

In response to increasing measles cases internationally, the [Publicly Funded Vaccine/Immunoglobulin Eligibility Policy](#) was updated for the measles, mumps, and rubella (MMR) vaccine. Updated eligibility criteria are shown in the chart below and outline recommended use of publicly funded MMR and MMRV vaccines in Nova Scotia.

Abbreviation	National Active Immunizing Agent (Type)	Vaccine Products e.g.	Eligibility
MMR	Measles, mumps, rubella	MMR 11 Priorix	<ul style="list-style-type: none"> • Routine immunization of children if not receiving MMRV. • Immunization of children 6 months to less than 12 months of age travelling to regions where measles is endemic or there is substantial community-based transmission during an outbreak. (Consult local public health if unsure) (https://travel.gc.ca/travelling/health-safety/travel-health-notices) • Adults born before 1970 without measles immunity** travelling to regions where measles is endemic or there is substantial community-based transmission during an outbreak- 1 dose of measles-containing vaccine • Adults born in 1970 or later without measles immunity** • Students born before 1970 in post-secondary education settings without measles immunity** – 1 dose of measles-containing vaccine • Health care workers regardless of age and year of birth- 2 doses of measles-containing vaccine • Post-partum women who are found to be non-immune to rubella • Post-exposure immunization (Measles, Mumps and Rubella) • Outbreak control • *Pre-exposure immunization for the following high-risk conditions once immunocompetent: <ul style="list-style-type: none"> ○ Hematopoietic stem cell transplant (HSCT) ○ HIV ○ Immunosuppressive therapy ○ Solid organ transplant <p>**Measles immunity is defined as: Documentation of vaccination: <ul style="list-style-type: none"> ○ If born in or after 1970: 2 doses ○ If born before 1970: 1 dose OR History of laboratory confirmed infection OR Laboratory evidence of immunity</p>

Abbreviation	National Active Immunizing Agent (Type)	Vaccine Products e.g.	Eligibility
MMRV	Measles, mumps, rubella & varicella	Priorix Tetra	<ul style="list-style-type: none"> • Routine immunization of children, less than 13 years of age, born 2006 and later and not previously immunized with MMR and Varicella are eligible for 2 doses • Infants 6 months to less than 12 months of age who received one dose of MMR for travel still require the routine childhood 2 dose schedule • *Pre-exposure for the following high-risk conditions in children less than 13 years of age, once immunocompetent: <ul style="list-style-type: none"> ○ Hematopoietic stem cell transplant (HSCT) ○ HIV ○ Immunosuppressive therapy ○ Solid organ transplant

Image accurate as of March 28, 2025

1. What changes were made to measles containing vaccine eligibility?

- Eligibility was expanded to include one dose of MMR vaccine for individuals born before 1970 without measles immunity travelling to regions where measles is endemic or there is substantial community-based transmission during an outbreak.
- Eligibility was expanded to include one dose of MMR vaccine for students born before 1970 without measles immunity in post-secondary education settings.
- Eligibility was expanded to include two doses of measles-containing vaccine for health care workers without measles immunity regardless of age and year of birth.
- A definition of measles immunity was added:
 - Documentation of vaccination:
 - If born in or after 1970: 2 doses
 - If born before 1970: 1 dose

- OR - History of laboratory confirmed infection
- OR - Laboratory evidence of immunity

2. How do I determine if a travel destination meets criteria of a “region where measles is endemic or there is substantial community-based transmission during an outbreak”?

- The [Public Health Agency of Canada](#) outlines countries where measles is endemic and countries with substantial transmission during a measles outbreak. People travelling to these destinations are strongly encouraged to be up to date on measles-containing vaccination.
- Individuals pursuing travel to regions not listed may also be considered for travel-related MMR vaccination appropriate for their age.

3. How do health care providers determine if a patient has received a measles-containing vaccine in the past?

- Health care providers along with their patients should make their best effort to determine vaccine history.
- Documentation of vaccine histories can be found in multiple locations. Inquire with your patient whether they have any of these records, including records from other provinces or territories.
- The most common locations are outlined below:
 - Personal immunization records held by the recipient or a parent/guardian, which may be handwritten, printed, or digital formats.
 - Immunization records maintained by a health care provider who administered the vaccine, including primary care providers, specialty clinics, travel clinics, occupational health offices, and community pharmacies (DIS).
 - Provincial immunization registries
 - The provincial immunization registry maintained by Public Health in Nova Scotia is called Panorama. Individuals 16 years of age and older with a NS health card may access their own Panorama record using the [VaxRecordNS](#) webpage or app. Parents or guardians can access the records of their dependents who are under 16 years of age. More information about accessing provincial immunization records including options for those without digital access can be found on the [VaxRecordNS FAQ page](#).
 - Individuals who do not have access to YourHealthNS can contact their local public health office to request their immunization records [Public Health | Nova Scotia Health](#).
- If a patient requires a full vaccine eligibility assessment for all privately and publicly funded vaccines, the NS Health Vaccine Consult Service can complete a Best Possible Vaccination History and eligibility assessment on a referral basis.

4. If measles immunity cannot be confirmed prior to travel, can the patient be immunized?

- Children and adults who are susceptible to measles, including those lacking adequate documentation of immunization, should be started on an immunization schedule appropriate for their age and risk factors. Measles-containing vaccine may be given regardless of possible previous receipt of the vaccine because additional adverse events associated with repeated immunization have not been demonstrated.

5. Which measles containing vaccine should an infant aged 6 to less than 12-months-old receive for the purpose of protection during travel?

- Measles vaccines should be given at an earlier age than usual for children travelling to regions where measles is endemic or there is substantial community-based transmission during an outbreak.
- Measles containing vaccine are routinely authorized for children 12 months and over however for protection during travel, the Canadian Immunization Guide states MMR (not MMRV) vaccines can be administered as early as 6 months of age.
- An MMR vaccine given to an infant aged 6 to less than 12-months-old is not a replacement for routine MMRV vaccines offered in childhood. An infant who receives one dose of MMR vaccine also requires the routine childhood 2-dose schedule of MMRV vaccine at 12 and 18 months of age to ensure long lasting immunity (provided it has been 4 weeks since the administration of their MMR dose).
- Infants under 6 months of age are not considered for MMR vaccination because effectiveness and safety have not been established in this age group.
- Priorix Tetra® (MMRV) is authorized for use from 9 months of age however the use of MMRV vaccine under 12 months of age is not recommended and not publicly funded. Guidance on the administration of subsequent varicella vaccinations in this scenario is lacking.

6. If a patient born in or after 1970 has 2 documented doses of a measles-containing vaccine, do they require a booster or an additional dose prior to travel?

- No. Individuals who have all recommended doses of a measles-containing vaccine are considered fully immunized for life.

7. If a patient born before 1970 has one or more documented doses of measles-containing vaccine, do they require a booster?

- People born before 1970 are generally presumed to have acquired natural immunity due to high levels of measles circulation before 1970.
- If being assessed for travel, people in this age cohort with one dose of measles-containing vaccine are considered fully immunized and do not require a booster.

8. If a patient does not have documentation of measles vaccination and is unsure of their vaccine or measles history, should they get serology?

- Serologic testing is not recommended before or after receiving measles-containing vaccine.
- Despite having immunity from natural infection or vaccination, antibodies may fall below the threshold to indicate immunity in the laboratory test.
- Immunity is defined in the MMR section of the [Publicly Funded Vaccine/Immunoglobulin Eligibility Policy](#). If measles immunity cannot be established, proceed with vaccination appropriate for age and eligibility.

9. If MMR vaccine is unavailable due to clinic stock or inventory, can MMRV vaccine be administered instead?

- MMRV vaccine is authorized for use in, and is publicly funded for, routine immunization and immunization in some high-risk conditions of children less than 13 years of age.
- Individuals 13 years of age and older requiring vaccination for MMR and/or varicella, should receive the univalent MMR and univalent varicella vaccines as separate injections.

10. In which populations are measles-containing vaccines (MMR and MMRV) contraindicated?

- MMR and MMRV are live attenuated vaccines and therefore contraindicated in:
 - individuals with [weakened immune systems](#) due to disease or medications and
 - pregnant individuals.
- Individuals with a history of severe allergic reactions to previous doses or any of its components should not receive measles-containing vaccines.

11. What if a patient born before 1970 wants a dose of MMR vaccine and does not have plans for travel?

- Publicly funded measles-containing vaccines are used following the eligibility criteria defined in the [Publicly Funded Vaccine/Immunoglobulin Eligibility Policy](#).
- People born before 1970 are presumed to have acquired natural immunity due to high levels of measles circulation before 1970.
- Based on the measles epidemiology in Nova Scotia as of March 28, 2025, MMR vaccine is not recommended for individuals born before 1970 who are not planning travel to regions where measles is endemic or there is substantial community-based transmission during an outbreak.
- Public Health guidance reflects local epidemiology which is regularly monitored to determine if changes in eligibility policy are required.

12. What is the recommended route of administration for measles-containing vaccines?

- The NS Health Public Health [Routine Vaccine Administration Guide](#) outlines routes of administration for MMR and MMRV vaccines.
- The authorized routes of administration for individual products are outlined below:
 - Priorix® (MMR) is preferentially administered by the subcutaneous route but can also be administered by intramuscular injection.
 - MMR®II (MMR) can be administered by subcutaneous or intramuscular injection.
 - Priorix®-Tetra (MMRV) can be administered by subcutaneous or intramuscular injection.
 - ProQuad® (MMRV) can be administered by subcutaneous or intramuscular injection.

13. Who should I call if I have further questions?

- Privately and publicly funded vaccine clinical questions: NS Health Vaccine Consult Service (8:30am-4:30pm, 7days/week)
 - Phone: 1-833-768-1151, Fax: 1-902-425-6707, Email: VaccineConsult@nshealth.ca
- Publicly funded vaccine ordering, delivery, and storage questions: Provincial BioDepot
 - Phone: 902-481-5813, Email: publichealthvaccineorders@nshealth.ca
- Publicly funded vaccine policy and eligibility questions: Local public health office: [Public Health | Nova Scotia Health](#)