**Improved Measles Vaccination: Contributions of a Travel Clinic**

To The Editor—We read with great enthusiasm the brief report by the GeoSentinel Global [1] published in the latest edition of Clinical Infectious Diseases. Our experience during the years 2013 and 2014 mirrors their findings regarding this existing risk for measles infection among travelers. Our Travel Clinic (TC) is a specialized service offered by the division of Infectious Diseases (ID) of the Reliant Medical Group—a private multispecialty group in Central Massachusetts, United States. The clinic is staffed by 3 ID physicians. Vaccines are administered by 3 certified nurses. In addition to face-to-face evaluation and counseling, telephone consults are also offered for patients who had been previously evaluated at this clinic prior to a previous trip abroad. The majority of patients are referred by community physicians, but self-referred individuals and families are also seen. When an individual visits the TC in preparation for travel abroad, vaccination records are reviewed, and recommendations are individualized, guided by the Centers for Disease Control and Prevention information available for the respective country of travel. Counseling regarding mosquito-borne-illnesses, diarrheal diseases and other travel-related issues is also an integral part of the visit.

In response to the multiple outbreaks of measles in the United States [2–4] and Europe [5], there was an added emphasis in our TC on serological testing for and vaccination against measles. Travelers without documented 2-dose vaccination in prior immunization records or evidence of immunity by serology in the electronic medical record were offered serology and measles, mumps, and rubella (MMR) vaccine. A total of 963 persons were evaluated for in-person travel consultation at our TC in the period January to December 2014, and 912 persons were evaluated during the same period in 2013. For the year 2013: a total of 349 patients did not have documentation of prior 2-dose vaccination or immunity by serology. They were offered measles serology testing. Of these, 315 patients underwent the test. In sum, 8 patients were measles seronegative and received the MMR vaccine. In 2014, 389 patients were diagnosed to be nonimmune to measles and were offered serology testing. Of these, 350 patients underwent the test. In sum, 10 patients were detected seronegative, of which 9 accepted the vaccine. The MMR vaccine was also administered to those who declined serology testing. A total of 70 doses of the MMR vaccine were administered in 2013; 92 doses of MMR were administered in the year 2014.

These data from our TC for the years 2013 and 2014 indicate that a considerable number of persons in the community were not up-to-date with MMR vaccination and/or did not have serology-proven immunity to measles. It was this population that formed a risk-pool of persons who could potentially import measles back to the United States after returning from their trip abroad. When they visited the TC prior to travel abroad, the TC represented an important contact point to achieve improved MMR vaccination, hence protecting the traveler while abroad and then preventing the spread of measles among the community on their return home.

Our experience also revealed that the majority of persons who lacked “documented immunity” were actually immune to measles when tested by serology. Hence it is more cost-effective to test and then vaccinate if needed.

These data also expose the gap between MMR vaccine recommendations and the implementation of these guidelines—as evidenced by the high number of travelers at our TC who required MMR vaccination. Increasing physician and patient awareness regarding ongoing measles epidemics may help to partially bridge this gap. It is in this scenario that a TC offers a unique platform to protect individual travelers as well as the community as a whole from outbreaks of this infection. MMR vaccination at a TC represents a significant opportunity to increase the uptake of this vaccine in otherwise healthy individuals.

**Note**

*Potential conflict of interest.* Author certifies no potential conflicts of interest. The author has submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Conflicts that the editors consider relevant to the content of the manuscript have been disclosed.

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