Vaccine Education Webinar Series

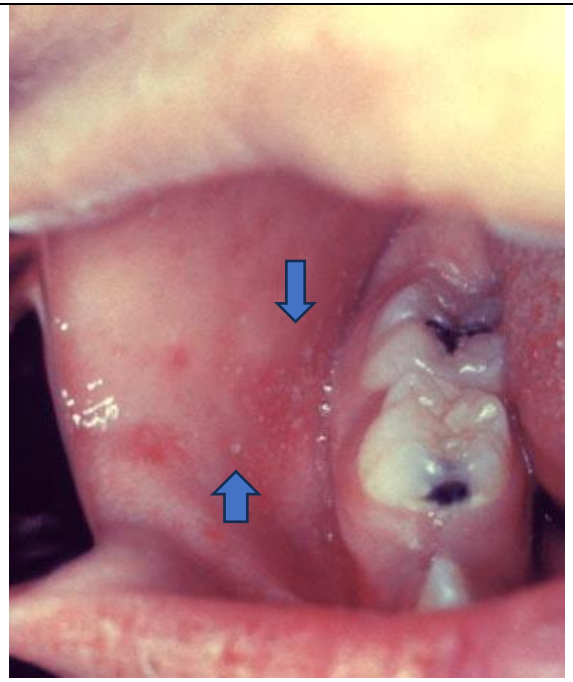
Presented by:

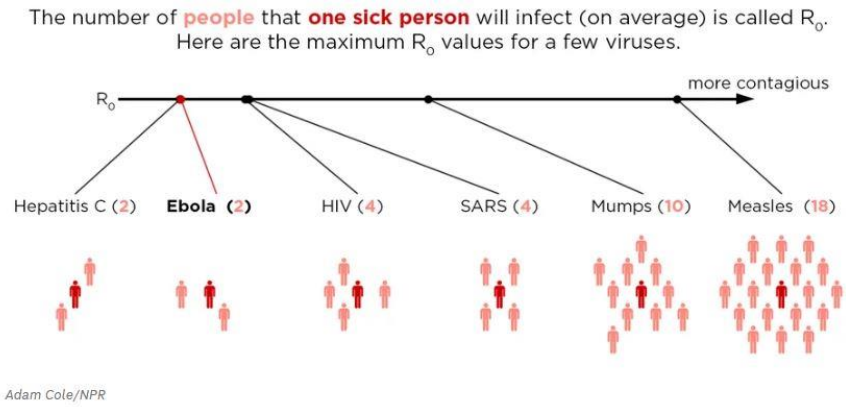
Massachusetts Chapter
OF THE AMERICAN ACADEMY OF PEDIATRICS
INCORPORATED IN MASSACHUSETTS

Massachusetts Adult Immunization Coalition

CMEs to be provided by the MA Department of Public Health

# Webinar Questions and Answers
# 2025 Vaccine Education Webinar Series
# Measles Update: Spring 2025
# May 1, 2025

| Question | Answer |
|---|---|
| Could one of the speakers please put up the photo of Koplik spots again and point to the actual Koplik spots? |  Reference: CDC |

| Question | Answer |
|---|---|
| How can one have religious exemption when vaccines were not invented before almost all religions were formed? | Information about the history of Vaccine Exemptions can be found here.<br>Reference: History of Vaccines. |
| Difference Ebola vs measles and highest infectivity |  <br>Reference: Alex Cole/NPR |
| If a health care provider has proven measles immunity and is not immunocompromised, why do they need to wear a N95 mask? | HCP should use respiratory protection (i.e., a respirator) that is at least as protective as a fit-tested, NIOSH-certified disposable N95 filtering facepiece respirator, regardless of presumptive evidence of immunity, upon entry to the room or care area of a patient with known or suspected measles.<br><br>Reference: Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings |
| If lab testing shows waning MMR values. Should they boost with one vaccine or two? | As long as a person has a positive IgG, there is no need to revaccinate. Please remember that 2, appropriately timed and documented doses of MMR supersede a negative titer. |
| If patient received one dose of MMR/varicella at 12 months and 2nd dose at 18months. Do they still need to get the 4 yo dose? | If the second MMR vaccine was separated from the previous one by at least 4 weeks, it can be counted as the second MMR. No additional doses are indicated. |
| Are schools still requiring vaccines be up to date before children can go? if not, when & why did this stop? | There are immunization requirements for school entry in MA. While MDPH outlines the required vaccines, local school districts are responsible for ensuring compliance to the stated requirements. |

| Question | Answer |
|---|---|
| Will we be able to get a copy of the slides for this presentation? | The slides and recording will be available on the MCAAP and MAIC websites a few days after the presentation. |
| Does the accelerated schedule of over one year and then 28 days later drop the effectiveness of the MMR vaccine? | If someone receives the first dose at 12-15 months - receiving the second dose between 1 and 4 years is fine, as long as the two doses are at least 28 days apart. |
| How common and for how long is arthralgia associated with the MMR especially in females? | Joint pain is associated with the rubella portion of MMR vaccine among people who do not have immunity to rubella. Joint pain and temporary arthritis happen more often after MMR vaccination in adults than in children. Women also experience this reaction more often than men. Joint pain or stiffness occurs in up to 1 in 4 of females past puberty who were not previously immune to rubella; their symptoms generally begin 1 to 3 weeks after vaccination, are usually mild and last about 2 days. These symptoms rarely come back.<br>Reference |
| I have heard that "in the past they had measles parties" as a way to discount the importance of getting vaccinated and the seriousness of getting Measles. What is a good, factual way to counteract that statement? | One possible response: The vaccine is very much safer than getting measles disease. Deliberately exposing children to measles carries risks. Measles complications can include pneumonia, encephalitis (brain inflammation) hospitalization and even death. I strongly recommend measles vaccination instead of measles exposure parties. |
| If an unvaccinated exposed contact gets an MMR shot within 72 hours of exposure, are they still required to quarantine for 21 days? | It may depend on the setting. If they are returning to a low-risk setting (for example, in a school where most kids are vaccinated, they may be able to return. In a healthcare setting, there may be some restrictions.) |
| If a child aged 12 months and older receives a 2nd dose of MMR at least 4 weeks after dose 1, do they need to still receive a dose at age 4-6 yrs? | As long as they were at least 12 months for the first dose and there were at least 4 weeks later for the second dose, they do not need another dose at 4-6 yrs. |
| If the 2nd early travel dose is given to a child over the age of 1 (and separated by 28 days). Are they considered up to date and will not need a third by age 4-6 | No 3rd dose needed as long as the two doses were appropriately timed. |
| For those of us who actually had measles in the 1950-1960's, is there any recommendation to get re-vaccinated? | If you had lab confirmed measles, you do not need MMR dose. If it is not lab confirmed, then one dose of MMR is recommended. |
| If someone has a known exposure, has unknown immunity or vaccination status, but is within the first 7-14 days post exposure, would a dose of MMR be recommended? | Yes - the vaccine would not be expected to prevent measles unless it is administered within the first 3 days after exposure. If administered after 3 days, it will not do harm and will provide protection going forward. |

| Question | Answer |
|---|---|
| Any concerns about supply of MMR vaccine if more doses are being given, or early doses are more frequent? | There don't appear to be any concerns about the vaccine supply (per a CDC call earlier this week) |
| If patient received 1st dose at 12months and 2nd dose at 18months or before 4 yo. Do they still need 1 dose at 4yo? | No. not if the first doses were appropriately timed. |
| When is a urine specimen for measles testing useful? | It could be used if the NP swab is not a good sample. It is not a preferred specimen. |
| For adults, if vaccination status is unknown and no titers are performed, is a two-dose series recommended or just a single dose? | Just one dose is needed, unless there is a high risk of transmission, such as international travel, college students, and health care professionals. |
| Should we prescreen sick patients prior to a sick visit? For example, if a patient has cough, congestion, fever, and a rash. Should they be seen outside the office, not inside? | You may want to see them as the last visit of the day to minimize contact with other patients. You should also ensure that all staff have evidence of immunity. |
| Where do we send patients to get serum testing drawn since we do not draw blood in our office? | You don't want to risk exposure at another medical facility. The swab for PCR may be sufficient to confirm or rule out measles. If blood is needed, the lab should be notified prior to sending the patient there so precautions can be taken. |
| Is there a preference: throat swab vs np swab? Is one more sensitive or accurate than the other? | The State Lab prefers the NP swab, but either are acceptable. |
| Are there examples available for effective press releases notifying the public of possible exposure at a public space? | Press releases are very specific for the actual situation. Epidemiologists can work with you should a situation occur. |
| Under the current administration, do we expect CDC data and recommendations in general and particularly regarding measles to continue to be accurate? | Currently, Measles Cases and Outbreaks data is reported weekly. A new CDC toolkit, *Be Ready for Measles*, was posted by CDC on May 1, 2025. |
| What were the circumstances around the high number of measles cases in MA in 2011 and 2018? | 2011 cases were mostly related to a person coming to MA for a school program. The person was exposed to a confirmed case of measles while on the plane from Europe. We only had 2 cases confirmed in 2018. |
| Is there any information about susceptibility for persons who are immunocompromised (due to medications, cancer, etc.) and did have 2 doses of MMR prior to becoming immunocompromised? | This can be a challenge. A good reference is https://www.cdc.gov/vaccines/hcp/imz-best-practices/altered-immunocompetence.html |