

EXHIBIT 23



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Renard U. Johnson

CITY MANAGER
Dionne Mack

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**NEWS
RELEASE**

02/ 26/ 2026

Public Health Officials Confirm Measles Cases in El Paso

Vaccinate, Protect Yourself; Visit City's Community Clinics

EL PASO, Texas—The City of El Paso Department of Public Health (DPH) has confirmed four (4) measles cases within the City of El Paso. The newly confirmed cases involve a male in his 20s, a male in his 30s, and two women in their 30s with unknown vaccination statuses.

Public health officials have initiated contact tracing to identify potential exposures and are coordinating with community partners to prevent further spread of the virus, and to ensure readiness and timely communication.

In addition to the cases confirmed within the City of El Paso, DPH is aware of 13 additional measles cases reported at the East Montana federal facility, which is outside the City's jurisdiction. Case information for this facility is reported through federal authorities. The City is sharing this information for regional awareness and will continue coordinating with federal partners as appropriate. The City's public health laboratory has provided testing support when requested and has supplied vaccine for administration by on-site health providers as part of prevention efforts. For additional information regarding case counts or operations at this facility, media should contact the U.S. Department of Homeland Security (DHS).

Although approximately 98 percent of El Paso County residents are vaccinated against measles, public health officials remain concerned about unvaccinated or under-vaccinated pockets within the community. Individuals who are not fully vaccinated remain at the highest risk of infection.

Young adults were among the most affected during the previous measles outbreak in El Paso, and the current cases also involve young adults. DPH recommends that young adults review their vaccination status. If vaccination history is unknown, residents should receive one dose of MMR. If vaccination is incomplete, residents should complete the series. Two doses of MMR provide about 97 percent protection. Breakthrough infections are rare, and illness is typically milder with a lower risk of complications and transmission.

ABOUT MEASLES

Measles spreads through coughing and sneezing and can remain in the air for up to two hours after an infected person leaves an area. The disease typically begins with fever, cough, runny nose, and red eyes, followed by a rash that spreads from the head down to the hands and feet. An infected person is contagious four days before and four days after the onset of the rash, with the rash onset date considered day 0.

RISK FACTORS

Individuals at higher risk for contracting measles include those who are unvaccinated, as well as people who have recently traveled internationally or to areas in the United States experiencing ongoing measles outbreaks. Immunocompromised individuals are also at increased risk, including pregnant women, people living with HIV, and those undergoing chemotherapy or receiving immunosuppressive treatments.

—more—



Promoting **Transparent & Consistent Communication**
Among All Members of the Community

Media Contact: Soraya Ayub Palacios
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POTENTIAL EXPOSURE LOCATIONS

Anyone who visited the following locations on the dates and times noted should verify their immunization status and monitor for symptoms:

DATE	LOCATION	TIME
2/20/2026	Cici's Pizza (615 N. Zaragoza)	5:30pm-7:30pm
2/20/2026	Cielo Vista Mall - Apple Store (8401 Gateway Blvd. West)	4:30pm-6:45pm
2/20/2026	Del Sol Medical Center (10301 Gateway Blvd. West)	6am-8pm
2/20/2026	Outlet Mall (7051 S Desert Blvd.)	7pm-11 pm
2/21/2026	Outlet Mall (7051 S Desert Blvd.)	7pm-11 pm
2/22/2026	Good Luck Café (3813 Alameda)	8:30 am-11 am
2/22/2026	Target-Bassett (6001 Gateway Blvd. West)	4pm-6:30 pm
2/22/2026	Ay Cocula (1435 Lee Trevino Dr.)	5-9pm

Anyone who: (1) visited any of the locations above on the specified dates and times, **and** (2) develops a fever and rash, should contact their healthcare provider immediately for evaluation and testing.

MEASLES VACCINATION CLINICS

To make vaccinations more accessible, DPH offers walk-in immunization services Monday through Friday, from 7:30 a.m. to 4 p.m. (closed from 12 to 1 p.m. for lunch) at the following locations:

- **Lower Valley Community Clinic:** 9341 Alameda Ave.
- **Henderson Community Clinic:** 721 S. Mesa St.
- **Northeast Community Clinic:** 9566 Railroad Dr.
- **Westside Community Clinic:** 7380 Remcon Cir.

Appointments can also be scheduled by calling (915) 212-0200.

For additional information on measles symptoms, vaccination, and potential exposure, the City of El Paso has activated a Measles Hotline at (915) 212-HELP (4357). Residents can also call 2-1-1 or visit EPHealth.com under the [Vaccination & Immunizations tab](#).

[Measles PSA](#)

###



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EXHIBIT 24



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**NEWS
RELEASE**

03/ 05/ 2026

Public Health Officials Confirm Additional Measles Cases

Dashboard Relaunched for Daily Case Updates

EL PASO, Texas—The City of El Paso Department of Public Health (DPH) has confirmed two (2) additional measles cases within the City of El Paso, bringing the total number of community cases reported to the City to six (6). The newly confirmed cases involve two males in their 30s with unknown vaccination status.

Public health officials have initiated contact tracing to identify potential exposures and are coordinating with community partners to prevent further spread of the virus, while ensuring readiness and timely communication.

MEASLES DASHBOARD

The City has also relaunched its online measles dashboard to provide the community with daily updates on confirmed measles cases.

The dashboard is available at [EPHealth.com](https://ephealth.com) under the Measles Information page. It is updated daily around 9 a.m. and includes the number of confirmed cases, exposure locations, demographic summaries, and vaccination status when available.

ADDITIONAL CASES

In addition to the community cases, DPH is aware of one (1) measles case at the El Paso County Downtown Detention Facility and one (1) additional case reported at the East Montana federal facility; bringing the total number of cases at the federal facility to 14.

The federal facility is outside the City's jurisdiction and case information for this facility is reported through federal authorities. The City is sharing this information for regional awareness and will continue coordinating with federal partners as appropriate. The City's public health laboratory has provided testing support when requested and has supplied vaccine for administration by on-site health providers as part of prevention efforts.

For additional information regarding case counts or operations at this facility, media should contact the U.S. Department of Homeland Security (DHS).

ABOUT MEASLES

Measles is a highly contagious virus that can spread rapidly, particularly among unvaccinated individuals. The measles vaccine (MMR) is highly effective, with two doses providing approximately 97% protection. Although rare, vaccinated individuals may still contract the virus, but they are far less likely to experience severe symptoms or transmit it to others.

Public health officials recommend the MMR vaccine to prevent further spread of the disease. Adults under 68 years of age who do not have a record of receiving the vaccine are strongly encouraged to get vaccinated. Pregnant women and individuals with compromised immune systems should not receive the vaccine.

—more—



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Measles spreads through coughing and sneezing and can remain in the air for up to two hours after an infected person leaves the area. Common symptoms include:

- Fever, cough, runny nose, and red eyes
- Rash that begins on the face and spreads downward
- Individuals are contagious from four days before to four days after the rash appears (Day 0 is the day the rash appears)

Those at increased risk include:

- Unvaccinated individuals
- Recent travelers to areas with ongoing measles outbreaks
- Immunocompromised individuals, including pregnant women, people with HIV, and those undergoing chemotherapy or other immunosuppressive treatments

Although approximately 98 percent of El Paso County residents are vaccinated against measles, public health officials remain concerned about unvaccinated or under-vaccinated pockets within the community. Individuals who are not fully vaccinated remain at the highest risk of infection.

Young adults were among the most affected during the previous measles outbreak in El Paso, and the current cases also involve young adults. DPH recommends that young adults review their vaccination status. If vaccination history is unknown, residents should receive one dose of MMR. If vaccination is incomplete, residents should complete the series. Two doses of MMR provide about 97 percent protection. Breakthrough infections are rare, and illness is typically milder with a lower risk of complications and transmission.

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Measles PSA

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EXHIBIT 25

10/12/26, 11:19 AM

Nearly 180 ICE detainees quarantined for possible measles exposure in El Paso - El Paso Matters

EL PASO MATTERS

HEALTH

Nearly 180 ICE detainees quarantined at Camp East Montana for possible measles exposure

by **Priscilla Totiyapungprasert**

June 3, 2026



A sign marks the entrance to a series of hardened tents at the Camp East Montana immigrant detention center in the desert at a U.S. Army base on the outskirts of El Paso, Texas, Friday, Feb. 13, 2026. (AP Photo/Morgan Lee)

Nearly 180 detainees are under quarantine for possible measles exposure at Camp East Montana, an Immigration and Customs Enforcement facility on Fort Bliss, city health officials told El Paso Matters on Wednesday.

10/12/26, 11:19 AM

Nearly 180 ICE detainees quarantined for possible measles exposure in El Paso - El Paso Matters

The facility initiated quarantine after 16 detainees were identified as contacts of two confirmed measles cases at a detention facility in Arizona, city officials said. The detainees arrived at Camp East Montana before the Arizona measles cases were confirmed, Dr. Hector Ocaranza, city and county health authority, said in an email statement to El Paso Matters.

City, state and federal officials didn't say when the quarantine began.

But it appears the quarantine started at the detention center several days before state and local health officials were notified of possible measles exposures. A Catholic group was turned away Sunday from a planned Mass and told there was a quarantine to protect against measles spread, said a person familiar with the situation, who asked not to be identified.

The chain of communication among federal, state and local authorities raises questions about whether ICE delayed notification on potentially serious public health matters.

As of 11 a.m. Wednesday, there were no detainees at Camp East Montana showing symptoms of measles, and no indication of measles spread in the El Paso community linked to these exposures, Ocaranza said.

Chris Van Deusen, a spokesperson for the state health department, said a group of detainees were also quarantined for measles exposure at the West Texas Detention Facility in Sierra Blanca. The detention centers are quarantining because of different possible exposures to measles cases in other states, he said in an email.

Earlier this year, measles infected 16 detainees at Camp East Montana and eight people in the community. All of the community cases worked for the federal government or had ties to immigration detention facilities. The [outbreak was linked to a surge of measles cases](#) in the West Texas Detention Facility in Sierra Blanca, which receives transfers from Camp East Montana.

[READ MORE: How measles reporting gaps by ICE, hospital delayed El Paso's response to outbreak](#)

The quarantined detainees at Camp East Montana are separated into two groups for monitoring: 130 men with quarantine scheduled to end June 11 and 48 women with quarantine scheduled to end June 20. No one in either group has reported symptoms, Ocaranza said.

A worker at Camp East Montana who answered the phone Tuesday said the facility remains open to visitors, depending on the quarantine status of the detainee they're visiting.

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Nearly 180 ICE detainees quarantined for possible measles exposure in El Paso - El Paso Matters

Timeline raises questions again about timely communication

El Paso Matters initially asked city and federal officials about a possible quarantine at Camp East Montana on Monday. City officials initially said on Tuesday they hadn't received notification of any communicable diseases at the detention center. On Wednesday, they said that state health officials had notified them Tuesday afternoon.

Chris Van Deusen, a spokesperson for the state health department, told El Paso Matters at 2:45 p.m. Tuesday that he was not aware of the quarantine. Then, in a follow-up Wednesday, Van Deusen said the U.S. Centers for Disease Control and Prevention notified the state agency Tuesday about groups under quarantine at both Camp East Montana and the West Texas Detention Facility in Sierra Blanca.

ICE did not respond to El Paso Matters' initial request for comment. The Department of Homeland Security later confirmed the Camp East Montana quarantine Wednesday afternoon. The agency did not respond to questions about when the quarantine began and if any contacts were transferred to the West Texas Detention Facility.

[SEE ALSO: 'I am scared to be here': Lawsuit seeks to halt ICE's Camp East Montana operations over alleged standards violations](#)

Following the wave of measles cases earlier this year, email records obtained by El Paso Matters revealed how **[communication gaps challenged epidemiologists' ability to contact trace and contain the spread](#)**.

Ocaranza and DHS didn't respond to questions from El Paso Matters on whether El Paso public health officials had received adequate and timely notification about the current quarantine at Camp East Montana.

"It is a longstanding practice to provide comprehensive medical care from the moment an alien enters ICE custody," an unnamed DHS spokesperson said Wednesday in an email statement. "This includes medical, dental, and mental health services as available, and access to medical appointments and 24-hour emergency care."

DHS did not respond to questions about the measles situation at Camp East Montana and the West Texas Detention Facility.

[PODCAST: Emails reveal confusion, failures in El Paso measles outbreak response](#)

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Nearly 180 ICE detainees quarantined for possible measles exposure in El Paso - El Paso Matters

The state health department is coordinating with the medical team at the West Texas Detention Facility and the U.S. Marshals Service regarding several detainees who were exposed to confirmed measles cases, Ocaranza said.

The city health department relaunched its measles dashboard earlier this year with a list of community exposure sites, which included the El Paso County Jail, where federal detainees are also held.

Patrick Gailey, chief deputy of the El Paso County Detention Bureau, said if inmates are brought from outside agencies such as the Marshals Service, they have to report whether the individual was exposed so they can immediately be isolated and notify jail staff to make sure that staff is also protected.

“Right now we don’t have anyone at the jails who has measles,” Gailey told El Paso Matters. “Right now we have zero reports of any measles outbreak or chicken pox.”

Gailey said all inmates are given a medical screening upon entering the facility and if there is a measles exposure inmates would be put in a 21-day quarantine.

Measles is a highly contagious respiratory disease that often causes a fever and rash. People are considered contagious four days prior to rash onset.

Elida S. Perez and Robert Moore contributed to this story.

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EXHIBIT 26

10/12/26, 11:21 AM

El Paso health chief says ICE communication delays put public health at risk during disease outbreaks - El Paso Matters

EL PASO MATTERS

HEALTH

Slow ICE reporting on infectious illnesses threatens El Paso outbreak response, health authority says



by Robert Moore

June 12, 2026



El Paso Health Authority Dr. Hector Ocaranza said federal officials need to improve communication about communicable diseases in detention facilities. He was joined at a news conference Friday, June 12, by, from left, County Commissioner Iliana Holguin, County Judge Ricardo Samaniego and U.S. Rep. Veronica Escobar. (Robert Moore/El Paso Matters)

10/12/26, 11:21 AM

El Paso health chief says ICE communication delays put public health at risk during disease outbreaks - El Paso Matters

Federal immigration officials are jeopardizing public health by slow communication about infectious illnesses at its El Paso detention facility, the county's top public health official said Friday.

Dr. Hector Ocaranza, the city-county health authority, was among a group of El Paso leaders who met Friday with David Venturella, the acting director of U.S. Immigration and Customs Enforcement.

"What I expressed was that we need to have that close communication, because the regular channels of reporting are taking days, and to respond to an outbreak, you need to act now," Ocaranza said in an interview with El Paso Matters.

In February, a measles outbreak spread from a private ICE detention facility in Sierra Blanca to the Camp East Montana facility and into the El Paso community via people working with the detainees. Poor communication by ICE and an El Paso hospital slowed local public health efforts to respond to the outbreak, an [El Paso Matters investigation found](#).

In late May and early June, [days elapsed](#) before El Paso public health officials were notified that nearly 180 detainees at Camp East Montana were quarantined after possible measles exposure. None of those detainees had tested positive for measles that he was aware of, Ocaranza said Friday.

[READ MORE: Nearly 180 ICE detainees quarantined at Camp East Montana for possible measles exposure](#)

With hundreds of El Pasoans working in ICE detention facilities, the slow communications expose the community to heightened risks from a communicable disease outbreak, he said.

"As I told them, infectious and communicable diseases do not know jurisdictions, and it is sad that we have to go through normal jurisdictional channels instead of just having the phone or having a more direct process where we can have local communication. The response is local," Ocaranza said.

Ocaranza said Venturella seemed receptive to his suggestions to build more direct communication between ICE detention facilities and local public health officials.

Department of Homeland Security officials didn't immediately respond to a request for comment from El Paso Matters about the public health issues raised by Ocaranza.

Under current reporting structures, ICE reports information about infectious diseases in detention facilities to the U.S. Centers for Disease Control and Prevention, which then notifies state health officials, who then notify

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El Paso health chief says ICE communication delays put public health at risk during disease outbreaks - El Paso Matters



David Venturella

local health officials.

“Waiting for the federal government to go through the CDC to the state to the local partners is going to take many days, and by that time an outbreak can be poorly controlled,” Ocaranza said.

Escobar, who organized Friday’s meeting between Venturella and local government, health and public safety officials, said she has raised repeated concerns about health practices at Camp East Montana, which has been plagued by problems since opening last year.

[LEARN MORE: ‘Millions of dollars in waste’: Federal report shows failures at ICE Camp East Montana](#)

She said that during a visit to Camp East Montana, ICE staff advised her not to go into a pod because the detainees hadn’t yet been tested for communicable illnesses.

“While we were standing there talking, I saw facility staff – these are El Pasoans – walking in and out of that same pod with no mask, no PPE, putting our citizens, our residents, my constituents, at risk,” Escobar said.

She asked officials why the workers weren’t using protective gear commonly used by medical professionals to prevent the spread of disease. She was told it was the option of the workers.

“That’s not how public health should work,” Escobar said.

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EXHIBIT 27

10/12/26, 11:14 AM

TB Prevention and Control in Correctional Facilities | Tuberculosis (TB) | CDC



TB Prevention and Control in Correctional Facilities

DECEMBER 10, 2024



For Public Health

KEY POINTS

- Tuberculosis (TB) is a serious health threat, especially for people who live or work in correctional facilities.
- Correctional facilities are places with increased risk for TB disease because of several factors.
- Correctional facility staff should work with TB programs to help prevent the spread of TB disease.

Overview

TB is a challenging disease to identify, treat, and control, especially in congregate settings like correctional facilities (e.g., prisons or jails). People in correctional facilities are from diverse backgrounds and communities and live and work in close proximity for varying periods.

A person who is 'justice system-involved' is any person who is currently or has ever been arrested or incarcerated in a detention or correctional facility. This term also includes those reentering their communities after detention or incarceration, including those on parole or probation.

Correctional facilities are critical settings to find and treat people with TB infection.

People who are justice system [\[A\]](#)-involved may have had varying levels of medical care before entering a correctional facility [\[1\]](#). They may not have had access to medical care to diagnose TB infection early.

People who are justice system [\[A\]](#)-involved or work in a correctional facility have a higher risk of being [exposed](#) to *Mycobacterium tuberculosis*. *M. tuberculosis* is more likely to spread in correctional facilities due to several [factors](#), including:

- People who may have increased risk for TB due to [other health conditions](#),
- [Environment of the facilities](#) such as people living in close proximity, poor air flow, shared airspaces, and overcrowding, and
- [Movement of people](#) between facilities.



TB disease in correctional facilities is a concern

In [2023](#), 324 (3.6% of all U.S. TB cases) persons 15 years of age or older with TB disease were residents of a correctional facility at the time of TB diagnosis.

Effective TB prevention and control measures in correctional facilities include:

- Early identification of persons with TB disease through entry and periodic follow-up **screening**;
- Successful **treatment** of [latent TB infection](#) and [TB disease](#);
 - Thorough and efficient **contact investigations** when a TB case is identified;
- Comprehensive **discharge planning**;
- Appropriate use of [airborne precautions](#) (e.g., airborne infection isolation, environmental controls, and respiratory protection); and
- Annual TB training and education and program evaluation.

Correctional facilities should collaborate with [local or state TB programs](#) and other key partners to implement TB prevention and control measures.

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TB Prevention and Control in Correctional Facilities | Tuberculosis (TB) | CDC

KEEP READING:[Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC](#)

Screening for TB infection

Finding and treating people for TB disease is the best way to prevent disease transmission.

A health care provider working in a correctional facility should screen justice system-involved people for TB disease upon entry. If a person is diagnosed with TB disease, he or she should begin treatment before they are integrated into the general correctional facility population.

The screening methods for TB disease may include:

- Asking about symptoms of TB disease, including a medical history,
- Conducting a chest radiograph,
- Testing for TB infection (i.e., [TB blood test](#) or [TB skin test](#)), and
- Collaborating with the [TB program](#) to review local TB registries.

In general, people who are justice system [\[A\]](#)-involved for longer periods of time and all employees who have a negative baseline TB blood test or TB skin test should have follow-up testing at least annually.

Diagnosis and treatment of latent TB infection and TB disease

Successful [treatment](#) of latent TB infection and TB disease can help to prevent and control TB disease in correctional facilities.

Latent TB infection

People with latent TB infection do not feel sick, do not have symptoms, and cannot spread *M. tuberculosis* to others. Without treatment, people with latent TB infection can develop TB disease at any time and become sick.

Ensuring that people with latent TB infection complete treatment may be challenging in a correctional facility due to movement of people from one facility to another or short-term correctional facilities.

Consider short-course treatment regimens

Due to the challenges of completing treatment for people who are justice system [\[A\]](#)-involved, health care providers should consider the short-course treatment regimens for latent TB infection.

HEALTH CARE PROVIDERS:[Clinical Overview of Latent Tuberculosis Infection](#)

TB disease

People with TB disease feel sick and can [spread](#) *M. tuberculosis* to others. TB disease can almost always be [treated](#) and cured with medicine. Without treatment, TB disease can be fatal.

HEALTH CARE PROVIDERS:[Clinical Overview of Tuberculosis Disease](#)

Reporting cases of TB disease

All correctional facilities must report suspected and confirmed cases of TB disease to the [local or state TB program](#). This includes even if the justice-system [\[A\]](#) involved person has been released from the facility into the community or transferred to a different facility.

PUBLIC HEALTH:[Tuberculosis Case Reporting](#)

10/12/26, 11:14 AM

TB Prevention and Control in Correctional Facilities | Tuberculosis (TB) | CDC

Contact investigation

Correctional facility staff should conduct a contact investigation once a person is diagnosed with TB disease. A prompt response is important to prevent the spread of TB disease within the facility and helps to avoid a potential outbreak.

A contact investigation helps to stop the spread of TB disease by

1. Identifying, isolating, and treating people with TB disease, and
2. Identifying contacts and treating them for inactive TB.

Airborne protection

Correctional facilities should implement [airborne precautions](#) for any person who:

1. Has signs or symptoms of TB disease or
2. Has documented TB disease and has not completed treatment or not been determined previously to be noninfectious.

HEALTH CARE PROVIDERS:

[Tuberculosis Infection Control](#)

Discharge planning

A discharge plan is crucial for effective local TB control efforts within the community.

Correctional facilities should have a discharge plan for justice-system [\[A\]](#) involved people who

- Have confirmed or suspected TB disease
- Have latent TB infection who are at higher risk for developing TB disease.

Correctional facilities should ensure that the discharge plan is comprehensive and effective. The process should include:

1. Collaborating with public health and other community health-care professionals,
2. Ensuring continuity of case-management, and
3. Evaluating discharge-planning procedures and modifying procedures as needed to improve outcomes.

PUBLIC HEALTH:

[TB Programs](#)

TB training and education

Correctional facilities can implement TB training and education of correctional workers and other persons associated with any correctional facility (e.g., volunteers and justice-system [\[A\]](#) involved people). Training and education can help lower the risk for TB transmission and disease.

To ensure the training and education is effective, correctional facilities should:

1. Collaborate with [local or state TB programs](#) to have TB training specifically for the correctional facility setting.
2. Provide routine TB training for everyone who spends a significant amount of time in the facility, and additional training should be given to any employee who will interact with people at risk for TB disease.
3. Document the TB training and education efforts to evaluate the programs and update the trainings as needed.

It is also important to provide TB training and education for people who are justice-system [\[A\]](#) involved.

Did you know?

CDC has resources correctional facilities can share to provide information about latent TB infection and TB disease.

[General Public Communication and Education Resources](#)



10/12/26, 11:14 AM

TB Prevention and Control in Correctional Facilities | Tuberculosis (TB) | CDC

Program evaluation

Correctional facilities should implement a program evaluation to assess how effective the procedures are in preventing the spread of TB disease in the facility. A program evaluation helps to improve accountability, enable ongoing learning and problem-solving, and identify opportunities for improvement.

Successful monitoring and evaluation of a TB-prevention and -control program includes:

- Identifying collaborators,
- Describing the TB control program,
- Conducting a [risk assessment for TB transmission](#) within the facility,
- Collecting and organizing data,
- Analyzing data and forming conclusions, and
- Using the information to improve the TB program.

Correctional facilities can collaborate with the [local or state TB program](#) to implement the program evaluation.

Resources

[Summary of CDC Recommendations for Correctional Settings](#)

[National Tuberculosis Coalition of America/National Tuberculosis Nurse Coalition Corrections Committee](#) [↗](#)

[Questions and Answers About Tuberculosis Booklet](#)

[Download](#)

[Think. Test. Treat TB](#)

SOURCES AND PAGE INFO

CONTENT SOURCE:

[Division of Tuberculosis Elimination ; National Center for HIV, Viral Hepatitis, STD, and Tuberculosis Prevention; Centers for Disease Control and Prevention](#)

ABOUT THIS PAGE

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This page was last updated on this date. Updates may include minor edits, image changes, or other modifications to page content.

Reviewed: March 19, 2024

The information on this page was last reviewed by subject matter experts to ensure accuracy.

FOOTNOTES

- A. "Criminal legal system" may also be used as an alternative to "justice system" to reflect historic and current challenges to achieving justice in the U.S. criminal legal system.

REFERENCES

1. Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC. *Morb Mortal Wkly Rep* 2006; 55 (RR-09):1–44. Available from: <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5509a1.htm>

EXHIBIT 28

10/12/26, 11:24 AM

About Measles | Measles (Rubeola) | CDC



About Measles

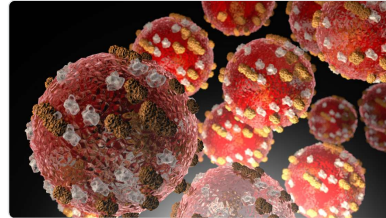
APR. 29, 2026 • ESPAÑOL



For Everyone

KEY POINTS

- Measles is very contagious and can cause serious health complications.
- Anyone who is not protected against measles is at risk.
- Two doses of measles, mumps, and rubella (MMR) vaccine provide the best protection against measles.



MORE INFORMATION

[For Everyone](#)[For Health Care Providers](#)[For Public Health](#)

What it is

For Healthcare Providers



Learn what to do if you suspect your patient has measles or was exposed to measles. [Healthcare Providers: Stay Alert for Measles Cases](#)

Some people think of measles as just a little rash and fever that clear up in a few days. But measles can cause serious health complications, especially in children younger than 5 years old.

Measles is highly contagious. If one person has it, up to 9 out of 10 people who come into close contact with that person will become infected if they are not protected.

The best protection against measles is MMR vaccine. [MMR vaccine](#) provides long-lasting protection against measles.

Signs and symptoms

Measles symptoms appear 7 to 14 days after contact with the virus. Common measles symptoms include:

- High fever (may spike to more than 104° F)
- Cough
- Runny nose (coryza)
- Red, watery eyes ([conjunctivitis or pink eye](#))
- Rash

Complications

Measles can cause serious health complications, especially in children younger than 5 years of age. Common complications are ear infections and diarrhea. Serious complications include pneumonia, encephalitis (swelling of the brain) and in some cases, death.

KEEP READING

[Measles Symptoms and Complications](#)

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Who is at risk

Anyone who is not protected against measles is at risk.

Measles was declared eliminated from the United States in 2000. However, since early 2025, U.S. measles cases have been increasing, and we've had several large outbreaks of more than 50 cases. Measles is also still common in many parts of the world. Every year, measles infections occur in the United States because unvaccinated travelers get measles while they are in other countries and then travel to the United States. These travelers are mostly Americans and sometimes international visitors.

Measles can cause serious health complications in all age groups. However, some groups are at higher risk of experiencing severe complications from measles:

- Children younger than 5 years of age
- Adults older than 20 years of age
- Pregnant women
- People with weakened immune systems, such as from leukemia or HIV infection

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[Measles Symptoms and Complications](#)

How it spreads

Measles is very contagious. It spreads through the air when an infected person coughs or sneezes. You can get measles just by being in a room where a person with measles has been. This can happen even up to 2 hours after that person has left.

KEEP READING

[How Measles Spreads](#)

Prevention

Protect yourself with the vaccine. The best way to protect against measles is with the measles, mumps, and rubella (MMR) vaccine. MMR is safe and effective – serious reactions are extremely rare. Two doses of MMR vaccine are about 97% effective at preventing measles; one dose is about 93% effective.

Prevent measles and talk to your healthcare provider about the MMR vaccine, especially if planning to travel.

KEEP READING

[Measles Vaccination](#)

Resources

- [Measles Resources](#)
- Healthcare Providers: [Clinical Overview of Measles](#)

SOURCES AND PAGE INFO

CONTENT SOURCE:

[National Center for Immunization and Respiratory Diseases; Division of Viral Diseases](#)

ABOUT THIS PAGE

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The information on this page was last reviewed by subject matter experts to ensure accuracy.