



# Arkansas Department of Health

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Governor Asa Hutchinson  
Nathaniel Smith, MD, MPH, Secretary of Health

December 27, 2019

## **Dear Faculty and Staff working on the U of A Fayetteville campus:**

As you may know, there is a mumps outbreak on the U of A Fayetteville campus, which will impact the Spring 2020 semester. In an effort to shorten the duration of the outbreak, the Arkansas Department of Health is now requiring all persons working on the Fayetteville campus to be up-to-date with the MMR vaccine, which protects against mumps, as well as measles and rubella. This directive includes all non-U of A employees who work on the U of A Fayetteville campus.

**The Arkansas Department of Health is now requiring all persons working on the Fayetteville campus to provide documentation that they have received 2 doses of MMR vaccine in their lifetime by Friday, January 10, 2020.**

- All staff are required to show they received two doses of MMR vaccine 28 days apart any time after their first birthday. Your record may be uploaded to ADH using the following link <https://adhredcap.arkansas.gov/redcap/surveys/?s=W8EH3Y4PTC>. Your documentation may also be submitted via fax to 501-661-2300. If your shot record is in the Arkansas immunization registry, you may request a copy using a form found at [https://www.healthy.arkansas.gov/images/uploads/pdf/Shot\\_Record\\_Release1.pdf](https://www.healthy.arkansas.gov/images/uploads/pdf/Shot_Record_Release1.pdf).
- If you are not able to provide documentation of past doses of MMR vaccine, you have two options:
  - You may be vaccinated and provide documentation of the recent MMR vaccine doses. If you receive the first dose, you may work on campus after January 10. However, you will need to receive a second dose of MMR vaccine 28 days after the first dose.
  - You may ask your physician to do a blood test for mumps called an IgG antibody titer and submit the result to the Arkansas Department of Health by uploading it to ADH using the following link <https://adhredcap.arkansas.gov/redcap/surveys/?s=W8EH3Y4PTC>. Your test result may also be submitted via fax to 501-661-2300. If the IgG test shows immunity to mumps, vaccination will not be required. If it does not show immunity, then vaccination will be required.
- If you were born before 1957, you are considered to have immunity to mumps and this requirement does not apply to you.
- If you were born in 1957 or later and you have not had the MMR vaccine already, you need the first dose immediately. The second dose should be given a minimum of 28 days after the first dose. If you have had only one dose in the past, you should get the second dose now.

The MMR vaccine is available at many pharmacies and doctors' offices. It is also available at all Arkansas Department of Health local health units. To find the local health unit nearest you, use this link: <https://www.healthy.arkansas.gov/health-units>. The local health unit in Washington County is open Monday - Friday (8 am through 4:30 pm, Thursday 9:30 am to 6 pm). It is located at 3270 Wimberly Drive in Fayetteville. The phone number is 479-521-8181. Appointments are preferred, walk-ins as schedule allows. If you have insurance, please bring your insurance information with you. ADH will provide the vaccine at no cost to you, even if it is not covered by your health insurance.

**For your convenience, ADH will be on campus at the Wellness Center, January 7, from 10 am to 6 pm, and January 8, from 9 am to 4 pm to provide the MMR vaccine.** ADH will provide the vaccine at no cost to you, even if it is not covered by your health insurance. If you have insurance, please bring your insurance information with you. To save time, you may wish to fill out the attached registration form in advance.

Employees may apply for religious, philosophical or medical exemptions from this requirement by submitting an exemption application to the Arkansas Department of Health. Exemption applications are available at the Pat Walker Health Center or by calling ADH at 501-537-8969. **Employees with approved exemptions and those who have not provided the required documentation by January 10 will be excluded from work on the U of A Fayetteville campus until the outbreak is declared over by the Arkansas Department of Health.** An outbreak is over when two incubation periods for an illness have passed with no new cases. Two incubation periods for mumps is 52 days.

The best way to protect against mumps is to get the MMR vaccine. Unvaccinated people are nine times more likely to get mumps than are people with two doses of MMR vaccine. More information about the MMR vaccine can be found on the attached Vaccine Information Statement, which can also be read at <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mmr.pdf>. Please read it carefully before being vaccinated.

Information about mumps can be found at <https://www.cdc.gov/mumps/index.html>, and the latest information about the mumps outbreak on the UA Fayetteville campus can be found at <https://www.healthy.arkansas.gov/>.

Please be aware that two doses of the MMR vaccine is about 88 percent effective in completely preventing mumps. This means that about 12 out of every 100 people with two doses of the MMR vaccine will still get ill, if they are exposed to the mumps virus. However, mumps illness among those who have received the vaccine is expected to be milder and with fewer complications. To end this outbreak as quickly as possible, it is very important for everyone on campus to be as immune as possible against the disease.

ADH is working closely with your employer and with University of Arkansas officials to stop the spread of this outbreak. Please contact the Arkansas Department of Health Outbreak Response Section at 501-537-8969 for more information.

Sincerely,

*Jennifer A. Dillaha, M.D.*

Jennifer A. Dillaha, M.D.  
Medical Director for Immunizations and Outbreak Response

# Arkansas Department of Health

## OFF-SITE VACCINE ADMINISTRATION RECORD AND CONSENT

<b>For ADH use only</b>	ADH Clinic Code: _____	School LEA #: _____	Date Of Service: _____
School Name: _____	School Grade: _____	<input type="checkbox"/> (✓ if 317 Vaccine)	

**Person Receiving Vaccine:**

(Legal) First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth:  /  /

**MEDICAL HISTORY: Complete the following questions for the person receiving the vaccine**

<i>Note: If YES and further guidance is needed, notify the Regional CDNS.</i>	YES	NO	If your answer is YES to any of these questions, you may not be able to receive the vaccine.
Have you/your child ever had a serious reaction (anaphylaxis) to a previous dose of DTaP/Tdap, Hepatitis A, Hepatitis B, HIB, HPV, Meningococcal (MenACWY), MMR, Polio (IPV), Pneumococcal, or Varicella vaccine, such as difficulty breathing, wheezing, swelling of eyes or lips, or immediate nausea or vomiting?			
Have you/your child ever had Guillain-Barre` Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu or tetanus-toxoid containing vaccine?			
Are you/your child sick today? (If you/your child have a fever on the day of the clinic it may prevent you/your child from receiving the vaccine.)			
Do you/your child have allergies to medications, food, a vaccine component (gelatin, neomycin, yeast) or latex?			
Do you/your child have any health problems with lung, heart, kidney or metabolic disease (diabetes), asthma, blood disorder, no spleen, complement component deficiency, a cochlear implant, or spinal fluid leak? Are you/your child on long-term aspirin therapy?			
Have you/your child, or the child`s sibling had a seizure? Have you/your child had brain or other nervous system problems?			
Do you/your child or family member have cancer, leukemia, HIV/AIDS, any immune system problems or other congenital or hereditary immune system problems in parents or siblings?			
In the past 3 months, have you/your child taken medications that affect the immune system, such as prednisone, other steroids, or anticancer drugs; or drugs for the treatment of rheumatoid arthritis, Crohn`s disease, or psoriasis; or had radiation treatments?			
In the past year, have you/your child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?			
Are you/your child/teen pregnant, or is there a chance you/she could become pregnant during the next month?			
Have you/ your child received any vaccinations in the past 4 weeks?			

*Note: If YES and further guidance is needed, notify the Regional CDNS.*

<b>For Patient/Parent Use</b> Please check (✓) the vaccines below you/your child choose to receive: *AR Required for schools	For ADH Office Use Only					
	Route	Site	Dosage	MFG Code	Lot Number	VIS Date
<input type="checkbox"/> *DTaP, DT, Tdap, Td						
<input type="checkbox"/> *Hep A Vaccine						
<input type="checkbox"/> *Hep B Vaccine						
<input type="checkbox"/> HPV Vaccine						
<input type="checkbox"/> *MMR Vaccine						
<input type="checkbox"/> *Meningococcal (MenACWY) Vaccine						
<input type="checkbox"/> *Polio (IPV) Vaccine						
<input type="checkbox"/> *Varicella						
<input type="checkbox"/> Other						

**Sign Below**

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My signature below indicates I have read, understand and agree to **Section 3. Current Vaccine Information Statement (VIS)** for each vaccine and **Section 4. Release and Assignment** of the Off-Site Vaccine Administration Record and Consent.

Signature of Patient/Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Signature and Title of Vaccine Administrator \_\_\_\_\_

Date \_\_\_\_\_

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# MMR Vaccine (Measles, Mumps, and Rubella): *What You Need to Know*

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

## 1 Why get vaccinated?

MMR vaccine can prevent **measles, mumps, and rubella**.

- **MEASLES (M)** can cause fever, cough, runny nose, and red, watery eyes, commonly followed by a rash that covers the whole body. It can lead to seizures (often associated with fever), ear infections, diarrhea, and pneumonia. Rarely, measles can cause brain damage or death.
- **MUMPS (M)** can cause fever, headache, muscle aches, tiredness, loss of appetite, and swollen and tender salivary glands under the ears. It can lead to deafness, swelling of the brain and/or spinal cord covering, painful swelling of the testicles or ovaries, and, very rarely, death.
- **RUBELLA (R)** can cause fever, sore throat, rash, headache, and eye irritation. It can cause arthritis in up to half of teenage and adult women. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects.

Most people who are vaccinated with MMR will be protected for life. Vaccines and high rates of vaccination have made these diseases much less common in the United States.

## 2 MMR vaccine

**Children** need 2 doses of MMR vaccine, usually:

- First dose at 12 through 15 months of age
- Second dose at 4 through 6 years of age

**Infants who will be traveling outside the United States when they are between 6 and 11 months of age** should get a dose of MMR vaccine before travel. The child should still get 2 doses at the recommended ages for long-lasting protection.

**Older children, adolescents, and adults** also need 1 or 2 doses of MMR vaccine if they are not already immune to measles, mumps, and rubella. Your

health care provider can help you determine how many doses you need.

A third dose of MMR might be recommended in certain mumps outbreak situations.

MMR vaccine may be given at the same time as other vaccines. Children 12 months through 12 years of age might receive MMR vaccine together with varicella vaccine in a single shot, known as MMRV. Your health care provider can give you more information.

## 3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of MMR or MMRV vaccine**, or has any **severe, life-threatening allergies**.
- Is **pregnant**, or thinks she might be pregnant.
- Has a **weakened immune system**, or has a **parent, brother, or sister with a history of hereditary or congenital immune system problems**.
- Has ever had a **condition that makes him or her bruise or bleed easily**.
- Has recently had a **blood transfusion or received other blood products**.
- Has **tuberculosis**.
- Has **gotten any other vaccines in the past 4 weeks**.

In some cases, your health care provider may decide to postpone MMR vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting MMR vaccine.

Your health care provider can give you more information.



## 4 Risks of a vaccine reaction

- Soreness, redness, or rash where the shot is given and rash all over the body can happen after MMR vaccine.
- Fever or swelling of the glands in the cheeks or neck sometimes occur after MMR vaccine.
- More serious reactions happen rarely. These can include seizures (often associated with fever), temporary pain and stiffness in the joints (mostly in teenage or adult women), pneumonia, swelling of the brain and/or spinal cord covering, or temporary low platelet count which can cause unusual bleeding or bruising.
- In people with serious immune system problems, this vaccine may cause an infection which may be life-threatening. People with serious immune system problems should not get MMR vaccine.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

## 5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

## 6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or call **1-800-338-2382** to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

## 7 How can I learn more?

- Ask your healthcare provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

Vaccine Information Statement (Interim)  
**MMR Vaccine**



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