HEALTH ALERT

Public Health
Prevent. Promote. Protect.
REGION IV PUBLIC HEALTH
Clark, Cowlitz, Skamania, Wahkiakum counties and Cowlitz Tribe

TO: Physicians and other Healthcare Providers

Please distribute a copy of this information to each provider in your organization.

Questions regarding this information may be directed to the following Region IV health officers:

Alan Melnick, MD, MPH, CPH
Clark County Public Health, (360) 397-8412
Skamania County Community Health, (509) 427-3850
Cowlitz County Health & Human Services, (360) 414-5599
Wahkiakum County Health & Human Services, (360) 795-6207

Teresa Everson, MD, MPH
Clark County Public Health, (360) 397-8412
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Alert categories:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; no immediate action necessary.

HEALTH ALERT
Feb. 13, 2019

Revised recommendations regarding IG, MMR vaccine and exclusions

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Purpose

Clark County Public Health is continuing its measles outbreak investigation.

Attached is a revised version of the Region IV Health Officer recommendations distributed on Feb. 6. Please consult the attached table for recommendations regarding IG, MMR vaccine and exclusions for children and adults in school, child care, health care and non-high-risk employment settings.

Here are a summary of changes to the table:

- The list of potential immunocompromising conditions should not be read as exhaustive; decisions about who is immunocompromised are best made by the caring physician.
- Because of volume limitations, persons weighing >30 kg might not receive sufficient immunoglobulin if given intramuscularly (IMIG); intravenous (IGIV) administration is preferred.
- Unvaccinated persons for vaccine should be offered MMR (if greater than 12 months of age) before returning to school, daycare or work and after the 21 day exclusion period, especially if the outbreak is ongoing.
- Adequate titers collected within five days after first exposure is considered as documentation of immunity.
- If measles is confirmed during exclusion period, patient can return to work or school on the fifth day after the date of rash onset.

Changes specific to the health care settings section:

- Because of high risk of exposure and transmission in health care settings, non-pregnant, non-immunocompromised health care workers (HCWs) would benefit from vaccination as soon as possible if he/she did not receive MMR as PEP within 72 hours. They should remain excluded until they receive the second dose of MMR.
- Immunocompetent exposed HCWs should have two doses (or have other evidence of immunity) before returning to work.
- Immunocompromised and pregnant HCWs with no evidence of immunity who received IGIV should not return to work because of risk of exposure, risk for severe disease, and because it is unknown how long IGIV protects. Consultation with public health may be necessary regarding their continued risk of exposure in healthcare settings.
- Immunocompromised HCWs should receive IG PEP and/or be quarantined regardless of prior evidence of immunity.
- Birth prior to 1957 is not considered as evidence of immunity for HCW. Providers should consider serologic testing within five days of initial exposure of HCW with unknown vaccination history. Equivocal titers are considered negative.

Thank you for your partnership.

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Wahkiakum County Health and Human Services:	(360) 795-6207	(360) 795-6143

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Region IV Health Officer recommendations regarding IG, vaccine and exclusion

1. School setting

Exposed group[1]	Exclusion period	Active monitoring?	Return to school[2]
Unvaccinated student, no post-exposure prophylaxis (PEP) received[3]	21 days	Yes	21 days after most recent exposure[4]
Unvaccinated student, vaccine PEP received within 72 hours[3]	21 days	Yes	21 days after most recent exposure
Unvaccinated students and staff who are severely immunocompromised[5], immunoglobulin (IGIM or IGIV) PEP received within 6 days[6,7]	28 days	Yes	28 days after most recent exposure
Staff without documented vaccination or adequate titer, no PEP[3,8]	21 days	Yes	21 days after most recent exposure[4]
Staff, without documented vaccination or adequate titer, vaccine PEP received within 72 hours[3]	21 days	Yes	21 days after most recent exposure
Students who received only 1 vaccine	21 days or date of 2nd vaccine if received	No	documented date of 2nd vaccine or 21 days after most recent exposure
Staff in high-risk jobs who have only 1 documented vaccine (e.g. school nurse, healthcare worker)	21 days or date of 2nd vaccine if received	No	documented date of 2nd vaccine or 21 days after most recent exposure
Staff in non-high-risk jobs who received only 1 vaccine	Not excluded, consider 2nd vaccine	No	NA
Students and staff with documentation of completed vaccination or adequate titers	Not excluded	No	NA

Revised 02.12.2019

[1]Exposure in any setting, at or outside of school, daycare, healthcare, etc.

[2] If measles is confirmed during exclusion period, can return on the 5th day after the date of rash onset.

[3]Unvaccinated children and staff who did not receive MMR as PEP within 72 hours should NOT receive the vaccine before the end of the incubation period because of the 5% chance of vaccine rash that could be confused with measles.

[4] Offer MMR to persons ≥12 months of age with no other documentation of immunity after exclusion period ends and before return to school, daycare, or work, especially if outbreak is ongoing.

[5]Severely immunocompromised individuals include but are not limited to those with the following conditions: severe primary immunodeficiency; bone marrow transplant with graft-versus-host disease or within 12 months of stopping immunosuppressant treatment; acute lymphoblastic leukemia (ALL) until at least 6 months after immunosuppressive chemotherapy; people living with AIDS or HIV with CD4 <15% (all ages) or CD4 count <200 (aged >5 years) and those who have not received MMR vaccine since receiving effective ART. Some experts include HIV-infected persons who lack recent confirmation of immunologic status or measles immunity (see Washington State Department of Health website and CDC MMWR for additional information: https://www.doh.wa.gov/Portals/1/Documents/5100/420-063-Guideline-Measles.pdf; Page 17, MMWR, Vol. 62/No. RR-4).

[6]IGIV dosage for pregnant or immunocompromised adults is 400mg/kg. IGIM is not recommended for persons >30kg. MMR should not be given until at least 8 months after receiving IG.

[7]IGIM dosage for infants is 0.5 mL/kg, maximum dosage 15mL. MMR should not be given until at least 8 months after receiving IG.

[8] Adequate titers collected within 5 days after first exposure is considered as documentation of immunity

2. Daycare setting

Exposed group[1]	Recommended PEP	Exclusion period	Active monitoring?	Return to daycare[2]
Children < 6 months	IGIM within 6 days of exposure[7]	28 days if IG received otherwise 21 days	Yes	28 (IG) or 21 days after most recent exposure
Children 6-11 months	vaccine within 72 hours[3,9] OR IGIM after 72 hours and within 6 days[7]	28 days if IG received otherwise 21 days	Yes	28 (IG) or 21 days after most recent exposure
Unvaccinated children 1-4 years	vaccine within 72 hours[3]	21 days	Yes	21 days after most recent exposure[4]
Staff without documented vaccination or adequate titer[8]	vaccine within 72 hours[3]	21 days	Yes	21 days after most recent exposure[4]
Unvaccinated children and staff who are severely immunocompromised[5]	IGIM or IGIV within 6 days of exposure[6,7]	28 days if IG received otherwise 21 days	Yes	28 (IG) or 21 days after most recent exposure
Staff with 1 documented vaccine, without documented adequate titer	2nd vaccine as soon as possible at least 28 days after 1st vaccine	21 days or date of 2nd vaccine if received	No	documented date of 2nd vaccine or 21 days after most recent exposure
Children 1-4 years with 1 documented vaccine	Consider 2nd vaccine at least 28 days after 1st vaccine	Not excluded	No	NA
Children with documentation of completed vaccination	None	Not excluded	No	NA

[1]Exposure in any setting, at or outside of school, daycare, healthcare, etc.

[2] If measles is confirmed during exclusion period, can return on the 5th day after the date of rash onset.

[3]Unvaccinated children and staff who did not receive MMR as PEP within 72 hours should NOT receive the vaccine before the end of the incubation period because of the 5% chance of vaccine rash that could be confused with measles.

[4] Offer MMR to persons ≥12 months of age with no other documentation of immunity after exclusion period ends and before return to school, daycare, or work, especially if outbreak is ongoing.

[5]Severely immunocompromised individuals include but are not limited to those with the following conditions: severe primary immunodeficiency; bone marrow transplant with graft-versus-host disease or within 12 months of stopping immunosuppressant treatment; acute lymphoblastic leukemia (ALL) until at least 6 months after immunosuppressive chemotherapy; people living with AIDS or HIV with CD4 <15% (all ages) or CD4 count <200 (aged >5 years) and those who have not received MMR vaccine since receiving effective ART. Some experts include HIV-infected persons who lack recent confirmation of immunologic status or measles immunity (see Washington State Department of Health website and CDC MMWR for additional information: https://www.doh.wa.gov/Portals/1/Documents/5100/420-063-Guideline-Measles.pdf; Page 17, MMWR, Vol. 62/No. RR-4).

[6]IGIV dosage for pregnant or immunocompromised adults is 400mg/kg. IGIM is not recommended for persons >30kg. MMR should not be given until at least 8 months after receiving IG.

[7]IGIM dosage for infants is 0.5 mL/kg, maximum dosage 15mL. MMR should not be given until at least 8 months after receiving IG.

[8] Adequate titers collected within 5 days after first exposure can be considered as documentation of immunity

[9]This MMR should NOT count toward their series (12-15 months and 4-6 years). IG and MMR should never be given at the same time.

3. Health care setting

Exposed group[1]	Recommended PEP	Exclusion period	Active monitoring?	Return to work[2]
Non-pregnant healthcare worker (HCW) without documentation of immunity[10]	vaccination within 72 hours[11]	21 days	Yes	documented date of 2nd MMR (28 days after 1st MMR)
Pregnant[12] HCW without documentation of immunity[10]	IGIV within 6 days of exposure[6]	28 days if IG received otherwise 21 days	Yes	When no longer at risk for exposure in healthcare setting[13]
Severely immunocompromised[5] HCW regardless of documentation of immunity	IGIV within 6 days of exposure[6]	28 days if IG received otherwise 21 days	Yes	When no longer at risk for exposure in healthcare setting[13]
Non-pregnant HCW with 1 documented vaccine, without other documentation of immunity[10]	2nd vaccine as soon as possible at least 28 days after 1st vaccine	21 days or date of 2nd MMR if received	No	documented date of 2nd MMR (28 days after 1st MMR)
Pregnant HCW with 1 documented vaccine, without other documentation of immunity[10]	2nd vaccine after delivery[12]	21 days[10]	No	When no longer at risk for exposure in healthcare setting[13]
All HCW with adequate immunization documentation[8]	None	Not excluded	No	NA

[1] Exposure in any setting, at or outside of school, daycare, etc.

[2] If measles is confirmed during exclusion period, can return on the 5th day after the date of rash onset.

[5] Severely immunocompromised individuals include but are not limited to those with the following conditions: severe primary immunodeficiency; bone marrow transplant with graft-versus-host disease or within 12 months of stopping immunosuppressant treatment; acute lymphoblastic leukemia (ALL) until at least 6 months after immunosuppressive chemotherapy; people living with AIDS or HIV with CD4 <15% (all ages) or CD4 count <200 (aged >5 years) and those who have not received MMR vaccine since receiving effective ART. Some experts include HIV-infected persons who lack recent confirmation of immunologic status or measles immunity (see Washington State Department of Health website and CDC MMWR for additional information: https://www.doh.wa.gov/Portals/1/Documents/5100/420-063-Guideline-Measles.pdf; Page 17, MMWR, Vol. 62/No. RR-4).

[6] IGIV dosage for pregnant or immunocompromised adults is 400mg/kg. IGIM is not recommended for persons >30kg. MMR should not be given until at least 8 months after receiving IG.

[10] Healthcare workers should have documentation of adequate titers, documented evidence of previous disease, or documentation of 2 measles containing vaccination at least 28 days apart prior to the outbreak. Birth prior to 1957 is not considered as evidence of immunity for HCW. Providers should consider serologic testing of HCW with unknown vaccination status or history of only one dose of MMR within 5 days of first exposure to assess immunity. Equivocal titers are considered negative.

[11] Because of high risk of exposure and transmission in healthcare settings, non-pregnant HCW with no documentation of immunity who did not receive MMR as PEP within 72 hours should receive the 1st of MMR as soon as possible and remain excluded until they receive the 2nd MMR

[12] Pregnant women cannot receive MMR until after pregnancy ended and at least 21 days post exposure. It is safe to receive the vaccine while breastfeeding.

[13] In consultation with public health authorities

4. Adults in non-high-risk employment setting

Exposed group[1]	Recommended PEP	Exclusion period	Active monitoring?	Return to work[2]
Non-pregnant unvaccinated adult with no documentation of previous disease or titers[8]	vaccine within 72 hours[3]	21 days	Yes	21 days after most recent exposure[4]
Pregnant[12] or severely immunocompromised[5] unvaccinated adult with no documentation of previous disease or titers[8]	IGIV within 6 days of exposure[6]	28 days if IG received otherwise 21 days	Yes	28 (IG) or 21 days after most recent exposure
Non-pregnant adult with 1 documented vaccine or adequate titer	Consider 2nd vaccine at least 28 days after 1st vaccine if no titer	Not excluded	No	NA
Pregnant adult with 1 documented vaccine, without documented adequate titer	2nd vaccine after delivery[12]	Not excluded	No	NA

[1]Exposure in any setting, at or outside of school, daycare, etc.

[2] If measles is confirmed during exclusion period, can return on the 5th day after the date of rash onset.

[3]Unvaccinated children and staff who did not receive MMR as PEP within 72 hours should NOT receive the vaccine before the end of the incubation period because of the 5% chance of vaccine rash that could be confused with measles.

[4] Offer MMR to persons ≥12 months of age with no other documentation of immunity after exclusion period ends and before return to school, daycare, or work, especially if outbreak is ongoing. If measles is confirmed during exclusion period, can return on the 5th day after the date of rash onset.

[5] Severely immunocompromised individuals include but are not limited to those with the following conditions: severe primary immunodeficiency; bone marrow transplant with graft-versus-host disease or within 12 months of stopping immunosuppressant treatment; acute lymphoblastic leukemia (ALL) until at least 6 months after immunosuppressive chemotherapy; people living with AIDS or HIV with CD4 <15% (all ages) or CD4 count <200 (aged >5 years) and those who have not received MMR vaccine since receiving effective ART. Some experts include HIV-infected persons who lack recent confirmation of immunologic status or measles immunity (see Washington State Department of Health website and CDC MMWR for additional information: https://www.doh.wa.gov/Portals/1/Documents/5100/420-063-Guideline-Measles.pdf; Page 17, MMWR, Vol. 62/No. RR-4).

[6]IGIV dosage for pregnant or immunocompromised adults is 400mg/kg. IGIM is not recommended for persons >30kg. MMR should not be given until at least 8 months after receiving IG.

[8]Adequate titers collected within 5 days after first exposure can be considered as documentation of immunity

[12]Pregnant women cannot receive MMR until after pregnancy ended and at least 21 days post exposure. It is safe to receive the vaccine while breastfeeding.