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Page 1 of 2

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In This Issue:

- Imported Measles – Be Aware!
- Recall of Human Rabies Vaccine IMOVAX
- Washoe County Quarterly Communicable Disease Stats

Imported Measles – Be Aware!

The Washoe District Health Department encourages health care providers to be vigilant in the lookout for measles. Please consider measles in the differential diagnosis of persons presenting with febrile rash illness, especially if they have a travel history. No cases of measles have been reported in Washoe County since 1999, however, as the following recent outbreak investigation shows imported measles cases do occur in the U.S. Fortunately, due to the high level of immunity to measles and the extensive efforts of health departments in responding to imported cases, indigenous spread of measles has been limited. All suspect cases of measles must be reported by calling 775-328-2447 anytime.

On April 6, 2004, Public Health --- Seattle and King County, Washington, reported a laboratory-confirmed case of measles in a recently adopted child from China. Public health authorities in Washington state notified CDC, which collaborated with health officials in other states to locate other recently adopted children from China and contact their adoptive families. This report summarizes the preliminary results of an ongoing multistate investigation that has so far identified four confirmed and five suspected cases of measles among adoptees from China, underscoring the need for health-care providers to remain vigilant for measles and other vaccine-preventable communicable diseases in children adopted from international regions.

The investigation determined that a group of 11 families traveled to China in March to adopt children. The group, and their 12 adopted children, remained together for approximately 10 days during the adoption process before departing for the United States on March 26. The 12 children were adopted from two orphanages in Hunan Province. They traveled to five U.S. states. Eight traveled to Washington, and one each traveled to Alaska, Florida, Maryland, and New York.

As of April 9, investigators had determined that nine of the 12 adopted children had measles-like rash illness, including four (three in Washington and one in Maryland) who were serologically confirmed to have measles. The nine serologically confirmed or suspected cases were in patients aged 12--18

months; they had rash onset during March 22--April 6. The three children who did not develop measles-like rash illness traveled to Washington (a child aged 7 years), Alaska (a child aged 13 months), and Florida (a child aged 13 months). To date, all 12 children have been or are being evaluated for laboratory evidence of measles or are under observation by public health authorities.

Vaccination status or history of measles illness is not known for any of the 12 children. State and local health departments are continuing to investigate, seeking potential cases, identifying and evaluating potential contacts, and providing prophylaxis when indicated, as recommended by the Advisory Committee on Immunization Practices <http://www.cdc.gov/mmwr/preview/mmwrhtml/00053391.htm>.

Three of the children with suspected measles were likely infectious while traveling from China to the United States on March 26 on the following airline flights: United Airlines flight 862 from Hong Kong to San Francisco, Cathay Pacific flight CX872 from Hong Kong to San Francisco, United Airlines flight 476 from San Francisco to Seattle, and United Airlines flight 794 from San Francisco to Seattle. Because most persons in the United States are immune to measles, U.S. airline passengers usually are at low risk. However, persons traveling on the four flights who have fever or rash on or before April 16 should be evaluated for measles by a health-care provider. Investigators have determined that the other six children with rash

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illness were not likely to have been infectious with measles during the time they traveled from China to their ultimate destinations in the United States. During 2001, an outbreak among children adopted internationally resulted in 14 U.S. measles cases, 10 among adopted children and four among caregivers and siblings aged 28 months--47 years. Health-care providers should have a high index of suspicion for measles in persons with febrile rash illness from families who recently adopted children from abroad and among persons who have had close contact with children who were adopted recently from abroad.

In this outbreak, all confirmed and suspected cases of measles have been in children aged >12 months, for whom vaccination with measles-containing vaccine is recommended in both the United States and China. **Vaccination of internationally adopted children is not required**

before their immigration into the United States, but should occur within 30 days of entry. Although this measure should ensure that internationally adopted children receive recommended vaccines expeditiously, it cannot prevent importation of vaccine-preventable infectious diseases. Efforts to ensure that adoptees are administered safe and age-appropriate vaccines in their country of origin in accordance with recommendations of the World Health Organization or the country of origin could help prevent this type of importation in the future.

Reference: MMWR April 9, 2004 53 (Dispatch); 1-2 <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm53d409a1.htm>

Recall of Human Rabies Vaccine (IMOVAX® – Aventis Pasteur)

On April 2, 2004, the CDC and the Food and Drug Administration (FDA) were notified that a recent quality-assurance test of IMOVAX® Rabies Vaccine (Aventis Pasteur, Swiftwater, Pennsylvania) identified the presence of noninactivated Pitman-Moore virus (the attenuated vaccine strain) in a single product lot. IMOVAX® is an inactivated viral vaccine and should not contain live virus. **The vaccine lot containing noninactivated virus was not distributed.**

As a precautionary measure, Aventis Pasteur initiated a voluntary recall of lot numbers X0667-2, X0667-3, W1419-2, and W1419-3, which were produced during the same period as the lot that contained noninactivated Pitman-Moore virus. These four lots, which were distributed in the United States from September 23, 2003 through April 2, 2004, passed all FDA-approved release tests, including testing to confirm the absence of live virus. These test results suggest that any potential risk to those vaccinated with recalled vaccine is likely to be low. No unusual adverse events associated with the recalled vaccine have been reported.

The manufacturer has indicated that additional lots of recalled vaccine were distributed internationally. These lots also passed all release tests, including testing to confirm the absence of live virus. The manufacturer is working with regulatory authorities to determine lot numbers of vaccine and countries that might have received recalled lots. More

information about these internationally distributed lots will be provided as it becomes available. Aventis Pasteur is providing additional detailed information to all distributors and providers. Health-care providers should contact persons who received recalled vaccine to implement the recommendations. In addition, persons who know they received rabies vaccine between September 23, 2003, and April 2, 2004, should contact their health-care providers to determine whether they received vaccine from one of the four lots being recalled and, if so, what are the recommendations for them. Providers are encouraged to check the CDC rabies website for any updates or changes in the recommendations. The CDC rabies website (<http://www.cdc.gov/ncidod/dvrd/rabies/>) includes links to the MMWR dispatch from April 2, the Health Alert Network advisory from April 2, and an extensive questions and answers page that is continually updated as various issues and concerns arise.

Vaccine distributors and health-care providers who have any remaining doses of the recalled lots should not use them and should contact Aventis Pasteur regarding their disposition. Information about this recall is available from the Aventis Pasteur Medical Information Services Department, telephone 800-835-3587, or at <http://www.vaccineshoppe.com>.

Reference: MMWR April 2, 2004 Dispatch <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm53d402a1.htm>

**REPORTED CASES OF SELECTED
COMMUNICABLE DISEASES
WASHOE COUNTY
First Quarter 2002-2004**

DISEASE	Q1 '02	Q1 '03	Q1 '04
AIDS	5	12	8
Campylobacteriosis	8	5	9
Chlamydia	250	281	288
Cryptosporidiosis	0	0	0
E. coli 0157:H7	1	0	1
Giardiasis	3	5	8
Gonorrhea	43	38	51
Haemophilus influenzae type b (Hib)	0	0	0
Hepatitis A (acute)	8	10	1
Hepatitis B (acute)	4	1	3
Hepatitis B (chronic)	14	13	16
Hepatitis C (acute)	0	0	1
Hepatitis C (chronic)	DNC	370	255
HIV	17	16	15
Influenza (A & B)	13	9	0
Measles	0	0	0
Meningitis, Viral or Aseptic	7	11	5
Meningococcal Disease	2	0	0
Pertussis (confirmed only)	1	1	0
Pneumococcal Disease	3	3	1
Rabies (bat)	0	0	0
Rotavirus	50	31	23
RSV	290	322	344
Salmonellosis	5	7	15
Shigellosis	5	5	0
Syphilis (all stages)	3	2	4
Tuberculosis	0	0	2

DNC – Data Not Collected