# MMR Routine and Catch-up Vaccine Protocol

vaccine protocol for Persons Age 6 months and older

**Document reviewed and updated:** **June 6, 2023**

## Condition for protocol

To reduce incidence of morbidity and mortality of measles, mumps, and rubella disease.

## Policy of protocol

The nurse will implement this protocol for measles, mumps, and rubella (MMR) vaccination.

## Condition-specific criteria and prescribed actions

**Delete this entire paragraph before printing/signing protocol.**

[Instructions for persons adopting these protocols: The table below lists indication, contraindication, and precaution criteria and suggested prescribed actions that are necessary to implement the vaccine protocol. The prescribed actions include examples shown in brackets but may not suit your institution’s clinical situation and may not include all possible actions. A licensed prescriber must review the criteria and actions and determine the appropriate prescribing action.]

Indications

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| Currently healthy child between ages 1 through 6 years. | Proceed to vaccinate if meets remaining criteria. |
| Child is less than age 1 year old. | Do not vaccinate unless child is age 6 through 11 months old and in an increased risk situation, i.e., will be traveling internationally, or is in an identified risk group during an outbreak. Otherwise reschedule vaccination when child meets age criteria. |
| Person is 7 years or older. | Proceed to vaccine using catch-up schedule. |
| Person had a prior infection of measles, or mumps, or rubella. | Not a contraindication for MMR as person will need protection against the other diseases covered by the vaccine; proceed to vaccinate.[Document date of diagnosis of specific disease.] |
| Person with no evidence of immunity to measles, mumps, or rubella (born before 1957, documentation of receipt of MMR vaccine, laboratory evidence of immunity or disease). | Proceed to vaccine using catch-up schedule. |

Contraindications

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| Person had a severe allergic reaction (anaphylaxis) to a previous dose of MMR vaccine. | Do not vaccinate; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Person has a severe allergy to a component of MMR vaccine, including neomycin. | Do not vaccinate; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Person has severe immune deficiency including any of the following conditions: hematologic and solid tumors, congenital immunodeficiency, long term immunosuppressive therapy defined as [on steroids for 2 or more weeks with a steroid dosage of 20 mg per day or Prednisone at 2 mg/kg body weight, or chemotherapy – any kind, radiation therapy], and HIV infection, including CD4 count of \_\_\_, and symptoms of: {to be determined by medical prescriber} | Do not vaccinate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Person is pregnant. | Do not vaccinate. |
| Family history of altered immunocompetence, unless verified clinically or by laboratory testing as immunocompetent. | Do not vaccinate, refer to primary care provider. |

Precautions

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| If person is currently on antibiotic therapy. | Proceed to vaccinate. |
| Person has a mild illness defined as temperature less than \_\_\_\_°F/°C with symptoms such as: [to be determined by medical prescriber] | Proceed to vaccinate. |
| Person has a moderate to severe illness defined as temperature \_\_\_\_°F/°C or higher with symptoms such as: [to be determined by medical prescriber] | Defer vaccination and [to be determined by medical prescriber] |
| Receipt of antibody-containing blood product within past 11 months. | * Obtain date that person last received product and using the [Appendix A: Schedule and Recommendations: Recommended intervals between administration (cdc.gov)](https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/a/recommended-intervals-between-administration.pdf) table, determine:
	+ Whether there should be a delay time and

what the delay time is. * + If delay is indicated, defer until interval is completed.
	+ If deferral time is expired, vaccinate.
 |
| Person received a live virus vaccine including FluMist and/or varicella vaccine within the past 4 weeks. | Defer vaccination until at least 4 weeks have passed since the dose of live virus vaccine. |
| History of thrombocytopenia or thrombocytopenic purpura. | Do not vaccinate; [refer to primary care physician] |
| Need for tuberculin skin testing or interferon-gamma release assay (IGRA) testing. | Administer vaccine either on the same day as testing or test 4-6 weeks after the administration of the live-virus vaccine. |

## Prescription

### Routine vaccination

* Priorix, 0.5 ml, subcutaneously (SC) only, or
* M-M-R II, 0.5 ml, SC or intramuscularly (IM)
* Give first dose at age 12 to 15 months.

**Note:** Children who got a dose before their first birthday due to increased risk situation, still need two doses after their first birthday.

* Give second dose between ages 4 through 6 years, and at least 4 weeks from prior dose.
May give second MMR earlier than age 4 through 6 years if the dose is at least 4 weeks from first dose.

### Catch-up schedule

* Minimum interval between dose 1 and dose 2 is 4 weeks.
* **For persons ages 7 years through 18 years:** give a total of two doses at least 4 weeks apart.
* **For adults 18 years and older**: give one dose.

### Special situations

* International travel
	+ **Infants ages 6 through 11 months:** give one dose now and have infant return on or after first birthday to receive 2 additional doses per routine schedule or at least 4 weeks apart.
	+ **Unvaccinated children age 12 months or older:** 2 dose series at least 4 weeks apart before departure.
* Students in postsecondary educational institutions, and household or close, personal contacts of immunocompromised persons with no evidence of immunity to measles, mumps, or rubella: 2-dose series at least 4 weeks apart if previously did not receive any doses of MMR or 1 dose if previously received 1 dose MMR.
* **In mumps outbreak settings:** May give a third dose if identified by public health authorities as being part of a group or population at increased risk for acquiring mumps because of an outbreak.

## Medical emergency or anaphylaxis

Follow pre-established agency protocol for anaphylaxis.

## Question or concerns

**Insert overseeing medical consultant’s information below and delete this sentence before printing/signing.**

In the event of questions or concerns call (insert name) at (insert phone number).

**This protocol shall remain in effect until rescinded.**

Name of prescriber (please print):

Prescriber signature:

Date: