



**COUNTY OF ORANGE
HEALTH CARE AGENCY**

**PUBLIC HEALTH
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Measles Outbreak Update - January 23, 2015

Measles has now been confirmed in 23 Orange County (OC) residents, signaling ongoing transmission in the community and at the Disneyland Parks. Additional cases are expected in Orange County. For more information on clinical presentation, infection control, reporting, and testing, please see our previous alert dated January 21, 2015, available at www.ocalthinfo.com/measles.

Vaccination is critical to prevent the ongoing spread of disease.

- Persons ≥ 12 months of age who do not have presumptive evidence of immunity against measles should be vaccinated as soon as possible.

Presumptive evidence of immunity (at least **one** of the following):

- Written documentation of adequate vaccination
 - One or more doses of measles-containing vaccine administered on or after the first birthday for preschool-age children and adults not at high risk*
 - Two doses of measles-containing vaccine for school-age children and adults at high risk, including college students, healthcare personnel, and international travelers
- Laboratory evidence of immunity
- Laboratory confirmation of measles
- Birth in the United States before 1957.

Measles Vaccination and Post-Exposure Prophylaxis (PEP) Recommendations

Age Range	Vaccination Recommendation	PEP Recommendation
0-5 months	Do not give MMR	Immunoglobulin (IG) should be given within 6 days of exposure to help prevent infection.
6-11 months	MMR not recommended unless international travel planned. If dose given at this age, dose must be repeated at 12-15 months age, and then 4-6 years of age.	<u>Unvaccinated:</u> IG should be given within 6 days of exposure to help prevent infection. MMR can be given in place of IG, if within 72 hours of exposure. <u>Vaccinated:</u> IG may still be recommended depending on risk of exposure.
12 months -3 years	At least one dose of MMR is recommended. Second dose may be given any time ≥ 28 days after the first dose.	<u>Unvaccinated:</u> MMR should be given within 72 hours of exposure to help prevent infection. <u>Vaccinated, 1 dose:</u> Second dose of MMR may be given if ≥ 28 days after the first dose.
4 years – 17 years	Two doses of MMR are recommended, spaced at least 28 days apart.	<u>Vaccinated, 2 doses:</u> No additional doses recommended.
18 years – adults born during or after 1957, non-high risk*	At least one dose of MMR is recommended.	<u>Evidence of immunity:</u> No PEP recommended. <u>No evidence of immunity:</u> MMR should be given within 72 hours of exposure to help prevent infection
Teenagers and adults, high risk*	Two doses of MMR are recommended, spaced at least 28 days apart.	
Adults born prior to 1957, non-high risk*	MMR not routinely recommended for this age group, but can be administered.	Generally thought to be immune due to natural disease; MMR may be given within 72 hours of exposure.
Pregnant women or severely immunocompromised persons	Do not give MMR. ** <i>MMWR Recommendations and Reports 2013:62(RR04);1-34</i>	<u>Evidence of immunity:</u> No PEP recommended, unless severely immunocompromised per CDC criteria.** <u>No evidence of immunity:</u> IGIV 400 mg/kg should be given within 6 days of exposure.

***Persons at high risk for measles exposure include health care workers, students at post-high school educational institutional institutions and international travelers.**