

# **2019 MEASLES (RUBEOLA) OUTBREAK**

## **COASTAL PEDS INFO FOR FAMILIES – Updated on May 6, 2019**

### **\*\*\*\* SYMPTOMS OF MEASLES OR EXPOSURE TO MEASLES:**

**If your child has rash and a fever, do not bring child into our office until you speak with us! If you have any symptoms of the measles, YOU MUST STAY AT HOME to limit your exposure to others until you can be confirmed to not have measles. CALL US AHEAD. If you must get care, you will likely be referred to the North or South Oxnard Public Health Clinic or an Emergency Room. Measles is extremely contagious (6 times more than influenza!) and must be handled in isolation rooms in order to prevent spread.**

This handout will be updated as this Measles outbreak may continue to spread. Changes in our recommendations will be based on the current situation in our local area, your travel patterns, your age, your immunity, etc. Please call the office to make sure you are reading the most up to date advice from Coastal Pediatric Medical Group. Our advice about the current measles outbreak is based on the best information we have about you or your child right now. We will do our best to advise you, but it is your responsibility to be absolutely sure your child is protected. Part of this responsibility is in making sure you and the rest of the family are also protected.

The most recent comprehensive ACIP recommendations for the use of MMR vaccine were published in 2013 and are available at [www.cdc.gov/mmwr/pdf/rr/rr6204.pdf](http://www.cdc.gov/mmwr/pdf/rr/rr6204.pdf). Your personal physician is the most important person to consult about these issues and should be considered the 'last word' about your immunity and your ability to receive the MMR vaccine based on your current health. Another good resource: [http://www.immunize.org/askexperts/experts\\_mmr.asp](http://www.immunize.org/askexperts/experts_mmr.asp)

### **PARENTS OF OUR PATIENTS:**

**4 years and older:** If there is any doubt or we do not currently have the immunization record that proves MMR #1 and MMR #2 have been given, we advise an MMR vaccine be given as soon as possible. The second dose can be given a minimum of 28 days later. Two doses confers immunity 98% of the population.

**1 year - 4 years of age:** Your child likely needs a second MMR vaccine. Check immunization record (as Dr. Nichols has been giving her patients MMR#2 at 3 years of age). If the patient is traveling to a measles endemic area, we strongly advise the second MMR vaccine dose. However, at this point, we would support any child less than 4 years getting MMR#2. The second dose of MMR can be given a minimum of 28 days after the first dose.

**6 months - 1 year:** It's very unlikely this child has received either MMR vaccine. If the patient is traveling to a measles endemic area, we strongly advise the first MMR vaccine dose. The second dose of MMR can be given a minimum of 28 days after the first dose. If an MMR vaccine is given to an infant less than 1 year of age, that dose will NOT be considered valid for the U.S. immunization schedule. The full MMR series should be repeated when the child is 12 months. The second dose should be administered at least 28 days after the first dose. When Measles is documented in our area, our Public Health Department will likely encourage vaccination of children 6-12 months, as they have in Michigan.

**< 6 months:** MMR vaccination is NOT recommended. Consider limited public outings.

**Unvaccinated or Undervaccinated (delaying, spreading out, etc.)** considered non-immune until records are reviewed. Physician should call if parent is concerned about travel, exposure, future exposure, or symptoms!

**\*\*\*\* ANY CHILD OR FAMILY MEMBER WHO HAS HAD CONTACT WITH A DOCUMENTED MEASLES PATIENT NEEDS TO SPEAK WITH THE PHYSICIAN DIRECTLY AS SOON AS POSSIBLE. Some children can get post exposure prophylaxis and some children will need to be hospitalized for Measles intravenous immunoglobulin. DO NOT BRING YOUR CHILD INTO OFFICE!**

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**\*\*\*\*\* DISCLAIMER:** MMR vaccine is a LIVE vaccine and cannot be given to every individual. The physician that is ordering the vaccine (primary care doctor or nurse practitioner, family doctor, delivering physician etc. ) is responsible for evaluating the patient’s immune status and ability to receive the vaccine. Those who are severely immunocompromised should not receive the vaccine. Those folks with auto-immune disease usually should receive the vaccine. However, folks with auto-immune disease are sometimes on medications that compromise their ability to handle live vaccines.

### **PATIENT FAMILIES**

We feel we have a responsibility to advise families about their own immune status as this helps protect our patients. Therefore, we are providing you with limited information currently. **It is ALWAYS best to get your immune status and ability to get the MMR vaccine from your OWN PERSONAL PHYSICIAN.**

### **MOTHERS WHO ARE PREGNANT:**

Pregnant women *cannot* be immunized against Measles. She should seek the advice of her Obstetrician. She may need to get an MMR vaccine immediately after delivery, while still in the hospital. Her Ob or other delivering physician should evaluate her immune status and ability to receive the vaccine

### **FATHERS & MOTHERS WHO ARE NOT PREGNANT CURRENTLY:**

#### **Fully vaccinated:**

Likely protected, but we advise he or she get measles “Titers”. His or her own doctor can order the Measles IgG (not IgM). If mother has been pregnant before, this lab work has probably already been done during a pregnancy.

#### **Parents unsure of their own vaccination status:**

Parents of any age who are aware they are non-immune, aren’t sure if they were vaccinated, or knows they were not vaccinated, we strongly advise she should get vaccinated as soon as possible. They need to call their own physician as soon as possible. Second option is measles titers (this will delay her protection).

### **GRANDPARENTS, GUARDIANS, CAREGIVERS:**

**Persons born before 1957** can be presumed to be immune.

**Persons born during or after 1957** who received killed measles vaccine or measles vaccine of unknown type, or who cannot document having been vaccinated or having laboratory-confirmed measles disease should receive at least 1 dose of MMR.

**Adults with no evidence of immunity** (*evidence of immunity is defined as documented receipt of 1 dose [2 doses 4 weeks apart if high risk] of live measles virus-containing vaccine, laboratory evidence of immunity or laboratory confirmation of disease, or birth before 1957*) should get 1 dose of MMR unless the adult is in a high-risk group. High-risk people need 2 doses (includes healthcare personnel, international travelers, students at post-high school educational institutions, people exposed to measles in an outbreak setting, and those previously vaccinated with killed measles vaccine or with an unknown type of measles vaccine during 1963 through 1967).

### **Where should I go for more information?**

Ask your doctor or visit [immunize.org](http://immunize.org).