



2026 Family Medicine POP: Questions & Answers

Yesterday's Illness, Today's Practice: Recognizing and Treating Re-Emergent Infections

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Vaccination

- How do we advise patients who don't seem to create titers despite having had the normal vaccine schedule and 2-3 more MMR shots after that?

Seroconversion after 2 doses of MMR are reported to be higher than 99%, and documented receipt of 2 vaccines after 12 months of age is considered proof of immunity. It is not recommended to perform follow up titers. For those who fail to seroconvert after 2 doses, there are theoretical reasons why this can occur (ref), but further doses are not recommended at this time.

Wiedermann U, et al. Primary vaccine failure to routine vaccines: Why and what to do? Hum Vaccin Immunother 2016. <https://doi.org/10.1080/21645515.2015.1093263>

- How would you best educate/inform about early MMR vaccine dose to parents / guardians who are planning foreign travel with a kiddo that just turned 6 months?

I would advise that measles is much more common in countries outside of the United States, and is especially high in certain parts of the world where vaccination coverage is low. The WHO has a tool where you can look up vaccination coverage in different areas.

Complications of measles are higher in children under 5 years of age. Measles vaccination is very effective. It is safe for children as young as 6 months of age, but may not work as well until 12 months of age, therefore repeating the vaccine is recommended at 12 months of age.

Immunization Data. World Health Organization. <https://immunizationdata.who.int/>

- Does travel to a state with higher prevalence/incidence also qualify for earlier vaccination?

There are no formal recommendations for this, but if travel is planned to an area having an active outbreak, it should be considered.

- If a child has received 2 doses of MMR before age 4 due to exposure/travel, do they still get the 4 yo dose?

No, as long as 2 doses are given at least 4 weeks apart, after 12 months of age, that is all they need.

- Would you recommend early second dose of MMR prior to international travel for a healthy child between 1-4 years old?

Yes

- If a child gets the MMR vaccine at 12 months and then 1 month later. Is that acceptable for the school system or would they need to get a third dose at age 4?

No. As long as 2 doses are given at least 4 weeks apart after 12 months of age, that is all they need.

Measles

- Are there any unique features to measles presentation that set it apart from other viral illnesses?

The combination of red eyes (conjunctivitis), cough, and coryza, associated with rash, particularly if the rash starts on the head/ears and moves downward, should raise concern for measles. Koplik spots in the mouth are considered pathognomonic, but are transient and can be missed. Travel abroad (or to an area with a known outbreak) in an unimmunized host with these symptoms should definitely be a red flag. The high prevalence of febrile rash illnesses in children is why travel and immunization status are important screening questions for clinics and Emergency Departments.

Think Measles: Recognizing and Addressing Measles in Pediatric Practice. American Academy of Pediatrics. <https://www.aap.org/en/patient-care/infection-prevention-and-control/project-firstline/think-measles/>

- If Measles continues to increase in the US, when would you consider lowering the recommended age for MMR vaccine?

That might happen at some point but we are not there yet.

- What dose of vitamin A?

This should be for measles. 1 dose daily x 2 days, with 3rd dose 2-6 weeks later if vitamin A deficient.

200,000 IU for children $\geq$ 12 months old

100,000 IU 6-11 months old

50,000 IU < 6 months old

Red Book: 2024-2027 Report of the Committee on Infectious Diseases (33rd Edition). American Academy of Pediatrics. <https://publications.aap.org/redbook>

Hepatitis

- Why did the birth dose of hep b vaccination get eliminated?

The recommendation for the birth dose of hepatitis B was not “eliminated,” but the current ACIP group changed the recommendation to allow “individual” decision making if mom tested negative. The AAP and AAFP both continue to recommend the birth dose of hepatitis B vaccine.

- How do you feel about decoupling flu from other childhood immunization HEDIS measures?

I am not familiar with how those are determined or used, so couldn't say.

- Can you clarify the importance of hep b vaccinations in newborns when mother is already screened and negative?

Maternal testing is good but can miss more recently acquired infection and infants can be exposed postnatally to contacts other than mom. Infants who did not receive the birth dose were also less likely to complete the series by 18 months of age.

Elimination of Perinatal Hepatitis B: Providing the First Vaccine Dose Within 24 Hours of Birth. Pediatrics (2017) 140 (3): e20171870. <https://doi.org/10.1542/peds.2017-1870>

Pertussis

- Is the risk for pulmonary hypertension transient or a permanent complication?

Pulmonary hypertension happens in the acute phase of illness. It is not necessarily a long term issue.

Medications or treatment methods suggested should not be used without evaluation of patient's condition(s) and possible contraindication(s) or danger(s) of use.