

Measles Updates for Immunocompromised Patients

HOW TO PROTECT YOURSELF AND OTHERS

What is Measles?

Measles is a highly contagious viral illness. If one person has it, up to 9 out of 10 people nearby will become infected if they are not protected. It spreads through the air when an infected person coughs or sneezes. You can get measles just by being in a room where a person with measles has been. This can happen even up to 2 hours after that person has left.

Immunocompromised patients are at risk for severe measles and a higher risk of mortality may be expected.

Signs and Symptoms

Measles symptoms appear 7 to 14 days after contact with the virus. Common symptoms include:

- High fever (may spike to more than 104° F)
- Cough
- Runny nose
- Red, puffy and watery eyes
- Rash
- White spots inside the mouth

Immunocompromised patients may present without a rash or with atypical symptoms.

What To Do If I'm Immunocompromised?

- Review your household members' vaccination history to see if everyone is up to date on the measles vaccination or has presumptive evidence of immunity
- If you think you have been exposed to measles, isolate yourself from others and call your healthcare provider
- If you think you have the measles, isolate yourself from others and call your healthcare provider

How to Search for Vaccine Records

- Look for hard copies of the vaccine records saved from childhood, such as in a baby book or have your family member or caregiver call their primary care doctor or pediatrician.
- If your family member or caregiver received vaccinations in Oklahoma, you can search the state's public record at <https://shotrecords.health.ok.gov>
- If your family member or caregiver is from another state, their record may be found in that state's registry.
- Speak to your doctor or visit ouhealth.com for more information.

Measles & Patients with Cancer

Can Cancer Patients Get the Vaccine?

- In patients with weakened immune systems, live vaccines can pose a risk of uncontrolled infection from the vaccine strain and are therefore avoided in some scenarios.
- The vaccine is not recommended for a patient undergoing active chemotherapy and should ideally precede any planned cancer treatment by 2-4 weeks
- The vaccine is not recommended within 8 months of IVIg administration

Patients with Hematologic Malignancies

- Patients with hematologic malignancies and recipients of stem cell transplant or cellular therapies should consult with their doctor on the timing for eligibility for the vaccine
- For patients with leukemia, lymphoma, or multiple myeloma, the MMR vaccine can be given at least 3 months after the end of chemotherapy and at least 6 months after receipt of anti-B cell antibodies (e.g. rituximab)
- For autologous stem cell transplant recipients, MMR can be administered beginning 24 months after transplantation in those who are off immunosuppression (prednisone) and are not receiving certain relapse or maintenance chemotherapy
- For allogeneic stem cell transplant recipients, without graft vs. host disease (GVHD), MMR can be administered beginning 24 months after transplantation in those who are off immunosuppression and are not receiving certain immunosuppressives, are in relapse or on maintenance chemotherapy.
- For allogeneic stem cell transplant recipients, without GVHD, MMR can be administered beginning 24 months after transplantation once off immunosuppression for at least 8 months
- For recipients of CAR-T cell therapy, MMR can be administered 12 months of treatment in those who are on low dose prednisone (<5 mg), not receiving maintenance chemotherapy, and an absolute lymphocyte count $\geq 1 \times 10^3$.



Tips for Preventing Infection

- Watch out for signs of infection
- Wash your hands frequently
- Keep a clean house, wiping down surfaces
- Avoid traveling to areas known to have an outbreak
- Avoid people you suspect may be sick
- Do not share food, drinks or utensils with others