U.S. experiences first measles death in 12 years

On July 2, the Washington State Department of Health released a press statement titled Measles led to death of Clallam Co. woman; first in U.S. in a dozen years. The first three paragraphs are reprinted below.

The death of a Clallam County woman this spring was due to an undetected measles infection that was discovered at autopsy.

The woman was most likely exposed to measles at a local medical facility during a recent outbreak in Clallam County. She was there at the same time as a person who later developed a rash and was contagious for measles. The woman had several other health conditions and was on medications that contributed to a suppressed immune system. She didn’t have some of the common symptoms of measles such as a rash, so the infection wasn’t discovered until after her death. The cause of death was pneumonia due to measles.

This tragic situation illustrates the importance of immunizing as many people as possible to provide a high level of community protection against measles. People with compromised immune systems often cannot be vaccinated against measles. Even when vaccinated, they may not have a good immune response when exposed to disease; they may be especially vulnerable to disease outbreaks. Public health officials recommend that everyone who is eligible for the measles, mumps, and rubella (MMR) vaccine get vaccinated.

Measles resources for patients and parents

From IAC:
- Measles web page
- Measles: Questions and Answers
- MMR Vaccine Does Not Cause Autism
- Measles, Mumps, and Rubella Are Serious Diseases...Make Sure Your Child Is Protected [Spanish-language version]
- Personal Testimonies about Measles: 1) Roald Dahl: A Dangerous Illness, 2) Measles Not Worth the Risk, 3) Open Letter to Parents, 4) The Problem, and 5) Schoolboy, 13, Dies as Measles Makes a Comeback
HPV documentary

"Someone You Love: The HPV Epidemic" is a feature-length documentary that presents the struggles and triumphs of five women whose lives were changed forever by this deadly virus. The film interweaves personal stories with facts about this common and potentially deadly virus. The goal of this project is to raise awareness of HPV and cervical cancer.

During the month of July, anyone can purchase the complete film online for only $1. You can buy as many digital copies of the film as you’d like for $1 and watch it anytime.

The Indiana Immunization Action Coalition, along with the Indiana School of Medicine & Lumiere Media is now offering CME credits to physicians nationwide for viewing the film. The film is available at no charge as an online CME activity. Use this link to view the film & obtain CME’s.

Meningococcal B vaccine

The ACIP has expanded the recommendation for meningococcal B vaccination. Their vote allows the permissive vaccination of 16 through 18 year olds who are not at high risk for meningococcal disease. Previously, they recommended it only for children 10 through 18 years old at increased risk for meningococcal disease. This vote allows the use of VFC vaccine for 16 through 18 year olds who do not meet the high risk criteria.

The ACIP recommendation has not been published in the MMWR. DOH will change guidelines for using vaccines for the Childhood Vaccine Program once the MMWR has been published. DOH will work with the State Vaccine Advisory Committee on clinical guidance for meningococcal B vaccination. Stay tuned!

Training dates for online vaccine returns

Provider Online Returns Training on Wednesday, July 8, 2015 9:00 AM - 10:00 AM PDT at: https://attendee.gototraining.com/r/8975733798225225218.
Q & A’s

Q: For hepatitis A vaccination, the recommended interval between the 2-dose series is at least 6 months. Is this the same as 24 weeks?
A: No. The recommended interval between dose #1 and dose #2 of Hepatitis A vaccine is 6 calendar months, not 24 weeks. See CDC’s The Pink Book at www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/A/age-interval-table.pdf, footnote 5.

Q: I recently had a patient ask if we could administer her baby’s rotavirus vaccine in her pumped breast milk. Would this be acceptable?
A: No. Although the ACIP doesn’t specifically address this, it introduces a number of possible problems: possible loss of vaccine effectiveness when mixed with another liquid, possible contamination, possible temperature excursion, and possible loss of volume (e.g. if baby didn’t drink entire volume).

Q: If a patient began the HPV vaccine series with 4-valent HPV, can the series be completed with 9-valent HPV vaccine? Should a booster dose of 9vHPV be given to persons who have already completed the 4vHPV series?
A: ACIP recommendations state that 9vHPV may be used to complete a series begun with a different HPV vaccine. There is currently no recommendation for supplemental doses of 9vHPV following a completed series of 2vHPV or 4vHPV.
Chelan Douglas Health District

200 Valley Mall Parkway
East Wenatchee, WA 98802
Phone: 509.886.6411
Fax: 509.886.6478
Email: cari.hammond@cdhd.wa.gov

We're on the web!
http://www.cdhd.wa.gov