

June 18, 2014

**To:** Providers, Hospitals, Emergency and Primary Care Departments, and Local Health Departments

**From:** New York State Department of Health, Bureau of Immunization

**HEALTH ADVISORY: MEASLES PREVENTION IN NEW YORK STATE**  
**Please distribute to the Chief Medical Officer, Infection Control Department, Infectious Disease Department, Director of Nursing, Emergency Department Director, Primary Care Clinic Directors, Director of Risk Management/Quality Improvement, Director of Pharmacy, and all patient care areas.**

## SUMMARY

- Measles is a highly contagious, acute viral illness that can lead to serious complications and death. Although measles elimination was declared in the United States (U.S.) in 2000, importation of measles cases from endemic areas of the world continue to occur, leading to secondary measles cases and outbreaks in the U.S., primarily among unvaccinated persons.
- A total of 477 confirmed measles cases have been reported to the Centers for Disease Control and Prevention (CDC) nationwide as of 6/13/2014, surpassing the highest reported yearly total of measles cases since measles was eliminated in the U.S. Sixteen outbreaks throughout the U.S. have accounted for 84% of the cases reported. This includes an outbreak in Ohio with 316 cases to date, the largest single outbreak reported in the U.S. since 2000. The large number of cases this year emphasizes the need for health-care providers to have a heightened awareness of the potential for measles in their communities and the importance of vaccination to prevent measles.
- Eighty nine percent (89%) of the U.S. measles cases reported this year have been in persons who were either unvaccinated or whose vaccination status was unknown. Eighty five percent (85%) of the measles cases among unvaccinated U.S. residents had declined vaccination because of religious, philosophical, or personal objections, 6% were missed opportunities for vaccination, and 7% were too young to receive vaccination.
- New York State (NYS) has reported five confirmed measles cases in 2014. New York City has reported 26 cases this year. Hundreds of suspect illnesses have been investigated and ruled out by local health departments.
- Although high rates of immunity throughout the U.S. and (NYS) prevent spread from most importations, vaccination rates vary at the local level, and unvaccinated children tend to cluster geographically, increasing the risk for outbreaks among clusters of unvaccinated persons. Thus, it is critical to maintain high measles, mumps, and rubella (MMR) vaccination coverage (at least 90%, but preferably higher) to prevent large measles outbreaks in NYS and the U.S. High coverage rates also protect and limit spread to infants too young to be vaccinated and to persons who cannot be vaccinated because of medical contraindications.

- Additionally, to help expedite public health containment strategies, health-care providers should maintain a high level of awareness for measles, implement appropriate infection control measures when measles is suspected, and promptly report suspected cases to their local health departments.

## MEASLES VACCINATION

- In the U.S, routine MMR vaccination is recommended for all children, with the first dose given at age 12 – 15 months, and a second dose at age 4 – 6 years. **Vaccination should be provided at the earliest opportunity based on the Advisory Committee on Immunization Practices (ACIP) recommended schedule.** Catch-up vaccination is recommended for children and adolescents who have not received two appropriately spaced doses. Unless they have other evidence of immunity, adults should receive at least one dose of MMR vaccine, and two appropriately spaced doses of MMR vaccine are recommended for health-care personnel, college students, and international travelers.
- All travelers of any age with destinations outside the U.S. should be up to date on their immunizations prior to travel. Measles outbreaks are common in both developed and developing countries, making the risk for exposure to measles high for many U.S. travelers. **Infants 6 – 11 months of age who are traveling outside of the U.S. should receive one dose of MMR vaccine prior to travel.**

## RECOMMENDATIONS

### Routine measles vaccination:

#### Children ≥ 12 months, adolescents, and adults

- All children should receive an MMR vaccine at 12 – 15 months of age. The second dose of MMR is routinely administered at age 4 – 6 years typically before entering kindergarten, but may be administered as soon as 28 days after the first dose. Vaccination should be provided at the earliest opportunity based on the ACIP recommended schedule.
- Children over one year of age who have received one dose of MMR vaccine and who have recently been exposed to measles infection or are planning travel outside the U.S. should receive a second dose as soon as possible, as long as 28 days have passed since the first dose. Second doses of MMR are valid as long as they are administered after 12 months of age and at least 28 days after the first dose was administered.
- Anyone who has received two valid doses of MMR, or other live measles-containing vaccine, is considered immune to measles. Documentation of laboratory evidence of immunity, or having been born before 1957 are also accepted as proof of immunity to measles. Anyone who lacks proof of measles immunity, as defined above, should receive at least one dose of MMR vaccine, and two appropriately spaced doses of MMR vaccine are recommended for health-care personnel, college students, and international travelers.

#### Children 6–11 months of age who are traveling outside the U.S.

- Should receive one dose of MMR vaccine prior to international travel.
- MMR vaccine given before 12 months of age should not be counted as part of the routine series. Children who receive MMR vaccine before age 12 months will need two more doses for a total of three doses, the first of which should be administered at 12 – 15 months of age and the second at least 28 days later (typically at age 4 – 6 years or before beginning kindergarten).

## **ADDITIONAL INFORMATION**

For complete information on MMR vaccine recommendations:

<http://www.cdc.gov/mmwr/pdf/rr/rr6204.pdf>

For the 2014 immunization schedules: <http://www.cdc.gov/vaccines/schedules/>

The NYSDOH Measles Fact Sheet is available at:

[http://www.health.ny.gov/diseases/communicable/measles/fact\\_sheet.htm](http://www.health.ny.gov/diseases/communicable/measles/fact_sheet.htm)

Destination specific travel immunization information is available on the Centers for Disease Control and Prevention's Travelers' Health website at:

<http://wwwnc.cdc.gov/travel/destinations/list>

For further information, please contact your local health department or the New York State Department of Health, Bureau of Immunization at 518 – 473 – 4437