

Centers for Disease Control and Prevention

Confirmed measles case in an Afghan refugee in Bishkek, Kyrgyzstan February 11, 2015

Dear State Refugee Health Coordinator:

On February 7, 2015, CDC was notified of a confirmed measles case in a 9 month-old Afghan refugee who traveled to the United States from Bishkek, Kyrgyzstan. The refugee departed Kyrgyzstan on February 3, 2015 and arrived in Atlanta on February 4, 2015. The measles case was confirmed by laboratory testing on February 7, 2015 in Atlanta. Currently, Kyrgyzstan is experiencing a large outbreak of over 2,000 suspected and/or confirmed cases of measles. All refugees who traveled in the same group with the ill refugee arrived in only one state. Refugee movement to the United States from Kyrgyzstan has been temporarily suspended while CDC works with the Bureau of Population, Refugees and Migration, U.S. Department of State and International Organization for Migration (IOM) to implement MMR vaccination, pre-departure examination and pre-flight checks for refugees in Kyrgyzstan.

To prevent transmission of measles among U.S.-bound refugees living in Kyrgyzstan and to stem further related measles importation, CDC has recommended, and IOM is implementing, the following measures in Kyrgyzstan:

- 1. All non-pregnant, immunocompetent U.S.-bound refugees in Kyrgyzstan, from age 6 months through 58 years (those born in or after 1957), should receive one dose of measles, mumps, and rubella (MMR) vaccine.
- 2. A second dose of MMR vaccine should be given at least 4 weeks after the 1st dose if they have not yet departed from Kyrgyzstan.
- 3. Vaccination should be documented on the DS-3025 Form, or the PDMS Form if the packet is already sealed, and captured electronically in MiMOSA, if feasible.

Once flights from Kyrgyzstan resume, individual states will be notified of any refugee arrivals coming from Kyrgyzstan to their state.

For refugees arriving to the U.S. from Kyrgyzstan, CDC interim recommendations include the following:

- 1. Check the refugee's overseas records (DS-3025 form or official documentation) for evidence of receipt of MMR vaccine overseas.
 - a. For refugees from Kyrgyzstan who do not have documentation of MMR vaccination, provide MMR vaccine to those aged six months through 58 years of age (born in 1957 or later).
 Information about measles vaccination is available at http://www.cdc.gov/vaccines/vpd-vac/measles/default.htm
 - b. For refugees from Kyrgyzstan who have official documentation of receipt of **one** MMR vaccine overseas, provide a second dose of MMR vaccine to those aged 12 months through 58 years of age (born in 1957 or later) at least 4 weeks after the first dose.

- c. For those refugees who have documentation of receipt of two MMR vaccine doses overseas, no further vaccination needs to be done, provided the dose intervals and minimum age are acceptable.
- 2. Refugees arriving to the U.S. from Kyrgyzstan should also be seen for their post-arrival health examinations as soon as feasible.
- 3. Consider measles as a diagnosis in anyone with a febrile rash illness lasting 3 days or more, a temperature of 101°F (38.3°C) or higher, and clinically compatible symptoms (cough, coryza, and/or conjunctivitis) who has recently traveled abroad or who has had contact with someone with a febrile rash illness. Immunocompromised patients may not exhibit rash or may exhibit an atypical rash. The incubation period for measles from exposure to fever is usually about 10 days (range, 7 to 12 days) and from exposure to rash onset is usually 14 days (range, 7 to 21 days).
- 4. Obtain specimens for testing, including viral specimens for confirmation and genotyping.
- 5. Isolate suspect measles case-patients and immediately report cases to local health departments to ensure a prompt public health response.

Measles spreads from person to person by direct contact or through the air through coughing or sneezing. Additional information on measles is available at http://www.cdc.gov/measles/ and through your local health department. CDC, in partnership with in-country and international partners, will continue to monitor the situation in Kyrgyzstan, and will follow up with additional information and recommendations as they become available.

Please feel free to contact me if you have any questions.

Sincerely,

Heather Burke

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Immigrant, Refugee, and Migrant Health Branch Division of Global Migration and Quarantine

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