

A Short Note on Consequences after MMR Vaccination

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DESCRIPTION

Malaise, fever and or a rash may occur commonly after immunization to the first dose of MMR vaccine. Incidence of measles occurs 6 to 11 days after vaccination and lasts about two to three days. Mumps and rubella events normally occur two to three weeks after immunization, although they can occur up to six weeks later. These cases occur only in people who may be at risk of acquiring that component and as a result are rarely after the second and subsequent doses. People with vaccine-associated symptoms are not infectious to others.

In a study of more than 6000 children aged one to two years, the reported symptoms were similar in nature, frequency, onset and duration of those most commonly reported after measles vaccination alone. Parotid inflammation occurs in about 1% of children of all ages up to four years, usually by the third week. Adverse reactions are less common after the second dose of MMR vaccine than after the first dose. Other studies did not show an increase in fever or rash after re-vaccination of college students compared to non-vaccinated controls. An allergy analysis reported by the US Vaccine Adverse Events Reporting System in 1991-1993 showed fewer reactions among children aged 6 to 19, who were considered second-dose recipients, rather than those aged 1 to 4, who were considered the first volume recipients.

In a study of more than 8,000 children, there was no increase in the risk of convulsions, rash, or joint pain in the months following the second dose of MMR vaccine given between four and six years of age. Febrile seizures are a common neurological

event that is often reported after measles vaccination. Fainting occurs during the sixth to eleven days in one of every 1000 children vaccinated against MMR. The rate of febrile seizures following MMR is lower than that followed by measles infection. There is good evidence that febrile seizures following MMR vaccination do not increase the risk of subsequent epilepsy compared to febrile seizures due to other causes. Another type of mumps virus (Urabe) in the MMR vaccine previously used in the UK was associated with an increased risk of aseptic meningitis. This policy was replaced in 1992 and is no longer licensed in the UK.

The MMR vaccine contains live, diminished viruses, it is clear that it can biologically cause encephalitis, and isolated cases have been reported in children with autoimmune diseases. Immune Thrombocytopenia (ITP) is a condition that may occur after MMR and is probably due to partial rubella. This usually happens in six weeks and resolves automatically. One ITP case created by the vaccine occurs in all 32,000 controlled doses.

If ITP occurs within six weeks of the first dose of MMR, a blood sample should be taken and tested for measles, mumps, and rubella antibodies before a second dose is given. Arthropathy (arthralgia or rheumatoid arthritis) has also been reported to occur rarely after the MMR vaccine, possibly as part of rubella. If vaccinated, it should occur between 14 and 21 days after vaccination. In some cases, there is little chance of a vaccine. Several epidemiological-controlled studies have not shown an increased risk of chronic arthritis in women. Suspected serious side effects in adult vaccines should be reported through the Yellow Card program.

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