The Virtual Immunization Communication (VIC) Network is a project of the National Public Health Information Coalition (NPHIC) and the California Immunization Coalition, funded through a cooperative agreement with the Centers for Disease Control and Prevention.
Measles 2014 Update: Clinical Presentation, Outbreaks, Vaccination Recommendations and Patient Management

Webinar Objectives

• Provide a brief background on measles, including a description of the disease, clinical presentation, and complications
• Outline the current status of measles outbreaks in the United States
• Review CDC vaccination recommendations for the general public and international travelers
• Explain the guidelines for evaluating, diagnosing and managing patients with measles
• Highlight communication resources for doctors and other healthcare professionals and the public
Frequently Asked Questions

1. Will I receive a copy of the slides after the webinar?
   - Yes

2. Will I receive a copy of the webinar recording?
   - Yes
Welcome to the Webcast!
We Will Be Starting Momentarily.
Polling Question
A nationwide ‘virtual’ immunization community of health educators, public health communicators and others who promote immunizations.
Polling Results
Amy Parker Fiebelkorn, MSN, MPH
Epidemiologist, National Center for Immunization and Respiratory Diseases at the Centers for Disease Control and Prevention
Measles 2014 Update:
Clinical Presentation, Outbreaks, Vaccination Recommendations, and Patient Management

Virtual Immunization Communication Network Webinar
June 19, 2014

Amy Parker Fiebelkorn, MSN, MPH — Measles, Mumps, Rubella, Polio Team
Jessica Allen, MPH, MSW — Health Communications Specialist

Epidemiology Branch, Division of Viral Diseases
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention
Description of Measles

• Acute febrile rash illness

• RNA virus with 1 serotype, classified as a member of the genus Morbillivirus

• The only natural hosts are humans

• Transmitted by direct contact with infectious droplets or airborne spread

• Most contagious of the vaccine preventable diseases
Clinical Presentation

- Prodromal symptoms of mild to moderate fever, sore throat, & “3 C’s”: Cough, Coryza, and/or Conjunctivitis
- Tiny white spots (Koplik’s spots) may appear in the mouth
- Rash ~10-14 days after exposure (range 7-21 days)
- Fever may spike when rash appears (up to 105°F)
Measles Rash

- Erythematous maculopapular eruption that spreads from head to trunk to extremities with initial blanching
- Fades in order of appearance
# Measles Complications & Deaths

<table>
<thead>
<tr>
<th>Complication</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diarrhea</td>
<td>8%</td>
</tr>
<tr>
<td>Otitis media</td>
<td>7-9%</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>1-6%</td>
</tr>
<tr>
<td>Encephalitis</td>
<td>1-2 per 1,000 cases</td>
</tr>
<tr>
<td>Death</td>
<td>1-3 per 1,000 cases</td>
</tr>
<tr>
<td>Subacute Sclerosing Panencephalitis (SSPE)</td>
<td>1 per 100,000 cases 7-10 years after measles</td>
</tr>
</tbody>
</table>

(2-15% in developing countries)
Global Burden of Measles

Cases
- ~20 million cases/year
- 77% decrease in reported incidence from 2000 to 2012

Deaths
- Pre-vaccine era: 5- 8 million deaths/year
- 78% decrease in deaths from 2000- 2012 (90% decrease since 1985)
  - 122,000 deaths in 2012 (~14 deaths/hour)
- Remains a leading cause of vaccine preventable deaths in children <5 years of age
U.S. Annual Disease Burden in the Pre-Vaccine Era

- 3-4 million estimated cases (~500,000 *reported* cases)
- 48,000 hospitalizations
- 4,000 encephalitis cases
- 450-500 deaths
Measles Vaccine

- Licensed in 1963 in the U.S.
- Combination measles-mumps-rubella (MMR) vaccine licensed in 1971
- Vaccine Effectiveness:
  - 1-dose: ~93%
  - 2-doses: ~97%
- Excellent safety profile over past 50 years
  - Low risk of febrile seizures in children aged 12-23 months (1 in 3000 doses)
  - Temporary pain/stiffness in joints (teenage or adult women)
  - Temporary low platelet count (1 in 30,000 doses)
Measles Cases, United States, 1962-2014*

*2014 case count preliminary as of June 13, 2014
Measles Elimination in the U.S.

- High two-dose vaccination coverage and improved measles control in the World Health Organization Region of the Americas resulted in the declaration of measles elimination* in the U.S. in 2000.

- Even in an elimination era, imported cases and limited spread still occur.

*Defined as interruption of continuous transmission lasting ≥12 months
Measles, United States, 1996-Present*

Number of Cases

- Imported cases (Data available since 2001)
- Spread cases

Year


Measles elimination declared

*2014 case count preliminary as of June 13, 2014
Measles, United States, 2001-2014*

Importations by WHO Region

- Unknown
- Western Pacific (WPR)
- South East Asian (SEAR)
- European (EUR)
- Eastern Mediterranean (EMR)
- African (AFR)
- American (AMR)

*2014 case count preliminary as of June 13, 2014
Measles, United States, 2001-2014*
Age Specific Incidence

*2014 case count preliminary as of June 13, 2014
<table>
<thead>
<tr>
<th>Year</th>
<th>Outbreak Name</th>
<th>State</th>
<th>Cases #</th>
<th>Import Status</th>
<th>Genotype</th>
<th>Setting</th>
<th>1st &amp; last rash onsets</th>
<th>Duration</th>
<th>Median Age</th>
<th>Age Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>Brooklyn</td>
<td>NYC</td>
<td>58</td>
<td>Imported (UK)</td>
<td>D8</td>
<td>Household/ community</td>
<td>3/13/2013 – 6/9/2013</td>
<td>13 weeks</td>
<td>10 y (early)</td>
<td>0 mos – 32 y</td>
</tr>
<tr>
<td>2005</td>
<td>Tippecanoe County</td>
<td>IN</td>
<td>34</td>
<td>Imported (Romania)</td>
<td>D4</td>
<td>Church/household</td>
<td>5/16/2005 - 6/24/2005</td>
<td>6 weeks</td>
<td>12 y</td>
<td>9 mo - 49 y</td>
</tr>
<tr>
<td>2008</td>
<td>DuPage/Cook County</td>
<td>IL</td>
<td>30</td>
<td>Imported-virus</td>
<td>D4</td>
<td>Homeschool</td>
<td>5/17/2008 - 7/3/2008</td>
<td>7 weeks</td>
<td>10 y</td>
<td>8 mo - 43 y</td>
</tr>
<tr>
<td>2014</td>
<td>Manhattan</td>
<td>NYC</td>
<td>25</td>
<td>Imported-virus</td>
<td>B3</td>
<td>Community</td>
<td>2/16/2014 – 3/24/2014</td>
<td>6 weeks</td>
<td>22 y</td>
<td>3 mo – 63 y</td>
</tr>
<tr>
<td>2013</td>
<td>Stokes/Orange County</td>
<td>NC</td>
<td>23</td>
<td>Imported (India)</td>
<td>D8</td>
<td>Community</td>
<td>4/5/2013 – 5/7/2013</td>
<td>5 weeks</td>
<td>14 y</td>
<td>12 mo -59 y</td>
</tr>
<tr>
<td>2013</td>
<td>Tarrant/Denton County</td>
<td>TX</td>
<td>21</td>
<td>Imported (Indonesia)</td>
<td>D9</td>
<td>Church</td>
<td>7/21/2013 – 8/21/2013</td>
<td>5 weeks</td>
<td>11 y</td>
<td>4 mos – 44 y</td>
</tr>
<tr>
<td>2011</td>
<td>Hennepin County</td>
<td>MN</td>
<td>21</td>
<td>Imported (Kenya)</td>
<td>B3</td>
<td>Shelter</td>
<td>2/15/2011 - 4/24/2011</td>
<td>10 weeks</td>
<td>23 m</td>
<td>3 mo - 51 y</td>
</tr>
<tr>
<td>2008</td>
<td>Brooklyn/Kings County</td>
<td>NYC</td>
<td>21</td>
<td>Imported (Israel, Belgium)</td>
<td>D4</td>
<td>Community</td>
<td>2/17/2008 - 4/25/2008</td>
<td>10 weeks</td>
<td>15 m</td>
<td>5 mo - 11 y</td>
</tr>
</tbody>
</table>

*As of June 13, 2014
Measles outbreak response has a high economic burden in the U.S.

<table>
<thead>
<tr>
<th>Year</th>
<th>Location</th>
<th>Number of cases (outbreaks)</th>
<th>Estimated public health cost*</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>US</td>
<td>107 (16)</td>
<td>$2.7-5.3M</td>
</tr>
<tr>
<td>2011</td>
<td>Utah</td>
<td>13 (2)</td>
<td>&gt;$330,000</td>
</tr>
<tr>
<td>2008</td>
<td>California</td>
<td>12 (1)</td>
<td>$125,000</td>
</tr>
<tr>
<td>2008</td>
<td>Arizona</td>
<td>14 (1)</td>
<td>$800,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(limited to cost for 2 hospitals to respond to 7 cases in their facilities)</td>
</tr>
<tr>
<td>2005</td>
<td>Indiana</td>
<td>34 (1)</td>
<td>$168,000</td>
</tr>
<tr>
<td>2004</td>
<td>Iowa</td>
<td>1</td>
<td>$142,000</td>
</tr>
</tbody>
</table>

*Public health and health care costs expended to control the spread of measles
Measles, U.S., 1997-2014*
Cumulative Number by Month of Rash Onset

*As of June 13, 2014
Measles U.S. 2014*

- 477 cases reported from 20 states including 16 outbreaks
  - 47 importations
    - 22 from the Philippines
    - 42 (89%) U.S. residents
  - 470 (98%) cases import-associated
  - 48 (10%) hospitalized

- Cases in U.S. residents (N=469)
  - 381 (81%) unvaccinated
  - 57 (12%) unknown vaccination status (of whom, 77% were adults)
  - 32 (7%) vaccinated (9 had 1 dose, 19 had 2 doses and 4 had ≥3 doses)

  - Among the 381 unvaccinated:
    - 87% had personal belief exemptions
    - 3% unvaccinated travelers aged 6 mos to 2 yrs
    - 7% too young to be vaccinated

* Provisional reports to CDC through June 13, 2014
Keys to Measles Prevention, Diagnosis, & Response

• Vaccine
  – Vaccine recommendations
  – Vaccine coverage rates

• Diagnostics
  – Differential diagnosis
  – History & Physical exam
  – Lab testing

• Case Response
  – Report suspect cases
  – Begin contact investigations
  – Establish who has presumptive evidence of immunity
  – Isolation and quarantine
  – Post-exposure prophylaxis

Advisory Committee on Immunization Practices (ACIP) Vaccine Recommendations for Measles

Routine recommendations (children):
• 1st dose: children aged 12-15 mos
• 2nd dose: children aged 4-6 yrs (but can be given up to 28 days after the 1st dose)

Routine recommendations (adults)
• Non-high risk adults born in 1957 or later:
  – 1 dose (unless they have other evidence of immunity)

• High-risk adults (i.e., students at post-high school educational institutions, international travelers, and healthcare personnel) born in 1957 or later:
  – 2 doses (unless they have other evidence of immunity)

International Travel Recommendations for Measles Vaccine

- Persons aged ≥12 months should receive 2 doses*
  - Includes providing a 2nd dose to children prior to age 4-6 yrs
  - Includes adults born during or after 1957 who have only received one routine dose in the past

- Children aged 6-11 months should receive 1 dose
  - (Will still need 2 subsequent doses at age ≥12 months)

* 2nd dose of MMR should be administered at least 28 days after the 1st dose
MMR Vaccination Coverage National Immunization Survey, U.S.

Coverage (%)

- MMR 1+ (19-35 mo)
- MMR 2+ (13-17 yr)

NIS data available at: http://www.cdc.gov/vaccines/imz-managers/coverage/imz-coverage.html
Diagnosing Measles

• Many U.S. healthcare providers have never seen a case of measles

• Consider measles in differential diagnosis (e.g., Kawasaki’s, Dengue) of febrile, rash illness particularly for patients:
  – Recent travel history or exposure to recent travelers
  – Unvaccinated

• Lab testing
  – Serology for IgM
  – Viral specimen (nasopharyngeal, oropharyngeal, or nasal swab) for PCR (and genotyping)
Public Health Response
(for confirmed and suspect cases)

• Respiratory isolation of case-patients
  – Infectious period 4 days prior through 4 days after date of rash onset

• Report to Health Department
  – Immediately notifiable to CDC (within 24 hours)
  – Contact CDC Quarantine Station if relevant travel
  – Enhanced Surveillance

• Contact investigation
Contact Investigation for Exposure to Measles

- Persons exposed during patient’s infectious period
  - Includes exposure to area 2 hours after infectious person left

- Establish presumptive evidence of immunity for contacts

- Quarantine contacts without presumptive evidence of immunity (through 21 days after exposure)

- Post-exposure prophylaxis (PEP)
  - Vaccine or Immune globulin (IG)
Post-exposure Prophylaxis (PEP)
MMR Vaccine

• Administer within 72 hours of exposure
  – May return to regular activities (except health care settings)
  – Still monitor for symptoms
  – Can be given to children as young as 6 months of age
  – Be aware of possibility of vaccine rash

• If outside the 72 hour window for PEP, vaccine should still be administered to prevent infection from future exposures
Post-exposure Prophylaxis (PEP)
Immune Globulin

- Administer within 6 days of exposure

- Recommended Dose
  - Intramuscular (IGIM): 0.5 mL/kg (max = 15 mL)
  - Intravenous (IGIV): 400 mg/kg

- Recommended for the following groups (risk of severe disease and complications)
  - Infants aged <12 months (IGIM)
  - Pregnant women without evidence of immunity (IGIV)
  - Severely immunocompromised patients (IGIV)
Keys to Maintaining Elimination in the U.S.

- High 2-dose MMR vaccine coverage
- High quality surveillance
  - Rapid identification of and response to measles cases
  - Report within 24 hours per Council of State and Territorial Epidemiologists (CSTE) guidelines
- Rapid and aggressive outbreak control measures
- Information sharing tools (Epi-X, HAN)
Challenges in the Elimination Era

• Aggressive public health response (i.e., contact tracing, vaccination clinics) is resource intensive

• Continued global threat because of importations

• Highly contagious

• Today, in the relative absence of disease, public attention is focused on perceived vaccine adverse advents
  – Clustering, accumulation, and aging of susceptibles
Keep Sight of the Successes

• Outbreaks are limited (size & number of generations)
  – High overall vaccine coverage
  – Rapid/aggressive public health response to suspect cases

• Elimination achieved & maintained for 14 years

• The vaccine works and the disease is recognizable
  – Eradication possible & achievable
Measles (Rubeola)

Measles is a highly contagious respiratory disease caused by the measles virus. The disease is also called rubeola. Measles causes fever, runny nose, cough, and a rash all over the body. About one out of 10 children with measles also gets an ear infection, and up to one out of 20 gets pneumonia. For every 1,000 children who get measles, one or two will die. Adults can also get measles especially if they are not vaccinated. Children under 5 years of age and adults over 20 are at higher risk for measles complications including pneumonia, and a higher risk of hospitalization and death from measles than school-aged children and adolescents. Other rash-causing diseases often confused with measles include roseola (roseola infantum) and rubella (German measles). More »

**Measles Cases and Outbreaks,**

January 1 to June 13, 2014*

- **477 Cases**
- **16 Outbreaks**

*Provisional data reported to the CDC National Notifiable Diseases Surveillance System.

**Get Vaccinated:** Prevent and Stop Measles Outbreaks

When measles happens anywhere in the world...

**For Healthcare Providers**

Think Measles.

Consider measles in patients with a febrile rash, cough, coryza or conjunctivitis.

More »

**Advice for Travelers**

Before traveling internationally, make sure your vaccinations are up to date. This year the Philippines is experiencing a large measles outbreak. Some U.S. travelers who returned from the Philippines have become sick with measles. More »

**Frequently Asked Questions about Measles in the U.S.**

Have questions about measles in the U.S.? See these answers to frequently asked questions.

**See What Measles Looks Like**

Larger view

http://www.cdc.gov/measles
Measles Resources for Healthcare Providers

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Measles Cases and Outbreaks, January 1 to June 13, 2014*

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representing 87% of reported cases this year

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* Travel Notice: Watch (Level 1):
  Measles in the Philippines
Measles Resources for Healthcare Providers

- Currently available
  - Clinical Information - CDC Measles Website
  - Why Measles Matters - Current Issues in Immunization
  - NetConference
  - Fact Sheets and Resources

- Upcoming products and opportunities
  - Medscape Expert Commentary
  - Clinician Outreach and Communication Activity (COCA)
    - Tuesday July 1, 2-3 pm ET
  - Banner and Button that link to Clinical Information

Do you know CDC’s Guidelines for Patient Evaluation, Diagnosis & Management? www.cdc.gov/measles/HCP/ THINK MEASLES
Measles Resources for the Public

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Measles Cases and Outbreaks, January 1 to June 13, 2014*

477 Cases
16 Outbreaks

representing 87% of reported cases this year

U.S. Measles Cases by Year

*Provisional data reported to CDC National Center for Immunization and Respiratory Diseases

For Healthcare Providers

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More »

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* Travel Notice: Watch (Level 1): Measles in the Philippines
Measles Resources for the Public

- **Measles Feature**
- **Measles Website**
  - **Disease Overview**
  - **Vaccination Information**
  - **National Outbreak Information**
- **Fact Sheet**
- **Infographics, Videos & Podcasts**
- **Publications**
  - **Morbidity & Mortality Weekly Reports (MMWR)**
Measles Resources for the Media

Measles (Rubeola)

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Measles Cases and Outbreaks, January 1 to June 13, 2014*

- **16 Outbreaks** representing 97% of reported cases this year

U.S. Measles Cases by Year:

- 2010
- 2011
- 2012
- 2013
- 2014*

(Revised: 3/17/2014, 11:36 AM)

For Healthcare Providers

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Consider measles in patients with a febrile rash, cough, coryza or conjunctivitis.

More »

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- Travel Notice: Watch (Level 1):
  - Measles in the Philippines

Frequently Asked Questions about Measles in the U.S.

Have questions about measles in the U.S.? See these answers to frequently asked questions.
Measles Resources for the Media

- **Cases and Outbreak Information**
- **Press Releases**

Press Release

**For Immediate Release:** Thursday, May 29, 2014  
**Contact:** [CDC Media Relations](tel:404-639-3286)  

**Measles cases in the United States reach 20-year high**  
*CDC urges vaccination as summer travel season approaches*

Two hundred and eighty-eight cases of measles were reported to the Centers for Disease Control and Prevention (CDC) in the United States between Jan. 1 and May 23, 2014. This is the largest number of measles cases in the United States reported in the first five months of a year since 1994. Nearly all of the measles cases this year have been associated with international travel by unvaccinated people.

“The current increase in measles cases is being driven by unvaccinated people, primarily U.S. residents, who got measles in other countries, brought the virus back to the United States and spread to others in communities where many people are not vaccinated,” said Dr. Anne Schuchat, assistant surgeon general and director of CDC’s National Center for Immunizations and Respiratory Diseases. “Many of the clusters in the U.S. began following travel to the Philippines where a large outbreak has been occurring since October 2013.”

![Measles cases chart](image)
Measles and Social Media

Measles can cause serious complications and death. It is so contagious that if one person has it, 90% of the people around him or her will also become infected if not immune. Protect your child with measles vaccine, including before traveling abroad. http://go.usa.gov/KP5j

Dr. Tom Frieden @DrFriedenCDC · May 30
Watch important public message from @elizcohencnn 20 yr high for measles cases because people don’t vaccinate cnn.com/video/data/2.0...

CDC @CDCgov · May 30
Record US measles cases among unvaccinated US residents stresses importance of vaccination at home & before travel go.usa.gov/8mvm
Back-Up Slides
Reported Measles Incidence
United States, 1992-2014*

*2014 case count preliminary as of June 13, 2014
Advisory Committee on Immunization Practices (ACIP) Measles Vaccine Recommendation History

1963: Age 9 mos

1965: Age 12 mos

1967: Age 15 mos

1989: 2 doses (as MMR) @ age 15 mos & 4-6 yrs

1994: 2 doses (12-15 mos & 4-6 yrs)
Does the Vaccine Really Work?

1,000 exposed
(90% vaccine coverage)

900 Vaccinated
(97% VE)

27 vaccinated cases

100 Unvaccinated
(90% attack rate)

90 unvaccinated cases

23% of cases vaccinated
# Presumptive Evidence of Immunity for Measles

<table>
<thead>
<tr>
<th>Routine</th>
<th>Students at post-high school educational institutions</th>
<th>Health-care personnel</th>
<th>International travelers</th>
</tr>
</thead>
</table>
| (1) **Documentation of age-appropriate vaccination** with a live measles virus-containing vaccine:  
  – preschool-aged children: 1 dose  
  – school-aged children (grades K-12): 2 doses  
  – adults not at high risk: 1 dose, or  
| (1) Documentation of vaccination with 2 doses of live measles virus-containing vaccine, or  
  (2) Laboratory evidence of immunity, or  
  (3) Laboratory confirmation of disease, or  
  (4) Born before 1957 | (1) Documentation of vaccination with 2 doses of live measles virus-containing vaccine, or  
  (2) Laboratory evidence of immunity, or  
  (3) Laboratory confirmation of disease, or  
  (4) Born before 1957 | (1) **Documentation of age-appropriate vaccination** with a live measles virus-containing vaccine:  
  – infants aged 6–11 months: 1 dose  
  – persons aged ≥12 months: 2 doses, or  
| (2) Laboratory evidence of immunity, or  
| (3) Laboratory confirmation of disease, or  
| (4) Born before 1957 | (2) Born before 1957 - should consider 2 doses  | (2) Laboratory evidence of immunity, or  
| | | (3) Laboratory confirmation of disease, or  
| | | (4) Born before 1957 |

Q & A Session
2014
National Immunization Awareness Month
Communications Toolkit

Work group members:
Nancy Erickson, Vermont Department of Health
Catherine Martin, California Immunization Coalition
Kathleen Horton, Vermont Department of Health
Edgar Ednacot, California Department of Public Health
Amy Callis, CDC
John Stieger, NPHIC
Promote the Importance of Immunizations for Life with the 2014 NIAM Communication Toolkit

August is National Immunization Awareness Month (#NIAM14). This toolkit is designed to help you communicate the importance of immunizations during this annual observance - and throughout the year. The toolkit contains key messages, vaccine information, sample news releases and articles, sample social media messages and links to web resources from CDC and other organizations.

The toolkit is structured to feature a different population each week. Each section can be viewed separately:

- **A Healthy Start**: Babies & Pregnant Women August 3-9
- **Back to School**: Children, Pre-teens & Teens August 10-16
- **Off to the Future**: Young Adults August 17-23
- **Not Just for Kids**: Adults August 24-30
You can find the toolkit at:

www.nphic.org/niam

Week 1: August 3-9

PROTECT YOUR BABY
right from the start!

national immunization awareness month

www.nphic.org/niam/healthystart

Week 2: August 10-16

BACK TO SCHOOL
protect your student
at every age!

national immunization awareness month

www.nphic.org/niam/children
Week 3: August 17-23

OFF TO THE FUTURE
means vaccines, too.

www.nphic.org/niam/college

Week 4: August 24-30

VACCINES
are not just for kids.

www.nphic.org/niam/adults
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Sample News Release

You can customize this news release with information, stories or events happening in your community. Submit news releases, articles or op-eds to local news and partner organizations to publish, post on your website, or share through social media. Distribute to key partners and decision makers.

A Healthy Start: Reasons to Vaccinate Your Child

National Immunization Awareness Month is a reminder that we all need vaccines right from the start and throughout our lives.

Immunization gives parents the safe, proven power to protect their children from 14 serious and sometimes deadly diseases before they turn 2 years old.

To celebrate the importance of immunizations for a healthy start and throughout our lives – and to make sure children are protected with all the vaccines they need – the [name of local organization] is joining with partners nationwide in recognizing August as National Immunization Awareness Month.

[Insert information on any events local organization is hosting or is aware of.]
Sample Drop-in Article

Following are a selection of sample ‘drop-in’ articles to submit to local news and partner organizations to publish, post on your website, or share through social media. Distribute to key partners and decision makers.

This article is also available in Spanish:
www.cdc.gov/vaccines/events/niw/media-tools.html#dropin-articles

Word Count: ~ 610

Five Important Reasons to Vaccinate Your Child

National Immunization Awareness Month is a reminder that we all need vaccines throughout our lives.

You want to do what is best for your children. You know about the importance of car seats, baby gates and other ways to keep them safe. But, did you know that one of the best ways to protect your children is to make sure they have all of their vaccinations?
Social Media: Sample Facebook Posts

Here are sample Facebook posts of 250 characters or less to allow the entire post to be viewed in the newsfeed. Check Web Links & Resources on page 27 for more ideas of links you can use to enliven your social media messages.

Unless otherwise indicated, posts could include links to:

www.cdc.gov/vaccines/parents

Parents

Learn about the vaccines your baby needs from a reliable source. CDC’s vaccine website for parents explains the diseases vaccines prevent, immunization schedule, possible side effects, how to comfort your baby during vaccine visits, and more: www.cdc.gov/vaccines/parents/index.html

CDC has a parent-friendly childhood immunization schedule. Quickly see when your child needs each vaccine, so you can stay on schedule and make sure your baby is protected from 14 serious diseases by age 2: www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf
Social Media: Sample Tweets

Here are sample Twitter messages. Use 120 characters or less to allow room for a shortened URL and hashtag (#NIAM14) for National Immunization Awareness Month. Check the Web Links & Resources on page 30 for more ideas you can use to enliven your social media messages.

Parents

Find tips to prepare for your baby’s next well visit & learn what vaccines he’ll need: www.cdc.gov/vaccines/parents/index.html

Want vaccine info based on your child’s age? www.cdc.gov/vaccines/parents/index.html
Web Links & Resources

Resources for Parents

**CDC:** 2013 Immunization Schedules for Children, Adolescents and Adults  
Display on your website: [www.cdc.gov/vaccines/schedules/syndicate.html](http://www.cdc.gov/vaccines/schedules/syndicate.html)

**CDC:** Parent’s Guide to Childhood Immunizations  
This guide can help parents and caregivers learn about the role vaccines play in helping keep children healthy. [www.cdc.gov/vaccines/pubs/parents-guide/default.htm](http://www.cdc.gov/vaccines/pubs/parents-guide/default.htm)

**CDC:** Parent-Friendly Vaccine Website  
Immunization Schedules for children. Create a schedule for your child that will help you stay on track.  
[www.cdc.gov/vaccines/parents/index.html](http://www.cdc.gov/vaccines/parents/index.html)

**CDC:** Easy-to-Read Immunization Schedule Age 0-6 – English & Spanish  
[www.cdc.gov/vaccines/schedules/easy-to-read/child.html](http://www.cdc.gov/vaccines/schedules/easy-to-read/child.html)
You can find the toolkit at: www.nphic.org/niam
Please Complete Online Evaluation!
Connect with the VICNetwork...

e-mail: info@VICnetwork.org

Website

www.VICNetwork.org
Resources

Centers for Disease Control and Prevention
www.cdc.gov/vaccines

National Public Health Information Coalition
www.nphic.org
Resources

www.immunize.org
Immunization Action Coalition
Thank you for your support and your participation!

National Public Health Information Coalition
www.nphic.org

California Immunization Coalition
www.immunizeca.org
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