

IMMUNOBIOLOGICS

IMMUNOBIOLOGIC	PRIMARY IMMUNIZATION SCHEDULE	BOOSTER SCHEDULE	COMMENTS AND CONTRAINDICATIONS
<p>Mumps Virus Vaccine, Live</p> <p>MUMPSVAX® Merck</p>	<p>Persons 12 months and older:</p> <p>First: 0.5 mL SC*</p> <p>* If a second dose of mumps vaccine is indicated (see comments) administer it at least 1 month after the first dose (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>Not established</p>	<p>Acceptable Presumptive Evidence of Mumps Immunity Through Documentation of Adequate Vaccination: Documentation of adequate vaccination is now (as of June 2006) defined as 1 dose of a live mumps virus vaccine for preschool-aged children and adults not at high risk and 2 doses for school-aged children (i.e., grades K--12) and for adults at high risk (i.e., health-care workers, international travelers, and students at post-high school educational institutions).</p> <p>Routine Vaccination for Health-Care Workers: Persons born during or after 1957 without other evidence of immunity: 2 doses of a live mumps virus-containing vaccine. Persons born before 1957 without other evidence of immunity: consider recommending 1 dose of a live mumps virus-containing vaccine.</p> <p>For Outbreak Settings: Children aged 1-4 years and adults at low risk: if affected by the outbreak, consider a second dose of live mumps virus-containing vaccine. Health-care workers born before 1957 without other evidence of immunity: strongly consider recommending 2 doses of live mumps virus-containing vaccine.</p> <p>The first dose of mumps-containing vaccine should be administered on or after the first birthday; the second dose should be administered no earlier than 1 month (i.e., at a minimum of 28 days) after the first dose. MMR vaccine generally should be used whenever any of its component vaccines are indicated. For children aged 12 months-12 years, combined measles, mumps, rubella, and varicella (MMRV) vaccine can be considered if varicella vaccination is also indicated.</p> <p>Post Exposure Vaccination: There is no conclusive evidence that vaccination of individuals recently exposed to natural mumps will provide protection.</p> <p>Adverse Reactions: Parotitis and fever have been reported rarely. Although rare cases of CNS dysfunction, including deafness, have been reported within 2 months of mumps vaccination, there is inadequate evidence to prove a causal relationship. Allergic reactions, including rash, pruritus, and purpura, have been temporally associated with vaccination, but these are transient and generally mild.</p> <p>Contraindications: Persons with a history of anaphylaxis following exposure to neomycin or to gelatin; pregnancy; persons with impaired immune systems such as leukemia, lymphoma, generalized malignancy, immune deficiency disease, or immunosuppressive therapy. Treatment with low dose (<2 mg/kg/day) or alternate day prednisone, or topical or aerosolized steroid preparations is not a contraindication to mumps vaccination. Mumps vaccine should be given two weeks before, or deferred for at least 3 months following administration of an antibody-containing blood product if administered as MMR or MMRRV (see Table 2, page 3). Persons with a moderate or severe illness should not be vaccinated until illness improves or resolves.</p>