

Provider Guidance

Early MMR Vaccination for Infants (6–11 Months) During a Measles Outbreak



**SOUTH CAROLINA
DEPARTMENT OF
PUBLIC HEALTH**

Who Needs to Be Vaccinated?

- Infants in current outbreak area. See dph.sc.gov/2025MeaslesOutbreak
- Infants in surrounding geographic areas based on clinical decision making of provider
 - Based on likelihood of exposure if traveling/visiting outbreak area
 - If parents want early protection from measles exposure during outbreak or before planned international travel

Why Early Vaccination Matters

- Measles is highly contagious and can cause severe illness in infants:
 - 1 in 5 hospitalized, 1 in 20 develop pneumonia, 1 in 1,000 develop encephalitis.
 - 1 to 3 in 1,000 may die.
- Infants <12 months are at highest risk for severe complications.
- Early MMR vaccination (6–11 months) can reduce risk of disease and death during outbreaks.

CDC Recommendations for Outbreak Settings

- Infants aged 6–11 months living in or traveling to outbreak areas should receive one early dose of MMR
- This early dose is not counted toward the routine series
- Routine doses still needed at 12–15 months and 4–6 years
- Pediatricians should weigh benefits of early protection vs. slightly lower immune response in younger infants

Key Considerations

- Lower antibody levels may result from early vaccination, but later doses still build effective immunity
- No need for immune globulin (IG) post-exposure or home quarantine if infant has previously received one early MMR dose

- MMR is preferred over IG for infants 6–11 months if given within 72 hours of exposure. Infant would not quarantine if given MMR PEP
- If >72 hours post-exposure, IGIM/IVIG may be considered within 6 days of exposure. Infant would still need home quarantine.

Safety of MMR Vaccine

- MMR is safe and effective; serious adverse events are rare.
- Common side effects: mild fever, rash, sore arm
- Febrile seizures are rare and not associated with long-term health effects

Documentation & Follow-Up

- Infants who receive early dose should be scheduled for:
 - Routine Dose 1 at 12–15 months
 - Routine Dose 2 at 4–6 years
- Maintain clear documentation of all doses

Resources for Providers

- CDC Measles Info: <https://www.cdc.gov/measles>
- DPH Measles Outbreak information dph.sc.gov/2025MeaslesOutbreak