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| **Table 2: Post-exposure guidelines – *within 3 days (72 hours)* of first exposure to infectious case** |
| **Age** | **MMR vaccination history** |
| **0 doses MMR or unknown** | **1 dose MMR** | **2 doses MMR** |
| **birth to 5 months** | Normal Human Immunoglobulin0.2 mL/kg**only** if mother has had <2 doses MMR and no history of past measles infection ornegative maternal IgG (otherwise, no NHIG) | Not applicable | Not applicable |
| **6 to 11 months** | MMR now, then repeat dose at 12 months of age or 4 weeks later (whichever is later) and the usual dose at 18 months of age. | Not applicable | Not applicable |
| **12 months to <18 months** | MMR | MMR or MMRV(at least 4 weeks after initial dose of MMR) | Nil necessary |
| **≥18 months****and born after 1965** | MMR if not pregnant. If pregnant: consult with obstetrician or GP; check IgG if time; offer NHIG (0.2 mL/kg to a maximum of15 mL) | MMR or MMRV (see page 12, based on age) if not pregnant.If pregnant: consult with obstetrician or GP; check IgG if time; offer NHIG (0.2 mL/kg to a maximum of15 mL) | Nil necessary |
| **Immunocompromised\* (any age)** | Normal Human Immunoglobulin0.5 mL/kg to max of 15 mL | Normal Human Immunoglobulin0.5 mL/kg to max of 15 mL | Normal Human Immunoglobulin0.5 mL/kg to max of 15 mL |

\*See discussion about immunocompromised contacts in section 11. Consult with treating clinician about interpretation of IgG results and use of NHIG.

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| **Table 3: Post-exposure guidelines – *from 3 days (73 hours) to within 6 days (144 hours)* of first exposure to infectious case** |
| **Age** | **MMR vaccination history** |
| **0 doses MMR or unknown** | **1 dose MMR** | **2 doses MMR** |
| **birth to 5 months** | Normal Human Immunoglobulin0.2 mL/kg**only** if mother has had <2 doses MMR and no history of past measles infection ornegative maternal IgG (otherwise, no NHIG) | Not applicable | Not applicable |
| **6 to 11 months** | Normal Human Immunoglobulin0.2 mL/kg | Not applicable | Not applicable |
| **12 months to****<18 months** | Normal Human Immunoglobulin0.2 mL/kg | Nil necessary | Nil necessary |
| **≥18 months****and born after 1965** | Normal Human Immunoglobulin0.2 mL/kg to max of 15 mL Prioritise forimmunocompromised people, pregnant women, healthcare workers and close personal (e.g. household) contacts. Wider use is not routinely recommended, but shouldbe judged in relation to the relative risks and benefits. | Nil necessary – consider MMR or MMRV (depending on age) if not pregnantIf pregnant, check IgG if time allows and offer NHIG if IgG is not detected (0.2 mL/kg to a maximum of 15 mL) and inform obstetrician or GP | Nil necessary |
| **Immunocompromised\* (any age)** | Normal Human Immunoglobulin0.5 mL/kg to max of 15 mL | Normal Human Immunoglobulin0.5 mL/kg to max of 15 mL | Normal Human Immunoglobulin0.5 mL/kg to max of 15 mL |

\*See discussion about immunocompromised contacts in section 11. Consult with treating clinician about interpretation of IgG results and use of NHIG.

**12. Special situations**

**Cases among children or staff at schools or in early childhood education and care services**

* In addition to routine case and contact management, for sporadic cases with an unknown source ask about possible cases occurring among attendees or employees within the 3 weeks prior to onset in the known case. Parents and staff should be provided with information about the disease and its prevention. Written information such as a fact sheet is