



FACTS AND FIGURES TO SHARE WITH YOUR CONTINGENT...

Jamboree Flash Update

24th World Scout Jamboree Medical Advisory

Measles Vaccination Recommendations

Please reference [Jamboree Flash Update "Immunization" published October 15, 2018](#). In that update, the Jamboree Medical Team recommended a measles vaccination as part of your medical treatment evaluation before you arrive in West Virginia. Mass gatherings, like the World Scout Jamboree, create an environment that increases the risk for infectious disease occurrence and transmission. Multiple countries including portions of the U.S., but not presently West Virginia, the site of the Jamboree, are experiencing measles outbreaks. Measles is a highly contagious disease caused by a virus that lives in the nose and throat secretions of an infected person. It can be spread through coughing and sneezing. Measles virus can live up to two hours in an airspace where the infected person coughed or sneezed.

The good news is measles can be prevented with a safe, and effective, vaccine. The World Health Organization recommends immunization for all susceptible children and adults unless a medical professional indicates that it is not appropriate for a particular patient. For all attendees of the 24th World Scout Jamboree, Dr. Catherine Slep of the West Virginia Bureau for Public Health has recently provided the following recommendations regarding measles immunization:

1. All attendees should have received 2 doses of measles vaccine either alone or in a measles-rubella (MR), measles-mumps-rubella (MMR), or measles-mumps-rubella- varicella (MMRV) combination or should otherwise meet the requirements for presumptive immunity prior to attendance at the World Scout Jamboree.
 - U.S. based children 12 months of age and older should have received age appropriate measles vaccination up to 2 doses of MMR vaccine, separated by at least 28 days. Note that at the time of this release, immediate evaluation of the need for a vaccination is recommended so there is adequate time remaining to be able to administer two doses separated by at least 28 days.

- U.S. teenagers and adults who do not have evidence of immunity against measles should have received 2 doses of MMR vaccine separated by at least 28 days.
- International attendees should have received 2 doses of measles containing vaccine separated by at least 28 days in accordance with locally available formulations.
- The only exceptions to vaccination should be those in whom measles vaccine is determined to be inappropriate for a particular patient by a medical professional in accordance with guidelines from the Centers for Disease Control and Prevention, which can be found at: <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm>

OR

2. Acceptable presumptive evidence of immunity against measles includes at least one of the following:
 - Written documentation of adequate vaccination:
 - One or more doses of a measles-containing vaccine administered on or after the first birthday for preschool-age children and adults not at high-risk.
 - Two doses of measles-containing vaccine for school-age children and adults at high-risk, including college students, healthcare personnel, and international travelers.
 - Laboratory evidence of immunity, which can be determined by a simple blood test.
 - Laboratory confirmation of measles, which can also be determined by a blood test.
 - Birth before 1957

OR

3. Some U.S. adults may have received a killed measles vaccine during the 1960's. The killed measles vaccine was available from 1963 to 1968 and administered to less than 5% of adults. The recommendation is to re-vaccinate anyone who received the killed vaccine.