

**Combination Measles-Mumps-Rubella and Varicella Vaccine (MMRV)  
PRIORIX-TETRA® Supplier: GlaxoSmithKline Inc.  
PROQUAD® Supplier: Merck Canada Inc.**

**INDICATIONS:**

- School entry dose (4-6 years of age).
- Susceptible unimmunized or incompletely immunized persons 4-12 years of age. <sup>A</sup>

In BC these vaccines are not routinely recommended in children under 4 years of age as a first dose due to increased risk of febrile seizures. <sup>B</sup>

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**DOSES AND SCHEDULE:**

Routinely as a 2<sup>nd</sup> dose at 4-6 years of age (inclusive): 1 dose given as 0.5 mL **SC** (see ADMINISTRATION).

Unimmunized persons 4-12 years of age (inclusive): 2 doses given as 0.5 mL **SC**, 12 weeks apart (see ADMINISTRATION). <sup>C</sup>

Incompletely immunized persons 7-12 years of age (inclusive): 1 dose given as 0.5 mL **SC** (see ADMINISTRATION).

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**ADMINISTRATION:**

- Both products need to be reconstituted. Use the diluent provided with the vaccine.
- PROQUAD®: Administer the entire volume of reconstituted product, which may be 0.5-0.7 mL.
- PRIORIX-TETRA®: Administer the entire volume of reconstituted product, which may be 0.5-0.7 mL.
- Per the product monographs, both products may be administered either subcutaneously (SC) or intramuscularly (IM).

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**BOOSTER DOSES:**

No booster doses are recommended at this time.

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**SEROLOGICAL TESTING:**

Serological testing is not routinely recommended before or after immunization.

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<sup>A</sup> As of June 2018, a varicella susceptible person is one without a history of lab confirmed varicella or herpes zoster after 12 months of age and without a history of age-appropriate varicella immunization. Individuals with a documented exemption in the immunization registry prior to this date due to previous disease will be considered immune. A self-reported history of varicella or physician diagnosed varicella is adequate only if disease occurred before 2004.

<sup>B</sup> Although MMRV is approved from ≥ 12 months to 12 years of age (inclusive), it is not recommended as a 1<sup>st</sup> dose in those < 4 years of age due to an increased risk of febrile seizures. In children < 2 years of age, who have a family or personal history of seizures of any etiology separate MMR and varicella vaccines should **always** be used.

<sup>C</sup> The recommended interval between 2 doses of MMRV is 12 weeks; this is also the minimum interval to be used when scheduling a 2<sup>nd</sup> dose. However, if an interval as short as 4 weeks was used, the dose does not need to be repeated.



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**PRECAUTIONS (continued):**

- The varicella component of MMRV vaccine may have reduced effectiveness if given concurrently with antivirals active against varicella zoster virus such as acyclovir, valacyclovir, or famciclovir. People taking long-term antiviral therapy should discontinue these drugs, if possible, at least 24 hours before administration of this vaccine and should not restart antiviral therapy until 14 days after vaccination.

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**SPECIAL CONSIDERATIONS:**

[NACI](#) recommends that egg allergic individuals (including those who have experienced anaphylaxis following egg ingestion) can be immunized with MMR-containing vaccine in any setting attended by immunization service providers who are following standard vaccine administration practices.

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**ADVERSE EVENTS:**

**Local:** pain, redness, swelling.

**Systemic:** fever, irritability, rash, parotitis.

Thrombocytopenia and encephalitis have been rarely associated with MMR vaccines. Though not yet established through post marketing surveillance, any association with MMRV vaccine is expected to be similar.