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Pharmacist's Letter
Hospital

Be Ready to Discuss Measles and Promote Immunization

An uptick in recent cases will highlight the need for **identifying measles AND preventing it with vaccinations**.

A common scenario is when an unprotected traveler picks up measles while abroad...then spreads it to nonimmune people back home.

Be alert for symptoms, such as fever, the "three Cs"...cough, coryza (runny nose), and conjunctivitis...and a rash starting on the face.

If you suspect a patient may have measles, recommend isolation, and notify the local or state health department ASAP. Measles is highly contagious, especially from 4 days before to 4 days after the rash starts.

Explain that 9 out of 10 nonimmune patients will get measles after exposure...and about 1 in 4 or 5 will end up in the hospital with complications (pneumonia, encephalitis, etc).

Be aware, some nonimmune patients may be eligible for postexposure prophylaxis. Giving MMR vaccine within 72 hours of initial exposure or immune globulin within 6 days may help prevent measles or limit severity.

Reassure vaccinated patients that MMR boosters aren't recommended during a measles outbreak yet. About 97% of people develop lifelong immunity after two doses of a measles vaccine. And if they do get measles, explain it's usually milder than in unvaccinated patients.

Help ensure your patients are protected.

Continue to recommend two doses of MMR or MMRV for kids...at 12 to 15 months, then at 4 to 6 years.

Make sure kids are protected before traveling to an outbreak area or anywhere outside the US. Recommend kids 12 months or older have two MMR doses at least 4 weeks apart...or one MMR dose for infants 6 to 11 months.

But point out that infants who get MMR before one year of age still need two MORE doses per the usual schedule...instead of two doses total.

Ensure adults have had at least ONE dose of MMR if born in 1957 or later. Or give TWO doses at least 4 weeks apart for adults at higher risk of exposure...college students, healthcare workers, and international travelers. If patients don't have a record of getting MMR, vaccinate.

Don't give MMR to patients who are severely immunocompromised or pregnant...since it's a live vaccine. Ensure household contacts are vaccinated.

Use our resource, *Vaccine Adherence: Addressing Myths and Hesitancy*, to support your discussions and tackle barriers.

Key References:

-CDC. Stay Alert for Measles Cases. January 25, 2024. https://emergency.cdc.gov/newsletters/coca/2024/012524.html (Accessed February 1, 2024).
-CDC. Measles (Rubeola) for Healthcare Providers. November 5, 2020. https://www.cdc.gov/measles/hcp/index.html (Accessed February 1, 2024).
-McLean HQ, Fiebelkorn AP, Temte JL, Wallace GS; Centers for Disease Control and Prevention. Prevention of measles, rubella, congenital rubella syndrome, and mumps, 2013: summary recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR Recomm Rep. 2013 Jun 14;62(RR-04):1-34.

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