



ARIZONA DEPARTMENT OF HEALTH SERVICES

MEASLES FAQs FOR PROVIDERS
Updated 6.2.2016

What are the recommendations for measles postexposure prophylaxis for pregnant women?

Pregnant women cannot be immunized against measles during pregnancy. Pregnant women who have previously received 2 doses of measles vaccine (MMR) are immune to measles.

Pregnant women who are unvaccinated or do not have evidence of immunity (documentation of at least 1 dose of MMR or having had the disease) are presumed susceptible to measles. They should receive IVIG (IV Immunoglobulin 400 mg/kg) as soon as possible or within 6 days of exposure to a confirmed case of measles. Any nonimmune person who was exposed to measles and received IVIG should subsequently receive MMR vaccine, which should be administered no earlier than 8 months after IVIG administration, provided that the vaccine is not otherwise contraindicated.

If pregnant women have been exposed to measles yet have documentation of 2 previous doses of MMR at least one month apart, given on or after their first birthday, AND happen to be tested and have a negative measles IgG result, they are still presumed immune to measles and do not need to receive IVIG.

Household members of pregnant women should be fully immunized (age appropriate) against measles. It is safe to give household contacts of pregnant women the MMR vaccine, since MMR vaccine recipients are not contagious.

What are the recommendations for measles postexposure prophylaxis for immunocompromised individuals?

Immunocompromised people who are exposed to measles should receive IVIG (IV Immunoglobulin, 400mg/kg) as soon as possible but at least within 6 days of exposure to a confirmed case of measles.

Severely immunocompromised people include:

- Persons with severe primary immunodeficiency.
- Persons who have received a bone marrow transplant until at least 12 months after completing all immunosuppressive treatment (and longer in those who have developed graft vs host disease).
- Persons on treatment for acute lymphocytic leukemia within and until 6 months after completion of immunosuppressive chemotherapy.

Douglas A. Ducey | Governor Cara M. Christ, MD, MS | Director



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- Persons with a diagnosis of AIDS or HIV-infected persons with severe immunosuppression defined as CD4 >15% (all ages) or CD4 count < 200 lymphocytes/mL³ (aged > 5 years) and those who have not received MMR vaccine since receiving effective antiretroviral therapy.

Household members of immunocompromised persons should be fully immunized (age appropriate) against measles. It is safe to give household contacts of immunocompromised persons the MMR vaccine, since MMR vaccine recipients are not contagious. Severely immunocompromised people should not receive the MMR vaccine.

What are the recommendations for accelerating MMR vaccinations in children?

During a community-wide measles outbreak, the local health department may recommend the acceleration of MMR vaccination in children.

In this situation, MMR can be given to infants as young as 6 months of age. MMR vaccine that is given between 6-11 months of age is not considered a valid dose. Infants who are immunized before 12 months of age need a first valid MMR once they have reached 12 months old. It is important to have a minimal interval of 4 weeks between the vaccine given under 12 months of age and the first valid vaccine.

The second valid MMR dose is usually scheduled at 4-6 years of age. The second dose may be given sooner as long as there is a minimal interval of 4 weeks between the first and second valid doses of MMR.

Arizona school entry requirements ask for documentation of two valid doses of MMR vaccine, with a minimum interval of 4 weeks between them. Arizona child care entry requirements ask for documentation of at least one valid dose of MMR vaccine.

Communication with health insurance providers is important during accelerated vaccinations schedules in order to assure timely reimbursement for vaccines given earlier than normally scheduled.

What are the recommendations for measles vaccination in healthcare workers in the context of a measles outbreak?



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During an outbreak of measles, healthcare facilities should make sure healthcare workers have received 2 documented doses of MMR vaccine at the appropriate interval (regardless of birth year), laboratory evidence of measles immunity, or laboratory confirmation of disease.

Healthcare workers who have 2 documented doses of MMR do not need to be tested serologically for measles antibody. If they happen to be tested and are seronegative, revaccination with MMR is not routinely recommended.

What are the recommendations for measles postexposure prophylaxis for children < 12 months of age?

Children 6-11 months old who are exposed to measles should receive one dose of MMR vaccine within 72 hours of exposure in order to prevent or modify the illness. A MMR vaccine dose in this age group is not valid and the child will need two more MMR doses once turning 12 months or older. If MMR vaccine cannot be given within this time period, the child should receive 0.5 mL/kg intramuscular immune globulin (IMIG) within 6 days of exposure.

Children under 6 months of age who are exposed to measles should receive one dose of IMIG (0.5 mL/kg) as soon as possible or at least within 6 days of exposure. Children who have received 0.5mL/kg of IMIG should wait at least 6 months before receiving any recommended MMR or varicella vaccine.

Resources

Arizona Department of Health Services Measles Website for Providers

<http://www.azdhs.gov/preparedness/epidemiology-disease-control/measles/index.php#providers>

Centers for Disease Control and Prevention Measles Website for Providers

<http://www.cdc.gov/measles/hcp/>

Centers for Disease Control and Prevention. *Morbidity and Mortality Report*, June 14, 2013

<http://www.cdc.gov/mmwr/pdf/rr/rr6204.pdf>

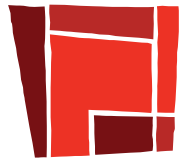
Immunization Action Coalition Measles Website

<http://www.immunize.org/measles/>

Immunization Action Coalition Vaccine Contraindication and Precaution Website

<http://www.immunize.org/catg.d/p3072a.pdf>

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Local Health Department Contact List

<http://www.azdhs.gov/preparedness/epidemiology-disease-control/index.php#resources-county>

Douglas A. Ducey | Governor Cara M. Christ, MD, MS | Director

150 North 18th Avenue, Suite 500, Phoenix, AZ 85007-3247 P | 602-542-1025 F | 602-542-1062 W | azhealth.gov

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