Measles & MMR Vaccination Information for Older Patients

Disclaimer: This document was prepared using the most current and available information and may not be all-encompassing. Please use this document as a resource; **it is not intended to provide medical or legal advice**. ASCP strongly recommends consulting relevant guidelines and using professional judgment when advising patients on vaccination recommendations.

Bottom Line Up Front (BLUF):

Pharmacists should advise patients **born after 1957** who are unsure of their measles immunity to undergo laboratory testing and consider MMR (measles, mumps, and rubella) vaccination. The MMR vaccine is only available as a combination vaccine in the United States. The vaccine is both **safe** and **highly effective** against measles.

What is measles?

Measles is a **highly contagious** viral infection that can lead to serious complications. If an unvaccinated person is exposed, there is up to a 90% chance that they will become infected as well.

How is measles spread, and when do symptoms appear?

Measles spreads through **respiratory droplets** when an infected person coughs or sneezes. The virus can remain in the air and on surfaces for **up to 2 hours**, making transmission highly likely in shared spaces.

Symptoms typically appear 7 to 14 days after exposure and include: high fever, cough, runny nose, rash, and red, watery eyes (conjunctivitis).

Is the MMR vaccine the best protection against measles?

Yes. The MMR vaccine provides robust protection against measles, mumps, and rubella. Receiving **two doses** is the best way to ensure maximum protection.

MMR Vaccine Effectiveness for Measles[3]	
Doses	**Effectiveness**
One	~93%
Two	~97%

What to do if your patient does not know their vaccination status?

1. Check the patient's vaccination records or documentation of measles immunity.

OR

2. Consider a blood test to assess immunity level.

→ If no documented vaccination or immunity is confirmed, **the CDC recommends patients receive at least one dose**.

Created March 6, 2025

MMR Vaccination in Older Adults: FAQs

What if my patient received the inactivated (killed) measles vaccine?

- From 1963-1967, some patients may have received the inactivated (killed) measles vaccine or a vaccine of unknown type, which was later found to be ineffective. The CDC recommends that these patients receive **at least one dose of the live MMR vaccine** to ensure proper immunity.

Does my patient need an MMR booster if they already received two doses?

- Generally, no. Most individuals who have received two doses of the MMR vaccine are considered fully protected.

What about my patients born before 1957?

- The majority of people born before 1957 were likely naturally infected with measles and are **presumed to be immune**. However, health care professionals born before 1957 without laboratory evidence of immunity or disease should consider receiving two doses.

What about healthcare personnel during an outbreak in a healthcare facility?

- In the event of a measles outbreak in a healthcare facility or a healthcare facility serves a measles outbreak area, all healthcare personnel, regardless of birth year, who lack laboratory evidence of immunity or laboratory confirmation of disease should receive two doses of MMR vaccine.
- It is important that all individuals working at a healthcare facility have presumptive evidence of measles immunity to protect themselves as well as the patients.

What should a patient born after 1957 do if they only received one dose of measles vaccine as a child?

- One dose is sufficient, but adults at **high risk for transmission** (e.g., studying at post-high school institutions, health care workers, and international travelers) should receive **two doses spaced at least 28 days apart**.

What patients should NOT receive the MMR vaccine? (not all-encompassing list)

- Those with a severe allergy to any component of the MMR vaccine
- Pregnant individuals
- Severely immunocompromised patients (e.g., those undergoing chemotherapy, those with AIDS, or individuals with a congenital immune deficiency)

References:

1. Measles: Questions and Answers. Immunize.org. Published October 31, 2024. Accessed March 6, 2025. https://www.immunize.org/wp-content/uploads/catg.d/p4209.pdf.
2. Routine MMR vaccination recommendations: For Providers. Centers for Disease Control and Prevention. Updated August 2024. Accessed March 6, 2025. https://www.cdc.gov/vaccines/vpd/mmr/hcp/recommendations.html
3. Measles, Mumps, and Rubella (MMR) Vaccination: What Everyone Should Know. Centers for Disease Control and Prevention. Updated December 2024. Accessed March 6, 2025. https://www.cdc.gov/vaccines/vpd/mmr/public/
4. Vaccines & Diseases. Vaccinate Your Family. Updated December 23, 2024. Accessed March 6, 2025. https://vaccinateyourfamily.org/vaccines-diseases/?acc=Measles
5. How measles spreads. Centers for Disease Control and Prevention. Updated April 18, 2024. Accessed March 6, 2025. https://www.cdc.gov/measles/causes/index.html.
6. Measles symptoms and complications. Centers for Disease Control and Prevention. Updated May 9, 2024. Accessed March 6, 2025. https://www.cdc.gov/measles/signs-symptoms/index.html.

Created March 6, 2025