

Fall 2011

## Measles Outbreak: Perspective from a Local Health Department

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As a public health nurse, I typically spend my days investigating any one of Pennsylvania's 73 reportable diseases that occur in our county. However, recently we had a measles outbreak. It was not a large outbreak. Indeed, it could have been worse, but even this small outbreak meant a complete disruption to the regular operation of the health department.

During an outbreak, local health departments take the lead in coordinating a response and protecting the public from further spread of disease. This typically means working with state lab personnel to coordinate testing of samples from people who might have the disease. Sometimes the health department staff has to get samples; other times we work with the doctors or hospitals that have the samples to make sure they are sent to the state lab. We also follow up with results of the testing and monitor anyone who is confirmed to have the illness. In addition, we spend a lot of our time communicating with healthcare providers, the public, the media and our colleagues at the state health department.

### Lots of Phone Calls and Letters

The recent measles outbreak meant making phone calls to numerous individuals who may have been exposed, including a family with an infant too young to have been immunized. Because the cases were introduced into the community by international students, we also notified all of the host families, including those with the confirmed cases and the organization that ran the program which sponsored them. Calls were made to school nurses and administrators, people with symptoms of measles, local physicians and staff at offices where those with measles went for care, and state health department staff. Because some of the students had recently been on a field trip and others had traveled home by plane while contagious, state health department staff contacted health departments in other counties and states to alert them of possible measles exposures.

Because this outbreak occurred during the school year, informative letters were sent to parents in the schools with infected students. Media outlets were notified, and interview requests were scheduled in a timely manner with our medical director. We also spent a significant amount of time speaking with people who were not sick, but who had heard about the outbreak and were worried that they had been exposed to or contracted measles.

### Missed Exams and Proms

When a contagious disease is spreading through a community, the best way to protect unvaccinated individuals is to isolate them. Therefore, we worked with school nurses to exclude students, teachers or other staff who were not properly vaccinated. Several of the students who had to be excluded were juniors and seniors who were in the process of taking final exams. Likewise, some of the students had to be excluded from attending their proms. Parents and students were upset because of the timing relative to these important events that could affect college acceptance and final grades or that could never be repeated. Needless to say, we responded to many phone calls from angry and upset parents of unvaccinated students.

### Public health impact and partnerships with physicians

The time, manpower, upheaval and inconvenience caused by the measles outbreak was extraordinary – and stemmed from a situation that could have been prevented or at least minimized. Although the people who got measles had been vaccinated, their cases were very mild. In general, parents who immunized their children were not nearly as affected as those who chose not to vaccinate. Parents have the right to choose not to vaccinate, but they need to fully understand the complications and interruption to life activities that can occur when they make that choice.

Because measles is relatively rare, the physicians involved were unsure of how to diagnose and handle the cases. Unfortunately, this meant that they did not contact the health department in a timely manner, leading to an increase in geographic spread and the number of people who were exposed. Because of the success of vaccines, many vaccine-preventable diseases, including measles, have never been seen by some physicians, so it may be difficult to know how to proceed. However, it is important to recognize the health department as a resource for direction and help. Physicians must not only consider the individual patient, but also how quickly that person's illness may be shared with others throughout the community; partnering with the health department early on can stem that spread.

From my perspective, I can say this outbreak was extremely time consuming and took valuable manpower away from a daily workload that continued to need our attention. **In this day and age, when we have a measles vaccine, this outbreak didn't have to happen at all.**

The Bucks County Immunization Coalition welcomes new members with a commitment to the health and welfare of Pennsylvania residents in Bucks County.

Coalition membership provides an opportunity to meet and work together with other community members who share a passion and desire to improve the health and well being of Bucks County.

[Click here for more details and benefits](#)



**"Bee" A Member!**

## Important Immunization Events

### 2011 Phillies Game – Southeastern PA Immunization Coalitions "TEAM UP" with the PHILLIES celebrating National Immunization Awareness Month

On 8/17/11, Coalitions of Southeastern PA (Bucks, Chester, Montgomery, Lehigh, Delaware, Berks and Philadelphia counties) joined together as a council for an Adult Immunization Awareness Night for the fourth year in a row at a Phillies MLB game. The Phillies played a winning game and beat the Arizona Diamondbacks to a sold out crowd. 9-2 was the final score. This game had the highest attendance of the year. 45,894 fans came out to watch the Phillies and our BCIC member Ann Gordon who threw out the first pitch. Ann was honored by the SEPA council for her continued efforts towards Immunization Promotions in the Delaware Valley. Cheering her on was Bee Diddy along with the Bee Keeper, and the Phillie Phanatic.



"Cover Your Bases, Get Immunized" was the theme echoed in our 3 minute immunization promotion video that was shown to this sold out crowd. This video hit home the important message that vaccines save lives and prevent certain illnesses.

**Union Soccer Game: On October 15<sup>th</sup> 2011-** a record breaking crowd joined our immunization team and help promote influenza protection for all family members and all ages! Click link below to view the video shown as the Union soccer team tied the Toronto FC and scored a winner for our immunization team!  
<http://www.youtube.com/watch?v=1TFNe17RTY4>



### ***KICK THE FLU TAKE THE SHOT***

### **World Pneumonia Day seeks to raise awareness of global effects of pneumonia**

To commemorate World Pneumonia Day on November 12, organizations from around the world will mobilize efforts to raise awareness about pneumonia, a neglected disease that each year kills more than two million children younger than age 5 years worldwide.

To find out how you and your organization can participate in World Pneumonia Day, go to: <http://worldpneumoniaday.org>

### **National Influenza Week**

National Influenza Vaccination Week (NIVW) is a national observance that was established to highlight the importance of continuing influenza vaccination, as well as fostering greater use of flu vaccine after the holiday season into January and beyond. NIVW 2011-2012 is scheduled for **December 4-10, 2011**. For more information, go to <http://www.cdc.gov/flu/NIVW/>

### **Update on Febrile Seizures in Children Following Vaccination with Influenza Vaccines and Pneumococcal Vaccines**

The CDC website links for the communications statement addressing febrile seizures following 2010-11 TIV and PCV13 in young children are below. This statement was drafted by CDC in coordination with the General Recommendations, Influenza and Pneumococcal Work Groups. It is intended for a general audience and can also be used as a reference for providers during the upcoming influenza season.

<http://www.cdc.gov/vaccinesafety/Concerns/FebrileSeizures.html>.

[www.cdc.gov/vaccinesafety](http://www.cdc.gov/vaccinesafety).

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### **CDC Immunization Works Newsletter**

To access the September issue, go to:

<http://www.cdc.gov/vaccines/news/newsletters/imwrks/2011/201109.htm>

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### **Needle Tips, A Vital Immunization Resource**

*Needle Tips* is a publication written for health professionals who provide immunization services to children, teens, or adults. Every issue includes the [Ask the Experts](#) feature by CDC experts who answer challenging and timely questions about vaccines and their administration; the Vaccine Highlights section which contains vaccine news from ACIP and CDC; and ready-to-print materials from IAC to photocopy and hand out to staff and patients.



#### **[Needle Tips: Vol. 21\(3\)](#)**

Download entire issue: 24 pages, 3.8 MB PDF

Special focus on measles identification and vaccination

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#### **[Vaccinate Adults](#)**

For health professionals providing services to adults

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### **Needle Tips, New Handout on determining the number of influenza doses during the 2011-12 influenza season.**

IAC recently revised its professional-education handout "Guides for determining the number of doses of influenza vaccine to give to children ages 6 months through 8 years during the 2011-12 influenza season." For details visit: <http://www.immunize.org/catg.d/p3093.pdf>



## Are Your Kids Ready for School?

- ☑ Backpack
- ☑ School Supplies
- ☑ ★★ Vaccinations ★★



## DON'T WAIT -----VACCINATE NOW!

**Outbreaks will require unvaccinated students to stay home.**

*FOR ATTENDANCE IN ALL GRADES: SCHOOL REGULATIONS in 2011/2012 require children to have the following:*


- 4 doses of tetanus\*  
(1 dose on or after the 4<sup>th</sup> birthday)
- 4 doses of diphtheria\*  
(1 dose on or after the 4<sup>th</sup> birthday)
- 3 doses of polio
- 2 doses of measles\*\*
- 2 doses of mumps\*\*
- 1 dose of rubella (German measles)\*\*
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox) vaccine or history of disease

\*Usually given as/or a combination of DTP; DTaP; DT; Td; or Tdap


\*\*Usually given as MMR

**Children ATTENDING 7<sup>th</sup> grade in 2011/2012 need the following:**


- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) if 5 years has elapsed since last tetanus immunization
- 1 dose of meningitis vaccine (meningococcal conjugate vaccine- MCV4)



**Pertussis (whooping cough):** A major health problem among children nationwide with cases increasing in adolescents and adults who are often the source of infection for infants. This vaccine is recommended for 11-18 year olds now needing their booster. **(2011/2012 school year 7<sup>th</sup> grade requirement)**



**Meningitis:** Outbreaks occur in colleges, schools and child-care centers. Complications; brain damage, hearing loss, learning disabilities, limb amputation, and death. This vaccine is recommended for all students entering middle school (11-12 years old) and a booster dose at 16-18 years. **(2011/2012 school year 7<sup>th</sup> grade requirement)**



**Varicella (chickenpox):** Causes serious problems in some children such as severe skin and eye infections, pneumonia, and swelling of the brain. A **second dose** of Varicella vaccine is now recommended. **(2011/2012 school year requirement for all students Kindergarten through 12<sup>th</sup> grade)**

**If you do not vaccinate on time...which disease would you choose for your child?**