TO: Maine Immunization Providers

FROM: Maine Immunization Program

DATE: July 8, 2013

SUBJECT: New Guidance regarding Measles, Mumps and Rubella Vaccination and Evidence of Immunity

On October 24, 2012 the Advisory Committee on Immunization Practices (ACIP) adopted new revisions

concerning MMR Vaccination and Evidence of Immunity. These recommendations were published for

the first time on June 14, 2013 in the Morbidity and Mortality Weekly report.

The entire report can be accessed at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm>

It is strongly suggested that you read the entire article since this letter only outlines **some** of the new ACIP recommendations

A summary of the new recommendations are as follows:

**Evidence of Immunity for Routine Vaccination**

* Vaccine doses with written documentation of the date of administration at age ≥12 months are the only doses considered to be valid. Self- reported doses and history of vaccination provided by a parent or other caregiver are not considered adequate evidence of immunity.
* The validity of clinical diagnosis of measles, rubella, and mumps is questionable and should not be considered in assessing evidence.
* Persons who do not have documentation of adequate vaccination or other acceptable evidence of immunity should be vaccinated.
* **Documented age appropriate vaccination supersedes the results of subsequent serologic testing.**
* Post vaccination serologic testing to verify an immune response is not recommended
* If a person who has 2 documented doses of measles- or mumps-containing vaccines is tested serologically and is determined to have negative or equivocal measles or mumps titer results, it is **not** recommended that the person receive an additional dose of MMR vaccine. Such persons should be considered to have presumptive evidence of immunity.
* If a person who has had at least 1 documented dose of rubella-containing vaccine is tested serologically and is determined to have negative or equivocal rubella titer results, it is **not** recommended that the person receive an additional dose of MMR vaccine, except for women of childbearing age.

**Evidence of Immunity for Healthcare Workers**

* Serologic testing for immunity is not recommended for health-care personnel who have 2 **documented** doses of measles- and mumps - containing vaccine and 1 **documented** dose of rubella-containing vaccine or other acceptable evidence of measles, rubella, and mumps immunity.
* If health-care personnel who have 2 documented doses of measles- or mumps- containing vaccine are tested serologically and have negative or equivocal titer results for measles or mumps, it is not recommended that they receive an additional dose of MMR vaccine.
* Please note during an outbreak, the recommended criteria for presumptive evidence of immunity might differ for some groups.

**Outbreaks in Health Care Facilities**

* During an outbreak of measles or mumps, health-care facilities should recommend 2 doses of MMR vaccine at the appropriate interval for unvaccinated health-care personnel regardless of birth year who lack laboratory evidence of measles or mumps immunity or laboratory confirmation of disease.
* During outbreaks of rubella, health-care facilities should recommend 1 dose of MMR vaccine for unvaccinated personnel regardless of birth year who lack laboratory evidence of rubella immunity or laboratory confirmation of infection or disease.
* Serologic screening before vaccination is not recommended during outbreaks because rapid vaccination is necessary to halt disease transmission.

If you have any questions, please contact the Maine Immunization Program at 287-3746.