

Measles Outbreaks, Early MMR: Implications for VacLogic+

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Many pediatric practices are being impacted by measles outbreaks in their regions and are working hard to give appropriate care and advice to their patients and families.

Some additional resources have been added in the public domain for families on [healthychildren.org](https://www.healthychildren.org) such as:

- **Protecting Your Baby From A Measles Outbreak**

This includes the following statement for parents:

"If you live in a community experiencing an outbreak, or if you travel internationally, your baby may be vaccinated as early as 6 months of age. Talk with your pediatrician if this applies to you."

- **How to Protect Your Child During a Measles Outbreak**

Guidance regarding the [use of MMR and MMRV vaccine from the CDC](#) includes the following:

"The minimum age for both MMR and MMRV is 12 months of age. The typical age for the second dose of either vaccine is at 4 to 6 years of age. The maximum age MMRV for administration is 12 years of age. It should not be administered to anyone 13 years of age or older."

The minimum interval between MMR doses is 4 weeks (28 days). The minimum interval between MMRV doses is 3 months."

Since measles is a live virus, our first reaction might be to question what to do about rotavirus vaccine. According to the [Pink Book](#):

"Parenteral live vaccines (MMR, MMRV, varicella, zoster, and yellow fever) and LAIV are not believed to have an effect on live vaccines given by the oral route (OPV, oral typhoid, and rotavirus). Live oral vaccines may be given at any time before or after live parenteral vaccines or LAIV."

Office Practicum's current VacLogic+ did not account for the "live vaccine state" for rotavirus and MMR. In general, live vaccines must be given 28 days apart if not given on the exact same day. Since the routine ACIP schedule doesn't account for MMR (usually given at 12 months of age as the earliest according to routine schedule) being given at the same time as rotavirus (not to be given after the patient is 8 months of age), VacLogic doesn't currently know how to handle this information. The oral rotavirus vaccines should not be counted in the 28-day interval rule.

Currently, if the two vaccines are administered on the exact same day, VacLogic+ will behave as you would expect: the MMR will look red or "invalid" on the immunization forecast (which it is for eventual effective dose counting), but the practice will understand the medical decision-making behind why the vaccine was given early. In fact, the provider will be asked to confirm if they really meant to order the MMR early and the clinical staff who does vaccine administration will also receive the same alert. They both should confirm, in fact, that a medical decision was made to protect the patient outside the routine schedule. VacLogic+ will continue to forecast the patient as requiring a dose of MMR beginning at age 12 months.

However, if the MMR and rotavirus are not given on the exact same day, OP is not programmed to follow the Pink Book recommendations above. If the MMR was given prior to an anticipated third dose of rotavirus vaccine, OP's current VacLogic+

will incorrectly do the following:

- Will fail to forecast the third rotavirus as needing to be given until a 28 day live vaccine minimal interval is met (this is not correct according to the information above). **Ordering providers must be aware and order the rotavirus vaccine as per normal office protocols when indicated.**
- When ordered, the ordering provider and clinical staff will get alerts indicating that rotavirus vaccine is not indicated due to insufficient time between live viruses. **Ordering providers and clinical staff should acknowledge those alerts and continue to proceed.**
- The rotavirus vaccine will appear as a red/invalid dose on the vaccine overview which is incorrect.

OP's team is actively working on a solution to correct this functionality in VacLogic+. In the meantime, we would like all of our practices to protect their children according to Best Practices, using evidence-based recommendations, in accordance with ACIP and the CDC. This is especially important during outbreak conditions. When a new version is available, specific changes will be communicated in the release notes.
