



Indiana State
Department of Health
Epidemiology Resource Center

Measles FAQ

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Q: Why have there been more measles cases in the U.S. in recent years?

A: Experts say the increase in measles cases in recent years to:

- An increased number of cases of measles in countries to which Americans often travel, raising the chance for the importation of the disease into the U.S.
- The spread of measles in U.S. communities where pockets of unvaccinated people live

Case counts for the past few years in Indiana can be found in the table below. Indiana had no cases in the several years prior to 2011.

Year	Number of Cases
2014	1
2013	2
2012	15
2011	14

For details about the increase in cases by year, see [Measles Outbreaks](#).

Q: If my chance of getting the disease is low, why do I need to get myself or my child vaccinated?

A: It is true that vaccination has reduced measles and most other vaccine-preventable diseases to very low levels in the United States. However, measles is still very common—even at epidemic levels—in other parts of the world. Visitors to the U.S. and unvaccinated U.S. travelers returning from other countries can unknowingly bring (import) measles into the United States. The measles virus is very contagious and can live for up to two hours on a surface or in an airspace where an infected person coughed or sneezed. Nine out of ten individuals who are not immune to the disease will become infected with measles should they come in contact with a person who is ill. Thus, even one case of measles can cause the disease to spread very quickly if many people are unvaccinated or not immune.

To protect your children, yourself, those who cannot medically be vaccinated, and others in the community, it is important to be vaccinated against measles. You may think your chance of getting measles is small, but the disease still exists and can still infect anyone who is not protected.

Q: How effective is the measles vaccine?

A: Measles vaccine is given as a combination vaccine for measles, mumps, and rubella (MMR). The measles component of this vaccine protects about 93% of people from

infection after the first dose. Approximately 97% of people with two doses develop immunity.

Q: Can I still get measles if I am completely vaccinated?

A: Very few people—about 3 out of 100—who get two doses of measles vaccine will still get measles if exposed to the virus. Experts aren't sure why; it could be that their immune systems didn't respond as well as they should have to the vaccine. But the good news is that fully vaccinated people who get measles are much more likely to have mild illness and less likely to spread the disease to other people, including people who can't get vaccinated because they are too young or have weakened immune systems.

Q: Do I ever need a booster vaccine if I had two doses as a child?

A: No. People who received two doses of measles vaccine as children, and the doses were given according to the U.S. vaccination schedule, are considered protected for life and do not ever need a booster dose.

Adults need at least one dose of measles vaccine, unless they have evidence of immunity. Adults who will be in a setting that poses a high risk for measles transmission (e.g. school/daycare staff, college students, healthcare personnel, and international travelers), should make sure they have had two doses of the vaccine, separated by at least 28 days.

Q: I'm an adult and I am unsure about my immune status. What should I do to make sure I'm protected?

A: If you're unsure whether you're immune to measles, you should first try to find [your vaccination records](#) or documentation of measles immunity. If you were not vaccinated in Indiana, or you cannot find your information in the immunization registry, try contacting your previous health care providers, the high school(s) you attended, colleges/university health or housing services where you were a student, or family members to see if you can acquire your records through those sources. If you do not have written documentation of measles immunity, you should get vaccinated with the measles-mumps-rubella (MMR) vaccine. Another option is to have a doctor test your blood to determine whether you're immune, but this option is likely to cost more and may take two doctor's visits. There is no harm in getting another dose of MMR vaccine if you may already be immune to measles (or mumps or rubella).

Q: What are the school vaccination requirements for measles in Indiana?

A: Children in childcare must have the age appropriate doses of measles vaccine. Children entering kindergarten through twelfth grade must have two

appropriately-given doses of MMR vaccine. Students entering college/university must have two appropriately-given doses of MMR vaccine. Indiana does allow religious and medical exemptions to this school vaccination law.

Q: My child has a medical or religious exemption. What happens to my child if there is a case of measles at his or her school?

A: If there is a case of measles at your child's school, your child will need to stay home from school and school-related activities for 21 days after the last time your child was exposed to the infected person at school. If your child can get their first or second dose of MMR vaccine, s/he will be immediately re-admitted to school.

Q: I am a staff member at a school, preschool, or daycare. What happens to me if there is a case of measles at my school?

A: If there is a case of measles at your school, you will be asked to provide proof of immunity. If you cannot produce proof of immunity, you will be excluded for 21 days after the last time you were exposed to the infected person at school.

Any one of the following are considered acceptable proof of immunity:

- documented receipt of two appropriately spaced doses of live measles-containing vaccine
- laboratory (serologic) proof of immunity
- birth before 1957

If you receive your first or second dose of MMR vaccine, you may return to work immediately.

Q: I've heard that there are free vaccination clinics offered during outbreaks of the disease. Why do I and/or my child still need to get the vaccine before the outbreak occurs?

A: It may be a several days after the initial exposure to measles before a vaccination clinic can be offered. If you/your child is unvaccinated, and you are a staff member or your child is a student of the school, you or your child will still be excluded from attendance until you or child can get vaccinated or for 21 days, whichever comes first. This may cause a few missed days school or work. However, getting vaccinated during a vaccination clinic will protect you from measles if you are exposed to it again in the future.

Q: Will my insurance cover the measles vaccine?

A: Some insurance companies cover all vaccinations under preventive care; however you will need to discuss with your doctor and your insurance company whether your vaccination will be covered. If you are uninsured, contact your local health department to check if there are resources in your area that may allow you to get vaccinated in a cost-effective manner.

Q: Why do I have to wait until my child is one year old to get him or her vaccinated against measles?

A: Most infants born in the U.S. will receive passive protection against measles, mumps, and rubella in the form of antibodies from their mothers for approximately six months and sometimes longer after they are born. These antibodies can destroy the vaccine virus if they are present when the vaccine is given and, thus, can cause the vaccine to be ineffective. By 12 months of age, almost all infants have lost this passive protection and should be able to develop an appropriate and long-lasting immune response to the vaccine.

Q: What are possible reactions to the vaccine?

Most people have no reaction. However, 5-10% of the people receiving the MMR vaccine experience a low-grade fever and a mild rash.

For more FAQs, please visit the [CDC Measles FAQ](#) or the [CDC MMR Vaccine FAQ](#).