

IMMUNOBIOLOGICS

IMMUNOBIOLOGIC	PRIMARY IMMUNIZATION SCHEDULE	BOOSTER SCHEDULE	COMMENTS AND CONTRAINDICATIONS
<p>Rubella Virus Vaccine, Live</p> <p>MERUVAX®II Merck</p>	<p>Persons 12 months and older:</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.</p>	<p>Not established</p>	<p>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>Consider immune to rubella only if there is documentation of laboratory evidence of rubella immunity or immunization with at least one dose of rubella vaccine on or after the first birthday. Birth before 1957 provides only presumptive evidence of rubella immunity; therefore birth before 1957 is not acceptable evidence of rubella immunity for women who might become pregnant.</p> <p>Administer one dose of a rubella virus-containing vaccine to women whose rubella vaccination history is unreliable and counsel women to avoid becoming pregnant for 4 weeks after vaccination. For women of childbearing age routinely determine rubella immunity and counsel women regarding congenital rubella syndrome. For women who are pregnant and susceptible, vaccinate early in the postpartum period.</p> <p>Vaccine should be administered approximately 2 weeks before or deferred for at least 3 months after receipt of blood products and IG. However, previous administration of anti-Rho (D) IG (human) does not generally interfere with an immune response and is not a contraindication to vaccination. Serologically test these women 6-8 weeks after vaccination to assure that seroconversion has occurred.</p> <p>Adverse Reactions: Low-grade fever, rash, and lymphadenopathy. Arthralgia and transient arthritis occur more frequently in susceptible adults (12%-20%) than in children (3%), and more frequently in susceptible postpubertal females (25%) than in susceptible males.</p> <p>Contraindications:</p> <ul style="list-style-type: none"> • Anaphylactic reactions to a prior dose or to neomycin or to gelatin. • Pregnancy and women planning to become pregnant in the next 4 weeks (if pregnant or if becomes pregnant within 4 weeks after vaccination, counsel about the theoretical risk for the fetus, but rubella vaccination during pregnancy ordinarily should not be a reason to consider abortion). • Immunosuppression (e.g., leukemia, lymphoma, generalized malignancy, or resulting from therapy with alkylating agents, antimetabolites, radiation, or large doses of corticosteroid). Patients with leukemia in remission who have not received chemotherapy for at least 3 months may be vaccinated. <p>Short-term (2 weeks), low- or moderate-dose systemic corticosteroid therapy. Topical steroid therapy (e.g., nasal, skin), long-term alternate-day treatment with low to moderate doses of short-acting systemic steroids, and intra-articular, bursal, or tendon injection of corticosteroid do not contraindicate rubella vaccine administration.</p> <ul style="list-style-type: none"> • Postpone vaccination of persons with acute moderate or severe illness with or without fever until condition improved.