Measles: An Unwelcome Resurgence

Emory University Resources:

- Session Resources Can Be Found on Our Website
  - https://scdp.emory.edu/programs/echo-program/resources.html
- Region 4 Situation Report
  - https://scdp.emory.edu/programs/echo-program/situation-report.html
- Register for upcoming sessions on our website
  - https://scdp.emory.edu/programs/echo-program/echo-sessions.html
- Region IV Concept of Operations (CONOPS) - Regional Partners and Contacts
  - https://netec.org/about-netec/partners-regional-contacts/#regional-contacts
- NETEC
  - https://netec.org/
- NETEC – National Special Pathogens System of Care (NSPS)
  - https://netec.org/nsps/

General External Resources:

Disclaimer - Our program provides additional resources that may be of use to our session attendees. This list is not inclusive, nor does our program endorse specific organizations.

- Healthmap.org (Location based alerts)
- Center for Infectious Disease Research and Policy (CIDRAP), University of Minnesota (UNM)
- The University of Nebraska Medical Center (UNMC) - Global Center for Health Security: The Transmission
- Global Biodefense
- CDC – Division of High-Consequence Pathogens and Pathology
- Georgia Department of Public Health – Travel Clinical Assistant (TCA)
  - https://dph.georgia.gov/TravelClinicalAssistant
- ProMED – International Society for Infectious Diseases

Please continue to check your local and state public health websites for additional resources and guidance.

Session Resources:

- Measles Clinical Guidance and Surveillance | Georgia Department of Public Health

Responses to Unanswered Questions:

- In the daycare, were the cases in kids with 0, 1 or 2 doses of vaccine?

    - I think all were too young to be vaccinated but we were unable to provide PEP in time.

- I'm a little confused if the child did not have a vaccine after 9 months ... did he have MMR and at 9 months would it not count or be effective? Preschools would need accurate vaccine history for the child to be in their facility.
    - This was a daycare not a school (not sure about vaccine requirements). He did not have an MMR vaccine. The initial information provided by the mother was incorrect.
- When reviewing the CDC for a recent patient, it is stated that immunization counts toward presumptive immunity when exposure occurs in the community. But if there is an exposure in the healthcare system, vaccination no longer counts for presumed immunity. Do you have any input or thoughts on why these might be handled differently?
    - If you are referencing MMR as PEP, there is a distinction between healthcare and the community. When an MMR is given within 72 hours of exposure as PEP to an at-risk person, that person does not need to quarantine in the community. But because a healthcare setting is overall higher risk, a person receiving an MMR as PEP would still need to isolate when receiving healthcare from day ~5 to day 21.
- How do we deal with measles misinformation that is influencing our patient's decision making? Especially that being spread by government officials.
    - We should continue to share facts and refer patients and families to trusted science-grounded sites like the AAP.
- In a school setting, what are ways a school nurse can try to improve education and reducing the stigma about vaccine hesitancy? My younger grades (K-2) have a higher rate of exemptions than the older grades (3-5).
    - Continue to share fact-based guidance about vaccines. Refer families to trusted sources such as the AAP, which has great family resources. Tell families to speak with their pediatrician as a trusted source of information about vaccines.
- Would it be preventive for parents of children in states with measles outbreaks to administer vitamins that include Vitamin A to increase a child's immunity level to prevent severe cases of measles and its complications?
    - There are no recommendations to give vitamin A to prevent measles or severe measles. Excessive vitamin A is toxic. The MMR vaccine is the best prevention. A daily age-appropriate multivitamin given as recommended is reasonable for children who are picky eaters, but not as a measles prevention strategy.

- How soon after vaccination does protection begin? How soon is it at its full protective potential?
    - Generally, it takes about 2 weeks to develop protection from a vaccine. A single MMR results in protection in 93% of the population; a 2nd dose increases protection to 97% of the population.
- Have you seen (in your recent experience) families that have a child infected with measles, who are willing to receive PEP for themselves and other small children, like siblings (if they have no immunity)?
    - It is a mixed bag. Some families will agree to PEP, others refuse it. We have much better uptake of PEP in people who were not yet vaccinated (6-11 months of age) or ineligible for the vaccine (pregnant, immunocompromised or < 6 months).