

Health Advisory:

Vigilance for Measles and Polio

September 3, 2021

This document will be updated as new information becomes available. The current version can always be viewed at <http://www.health.mo.gov>.

The Missouri Department of Health and Senior Services (DHSS) is now using four types of documents to provide important information to medical and public health professionals, and to other interested persons.

Health Alerts convey information of the highest level of importance which warrants immediate action or attention from Missouri health providers, emergency responders, public health agencies, and/or the public.

Health Advisories provide important information for a specific incident or situation, including that impacting neighboring states; may not require immediate action.

Health Guidances contain comprehensive information pertaining to a particular disease or condition, and include recommendations, guidelines, etc. endorsed by DHSS.

Health Updates provide new or updated information on an incident or situation; can also provide information to update a previously sent Health Alert, Health Advisory, or Health Guidance; unlikely to require immediate action.

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Health Advisory
September 3, 2021

FROM: DONALD KAUEAUF, DHSS DIRECTOR

SUBJECT: Vigilance for Measles and Polio

DHSS is providing this information below as previously shared by CDC. For questions or concerns please contact your local public health agency or the Missouri Department of Health and Senior Services' (DHSS') Bureau of Communicable Disease Control and Prevention at 573-751-6113 or 800-392-0272 (24/7) with questions regarding this Health Advisory.

In the setting of the Afghanistan evacuation, individuals from Afghanistan are being resettled across the U.S.

Afghanistan ranks 7th in the world for measles cases, with a current outbreak, and is one of only two countries with both wild and vaccine-derived poliovirus in circulation. It also has low routine immunization coverage, including for measles-containing vaccine (MCV) and inactivated polio vaccine (IPV). Therefore, all persons entering the United States with a humanitarian parolee status^[1] aged ≥ 6 months to 64 years (born in or after 1957) are required to receive one dose of measles, mumps, and rubella (MMR) vaccine, and those ≥ 6 weeks of age are required to receive one dose of IPV, within seven days of being granted parole in the United States, unless already received overseas before arrival or medically contraindicated.

Many of those arriving from Afghanistan are choosing to have their documents processed at military bases in the United States supporting this operation, before traveling to their final destinations in the United States. The military bases will be providing these vaccinations free of charge. Thus, efforts are being made to deliver and document receipt of these vaccinations as soon as possible after arrival. However, clinicians should remain vigilant for signs and symptoms of measles or polio among those arriving from Afghanistan.

Clinicians are urged to contact their local or state health department if suspected cases of paralytic polio or measles are detected.

Please distribute widely to all primary care providers and subspecialists, as well emergency and urgent care facilities and microbiology laboratories. This notice provides the following:

- Review of the typical symptoms for measles and polio
- Recommendations for prompt specimen collection and subsequent testing
- Recommendations for vaccination of arrivals

Vigilance for suspect cases of measles and poliomyelitis

Measles:

CDC advises clinicians to maintain vigilance for measles and send information about all patients that are suspected of having measles or meet the clinical criterion for measles (generalized maculopapular rash lasting ≥ 3 days, fever $\geq 38.3^{\circ}\text{C}$, and cough, coryza, or conjunctivitis) IMMEDIATELY to their local or state health department. [Measles case definition](#)

Measles cases should be reported promptly (within 24 hours) by the state health department to the CDC, directly to the domestic measles team at NCIRD/CDC by telephone (404-639-6247) or by e-mail (measlesreport@cdc.gov) or to the CDC Emergency Operations Center by telephone (770-488-7100).

Recommendations for specimen collection and testing

CDC advises clinicians to collect specimens from patients suspected of having measles as early as possible in the course of illness. Efforts should be made to obtain a serum sample for detection of measles-specific IgM antibody and a throat (oropharyngeal, OP) swab (or nasopharyngeal swab) for detection of measles RNA by real-time RT-PCR from suspected cases at first contact. Testing should be expedited and coordinated with state and local health departments and CDC.

Paralytic polio:

CDC advises clinicians to maintain vigilance for acute flaccid weakness or paralysis that might indicate a case of poliomyelitis due to poliovirus and send information about all patients that meet the clinical criterion for poliomyelitis (acute onset of flaccid paralysis of one or more limbs with decreased or absent tendon reflexes in the affected limbs, without other apparent cause) IMMEDIATELY to their local or state health department. [Polio case definition](#)

Paralytic polio has been classified by CSTE as “immediately notifiable, extremely urgent,” which requires that local and state health departments contact CDC within 4 hours (Emergency Operations Center, 770-488-7100). Case notifications should not be delayed because of incomplete information or lack of confirmation; they can be updated as more information becomes available.

Recommendations for specimen collection and testing

CDC advises clinicians to collect specimens from patients suspected of having infection with poliovirus as early as possible in the course of illness. Specimens include:

- Appropriate stool (whole stool) and throat specimens (OP swab) (2 stool specimens taken at least 24 hours apart and 2 throat specimens taken at least 24 hours apart during the first 14 days after onset of paralytic disease) should be collected.

CDC will provide poliovirus testing of stool and throat specimens to rule out the presence of poliovirus: <https://www.cdc.gov/polio/what-is-polio/lab-testing/specimens.html>

Health departments may contact CDC for further epidemiologic and laboratory support by email at AFMinfo@cdc.gov or Picornalab@cdc.gov, or by phone through the CDC Emergency Operations Center (770-488-7100).

Additional instructions regarding specimen collection and shipping can be found at:

[Measles](#)

[Polio](#)

Recommendations for vaccination

Persons arriving from Afghanistan who have received MMR and polio vaccines as described above will receive an official copy of their vaccination record.

However, if clinicians encounter arrivals from Afghanistan who do not have documentation of these vaccines, they should offer MMR and IPV vaccinations as follows:

One dose of MMR vaccine for all aged ≥ 6 months to 64 years (born in or after 1957, and unless medically contraindicated), ideally within 7 days of U.S. entry. A first MMR dose between 6-11 months should be followed by the standard ACIP schedule with doses at 12-15 months and 4-6 years.

One dose of IPV for all aged ≥ 6 weeks of age (including adults), ideally within 7 days of U.S. entry (unless medically contraindicated). This initial dose should be followed by the [standard ACIP schedule](#) with doses at 2, 4, and 6-18 months, and 4-6 years.

Children who start the MMR or IPV series late can follow the [catch-up immunization schedule \[link\]](#).

Arrivals *with* official documentation of measles and polio vaccination should continue the recommended ACIP routine or catch-up schedule.

As the Afghanistan evacuation situation remains fluid, CDC will continue to monitor, and will update partners with any changes in guidance.

For more information:

<https://www.cdc.gov/polio/index.htm>

<https://www.cdc.gov/measles/index.html>