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Two Doses of MMR Vaccine

In 1989, the American Academy of Pediatrics (AAP) and the Immunization Practices Advisory Committee (ACIP) recommended a major change in national vaccination policy. Both groups recommended that routine childhood vaccinations include two doses, rather than one dose, of measles-mumps-rubella (MMR) vaccine. The first dose was recommended at age 12 or 15 months and the second dose at elementary (ACIP) or secondary (AAP) school entry. The ACIP also recommended a second dose of MMR vaccine for college students and students attending other post-high school educational institutions who were born after 1/1/57, and medical personnel beginning employment who were born before 1957.

Understandably, confusion has grown because:

- . recommendations from AAP and ACIP are not identical,
- . current lack of funding makes impossible the provision of the second dose of MMR to all those covered by the recommendations,
- . recommendations for childhood vaccine differ in areas at high risk for measles transmission or during measles outbreaks,
- . many people do not know if a second dose of MMR is required,
- . and different physicians and health care providers are making differing recommendations about the second dose of MMR vaccine.

Because the epidemiology of measles and the effectiveness of immunization programs are very different in different parts of the United States, the national Centers for Disease Control, AAP, and ACIP all have stressed that the new recommendations need to be implemented flexibly based on local needs and experience.

"Priorities in implementation. Some localities may not be able to implement the two dose schedule until adequate resources can be obtained. Current federal grant funds were appropriated based on a single dose schedule. Thus, at the present time, projects cannot rely on federal support to implement the new schedule. As localities seek resources, the highest priority should be to continue the one dose schedule. This program should not be compromised. The second priority should be implementation of the more aggressive outbreak control revaccination strategies. The third priority should be implementation of a routine two dose schedule."

Alan Hinman, M.D., M.P.H., Assistant Surgeon General, Director, Center for Prevention Services November 21, 1989

Nevertheless, I would state unequivocally that if one has to make a decision with regard to disposition of funds or of vaccine, the first priority should go to getting the first dose into young infants."

Stanley A. Plotkin, M.D., Chairman, Committee on Infectious Diseases, American Academy of Pediatrics

The Alaska DPH is absolutely committed to childhood vaccination. Alaska was the first state to eradicate measles and rubella - no cases occurred from 1973-1976. Alaska led the national effort to improve immunization rates through school and daycare vaccination requirements. Vaccination of children and adults is one of the highest priorities of the state's public health nurses and immunization program staff. Our success in controlling these childhood diseases is outstanding, even taking into account the measles outbreak that we experienced earlier this year. As careful epidemiologic investigation established, this recent measles outbreak would not have been prevented even if the new, expanded MMR vaccine recommendations had been in effect.

Implementation of AAP and ACIP recommendations for routine MMR revaccination in the absence of adequate funds and vaccine supply could seriously compromise our existing, effective program. Policies for MMR vaccine in Alaska are and will continue to be under active review and intense study.

"As far as individual policy is concerned, we hope the recommendations will be written and interpreted with sufficient flexibility to enable different areas to approach the problem in selected ways appropriate for their populations."

Samuel L. Katz, M.D., Chairman, Immunization Practices Advisory Committee

At this time, the Alaska Division of Public Health (DPH) recommends the following:

- . **The highest priority of the DPH is to insure that all children in Alaska receive the first dose of MMR.**
- . **The DPH does not recommend implementing the two dose MMR vaccine recommendations at this time in Alaska.**

. Two doses of MMR vaccine are not required for school entry in Alaska.

. DPH is not supplying MMR vaccine for routine revaccination at this time. Physicians who wish to administer a second MMR vaccine dose to their patients in accordance with ACIP or AAP recommendations must purchase their own MMR vaccine for that purpose. MMR vaccine supplied by the DPH should be used only for an individual's first dose.