

IMMUNOBIOLOGICS

IMMUNOBIOLOGIC	PRIMARY IMMUNIZATION SCHEDULE	BOOSTER SCHEDULE	COMMENTS AND CONTRAINDICATIONS
<p>Measles, Mumps and Rubella Virus Vaccine, Live (MMR)</p> <p>MMR II® Merck</p>	<p>Persons 12 months through 18 years:</p> <p>First: 0.5 mL SC*</p> <p>Second: 0.5 mL SC* at 4-6 years of age, or at least 4 weeks after the first dose</p> <p>Persons 19 years of age and over**:</p> <p>First: 0.5 mL SC*</p> <p>* To reconstitute the vaccine: Withdraw the entire contents of the diluent vial into a syringe. Inject all of the diluent in the syringe into the vial of lyophilized vaccine and gently agitate to mix thoroughly. Withdraw the entire contents into a syringe and inject the total volume of reconstituted vaccine subcutaneously (SC).</p> <p>** For persons entering college, other post high school educational institutions, or for health care workers born in 1957 or later, a second dose (0.5 mL SC) is recommended at least four weeks after the first dose.</p>	<p>Not established.</p>	<p>MMR is preferred over the individual component vaccines for most older children and adults. MMRV is the preferred vaccine for children 12 months through 12 years of age. Persons vaccinated with measles vaccine before the first birthday or who were vaccinated before 1968 should be considered unvaccinated. See individual component vaccines for recommendations for who should be vaccinated.</p> <p>Tuberculin tests: Measles-containing vaccines can interfere with the response to a tuberculin test. Tuberculin testing, if otherwise indicated, can be done on either the same day that a measles-containing vaccine is administered or 4-6 weeks later.</p> <p>Adverse Reactions: Fever of 103° F (39° C) beginning 5-12 days after vaccination (5% to 15%) and/or transient rashes (5%). Clinically apparent thrombocytopenia occurs rarely within 2 months after vaccination. Transient lymphadenopathy sometimes occurs and parotitis has been reported after receipt of MMR. Arthralgias and other joint symptoms are reported in up to 25% of susceptible adult women given MMR vaccine (related to the rubella component of the vaccine). Allergic reactions are rare after MMR.</p> <p>Contraindications:</p> <ul style="list-style-type: none"> • Persons who have experience a severe allergic reaction (i.e., hives, swelling of the mouth or throat, difficulty breathing, hypotension, shock) following a prior dose or to a vaccine component (e.g., gelatin, neomycin) • Women known to be pregnant (Pregnancy should be avoided for 4 weeks following MMR vaccine.) • Persons who are immunosuppressed or immunodeficient, including congenital immunodeficiency, leukemia, lymphoma, generalized malignancy, severe immunosuppression from HIV infection or therapy with alkylating agents, antimetabolites, radiation. Persons receiving large dose of corticosteroids (i.e., 2 mg/kg or more per day or 20 mg or more per day of prednisone) for 14 days or more should not receive MMR. Avoid MMR for at least one month after discontinuing of high dose therapy. Persons with leukemia in remission who have not received chemotherapy for at least 3 months may receive MMR. MMR is recommended for all asymptomatic HIV-infected persons, and should be considered for symptomatic persons who are not severely immunosuppressed. • Receipt of antibody-containing blood products (e.g., immune globulin, whole blood or packed red blood cells) may interfere with seroconversion to measles vaccine. See table 2, page 5 to determine the recommended interval between administration of a blood product or immune globulin and a measles-containing vaccine. • History of thrombocytopenia within 6 weeks of a previous dose of a measles or rubella-containing vaccine • Moderate or severe acute illness until illness improves or resolves