MMR Vaccine Q & A

By IAC Express News

Q: In regard to the current measles outbreak, some people are saying that children who have not had the vaccine should pose no threat to vaccinated people. It is my understanding that during an outbreak, vaccinated people can still contract it. Am I correct?

A: You are correct that vaccinated people can still be infected with infections against which they are vaccinated. No vaccine is 100% effective. Vaccine effectiveness varies from greater than 95% (for diseases such as measles, rubella, hepatitis B) to much lower (influenza this year 23%, and 60% in years with a good match of wild and vaccine viruses, and the acellular pertussis vaccines after 5 years or so provide only about 70% protection). Therefore, we encourage as many people as possible to be vaccinated, to avoid outbreaks, while working towards the development of better vaccines (such as for influenza and pertussis). More information is available for each vaccine and disease at www.cdc.gov/vaccines/vpd-vac/default.htm and www.immunize.org/vaccines.

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Q: We received a call from a healthcare provider who inadvertently administered MMR vaccine to a woman who was 2 months pregnant. Please advise as to appropriate action steps.

A: No specific action needs to be taken other than to reassure the woman that no adverse outcomes are expected as a result of this vaccination. MMR vaccination during pregnancy alone is not a reason to terminate the pregnancy. You should consult with the provider to determine if there is a way to avoid such vaccination errors in the future. Detailed information about MMR vaccination in pregnancy is included in the most recent MMR ACIP statement, available at www.cdc.gov/mmwr/pdf/rr/rr6204.pdf.

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Q: If a healthcare worker has a documented positive measles serology as evidence of immunity, do they need to wear an N95 mask when caring for a patient with measles?

A: Regardless of presumptive immunity status, all healthcare staff entering the room of a person with measles should use respiratory protection consistent with airborne infection control precautions (use of an N95 respirator or a respirator with similar effectiveness in preventing

airborne transmission). Because of the possibility, albeit low, of a laboratory error (or vaccine failure in a person whose presumptive immunity is based on vaccination alone) all healthcare providers should observe airborne precautions in caring for patients with measles. For more information on measles and measles vaccine for healthcare providers, see www.cdc.gov/measles/hcp/index.html.

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