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Issue Date: August 4, 2017 Review Date: Revision Date:	Subject: Measles , Mumps , Rubella Vaccination - Postpartum

PROCEDURE SUBJECT:
Measles, Mumps and Rubella Vaccination - Postpartum

PURPOSE:
To assist in the vaccination of postpartum women who are susceptible to Measles, Mumps, Rubella (MMR).

IMPORTANT POINTS TO CONSIDER:
Most women will receive a rubella titre check as part of their routine pregnancy blood work.

If the patient has received the MMR vaccine twice before there is no need to immunize a third time – some women will not seroconvert while others have converted but their titres are so low that they do not register on the screening.

Do not give concurrent with WinRho Immune Globulin (IG) as WinRho IG may decrease the effect of the vaccine. 14 days should lapse between the WinRho administration and the administration of the vaccine. If the patient is at a high risk of not receiving follow up care after delivery they may be given concurrently.

Although both manufacturers of the MMR vaccine state that the vaccine should be given with caution in breastfeeding mothers (due to the *possible* transmission of the live virus through the breast milk – although no human studies have been done), the Government of Canada Immunization Guide states susceptible postpartum breastfeeding women should be given the vaccine.

The Government of Canada has approved two MMR vaccines for use in Canada. 1) M-M-R® II (Merck Canada Inc.) 2) Priorix® (GlaxoSmithKline Inc). The vaccines have similar side effects, warnings, precautions and contraindications. They are reconstituted with the same method although the M-M-R® II will be a clear yellow color while the Priorix® will be a shade of pink in color.

Contraindications
1. Hypersensitivity to any component of the vaccine including neomycin and gelatin. Contact dermatitis is not a contraindication.
2. Pregnancy or planning to become pregnant within 3 months.
3. Severe immunodeficiency or receiving immunosuppressive therapy.
4. Active untreated tuberculosis.
5. Acute, severe febrile illness (minor illness is not a contraindication).

Common Side Effects (greater than 10%).
Side effects are usually mild and transient and may include pain and/or redness at injection site, rash and slight fever (under 39^0Celcius). The rash and fever may occur 5 – 12 days post injection. Serious adverse events are rare. Please read the drug information insert in the MMR package for specific directions.

Dosage:
MMR vaccines: 0.5mL after reconstitution.

Please Note:
1. The vaccine must be refrigerated (stored between 2^0Celcius and 8^0Celcius).
2. Some sites may carry it on their ward while others may have to obtain the vaccine from pharmacy.

PROCEDURE:
1. MMR is a black box (standard order, no primary care provider (PCP) signature required) on the Standard Orders Postpartum Vaginal Delivery (CLI.5810.FORM.57). Inform the PCP if you are not giving it as the patient has previously had 2 or more doses.
2. Review the MMR fact sheet with the patient – rationale, side effects.
3. Patient to complete questionnaire (Manitoba Health - Adult Immunization Consent Form) & sign the consent.
4. Reconstitute the vaccine using the entire volume of the supplied diluent. Observe for any particulates – if seen **do not use**.
5. Use the vaccine as soon as possible. If using a multi-dose vial, it may be refrigerated up to 8 hours then must be discarded. *Please note: When reconstituting the vial and injecting the patient the disinfecting agent (alcohol swab) must be allowed to dry prior to puncture as the disinfecting agent may inactivate the virus.*
6. Withdraw the entire amount from a single use vial (0.5mL) or 0.5mL from a multi-dose vial.
7. Give MMR as a subcutaneous injection in the upper outer aspect of the arm using proper technique.
8. Be prepared to administer EPInephrine (1:1000) in case of an anaphylactic or anaphylactoid reaction.

Documentation:
- Integrated progress note – discussion with patient re rationale & side effects,
- Medication Administration record,
- Complete the adult immunization form re lot number, site and dose given,
- Complete and fax the Immunization Input Form for Health Care Providers to your local public health office. Site specific: this may be accomplished at your site by nursing staff on the unit or by health records. Please ensure you are aware of your local process and
- Complete the tick box on the public health referral.

REFERENCES:
Government of Canada. Canadian Immunization Guide: Part 4 – Active Vaccines: Measles Vaccine. Accessed on January 4, 2017 from http://healthycanadians.gc.ca/publications/healthy-living-vie-saine/4-canadian-immunization-guide-canadien-immunisation/index-eng.php?page=12

Government of Canada. Canadian Immunization Guide: Part 1 – Key immunization information. Accessed on January 4, 2017 from http://healthycanadians.gc.ca/publications/healthy-living-vie-saine/1-canadian-immunization-guide-canadien-immunisation/index-eng.php?page=11#p1c10a2.

GlaxoSmithKline Inc. (2015). Product Monograph: Priorix®. Combined measles, mumps and rubella vaccine, live, attenuated. Accessed on January 4, 2017 from http://ca.gsk.com/media/591220/priorix.pdf

Merck Canada Inc. (2015). Product Monograph: M-M-R®II. Measles, mumps and rubella virus vaccine, live, attenuated, Merck Std. Accessed on January 4, 2017 from http://www.merck.ca/assets/en/pdf/products/MMR_II-PM_E.pdf.

Up to Date. Measles, mumps, rubella and varicella virus vaccine: Drug information. Accessed on January 4, 2017 from https://www.uptodate.com/contents/measles-mumps-rubella-and-varicella-virus-vaccine-drug-information?source=search_result&search=MMR&selectedTitle=3~108.

Up to Date (2016). Measles, mumps, and rubella immunization in adults. Accessed on January 4, 2017 from https://www.uptodate.com/contents/measles-mumps-and-rubella-immunization-in-adults/print?source=search_result&search=MMR&selectedTitle=1~108