

Middlebury College Vaccine Preventable Illness Information

Measles, mumps, rubella, and varicella are viral illnesses that pose a risk of people without documented evidence of immunity, including people who have been exempted from measles vaccination for medical or religious reasons being **quarantined or excluded from campuses** for days to weeks during outbreaks.

Employees, graduate students, and part time students in summer programs and other short programs are not required to show proof of immunity but **could face quarantine or campus exclusion during an outbreak if immunity cannot be determined.**

[California recommends](#) that colleges adopt CSU and UC Systems requirements regarding measles, mumps, rubella, and varicella, but these vaccines are not required at MIIIS.

[Vermont requires](#) proof of immunity against certain illnesses for *undergraduates enrolled full time* on the Vermont campus but this requirement does not apply to students enrolled in summer programs in Vermont.

Middlebury strongly encourages everyone to review their personal immunization record with a healthcare provider, discuss the criteria for proof of immunity (below), and maintain easy access to their immunization record if proof of immunity becomes required during an outbreak.

The CDC has [advice](#) about how to get copies of vaccination records. Simple blood tests and vaccines are available through your doctor or state department of health. **Middlebury faculty and staff are encouraged to contact their doctor/ health care provider with questions.**

Proof of immunity:

Individuals are considered not immune unless documentation of immunity in English[#] is provided.

Measles

Individuals must meet one of the below criteria to be considered immune to measles:

1. Born before January 1, 1957 **OR**
2. Official medical documentation of two doses of measles **live vaccine*** **before January 1, 1963**, with both doses administered \geq 12 months of age, given at least one month apart **OR**
3. Official medical documentation of two doses of measles **live vaccine*** **between January 1, 1963 and January 1, 1968**, with both doses administered \geq 12 months of age, given at least one month apart (if live vaccine or MMR cannot be confirmed, the patient should have lab documentation of serologic proof of immunity or revaccination with MMR) **OR**
4. Official medical documentation of two doses of measles **live vaccine*** **after January 1, 1968**, with both doses administered \geq 12 months of age, given at least one month apart **OR**
5. Lab documentation of serologic proof of immunity (i.e.: IgG antibody against measles) **OR**
6. Official medical documentation of physician-diagnosed measles

During an outbreak, it may be possible for non-immune individuals to receive a single dose of MMR vaccine within 72 hours of a possible exposure and not be excluded or quarantined; however, vaccine availability and situational guidance from the health department may still require exclusion; thus documented proof of immunity is preferable.

** A very small proportion of adults (less than 5%) may have received **killed measles vaccine** from 1963 through 1967 during childhood. The ACIP recommends re-vaccinating anyone who received measles vaccine of unknown type, inactivated measles vaccine, or further attenuated measles vaccine accompanied by IG or high-titer measles immune globulin (no longer available in the United States) during these years with 1 or 2 doses.*

Mumps

Individuals must meet one of the below criteria to be considered immune to mumps.

1. Born before January 1, 1957** **OR**
2. Official medical documentation of two doses of mumps live vaccine with both doses administered \geq 12 months of age, given at least one month apart*** **OR**

3. Lab documentation of serologic proof of immunity (i.e.: IgG antibody against mumps) **OR**
4. Official medical documentation of physician-diagnosed mumps, **OR**

ACIP has recommended that persons previously vaccinated with two doses of mumps-containing vaccine who are identified by public health officials as being **at increased risk for mumps because of an outbreak should receive a third dose of a mumps-containing vaccine** to improve protection against mumps disease and its complications.

*** Most persons born before 1957 are likely to have been infected naturally, but per VT Dept of Health, birth before 1957 does not guarantee mumps immunity. Thus, mumps vaccine, in the form of MMR/MMRV, should be considered for those born before 1957, without other documentation of immunity. During mumps outbreaks, a second dose of mumps-containing vaccine should be considered for adults who have only received one dose.*

**** if MMRV is used, the second dose must be given before age 12.*

Rubella

Individuals must meet one of the below criteria to be considered immune to rubella.

1. Born before January 1, 1957 **OR**
1. Official medical documentation of at least 1 dose of rubella live vaccine administered \geq 12 months of age **OR**
2. Laboratory confirmation of prior disease **OR**
3. Lab documentation of serologic proof of immunity (i.e.: IgG antibody against rubella) **OR**

Clinical diagnosis of rubella is unreliable and should not be considered in assessing immune status.

Varicella

Adult individuals must meet one of the below criteria to be considered immune to varicella:

1. [Birth in the United States before 1980](#) (except for health care personnel, pregnant women, and immunocompromised persons for whom birth in the United States before 1980 should not in itself be considered evidence of immunity). Persons born outside the United States should meet one of the other criteria for varicella immunity. **OR**
2. Official medical documentation of age-appropriate varicella vaccination:
 - a. First dose at age 12 through 15 months, and second dose at age 4 through 6 years **OR**
 - b. Between ages 7 and 13 year old, 2 doses with interval between doses \geq 3 months **OR**
 - c. Persons age \geq 13 years, 2 doses with interval between first and second dose $>$ 4 weeks. **OR**
3. Official healthcare provider documentation of a diagnosis or verification of a history of varicella or herpes zoster, **OR**
4. A valid signed, dated, and fully completed copy of the [Vermont Documentation of Varicella \(Chickenpox\) Disease form](#) (for Vermont campuses only), **OR**
5. Laboratory evidence of immunity or laboratory confirmation of disease (note: routine testing for varicella immunity after two doses of vaccine is **not recommended**. Available commercial assays are not sensitive enough to detect antibody after vaccination in all instances and may result in false negative tests. Documented receipt of two doses of varicella vaccine supersedes results of subsequent serologic testing.)

In an outbreak situation, susceptible individuals who lack evidence of immunity and have no contraindications to immunization should receive varicella vaccine within three days of exposure to avoid exclusion from ten days after first exposure to 21 days after onset of rash of the last case in the outbreak.

Documented receipt of Shingrix vaccine (RZV) cannot be used as proof of immunity to varicella ^{XY}