

<b>Measles Postexposure Recommendations</b>				
	Health Education	Symptom Monitoring	Quarantine	Postexposure Prophylaxis
Written Documentation of Vaccine <sup>1</sup>	Yes	Yes, self-monitoring; 21 days	N/A	N/A
Laboratory Evidence of Immunity <sup>2</sup>	Yes	Yes, self-monitoring; 21 days	N/A	N/A
Laboratory Confirmation of Prior Disease <sup>3</sup>	Yes	Yes, self-monitoring; 21 days	N/A	N/A
Birth Before 1957	Yes	Yes, self-monitoring; 21 days	N/A	N/A
<b><u>No Presumptive Immunity</u></b>	Yes	Yes, active daily monitoring; 21 days*  *Can self-monitor if measles vaccine given within 72 hours and if contact is NOT returning to a healthcare setting (e.g., healthcare worker, patient, etc.)	Yes; 21 days*  *Quarantine can be discontinued if measles vaccine given within 72 hours and if contact is NOT returning to a healthcare setting (e.g., healthcare worker, patient, etc.)	Measles vaccine recommended within 72 hours of exposure <sup>4</sup>
High-Risk Contacts with No Presumptive Immunity (Aged <6 months <sup>5</sup> , pregnant persons, immunocompromised individuals)	Yes	Yes; active daily monitoring (21 days if no IG given; <b>28 days if IG given</b> )	Yes; 21 days if no IG given; <b>28 days if IG given</b>	Measles vaccine not recommended for these individuals.  Immune globulin (IG) recommended within <b>6 days</b> of exposure <sup>6</sup>

1. Written documentation of adequate vaccination in accordance with Advisory Committee on Immunization Practices (ACIP) recommendations: [Child and Adolescent Immunization Schedule](#); [Adult Immunization Schedule](#). Contacts that can provide documentation of one dose of MMR vaccine do not need to quarantine but should be monitored for 21 days for signs and symptoms consistent with measles.
2. Documentation of serology titers (IgM; IgG) showing adequate immune response.
3. Documentation of isolation or detection of measles virus during a previous disease course.
4. Contacts who might be susceptible should be immunized with measles vaccine as soon as possible after exposure. Measles vaccine given within 72 hours after exposure may prevent or modify the disease.
5. Measles vaccine can be given as post-exposure prophylaxis to children aged 6 months to 1 year; children vaccinated before their first birthday should be revaccinated when they are 12–15 months old and again when they are 4–6 years of age.
6. Immune globulin (IG) can prevent or modify measles in a susceptible person if given within six days of exposure. If IG is administered, the monitoring and quarantine period is extended to 28 days. Administration of MMR or varicella vaccines must be delayed by 6 months after administration of intramuscular IG and by 8 months after intravenous IG.