



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

March 27, 2024

Dear Colleagues,

We are writing to provide you with several important updates regarding vaccine recommendations and Vaccine Preventable Diseases (VPD). This letter discusses updates regarding Covid-19 vaccine, measles and MMR, and Td vaccine.

1. Additional Doses of COVID-19 Vaccine for Certain People: The Centers for Disease Control and Prevention (CDC) has updated Covid-19 vaccine guidance to include 1 additional dose of any updated (2023-2024 formula) Covid-19 vaccine (i.e. Pfizer-BioNTech, Moderna, Novavax) for people ages 65 years and older. See below and refer to the following for more information: [Clinical Guidance for COVID-19 Vaccination | CDC](#)

- People ages 65 years and older who **are NOT moderately or severely immunocompromised** should receive 1 additional dose of any updated (2023–2024 Formula) COVID-19 vaccine (i.e. Pfizer-BioNTech, Moderna, Novavax) at least **4 months** following the previous dose of updated (2023–2024 Formula) COVID-19 vaccine. For initial vaccination with Novavax COVID-19 Vaccine, the 2-dose series should be completed before administration of the additional dose.
- People ages 65 years and older who **are moderately or severely immunocompromised** should receive 1 additional dose of any updated (2023–2024 Formula) COVID-19 vaccine (i.e. Pfizer-BioNTech, Moderna, Novavax) at least **2 months** after the last dose of the updated (2023–2024 Formula) vaccine. Further additional doses may be administered, informed by the clinical judgement of a healthcare provider, personal preference and circumstances. Any further additional doses should be administered at least 2 months after the last updated (2023–2024 Formula) COVID-19 vaccine dose.

2. Increases in Measles: A CDC Health Alert Network (HAN) Health Advisory has been released in response to an increase in measles cases occurring in the US and worldwide. From January 1 to March 14, 2024, 58 confirmed U.S. [cases of measles](#) across 17 jurisdictions (including Maryland) have been reported, with seven outbreaks in seven jurisdictions. This is compared to 58 total cases and four outbreaks reported in 2023. Thus far in 2024, 54 reported cases (93%) were linked to international travel. Most cases reported in 2024 have been among children aged 12 months and older who

had not received measles-mumps-rubella (MMR) vaccine. The HAN Health Advisory provides guidance on measles prevention for all international travelers ages ≥ 6 months and all children ages ≥ 12 months who do not plan to travel internationally. See below for recommendations for healthcare providers and refer to the following for more information: [Health Alert Network \(HAN\) - 00504 | Increase in Global and Domestic Measles Cases and Outbreaks: Ensure Children in the United States and Those Traveling Internationally 6 Months and Older are Current on MMR Vaccination.](#)

- Healthcare providers should ensure that all patients are current with MMR vaccine.
 - Children who are not traveling internationally should receive their first dose of MMR at age 12 to 15 months and their second dose at 4 to 6 years.
 - **All U.S. residents older than age 6 months without evidence of immunity who are planning to travel internationally should receive MMR vaccine prior to departure.**
 - **Infants ages 6 through 11 months should receive one dose of MMR vaccine before departure. Infants who receive a dose of MMR vaccine before their first birthday should receive two more doses of MMR vaccine, the first of which should be administered when the child is age 12 through 15 months and the second at least 28 days later.**
 - Children ages 12 months or older should receive two doses of MMR vaccine, separated by at least 28 days.
 - Teenagers and adults without evidence of measles immunity should receive two doses of MMR vaccine separated by at least 28 days.
 - At least one of the following is considered evidence of measles immunity for international travelers: 1) birth before 1957, 2) documented administration of two doses of live measles virus vaccine (MMR, MMRV, or other measles-containing vaccine), or 3) laboratory (serologic) proof of immunity or laboratory confirmation of disease.
- Consider measles as a diagnosis in anyone with fever ($\geq 101^{\circ}\text{F}$ or 38.3°C) and a generalized maculopapular rash with cough, coryza, or conjunctivitis who has recently been abroad, especially in countries with ongoing [outbreaks](#). If measles is part of the differential diagnosis, then:

- Isolate: Do not allow patients with suspected measles to remain in the waiting room or other common areas of a healthcare facility; isolate patients with suspected measles immediately, ideally in a single-patient airborne infection isolation room (AIIR) if available, or in a private room with a closed door until an AIIR is available. Healthcare providers should be adequately [protected against measles](#) and should adhere to [standard and airborne precautions](#) when evaluating suspect cases, regardless of their vaccination status. Healthcare providers without evidence of immunity should be excluded from work from day 5 after the first exposure until day 21 following their last exposure. Offer testing outside of facilities to avoid transmission in healthcare settings. Call ahead to ensure immediate isolation for patients referred to hospitals for a higher level of care.
- Notify: Collect information (demographics, signs/symptoms timeline, exposure/travel history, vaccine status, close contacts, etc.) and immediately notify your local health department about any suspected case of measles to ensure rapid testing and investigation. Testing for measles at the MDH lab must be approved prior to specimen submission. Your local health department will facilitate testing and specimen transportation, if necessary. If you will not be using the MDH lab for testing, the local health department still needs to be notified as states report measles cases to CDC.
- Test: Follow [CDC's testing recommendations and collect](#) a throat swab or nasopharyngeal swab in viral transport media for reverse transcription polymerase chain reaction (RT-PCR) and a blood specimen (one red top tube) for serology from all patients with clinical features compatible with measles. Specimens must be transported with Category B packaging.
- Manage: In coordination with local or state health departments, provide appropriate measles post-exposure prophylaxis (PEP) as soon as possible after exposure to close contacts without evidence of immunity, either with MMR (within 72 hours) or immunoglobulin (within 6 days). The [choice of PEP](#) is based on elapsed time from exposure or medical contraindications to vaccination.

3. Dealing with Td Vaccine Supply Constraints: Td vaccine supply constraints are expected for the remainder of 2024 due to the discontinuation of TdVax™, manufactured by MassBiologics. This leaves Tenivac®, manufactured by Sanofi, as the only vaccine containing tetanus and diphtheria (Td) vaccine available in the US. Sanofi plans to augment production, but will be implementing temporary ordering controls until the supply has increased. Please note that tetanus, diphtheria, and acellular pertussis

(Tdap) vaccines are a viable alternative to Td vaccine in most circumstances. Tdap vaccines continue to be available without supply constraints at this time.

Due to the anticipated supply constraints, the CDC has advised that Td vaccine be used only when a patient has a contraindication to receiving pertussis-containing vaccine. The updated clinical guidance on the use of Tdap and Td vaccine while supply constraints are in place is summarized below. Additional information may be found at [Diphtheria, Tetanus, and Pertussis Vaccine Recommendations | CDC](#).

- Providers should transition from the use of Td vaccine to Tdap vaccine whenever possible while Td vaccine supplies are constrained.
- Tdap vaccine is an acceptable alternative to Td vaccine, including when a tetanus booster is indicated for wound management.
- The only time when the Tdap vaccine isn't an acceptable alternative to the Td vaccine is when a person has a specific contraindication to pertussis-containing vaccines.

We appreciate your attention to these vaccine updates. We will update you if important new information becomes available. If you have any questions or need assistance, please contact the Center for Immunization at 410-767-6679 or MDH.IZInfo@maryland.gov.

Sincerely,



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