



#NJAAP MEASLES MESSAGE

New Jersey Chapter Executive Committee

President

Elliot H. Rubin, MD, FAAP
University Pediatric Associates, PA
317 Cleveland Ave. 2nd Floor
Highland Park, NJ 08904

Vice President

Jeffrey Bienstock, MD, FAAP
PediatriCare Associates
20-20 Fair Lawn Avenue
Fairlawn, NJ 07410

Vice President- Elect

Alan Weller, MD, MPH, FAAP
Rutgers – Robert Wood Johnson
Medical School
1 Robert Wood Johnson Place
New Brunswick, NJ 08901

Treasurer

Jeanne Craft, MD, FAAP
Barnabas Health
94 Old Short Hills Rd
Livingston, NJ 07039

Secretary / Editor

Indira Amato, MD, FAAP
Rutgers – Robert Wood Johnson
Medical School
1 Robert Wood Johnson Place
New Brunswick, NJ 08901

Medical Director

Steven Kairys, MD, MPH, FAAP
K. Hovnanian Children's Hospital
Jersey Shore University
Medical Center
1945 Route 33
Neptune, NJ 07753

Immediate Past President

Margaret C. Fisher, MD, FAAP
The Unterberg Children's Hospital at
Monmouth Medical Center
300 Second Avenue
Long Branch, NJ 07740

Chapter Executive Director

Fran Gallagher, MEd
3836 Quakerbridge Road, Suite 108
Hamilton, NJ 08619

The advent of vaccines was the single most important public health advancement in the 20th century, following the 19th century improvements in sanitation and hygiene. Life expectancy dramatically increased from 50 years in 1900 to about 80 in 2010 due in large part to the reduction in mortality from infectious diseases.

The measles vaccine is a striking example of a vaccine success story. In 1912, 6000 measles related deaths per year were reported. In the 1950's 3- 4 million people per year in the US contracted measles, with 400-500 annual deaths, 48000 hospitalizations and 4000 who developed encephalitis (brain inflammation) from measles. In the 60's measles vaccines were developed and perfected and since then the incidence had declined dramatically to actually being declared eliminated in the US by the year 2000. In 1989 the protocol for measles vaccination was refined to the current two doses.

Since 2008, there has been a resurgence of measles in the US and several outbreaks, not as a result of vaccine failure, but instead related to people travelling to the US or returning to the US with measles and spreading the disease to pockets of unvaccinated communities. In 2014 there were over 600 cases and so far this year there are over 120 cases predominantly related to the Disneyland, California outbreak that has spread to mostly unvaccinated people in 17 states, including New Jersey, with the most recent Jersey City case.

Measles is now in our local communities. A person with measles is contagious 4 days prior to their symptoms, by droplets expelled from just breathing, that can persist in the air for up to 2 hours after the person has left the area. If you are exposed and susceptible there is a 90% chance you will develop measles. Children under one year of age who are too young for the MMR vaccine and others who are immunocompromised and cannot receive the vaccine are vulnerable and at risk for developing measles and its potential complications of pneumonia, deafness, brain damage from encephalitis and death. In addition the concept of herd immunity, whereby the background vaccination rate needs to be at least 94% of the population, comes into play and is necessary to protect those in the population who are the most defenseless- those not vaccinated or are too young or immunocompromised.

Evidence based scientific studies have shown that vaccines work, are effective, and are safe. With respect to the MMR vaccine in particular, numerous, reproducible studies have debunked any association with autism, after an initial assertion of a link that was based on a fraudulent study.

It is imperative from a public health perspective that vaccine rates must be kept above the herd immunity threshold. Failure to do so will result in more frequent and extensive disease outbreaks with the potential for devastating outcomes affecting the children and other susceptible populations in NJ and elsewhere. NJ has close to 9000 or 1.7% of reported schoolchildren that claim a religious exemption to one or more vaccines and thus are potentially susceptible to vaccine preventable diseases like measles. In the

prekindergarten age alone there are over 5000 children or 2.5% with religious exemptions with the highest percentages in Hunterdon, Monmouth, Sussex and Warren counties. That number is almost identical to the personal belief exemption percentage in California, where the current outbreak originated.

When it comes to public health and personal choice, it is best to keep in mind the oft quoted adage “Your liberty to swing your fist ends just where my nose begins”. Personal decisions that affect only you personally (or those in your charge) may be open to debate but they cross into another realm entirely when they affect your neighbor and her children.

We need to work together to find strategies to increase vaccination rates of our under vaccinated populations in order to keep NJ from becoming the next outbreak hub. It is our duty and responsibility as medical professionals and community leaders to assure the health and safety of our most vulnerable populations and to keep them out of harm's way.

Vaccinate Your Children!

A handwritten signature in black ink, appearing to read "Elliot Rubin".

Elliot Rubin, MD, FAAP
President,
New Jersey Chapter, American Academy of Pediatrics