IOWA | Health and Human Services

MMR II Vaccine Summary

April 2025

Food and Drug Administration (FDA)

On January 30, 2014, the FDA licensed MMR II for use in individuals aged 12 months and older.

Advisory Committee on Immunization Practices (ACIP)

Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013: Summary Recommendations of the Advisory Committee on Immunization Practices (ACIP)

ACIP Recommended Schedule for MMR Vaccine

M-M-R II is a vaccine indicated for active immunization for the prevention of measles, mumps, and rubella.

Anyone born after 1957 should be able to produce documentation of two doses of a live-attenuated measles vaccine. **Anyone without documentation of a measles vaccine who is in doubt about their vaccine status should receive at least one dose of MMR.**

Healthcare personnel, international travelers, and students at post-high school educational institutions should receive two doses of MMR, separated by at least 28 days (https://www.cdc.gov/vaccines/vpd/mmr/public/index.html).

Interchangeability

PRIORIX and M-M-R II are fully interchangeable. ACIP General Best Practices for Immunization states a preference that doses of vaccine in a series come from the same manufacturer; however, vaccination should not be deferred when the manufacturer of the previously administered vaccine is unknown or when the vaccine from the same manufacturer is unavailable.

Timing of Vaccination and Coadministration with Other Vaccines

MMR II can be administered concomitantly, at different anatomic sites, with other routine vaccines. Live virus vaccines not given on the same day should be separated by ≥ 4 weeks.

Recommended Dosage and Administration

The recommended dose of MMR II is 0.5mL administered as a subcutaneous or intramuscular injection.

How Supplied

MMR II is a suspension for injection (approximately 0.5 mL dose) supplied as a lyophilized vaccine to be reconstituted using accompanying sterile diluent. Before reconstitution, the lyophilized vaccine is a light yellow compact crystalline plug. M-M-R II, when reconstituted, is a clear yellow liquid. Do not use the reconstituted vaccine if particulates are present or if it appears discolored.

Administer M-M-R II immediately after reconstitution. If not used immediately, the reconstituted vaccine may be stored between 36°F to 46°F (2°C to 8°C), protected from light, for up to 8 hours. Discard reconstituted vaccine if it is not used within 8 hours.

Vaccine Storage and Handling

Vaccine Vial

Exposure to light may inactivate the vaccine viruses. To maintain potency, M-M-R II must be stored between -58°F and +46°F (-50°C to +8°C). Use of dry ice may subject M-M-R II to temperatures colder than -58°F (-50°C). Before reconstitution, refrigerate the lyophilized vaccine at 36°F to 46°F (2°C to 8°C).

Sterile Diluent

The sterile diluent should be stored in the refrigerator (36°F to 46°F, 2°C to 8°C) or at room temperature (68°F to 77°F, 20°C to 25°C). **Do not freeze the sterile diluent.**

Precautions

- Moderate or severe acute illness with or without fever
- Recent (within 11 months) receipt of antibody-containing blood products. Specific interval depends on product type. See www.cdc.gov/vaccines/hcp/imz-best-practices/timing-spacing-immunobiologics.html, Table 3-6, for more information.
- History of thrombocytopenia or thrombocytopenic purpura
- Need for tuberculin skin testing or interferon gamma release assay (IGRA) testing

Contraindications

- History of a severe allergic reaction (anaphylaxis) to any component of the vaccine or following a previous dose of any measles, mumps, and rubella virus containing vaccine

- Pregnancy (pregnancy should also be avoided for 1 month after receipt of MMR vaccine)
- Severe immunosuppression from either disease or therapy
- Family history of altered immunocompetence, unless verified clinically or by laboratory testing as immunocompetent
- Always consult the package insert for precautions, warning and contraindications and the most current guidance from CDC.

Reporting of Adverse Events

Adverse events following administration of any vaccine should be reported to the Vaccine Adverse Event Reporting System (VAERS). Reports can be submitted to VAERS online, by fax, or by mail. Additional information about VAERS is available by telephone (1-800-822-7967) or online (https://vaers.hhs.gov).