

**Communicable Disease Epidemiology  
and Immunization Section**

401 5th Avenue, Suite 1250  
Seattle, WA 98104

**206-296-4774** Fax 206-296-4803

TTY Relay: 711

[www.kingcounty.gov/health](http://www.kingcounty.gov/health)

**Health Alert: Maintaining Vigilance for Measles and Acute Paralytic Poliomyelitis (Polio)  
among Arrivals from Afghanistan, 7 September 2021**

**Action requested:**

- **Be aware that individuals from Afghanistan are being resettled across the U.S. during the recent evacuation and clinicians should maintain vigilance for suspected measles and polio and ensure rapid identification and reporting**

<b>Measles</b>	<b>Acute Paralytic Poliomyelitis (Polio)</b>
<ul style="list-style-type: none"><li>➤ <b>Consider measles infection in patients with compatible signs and symptoms, including:</b><ul style="list-style-type: none"><li>• Prodrome of fever, cough, coryza and conjunctivitis lasting 2–4 days</li><li>• Generalized maculopapular rash that usually begins on the face</li><li>• Koplik spots may appear on buccal mucosa 1–2 days prior to rash</li></ul></li></ul>	<ul style="list-style-type: none"><li>➤ <b>Consider polio in patients with compatible signs and symptoms, including:</b><ul style="list-style-type: none"><li>• Acute onset of flaccid weakness or paralysis of one or more limbs with decreased or absent tendon reflexes in affected limbs</li><li>• Facial droop or weakness</li><li>• Difficulty moving eyes, drooping eyelids</li><li>• Difficulty swallowing or slurred speech</li></ul></li></ul>
<ul style="list-style-type: none"><li>➤ <b>Assess patients with compatible signs and symptoms for:</b><ul style="list-style-type: none"><li>• Recent resettlement from Afghanistan</li><li>• Recent international travel to measles endemic area</li><li>• Potential exposure to a confirmed measles case</li></ul></li></ul>	<ul style="list-style-type: none"><li>➤ <b>Assess patients with compatible signs and symptoms for:</b><ul style="list-style-type: none"><li>• Recent resettlement from Afghanistan</li><li>• Recent international travel to polio endemic area</li><li>• Travel to or contact with persons where OPV is used</li></ul></li></ul>
<ul style="list-style-type: none"><li>➤ <b>Instruct reception/triage staff to rapidly identify patients who present with compatible signs and symptoms of possible measles before or upon arrival:</b><ul style="list-style-type: none"><li>• Follow airborne precautions</li><li>• Patients should wear a mask covering the nose and mouth and should be kept away from other patients and waiting rooms</li><li>• Room patient immediately and close the door</li><li>• Only staff with documented immunity to measles should be allowed to enter the patient's room</li><li>• After the patient is discharged, do not use the room for at least 2 hours</li></ul></li></ul>	<ul style="list-style-type: none"><li>➤ <b>Instruct hospital staff to rapidly identify patients who present with compatible signs and symptoms of possible polio and implement the following infection control precautions:</b><ul style="list-style-type: none"><li>• Isolate patient with droplet precautions for 10 days from onset of illness</li><li>• Follow enteric precautions for 6 weeks from onset of illness</li><li>• For hospitalized infants and young children, follow contact precautions for duration of hospitalization; for all others, follow standard precautions</li></ul></li></ul>
<ul style="list-style-type: none"><li>➤ <b>Collect specimens:</b><ul style="list-style-type: none"><li>• Nasopharyngeal swab (preferred respiratory specimen) for PCR and virus isolation</li><li>• Urine (at least 50 ml) for PCR and virus isolation</li></ul></li></ul>	<ul style="list-style-type: none"><li>➤ <b>Collect specimens:</b><ul style="list-style-type: none"><li>• Two stool specimens (1gm) separated by at least 24 hours</li><li>• CSF (at least 1mL)</li></ul></li></ul>

<ul style="list-style-type: none"> <li>• Serum (at least 1 cc) for measles IgM</li> </ul>	<ul style="list-style-type: none"> <li>• Serum (at least 0.4mL)</li> <li>• Nasopharyngeal swab (store in 1mL viral transport media)</li> <li>• Oropharyngeal swab (store in 1mL viral transport media)</li> </ul>
<p>➤ <b>Route all laboratory specimens through Public Health to expedite testing, do <u>not</u> use a commercial laboratory</b></p>	
<p>➤ <b>Report suspected cases of measles or polio to Public Health at (206) 296-4774 immediately before discharging or transferring patients</b></p>	

### Background

In the setting of the Afghanistan evacuation, adults and children from Afghanistan are being resettled across the U.S.

Afghanistan ranks 7th in the world for measles cases and is one of only two countries with both wild type and vaccine-derived poliovirus in circulation. Afghanistan has low routine immunization coverage, including measles containing vaccine (MCV) and inactivated polio vaccine (IPV), and is reliant on frequent national and sub-national polio and measles vaccination campaigns to supplement the routine program.

All persons entering the U.S. with a humanitarian parolee status aged  $\geq 6$  months to 64 years (born in or before 1957) are required to receive one dose of measles, mumps, rubella (MMR) vaccine and those  $> 6$  weeks of age are required to receive one dose of IPV.

Many persons arriving from Afghanistan will have their documents processed at military bases in the U.S. before traveling to their final destinations. The military bases will be providing these vaccinations free of charge.

However, if clinicians encounter arrivals 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. A first MMR dose between 6-11 months should be followed by the standard ACIP schedule [[Birth-18 Years Immunization Schedule | CDC](#)] 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 [[Catch-up Immunization Schedule | CDC](#)].
- Arrivals with official documentation of measles and polio vaccination should continue the recommended ACIP routine or catch-up schedule.

### Resources

- CDC measles information: [Pinkbook: Measles | CDC](#)
- CDC poliomyelitis information: [Pinkbook: Poliomyelitis | CDC](#)
- CDC Global Measles Outbreaks: [Global Measles Outbreaks \(cdc.gov\)](#)

- WA DOH acute flaccid myelitis information: [Acute Flaccid Myelitis :: Washington State Department of Health](#)
- Public Health – Seattle & King County measles information: [Measles - King County](#)