MMR Immunization Referral Form (Ages 1+ years)

Immunization of immunocompromised adults and children with live attenuated measles-mumps-rubella vaccine requires approval from the medical specialist, primary care physician or nurse practitioner most familiar with the client's current medical status.

Patient's name: _____

Patient's DOB: _____ **Gender** _____ **HSN #:** _____

Check the appropriate condition below:

☐ **HIV infection**[1] **– only individuals who are not severely immunosuppressed** as indicated according to criteria base on age for immunization:

Age 1 through 5 years old	**Age ≥ 6 years old**
CD4+ T-lymphocyte counts ($x10^6$/L) for ≥ 6 months: **≥ 500**	CD4+ T-lymphocyte counts ($x10^6$/L) for ≥ 6 months: **≥ 200**
Total lymphocytes: **≥ 15%**	Total lymphocytes: **≥15%**

☐ **Isolated immune deficiency**[2]
- ☐ Humoral (Ig) deficiency diseases
- ☐ Neutrophil deficiency diseases
- ☐ Complement deficiency diseases

☐ **Transplant recipient** ☐ Heart ☐ Liver ☐ HSCT ☐ Other (specify)_____

☐ **Long-term immunosuppressive therapy**[3]

☐ **Other condition** (specify): _____

_____

☐ **Comments:** _____

_____

Centre:

1) I verify on _____ that this patient has no medical contraindications to receiving MMR vaccine.

2) I understand that they may require up to 2 doses given at least 3 months apart and verify that this client's condition is sufficiently stable to receive up to 2 doses within an 8-month period from when this referral has been received at Public Health.

Signature: _____ ❑**MD** ❑**NP** **Clinic:** _____

Phone #: _____ **Fax #:** _____ **Email:** _____

Dose 1 date given: _____ Lot #: _____

Dose 2 date given: _____ Lot #: _____

Public Health Nurse's name (print): _____

Phone #: _____ **Fax:** _____ **Email:** _____

[1] Varicella and MMR **may be** administered on same day. **MMRV vaccine contraindicated.**

[2] Min. 4-week intervals **are required** between all Varicella and MMR vaccine doses. **MMRV vaccine contraindicated.**

[3] **Live vaccines are contraindicated during immunosuppressive therapy.** However, the patient's clinical status, net state of immune suppression (including immunosuppressive medications and presence of opportunistic infections), and an in-depth immunologic evaluation are important consideration when deciding about risk versus benefit for live virus immunization.

Saskatchewan