Summary for vaccination of adults against measles and assessing immunity

Due to the current increase in measles cases in the United States (https://www.cdc.gov/mmwr/volumes/68/wr/mm6817e1.htm), the Centers for Disease Control and Prevention has developed the following summary for vaccination of adults against measles with measles, mumps, rubella (MMR) vaccine. Recommendations for vaccination and assessing immunity in adults have not changed since publication of the Advisory Committee on Immunization Practices (ACIP) recommendations for the Prevention of Measles, Rubella, Congenital Rubella syndrome, and Mumps in June 2013. (https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm)

What Adult Providers Need to Know:

- **Providers do not need to actively screen adult patients for measles immunity.** This is because of high population immunity and low risk of disease among adults in non-outbreak areas in the U.S.

- **Providers should make sure patients have measles protection before international travel.** U.S. residents traveling internationally are at high risk for acquiring measles abroad. They can also transmit measles to susceptible persons, such as infants, when they return home.

- **If a patient is traveling internationally and measles immunity is unknown, providers should vaccinate, unless there are contraindications.** Serologic testing for measles immunity is not recommended.

- **During outbreaks, providers should consult with ADPH for the most up-to-date recommendations for their community.** This may include additional doses of MMR for your patients.

**ACIP Adult Recommendations: MMR Vaccine**

Routine vaccination

**No evidence of immunity to measles, mumps, or rubella:** 1 dose MMR

- Evidence of immunity: Born before 1957 (except health care personnel), documentation of receipt of MMR, laboratory evidence of immunity or disease (diagnosis of disease without laboratory confirmation is not evidence of immunity)
Special situations

- **Pregnancy with no evidence of immunity to rubella**: MMR contraindicated during pregnancy; after pregnancy (before discharge from health care facility), 1 dose MMR
- **Non-pregnant women of childbearing age with no evidence of immunity to rubella**: 1 dose MMR
- **HIV infection with CD4 count ≥200 cells/μL for at least 6 months and no evidence of immunity to measles, mumps, or rubella**: 2-dose series MMR at least 4 weeks apart; MMR contraindicated in HIV infection with CD4 count <200 cells/μL
- **Severe immunocompromising conditions**: MMR contraindicated
- **Students in postsecondary educational institutions, international travelers, and household or close personal contacts of immunocompromised persons with no evidence of immunity to measles, mumps, or rubella**: 1 dose MMR if previously received 1 dose MMR, or 2-dose series MMR at least 4 weeks apart if previously did not receive any MMR
- **Health care personnel born in 1957 or later with no evidence of immunity to measles, mumps, or rubella**: 2-dose series MMR at least 4 weeks apart for measles or mumps, or at least 1 dose MMR for rubella; if born before 1957, consider 2-dose series MMR at least 4 weeks apart for measles or mumps, or 1 dose MMR for rubella