

# 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:

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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

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Skamania County Community Health, (509) 427-3850

### **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.

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**HEALTH  
ALERT**  
*Feb. 6, 2019*

**Public Health recommendations  
regarding IG, MMR vaccine and  
exclusions**



*Purpose*

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Clark County Public Health is continuing its measles outbreak investigation.

Please see 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.

**Thank you for your partnership.**

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Clark County Public Health:	(360) 397-8182	(360) 397-8080
Cowlitz County Health Department:	(360) 414-5599	(360) 425-7531
Skamania County Community Health:	(509) 427-3850	(509) 427-0188
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 exclusions

### 1. School setting

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

<sup>1</sup>Exposure in any setting, at or outside of school, daycare, healthcare, etc.

<sup>2</sup>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.

<sup>3</sup>Severely immunocompromised individuals include 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).

<sup>4</sup>IVIG dosage for pregnant or immunocompromised adults is 400mg/kg. MMR should not be given until at least 8 months after receiving IG.

## 2. Daycare setting

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

<sup>1</sup>Exposure in any setting, at or outside of school, daycare, healthcare, etc.

<sup>2</sup>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.

<sup>3</sup>Severely immunocompromised individuals include 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).

<sup>4</sup>IVIG dosage for pregnant or immunocompromised adults is 400mg/kg. MMR should not be given until at least 8 months after receiving IG.

<sup>5</sup>IMIG dosage for infants is 0.5 mL/kg, maximum dosage 15mL. MMR should not be given until at least 8 months after receiving IG.

<sup>6</sup>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 <sup>1</sup>	Recommended PEP	Exclusion period	Active monitoring?	Return to work
<b>Non-pregnant healthcare worker (HCW)</b> without adequate immunization documentation <sup>7</sup>	vaccination within 72 hours <sup>2</sup>	21 days	Yes	21 days after most recent exposure
<b>Pregnant<sup>8</sup> and severely immunocompromised<sup>3</sup> HCW</b> without adequate immunization documentation <sup>7</sup>	IVIG within 6 days of exposure <sup>4</sup>	28 days if IG received otherwise 21 days	Yes	28 (IG) or 21 days after most recent exposure
<b>Non-pregnant HCW</b> with 1 documented vaccine, without adequate immunization documentation <sup>7</sup>	2 <sup>nd</sup> vaccine as soon as possible at least 28 days after 1 <sup>st</sup> vaccine	21 days or date of 2 <sup>nd</sup> MMR if received	No	documented date of 2 <sup>nd</sup> vaccine or 21 days after most recent exposure
<b>Pregnant HCW</b> with 1 documented vaccine, without documented adequate titer	2 <sup>nd</sup> vaccine after delivery <sup>8</sup>	21 days	No	21 days after most recent exposure
<b>All HCW</b> with adequate immunization documentation <sup>7</sup>	None	Not excluded	No	NA

<sup>1</sup>Exposure in any setting, at or outside of school, daycare, etc.

<sup>2</sup>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 of 21 days because of the 5% chance of vaccine rash that could be confused with measles.

<sup>3</sup>Severely immunocompromised individuals include 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).

<sup>4</sup>IVIG dosage for pregnant or immunocompromised adults is 400mg/kg. MMR should not be given until at least 8 months after receiving IG.

<sup>7</sup>Healthcare workers should have previously had either adequate titers, documented evidence of previous disease, or documentation of 2 measles containing vaccination at least 28 days apart.

<sup>8</sup>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.

#### 4. Adults in non-high-risk employment setting

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

<sup>1</sup>Exposure in any setting, at or outside of school, daycare, etc.

<sup>2</sup>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 of 21 days because of the 5% chance of vaccine rash that could be confused with measles.

<sup>3</sup>Severely immunocompromised individuals include 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).

<sup>4</sup>IVIG dosage for pregnant or immunocompromised adults is 400mg/kg. MMR should not be given until at least 8 months after receiving IG.

<sup>8</sup>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.