

Table 4.9.2: Post-exposure prophylaxis required within 72 hours of first exposure for persons exposed to measles (adapted from *Measles: national guidelines for public health units*)⁴⁰

Age or immune status	Measles-mumps-rubella (MMR) vaccination history		
	0 doses MMR or unknown	1 dose MMR	2 doses MMR
Immunocompromised (any age)	Normal human immunoglobulin (NHIG) 0.5 mL/kg to maximum of 15 mL	NHIG 0.5 mL/kg to maximum of 15 mL	NHIG 0.5 mL/kg to maximum of 15 mL
Birth to 5 months	NHIG 0.2 mL/kg <i>only</i> if mother has had <2 doses of MMR and no history of past measles infection or negative maternal IgG (otherwise <i>no</i> NHIG)	Not applicable	Not applicable
6 to 8 months	NHIG* 0.2 mL/kg	Not applicable	Not applicable
9 to 11 months	MMR now, then repeat dose at 12 months of age or 4 weeks later (whichever is later) [†]	Not applicable	Not applicable
12 months to <18 months	MMR [†]	MMRV (or MMR if already immunised against varicella), at least 4 weeks after initial dose of MMR	Nil necessary
≥18 months and born during or since 1966	MMR if not pregnant ^{†§} If pregnant: check IgG if time; offer NHIG (0.2 mL/kg to maximum of 15 mL) [¶]	MMR or MMRV (based on age) if not pregnant If pregnant: check IgG if time; offer NHIG (0.2 mL/kg to maximum of 15 mL) [¶]	Nil necessary

* NHIG is required because maternal antibody will have partially waned and vaccination is not as reliably effective in this age group compared with older infants.

† The 2nd scheduled dose of MMR-containing vaccine (MMRV) should then be given at 18 months of age, with a minimum interval of 4 weeks after the previous dose of MMR vaccine (refer to 4.9.7 *Recommendations* above).

‡ A subsequent dose of MMR-containing vaccine (MMR or MMRV) should be provided at least 4 weeks after the 1st valid dose (a valid dose is one given at ≥12 months of age) to complete a 2-dose vaccine schedule (refer to 4.9.7 *Recommendations* above).

§ In children aged ≥4 to <14 years, MMRV vaccine could also be used as dose 1 if the child has not been previously immunised against varicella (refer to 4.9.7 *Recommendations* above).

¶ Consult public health authority (and/or obstetrician or GP) about interpretation of IgG results and use of NHIG.