



KDPH Measles Vaccination Guidance
MMR Vaccination During the Kentucky Measles Outbreak
August 21, 2026

The Kentucky Department for Public Health (KDPH) has confirmed an ongoing measles outbreak in Kentucky, with cases identified in several under-vaccinated communities. During the current outbreak, providers should review measles, mumps, and rubella (MMR) vaccination status and offer vaccination based on age, vaccination history and risk of exposure, including residence in or close contact with a close-knit community where KDPH has identified ongoing measles transmission.

[KDPH | Measles Dashboard](#)

This is not a request for mass vaccination clinics. Whenever possible, we are asking private providers and pharmacies to vaccinate eligible patients who can receive MMR through their health coverage and/or the Vaccines for Children (VFC) program. This helps expand access through the health care settings patients already use. Access for individuals who may not have another source of coverage, i.e., uninsured and underinsured, is available through local health departments.

Infants Younger Than Six Months

MMR vaccine is not recommended for infants younger than six months. If an infant has a known or suspected measles exposure, contact the local health department promptly for [post-exposure prophylaxis guidance](#).

Infants 6 Through 11 Months

An early MMR dose may be considered for infants 6 through 11 months at increased risk of measles exposure, including those with close contact with close-knit under vaccinated communities where measles transmission is occurring or those traveling internationally. Early MMR is not universally recommended for all infants in this age group at this time.

- **Give one early MMR dose now.** This is sometimes called “dose 0.”
- **Dose 0 does not count toward the routine series.** Give two additional age-valid MMR doses after 12 months of age.
- **Timing after dose 0:** Give the first age-valid dose on or after the first birthday and at least 28 days after dose 0. The second age-valid MMR dose may be given at least 28 days later.
- **Use MMR, not measles, mumps, rubella, and varicella (MMRV),** for infants younger than 12 months.

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Our Vision: Healthier People, Healthier Communities.

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Children and Adolescents 12 Months Through 17 Years

- **Unvaccinated or no valid MMR doses:** Give dose 1 now and dose 2 at least 28 days later.
- **One valid MMR dose:** If at least 28 days have passed since dose 1, give dose 2 now.
- **Two valid MMR doses:** No additional MMR dose is recommended.

Although the second MMR is typically given at four through six years of age, this dose can be administered as soon as 28 days following the prior MMR dose. This is still considered a valid dose and this strategy can provide earlier protection for children. For an accelerated 28-day schedule, use MMR vaccine (not MMRV) for the initial dose.

Adults

For adults who live in or have frequent close contact with an affected community in a county identified as a measles outbreak area, review MMR vaccination history and other evidence of measles immunity.

For all adults, the current measles outbreak is an opportunity to review MMR vaccination history and evidence of measles immunity, especially those who are unsure of their vaccination status, cannot locate their records or are planning international travel.

For adults born in 1957 or later:

- **No documented MMR doses or other evidence of immunity:** Administer the first MMR dose now and a second dose at least 28 days later.
- **One documented MMR dose:** If at least 28 days have passed since the first dose, administer the second MMR dose now.
- **Two documented MMR doses given at least 28 days apart:** No additional MMR dose is recommended.

Other acceptable evidence of measles immunity includes laboratory-confirmed measles infection or laboratory evidence of immunity (positive measles IgG). Adults born before 1957 are generally considered to have presumptive immunity to measles. MMRV is not approved for use in adults and should not be used. Additional considerations apply to health care personnel.

Adults who were vaccinated between 1963 and 1967 with an older, less-effective measles vaccine need to be revaccinated with at least one MMR dose to ensure they are protected.

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Pregnant Women and Immunocompromised Individuals

The MMR vaccine should not be administered during pregnancy or to [severely immunocompromised](#) individuals.

Close contact with a [pregnant woman is not a contraindication](#) to MMR vaccination of the contact.

Breastfeeding is not a contraindication to vaccination of either the woman or the breastfeeding child. An immunized person does not shed or transmit the attenuated vaccine measles strain.

Suspected Measles

Maintain a high level of suspicion for measles in patients with compatible symptoms, especially those who are unvaccinated or under vaccinated or who have a connection to an outbreak area.

Please note: The [characteristic rash](#) may not be present early in the illness. Measles often begins with fever, cough, runny nose and red, watery eyes, with the rash typically appearing 2 to 4 days after symptoms begin.

If measles is suspected, immediately mask and isolate the patient and notify the local health department. Do not wait for laboratory confirmation before contacting public health. If the local health department cannot be reached, contact the KDPH Epidemiologist On-Call at 888-9-REPORT (888-973-7678).

Thank you for your continued partnership in protecting Kentuckians and supporting Kentucky's measles response.

Resources

- [KDPH | Measles Webpage](#)
- [KDPH | Measles Dashboard](#)
- [KDPH | Measles Response Guide](#)
- [KDPH | Measles Post-Exposure Prophylaxis Guidance](#)
- [AAP | Measles Prevention and Control Implementation](#)
- [CDC | Adult MMR Vaccine Decision Algorithm](#)
- [Think Measles: Recognizing and Addressing Measles in Pediatric Practice](#)
- [What are the indications, precautions, contraindications for MMR vaccination? | AAP News | American Academy of Pediatrics](#)

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