



Bastrop County Public Health Department
104 Loop 150,
Bastrop, TX 78602
public.health@co.bastrop.tx.us

Measles Vaccine and Post Exposure Prophylaxis Guidance for Healthcare Providers

ACIP recommends that people who don't have presumptive evidence of immunity to measles, mumps, and rubella (MMR) should get vaccinated against these diseases.

Serologic screening for MMR immunity before vaccination is not necessary and not recommended if a person has other acceptable evidence of immunity to these diseases. Similarly, postvaccination serologic testing to verify an immune response is not recommended.

Measles Vaccination Guidelines for Specific Groups

- **Infants:** Not routine for under 12 months. If exposed, in an outbreak, or travelling to endemic area MMR can be given as young as 6 months. Infants who get 1 dose of MMR **vaccine** before their first birthday should get 2 more doses according to the routinely recommended schedule.
- **Children:** First dose at **12–15 months**, second dose at **4–6 years**. During an outbreak, a second dose can be administered earlier as long as at least 28 days have elapsed since the first dose.
- **Students** in college/university should get 2 doses of MMR vaccine, separated by at least 28 days.
- **Healthcare Personnel:** Should have **two documented doses** of MMR.
- **International Travelers:**
 - **Infants (6–11 months):** One MMR dose before travel (not counted as part of routine series).
 - **Children 12 months and older & Adults:** Two doses, at least 28 days apart.
 - **People 12 months of age and older** who will be traveling internationally should receive 2 doses of measles-containing vaccine. The second dose given at least 28 days apart.
- **Pregnant Individuals:** MMR is **contraindicated** during pregnancy
- All family and other close contacts of people with compromised immune systems 12 months of age and older should receive 2 doses of MMR vaccine separated by 28 days.
- **People 12 months of age and older with HIV infection** who do not have evidence of severe immunosuppression should receive 2 doses of MMR vaccine, separated by at least 28 days.
 - Absence of severe immunosuppression is defined as:
 - CD4 percentages $\geq 15\%$ for ≥ 6 months for people aged ≤ 5 years or younger and
 - CD4 percentages $\geq 15\%$ and CD4 count ≥ 200 lymphocytes/mm³ for ≥ 6 months for people aged older than 5 years.
- Adults who know they got the killed (inactivated) measles **vaccine from 1963 through 1967** during childhood should be re-vaccinated with 1 or 2 doses of MMR.

Presumptive Evidence of Immunity

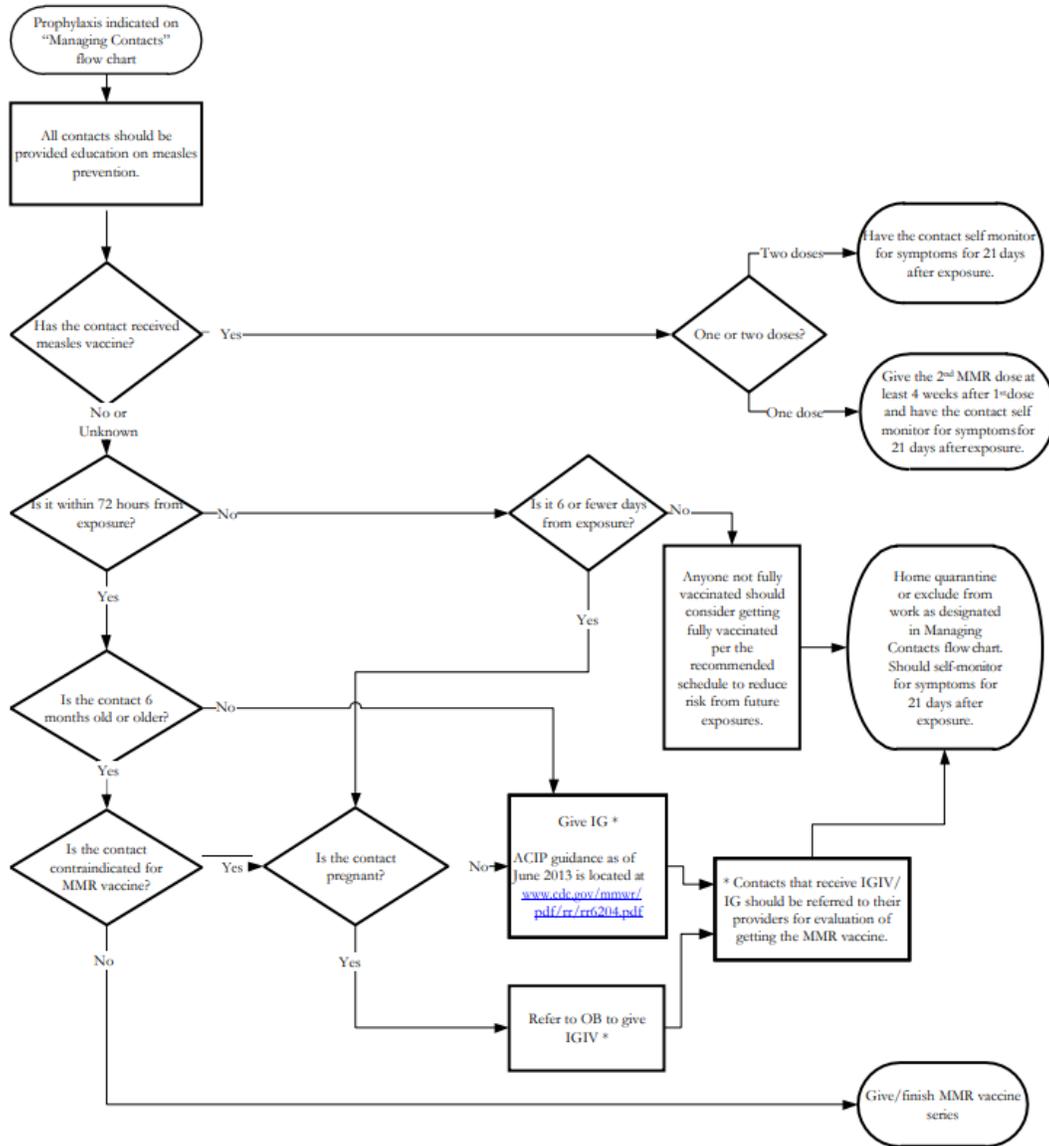
Healthcare providers should confirm evidence of immunity before determining the need for vaccination or post-exposure prophylaxis. A person is considered immune if they meet **at least one** of the following:

- **Documented receipt of two doses** of MMR for school-aged children and adults at high risk (healthcare personnel, international travelers, college students) or **one dose** for preschool-aged children and most adults.
- **Laboratory confirmation** of measles infection in the past or evidence of immunity (positive IgG).
- **Birth before 1957** (except for healthcare personnel, who may need additional evidence or vaccination).



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Prophylaxis for Contacts of Confirmed or Highly Suspicious Measles Cases



[CDC Measles Information for Healthcare Providers](#)

If you have a patient you suspect has measles, please immediately contact Texas Department of State Health Services Region 7 at 254-778-6744

If you have questions about the measles vaccine, please email your local health department at public.health@co.bastrop.tx.us