Maine Center for Disease Control and Prevention An Office of the

Department of Health and Human Services

Mary C. Mayhew, Commissioner

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Measles Guidance

With measles in the news and outbreaks continuing in some other states, the Maine Immunization Program would like to encourage healthcare providers to be vigilant about measles. Most importantly, ensure all patients are up to date on measles-mumps-rubella (MMR) vaccine. One dose of MMR vaccine is approximately 93 percent effective at preventing measles; two doses are approximately 97 percent effective. Almost everyone who does not respond to the measles component of the first dose of MMR vaccine at age 12 months or older will respond to the second dose.

If you are receiving questions about measles vaccination, the following guidance may prove helpful:

Children

Paul R. LePage, Governor

- Administer a two dose series of MMR vaccine at ages 12 through 15 months and 4 through 6 years. The second dose may be administered before age four years, provided at least four weeks have elapsed since the first dose.
- Administer one dose of MMR vaccine to infants aged six through 11 months before departure from the United States for international travel. These children should be revaccinated with two doses of MMR vaccine, the first at age 12 through 15 months (12 months if the child remains in an area where disease risk is high), and the second dose at least four weeks later.
- Administer two doses of MMR vaccine to children aged 12 months and older before departure from the United States for international travel. The first dose should be administered on or after age 12 months and the second dose at least four weeks later.

Catch-up vaccination:

Ensure that all school-aged children and adolescents have had two doses of MMR vaccine; the minimum interval between the two doses is four weeks. *(Continued on page 2)*

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High School Graduates Attending College

Students at post-high school educational institutions without evidence of measles immunity need two doses of MMR vaccine, with the second dose administered no earlier than 28 days after the first dose.

Adults

People born during or after 1957, who do not have evidence of immunity against measles should get at least one dose of MMR vaccine.

International travelers

Before travelling internationally:

- Infants 6 through 11 months of age should receive one dose of MMR vaccine
- Children 12 months of age or older should have documentation of two doses of MMR vaccine (the first dose of MMR vaccine should be administered at age 12 months or older; the second dose no earlier than 28 days after the first dose)
- Teenagers and adults born during or after 1957 without evidence of immunity against measles should have documentation of two doses of MMR vaccine, with the second dose administered no earlier than 28 days after the first dose

Healthcare Personnel

Healthcare personnel (HCP) born in 1957 or later without serologic evidence of immunity or prior vaccination, should be given two doses of MMR, four weeks apart. Although birth before 1957 generally is considered acceptable evidence of measles, mumps, and rubella immunity, two doses of MMR vaccine should be considered for unvaccinated HCP born before 1957 who do not have laboratory evidence of disease or immunity to measles and/or mumps. One dose of MMR vaccine should be considered for HCP with no laboratory evidence of disease or immunity to rubella. For these same HCP who do not have evidence of immunity, two doses of MMR vaccine are recommended during an outbreak of measles or mumps and one dose during an outbreak of rubella.

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With measles in the news, now is an excellent time to utilize your reminder/recall systems to reach out to patients who may have missed a dose or previously opted out of the MMR vaccine.

For more information please visit:

http://www.cdc.gov/measles/

http://www.cdc.gov/measles/hcp/

http://www.immunize.org/catg.d/p4209.pdf

Thermometer Recalibration Form

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Dear P	rovider,	
loggers	s recalibrated at your own expense ization Program. ay send them to one of the manufa	ity to have outdated thermometers and/or data Please do not send them back to the Maine cturers listed below or another certified company of
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	Address	
Phone		

Please ensure that you are using the most up-to-date Thermometer Recalibration Form. The form to the left can be located under Provider Forms at:

http://www.maine.gov/dhhs/mecdc/infectious-disease/ immunization/providers/forms-updates.shtml

AFIX Corner

MOved or Gone Elsewhere (MOGE) is a strategy to increase immunization rates

Do you inactivate patients in the Immunization Information System (IIS) who are no longer seen by your practice?

It is important to routinely update patient information in ImmPact2 using MOGE rules.

Using the MOGE strategy on ImmPact:

- Determine if client has moved or gone elsewhere (MOGE) and document
- MOGE status from the last date of immunization

Acceptable documentation includes:

- A letter from a physician stating the client is in a new practice
- Written documentation that the client has transferred
- Written documentation that the client has moved (returned letter or card, registered letter)

If you no longer consider a child part of your practice, be sure to reflect this in ImmPact.

If you have any questions, please contact the Maine Immunization Program at: Phone (207) 287-3746 or (800) 867-4775

