

**IMMUNOBIOLOGICS**

| IMMUNOBIOLOGIC  | PRIMARY IMMUNIZATION SCHEDULE  | BOOSTER SCHEDULE       | COMMENTS AND CONTRAINDICATIONS  |
|---|--|------------------------|---|
| <p>Measles Virus Vaccine Live</p> <p>Attenuvax®<br/>Merck</p> | <p><b>Children 12 months through 18 years:</b></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><b>Persons 19 years of age and over**:</b></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>** A second dose of measles-containing vaccine (at least four weeks after the first dose) is recommended for persons attending colleges and other post-high school educational institutions, persons born in 1957 or later working in medical facilities, and international travelers</p> | <p>Not established</p> | <p>The Advisory Committee on Immunization Practices (ACIP) recommends that a combination vaccine (MMR or MMRV) be used when any of the individual components is indicated (and for MMRV, if the vaccinee is 12 months through 12 years of age).</p> <p>The following groups should be considered unvaccinated and should receive at least one dose of measles vaccine: persons 1) vaccinated before the first birthday, 2) vaccinated with killed measles vaccine (KMV), 3) vaccinated with KMV followed by live vaccine less than 4 months after the last dose of KMV, 4) vaccinated before 1968 with an unknown type of vaccine (the vaccine may have been KMV), or 5) vaccinated with IG in addition to a further attenuated strain or vaccine of unknown type. (Revaccination is not necessary if IG was given with Edmonston B vaccine.)</p> <p>See note on timing of TB skin testing in comments section for MMR vaccine.</p> <p><b>Adverse Reactions:</b> Fever of 103° F (39° C) beginning 5-12 days after vaccination (5%-15%) and/or transient rashes (5%). Clinically apparent thrombocytopenia occurs rarely within 2 months after vaccination. Encephalitis and encephalopathy occur approximately once per million doses. Allergic reactions are rare; anaphylaxis is extremely rare.</p> <p><b>Contraindications:</b></p> <ul style="list-style-type: none"> <li>• History of a severe allergic reaction (i.e., hives, swelling of the mouth or throat, difficulty breathing, hypotension, shock) following a prior dose of measles vaccine or to a vaccine component (e.g., gelatin, neomycin)</li> <li>• Women known to be pregnant should not receive measles vaccine. Pregnancy should be avoided for 4 weeks following measles vaccine</li> <li>• 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 a measles-containing vaccine. Avoid measles-containing vaccine for at least one month after discontinuing high dose therapy. Persons with leukemia in remission who have received chemotherapy for at least 3 months may receive a measles-containing vaccine. Measles-containing vaccine (MMR) is recommended for all asymptomatic HIV-infected persons, and should be considered for symptomatic persons who are not severely immunosuppressed.</li> <li>• Receipt of antibody-containing blood products (e.g., immune globulin, whole blood, or packed red blood cells). See Table 2 to determine the recommended interval between administration of a blood product or immune globulin and a measles-containing vaccine.</li> <li>• Moderate or severe acute illness until improved</li> </ul> |