

Public Health   
Seattle & King County

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## Measles Advisory

The Centers for Disease Control and Prevention (CDC) and state and local health officials are investigating and responding to cases and outbreaks of measles across the U.S. Measles is a highly contagious disease spread through coughing or sneezing. Symptoms can include rash, high fever, coughing, and runny nose. The disease can also cause more serious complications, such as ear infections, pneumonia, encephalitis (inflammation of the brain)—even death.

From January 1 through April 25, 2008, CDC received a total of 64 reports of confirmed measles cases in nine states — the highest number for the same time period since 2001. In four of the states — Arizona, New York, Michigan, and Wisconsin — outbreaks (3 or more cases linked in time or place) are ongoing. Outbreaks may occur when measles cases are imported into the U.S., particularly in settings where there are under- or unimmunized persons. Ten of the recent cases (5 US residents and 5 visitors to the U.S.) acquired measles abroad, and the remaining cases are considered linked to the imported cases.

Of the 64 people infected by the measles virus, only one had documentation of prior vaccination. Among the other 63 cases, 14 were infants who were too young to be vaccinated. **Many of the cases among US children occurred in children whose parents claimed exemption from vaccination due to religious or personal beliefs. Disease transmission occurred in a variety of community and healthcare settings, including homes, childcare centers, schools, hospitals, emergency rooms, and doctors' offices.**

The U.S. outbreak information is summarized at [www.cdc.gov/mmwr/preview/mmwrhtml/mm57e501a1.htm?s\\_cid=mm57e501a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm57e501a1.htm?s_cid=mm57e501a1_e).

Since April 30, Washington State has confirmed fifteen cases of measles that likely originated in a large church gathering of youth and adults from many states and countries. The index case in this outbreak may have been a student from Japan who is reported to have developed symptoms of measles shortly after arriving in the United States.

These cases remind us that it is important to vaccinate children and adults to protect them against measles. Even though the indigenous transmission of measles was declared eliminated in the U.S. in 2000, the disease is still common in other parts of the world, and can be imported into the U.S. from many countries, including countries in Europe. Worldwide, 20 million cases of measles still occur each year, and the disease is a significant cause of vaccine-preventable death among children. In 2005, 311,000 children under age 5 died from the disease.

The measles vaccine is administered as MMR, a combination vaccine that provides protection against measles, mumps, and rubella. The MMR vaccine is strongly endorsed by medical and public health experts as safe and effective.

- All children should receive two doses of MMR vaccine. The first dose is recommended at age 12–15 months and the second dose at age 4–6 years.
- All adults born in or after 1957 should receive at least one dose of vaccine unless they have documented evidence of measles immunity (a blood test or a physician's diagnosis of measles). Two doses are recommended for all international travelers, healthcare personnel, and students of secondary and post-secondary educational facilities.
- Infants 6–11 months of age should receive one dose prior to travel abroad.

## Measles Recommendations for Health Care Providers

Please review Public Health's fact sheet on "Measles Testing, Immunization, and Control Recommendations for Health Care Providers" at [www.metrokc.gov/health/providers/epidemiology/MeaslesTesting.pdf](http://www.metrokc.gov/health/providers/epidemiology/MeaslesTesting.pdf). If you have questions or need additional information call 206-296-4774.

## New Format for "Epidemiology & Prevention of Vaccine-Preventable Diseases" Course

CDC's four-part series, "*Epidemiology & Prevention of Vaccine-Preventable Diseases*," is a comprehensive overview of the principles of vaccination, general recommendations, immunization strategies for providers, specific information about vaccine-preventable diseases and the vaccines that prevent them. The twelve hour course is presented in four 3-hour sessions, on DVD or Web-on-Demand; **it is no longer presented as a live satellite broadcast or live webcast.** The course is intended for any health care providers who order or administer immunizations.

For more information about the course or to register for the video-on-demand format, go to: [www.cdc.gov/vaccines/ed/epivac/default.htm](http://www.cdc.gov/vaccines/ed/epivac/default.htm) To order a DVD of the course, request item #998177 on the Online Publications Order Form at: [www2a.cdc.gov/nchstp\\_od/PIWeb/niporderform.asp](http://www2a.cdc.gov/nchstp_od/PIWeb/niporderform.asp)



# Vaccines For Children

## Program News and Alerts

### Revised! Provider Request Form for Childhood Vaccines

The Washington State Department of Health (DOH) has updated the vaccine request form. New features include:

- Brand name of vaccine offered by Washington State's VFC Program.
- Highlights from the Guidelines for the Use of State Supplied Vaccine and manufacturer contact information (back of the form).

Fax the front side of the order form only – the back of the form is a reference tool. The revised form was sent out on April 28<sup>th</sup> by email and fax. The new order form took effect on **May 1, 2008**. Older versions of the Vaccine Request form will be returned beginning May 12<sup>th</sup>. Email [darren.robertson@kingcounty.gov](mailto:darren.robertson@kingcounty.gov) to receive the form in a Word file or visit the DOH or Public Health Web site.

### Brand Change for "Tdap" as of May 1, 2008

Also on May 1, 2008, DOH began supplying Sanofi-Pasteur's Tdap vaccine Adacel® for adolescents 11 years of age up to the 19<sup>th</sup> birthday. This is a change to the statewide purchasing contract; Glaxo Smith-Kline's Boostrix® brand is not available through the Washington State VFC Program.

**IMPORTANT!** Adacel® is not licensed for children younger than 11 years of age. CDC advises that if a provider inadvertently administers Adacel® to a 10 year old, the dose can be counted as valid. However, it is considered a **medical error or off-label use** of the product. Any vaccine administration error can be reported to the Institute for Safe Medication Practices (ISMP) at [www.ismp.org](http://www.ismp.org) (this is voluntary).

Need a "Check Your Vials" poster, showing all tetanus-containing vaccines? Visit <http://www.doh.wa.gov/cfh/Immunize/documents/checkyourvials.pdf> to print a color copy, or order the poster from DOH, item # 348-098. Display this poster on or near each refrigerator where vaccines are stored.

### Meningococcal Conjugate Vaccine (MCV4)

MCV4 is now **licensed** for 2-10 year old children; however, the Advisory Committee on Immunization Practices (**ACIP**) **does not recommend it routinely** and the Washington State **VFC Program does not provide it** for that age group, with the exception of high-risk children and travelers. Get more information on ACIP's decision at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5717a4.htm>. MCV4 is also recommended for all adolescents aged 11 through 18 years, college freshmen living in dorms, and persons who are traveling to high-risk areas or who have specific medical conditions.

## Did you know...?

### ...About varicella vaccine intervals and recommendations?

The ACIP now recommends:

- Two doses of varicella vaccine for all children aged 12 months through 12 years, with the first dose administered at age 12–15 months and the second dose at age 4–6 years. The minimum recommended interval between doses is 12 weeks, however, doses inadvertently administered at least 28 days apart do not have to be repeated.
- A second dose catch-up varicella vaccination for children, adolescents, and adults who previously had received 1 dose.
- Routine vaccination of all healthy persons aged >13 years without evidence of immunity—two doses, with at least 4 weeks between doses.
- Expanding the use of the varicella vaccine for HIV-infected children with age-specific CD4+T lymphocyte percentages of 15%–24% and adolescents and adults with CD4+T lymphocyte counts >200 cells/μL.

Criteria for "evidence of immunity" have also changed and now include:

- documentation of age-appropriate vaccination with varicella vaccine: 1 dose for preschool-aged children; 2 doses for school-aged children, adolescents, and adults.
- laboratory evidence of immunity or laboratory confirmation of disease.
- birth in the United States before 1980.
- diagnosis or verification of a history of varicella disease or herpes zoster by a health-care provider.

### New Varicella Vaccine Requirements for Childcare, Preschool, and School

There are new varicella (chickenpox) vaccine requirements to attend school, childcare, and preschool **as of July 1, 2008**, that will impact children in the upcoming school year. If children receive all of the vaccines recommended for their age, they will also meet school vaccination requirements. The following information must be documented on the Certificate of Immunization Status (CIS).

#### **Documented doses of varicella vaccine:**

- **One dose** of varicella vaccine is required for children age 16 months up to kindergarten who are **entering childcare or preschool** and for children **entering grades 1, 2, and 6**.
- **Two doses** of varicella vaccine, received on or after the child's first birthday and at least 28 days apart, are required for children **entering kindergarten**.

#### **OR History of disease:**

- Proof of provider diagnosis (CHILD Profile Immunization Registry-generated CIS or a signed note) or verification of a history of varicella disease or herpes zoster is required for children in childcare/preschool and entering kindergarten.
- Parent-reported history of disease is still acceptable, but only for children in first grade and above.

#### **OR Positive blood test (titer) for history of varicella disease;**

#### **OR Exemption from immunity based on medical, religious, or personal reasons.**

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**The VacScene**  
Immunization News & Information

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