MMR-Var
Measles-Mumps-Rubella-Varicella Combined Vaccine
Revision Date: May 7, 2019

Rationale for Update:
• Incorporated recommendations for children with history of febrile seizures. (November 2018)
• Minimum spacing between MMR and/or varicella containing vaccines updated. (November 2018)
• MMR-Var vaccine no longer contraindicated for HSCT recipients as per CIG. (November 2018)
• Wording in contraindications and precautions updated to be consistent with MMR biological page.

Please consult the Product Monograph\textsuperscript{1,2} for further information about the vaccine.

<table>
<thead>
<tr>
<th>PRIORIX-TETRA®</th>
<th>ProQuad®</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manufacturer</td>
<td>GlaxoSmithKline Inc.</td>
</tr>
<tr>
<td>Licensed use</td>
<td>Individuals 9 months of age up to and including 12 years of age.</td>
</tr>
<tr>
<td></td>
<td>Infants younger than 12 months of age may not respond sufficiently to the measles component of the vaccine in part due to the persistence of maternal antibody; therefore MMR or MMR-varicella combined vaccine doses administered before 12 months of age should be repeated at 12 months of age or older.</td>
</tr>
</tbody>
</table>

Off-license use
None

Indications for use of provincially funded vaccine
Healthy children 12 months up to and including 12 years of age.

Notes:
• When both MMR vaccine and varicella vaccine are indicated for children 12 months up to and including 12 years of age, MMR-Varicella combined vaccine should be considered.
• Verbal history of disease in the varicella vaccine era is not a reliable indicator of immunity.\textsuperscript{3,4}
  - Children born August 1, 2012 or later with a history of chicken pox disease should be offered varicella containing vaccine as they present in child health clinic.
  - Children born prior to August 1, 2012 who have a history of chickenpox disease occurring at one year of age and older will not be offered varicella containing vaccine at this time.
• Hematopoietic stem cell transplant (HSCT) recipients of See: Immunization for Child Hematopoietic Stem Cell Recipients.
• Solid Organ Transplant (SOT) candidates (9 months – 12 years of age): See: Immunization for Children Expecting Solid Organ Transplant before 18 Months of Age and
| **Spacing between MMR-Var and Yellow Fever vaccine** | Recent limited data suggest it may be preferable for children aged 12-23 months of age to receive MMR-containing and YF vaccine at least 30 days apart if time permits, because of lower seroconversion rates for mumps, rubella, and yellow fever in those immunized simultaneously than in those immunized 30 days apart. The study did not include infants younger than 12 months of age, but it is reasonable to follow the same guidance for infants under 12 months of age.7,8 |
| **Contraindications** | • Known hypersensitivity to any component of the vaccine.1,2,3  
• Anaphylactic reaction to a previous dose of vaccine containing measles, mumps, rubella and/or varicella.3  
• Pregnancy.3  
• Impaired immune function including those with primary or secondary immunodeficiencies.1,2,3  
• HIV-infected children.3 See Biological Products MMR vaccine and univalent Varicella vaccine.3  
• Immunosuppressive therapy (including high dose corticosteroids).1,2  
• Family history of congenital or hereditary immunodeficiency, unless the immune competence of the potential vaccine recipient is demonstrated.3  
• Active untreated tuberculosis3. |
• Solid organ transplant recipients: See:
  ▪ Immunization for Children Expecting Solid Organ Transplant before 18 Months of Age and
  ▪ Immunization for Children Expecting Solid Organ Transplant after 18 Months of Age (Catch-up and Ongoing).

• Recent (within the past 11 months) administration of immune globulins and blood products. The interval between the receipt of IG or a blood product and the subsequent MMR-Var administration is dependent upon the IG or blood product received and the dosage administered.  

Refer to Assessment Expected Prior to Vaccine Administration – Guidelines for Interval between Blood Products and Live Vaccines. See also Canadian Immunization Guide – Blood products, human immune globulin and timing of immunization.

Precautions

• There is an increased risk of fever and febrile seizures 5 to 12 days after the first dose of MMR-Var vaccine in children 12 to 47 months of age as compared to MMR and varicella given separately. However, this risk is highest in children ages 12-23 months.  

• Research suggests that children with a personal or family (i.e. sibling or parent) history of seizures of any etiology including febrile or epilepsy are at increased risk of febrile seizures. Therefore, the following information should be discussed with parents/caregivers:  
  ▪ The risk for fever and potential for febrile seizures is higher with the first dose (given between 12 to 47 months) of combined MMR-Var vaccine than MMR and varicella vaccines given separately.  
  ▪ MMR and varicella vaccines can be offered separately.  
  ▪ If the parent/caregiver decides to proceed with combined MMR-Var vaccine they should be counselled to monitor the child for fever.  
  ▪ There is no indication of an increased risk after the second dose of MMR-Var.  
  ▪ Egg allergy is not a contraindication to immunization with MMR-Var vaccine. See Assessment Expected Prior to Vaccine Administration.  

• Immunization with a measles-containing vaccine can temporarily suppress tuberculin reactivity resulting in false-negative results. If tuberculin skin testing is required, it should be done on the same day as immunization with a measles-containing vaccine or delayed for at least four weeks after immunization.  

• The use of MMR-Var vaccine in children who suffered thrombocytopenia after a first dose of live measles, mumps, and rubella vaccines should be carefully evaluated in terms of risk-benefit. Individuals who develop vaccine-associated thrombocytopenia should have serology to assess immunity to measles, mumps and rubella. A second dose of vaccine should only be administered if non-immune and after careful consideration of the risks and benefits of the vaccine.  

• Avoid the use of salicylates for six weeks after immunization if possible. Because adverse events have not been reported with the use of salicylates after varicella immunization, children with conditions requiring chronic salicylate therapy should be considered for immunization with close subsequent monitoring. Medical consultation is recommended before proceeding with immunization for children on salicylate therapy.  

• Children taking long-term antiviral therapy should discontinue these drugs (e.g., acyclovir, valacyclovir or famciclovir) if possible from at least 24 hours before administration of varicella-containing vaccine and should not restart antiviral therapy until 14 days after immunization. Medical consultation is recommended before proceeding with immunization.
If a vaccine recipient develops a varicella-like rash, the rash should be covered and direct contact with susceptible high-risk individuals (e.g., immunocompromised individuals) should be avoided for the duration of the rash.

Measles-containing vaccines are contraindicated in individuals with active, untreated tuberculosis as a precautionary measure. Tuberculosis may be exacerbated by natural measles infection, but there is no evidence that measles-containing vaccines have such an effect. It may be prudent to avoid vaccine in those with active TB disease until treatment is underway. Consultation with attending physician is recommended.

Immunization with a measles-containing vaccine can temporarily suppress tuberculin reactivity resulting in false-negative results. If tuberculin skin testing is required, it should be done on the same day as immunization with a measles-containing vaccine or delayed for at least four weeks after immunization.

Live attenuated influenza vaccine (LAIV) may be administered any time before or after the administration of live parenteral vaccines (MMR, MMR-Var and VZ).

<table>
<thead>
<tr>
<th>Possible reactions</th>
<th>Common: 1,2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Pain, redness and swelling at the injection site.</td>
</tr>
<tr>
<td></td>
<td>- Measles-like rash, rubella-like rash, varicella-like rash</td>
</tr>
<tr>
<td></td>
<td>- Irritability</td>
</tr>
<tr>
<td></td>
<td>- Fever- higher incidence (approximately 1.5 fold) of fever was observed after the first dose when compared to the concomitant administration of MMR and Varicella vaccines at separate sites.</td>
</tr>
<tr>
<td></td>
<td>- Diarrhea, vomiting</td>
</tr>
<tr>
<td>Uncommon: 1,2</td>
<td>- Lymphadenopathy, parotid gland enlargement, lethargy, malaise, fatigue, anorexia, decreased appetite, crying, insomnia, nervousness, rhinitis</td>
</tr>
<tr>
<td></td>
<td>- Gastroenteritis</td>
</tr>
<tr>
<td></td>
<td>- Ear infection/otitis, nasopharyngitis, pharyngitis</td>
</tr>
<tr>
<td></td>
<td>- Febrile convulsions</td>
</tr>
<tr>
<td>Rare:</td>
<td>- Otitis media, seizures, cough, bronchitis 1</td>
</tr>
<tr>
<td></td>
<td>- Allergic reactions 2 and anaphylaxis</td>
</tr>
</tbody>
</table>

**Additional adverse events following immunization reported through post-marketing surveillance include:** 1,2

- Thrombocytopenia; vasculitis (including Henoch Schönlein purpura and Kawasaki syndrome); meningitis; orchitis; epididymitis; arthralgia/arthritis; encephalitis; cerebrovascular accident; cerebellitis; cerebellitis-like symptoms (including transient gait disturbance and transient ataxia); erythema multiforme, cellulitis, parotitis, aplastic anemia, Bell’s palsy, encephalitis/encephalopathy, acute disseminated encephalomyelitis (ADEM), Guillain-Barré syndrome (GBS), paraesthesia, polyneuritis, transverse myelitis, subacute sclerosing panencephalitis, aseptic meningitis, myalgia,, Stevens-Johnson syndrome, ophthalmologic conditions, bronchial spasm, bronchitis, epistaxis, hematochezia, mouth ulcer, erythema multiforme, purpura, pruritus.
Pregnancy

Pregnancy should rarely be an issue as MMR-Var vaccine is recommended only for children younger than 13 years of age. However, MMR-Var vaccine is contraindicated if pregnant and pregnancy should be avoided for at least 4 weeks following immunization.3

Lactation

Adequate human data on the use of MMR-Var vaccine during breastfeeding is not available.1,2

Program Notes

- 2010 September - MMR-Var was introduced into the routine childhood immunization schedule for 12 month olds.
- 2012 August - MMR-Var second dose introduced for 4 – 6 year olds (i.e. children born August 1, 2005).
- 2015 January - MMR-Var (Priorix-Tetra®) for SOT candidates beginning at 9 months of age.
- 2018 September - Children with a verbal history of chicken pox disease are eligible to receive varicella containing vaccine as they present in child health clinic. (i.e. children born August 1, 2012 or later)
- 2018 December 01 - MMR-Var recommended for HSCT recipients.

References