



Marion County
OREGON
Health & Human Services

ALERT

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HEALTH CARE PROVIDERS**

To:
Fax number:

From: Marion County Health & Human Services
Fax number: (503) 566-2920

Date: **09/08/21**

Regarding: Immunization Needs for Families
from Afghanistan

Phone number for follow-up: (503) 588-5621

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On Wednesday, September 8, 2021, the Oregon Health Authority (OHA) sent the following notification:

Brief Description

In the setting of the Afghanistan evacuation, individuals from Afghanistan are being resettled across the U.S. Clinicians are urged to contact their local public health authority if suspected cases of paralytic polio or measles are detected.

Summary of Problem

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 (e.g., Afghan nationals provided U.S. asylum based on urgent humanitarian or significant public benefit reasons) aged 6 months to 64 years 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 the vaccines were already received overseas before arrival or are medically contraindicated.

Many of those arriving from Afghanistan will 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 will be providing these vaccinations free of charge. Others will arrive from Afghanistan legally on commercial flights and will not have military support for vaccination when they arrive. Clinicians should remain vigilant for signs and symptoms of measles or polio among those arriving from Afghanistan.

Clinicians are urged to contact their [local public health authority](#) if suspected cases of paralytic polio or measles are detected.

This health alert 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
- Resources for refugees in Oregon

Measles

OHA advises clinicians to maintain vigilance for measles and report IMMEDIATELY to the local public health authority details about all patients suspected of having measles or who meet the clinical criteria for measles (generalized maculopapular rash lasting ≥ 3 days, fever $\geq 38.3^{\circ}\text{C}$, and cough, coryza, or conjunctivitis, see Section 2.2 of [OHA's investigative guidelines for measles](#) symptoms, and Section 3 for case definitions and laboratory services).

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

Recommendations for measles specimen collection and testing

Clinicians should collect specimens from patients suspected of having measles at the initial clinical encounter. 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 OHA (phone: [971-673-1111](tel:971-673-1111)) and local public health authorities. Given that many of the refugees will be vaccinated upon arrival to the US, it may be difficult to distinguish vaccine-associated rash illness from measles infection. The presence of measles IgM does not differentiate between the two, and although specimens can be submitted to CDC for viral isolation and sequencing to distinguish wild-type infection from vaccine-associated rash, results are rarely available in time to make necessary public health decisions about isolation, quarantine, and prophylaxis of exposed contacts. We recommend consultation with the local health officer and OHA public health physicians.

Paralytic polio

OHA advises clinicians to maintain vigilance for acute flaccid weakness or paralysis that might indicate a case of poliomyelitis (See Section VI of [CDC reporting guidelines for polio](#)) and report IMMEDIATELY to the local public health authority details about all patients who 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).

OHA will contact CDC within 4 hours (Emergency Operations Center, [770-488-7100](tel: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 polio 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. [Obtain whole stool \(2 stool specimens taken at least 24 hours apart\) and throat specimens](#) (2 OP swabs taken at least 24 hours apart) during the first 14 days after onset of paralytic disease.

CDC will test stool and throat specimens to rule out the presence of poliovirus. Testing should be expedited and coordinated with OHA (phone: [971-673-1111](tel:971-673-1111)) and local public health authorities.

Recommendations for vaccination upon arrival

Persons arriving from Afghanistan who have received MMR and polio vaccines from the U.S. military as described above will receive an official copy of their vaccination record. Individuals who arrive from Afghanistan on commercial flights may need support to ensure vaccination.

If clinicians encounter individuals arriving 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. An early MMR dose (given at <12 months of age, [see rationale for early dose here](#)) 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](#).

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

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

Resources for refugees in Oregon

As noted, many of those arriving from Afghanistan will have their documents processed at military bases, but others may arrive legally on commercial flights and not be connected to the same resources. If clinicians encounter patients who have recently arrived from Afghanistan, they can share information about these resources:

[U.S. Refugee Program](#)

The U.S. Department of State contracts with Refugee Resettlement Agencies (RRAs) to assist with initial resettlement of refugees granted permission to come to the US.

[Oregon Refugee Services](#)

Individuals can apply at the local DHS office for Cash Assistance, SNAP and medical benefits.

DHS will work with the RRAs and the Immigrant and Refugee Community Organization (IRCO) to provide additional assistance.

RRAs:

[Catholic Charities \(CC\)](#)

[Lutheran Community Services Northwest \(LCSNW\)](#)

[Sponsors Organized to Assist Refugees \(SOAR\)](#)

[Refugee Care Collective](#)

Additional Guidance for Public Health Management of Infections in Travelers

[Rubella](#)

[Varicella](#)

[Tuberculosis](#)

[Malaria](#)

[Leptospirosis](#)

Questions about Oregon's COVID-19 vaccine planning? Frequently Asked Questions are located here: <https://covidvaccine.oregon.gov/>

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