



Measles protection law

> For medical personnel

Masernschutzgesetz – Merkblatt für medizinisches Fachpersonal – englisch

Frequently asked questions about measles vaccination and measles immunity

1. Who is permitted to vaccinate against measles?

Any doctor is entitled to perform vaccinations.

2. According to measles protection law, how should vaccinations be recorded?

The documentation of vaccination may be written (e.g. in a vaccination passport) or electronic and should, as a minimum, contain the date of vaccination, the name and batch number of the vaccine used, the name of the preventable disease that is being vaccinated against and the name, address and signature of the responsible person performing the vaccination. The vaccine documentation should also contain information about what to do in the event of an unusual reaction to the vaccine, or if claims arise out of an injury caused by the vaccine, as well as agencies to whom such claims may be addressed.

3. What happens in the event of a vaccine supply bottleneck?

The highest State Health Authority, or an agency appointed by it, may declare a general exemption to the legal bar to admission and employment as it applies to new admissions or employees if the Paul Ehrlich Institute announces on its website that there is a supply bottleneck for all vaccines licensed in Germany with a measles component.

4. Who may not be vaccinated against measles? What contraindications to measles vaccination exist?

The contraindications are set out in the technical information leaflet of the corresponding measles vaccine. Beyond these, medical contraindications to the MMR-vaccine include:

→ Acute fever (> 38.5 °C)

- Pregnancy (following MMR vaccination, pregnancy should be avoided for 4 weeks)
- Known allergy to constituents of the vaccine
- Impairment of the immune system in certain cases (e.g. severe combined immune deficiency)

Vaccination may still be considered in patients with certain forms of immune deficiency if the benefit of vaccination outweighs the risks. Such decisions should always be made in consultation with any treating specialists. Additional information on the topic of vaccination of patients with impaired immune systems can be found at [“Advice on the use of recommended vaccines from the Standing Committee on Immunisation” \(German\)](#).

The constituents of a vaccine are also recorded in the corresponding technical information leaflet. People who are allergic to chicken albumen can still generally receive the MMR vaccine. In cases of significant chicken albumen allergy with severe symptoms, vaccination should be carried out with special safety measures and a period of observation (for example in a hospital).

5. How is immunity to measles determined?

Measles immunity should primarily be established by checking the vaccination passport. If (two) MMR or measles vaccinations are documented, then the patient is reliably protected against measles. According to the current advice from the requirements of the measles protection law, missing vaccinations should be administered. STIKO does not recommend antibody checking after either the first or second vaccinations. A history of having suffered from measles should, on the other hand, be confirmed with laboratory tests.

6. How are laboratory values for measles antibodies interpreted with respect to immunity?

Measurement ranges for the interpretation of test results are provided by the manufacturer of each test kit. The test result is validated by the laboratory and interpreted appropriately. The interpretation is shared with the requesting doctor. If interpretation has been impossible, it may be that: if the measles IgG result is positive, it may be presumed that there was a prior measles infection or vaccination; immunity is presumed. There is no need to assume a generally applicable threshold value. Negative or borderline findings should be interpreted in the light of the vaccination status. If no, or only a single, MMR or measles vaccination is documented, then the measles protection law indicates that missing doses should be caught up on. Antibody confirmation following vaccination is not then required.

7. How does one manage vaccinated individuals whose antibody levels are negative or borderline?

If only a single MMR or measles vaccination is documented for someone with negative or borderline measles IgG values, then the current vaccination advice from STIKO, as well as the measles protection law, indicate that vaccination should be completed. Antibody testing after the vaccination is not required. If two MMR or measles vaccinations are documented, then protection can be presumed despite a negative or borderline antibody value. This assessment rests upon the observation that measles immunity is provided by both antibody-mediated immunity and cell-mediated immunity for which no routine testing procedures are available. A third vaccination against measles is unnecessary.

8. How are the costs of measles vaccination met?

In accordance with the advice from STIKO, the costs of performing measles vaccinations, as well as the costs involved in the resulting documentation of vaccination in vaccination passports (or in a vaccination certificate) are borne by the statutory health insurance.

9. How is cost transfer regulated if a medical report on serological antibody testing is issued?

The costs are generally borne by the patient. There will be laboratory costs for the serology; the doctor may additionally bill for advice, blood testing and a small fee for symptom-specific examination. The doctors' fee schedule (GOÄ) applies.

10. How is cost transfer regulated if the vaccination status has to be separately certified?

If, in the absence of any vaccination documentation, a medical report on vaccination status has to be produced, the costs may be calculated with a factor of at most 2.3 (GOÄ).

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