Measles, Mumps, and Rubella (MMR) Vaccine Recommendations for Children (0 to 6 years of age)

For Communities with Measles Transmission[1]

Age Group	Number of Previous MMR Vaccine Doses	Recommended MMR Vaccine[2] Doses (if otherwise not contraindicated)
0 - 6 months	0 doses	• MMR vaccine is NOT recommended
6 - 11 months	0 doses	• Should receive an early (zero) dose of MMR vaccine immediately • The child should receive two additional doses of MMR vaccine: ➢ 1st dose at 12 to 15 months ➢ 2nd dose at 4 to 6 years of age • Each dose of MMR vaccine must be given at minimum 28 days apart
12 months - 6 years	0 doses	• Should receive a 1st dose of MMR vaccine immediately • Should receive a 2nd dose of MMR vaccine, minimum 28 days after the 1st dose.
	1 dose	• Should receive the 2nd dose of MMR vaccine, minimum 28 days after the 1st dose of MMR vaccine.
	2 doses	• No additional MMR vaccination is recommended. • Child is considered fully vaccinated and does not need any additional doses of MMR vaccine.

1. Only in counties designated as part of the outbreak with ongoing community transmission. All other counties follow the CDC's routine MMR vaccination recommendations (Routine MMR Vaccination Recommendations: For Providers | CDC)
2. MMR vaccine refers to the current live-attenuated MMR vaccine

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Measles, Mumps, and Rubella (MMR) Vaccine Recommendations for Children ≥6 years of age and Adults[3]

For Communities with Measles Transmission[1]

If you were born	Number of Previous MMR Vaccine Doses	Recommended MMR Vaccine[2] Doses (if otherwise not contraindicated)
Before 1957	-----	• People born before 1957 are presumptively immune to measles, and MMR vaccine is not recommended
Between 1957-1968	0 dose	• Should Immediately get 1st dose of MMR vaccine • Should receive a 2nd dose of MMR vaccine, minimum 28 days after 1 dose of MMR vaccine.
	1 dose of the inactivated MMR Vaccine	
	1 dose of the live-attenuated MMR Vaccine	• Should receive a 2nd dose of MMR vaccine.
After 1968	0 doses	• Should immediately get 1st dose of MMR vaccine • Should receive a 2nd dose of MMR vaccine, minimum 28 days after 1 dose of MMR vaccine.
	1 dose	• Should receive a 2nd dose of MMR vaccine, minimum 28 days after 1 dose of MMR vaccine.
	2 doses	• No additional MMR vaccination is recommended • You are fully vaccinated and do not need any additional doses of MMR vaccine.

1. Only in counties designated as part of the outbreak with ongoing community transmission. All other counties follow the CDC's routine MMR vaccination recommendations (Routine MMR Vaccination Recommendations: For Providers | CDC)
2. MMR vaccine refers to the live-attenuated MMR vaccine
3. Currently, there are no recommendations to receive a third dose or a booster dose of MMR vaccine for adults during measles community transmission or outbreaks

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Measles, Mumps, and Rubella (MMR) Vaccine Recommendations for Specific Populations*	
Pregnant Women	• **MMR vaccines are not recommended during pregnancy.**
Severely Immunocompromised Individuals	• **MMR vaccine is not recommended for individuals with severe immunodeficiency** • Severe immunodeficiency includes hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy or patients with human immunodeficiency virus [HIV] infection who are severely immunocompromised.
Healthcare Personnel	• **Healthcare personnel without presumptive evidence of immunity should get two doses of MMR vaccine, minimum 28 days apart.**

* Measles Vaccination for Specific Groups | Measles (Rubeola) | CDC

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Summary of Measles Postexposure Prophylaxis*

Risk Population	Time from First Exposure	
	< 72 hours	Through 6 days
Infant < 6 months old	IG	IG
Infant 6 through 12 months	MMR vaccine (preferred) or IG	IG
Age > 12 months (no risk factor)**	MMR vaccine dose 1 or MMR vaccine dose 2, if ≥28 days from MMR dose 1	IG
Pregnant woman	IG	IG
Severely immunocompromised	IG	IG

* The following patient groups are at risk for severe disease and complications from measles and should receive IG: infants aged <12 months, pregnant women without evidence of measles immunity, and severely immunocompromised persons. IGIM can be administered to other persons who do not have evidence of measles immunity, but priority should be given to persons exposed in settings with intense, prolonged, close contact (e.g., household, daycare, and classroom). For exposed persons without evidence of measles immunity, a rapid IgG antibody test can be used to inform immune status, provided that administration of IG is not delayed.

**IG is not often used for this age group given the volume of product required to achieve therapeutic doses (see: https://www.cdc.gov/surv-manual/php/table-of-contents/chapter-7-measles.html)

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