc.gov>; O'Connor, Melissa (CDC/OD/OCS) <oex0@cdc.gov>; Patterson, Sara S. (CDC/PHIC/OD) <afo0@cdc.gov>; Reczek, Jeffrey (CDC/OD/CDCWO) <msq5@cdc.gov>; Sargent, Emily (CDC/OD/OPPE) <nul3@cdc.gov>; Schindelar, Jessica (CDC/OD/OC) <ghq1@cdc.gov>; Schwarcz, Cristi L. (CDC/OD/CDCWO) <zcj1@cdc.gov>; Solhtalab, Elizabeth (CDC/OD/OBPA) <IKD9@cdc.gov>; Thomas, Stephanie (CDC/PHIC/DWD) <sqt8@cdc.gov>; Voegeli, Chris (CDC/OD/OC) <oqo2@cdc.gov>; Wilson, Michelle (CDC/OD/OBPA) <zwv2@cdc.gov>; Jones, Jamila H. (CDC/OD/OC) <akq3@cdc.gov>; Taylor, Ryan (CDC/OD/CDCWO) <bnw0@cdc.gov>; Ward Gokhale, Lindsay (CDC/OD/OBPA) <nje8@cdc.gov>; Mandel, Daniel A. (CDC/OD/OBPA) <ibt7@cdc.gov>
Cc: Mandel, Samantha (CDC/OD/OC) <mvi0@cdc.gov>
Subject: RO Review: Measles Risk Assessment
Importance: High

Hi everyone!

CFA has shared the enclosed RO to support their Measles Risk Assessment. In the assessment, CFA finds the risk to the general U.S. population to be low, and risk to communities with low vaccination rates and geographic proximity or close social ties to areas with active measles outbreaks to be high. The assessment is supported by partner outreach and the web update of the assessment itself. CFA would like the assessment to go out as early as possible this week. Please review and include any proposed comments or edits by COB Monday, 3/24/25. https://cdc.sharepoint.com/:w:/t/NCIRDResponseTemplate/EcKtJgOUwflPj-IM0sNAZBoBUnJu8_6cEs8ZsYfNL0n4TA?e=gDBfMt

Thanks,

Alaina

Alaina Robertson

Senior Health Communications Specialist

Division of Media Relations | Office of Communications

U.S. Centers for Disease Control and Prevention

Office: 770.488.6524 | Cell: (b) (6)

Lancey, Brandon (OS/ASPA)

From: Hoffmann, Lauren (CDC/OD/OCS)
Sent: Sunday, March 23, 2025 8:57 PM
To: Schnepf, Laurie (CDC/OD/OCS); Pope Alley, Rebeccann (CDC/OD/OCS)
Subject: FW: RO Review: Measles Risk Assessment

Importance: High

For NN

Lauren Hoffmann
Team Lead, Policy, Per□ormance and Coordination Team
Centers □or Disease Control and Prevention
Department o□Health and Human Services

From: Robertson, Alaina B. (CDC/OD/OC) <ifs2@cdc.gov>
Sent: Sunday, March 23, 2025 6:17 PM
To: Aleshire, Noah (CDC/OD/OPPE) <uwo2@cdc.gov>; Brand, Anstice M. (CDC/OD/CDCWO) <atb6@cdc.gov>; Coffin, Nicole (CDC/PHIC/OD) <ndc3@cdc.gov>; Das, Mansi S. (CDC/OD/OC) <hrg7@cdc.gov>; Dempsey, Jay H. (CDC/OD/OC) <ifb5@cdc.gov>; Fischer, Arielle (CDC/OD/OC) <ak26@cdc.gov>; Fountain, Alison (CDC/OD/OCS) <nrc0@cdc.gov>; Greaser, Jennifer (CDC/OD/CDCWO) <cbx5@cdc.gov>; Haynes, Benjamin (CDC/OD/OC) <fxq2@cdc.gov>; Hoffmann, Lauren (CDC/OD/OCS) <cpf5@cdc.gov>; Holloway, Rachel (CDC/OD/OBPA) <khx1@cdc.gov>; Houry, Debra E. (CDC/IOD) <vjz7@cdc.gov>; Lentine, Dan (CDC/OD/OPPE) <dhl2@cdc.gov>; Lubar, Debra (CDC/OD/OPPE) <dpl9@cdc.gov>; Manchester, Brittney Lynne (CDC/OD/OC) <jks6@cdc.gov>; Mandel, Daniel A. (CDC/OD/OBPA) <ibt7@cdc.gov>; O'Connor, Melissa (CDC/OD/OCS) <oex0@cdc.gov>; Patterson, Sara S. (CDC/PHIC/OD) <afo0@cdc.gov>; Reczek, Jeffrey (CDC/OD/CDCWO) <msq5@cdc.gov>; Sargent, Emily (CDC/OD/OPPE) <nul3@cdc.gov>; Schindelar, Jessica (CDC/OD/OC) <ghq1@cdc.gov>; Schwarcz, Cristi L. (CDC/OD/CDCWO) <zcj1@cdc.gov>; Solhtalab, Elizabeth (CDC/OD/OBPA) <IKD9@cdc.gov>; Thomas, Stephanie (CDC/PHIC/DWD) <sqt8@cdc.gov>; Voegeli, Chris (CDC/OD/OC) <oqo2@cdc.gov>; Wilson, Michelle (CDC/OD/OBPA) <zwv2@cdc.gov>; Jones, Jamila H. (CDC/OD/OC) <akq3@cdc.gov>; Taylor, Ryan (CDC/OD/CDCWO) <bnw0@cdc.gov>; Ward Gokhale, Lindsay (CDC/OD/OBPA) <nje8@cdc.gov>; Mandel, Daniel A. (CDC/OD/OBPA) <ibt7@cdc.gov>
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Thanks,

Alaina

Alaina Robertson

Senior Health Communications Specialist

Division of Media Relations | Office of Communications

U.S. Centers for Disease Control and Prevention

Office: 770.488.6524 | Cell: (b) (6)

Lancey, Brandon (OS/ASPA)

From: Brush, Charles (Adam) (CDC/OD/ORR/CFA)
Sent: Thursday, March 27, 2025 1:01 PM
To: George, Dylan (CDC/OD/ORR/CFA)
Subject: FW: Task 3003: Rollout for the Measles Risk Assessment for response clearance

C. Adam Brush
Center for Forecasting and Outbreak Analytics
Centers for Disease Control and Prevention
404-639-3112

From: Robertson, Alaina B. (CDC/OD/OC) <ifs2@cdc.gov>
Sent: Wednesday, March 26, 2025 9:54 AM
To: Williams, Carol (CDC/OD/ORR/CFA) <pug6@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/OD/ORR/CFA) <bio2@cdc.gov>; McLendon, Katie (CDC/OD/ORR/CFA) <vwx8@cdc.gov>
Subject: RE: Task 3003: Rollout for the Measles Risk Assessment for response clearance

Of course!

From: Williams, Carol (CDC/OD/ORR/CFA) <pug6@cdc.gov>
Sent: Wednesday, March 26, 2025 7:49 AM
To: Robertson, Alaina B. (CDC/OD/OC) <ifs2@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/OD/ORR/CFA) <bio2@cdc.gov>; McLendon, Katie (CDC/OD/ORR/CFA) <vwx8@cdc.gov>
Subject: RE: Task 3003: Rollout for the Measles Risk Assessment for response clearance

Will do – thanks for all of your assistance with this one!

From: Robertson, Alaina B. (CDC/OD/OC) <ifs2@cdc.gov>
Sent: Wednesday, March 26, 2025 7:47 AM
To: Williams, Carol (CDC/OD/ORR/CFA) <pug6@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/OD/ORR/CFA) <bio2@cdc.gov>; McLendon, Katie (CDC/OD/ORR/CFA) <vwx8@cdc.gov>
Subject: RE: Task 3003: Rollout for the Measles Risk Assessment for response clearance

I got the impression they didn't want us to move forward with any of it. But discuss with your leadership to ensure that was what's been communicated to them.

From: Williams, Carol (CDC/OD/ORR/CFA) <pug6@cdc.gov>
Sent: Wednesday, March 26, 2025 7:46 AM
To: Robertson, Alaina B. (CDC/OD/OC) <ifs2@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/OD/ORR/CFA) <bio2@cdc.gov>; McLendon, Katie (CDC/OD/ORR/CFA) <vwx8@cdc.gov>
Subject: RE: Task 3003: Rollout for the Measles Risk Assessment for response clearance

Sorry – one question. Is the email to partners re: risk assessment also off the table?

From: Williams, Carol (CDC/OD/ORR/CFA)
Sent: Wednesday, March 26, 2025 7:43 AM
To: Robertson, Alaina B. (CDC/OD/OC) <ifs2@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/OD/ORR/CFA) <bio2@cdc.gov>; McLendon, Katie (CDC/OD/ORR/CFA) <vwx8@cdc.gov>
Subject: RE: Task 3003: Rollout for the Measles Risk Assessment for response clearance

Thanks for letting us know, Alaina!

From: Robertson, Alaina B. (CDC/OD/OC) <ifs2@cdc.gov>
Sent: Tuesday, March 25, 2025 8:26 PM
To: Williams, Carol (CDC/OD/ORR/CFA) <pug6@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/OD/ORR/CFA) <bio2@cdc.gov>; McLendon, Katie (CDC/OD/ORR/CFA) <vwx8@cdc.gov>
Subject: RE: Task 3003: Rollout for the Measles Risk Assessment for response clearance

Hi Carol!

You may have been updated already, but I learned today that after discussion in IOD, leadership does not want to pursue putting this on the website. Please let me know if you have any questions.

Thanks,

Alaina

From: Williams, Carol (CDC/OD/ORR/CFA) <pug6@cdc.gov>
Sent: Tuesday, March 25, 2025 12:18 PM
To: Robertson, Alaina B. (CDC/OD/OC) <ifs2@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/OD/ORR/CFA) <bio2@cdc.gov>; McLendon, Katie (CDC/OD/ORR/CFA) <vwx8@cdc.gov>
Subject: RE: Task 3003: Rollout for the Measles Risk Assessment for response clearance

Hi Alaina – just got word from the response that they have some late-breaking edits to the actual Risk Assessment (so the copy I shared with you that was response-cleared is now out of date). I'll share updated copy of the actual RA as soon as I get it.

V/r,
Carol

From: Robertson, Alaina B. (CDC/OD/OC) <ifs2@cdc.gov>
Sent: Monday, March 24, 2025 3:02 PM
To: Williams, Carol (CDC/OD/ORR/CFA) <pug6@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/OD/ORR/CFA) <bio2@cdc.gov>; McLendon, Katie (CDC/OD/ORR/CFA) <vwx8@cdc.gov>
Subject: RE: Task 3003: Rollout for the Measles Risk Assessment for response clearance

The comms proposed in the RO are cleared when the RO is cleared and we have approval from HHS to move forward. I'm working on both and will circle once we have approval.

Here's the link that we're using for IOD review. Let me know if you have any problems accessing: Measles Rollout Plan Texas_submitted to clearance_round3 clean_OGC.v2.docx

Thanks!

From: Williams, Carol (CDC/OD/ORR/CFA) <pug6@cdc.gov>
Sent: Monday, March 24, 2025 7:53 AM
To: Robertson, Alaina B. (CDC/OD/OC) <ifs2@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/OD/ORR/CFA) <bio2@cdc.gov>; McLendon, Katie (CDC/OD/ORR/CFA) <vwx8@cdc.gov>
Subject: RE: Task 3003: Rollout for the Measles Risk Assessment for response clearance

Hi Alaina,

One more question has come up from response. The rollout includes a proposed partner email to STLT health departments. Would we need a separate, additional clearance for this, or are we cleared to send the email if/when the rollout is cleared?

Appreciate any info you can provide. Thank you!

V/r,
Carol

From: Williams, Carol (CDC/OD/ORR/CFA)
Sent: Friday, March 21, 2025 3:37 PM
To: Robertson, Alaina B. (CDC/OD/OC) <ifs2@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/OD/ORR/CFA) <bio2@cdc.gov>; McLendon, Katie (CDC/IOD/ORR) <vwx8@cdc.gov>
Subject: FW: Task 3003: Rollout for the Measles Risk Assessment for response clearance

Hi Alaina,

Please see below linked rollout plan for measles risk assessment, cleared by response. Requesting to publish risk assessment on CFA website on Monday, 3/24. Thanks!

V/r,
Carol

From: CDC IMS 2025 Measles Response Clearance <eocevent380@cdc.gov>
Sent: Friday, March 21, 2025 8:38 AM
To: McLendon, Katie (CDC/OD/ORR/CFA) <vwx8@cdc.gov>; Dorvee, Lilla (CDC/OD/ORR/CFA) <ova6@cdc.gov>
Cc: Williams, Carol (CDC/OD/ORR/CFA) <pug6@cdc.gov>; Keen, Adrienne (CDC/OD/ORR/CFA) <tra4@cdc.gov>; CDC IMS 2025 Measles Response Clearance <eocevent380@cdc.gov>
Subject: Re: Task 3003: Rollout for the Measles Risk Assessment for response clearance

Hi Katie,
I'm sorry that link didn't work for you. Here is another one. I think this should work (if you haven't already been given access).

Measles Rollout Plan Texas_submitted to clearance_round3 clean_OGC.v2.docx
Thanks,
Caroline

Clearance Coordinator

2025 Measles Response

eocevent380@cdc.gov

From: Schnepf, Laurie (CDC/OD/OCS)
To: Hoffmann, Lauren (CDC/OD/OCS); Pope Alley, Rebeccann (CDC/OD/OCS)
Subject: Question on NN listing
Date: Tuesday, March 25, 2025 9:51:20 AM
Attachments: image001.png

Lauren, just checking back to see if you have an update on this listing. Was Adam going to let you know when they heard back from HHS? Thanks. Laurie

- **CDC Assessment of the Risk to the United States from the Measles Outbreak in Texas** – The assessment, tentatively scheduled to post on CDC's website on March XX, 2025, will provide decision-makers with information to assist with public health preparedness and response. CDC assessed the risk of measles virus as **low for the overall U.S. population**, and **high for communities with low vaccination rates** in areas with active measles outbreaks or with close social and/or geographic linkages to areas with active measles outbreaks. Communities with low vaccination rates have **reduced population immunity** against infection; the likelihood of infection is **high for unvaccinated persons** if exposed to measles virus.

From: Hoffmann, Lauren (CDC/OD/OCS) <cpf5@cdc.gov>
Sent: Monday, March 24, 2025 11:33 AM
To: Pope Alley, Rebeccann (CDC/OD/OCS) <xml4@cdc.gov>; Schnepf, Laurie (CDC/OD/OCS) <fzi6@cdc.gov>
Subject: RE: FOR REVIEW: Mar 24 NN

I just spoke with Adam Brush. HHS asked to see it before it is posted.

Lauren Hoffmann
Team Lead, Policy, Performance and Coordination Team
Centers for Disease Control and Prevention
Department of Health and Human Services

From: Pope Alley, Rebeccann (CDC/OD/OCS) <xml4@cdc.gov>
Sent: Monday, March 24, 2025 11:27 AM
To: Schnepf, Laurie (CDC/OD/OCS) <fzi6@cdc.gov>; Hoffmann, Lauren (CDC/OD/OCS) <cpf5@cdc.gov>
Subject: RE: FOR REVIEW: Mar 24 NN

Do we have an idea of when it will post? We might want to send up today if it will post tomorrow.

Rebeccann Pope Alley

From: Schnepf, Laurie (CDC/OD/OCS) <fzi6@cdc.gov>
Sent: Monday, March 24, 2025 10:57 AM
To: Hoffmann, Lauren (CDC/OD/OCS) <cpf5@cdc.gov>; Pope Alley, Rebeccann (CDC/OD/OCS) <xml4@cdc.gov>
Subject: FOR REVIEW: Mar 24 NN

Please see the link below to review the initial draft of today's NNs. Tables also attached.

03.24.2025 HHS Secretary Info Memo - CDC.docx

Since the Measles Risk Assessment was delayed, we can include the write-up in tomorrow's NNs. Thanks. Laurie

- **CDC Assessment of the Risk to the United States from the Measles Outbreak in Texas** – The assessment, tentatively scheduled to post on CDC's website on March 24, 2025, will provide decision-makers with information to assist with public health preparedness and response. CDC assessed the risk of measles virus as **low for the overall U.S. population**, and **high for communities with low vaccination rates** in areas with active measles outbreaks or with close social and/or geographic linkages to areas with active measles outbreaks. Communities with low vaccination rates have **reduced population immunity** against infection; the likelihood of infection is **high for unvaccinated persons** if exposed to measles virus.

Lancey, Brandon (OS/ASPA)

From: Brush, Charles (Adam) (CDC/OD/ORR/CFA)
Sent: Wednesday, March 26, 2025 8:49 AM
To: George, Dylan (CDC/OD/ORR/CFA); Stamey, Karen L. (CDC/OD/ORR/CFA)
Cc: Williams, Carol (CDC/OD/ORR/CFA)
Subject: RE: Task 3003: Rollout for the Measles Risk Assessment for response clearance

I have some info, but not a complete picture. Want to discuss at 9? I am free now if you want to chat before.

C. Adam Brush
Center for Forecasting and Outbreak Analytics
Centers for Disease Control and Prevention
404-639-3112

From: George, Dylan (CDC/OD/ORR/CFA) <ejv8@cdc.gov>
Sent: Wednesday, March 26, 2025 8:45 AM
To: Brush, Charles (Adam) (CDC/OD/ORR/CFA) <bio2@cdc.gov>; Stamey, Karen L. (CDC/OD/ORR/CFA) <kls6@cdc.gov>
Cc: Williams, Carol (CDC/OD/ORR/CFA) <pug6@cdc.gov>
Subject: Re: Task 3003: Rollout for the Measles Risk Assessment for response clearance

Do you know who on the iOd made the call? And for what reason?

From: Brush, Charles (Adam) (CDC/OD/ORR/CFA) <bio2@cdc.gov>
Sent: Wednesday, March 26, 2025 7:02 AM
To: Stamey, Karen L. (CDC/OD/ORR/CFA) <kls6@cdc.gov>; George, Dylan (CDC/OD/ORR/CFA) <ejv8@cdc.gov>
Cc: Williams, Carol (CDC/OD/ORR/CFA) <pug6@cdc.gov>
Subject: FW: Task 3003: Rollout for the Measles Risk Assessment for response clearance

See below

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Center for Forecasting and Outbreak Analytics
Centers for Disease Control and Prevention
404-639-3112

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Sent: Friday, March 21, 2025 8:38 AM
To: McLendon, Katie (CDC/OD/ORR/CFA) <vwx8@cdc.gov>; Dorvee, Lilla (CDC/OD/ORR/CFA) <ova6@cdc.gov>
Cc: Williams, Carol (CDC/OD/ORR/CFA) <pug6@cdc.gov>; Keen, Adrienne (CDC/OD/ORR/CFA) <tra4@cdc.gov>; CDC IMS 2025 Measles Response Clearance <eocevent380@cdc.gov>
Subject: Re: Task 3003: Rollout for the Measles Risk Assessment for response clearance

Hi Katie,
I'm sorry that link didn't work for you. Here is another one. I think this should work (if you haven't already been given access).

Measles Rollout Plan Texas_submitted to clearance_round3 clean_OGC.v2.docx
Thanks,
Caroline

Clearance Coordinator

2025 Measles Response

eocevent380@cdc.gov

Lancey, Brandon (OS/ASPA)

From: Brush, Charles (Adam) (CDC/OD/ORR/CFA)
Sent: Wednesday, March 26, 2025 9:53 AM
To: George, Dylan (CDC/OD/ORR/CFA); Stamey, Karen L. (CDC/OD/ORR/CFA)
Cc: Williams, Carol (CDC/OD/ORR/CFA)
Subject: RE: Task 3003: Rollout for the Measles Risk Assessment for response clearance

Agree!

- First CDC assessment of the current risk posed by this outbreak for the general population, and for specific communities in West Texas
- Applies CDC's cutting-edge risk assessment methodology to the current outbreak, as previously applied to other emerging issues
- Provides a baseline assessment of the outbreak as it stands now, which could be updated as the outbreak unfolds
- Highlights information that would result in changes to CDC's assessment of risk

C. Adam Brush
Center for Forecasting and Outbreak Analytics
Centers for Disease Control and Prevention
404-639-3112

From: George, Dylan (CDC/OD/ORR/CFA) <ejv8@cdc.gov>
Sent: Wednesday, March 26, 2025 9:49 AM
To: Brush, Charles (Adam) (CDC/OD/ORR/CFA) <bio2@cdc.gov>; Stamey, Karen L. (CDC/OD/ORR/CFA) <kls6@cdc.gov>
Cc: Williams, Carol (CDC/OD/ORR/CFA) <pug6@cdc.gov>
Subject: RE: Task 3003: Rollout for the Measles Risk Assessment for response clearance

Would add that it highlights what information would change the assessment.

From: Brush, Charles (Adam) (CDC/OD/ORR/CFA) <bio2@cdc.gov>
Sent: Wednesday, March 26, 2025 9:32 AM
To: George, Dylan (CDC/OD/ORR/CFA) <ejv8@cdc.gov>; Stamey, Karen L. (CDC/OD/ORR/CFA) <kls6@cdc.gov>
Cc: Williams, Carol (CDC/OD/ORR/CFA) <pug6@cdc.gov>
Subject: RE: Task 3003: Rollout for the Measles Risk Assessment for response clearance

From Isaac about what is new in the assessment:

- First CDC assessment of the current risk posed by this outbreak for the general population, and for specific communities in West Texas
- Applies CDC's cutting-edge risk assessment methodology to the current outbreak, as previously applied to other emerging issues
- Provides a baseline assessment of the outbreak as it stands now, which could be updated as the outbreak unfolds

See attached for what I understand to be the final response cleared RA.

C. Adam Brush

Center for Forecasting and Outbreak Analytics
Centers for Disease Control and Prevention
404-639-3112

From: George, Dylan (CDC/OD/ORR/CFA) <ejv8@cdc.gov>
Sent: Wednesday, March 26, 2025 8:45 AM
To: Brush, Charles (Adam) (CDC/OD/ORR/CFA) <bio2@cdc.gov>; Stamey, Karen L. (CDC/OD/ORR/CFA) <kls6@cdc.gov>
Cc: Williams, Carol (CDC/OD/ORR/CFA) <pug6@cdc.gov>
Subject: Re: Task 3003: Rollout for the Measles Risk Assessment for response clearance

Do you know who on the iOd made the call? And for what reason?

From: Brush, Charles (Adam) (CDC/OD/ORR/CFA) <bio2@cdc.gov>
Sent: Wednesday, March 26, 2025 7:02 AM
To: Stamey, Karen L. (CDC/OD/ORR/CFA) <kls6@cdc.gov>; George, Dylan (CDC/OD/ORR/CFA) <ejv8@cdc.gov>
Cc: Williams, Carol (CDC/OD/ORR/CFA) <pug6@cdc.gov>
Subject: FW: Task 3003: Rollout for the Measles Risk Assessment for response clearance

See below

C. Adam Brush
Center for Forecasting and Outbreak Analytics
Centers for Disease Control and Prevention
404-639-3112

From: Robertson, Alaina B. (CDC/OD/OC) <ifs2@cdc.gov>
Sent: Tuesday, March 25, 2025 8:26 PM
To: Williams, Carol (CDC/OD/ORR/CFA) <pug6@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/OD/ORR/CFA) <bio2@cdc.gov>; McLendon, Katie (CDC/OD/ORR/CFA) <vwx8@cdc.gov>
Subject: RE: Task 3003: Rollout for the Measles Risk Assessment for response clearance

Hi Carol!

You may have been updated already, but I learned today that after discussion in IOD, leadership does not want to pursue putting this on the website. Please let me know if you have any questions.

Thanks,

Alaina

From: Williams, Carol (CDC/OD/ORR/CFA) <pug6@cdc.gov>
Sent: Tuesday, March 25, 2025 12:18 PM
To: Robertson, Alaina B. (CDC/OD/OC) <ifs2@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/OD/ORR/CFA) <bio2@cdc.gov>; McLendon, Katie (CDC/OD/ORR/CFA) <vwx8@cdc.gov>
Subject: RE: Task 3003: Rollout for the Measles Risk Assessment for response clearance

Hi Alaina – just got word from the response that they have some late-breaking edits to the actual Risk Assessment (so the copy I shared with you that was response-cleared is now out of date). I'll share updated copy of the actual RA as soon as I get it.

V/r,
Carol

From: Robertson, Alaina B. (CDC/OD/OC) <ifs2@cdc.gov>
Sent: Monday, March 24, 2025 3:02 PM
To: Williams, Carol (CDC/OD/ORR/CFA) <pug6@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/OD/ORR/CFA) <bio2@cdc.gov>; McLendon, Katie (CDC/OD/ORR/CFA) <vwx8@cdc.gov>
Subject: RE: Task 3003: Rollout for the Measles Risk Assessment for response clearance

The comms proposed in the RO are cleared when the RO is cleared and we have approval from HHS to move forward. I'm working on both and will circle once we have approval.

Here's the link that we're using for IOD review. Let me know if you have any problems accessing: Measles Rollout Plan Texas_submitted to clearance_round3 clean_OGC.v2.docx

Thanks!

From: Williams, Carol (CDC/OD/ORR/CFA) <pug6@cdc.gov>
Sent: Monday, March 24, 2025 7:53 AM
To: Robertson, Alaina B. (CDC/OD/OC) <ifs2@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/OD/ORR/CFA) <bio2@cdc.gov>; McLendon, Katie (CDC/OD/ORR/CFA) <vwx8@cdc.gov>
Subject: RE: Task 3003: Rollout for the Measles Risk Assessment for response clearance

Hi Alaina,

One more question has come up from response. The rollout includes a proposed partner email to STLT health departments. Would we need a separate, additional clearance for this, or are we cleared to send the email if/when the rollout is cleared?

Appreciate any info you can provide. Thank you!

V/r,
Carol

From: Williams, Carol (CDC/OD/ORR/CFA)
Sent: Friday, March 21, 2025 3:37 PM
To: Robertson, Alaina B. (CDC/OD/OC) <ifs2@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/OD/ORR/CFA) <bio2@cdc.gov>; McLendon, Katie (CDC/IOD/ORR) <vwx8@cdc.gov>
Subject: FW: Task 3003: Rollout for the Measles Risk Assessment for response clearance

Hi Alaina,

Please see below linked rollout plan for measles risk assessment, cleared by response. Requesting to publish risk assessment on CFA website on Monday, 3/24. Thanks!

V/r,
Carol

From: CDC IMS 2025 Measles Response Clearance <eocevent380@cdc.gov>
Sent: Friday, March 21, 2025 8:38 AM
To: McLendon, Katie (CDC/OD/ORR/CFA) <vwx8@cdc.gov>; Dorvee, Lilla (CDC/OD/ORR/CFA) <ova6@cdc.gov>

Cc: Williams, Carol (CDC/OD/ORR/CFA) <pug6@cdc.gov>; Keen, Adrienne (CDC/OD/ORR/CFA) <tra4@cdc.gov>; CDC IMS 2025 Measles Response Clearance <eocevent380@cdc.gov>
Subject: Re: Task 3003: Rollout for the Measles Risk Assessment for response clearance

Hi Katie,
I'm sorry that link didn't work for you. Here is another one. I think this should work (if you haven't already been given access).

Measles Rollout Plan Texas_submitted to clearance_round3 clean_OGC.v2.docx
Thanks,
Caroline

Clearance Coordinator

2025 Measles Response

eocevent380@cdc.gov

Lancey, Brandon (OS/ASPA)

From: Brush, Charles (Adam) (CDC/OD/ORR/CFA)
Sent: Wednesday, March 19, 2025 10:08 AM
To: Hoffmann, Lauren (CDC/OD/OCS); Brown, Tiffany J. (CDC/OD/OCS)
Cc: Williams, Carol (CDC/OD/ORR/CFA)
Subject: RE: Update: Paused Communications Guidance

Thank you, Lauren. We are working with OC as you indicate below, including on the roll out.

Yours-
Adam

C. Adam Brush
Center for Forecasting and Outbreak Analytics
Centers for Disease Control and Prevention
404-639-3112

From: Hoffmann, Lauren (CDC/OD/OCS) <cpf5@cdc.gov>
Sent: Wednesday, March 19, 2025 10:02 AM
To: Brush, Charles (Adam) (CDC/OD/ORR/CFA) <bio2@cdc.gov>; Brown, Tiffany J. (CDC/OD/OCS) <iji3@cdc.gov>
Cc: Williams, Carol (CDC/OD/ORR/CFA) <pug6@cdc.gov>
Subject: RE: Update: Paused Communications Guidance

An exception request should not be needed if the roll-out plan and the risk assessment are cleared, and the risk assessment is included in the OC Look Ahead for awareness. However, this is an issue of special interest, OC may ask that you wait to post it until ASPA has had time to review it on the Look Ahead. Please follow OC's guidance and also please signal for us when you expect it to go live and summarize key points so we can get it into the Night Notes.

Lauren

Lauren Hoffmann
Team Lead, Policy, Per□ormance and Coordination Team
Centers □or Disease Control and Prevention
Department o□Health and Human Services

From: Brush, Charles (Adam) (CDC/OD/ORR/CFA) <bio2@cdc.gov>
Sent: Wednesday, March 19, 2025 9:55 AM
To: Brown, Tiffany J. (CDC/OD/OCS) <iji3@cdc.gov>; Hoffmann, Lauren (CDC/OD/OCS) <cpf5@cdc.gov>
Cc: Williams, Carol (CDC/OD/ORR/CFA) <pug6@cdc.gov>
Subject: RE: Update: Paused Communications Guidance

Hi Tiffany and Lauren,

I want to circle back with you on clearance for risk assessments for on-going responses. I am writing with a question about whether or not we need to make an exception request to post (on-line) a risk assessment for measles.

CFA is working on such an assessment now, in collaboration with the response/IRD.

Current status:

- The content has been response cleared
- We are working on a roll out plan that is in clearance now
- The risk assessment has been reported in the media look ahead and in the forecasting portal

Question:
Our program partners (IRD) are asking us to confirm whether a specific exception request for this risk assessment is needed.

Based on previous conversations, I understood that response equities, including risk assessments, did not require specific exception requests to proceed but that they did need to be included in the media look ahead and in the portal.

We want to be sure we are not operating outside of our boundaries, and our program partners in IRD have asked for written confirmation about whether an exception request is required.

Yours-
Adam

C. Adam Brush
Center for Forecasting and Outbreak Analytics
Centers for Disease Control and Prevention
404-639-3112

From: Brown, Tiffany J. (CDC/OD/OCS) <ijj3@cdc.gov>
Sent: Thursday, February 6, 2025 10:29 AM
To: Brush, Charles (Adam) (CDC/OD/ORR/CFA) <bio2@cdc.gov>
Subject: RE: Update: Paused Communications Guidance

Hi Adam,
Please see responses below.

Thank you,
Tiffany

Tiffany Brown, JD MPH
Deputy Chief of Staff
CDC Executive Secretariat
Office of the Director
Centers for Disease Control and Prevention
Phone: 404-498-6655 Email: TJBrown@cdc.gov

From: Brush, Charles (Adam) (CDC/OD/ORR/CFA) <bio2@cdc.gov>
Sent: Thursday, February 6, 2025 10:26 AM
To: Brown, Tiffany J. (CDC/OD/OCS) <ijj3@cdc.gov>
Subject: RE: Update: Paused Communications Guidance

Hi Tiffany,

Thank you for the call. The most recent request we shared with your team was over MS teams chat, so I am pasting the items below. We are seeking clarification about whether it is acceptable to publish risk assessments for on-going responses.

> CFA applies qualitative risk assessment methods to rapidly assess the public health implications of an outbreak. For each assessment, we consider a broad range of evidence informing risk and also outline key uncertainties and factors that could change the assessment. Currently, CDC is conducting two risk assessments and is seeking clearance to publish:
>
> 1. CDC is conducting a risk assessment of public health implications of the Marburg Virus Outbreak in Tanzania for the United States. Our current assessment is that risk to the U.S. general population is low, in line with the assessment for the recent Marburg outbreak in Rwanda. However, we are closely monitoring the situation and will update as additional information becomes available. YES
> 2. CDC is conducting a risk assessment of public health implications of H5N1 for the United States. Our current assessment is that the public health risk for the general population is low, consistent with risk communications to date. We will also include assessments for populations at higher risk, such as people in contact with potentially infected animals or contaminated surfaces or fluids. YES

In addition to these two, we have been asked to work on risk assessment products related to the Ebola outbreak in East Africa. YES

Can we resume publication of these products? Yes, this three products mentioned above are consistent with the updated guidance from HHS/ASPA regarding public health communications.

Yours-
Adam

Adam Brush
Center for Forecasting and Outbreak Analytics
Centers for Disease Control and Prevention
404-639-3112
bio2@cdc.gov

From: Brown, Tiffany J. (CDC/OD/OCS) <iji3@cdc.gov>
Sent: Thursday, February 6, 2025 7:46 AM
To: CDC ADPs <ADPs@cdc.gov>
Cc: Brown, Tiffany J. (CDC/OD/OCS) <iji3@cdc.gov>; Patterson, Sara S. (CDC/PHIC/OD) <afo0@cdc.gov>; Aleshire, Noah (CDC/OD/OPPE) <uwo2@cdc.gov>
Subject: Update: Paused Communications Guidance

Good morning ADPs,

I am sharing with you information received from HHS regarding updates to the Paused Communications Guidance. Please see below. If you have questions, you can reach out to me.

Note: highlight in yellow (operating divisions are referred to as “divisions”).

Please continue to ask questions, if you are not clear, and coordinate within your Center with your DDMOCP and ADC with regarding requests for exemptions.

Thank you,
Tiffany

****
****

From: Corry, Thomas (HHS/ASPA) <Thomas.Corry@hhs.gov>
Subject: Paused Communications Guidance

All,

The next planned phase of the external communications pause has begun, and we will be unpausing certain communications. As a reminder, routine contact with regulated entities, mass communications with federal government partners, and other communications which have been previously cleared are still allowed and permissible activities.

Please continue to flag all mass public communications, including those no longer subject to the pause, to Andrew Nixon at ASPA. Mass public communications that would regularly be routed and cleared through the Executive Secretary's office should also be flagged for ASPA.

Mass External Communications No Longer Subject to the Pause

- Public Health communications, such as data releases with interpretation or instruction
- Travel health notices or
- Regulatory or statutorily required communications

Guidance on other Mass External Communications

- **Adherence to Executive Orders.** Be mindful of language used in mass external communications, ensuring consistency with Executive Orders. Flag questions to ASPA.
- **Events and Speaking Engagements.** After gaining divisional approval, send to ASPA for approval. Include the following information:

- Name of Event
- If speaking, the topic and panel name
- Location of event
- Is travel required?
- Will press be in attendance?
- Any other relevant information

- **Press Releases.** Email final press releases to releases@hhs.gov for routing and approval.
- **Media Inquiries.** All media requests for comment should be sent via STEP. For Operating Divisions without STEP access, email media inquiries with name of reporter, outlet, date received, deadline and a proposed response to media@hhs.gov. If you do not have STEP access, email Andrew Nixon.
- **February Communications Plans**: Submit your communications plans for February to Andrew Nixon by EOD on Wednesday, Feb. 5.

Statement: HHS continues to increase staff levels as we look forward to the new Secretary leading the agency. HHS has approved numerous communications related to critical health and safety needs and will continue to do so. In addition, ASPA is now more flexible with communications as HHS and its Divisions work to align with President Trump's agenda.

There are several types of external communications that are no longer subject to the pause. All HHS divisions have been given clear guidance on how to seek approval for any other type of mass communication.

FULL ROLLOUT COVER PAGE: BACKGROUND

Please use this template for any multi-channel, high-profile announcements that may contain messaging sensitivities for which we'd need to prepare. Cover page, Strategy, Timeline of Events, Topline Messages, and Tough Q&A are mandatory sections. Partner and Social Media sections should also be completed if they are part of your outreach strategy. For announcements that include significant director engagement, please also review the director's engagement addendum.

Product being announced (Publication, campaign, new initiative, HAN, guideline, other (please specify):

- Measles Risk Assessment

Announcement Title (Campaign/Publication Name and topic):

- Risk to the United States from Measles Outbreak in Texas

If this is a publication, where is this article being published?

- Center for Forecasting and Outbreak Analytics (CFA) website, as a subpage here: Qualitative Assessments | CFA: Qualitative Assessments | CDC
    - Complementary website product (webpage update): Scenario assessment: Outbreak of Measles originating in Gaines County, Texas

Proposed Announcement Date/Launch:

- March 24, 2025

Communications POC (who should we contact if we have any detailed questions about this announcement):

- Katie McLendon, CFA Acting Scientific Communications Team Lead (Contact Carol Williams, CFA Communications Lead, for any questions regarding media engagement)

Spokesperson (*Please identify primary and backup spokespeople/SMEs below. In the table that follows, list timeslots that identified spokespeople/SMEs and their backups will be available to participate in media interviews. On the day of the launch, this should be within 2 hours of the announcement go-live or the embargo lifting. Post-launch, please identify availability for the next 6 business days. Proactive media efforts will not be approved without prior confirmation of SME* availability):

Primary Spokesperson/SME (s):

- Mo Patel (Incident Manager, CDC 2025 Measles Response) or response designee

Backup Spokesperson/SME (s):

- Adrienne Keen, CFA Inform Division Director

SME/s Availability:

SME/s	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7

Background Information (please limit responses to 1-sentence):

Who is the intended primary/main audience you're trying to reach (general public, clinicians, scientists, etc.? Select one.)

- Public health decision-makers, including State, Tribal, Local, and Territorial (STLT) public health professionals, local government leaders, and healthcare system/hospital administrators.

If announcing scientific findings, what is the most interesting finding?

In the risk assessment, we assess the current risk of measles to the general U.S. population is low. The current assessed risk to communities with low vaccination rates and geographic proximity or close social ties to areas with active measles outbreaks is high.

Why is this important (Is it the first? Is it the largest? Does it offer insights into a new audience or disease? Is it completely new information? What, if anything, makes this unique)?

Measles is a highly contagious disease that can lead to serious complications and death. Some sustained domestic transmission could occur, particularly if pockets of unvaccinated persons in the general community are exposed to the virus. In addition, travel to and from counties with ongoing transmission could lead to importation events within the general U.S. population. The frequency of importation events will largely depend on vaccination rates in the areas cases are imported to, and on the travel patterns to and from areas with ongoing transmission. Measles infections in the general population could cause significant disruption to normal societal activities.

What is CDC's unique role and contribution to this work, relative to other agencies or organizations operating in the same space? Please explain your answer.

CDC subject-matter experts specializing in risk assessment methods, infectious disease modeling, and measles collaborated to develop this risk assessment. This assessment is cross-disciplinary and evolving, synthesizing work from various disciplines and information sources.

Which CDC value-add does this announcement support? Please check the box for all that apply.

☒ **Expertise**

☒ **Rapid response**

☐ **Investments**

Please explain your selection/s above with supporting statements.

We have used CDC expertise and historical data to assess the risk of measles to the United States related to the current measles outbreak in Texas. This assessment provides time-sensitive health information to CDC leadership, public health professionals, and partners engaged in emergency response activities, helping us prepare to mitigate and address potential risk posed by this outbreak to the United States.

What is the primary point that we're trying to communicate to the public?

CDC assessed the risk of measles virus as **low** for the overall US population, and **high** for communities with low vaccination rates in areas with active measles outbreaks or with close social and/or geographic linkages to areas with active measles outbreaks. Communities with low vaccination rates have reduced population immunity against infection; the likelihood of infection is high for unvaccinated persons if exposed to measles virus.
This assessment will provide decision-makers information to assist with public health preparedness and response.

What is the ideal news media headline?
CDC assesses measles outbreak in Texas, risk high for some counties with low vaccination rates

What, if any, sensitivities exist? Please also consider sensitivities for certain groups, partner organizations, policy makers. Also include any potentially controversial or risk elements.
There is an ongoing need to convey accurate and timely information in channels reaching people across the United States about the measles virus, the size and impact of current outbreaks, the epidemiology of the disease, and the risk it poses to different populations in the U.S.

Does this announcement present any opportunities for your program? If so, what are they? (*Consider opportunities to counter mis/disinformation, or opportunities to highlight CDC programs given popular topics in the media/pop culture*.)

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ROLLOUT TEMPLATE: STRATEGY, COMMUNICATIONS ACTIVITIES AND KEY MESSAGING

Strategy *(Outline overarching communications strategy. Include details on recommended media (national, local, regional and specialty media as appropriate), partnerships, social media and any other strategies outlined in the Rollout Strategy Meeting.* ***NOTE****: This section and the remaining rollout should be completed after meeting with Division of Media Relations leadership. To complete, please contact Alaina Robertson.)*

Timeline of Events/Planned Outreach (Tick Tock):

(As appropriate for your announcement, please include dates and times of briefings for leadership and federal, public health and other partners; date and time web updates go live, date and time the embargo lifts, when policy/partnership activities take place, when social media announcements are posted and their specific channels, and the dates and times of any other planned internal or external outreach. Please include all planned activities, including those that have not yet been confirmed. For unconfirmed activities, include the proposed date and "unconfirmed" in parenthesis. Example activities are listed below. Please update as needed for your specific announcement.)

Date and Time, Proposed Activity, Person Responsible for Coordinating

The week of March 24, CFA Communications Team
9am – Risk Assessment is posted live on CFA website, 10am – partner letter disseminated
Timing TBD – email update to COJ (HELP and E&C) and TX/NM delegations – CDCW staff

Topline key messages *(Please include 3-5 overarching messages summarizing in plain language the primary point/s we MUST convey. Include details on who's impacted, how we know, and what the public and other impacted groups can do about it. Think of it this way— if your announcement had an elevator pitch, these 3-5 bullets would be it.):*

- CDC assessed the overall risk to the United States posed by measles virus as **LOW**, based on the likelihood and impact of infection.
- However, the risk is **HIGH** for communities with low vaccination rates in areas with active measles outbreaks or with close social and/or geographic linkages to areas with active measles outbreaks.
- There are many factors that could change this outlook, like the number of people exposed or infected, population immunity against infection, and public health measures taken to limit disease spread. CDC will continue to monitor the situation and will update this risk assessment when needed as new information emerges. This assessment provides time-sensitive health information for those engaged in emergency response activities, to prepare for, mitigate and address potential risk posed by this outbreak.
- This risk assessment provides time-sensitive health information to those working to mitigate and address the potential risks posed by this outbreak. CDC's modeling capabilities, advanced through investments in the Center for Forecasting and Outbreak Analytics, provide insights about transmission dynamics and potential future scenarios that would not be available using only locally available data. These tools can help local communities implement a right-sized response, saving resources and undue burden.
- *CDC continues to recommend MMR vaccines as the best way to protect against measles.*

Media *(Reactive media statement):*

CDC assessed the risk of measles virus as low for the overall U.S. population, and high for communities with low vaccination rates in areas with active measles outbreaks or with close social and/or geographic linkages to areas with active measles outbreaks. The assessment results are as expected, and CDC continues to recommend MMR vaccines as the best way to protect against measles.

There are many factors that could change this outlook, like the number of people exposed or infected, population immunity against infection, and public health measures taken to limit disease spread. CDC continues to monitor the situation and will update this risk assessment as needed.

Tough Q&A *(Include any hard questions we anticipate receiving from media, partners, or the public. These should directly address any sensitivities we're concerned about and online misinformation discussions that may arise as a result of this announcement.):*

Why do you think the risk isn't higher to the general population?
There are high levels of immunity to measles in the U.S. due to a robust vaccination program, and widespread, sustained community transmission is very unlikely. We also know that historically, large measles outbreaks affecting communities with low vaccination rates in the U.S. have **not** led to a substantial number of cases in the general population; however, there have been **rare** examples of large outbreaks in which unvaccinated people were exposed to measles in a congregate setting with many international travelers. It is important to note that at local levels, vaccine coverage rates may vary considerably, and pockets of unvaccinated people can exist even in areas with high vaccination coverage overall. The best way to protect against measles is to get the measles, mumps, and rubella (MMR) vaccine.

What could change the risk to the general population?
Changes in size and growth rate of outbreaks, additional concurrent outbreaks in additional states, more global measles cases and outbreaks, new vaccination campaigns or data, or significant changes in local public health response capacity or resource availability could change assessed risk to the U.S. general population.

What don't we know about the current outbreak?
We have moderate confidence in this assessment. However, there are some things we are working to understand that could increase the confidence of our assessment. For the current outbreak in west Texas, we do not currently have detailed data on illness onset for all patients, and we are still learning to what extent people are self-isolating while infectious, and the amount of travel, social contact, and vaccination coverage within the affected population. These uncertainties affect our confidence in assessing the growth and future spread of the outbreak. As CDC learns more, we will continue to update the risk assessment if the situation changes.

Are certain groups of people more at risk of getting measles or being hospitalized?
Measles is a highly contagious disease that can lead to serious complications, especially in babies and in children younger than 5 years old. Complications include hospitalization, pneumonia, encephalitis (swelling of the brain), complications during pregnancy, and death. Measles can be serious in all age groups—anyone who is not protected by immunity against measles is at risk. However, there are several groups that are more likely to suffer from measles complications in addition to children younger than 5 years of age: adults older than 20 years of age, pregnant women, and people with weakened immune systems, such as from leukemia or HIV infection.

Can people be hospitalized from measles?
Measles can cause serious health complications, particularly for unvaccinated individuals. About 1 in 5 unvaccinated people in the U.S. who get measles are hospitalized. Hospitalization is more common for children <5 years of age, and adults >20 years of age. Measles infection can also lead to immune system suppression, making people more susceptible to other infections.

Can I get measles if I am vaccinated?
Two doses of MMR vaccine are 97% effective at preventing measles, 1 dose is 93% effective. It is uncommon for someone who has received two doses of MMR vaccine to develop measles. However, breakthrough infections

(when someone becomes infected after they have been vaccinated) can occur, especially in communities experiencing an outbreak where high levels of measles virus are circulating. The number of current breakthrough infections (approximately 5% of total) is consistent with what we have seen in previous years.

Social Media: NONE

Please include all proposed social media for OC and any other CDC social media channels. Suggested images can be pulled from Getty or iStock. Please include the link to the image, where possible.

Distribution: *Partner letter will be shared with CFA Forecast Broadcast e-newsletter mailing list, comprised of governmental and STLT public health audiences.*

Today, we are sharing CDC's measles risk assessment, assessing risk from the measles outbreak in Texas.

CDC assessed the overall risk to the United States posed by measles virus as **LOW**, based on the likelihood and impact of infection. However, the risk is **HIGH** for communities with low vaccination rates in areas with active measles outbreaks or with close social and/or geographic linkages to areas with active measles outbreaks.

We have **moderate confidence** in this assessment, which is based on new disease data from the outbreak in Texas, historical knowledge about measles, and expert evaluation. There are many factors that could change this outlook, like the number of people exposed or infected, population immunity against infection, and public health measures taken to limit disease spread.

CDC will continue to monitor the situation and will update this risk assessment when needed as new information emerges. This assessment provides time-sensitive health information for those engaged in emergency response activities, to prepare for, mitigate and address potential risk posed by this outbreak.

CDC continues to recommend MMR vaccines as the best way to protect against measles.

Partner Social *(partner social is social media that we've developed specifically for partner social media channels. Content should be framed for the partner's online audiences):*

For announcements that include significant director engagement, please also review the director's engagement addendum.

DATE: March 24, 2025

TO: Robert F. Kennedy, Jr., HHS Secretary

THROUGH: Diane Cutler, Counselor to the Secretary

FROM: Susan Monarez, PhD, Acting Director, CDC

SUBJECT: Key Updates on HHS/CDC Priorities

ISSUE 1—Key Updates on HHS/CDC Priorities (see attached Outbreak Updates)

- **Measles** – **351** confirmed cases in **Texas (309**) and **New Mexico (42**) as of March 21, 2025. See attached Measles SITREP.
  - **10** confirmed cases reported on the **Kansas** infectious disease dashboard on March 20, 2025.

ATTACHMENTS

Tab A: CDC Outbreak Updates for IOS Leadership 3-24-2025

Tab B: CDC Measles SITREP 3-21-2025

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CDC Outbreaks and Other Noteworthy Updates for IOS Leadership –sent up for 03.24.25

As of March 24, 2025, CDC continues to monitor and address multiple infectious disease outbreaks, including **Seasonal Influenza**, **Influenza A/H5N1, Measles (TX and NM), Mpox (Clade IB), Ebola (Uganda), TB (Kansas City), and Oropouche**.

This report highlights critical developments, trends, response activities, and CDC actions across these ongoing public health emergencies.

IOS Action	Public Threat Level	Why it Matters?	Key Updates	Trends	CDC Actions
Event: Seasonal Influenza (Flu)[1]					
SA Only	Moderate	▪ One of the worst flu seasons in 15 years	▪ **For week ending Mar 15:** o 43M (+2M from last week) cases o 560 (+20K from last week) hospitalizations o 24K (+1K from last week) deaths o 151 pediatric deaths (+17 from last week)	▪ All 10 HHS regions above annual average baseline. ▪ Seasonal flu activity remains high nationally but has decreased for five consecutive weeks.	▪ Weekly monitoring and reporting ▪ Public health messaging ongoing
Event: Influenza A/H5N1[2]					
SA Only	Low	▪ Potential pandemic risk ▪ Human cases detected	▪ **Mar 21:** HPAI has been confirmed on 989 (+4) dairy herds across 17 states. ▪ **Mar 17:** USDA reported detection of HPAI H7N9 in a commercial poultry flock in MS. This is a different subtype of avian influenza than the "H5N1 bird flu." This is the first H7N9 outbreak in U.S. commercial poultry since 2017. No human	▪ No evidence of increased disease severity ▪ No evidence of human-to-human transmission	▪ **Mar 19**: CDC published a spotlight with updates on the H5N1 response. It includes updates on serology testing from close contacts of a confirmed influenza A(H5) case in a child in California, sequencing data for A(H5) viruses related to the Ohio human case, and

[1] Seasonal Influenza reports are published weekly on Fridays on the CDC website.
[2] To align with the new WH reporting cadence, data on H5N1 will now be reported weekly.

			infections with H7N9 have ever been detected in the U.S. ▪ As of **Mar 18**: the U.S. has 70 human cases of H5, including one death, confirmed. ▪ As of **Mar 18,** HPAI has been confirmed in 985 herds across 17 states.		a summary of findings from published studies. ▪ **Mar 18**: CDC is working closely with USDA's Animal and Plant Health Inspection Service and state and local public health and animal health partners to monitor the H7N9 outbreak in Mississippi.
Event: Measles (TX & NM)[3]					
SA Only	Low	▪ Rapidly growing outbreak in unvaccinated populations	▪ **Mar 24**: Kansas reported 10 (+4 since last update) confirmed measles cases. The first reported case reported travel to Mexico and Texas. The most recent 5 cases did not report travel; cases are still under investigation. ▪ **Mar 19**: Oklahoma reported 4 probable measles cases. All cases have suspected exposure linked to the TX and NM outbreak.	▪ **Mar 24 – Texas & NM (Not yet public):** o TX and NM report 351 (+16 since last update) confirmed cases. ▪ **Mar 24 – TX Cases** o 309 (+12 since last update) confirmed cases in 14 counties (+02 since last update) o **Hospitalizations**: 40 o **Death**: 1 ▪ **Mar 24 – NM Cases** o 42 (+4 since last update) confirmed cases in 2 counties o **Hospitalizations:** 2 o **Death:** 1 ▪ Additional details in the measles sit rep attachment	▪ **Mar 24**: The second field team has arrived in TX, and the first team has returned as of Mar 21.

[3] The Texas Department of Health and New Mexico Department of Health provides case counts on Tuesdays and Fridays, with data cutoff the evening prior. The CDC measles response will provide case epidemiology on Tuesdays and Fridays to match Texas updates. On other days, CDC will provide updated case counts and major updates. CDC will update the measles website with new outbreak data every Friday.

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Event: Mpox (Clade 1B)					
SA Only	Low	Ongoing global outbreak; US cases all travel-associated	▪ **Mar 24**: No new confirmed cases have occurred in the United States since February 11, 2025. ▪ 4 confirmed cases in the U.S.: NY, CA, GA, and NH ▪ All travel-associated, no secondary spread	▪ **Mar 19**: Between January 1, 2024, and March 19, 2025, 29 (+1 since last update) countries reported 24,390 cases of clade 1 mpox (+599 since last update).	▪ **Mar 24:** Anticipate adding Tanzania to the existing THN pending further discussion with country office. ▪ **Mar 21:** CDC draft Travel Health Notice for UAE is currently in clearance.
Event: Ebola (Uganda)					
SA Only	Low	▪ Continued outbreak in Uganda ▪ Outbreak declared Jan 29	▪ Uganda MoH has started the 42-day countdown to the declaration of the end of the outbreak following the discharge of the last 2 surviving patients. Assuming no new cases occur, the declaration would take place on Apr 26. ▪ **Mar 24**: As of Mar. 24, Uganda officials have announced 12 confirmed cases, 2 probable cases, 2 confirmed deaths, and 2 probable deaths. o **As of Mar 24**: The last two confirmed cases tested negative twice on **Mar 13** and were discharged on **Mar 15**.	▪ 6th outbreak of Sudan virus disease (SVD) in Uganda since 2000. ▪ No reported cases in the U.S.	▪ **Mar 24**: 7 CDC HQ staff are deployed to Uganda to support in country response and the laboratory, epidemiology/surveillance, and IPC pillars.

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Event: TB (Kansas City)[4]					
SA Only	Low	▪ Outbreak of TB in Kansas City (Localized in Chuukese immigrants [Federated States of Micronesia])	▪ **Mar 21:** ○ 68 active cases ○ 80 latent cases ○ 2 deaths	▪ U.S. has about 8,000-9,000 TB cases/year. ▪ 2023 – cases and incidence rates rose above pre-pandemic levels ▪ Despite increases in TB rates, the US maintains one of the lowest TB incidence rates in the world	▪ CDC provides ongoing SME support
Event: Oropouche (OROV)					
SA Only	Low	▪ Monitoring virus in Central & South America	▪ **Mar 20**: In January 2025, 1 case of OROV reported in a WI resident associated with travel to Panama. This is the first case in a U.S. traveler in 2025.	▪ In 2024, 108 travel-associated cases were reported in the U.S. ▪ **2025:** ○ 109 cases in Peru ○ 221 cases in Panama ○ 12 cases in Cuba ○ 6,683 (+424 since last update) cases in Brazil	▪ **Mar 24**: CDC is developing a communication to increase clinician awareness about the threat of OROV to Americans.

[4] The Kansas Department of Health and Environment (KDHE) provides weekly updates on Fridays

Summary of Texas/New Mexico Measles Outbreak

March 21, 2025

Key Updates:

- **INTERNAL ONLY.** The outbreak continues to evolve with 351 (+16) total cases with 309 (+12) cases in Texas and 42 (+4) cases in New Mexico.

Background:

- There is an ongoing outbreak centered in Gaines County, TX, with expansion to regional counties in West Texas and Eastern New Mexico. The earliest rash onset among confirmed cases in Gaines County was on 1/20/2025.
- Gaines County is home to a large Mennonite community (35,000-40,000 members) and generally has lower vaccination coverage (<80%) than is required to stop measles transmission.
- As a part of this outbreak, two deaths have been reported: one in Texas and one in New Mexico.
    - **In Texas:** an unvaccinated school-aged child, passed away overnight 2/25-2/26 at the Covenant Children's Hospital in Lubbock.
    - **In New Mexico:** an unvaccinated adult tested positive for measles on autopsy; official cause of death is under investigation.

Texas

- **INTERNAL ONLY.** Case count: 309 (+12)
- **INTERNAL ONLY.** 14 TX counties: Gaines (211, +11), Terry (37, +1), Dawson (13), Yoakum (12), Dallam (6, -1), Lubbock (8, +1), Cochran (7), Lamar (5), Martin (3), Ector (2), Lynn (2), Garza (1), Hale (1), Hockley (1)
- **INTERNAL ONLY**. Age: 102 (33%) are <5 years, 130 (42%) are 5-17 years, 58 (19%) are ≥18 years, and 19 (6%) have unknown age; Hospitalized: 40 (13%); Death: 1
- **INTERNAL ONLY**. 100% (79/79) specimens genotyped to date are D8 (wild-type virus).
- Texas Department of State Health Services (DSHS) website updated Tuesdays and Fridays

New Mexico

- Case count: 42 (+4)
- Cases in 2 counties: Lea (40, +4), Eddy (2)
- **INTERNAL ONLY**. Age: 8 (19%, +1) are < 5 years, 10 (24%) are 5-17 years, 23 (55%, +3) are 18+ years, and 1 (2%) have unknown age; Hospitalized: 2; Death: 1
- Press release (March 6): New Mexico cases were sequenced at the CA reference lab and match the outbreak sequence in Texas. They are now included in the total outbreak case count.
- NM Department of Health website updated Tuesdays and Fridays

Oklahoma

- Reported 4 **probable** cases of measles: two on 3/11/2025 (First Cases of Measles in Oklahoma Reported) and two on 3/14/2025 (OSDH Reports Additional Measles Cases)
    - Only confirmed cases are immediately notifiable to CDC as established by CSTE (Protocol for Public Health Agencies to Notify CDC about the Occurrence of Nationally Notifiable Conditions, 2024); as such, CDC **only** publishes on confirmed cases on CDC wonder and the Measles Cases and Outbreaks webpage

- **INTERNAL ONLY**. Two cases are in children age <5 years and two cases are in adults age ≥20 years. All cases have symptoms consistent with measles and suspected exposure associated with the Texas and New Mexico outbreak

Kansas

- **INTERNAL ONLY**. Reported 10 (+1) confirmed cases, 3 of which reported on 3/20/25
    - KS Department of Health Infectious Disease Dashboard updated Wednesdays
- **INTERNAL ONLY**. Age: 1 (10%) are <5 years, 8 (80%) are 5-17 years, and 1 (10%) have unknown age. Six have been confirmed through laboratory testing. First reported measles case reported travel to Mexico and Texas. Most recent 5 cases did not report travel; cases are still under investigation. Link to TX/NM is still unknown.

Significant Response Activities:

- TX EPI-AID: 7 deployers in Texas
    - First CDC Team arrived on 3/4 to 3/5 and returned 3/20 to 3/21. Second CDC field team deployed 3/18-19. Team embedded into TX ICS and continue meeting with state and local health department staff and healthcare facility staff.
    - Challenges continue with building a trusted messenger network, with ongoing vaccine hesitancy, delayed care, underreporting, lack of adherence to isolation and quarantine guidance, etc. within the community.
    - Developing a toolkit for measles response in Mennonite communities to capture learning lessons from response in Gaines County.
    - Visited two schools in the Seminole School District to observe classrooms, nurse's offices, and meet with administrators. Met with principal and school nurse to discuss challenges, answer questions, and understand needs regarding guidance and resources.
- National Measles Readiness Call held 3/20. CDC presented on measles, engaging closeknit communities, and school readiness; TX and PA presented on their activities responding to, and preparing for, measles cases, respectively. Call was attended by >330 health department staff.
- The US International Health Regulations (IHR) National Focal Point (NFP) notified the Pan American Health Organization (PAHO) of a potential PHEIC (Public Health Emergency of International Concern) on the TX/NM measles outbreak on 3/11/2025. CDC released an Epi-X on 3/12/2025
- CDC released a Health Alert Network (HAN) advisory on 3/7/2025: Health Alert Network (HAN) released - Expanding Measles Outbreak in Texas and New Mexico and Guidance for the Upcoming Travel Season
- A resident of the state of Chihuahua, Mexico, was confirmed with measles (rash onset 2/1; genotype D8, same molecular sequence as the TX outbreak) *following* travel to Gaines County from 1/20/25-1/24/25, where they were exposed to measles.
    - **INTERNAL ONLY**. Cases increasing (41) in the Mennonite community in Chihuahua, Mexico
    - The HHS Health Attaché and CDC Mexico Country Director are collaborating closely to monitor the situation in Mexico.

- CDC IMS continues to provide remote technical assistance on diagnostics, post-exposure prophylaxis, healthcare infection and prevention, case investigation and confirmation, and communication support, including materials translated into Low German and Spanish.
    - Additional technical assistance includes offering laboratory support such as specimen sequencing and working with CDC partners in the Center for Forecasting and Data Analytics to support outbreak forecasting and risk assessment models.
    - Escalation to level 3 response on 3/3/2025 (level 4 response activated on 2/13/2025)
- Made 2,000 MMR vaccine doses available for the Texas Department of State Health Services (DSHS) to order at the state's request

Anticipated Next Steps:

- All activities will remain under the direction and supervision of Texas DSHS. DSHS will retain ownership of all data collected.
    - Priority areas will focus on standard measles control efforts (MMR vaccination, isolation, and quarantine)
    - Continue to assist with case investigations and public health follow-up, data entry, data visualization, infection control site assessments, guidance development (e.g., school preparedness, infection prevention, management of congenital measles in healthcare settings), geocoding and mapping, and evaluation of exposure sources and transmission links among cases, especially in congregate settings (e.g. schools and healthcare facilities)
    - Planning an MMWR describing the outbreak with TX and NM, challenges and opportunities for outbreak control, and clinical management of measles
    - School walkthrough with Seminole school district planned for 3/20; plan to observe student drop-off and classrooms and speak with school nurses.

Needs or Gaps:

- **Nothing significant to report.**

Map of outbreak-related measles cases in Texas and New Mexico: