

# FREQUENTLY ASKED QUESTIONS

about Measles  
Vaccination and Immunity



**Q:**

## **Who is considered fully vaccinated against measles?**

- Children are recommended to receive 2 doses of MMR vaccine. Generally the first dose is given at 12–15 months of age and the second is given at 4–6 years of age, before school entry.
- Infants with increased risk of exposure (i.e. travel to outbreak areas) can receive their first dose as early as 6 months, and the 2nd dose as early as 4 weeks later.
- All adults without other evidence of immunity (see below) should ensure they have received at least 1 dose of a live, Measles-containing vaccine in their lifetime, on or after their first birthday.
- Adults at higher exposure risk, including students at post-secondary institutions, international travelers, and healthcare workers, should have 2 documented doses.

**Q:**

## **Does anyone have evidence of immunity to measles without being vaccinated?**

**A:**

Most people need one or two doses of a live, Measles-containing vaccine to have immunity to measles. The only exceptions are:

- Adults born prior to 1957
- Those with laboratory confirmation of a previous Measles infection

If you are not in one of these categories, you should ensure you are up-to-date on your MMR vaccines.

## **Q: How effective is the Measles vaccine? Does anyone need to be revaccinated or receive a booster?**

- The live, attenuated MMR vaccine is extremely effective at preventing Measles infection. One dose is generally at least 93% effective, and two doses provide 97% efficacy. The duration of protection is for life; unlike other vaccinations, the protection from the live MMR vaccine does not wane substantially over time – so if you are fully vaccinated (see above), you do not need a booster.
- From 1963–1967, an inactivated (killed) vaccine was available concurrently with the same live vaccine type that is still used today. The inactivated (killed) type was found to be ineffective. Anyone who received a documented inactivated (killed) vaccine, or vaccine of unknown type from 1963–1967 should be revaccinated with at least one dose of live attenuated vaccine. Any doses administered in 1968 or later can be considered a live type, as it has been the only type available since then.

## **Q: What should I do if I don't have or cannot obtain my vaccination records from childhood? Is there a test to check for immunity?**

Any adult lacking confirmed, documented immunity (as defined above) should receive one or two doses of MMR vaccine (spaced at least 28 days apart). This includes adults vaccinated before 1968 using inactivated (killed) or an unknown vaccine type. If your immunity is unknown due to lacking documentation of vaccination history, there is no harm in getting an “extra” dose of the MMR vaccine, if you don’t have other contraindications. However, vaccine supply is limited and so people are asked to be mindful of shortages, and avoid getting extra doses unless indicated (as defined above). If your immunity/vaccination status is unknown, you can also get a titer test. This test is done by drawing your blood and sending it to a lab that checks for antibodies to measles. While these tests are sometimes inconclusive, they can be an inexpensive way to confirm immunity in cases where vaccination history is unknown.