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California Department of Public Health

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Health Advisory: Maintain Vigilance for Measles, Polio, and other Vaccine-Preventable Diseases among Arrivals from Afghanistan; Provide Recommended Vaccines

Summary
After recent evacuation, individuals from Afghanistan are being resettled in the United States. The California Department of Public Health (CDPH) asks that clinicians remain vigilant for signs and symptoms of measles, polio, and other vaccine-preventable diseases such as mumps, varicella and pertussis among persons in California who were recently in Afghanistan. Clinicians are urged to contact their local health department to report suspected cases of these vaccine-preventable diseases.

Afghanistan ranks 7th in the world for measles cases, with a current outbreak, and is one of only two countries with circulating poliovirus, although reported cases are rare. Coverage for measles (MMR) and polio (IPV) immunization is low.

Many of those arriving from Afghanistan are receiving MMR and IPV (and COVID-19 vaccine as appropriate) before traveling to their final destinations in the United States. Others will receive medical care and routine vaccinations at Refugee Health Clinics or Federally Qualified Health Centers at their final destinations.

Measles
Clinicians are advised to maintain vigilance for measles in persons who are newly arrived from Afghanistan; providers should contact their local health department (LHD) immediately by phone if a patient has a clinical presentation consistent with measles (cough, coryza, or conjunctivitis, generalized maculopapular rash, and fever ≥38.3°C). Recent vaccination history should be obtained; MMR vaccine may cause a transient rash in approximately 5% of vaccine recipients, usually appearing 7 to 10 days after vaccination. Laboratory testing can confirm the presence of measles vaccine virus in a recently vaccinated and potentially exposed individual.

Clinicians should collect specimens from patients suspected of having measles as early as possible in the course of illness. Efforts should be made to obtain a throat (oropharyngeal, OP) swab and a urine sample for detection of measles RNA by real-time RT-PCR from suspected cases at first contact. Testing should be expedited and coordinated with local health departments. Information about measles testing and specimen collection is available at:

CDPH Measles Quicksheet: Guidance concerning measles case investigation and reporting

CDPH guidance concerning measles laboratory testing and specimen collection (Note that clinicians should consult with their LHD before shipping or transporting specimens for measles testing.)

Polio
Clinicians are advised to maintain vigilance for acute flaccid weakness or paralysis that might indicate a case of poliomyelitis in patients who are newly arrived from Afghanistan, though the

likelihood of such a case is very low. Providers should contact their local health department (LHD) immediately by phone if a patient newly arrived from Afghanistan has acute onset of flaccid paralysis of one or more limbs with decreased or absent tendon reflexes in the affected limbs, without other apparent cause.

Clinicians should collect specimens from patients suspected of having infection with poliovirus as early as possible in the course of illness. Specimens include: 2 whole stool specimens taken at least 24 hours apart and 2 throat swabs taken at least 24 hours apart during the first 14 days after onset of paralytic disease). Clinicians should consult with their LHD before shipping or transporting the specimens.

Other Vaccine-Preventable Diseases
Clinicians should maintain a high index of suspicion for the possibility of other vaccine-preventable diseases (e.g., varicella, pertussis, mumps) among evacuees with compatible signs and symptoms and report these suspected to cases to their local health departments as appropriate.

Recommendations for vaccination
Persons arriving from Afghanistan who have received MMR and IPV during transit should 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, along with COVID-19 vaccine as appropriate and other routine immunizations included in the Advisory Committee on Immunization Practices (ACIP) child or adult schedules:**

- 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). For children, this initial dose should be followed by the standard ACIP schedule with doses at 2, 4, and 6-18 months, and 4-6 years. Adults do not need to receive another dose after the initial dose.

- Children who start the MMR or IPV series late can follow the catch-up immunization schedule available at: https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html

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