



*Copies of any bulletin may be ordered by calling the Section of Epidemiology at (907) 269-8000
or by writing to us at PO Box 240249, Anchorage, Alaska 99524-0249*

Bulletin No. 5
March 16, 1979

MEASLES - FORT RICHARDSON

At the time of this writing the Section of Communicable Disease Control is aware of 9 clinically compatible cases of measles (rubeola) among the military at Fort Richardson. The first case occurred about February 6 and the remaining cases since February 22. All cases have occurred in young (19-21 years) males with unknown immunization status.

Despite excellent immunization levels of school children in Alaska there remains a significant measles-susceptible population. The vast majority of these susceptibles comprise two age groups. One is preschool children without immunizations and the other is the late adolescent and young adult (17-23 years) age group. This latter group is estimated to contain approximately 10-20% susceptibles. The reasons for this large number of susceptibles is thought to be the lack of opportunity for measles immunization, and lack of exposure to the natural illness because of the overall effectiveness of the vaccine. Surveys have demonstrated that individuals of 25 years of age or older have excellent immunity presumably related to prior exposure.

Military bases and college campuses have been recent sources of measles outbreaks not only because they contain a large number of susceptible individuals, but also provide the necessary close contact to support outbreaks. One of the most important principles in measles outbreak control is speed in instituting control procedures. Reporting immediately to our office any suspect case of measles is the best way to ensure that control measures, such as immunization clinics, can be established in time to prevent unnecessary cases. We wish to again remind health care deliverers of this important obligation and to encourage early reporting not only of measles but all reportable diseases.

Because most of the same epidemiologic facts pertinent to measles also hold for rubella and mumps, we generally recommend that either measles-rubella or measles-mumps-rubella vaccine be used whenever possible. In the older age groups requiring immunization with the live, attenuated virus vaccines the question of immunizing pregnant or potentially pregnant females arises. We concur with recent Public Health Service recommendations on this issue and suggest the following procedure. **DO NOT** immunize women known to be pregnant, otherwise simply ask if she is pregnant. If she states she is not, she can be immunized and should then be advised to the possible risks if she were to become pregnant within the three-month period following immunization. In addition, a serum sample may be obtained prior to her immunization and saved for later determination of measles or rubella susceptibility if she should subsequently become pregnant. It must be kept in mind that both fetal and maternal risks of complication are substantially greater if the natural infection (either measles or rubella) occurs as compared with either vaccine.

This office would be happy to answer any further questions relating to immunization practices. Our telephone number is 272-7534.