



# VACCINES FOR CHILDREN PROGRAM NEWS BULLETIN

Chicago Department of Public Health – Immunization Program VACCINE-PREVENTABLE DISEASE SPECIAL EDITION

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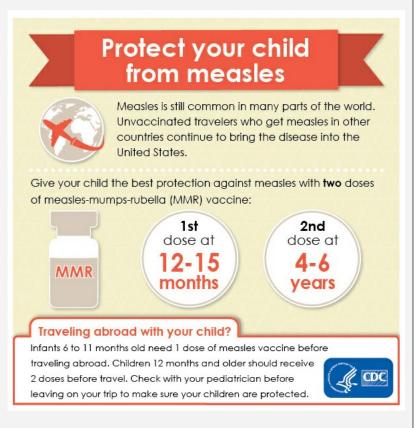
## **Update from CDC on Nationwide Measles Outbreaks and Tips for VFC Providers**

### **Summary of Measles Activity**

As of April 26, 2019, CDC reported 704 cases of measles in the United States since the beginning of 2019, representing the largest number of cases reported in the country in a single year since measles was declared eliminated in 2000. The median age of the patients reported was 5 years; about 1 out of every 4 cases was a child between 16 months and 4 years old. Forty-four of the cases were the result of an international traveler (usually a U.S. resident) becoming infected in another country and returning to the United States. **The top three countries where U.S. travelers became infected with measles so far in 2019 include the Philippines, Ukraine, and Israel.** 

Vaccination recommendations may change over time depending on local activity. **Current vaccination efforts in Chicago should focus on:** 

- Routine, on-time vaccination of children.
- Vaccination of 6-11 month-old infants travelling to international or domestic locations where measles outbreaks are occurring (<a href="https://www.cdc.gov/measles/cases-outbreaks.html">https://www.cdc.gov/measles/cases-outbreaks.html</a>).
- Vaccination of high-risk adults such as students in post-secondary education, health care workers, and travelers to international or domestic locations where measles outbreaks are occurring. There is no recommendation for an adult catchup program for persons born before 1989.
- If adults are travelling, those with documentation of one dose of MMR vaccine should get a second dose. Adults who do not have evidence of immunity against measles should get two doses of MMR vaccine, separated by at least 28 days.



#### CDC Measles Outbreak Toolkit for Healthcare Providers

CDC knows you are the most trusted source of information when patients have questions or concerns about vaccines and the diseases they prevent, like measles. To help support you in your difficult jobs, CDC developed a one-stop-shop <u>digital toolkit</u> with products for you and your patients about vaccines and measles. These products include accurate, science-based evidence that we hope can help you counter misinformation about measles and MMR vaccine. The digital toolkit for healthcare providers includes the following:

- Resources to support an effective vaccine conversation with parents
- Resources about measles and vaccines for providers to share with parents and display in their office-settings

For up-to-date answers to your patients' frequently asked questions about measles, visit <u>CDC's Measles FAQ</u> webpage

#### **Tips for Outpatient Practices**

- Call in patients in your practice who are overdue for MMR vaccination.
   Use your EMR or the "Immunizations Due" report in I-CARE to determine who is due for MMR vaccination, and call those patients into your practice.
- Consider extending your office hours and promoting vaccine-only visits to make vaccination more accessible for your patients.
- Establish standing orders for MMR

   vaccination. Don't miss any
   opportunity to vaccinate your
   patients and protect them against
   measles. Find an example of standing
   orders from immunize.org <a href="here">here</a>.
- | Immunizations Due Generate a list of all patient immunizations due that match the search criteria.
  | Report State International State | S
- 4. **Regularly check the Chicago Measles Health Alert Network (HAN) page for updates.** Be sure you are signed up to receive updates from the Chicago Measles HAN page (<a href="https://www.chicagohan.org/measles">https://www.chicagohan.org/measles</a>) so you are alerted as soon as local measles activity or recommendations change. Sign up with the HAN here: <a href="https://www.chifrontline.org/">https://www.chifrontline.org/</a>.
- 5. **Consider posting this** *Measles Provider Job Aid* in common areas. This will help all of your clinic staff know who and how to test suspect measles cases.
- 6. **Avoid sending routine measles titers for any patient with fever and rash.** IgM can be falsely positive or falsely negative depending on pre-test probability, concurrent viral illnesses, and duration from onset of rash. Clinical consultation with CDPH is recommended.