



Department of Health

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To: Healthcare Providers, Hospitals, Emergency Departments, Local Health Departments

From: New York State Department of Health (NYSDOH), Bureau of Immunization

HEALTH ADVISORY: UPDATE ON MEASLES OUTBREAK

Please distribute to the Chief Medical Officer, Infection Control, Infectious Disease, and Pediatrics Departments, Director of Nursing, Emergency Department, Primary Care Clinics, and all patient care areas.

CURRENT MEASLES OUTBREAK

- There is continued transmission of measles in some communities in NYS. Since October 1, 2018, 1,068 cases of measles have been reported in NYS (414 in NYS outside of NYC and 654 in NYC) - the most since measles was declared eliminated in the US.
- Most cases have occurred in infants and young children who are unvaccinated or undervaccinated.
- Recent cases have occurred in Rockland, Orange, and Sullivan Counties.
- There have been three cases of pre-term delivery, one at 24 weeks gestation, in women who have had measles during pregnancy.
- **Providers should remain vigilant for measles and immediately report suspect cases to the local health department (LHD) where the patient resides ([contact information for LHDs](#)).**
- **Providers should vaccinate infants and children as early as possible to stop transmission.**
- **Providers should vaccinate non-immune women as soon as possible after delivery.**

MEASLES VACCINATION RECOMMENDATIONS FOR CHILDREN IN OUTBREAK AREAS OR WHO ARE TRAVELING OUTSIDE THE U.S.

- Review vaccination and immunity status for children who reside in outbreak areas, who regularly spend time in areas with measles transmission, or who are traveling outside the U.S.
- Educate families that, if a child had measles disease and measles immunity with serology, school requirements still necessitate vaccination with measles, mumps, rubella vaccine (MMR) for evidence of mumps and rubella immunity, among other required vaccinations (unless there is a medical contraindication/medical exemption). Some providers have reported that some families are requesting serology testing to allow their children to attend school, but it is important to stress that measles immunity alone does not satisfy school vaccine requirements.
- Do NOT use self-report of vaccination as evidence of immunity. If there is no record of vaccination, or other evidence of immunity, the patient should be vaccinated with MMR unless there are contraindications¹. MMR vaccine is safe, even if given to persons who were previously vaccinated

¹ Contraindications to MMR vaccination include a history of severe allergic reaction to any component of the vaccine, pregnancy, and immunosuppression.

or had prior disease.

- In an outbreak area, children (without contraindications) should receive MMR vaccine as soon as they are eligible:
 - **Infants 6-11 months of age** (this dose does not count toward the routine 2-dose schedule)
 - **Children aged 1 year and older should receive two MMR vaccine doses as early as possible**, 28 days apart (school requirements will be fulfilled by 2 doses given after 1 year of age, 28 days apart)
 - Sample outbreak area pediatric MMR vaccination schedule:
 - Dose 1 at 6-11 months, Dose 2 at 12 months, Dose 3 at 13-15 months
 - Children over 1 year of age who have not received 2 MMR doses (administered at 1 year of age or older) should receive the two-dose schedule as soon as possible

MEASLES VACCINATION RECOMMENDATIONS FOR WOMEN OF REPRODUCTIVE AGE

- Given the risk of pre-term delivery and other risks in pregnant women who get measles, it is critical for healthcare providers to review vaccination and immunity status for women of reproductive age.
- **MMR vaccines should not be administered to women known to be pregnant or attempting to become pregnant.** Because of the theoretical risk when the mother receives a live virus vaccine, women should be counseled to avoid becoming pregnant for 28 days after receipt of MMR vaccine.
- After delivery, obstetric providers should provide MMR vaccine to women without documented measles vaccine or evidence of immunity. MMR can be given any time after delivery, and it is safe to provide the MMR vaccine while breastfeeding. The vaccine should be administered before hospital discharge, even if the woman has received RhoGam during the hospital stay, leaves in less than 24 hours, or is breastfeeding.
- For other adult vaccination recommendations in outbreak areas, see [NYSDOH Health Advisory: Measles Vaccination Recommendations for Adults \(June 14, 2019\)](#).

REPORTING AND LABORATORY TESTING FOR PATIENTS WITH SUSPECTED MEASLES

- **Suspect measles cases must be reported immediately by telephone to the LHD where the patient resides** ([contact information for LHDs](#)). If you are unable to reach the LHD, contact the NYSDOH Bureau of Immunizations at (518) 473-4437.
- Reporting suspected cases of measles enables appropriate measles control measures to be taken to prevent transmission and access to rapid testing through the NYSDOH Wadsworth Center (WC) Laboratory. Commercial labs for measles testing may take up to a week to provide results and a critical postexposure prophylaxis opportunity may be missed.
- Viral specimens (nasopharyngeal swab and urine) and serology (IgM and IgG) should be obtained for diagnostic testing and confirmation. The LHD can assist in arranging testing at the WC Lab.

RESOURCES

- Tools at [NYSDOH webpage for healthcare providers on measles](#) and [school vaccinations](#)
 - A [Recognizing Measles Fact Sheet](#) for healthcare staff as a quick reference tool
 - A [Measles Alert Sign](#) for the entrance of your clinical setting which may be adapted to advise patients on what to do if they have symptoms or signs of measles
 - A free CME credit webinar on [Vaccine Hesitancy: An Evolving Public Health Threat](#)
 - [NYSDOH Measles Virus Testing Instructions](#) and [NYSDOH IDR Form](#)
 - Resources for patients including the [You Can Prevent the Spread of Measles Flyer](#)
- Other resources: [CDC measles webpage](#) and the [NYC DOHMH Measles Webpage](#)