



MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

April 22, 2019

Dear Colleagues:

As a follow-up to Maryland Department of Health's (MDH's) [initial clinician letter on measles \(April 8, 2019\)](#), the purpose of this letter is to provide Maryland clinicians with updates about the measles outbreak in Maryland, to review MDH's updated recommendations about measles vaccinations in special situations, and to emphasize important guidance for clinicians who might encounter patients exposed to measles or with suspected measles. Four measles cases have been identified in Maryland since April 5, 2019. The measles outbreak in Maryland is currently localized to zip codes 21208, 21209 and 21215. Please check the MDH website health.maryland.gov/measles for up-to-date information on the outbreak.

Updated MDH recommendations for measles vaccinations in special situations

The Centers for Disease Control and Prevention (CDC) routinely recommends children get two doses of MMR vaccine: the first dose at 12 through 15 months of age, and the second dose at 4 through 6 years of age. However, healthcare providers should consider modifications to these routine recommendations for patients who might be at increased risk of measles exposure, which includes people who:

- Live, work, or attend activities in Maryland zip codes 21208, 21209, and 21215
- Are planning to travel to other areas with measles outbreaks (see list of measles outbreaks reported to CDC here: <https://www.cdc.gov/measles/cases-outbreaks.html>), or
- Might have contact with visitors from areas with measles outbreaks

For patients who might be at increased risk of measles exposure, healthcare providers should consider the following modifications:

- **Children 6-11 months old:** Give an initial MMR vaccine to children 6 months through 11 months. These children will still need two additional doses at least 28 days apart on or after the first birthday.
- **Children 1-3 years:** Give a second dose of MMR vaccine to children 1 year through 3 years of age who have already received their first MMR vaccine, as long as 28 days have passed since the first MMR vaccine was given to them. These children do not need an additional, third dose of vaccine as long as the child received both vaccines after the 1st birthday given at least 28 days apart.
- **Children 4-17 years:** If not already given, give a second dose of MMR vaccine as soon as possible, as long as 28 days have passed since the first MMR vaccine.
- **Adults:** In adults born after 1957 who have only received 1 dose of MMR vaccine, give a second dose of vaccine. MMR vaccine can also be given to adults born before 1957 if prior exposure to measles is uncertain.

We are also asking all clinicians to take the following steps:

1. **Ensure all healthcare personnel (HCP) at your facility have presumptive evidence of immunity to measles, and that this information is documented and readily available.**

[Recommendations of the ACIP on Immunization of Health-Care Personnel](#) provides detailed guidance on this topic, and key points are summarized below.

Presumptive evidence of immunity to measles for persons who work in healthcare facilities includes at least one of the following:

- Written documentation of vaccination with 2 doses of live measles or MMR vaccine administered at least 28 days apart; verbal report of vaccination is NOT acceptable
- Laboratory evidence of immunity (i.e. measles IgG in the serum; equivocal results should be considered negative)
- Laboratory confirmation of disease
- Birth before 1957 (For unvaccinated personnel born before 1957 who lack laboratory evidence of measles immunity or laboratory confirmation of disease, healthcare facilities should CONSIDER vaccinating personnel with 2 doses of MMR vaccine at least 28 days apart)

If presumptive evidence of immunity is not available, HCP should be vaccinated, unless contraindications are present. Prevacination antibody screening before MMR vaccination for HCP who do not have adequate presumptive evidence of immunity is not necessary unless the medical facility considers it cost effective.

For HCP who have two documented doses of MMR vaccine or other acceptable evidence of immunity to measles, serologic testing for immunity is not recommended.

If HCP with two documented doses of MMR vaccine are tested serologically and found to have negative or equivocal measles titer results, it is NOT recommended that the person receive an additional dose of MMR vaccine. Documented age-appropriate vaccination supersedes the results of subsequent serologic testing.

2. Prepare your facility and staff to rapidly identify and isolate a patient with suspected measles

- Advise your patients to CALL prior to coming to your facility if they have symptoms of measles. This will allow you to take steps to minimize risk of exposure to other people in your facility.
- If you must refer a patient with suspected measles to another healthcare facility, CALL the facility BEFORE advising the patient to go to that facility.
- Post signs at your facility to remind patients and staff about the symptoms of measles and to assist with triage. See attached “MDH Measles Triage Signage”.
- Develop a facility-specific plan with your staff to assist with rapid identification and isolation of a symptomatic patient with suspected measles. See attached “MDH Consider Measles Signage”. Patients should preferably be placed in airborne precautions in a single-patient airborne infection isolation room. All staff entering the room should use respiratory protection consistent with airborne infection control precautions (e.g. N95 respirator).
- Assess people who report being exposed to measles for symptoms, preferably by phone first. If they are asymptomatic, they do not require isolation.

3. Ensure you have supplies to collect specimens for measles testing and are aware of processes to request measles testing at MDH.

- If you encounter a patient with suspected measles, obtain:
 - Serum sample for serology, AND
 - Either a nasopharyngeal (NP) or throat swab for PCR testing. NP is preferred, however, throat swab will be accepted. **Swabs must be placed in unexpired Viral Transport Media** (also called Universal Transport Media). Swabs in other types of media **cannot** be tested for measles. Ensure your facility has these supplies available.

- Immediately notify your local health department of all suspected measles cases.
- MDH recommends that measles testing, when indicated, be performed at the MDH Laboratories Administration
- Measles testing at MDH requires prior approval through your local health department.

Resources

For additional information, see the MDH document, "[For Clinicians: Measles Frequently Asked Questions](#)". Updated case counts, exposure locations, and other resources are on the MDH website:

health.maryland.gov/measles

CDC recommendations for post-exposure prophylaxis are available at

<https://www.cdc.gov/measles/hcp/index.html#prophylaxis>

To request additional Vaccines for Children (VFC) MMR vaccine, or for other questions related to VFC vaccine, visit <https://phpa.health.maryland.gov/OIDEOR/IMMUN/Pages/VFC-contact-center.aspx>

If you have questions, please contact your local health department, or the MDH Infectious Disease Epidemiology and Outbreak Response Bureau at 410-767-6700.

Sincerely,



Monique Duwell, MD, MPH
Chief, Center for Infectious Disease Surveillance and Outbreak Response
Maryland Department of Health