

Main Number: (650) 573-2346 | After Hours: (650) 363-4981 | Fax: (650) 273-2919

Scott Morrow, MD, MPH, MBA | Health Officer Cassius Lockett, PhD | Director, Public Health, Policy & Planning

Recommendations for the vaccination of adults against measles May 23, 2019

SITUATION:

There has been a significant increase in the number of measles cases in the U.S and in California. As of May 17, 2019, there have been 880 individual cases of measles in the U.S. and 45 in California, including 4 in San Mateo County. Due to this increase, the Centers for Disease Control and Prevention (CDC) has developed the following **summary for vaccination of adults against measles with measles, mumps, rubella (MMR) vaccine. Recommendations for vaccination and assessing immunity in adults have not changed** since publication of the Advisory Committee on Immunization Practices (ACIP) recommendations for the Prevention of Measles, Rubella, Congenital Rubella syndrome, and Mumps in June 2013.

WHAT ADULT PROVIDERS NEED TO KNOW:

- Most adults in the U.S. are at low risk for measles. Providers do not need to actively screen low-risk adult patients for measles immunity. This is because of high population immunity and low risk of disease among adults in non-outbreak areas in the U.S.
- **Providers should make sure patients have measles protection before international travel.** U.S. residents traveling internationally are at high risk for acquiring measles abroad. They can also transmit measles to susceptible persons, such as infants, when they return home.
- If a patient is traveling internationally and his/her measles immunity is unknown, providers should vaccinate him/her, unless there are contraindications. <u>Serologic</u> testing for measles immunity is not recommended.
- Of note, there has been no measles outbreak in San Mateo County to date. Should there be one, we would reach out to you with up-to-date recommendations, which may include additional doses of MMR vaccine for your patients.
- Certain adults are considered to be at high risk for either acquiring measles and/or transmitting disease to vulnerable persons. High risk adults include:
 - students at post-high school educational institutions
 - healthcare personnel
 - international travelers to any country outside the United States
- High-risk adults need written documentation of two doses of MMR vaccine (each dose separated by at least 28 days), or other presumptive evidence of immunity. Other presumptive evidence of measles immunity includes:
 - Birth before 1957
 - Laboratory evidence of immunity
- Healthcare facilities should consider vaccinating with two doses of MMR all healthcare personnel born before 1957 who lack laboratory evidence of immunity.
- One dose of MMR vaccine, or other presumptive evidence of immunity (listed above), is sufficient for other U.S. adults. Some adults may have received a killed measles vaccine during the 1960s. The killed measles vaccine was available from 1963 to 1967 and

administered to less than 5% of adults. The ACIP recommendation is to re-vaccinate anyone who received the killed vaccine or vaccine of unknown type. However, this only affects a very small proportion of adults who were vaccinated during those years. There is no recommendation for a catch-up program among adults for a second dose of MMR (e.g., persons born before or after 1989).

• If a patient's measles immunity is unknown, providers should vaccinate with MMR, unless there are contraindications. Contraindications to MMR vaccination include a history of severe allergic reaction to any component of the vaccine, pregnancy, and immunosuppression. MMR vaccine is safe, even if given to persons who were previously vaccinated or had prior disease. IgG serologic testing to assess measles immunity is NOT recommended during this period of increased measles activity. IgM testing should ONLY be used for patients suspected to have measles.

Additional information can be found at:

https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm

https://www.cdc.gov/mmwr/volumes/68/wr/mm6817e1.htm

cdc.gov/measles/hcp

https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/measles.aspx

https://smchealth.org/sites/main/files/file-attachments/measles_health_advisory - april_2019_0.pdf

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