DPH / Division of Medical and Clinical Services

Dear Immunization Partner:

As measles activity continues to be a public health concern, we would like to share resources and guidance to support healthcare providers to **identify, isolate and inform** public health of patients with suspected measles.

Please do not refer patients with suspected measles directly to the emergency department (ED) or other healthcare providers without contacting public health or the referral facility first. If a patient is unable to wait before seeking care, instruct them to remain in their vehicle, and call first before walking in. To help prevent potential exposure and transmission in healthcare settings, providers should contact Public Health at **866-PUB-HLTH** immediately when measles is suspected. Public Health will assist with appropriate screening, coordination, and determination of whether testing through public health is warranted.

Early notification and coordination with Public Health are essential to support timely investigation, contact tracing, post-exposure prevention, and other public health measures.

Below are some common FAQS:

- If someone has received **2 documented doses of MMR**, should they receive a third dose when there is high measles activity in the community? *Two doses of the MMR vaccine provide lifelong protection against measles, and you do not need a booster. If you or your child has not had 2 doses of the MMR or MMRV vaccine, we suggest you talk with a healthcare provider about getting vaccinated.*

- If a patient receives **immune globulin (IG) for measles post-exposure prophylaxis**, when should MMR be administered afterward? *Susceptible people exposed to measles who receive IG should later receive MMR. Because IG can interfere with live vaccines, delay MMR, varicella, or MMRV for **6 months after IGIM (intramuscular)** or **8 months after IGIV (intravenous)**, provided the person is ≥12 months old and has no contraindications.*

- Should a child receive an **early dose of MMR** if there is increased measles activity in the community? *MMR can be given as early as age 6 months to children at high risk of exposure, such as during international travel or a community outbreak. Doses given before age 12 months do not count toward the routine 2-dose series. The first routine dose is due after age 12 months and at least 4 weeks after the early dose. Health departments provide guidance on early vaccination during outbreaks.*

Please find additional measles resources below:

- **Georgia DPH Measles Clinical Guidance and Surveillance**
- **Measles Toolkit**
- **MMR Vaccine FAQs**

- **Measles FAQ**
- **Measles Vaccine Recommendations**

Register to stay update on **health alerts** from the Georgia DPH.