DSHS measles outbreak vaccination recommendations for children who live in or visit counties with ongoing measles transmission[1]

Age	Number of previous vaccine doses	MMR vaccine[2] recommendations
0 - 6 months	0	• Vaccine is NOT recommended
6 - 11 months	0	• Should receive an early dose of vaccine immediately • Should 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	• Should receive first dose immediately • Should receive second dose at least 28 days later
	1	• Should receive a second dose of MMR vaccine at least 28 days after first dose
	2	• Fully vaccinated; no additional doses needed

1. As of 4/7/25: Cochran, Dallam, Dawson, Gaines, Garza, Lynn, Lamar, Lubbock, Terry, and Yoakum counties
2. MMR vaccine refers to the live-attenuated MMR vaccine

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DSHS measles outbreak vaccination recommendations for adults who live in or visit counties with ongoing measles transmission[1]

If you were born	Number of previous vaccine doses	MMR vaccine[2] recommendation
Before 1957	N/A	• Likely exposed to measles as a child; vaccine not needed
Between 1957-1968	0	• Should receive first dose immediately • Should receive second dose at least 28 days later
	1 dose of inactivated MMR vaccine	
	1 dose of live-attenuated MMR vaccine	• Should receive second dose
After 1968	0	• Should receive first dose immediately • Should receive second dose at least 28 days later
	1	• Should receive a second dose of MMR vaccine at least 28 days after first dose
	2	• Fully vaccinated; no additional doses needed

1. As of 4/7/25: Cochran, Dallam, Dawson, Gaines, Garza, Lynn, Lamar, Lubbock, Terry, and Yoakum counties
2. MMR vaccine refers to the live-attenuated MMR vaccine

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Measles, Mumps, and Rubella (MMR) Vaccine Recommendations for Specific Populations*	
Pregnant Women	• **MMR vaccines are not recommended during pregnancy.**
Severely Immunocompromised Individuals	• **MMR vaccine is not recommended for individuals with severe immunodeficiency** • Severe immunodeficiency includes hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy or patients 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

Rev. 3/27/2025

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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)

rev. March 27, 2025

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