GCHD
GRANT COUNTY HEALTH DISTRICT

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FOR IMMEDIATE RELEASE 02/09/15	FOR INFORMATION CONTACT
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Updated Guidance on Measles

The Grant County Health Officer, Dr. Alexander Brzezny, has issued the following alert to the Grant County healthcare community: With the sudden surge of measles cases in January 2015, Washington State (4 cases) and the United States (102 cases), Washington State Dept of Health (DOH) updated guidance for your healthcare facilities. **There have been no measles cases reported in Grant County.** It is suggested that measles immunity be determined and tracked for all health care staff. The updated guidance also recommends that infants 6 months to 11 months receive one dose and adults receive two doses before traveling to areas with high prevalence of measles.

WA DOH measles guidance to use as a disease control reference:
www.doh.wa.gov/Portals/1/Documents/5100/420-063-Guideline-Measles.pdf

A **quick measles reference** that contains specific recommendations.
www.doh.wa.gov/Portals/1/Documents/Pubs/348-478-MeaslesFlyerProvider.pdf

Measles and Immunity in Health Care Staff

- During an outbreak of measles or mumps, health care facilities should recommend 2 doses of MMR vaccine at the appropriate interval for unvaccinated health care personnel regardless of birth year who lack laboratory evidence of measles immunity or laboratory confirmation of disease.
- Health care workers include all persons (medical or nonmedical, paid or volunteer, full- or part-time, student or nonstudent, with or without patient-care responsibilities) who work facilities that provide health care to patients (i.e., inpatient and outpatient, private and public). Facilities that provide care exclusively for elderly patients who are at minimal risk for measles and complication of the disease are a possible exception.
- If documentation of adequate evidence of immunity has not already been collected, it might be difficult to quickly obtain documentation of immunity for health care personnel during an outbreak or when an exposure occurs. Therefore, health care facilities may want to ensure that the measles immunity status of health care personnel is routinely documented and can be easily accessed.

Routine Evidence of Immunity:

- Evidence of adequate vaccination for school-aged children, college students, and students in other postsecondary educational institutions who are at risk for exposure and infection during measles outbreaks consists of 2 doses of measles-containing vaccine separated by at least 28 days.

- Laboratory evidence of immunity or lab evidence of disease.
- Born before 1957.Unless there is a local outbreak of measles. The Health Officer may recommend vaccine for all patients over the age of one regardless of birth year.
- Documentation of age-appropriate vaccination with a live measles virus-containing vaccine:
    - preschool-aged children and adults not at high risk: 1 dose
    - **infants 6-11 months who travel internationally: 1 dose**
        - Infants who get one dose of MMR vaccine before their first birthday should get two more doses (one dose at 12 through 15 months of age and another dose at least 28 days later).
    - school-aged children (grades K-12): 2 doses
        - The second dose of MMR must be at least 28 days AFTER prior MMR. It is important to receive the second dose by the time the patient enters into school.
    - health care workers: 2 doses
    - students at post-secondary educational institutions: 2 doses
    - **adults with no other evidence of immunity who travel internationally: 2 doses**

Assessing Evidence of Immunity

- The criteria for routine evidence of immunity apply only to routine vaccinations. During outbreaks, recommended criteria for presumptive evidence of immunity might differ for some groups.
- Vaccine doses with written documentation of the date of administration at age ≥12 months are the only doses considered to be valid. **Self-reported doses and history of vaccination provided by a parent or other caregiver are not considered adequate evidence of immunity.** Persons who do not have documentation of adequate vaccination or other acceptable evidence of immunity should be vaccinated.
- ACIP has removed physician diagnosis of disease as evidence of immunity for measles and mumps.
- Serologic screening for measles immunity before vaccination is not necessary and not recommended if a person has other acceptable evidence of immunity to these diseases. Similarly, post-vaccination serologic testing to verify an immune response is not recommended.
- Documented age-appropriate vaccination supersedes the results of subsequent serologic testing. If a person who has 2 documented doses of measles- or mumps-containing vaccines is tested serologically and is determined to have negative or equivocal measles titer results, it is not recommended that the person receive an additional dose of MMR vaccine. Such persons should be considered to have presumptive evidence of immunity.
- Persons who have measles-specific IgG antibody that is detectable by any commonly used serologic assay are considered to have adequate laboratory evidence of measles immunity. Persons with an equivocal serologic test result do not have adequate presumptive evidence of immunity and should be considered susceptible, unless they have other evidence of measles immunity or subsequent testing indicates measles immunity

Consultation

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