



# Health Alert



City of Chicago  
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[www.chicagohan.org](http://www.chicagohan.org)

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## Measles Community Transmission Alert & Recommendations

April 19, 2024

### Summary and Action Items

- Recent evidence suggests that community measles transmission might be increasing.
- Providers should ensure all patients have evidence of adequate vaccination against measles. Also consider vaccinations against other infections, such as varicella, for eligible patients.
- In the context of community measles transmission, providers should consider administering an “accelerated” 2<sup>nd</sup> MMR dose to Chicago children >12 months of age, especially if attending schools or daycares.
- Please remember to document all vaccine doses in I-CARE

### BACKGROUND

In the past several weeks, Chicago and neighboring jurisdictions have identified several cases of measles in people with no discernible epidemiologic links to a new arrivals shelter (“community cases”). Of six total community cases among Chicago residents in 2024, four (67%) have been confirmed since April 5. Just two new shelter-linked cases have been confirmed in the same period. Of these four new Chicago community cases, all have been among unvaccinated people and three have been among adults. Community cases in other jurisdictions have also had exposures in the City of Chicago.

The rates of new measles cases overall and among persons linked to the Pilsen shelter are declining. However, this shift in epidemiology suggests that measles transmission in the broader community might be increasing.

### VACCINE RECOMMENDATIONS

During periods of increased measles transmission, providers should ensure all patients have evidence of adequate vaccination against measles. When administering MMR, providers should also consider administering other routine live vaccines, such as varicella vaccine, for eligible patients. These vaccines are safe and effective and continue to be the best way to prevent infection.

### RECOMMENDATIONS

#### Children

- All children should receive 2 doses of MMR, with 1<sup>st</sup> dose given at 12 months of age.
- In the context of community measles transmission, providers should consider administering an “accelerated” 2<sup>nd</sup> MMR dose to Chicago children >12 months of age, especially if attending schools or daycares.
  - A 2<sup>nd</sup> MMR dose can be administered [as soon as 28 days after a 1<sup>st</sup> dose](#).
  - An “accelerated” 2<sup>nd</sup> dose given before 4 years of age is valid and effective according to ACIP. Children who receive two appropriately timed MMR doses before 4 years of age should not need any additional doses in their lifetime.
  - This “accelerated” 2<sup>nd</sup> dose of MMR [meets Illinois’ vaccination requirements](#) for school enrolment.

## Adults

- Measles-containing vaccines have been recommended as routine childhood immunizations in the U.S. since the late 1960s. Adults born in the U.S. who received any childhood vaccines, and adults who went to primary or secondary school in the U.S. in the 1970s or later, are very likely to have immunity to measles even if they do not have written proof of vaccination. However, some adults might have specific reasons to believe they are not vaccinated.
- **Providers should prioritize vaccination with at least 1 dose of MMR for their adult patients who are known or suspected to be unvaccinated, or who were born outside the U.S. and are unsure of their vaccination status.** Providers should ask their patients if they are known or suspected to be unvaccinated.
- In the event of a known exposure to measles, adults will be required to demonstrate evidence of immunity. Evidence of immunity includes at least **one** of the following:
  - written documentation of adequate vaccination:
    - one or more doses of a measles-containing vaccine administered on or after the first birthday for adults not at high risk
    - two doses of measles-containing vaccine for adults at high risk. These include:
      - students at post-high school educational institutions
      - healthcare personnel
      - international travelers
  - laboratory evidence of immunity (i.e. a “titer” with a positive IgG result)
  - laboratory confirmation of prior measles infection
  - birth before 1957

## REMINDERS

- The Centers for Disease Control and Prevention (CDC) [recommends the following practices](#) for [international travel](#):
  - Infants aged 6–11 months who are traveling should receive an early dose before departure. They should then follow recommended schedule and get another dose at 12–15 months and a final dose at 4–6 years.
    - This initial dose between 6–11 months is considered a “zero” dose and does not count in the normal 2-dose series.
  - Children over 12 months old should get a first dose immediately and get a second dose at least 28 days after first dose.
  - Teens and adults with no evidence of immunity should get a first dose immediately and get a second dose at least 28 days after first dose.
- Health care personnel MMR recommendations per ACIP:
  - Health care personnel born before 1957 with no evidence of immunity to measles, mumps, or rubella should consider 2-dose series at least 4 weeks apart for protection against measles or mumps or 1 dose for protection against rubella.
  - Health care personnel born in 1957 or later with no evidence of immunity to measles, mumps, or rubella should receive a 2-dose series at least 4 weeks apart for protection against measles or mumps or at least 1 dose for protection against rubella.

- If a patient has appropriate documentation of MMR vaccination, providers do not need to check titers. Documented age-appropriate vaccination [supersedes the results of subsequent serologic testing](#).
- When possible, providers should give first doses of MMR and Varicella during the same encounter. If these live attenuated vaccines are not given on the same day, then the patient must wait 28 days before receiving the other live-attenuated vaccine.
  - If a second live attenuated vaccine is administered within 28 days of the first, then [the second vaccine administered is considered invalid](#), and must be repeated 28 days later.
  - For additional information about varicella vaccination including timing and minimum intervals, see [Varicella ACIP Vaccine Recommendations](#).

## PROVIDER RECALL

In light of the recent measles outbreak, the Chicago Department of Public Health is encouraging providers to remind their patients to get vaccinated to help the city stay healthy and protected from measles. Please reach out to your patients to have them schedule a vaccination appointment.

The following PDF will help your provider site learn how to run MMR Reminder/Recall in I-CARE:

- [MMR Reminder Recall PPT](#)

The following video will help your provider site learn how to run Reminder/Recall in I-CARE. Please ensure that you run it for the MMR vaccine group:

- [Reminder Recall Video](#)

## RESOURCES

<https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

<https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>

<https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html>