



Measles Frequently Asked Questions and Answers

July 18th, 2025

FAQ



**JOHNSON
COUNTY**

Public Health



Q: Is immunity through MMR vaccination waning?

A: MMR vaccines are very effective and provide long-lasting protection. Outbreaks occur mainly among unvaccinated individuals. As of July 2025, 92% of reported cases are among those who are unvaccinated. Those who are vaccinated and get measles, are likely less infectious and are usually less sick.



Q: There are lot of measles cases. Does the measles vaccine even work?

A: People who are fully vaccinated get infected at a significantly lower rate. There is no vaccine that is 100% effective so we expect some people who have had the vaccine will get infected. We also expect those people to have a less severe illness. Decades of research and analysis show the measles vaccination, which is normally given as part of the combination measles-mumps-rubella (MMR) vaccine, is safe and effective. These safe and effective vaccines have been in use for more than 50 years.

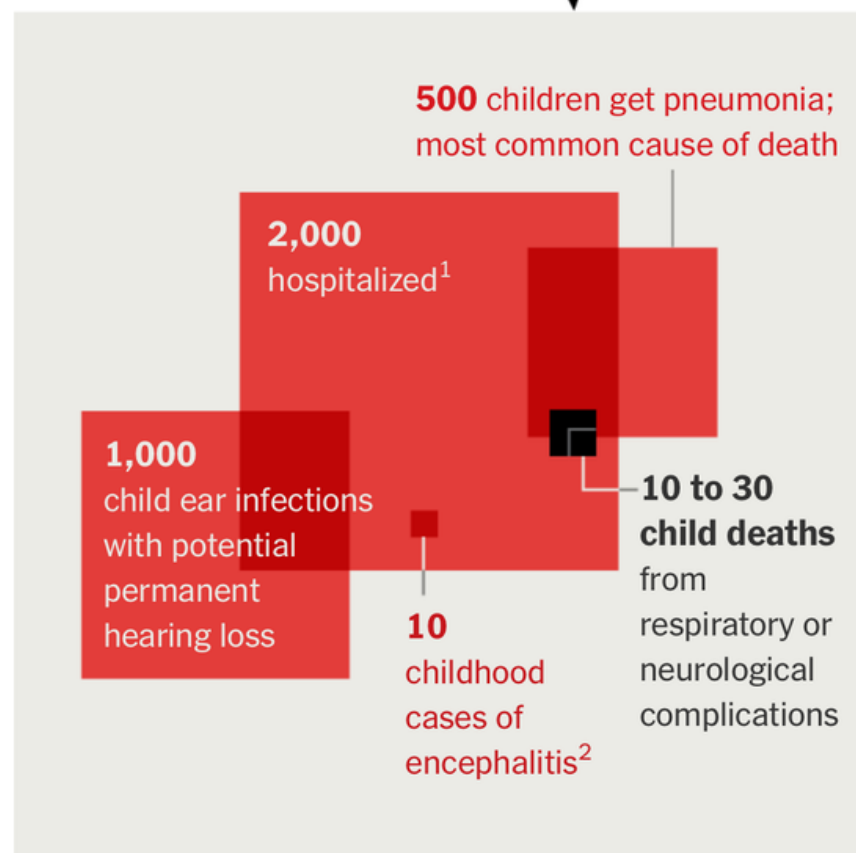


Q: Is the measles vaccine more dangerous than getting infected with measles?

A: No. Getting measles is not safer than getting vaccinated. Natural infection carries serious risks including pneumonia, brain swelling, and even death. The MMR (measles, mumps, rubella) vaccine provides strong, long-lasting immunity without putting your health at risk. Natural infection may give immunity, but it comes at a dangerous cost. The vaccine gives your immune system a safe way to learn how to fight the virus — without putting you in danger.

(infographic on next slide)

Effects per 10,000 people
who get **measles**



Potentially serious complications shown **in red**

Effects per 10,000 people
who get the **M.M.R. vaccine**

- — **3** fever-related seizures³
- — **0.4** cases of abnormal blood clotting⁴
- **0.035** allergic reactions⁵

No risk from M.M.R. vaccine: autism

1. The amount of overlap between hospitalizations and complications or deaths listed here is not known; this chart assumes that many serious complications from measles result in hospitalizations.

2. Encephalitis (swelling of the brain) can cause convulsions and leave the child deaf or with an intellectual disability.

3. Child seizures may occur 72 hours to 14 days after vaccination, and are not associated with long-term effects. But these seizures also occur overall in 2 percent to 5 percent of all children 6 months to 5 years of age (200 to 500 seizures per 10,000 children).

4. Resolves within six months in 93 percent of cases. Rates of abnormal clotting (idiopathic thrombocytopenic purpura, or I.T.P.) after M.M.R. vaccination have been estimated at 1 case per 25,000 to 40,000 doses. Measles and rubella cause abnormal blood clotting at a far higher rate.

5. This translates to 1 to 3.5 reactions per 1 million doses. The lifetime risk of getting killed by lightning in the United States is as much as roughly four times greater: 1 in 218,106.

Source: Dr. Peter Hotez



Q: In instances when vaccines cause harm, like an allergic reaction, are vaccine manufacturers liable?

A: Congress passed a law that created the Vaccine Injury Compensation Program to ensure that anyone harmed by a vaccine would be provided fair and efficient compensation and to ensure a stable vaccine supply. Prior to this law and several studies demonstrating vaccine safety, several lawsuits led to several vaccine manufacturers to shut down affecting the supply of vaccine.



Q: If my child is going to daycare, aren't they going to be exposed to everything anyways?

A: While children often become ill throughout the course of their life at home or daycare due to exposures, daycare staff work very hard to prevent infections. They clean surfaces, screen children for illness, and report potential concerns to public health departments. Parents and guardians also play a role keeping their kids homes when ill.



**Q: What is the difference between a 21 day and a 28 day quarantine?
28 days is a long time.**

A: When an unvaccinated person is exposed, they are typically asked to monitor their health for 21 days from their last exposure and stay home to prevent other exposures in case they are ill. Monitoring for 28 days occurs when a person is given immune globulin (IG) for post-exposure prophylaxis. Immune globulin helps support the immune system to prevent infection but may also slow down symptoms from appearing. Because of this, the monitoring period is extended for another 7 days.



Q: The MMR vaccine is a live-attenuated vaccine and a person can shed vaccine. Does vaccine shedding cause illness?

A: No. Live-attenuated vaccines can replicate and the weakened virus can be shed but this does not cause transmission. The only live-attenuated vaccine associated with transmission due to shedding is the oral polio vaccine, which is no longer used in the United States.



Q: What if I think I was exposed but wasn't at one of the locations that was shared?

A: During the interview with the patient we ask thorough questions and create a timeline of public exposure risks to share. As with any infectious disease, if you think you were exposed, please monitor for symptoms. If you become sick and:

- You think you have been exposed
- You were told you were exposed by a health department or a medical facility
- You were around a person who is sick during their infectious period

Please seek medical care. Make sure to call the medical office BEFORE you go so that you can be seen safely and not expose more people if you do have measles.



Q: I saw the press release and I'm worried about getting sick. Should I just go ahead and get another MMR vaccine?

A: Please talk through your specific vaccine history and risk with your medical provider or pharmacist to decide if you should get another MMR vaccine. There is no general recommendation that everyone get another vaccine.