

Vaccine Preventable Disease Update for Healthcare Personnel

Increased Risk of Measles: Ensure Healthcare Worker Immunity

The U.S. has experienced multiple outbreaks of measles, mostly related to international importations. Recent cases have been identified in Massachusetts, the Albany, NY area, and in Quebec. In early June, a case of measles was reported in an unvaccinated individual who was likely infected in another state. This was Vermont's first confirmed case since 2001.

A second case of suspected measles was reported in mid-June from central Vermont. This child had received a first MMR vaccine 11 days prior to rash onset. While transient rashes occur in an estimated five percent of MMR recipients (usually seven to 10 days post-vaccination), it is rare for someone to experience symptoms that meet the clinical case definition of measles as a post-vaccination reaction. This child's symptoms met the definition of a suspect case. IgM antibody testing, which is positive in acute infection and also post-vaccination, was not helpful in identifying whether this was a vaccine reaction or an acute infection. To help sort this out, a specimen was submitted to the Centers for Disease Control and Prevention for additional testing, including genotyping if possible. Because this testing takes time, public health interventions were enacted while there was still time to intervene and prevent potential secondary cases. On July 8th, the genotyping results on this specimen indicated that the virus was a vaccine strain.

Clinicians should maintain an increased index of suspicion for measles among patients who present with fever, maculopapular rash, cough, coryza and/or conjunctivitis. Measles rash begins approximately 14 days after exposure. Travel and immunization history should be noted. While most infections occur in unimmunized persons, measles has been confirmed in people with documented history of one or even two MMR vaccines.

Information for clinicians about measles is available on the Vermont Department of Health website, including a **Measles Update for Clinicians** webinar presented by Dr. William Raszka, Pediatric Infectious Disease Specialist. See: www.healthvermont.gov/prevent/measles/Measles.aspx

Please report suspect cases to the Health Department's Epidemiology section at 1-800-640-4374. Epi staff can help arrange confirmatory testing at the Health Department Laboratory, including serologic testing for IgM and IgG, and specimens for PCR and viral cultures.

Measles immunization or measles immunity must be ensured for all office/hospital staff, along with strict adherence to appropriate infection control measures for patients presenting with febrile rash illnesses. Because measles is a highly communicable disease, patients in waiting rooms are considered exposed to measles for up to two hours after an infectious patient has been in the same room.

ACIP Pertussis Prevention Recommendations for Healthcare Personnel

The Advisory Council for Immunization Practices (ACIP) approved revised provisional recommendations for healthcare personnel regarding pertussis prevention. Recommendations state that *all healthcare personnel receive a single dose of Tdap* (tetanus toxoid, reduced diphtheria toxoid and acellular pertussis) vaccine *as soon as possible* regardless of the time since their last Td dose.

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