



## PUTNAM COUNTY DEPARTMENT OF HEALTH

1 Geneva Road, Brewster, NY 10509 ■ 845-808-1390

[www.putnamcountyny.gov/health](http://www.putnamcountyny.gov/health)

A PHAB-ACCREDITED HEALTH DEPARTMENT

MaryEllen Odell

COUNTY EXECUTIVE

Michael J. Nesheiwat, MD

COMMISSIONER OF HEALTH

May 2, 2019

Dear Colleague,

Currently there are no measles cases in Putnam County but five surrounding counties already have outbreaks - Rockland, Orange, Westchester, Sullivan, and Greene counties.

We have provided measles information on our health department website which can be accessed by visiting [www.putnamcountyny.com/health/](http://www.putnamcountyny.com/health/). Other good resources include: [www.cdc.gov](http://www.cdc.gov) and [www.health.ny.gov](http://www.health.ny.gov), the New York State Department of Health website.

Our key messages to you are:

- Check your measles immunity status and that of those in your employ or office. Each individual should have proof of immunity;
- Be prepared. Know what tests will need to be performed and order necessary supplies;
- Consider measles in your differential diagnosis for people presenting with any of the three "C's," cough, coryza and conjunctivitis, and /or fever and rash, along with a travel history to an area where measles is present.
- **Reporting a suspect measles case is a mandate of NYS public health law.**
  - Call the county health department immediately with any suspect measles case.
  - Call the county in which that individual resides.
  - For Putnam County residents the health department telephone number is 845-808-1390. After hours or on weekends, follow the prompts.
  - The health department can assist with sending specimens to the NYSDOH Wadsworth Laboratories.

Enclosed is a Health Alert Notification, adapted for use in our county. Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink that reads "Michael J. Nesheiwat MD". The signature is written in a cursive style.

Michael J. Nesheiwat, MD

Commissioner of Health

# MEASLES HEALTH ALERT NOTIFICATION – 05/02/2019

The ongoing Measles outbreaks show no sign of resolving. There are no measles cases in Putnam County currently, but many nearby counties - Westchester, Rockland, Orange, Sullivan, Greene, and Brooklyn (NYC) are experiencing outbreaks. Now is the time to prepare for the probability of measles.

1. **All healthcare providers should make sure all patients are up-to-date with their measles-mumps-rubella vaccine (MMR), the most effective way to prevent measles and its complications.**
2. **All healthcare staff should have documented measles immunity.**
3. **Ask about planned travel. Vaccinate infants aged 6 to 11 months and all unvaccinated children and adults ages 12 months and older with MMR prior to international travel if vaccination history or immune status is unknown.**
4. **This is a good time for healthcare providers to make sure that all of their patients are up-to-date with all age-appropriate vaccinations, including MMR vaccine. Visit the CDC's webpage for the [Annual Advisory Committee on Immunization Practices schedules](https://www.cdc.gov/vaccines/schedules).** (<https://www.cdc.gov/vaccines/schedules>)

## **MMR Guidance for Adults, 18 years of age and older:**

- **Standard MMR guidance for adults:**
  - There is no change in guidance for most adults.
  - Presumptive evidence of immunity to measles includes: documented receipt of two measles containing vaccines, laboratory evidence of immunity or prior infection, or birth prior to 1957. **It is not recommended to check measles IgG titers in people with documentation of two doses of a measles-containing vaccine.** Self-reported vaccination does not constitute evidence of immunity.
  - All employees in healthcare settings are required to have documented evidence of immunity to measles.
  - Adults with no evidence of immunity should get 1 dose of MMR unless the adult is in a group at higher risk for acquisition or transmission of measles. Such individuals should get a second dose of MMR at least 28 days after the first.  
Groups at higher risk include:
    - All healthcare personnel
    - International travelers
    - Students at post-high school educational institutions
    - People exposed to measles in an outbreak setting
    - Those previously vaccinated with killed measles vaccine or with an unknown type of measles vaccine during 1963 through 1967.
- **Outbreak related guidance for adults:**
  - Review the vaccination and immunity status of adults who reside or regularly spend time in neighborhoods or other areas experiencing measles activity.
    - Persons with 2 documented doses of a measles-containing vaccine are considered immune.
    - For persons with 1 documented dose of a measles-containing vaccine: administer a second dose.
    - For person without documented vaccination: administer two doses of MMR vaccine or draw blood to check for laboratory evidence of immunity.



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- Healthcare workers born before 1957 who are working in areas experiencing measles activity should make sure they are immune to measles by obtaining serology or MMR vaccination, 2 doses of MMR, 28 days apart.

#### **MMR Guidance for Children <18 years of age:**

- ***Standard MMR guidance for children:***

- There is no change in guidance for most children.
- MMR is routinely recommended for children at 12 months of age with a second dose at 4 to 6 years of age (two doses are required to attend kindergarten through grade 12, and one dose is required for daycare, nursery school, Head Start and pre-K). There is no change in guidance for most children. Make sure all children have received the recommended number of MMR doses.

#### **Guidance for Travelers:**

Healthcare providers should ask patients about planned travel. Infants aged 6 to 11 months who will be travelling internationally should receive a dose of MMR before travel, although this dose does not count towards completion of the routine schedule. All children and adults ages 12 months and older should have documentation of immunity prior to international travel. For persons who are not immune, administer MMR ideally at least 2 weeks prior to travel.

#### **Medical contraindications to MMR:**

MMR is contraindicated in immunocompromised individuals and all pregnant persons as well as those who have a history of previous severe allergic reaction to a previous dose of MMR or vaccine components. Allergy to eggs is not considered a contraindication to MMR vaccine. Persons who are breastfeeding may receive MMR vaccine.

#### **Clinical features of measles:**

Measles typically presents in adults and children as an acute viral illness characterized by fever and generalized maculopapular rash. The prodrome may include cough, coryza, and conjunctivitis. The classic rash usually starts on the face, proceeds down the body, and may include the palms and soles, and appears discrete but may become confluent. The rash lasts several days. A person who had some degree of immunity to measles prior to infection (e.g. infants <1 year who passively acquired some maternal antibody and previously vaccinated persons who had waning immunity) may have more mild symptoms and certain classic symptoms may be absent. Complications may include diarrhea, otitis media, pneumonia, hepatitis, encephalitis, miscarriage and premature birth in pregnancy, and death. Long-term complications include subacute sclerosing panencephalitis, a very rare, but fatal disease of the central nervous system that results from measles virus infection earlier in life.

#### **Infection Control Guidance:**

It is important that healthcare facilities implement measures to prevent measles transmission. Visit the Putnam County Department of Health information page found at [www.putnamcountyny.com/health/](http://www.putnamcountyny.com/health/). Click on the “For Healthcare Providers” link in the top right corner.

#### **Mandatory reporting of suspected measles:**

Persons suspected to have measles should be reported immediately to the health department in the county where the person resides. For Putnam County residents the Department of Health telephone number is 845-808-1390. Follow the prompts if reporting after hours. Reports should be made at time of initial clinical suspicion. Do not wait for laboratory confirmation to report.



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