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Vaccine-Preventable Disease Cards Available

Additional copies of the “Vaccine-Preventable Disease Cards” are available for ordering. These cards are intended to be a resource for clinicians when talking to parents who are questioning the need for vaccines. Send an e-mail with the number of sets of cards needed, your clinic name, and shipping address to:

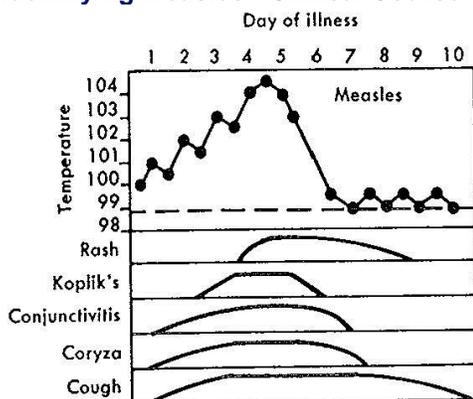
susanm@health.ok.gov.

Save the Date - Vaccines for Children Training Scheduled for Tulsa Area

Vaccines for Children (VFC) training will be presented on Thursday, March 26th from 12:30 to 3:30 pm at Hardesty Library, Frossard Auditorium at 8316 E. 93rd St. in Tulsa. Attendance at this training will meet the annual VFC Program education requirement for Primary and Back-up Vaccine Coordinators. The training will cover basic information needed to participate in the VFC program, vaccine recommendation updates, proper vaccine administration and storage, and ideas for improving the immunization coverage rates of children and adolescents in your practice. For more information or to register for this training, contact your local Immunization Field Consultant.

The next VFC regional training will be in Lawton on April 16th. Upcoming trainings will include the Vinita/Langley area on 5/13, Sallisaw on 6/11, the Hugo/Idabel area on 7/9, Woodward on 9/10, and Oklahoma City on 10/8.

Identifying Measles - Clinical Course of Measles



Source: Krugman, Saul, and Robert Ward 1985 *Infectious Diseases of Children 8th Edition*. London, Mosby. pg. 145

It is important to consider measles in the differential diagnosis of patients with rash and fever. Measles starts with a 2- to 4-day prodrome with fever, cough, coryza, and conjunctivitis (the three “C”s), Koplik spots and possibly a sore throat. The fever progresses upward stepwise each day. The rash appears 3 to 4 days after onset of the prodrome. The rash spreads from the head to the trunk to the extremities over the course of 3 days. It fades in the order it appeared.

Laboratory confirmation is essential for all sporadic measles cases and outbreaks. Healthcare providers will be asked to obtain serum samples from patients suspected to have measles at first contact with them. Contact the Acute Disease Service Epidemiologist-on-call at 405-271-4060 regarding specimen collection.

Prepare Now

Make sure all employees’ immune status to measles is documented and readily available. Documentation of 2 doses of MMR vaccine or a positive measles serology are evidence of immunity for healthcare providers born in 1957 or later. (See the next page.)

What to Do if You Suspect Measles

CDC is urging all physicians to “think measles” and to know what to do to prevent, control, and report measles cases. The Acute Disease Service of the Oklahoma State Department of Health offers the following steps.

1. Anytime you suspect someone of having measles, place a surgical mask on them (if possible) and place them in an exam room right away. If you have a negative airflow room, that’s best, but do not leave them in the waiting room. Another option is to examine them outside (away from doors and windows), but bad weather may make that impractical.
2. Healthcare workers examining the patient need to wear an N-95 respirator. If you don’t have one, a regular mask is better than nothing. Make sure only employees with presumptive evidence of immunity to measles interact with measles suspects.

3. Gather the following information on the patient:
 - Temperature and date of onset of fever,
 - Date of rash onset and type of rash,
 - Where the rash began on the body and how it has spread,
 - Measles vaccination history,
 - History of travel in the last 3 weeks to another country or state where measles is occurring,
 - Any interaction the patient recently had with a symptomatic visitor from another country or state where measles is occurring,
 - History of prodromal symptoms before the rash began: cough, conjunctivitis or coryza.

4. Call the Acute Disease Service at 405-271-4060 with the above information. Tell the receptionist you have a measles suspect so she can transfer you to an epidemiologist to quickly consult with you. The on-call phone number goes to voicemail after hours, and on weekends and holidays, so leave a message, and someone will return your call in just a few minutes.

The epidemiologist will work with you to decide whether the patient is highly suspicious or not, what tests to order, and whether or not to exclude the patient from activities outside the home while waiting for lab results.

Measles is one of the diseases/conditions that must be reported immediately upon suspicion, diagnosis, or testing, along with patient identifiers, demographics and contact information, to the Oklahoma State Department of Health preferably by telephone (405-271-4060 or 800-234-5963), as required by the Oklahoma Administrative Code (OAC) sections 310:515-1-3 and 310:515-1-4.

Do not hesitate to report suspect cases. Prompt reporting is vitally important. Public health staff will attempt to contact all persons exposed during the suspect case's communicable period, assess their vaccination status, and administer measles vaccine if needed within 72 hours of exposure. If given within 72 hours of initial exposure, MMR vaccine may provide some protection or lessen the severity of disease. They also will notify other health care facilities, schools, child care centers, and other venues where exposure may have occurred.

Measles control requires an immediate and considerable effort. Follow-up of suspect cases is worth the effort even if the case is ruled out because missed cases quickly generate additional cases and enlarge the outbreak area.

HealthCare Professionals and MMR Vaccination

"All persons who work in health-care facilities should have presumptive evidence of immunity to measles.

This information should be documented and readily available at the work location. Recently vaccinated health care professionals do not require any restriction in their work activities. Presumptive evidence of immunity to measles for persons who work in health-care facilities includes any of the following:

- written documentation of vaccination with 2 doses of live measles or MMR vaccine administered at least 28 days apart,†
- laboratory evidence of immunity,§
- laboratory confirmation of disease, or
- birth before 1957.¶

(<http://www.cdc.gov/mmwr/pdf/rr/rr6007.pdf> pg.12)

† The first dose of measles-containing vaccine should be administered on or after the first birthday; the second dose should be administered no earlier than 28 days after the first dose.

§ Measles immunoglobulin (IgG) in the serum; equivocal results should be considered negative.

¶ The majority of persons born before 1957 are likely to have been infected naturally and may be presumed immune. For unvaccinated personnel born before 1957 who lack laboratory evidence of measles immunity, laboratory confirmation of disease, or documentation of 2 doses of measles vaccine, health-care facilities should consider vaccinating personnel born before 1957 with 2 doses of MMR vaccine at the appropriate interval. During an outbreak of measles health-care facilities should recommend 2 doses of MMR vaccine for unvaccinated personnel born before 1957 who lack evidence of measles immunity. (Footnotes condensed)

"For health care professionals who have 2 documented doses of MMR vaccine or other acceptable evidence of immunity to measles, serologic testing for immunity is not recommended. In the event that a health care professional who has 2 documented doses of MMR vaccine, is tested serologically and 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 measles immunity. Documented age-appropriate vaccination supersedes the results of subsequent serologic testing.

...Similarly, postvaccination serologic testing to verify an immune response is not recommended."

(<http://www.cdc.gov/mmwr/pdf/rr/rr6007.pdf>, pg. 14)

Antibodies to measles, mumps, and rubella may decline after vaccination and some commercial tests may not be sensitive enough to reliably detect vaccine-induced immunity, but if a person is subsequently exposed to the disease, the antibodies will quickly rebound and provide protection.