

## Frequently Asked Questions about Measles

### ***Q: What is measles?***

Measles is a highly contagious viral infection. It is most commonly transmitted through the air when an infected person coughs or sneezes. The virus can stay in the air and cause infection for up to 2 hours after the infected patient leaves that location. It can also be spread through direct contact with respiratory secretions from an infected person.

### ***Q: What are the symptoms of measles infection?***

Measles starts with fever, then cough, runny nose, and red or watery eyes. These symptoms are followed by a rash, which typically appears 3-5 days after the onset of symptoms. Symptoms most often appear 7-14 days after exposure to someone with the virus.

### ***Q: Who is at risk for measles?***

People who have not received the measles, mumps and rubella (MMR) vaccine or the measles, mumps, rubella and varicella (MMRV) vaccine, are at the highest risk of measles infection. The infection can be serious in all age groups, but the following groups are at highest risk:

- Children younger than 5 years of age
- Adults older than 20 years of age
- Pregnant women
- People with weakened immune systems, including those with cancer (like leukemia), autoimmune diseases (like rheumatoid arthritis or lupus), organ or stem cell transplantation, HIV infection or other conditions.

### ***Q: What are the complications of measles?***

Minor complications include ear infections and diarrhea. Severe but less common complications include pneumonia, inflammation of the brain (encephalitis) and death (1-3/1000 children). Complications are most common in infants, unvaccinated individuals, and people with weakened immune systems.

### ***Q: How can I prevent my child from getting measles?***

The best way to protect your child against measles is with the MMR or MMRV vaccines.

### ***Q: Could my child still get measles if they are fully vaccinated?***

Very few children (about three out of 100) who get two measles vaccines get measles when exposed to the virus; in this case the symptoms are less severe, and the likelihood of further complications is low.

### ***Q: What should I do if I think my child was exposed to measles?***

Immediately call your child's healthcare provider and let them know. Call before going to the clinic, urgent care, or emergency room. If your child is not vaccinated, the doctor may recommend a measles vaccine, which can prevent infection and complications if given within 3 days of exposure to the virus. Measles immune globulin may be recommended for children who cannot receive a measles vaccine and can prevent infection for up to 6 days after exposure.

If you are concerned your child has measles stay home until they are evaluated by their provider. You can help prevent the spread of measles by avoiding public places (school, daycare, stores, etc.) and immunocompromised individuals.

***Q: How safe and effective is the measles vaccine?***

The MMR and MMRV vaccines are very safe and effective. One vaccine is 93% effective in preventing infection, and two vaccines are 97% effective. These vaccines are even more effective in preventing severe complications of measles. The vaccine is recommended at 12 months of age, with a booster vaccine given at 4-6 years of age. Once a child has received their second vaccine they are considered "fully vaccinated."

Common side effects include local pain and redness at the injection site, fever, mild rash, and temporary joint pain. The MMRV vaccine is associated with a slight increased risk of febrile seizures occurring 8-14 days after vaccination in children <7 years; this risk is not present with MMR as a standalone vaccine.

***Q: Can my child receive the MMR or MMRV vaccine before they are 12 months of age?***

Due to community spread in Faulkner County, children 6–11 months who are residents and travelers to Faulkner and surrounding counties (Cleburne, Conway, Lonoke, Perry, Pulaski, Van Buren and White) can receive an early "zero" dose of MMR. This dose does not count toward the routine series; they still need two additional doses—one at 12 months and another at 4–6 years.

The "zero" dose is also recommended for children 6-11 months when traveling internationally to high-risk areas or in the U.S. to an area with measles cases. Talk to your health care provider if your child needs an early vaccination. The MMRV vaccine should not be given to children under 12 months old.

***Q: My child has already received their first MMR or MMRV vaccine. Do I have to wait until they are four years old for them to receive the second vaccine?***

No, a second MMR vaccine can be given 28 days after the first, and a second MMRV vaccine can be given three months after the first. We recommend this early vaccination schedule if traveling internationally to high-risk areas or in the U.S. to an area with measles cases. Due to community spread in Faulkner County, residents and travelers to Faulkner and surrounding counties (Cleburne, Conway, Lonoke, Perry, Pulaski, Van Buren, and White) that are not fully vaccinated can receive two MMR doses 28 days apart if at least 12 months of age.

***Q: What if my child is younger than 6 months and not eligible for vaccination?***

The risk for your child is low as long as there are no local cases. If you are breastfeeding and have been vaccinated against measles, your breastmilk can provide antibodies to protect your child. Frequent handwashing and avoiding contact with others who are coughing or ill may also help protect your child.

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