Measles vaccination recommendations for children who live in or visit a county with measles spread and the adjacent counties[1]

Age	Number of previous vaccine doses	MMR vaccination[2] recommendations
0 - 6 months	0	• Vaccination is NOT recommended
6 - 11 months	0	• May receive an early dose of MMR vaccine immediately • May receive two additional doses of MMR vaccine on the regular schedule: ➢ First dose at 12-15 months ➢ Second dose at 4-6 years • Receive each dose at least 28 days apart
1 - 17 years	0	• May receive first dose of MMR vaccine immediately • May receive second dose of MMR vaccine at least 28 days later
	1	• May receive second dose of MMR vaccine at least 28 days after first dose
	2	• Fully vaccinated; no additional doses recommended

1. As of 4/29/25: Faulkner, Cleburne, Conway, Lonoke, Perry, Pulaski, Van Buren and White counties
2. MMR vaccine refers to the live-attenuated measles, mumps, and rubella (MMR) vaccine

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Measles vaccination recommendations for adults who live in or visit a county with measles spread and the adjacent counties[1]

If you were born	Number of previous vaccine doses	MMR vaccination[2] recommendation
Before 1957	N/A	• Likely had measles as a child; MMR vaccination not needed
Between 1957-1968	0	• May receive first dose of MMR vaccine immediately • May receive second dose of MMR vaccine at least 28 days later
	1 dose of inactivated (killed) MMR vaccine	
	1 dose of live-attenuated MMR vaccine	• May receive second dose of MMR vaccine
After 1968	0	• May receive first dose of MMR vaccine immediately • May receive second dose of MMR vaccine at least 28 days later
	1	• May receive second dose of MMR vaccine at least 28 days after the first dose
	2	• Fully vaccinated; no additional doses of MMR vaccine needed
Born In or After 1957	Unknown	• May receive first dose of MMR vaccine immediately • May receive second dose of MMR vaccine at least 28 days later[3]

1. As of 4/29/25: Faulkner, Cleburne, Conway, Lonoke, Perry, Pulaski, Van Buren and White counties
2. MMR vaccine refers to the live-attenuated MMR vaccine
3. It is not harmful to receive additional doses of MMR vaccine if the vaccination status is unknown.

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Measles, Mumps, and Rubella (MMR) Vaccine Recommendations for Specific Populations*

Pregnant Women	• **MMR vaccine is not recommended during pregnancy.**
Severely Immunocompromised People	• **MMR vaccine is not recommended for people with severe immunodeficiency** • **Severe immunodeficiency includes hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy, or people with HIV infection who are severely immunocompromised.**
Healthcare Personnel	• **Healthcare personnel without presumptive evidence of immunity should get two doses of MMR vaccine, at least 28 days apart.**

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

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Presumptive evidence of immunity to measles can be established in any of the following ways:

- Written documentation of adequate vaccines for measles, mumps, and rubella
  - Children should receive 2 doses of MMR vaccine
  - Adults and teens should have either 1 or 2 doses (depending on risk factors)
- Laboratory evidence of immunity
- Laboratory confirmation of disease
- Birth before 1957

Measles Vaccine Recommendations | Measles (Rubeola) | CDC

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. Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013

**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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