MAINE CDC STANDING ORDER FOR ADMINISTRATION OF MEASLES, MUMPS, AND RUBELLA (MMR) VACCINE BY PROFESSIONALS LICENSED BY THE MAINE BOARD OF PHARMACY TO CHILDREN AND TEENS

May 15, 2026

Purpose

Vaccination is a vital public health tool to prevent infection, severe illness, hospitalization, and death due to measles, mumps, and rubella. To reduce morbidity and mortality from measles, mumps, and rubella, this standing order authorizes qualified pharmacy licensees to administer the measles, mumps, rubella (MMR) vaccine to all children and teens who meet the criteria established by the Maine Department of Health and Human Services' Maine Center for Disease Control and Prevention (Maine CDC), as supported by evidence-based guidance from the American Academy of Pediatrics (https://downloads.aap.org/AAP/PDF/AAP-Immunization-Schedule.pdf).

Background

A standing order is a document signed by an authorizing prescriber that authorizes specified individuals to acquire, dispense, or administer a medication or perform a clinical task, without requiring a direct order or prescription for each patient. This Standing Order authorizes Qualified Pharmacy Licensees to administer MMR vaccine (either M-M-R II [Merck] or Priorix [GSK]) to children ages 3–17 years old, in accordance with the procedure below, without the need for clinician examination or direct order from an attending provider at the time of the interaction. Qualified Pharmacy Licensees are defined as individuals who both (1) hold a Maine Board of Pharmacy license in active status, *see* 32 M.R.S. § 13721(1)(A),(G-H); 02-392 C.M.R. Chapters 4, 6-A, and 7, and (2) meet the requirements of 32 M.R.S. §§ 13831(6), 13832, 13834 (as the same may be amended), and 02-392 C.M.R. Chapters 4-A. The MMR vaccine is medically necessary for individuals who meet the criteria set forth in the procedure section below. Nothing in this order limits existing authority of health care professionals under Maine law.

Procedure

1. **Assess Children or Teens for Need of Measles, Mumps, and Rubella (MMR) Vaccination, Based on the Following Criteria:**
    a. Age 3 years or older with either no prior MMR vaccine documentation or the prior MMR vaccine documentation shows only one (1) dose of MMR vaccine administered to child or teen when they were younger than 12 months old; or
    b. Age 4 years or older with no documentation indicating two (2) doses of MMR vaccine; or
    c. History of two previous doses of MMR vaccine and identified by public health as being at increased risk during a mumps outbreak

2. **Screen for Contraindications and Precautions**
    i. **Contraindications: Screen for indications below. Advise the patient to consult with their primary care provider or other licensed qualified MD, DO, PA, or NP before vaccination.**
        a. **Severe Allergy.** Do not give MMR vaccine to a person who has experienced a severe allergic reaction (e.g., anaphylaxis) to a previous dose of MMR vaccine or to any of its components. For a list of vaccine components, see the manufacturer's package insert (immunize.org/official-guidance/fda/pkg-inserts) or

fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states).

b. **Pregnancy.** Do not give MMR vaccine to a person who is pregnant; vaccination should occur upon completion or termination of pregnancy.
c. **Severe Immunodeficiency.** Do not give MMR vaccine to a person having known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy, or severely immunocompromised from HIV infection).
   - Note: Long-term immunosuppressive therapy is defined as at least 2 weeks of daily receipt of 20 mg or 2 mg/kg body weight of prednisone or its equivalent.
   - Note: Susceptible individuals living with HIV are at increased risk for serious illness if infected with measles. HIV+ children age 12 months or older who are not severely immunocompromised should receive MMR vaccine as recommended. For additional information regarding HIV laboratory parameters and use of live vaccines, see "Altered Immunocompetence," at www.cdc.gov/vaccines/hcp/imz-best-practices/altered-immunocompetence.html and Table 4-1 (footnote J) at www.cdc.gov/vaccines/hcp/imz-best-practices/contraindications-precautions.html.
   - Do not give MMR vaccine to a child or teen with a family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents, siblings) unless the immune competence of the potential vaccine recipient has been clinically substantiated or verified by a laboratory.

ii. **Precautions**: **Screen for indications below. These conditions require evaluation prior to vaccination. If identified, consult with patient's primary care provider or other licensed qualified MD, DO, PA, or NP before vaccination.**
   a. Moderate or severe acute illness with or without fever;
   b. History of recent (within the past 11 months) receipt of antibody-containing blood product (specific interval depends on product);
   c. History of thrombocytopenia or thrombocytopenic purpura; or
   d. Need for tuberculin skin testing or interferon-gamma release assay (IGRA) testing. If active tuberculosis is suspected, MMR vaccination should be delayed. Measles-containing vaccination might suppress tuberculin reactivity temporarily. Measles-containing vaccine can be administered on the same day as tuberculin skin testing, or testing should be postponed for at least 4 weeks after the vaccination.

3. **Provide Vaccine Information Statements**
Provide all patients with a copy of the current Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their native language, if one is available and desired. The MMR VIS and its translations can be found at immunize.org/vaccines/vis/mmr. (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

4. **Prepare to Administer Vaccine to Children and Teens**
MMR II (Merck) may be administered via either the intramuscular (IM) or subcutaneous (SC) route; Priorix (GSK) may only be administered by the Subcutaneous (SC) route. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine. (For information about how to prevent and manage adverse reactions, see U.S. CDC: Preventing and Managing Adverse Reactions | Vaccines & Immunizations | CDC (https://www.cdc.gov/vaccines/hcp/imz-

best-practices/preventing-managing-adverse-reactions.html).

If vaccine is to be administered by the **intramuscular route**, choose the needle gauge, needle length, and injection site according to the following chart:

AGE OF CHILD/TEEN	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
Age 3 through 10 years	22–25	⅝†–1"	Deltoid muscle of arm*
		1–1¼"	Anterolateral thigh muscle
Age 11 years and older	22–25	⅝†–1"	Deltoid muscle of arm*
		1–1½"	Anterolateral thigh muscle

**Preferred site.*
†*A ⅝" needle may be used for children for IM injection in the deltoid muscle only if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle.*

If vaccine is to be administered by the **subcutaneous route**, choose the needle gauge, needle length, and injection site according to the following chart:

AGE OF CHILD/TEEN	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
Age 3 years and older	23–25	⅝"	Fatty tissue over triceps or fatty tissue over anterolateral thigh muscle

Reconstitute the vaccine with the manufacturer-supplied diluent just prior to administration.

5. **Administer Measles, Mumps, and Rubella Vaccine (MMR) to Children and Teens**, 0.5 mL according to the following criteria and schedule:

HISTORY OF PREVIOUS MMR VACCINATION	AGE GROUP	SCHEDULE FOR ADMINISTRATION OF MMR VACCINE
0 documented doses, or none known	3–4 years	Give dose #1. ‡
0 documented doses, or none known	4 years and older	Give dose #1. Give dose #2 at least 4 weeks later.
1 previous dose given before age 12 months	3 years and older	Give dose #1. Give dose #2 at least 4 weeks later
1 previous dose of MMR given at age 12 months or older	4 years and older	Give dose #2 at least 4 weeks after dose #1
2 previous doses of MMR and identified by public health to be at increased risk during a mumps outbreak	3 years and older	Give dose #3 at least 4 weeks after dose #2

‡*The minimum interval between dose #1 and dose #2 is 4 weeks. Administration of dose #2 before age 4 years is recommended if a child is at risk of measles virus exposure due to planned international travel, domestic travel to an area with ongoing measles outbreak, or when advised by public health authorities during a local measles outbreak.*

6. **Document Vaccination**
   Document each patient's vaccine administration information and follow up in accordance with applicable laws and regulations, and in the following places:

   a. ***Screening and consent form:*** Document the date the vaccine was administered, the manufacturer and lot number of the vaccine, the vaccination site and route, and the name and title of the person administering the vaccine. You must also document the publication date of the VIS and the date it was given to the patient. Such documentation shall be done and retained in accordance with applicable state laws and regulations. If a vaccine was not administered, record the reason(s) for not administering the vaccine (e.g., medical contraindication, patient refusal); discuss the need for vaccine with the patient at the next visit.

   b. ***Personal immunization record card:*** Issue a certificate of vaccination to the patient or patients' representative at the time of vaccination. The certificate shall be signed by the pharmacist and shall include the patient's name, date of vaccination and the location where the vaccine was administered.

   c. ***Immunization Information System (IIS) or "registry":*** Report the vaccination within 72 hours of administration to the Maine's Immunization Information System (IIS), ImmPact, at https://immpact.maine.gov/MEPRD/portalInfoManager.do.

7. **Be Prepared to Manage Medical Emergencies**
   Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications. For Immunize.org's "Medical Management of Vaccine Reactions in Children and Teens in a Community Setting," see www.immunize.org/catg.d/p3082a.pdf.

8. **Report All Adverse Events to VAERS**
   Report all adverse events following the administration of MMR vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov. To submit a VAERS report online (preferred) or to download a writable PDF form, go to https://vaers.hhs.gov/reportevent.html. Further assistance is available at 800-822-7967.

Standing Order Authorization
This standing order put in place to allow this increased access is effective as of May 15, 2026, and remains in effect until withdrawn or until January 1, 2027, whichever comes first.

Maine Department of Health and Human Services Issuing Official

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5/15/2026

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Date