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**Subject:** Measles Pediatric Provider Update – Vaccination of International Travelers 6 Months and Over



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**Date:** 8/21/2024

**To:** Healthcare Providers

**From:** Lynn Sosa, MD Director of Infectious Diseases and State Epidemiologist

**RE:** Measles Pediatric Provider Update – Vaccination of International Travelers 6 Months and Over

*This communication is being sent to all key contacts at provider organizations enrolled in the CT Vaccine Program (CVP). Please feel free to share it with others in your organization who may benefit from the update. Note that all our communications are archived on our web site [here](#).*

The Connecticut Department of Public Health (CT DPH) is sending this communication to provide a situational update on measles in the United States and to ensure that pediatric providers are familiar with the Advisory Committee on Immunization Practices **guidance on the vaccination of children who will be traveling internationally**.

Measles (rubeola) is a highly contagious disease; one person infected with measles can infect 9 out of 10 unvaccinated individuals with whom they come in close contact. From January 1 to August 16, 2024, CDC has been notified of 219 U.S. [cases of measles](#) across 27 jurisdictions, including 13 outbreaks. The last reported cases of measles in CT were in 2021. During all of 2023, there were 59 total cases and four outbreaks reported in the United States. Among the 219 US cases, 40% were under 5 years and 30% were 5 to 19 years. Eighty-seven percent of cases were unvaccinated or had an unknown vaccination status.

International travel was linked to 93% of confirmed cases reported to CDC from January 1<sup>st</sup> to March 14<sup>th</sup>, 2024. Measles remains a common disease in many parts of the world including Europe, the Middle East, Asia and Africa.

Healthcare providers should ensure children are current on routine immunizations, including measles, mumps, and rubella (MMR) vaccine. Additionally, to reduce the risk of measles importation, the **Centers for Disease Control and Prevention (CDC) recommends that infants 6 to 11 months receive a dose of MMR prior to any international travel**. These children should still receive 2 additional doses according to the routine schedule at 12-15 months and 4-6 years. However, children at high-risk of exposure can get the first dose at 12 months and the second dose

as soon as 28 days after the first. **Children 1 year and over who are unvaccinated or have an undocumented vaccination status should receive 2 doses of MMR at least four weeks apart before departure.**

### Background

Measles was declared eliminated in the US in 2000. However, measles cases continue to be brought into the United States by travelers who are infected while in other countries, resulting in domestic measles outbreaks. Most of these cases are among unvaccinated US residents. **Some of these unvaccinated individuals would be considered up to date but were at increased risk of acquiring measles because of age and international travel.**

To date in 2024, Connecticut has not had any measles cases. [Our high immunization rates](#) have helped ensure herd immunity in many communities. However, importation of measles from a young traveler who has not received a vaccine prior to travel is a risk to Connecticut residents.

### Recommendations for Healthcare Providers

- Discuss international travel plans at regular well-child visits.
- Share this link with parents who intend to travel abroad so that they can plan their trip with measles in mind: [Measles – Plan for Travel](#).
- **All U.S. residents older than age 6 months without evidence of immunity who are planning to travel internationally should receive MMR vaccine prior to departure.**
  - **Infants aged 6 through 11 months should receive one dose of MMR vaccine before departure.** Infants who receive a dose of MMR vaccine before their first birthday should still receive 2 additional doses according to the routine schedule at 12-15 months and 4-6 years. However, children at high-risk of exposure can get the first dose at 12 months and the second dose as soon as 28 days after the first. If MMRV is used for the routine series, the minimum interval between dose 1 and 2 is 3 months.
  - **Children aged 12 months or older should receive two doses of MMR vaccine, separated by at least 28 days, prior to departure.**
- Consider measles as a diagnosis in anyone with fever ( $\geq 101^{\circ}\text{F}$  or  $3^{\circ}\text{C}$ ) and a generalized maculopapular rash with cough, coryza, or conjunctivitis who has recently been abroad. Visit [this page for more information](#) on managing patients suspected of having measles.

### More Information for Healthcare Providers

- [Clinical Overview of Measles | CDC](#)
- [Think Measles — One-Pager for Healthcare Providers | Project Firstline and AAP](#)
- [Immunization Schedules | CDC](#)
- [Safety Information — Measles, Mumps, Rubella \(MMR\) Vaccines | CDC](#)

- [Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings | CDC](#)
- [Measles — Manual for the Surveillance of Vaccine-Preventable Diseases | CDC](#)
- [Rubeola / Measles — CDC Yellow Book 2024 | CDC](#)
- [Laboratory Testing for Measles | CDC](#) (including specimen collection)
- [Measles Serology Testing | CDC](#)
- [Test Directory | Submitting Specimens to CDC | CDC](#)
- [Webinar Thursday, August 17, 2023 — We Must Maintain Measles Elimination in the United States: Measles Clinical Presentation, Diagnosis, and Prevention \(cdc.gov\) \(Free CE\)](#)

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