



**ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
PUBLIC HEALTH DEPARTMENT**

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

### **Summary**

Due to the need for evacuation, individuals from Afghanistan are being resettled in the United States including California. The Alameda Public Health Department (ACPHD) asks clinicians caring for this vulnerable community remain vigilant for signs and symptoms of measles, polio, and other vaccine-preventable diseases such as mumps, varicella and pertussis among persons recently resettled from Afghanistan. Clinicians are urged to contact the 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.

**Clinicians are urged to report suspected cases in Alameda County by calling the Acute Communicable Diseases (ACD) Section of Alameda County Public Health Department. Contact (510) 267-3250 Option 2, M-F 8:30-5PM; afterhours and weekends, call (925) 422-7595 to speak with the on-call Public Health Duty Officer.**

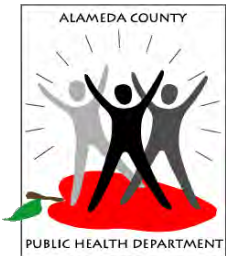
### **Measles**

Clinicians are advised to maintain vigilance for measles in persons who are newly arrived from Afghanistan; **providers should immediately contact ACPHD by phone** if a patient has a clinical presentation consistent with measles (cough, coryza, or conjunctivitis, generalized maculopapular rash, and fever  $\geq 38.3^{\circ}\text{C}$ ). 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 ACPHD and Alameda County Public Health Laboratory (ACPHL). 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 ACPHL before shipping or transporting specimens for measles testing.)



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## 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 immediately contact ACPHD 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 ACPHL 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.

## Additional Guidelines and Recommendations

- [Health Screening Guidelines for Physicians Who Serve Asylees \(CDPH\)](#)
- [Health Recommendations and Considerations for Arrivals from Afghanistan \(US Department of Health and Human Services\)](#)