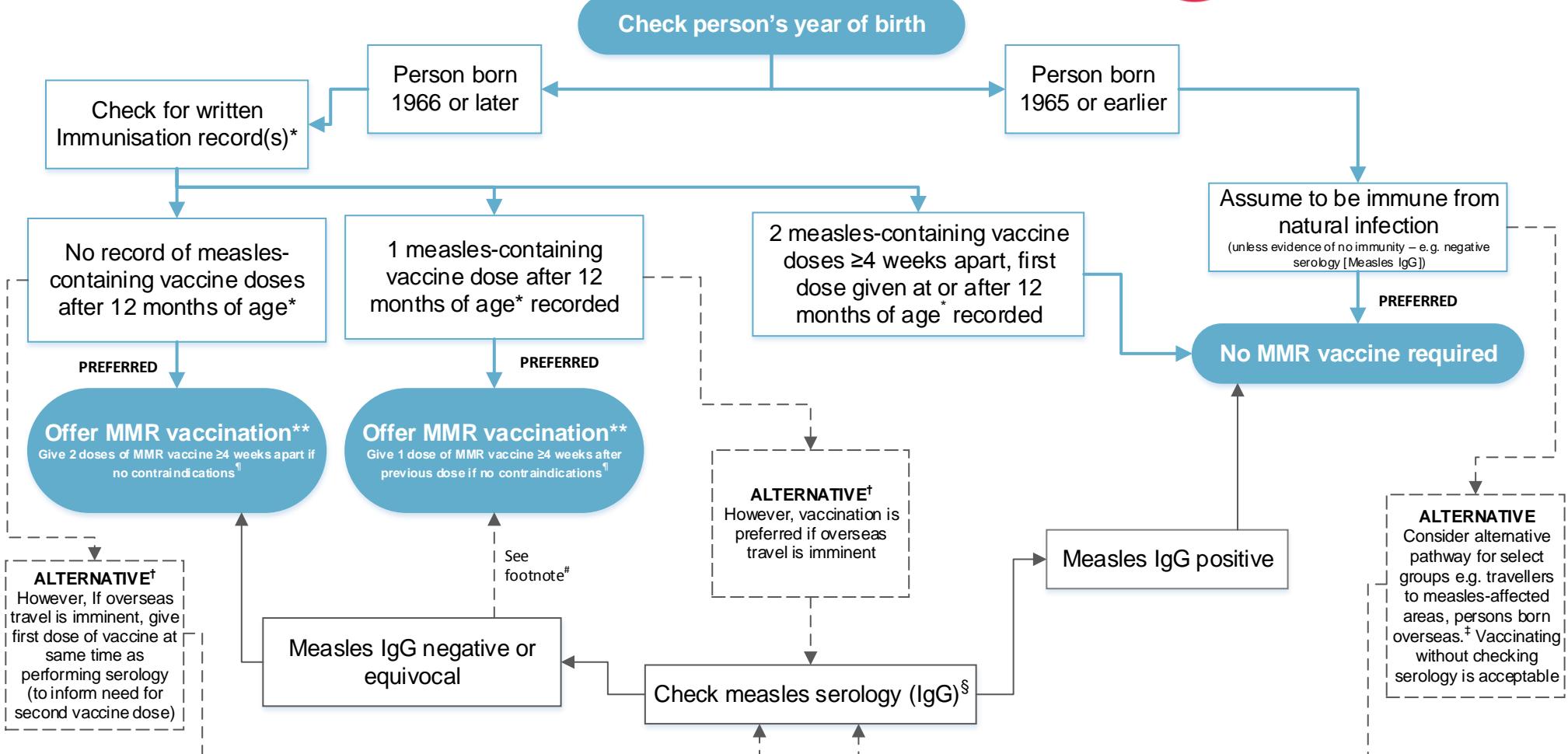


Measles vaccination catch-up guide for Australian immunisation providers



Footnotes:

^{*} Documentation may include personal health record (e.g. baby book), patient handheld record, GP or hospital medical record, or the Australian Immunisation Register (AIR) (1996 onwards, also available at myGOV). People born between 1966 and the mid-1990s have a greater likelihood of being under-vaccinated as a 2 dose recommendation was not introduced until November 1992. If past history of measles disease, but no documentation available, proceed as per 'no record' option.

[†] Confirmation of protection in these individuals may be beneficial. Repeating MMR vaccination, even if immune to measles, mumps or rubella, is safe.

[‡] Mumps and rubella serology is optional and can be considered, particularly in females of childbearing age, to ensure immunity to rubella.

[§] Contraindications to MMR vaccination include immunocompromise, pregnancy or previous anaphylaxis to MMR vaccine or one of its components. Refer to the [Australian Immunisation Handbook](#) for details.

[¶] One vaccine dose may be appropriate in a person with a single previously documented dose or in a person with equivocal serology who is likely to have previously had a dose/s but has no documentation of same.

^{**} MMR vaccine is available from GPs and in some states directly from pharmacists.

[†] Alternative pathway (i.e. check measles serology) may be considered if:

- 1) shortage of MMR vaccine,
- 2) high likelihood of previous infection and natural immunity (e.g. refugees or overseas-born),
- 3) high likelihood of having received all NIP vaccinations (e.g. individuals born in Australia from the mid-1990s onwards),
- 4) patient preference to avoid vaccination and they are likely immune.

Generally, it is preferable to immunise without performing serology to minimise missed opportunities to vaccinate. Repeating MMR vaccination, even if immune to measles, mumps or rubella is safe.