



Measles FAQs: Misconceptions Explained

Is getting sick with measles naturally better than the measles vaccination? Should I expose myself or my child to measles?

No, getting sick with measles is not better than getting the measles vaccine. While a measles infection does provide natural immunity, it comes with [serious risks](#), including hospitalization, pneumonia, encephalitis (brain inflammation), complications during pregnancy, and even death. Long-term complications include [immune amnesia](#), which can weaken immunity and increase vulnerability to other infections, and subacute sclerosing panencephalitis (SSPE), a rare but fatal brain disease that can develop years after infection.

The measles vaccine provides strong, safe immunity without these risks. Attending a “measles party” to intentionally expose yourself or a child to measles is dangerous and not recommended. It puts individuals at unnecessary risk of severe illness and complications. The best protection for yourself and your community is vaccination.

Can Vitamin A or cod liver oil prevent or cure measles?

No, vitamin A and cod liver oil (which is rich in vitamin A) do not prevent or cure measles. The measles vaccine is the only way to prevent measles. There is no specific treatment for measles, only supportive care.

However, vitamin A supplementation may reduce measles severity and risk of complications, including death. The CDC and American Academy of Pediatrics [recommend](#) vitamin A for children with measles, especially if hospitalized. There is no CDC recommendation for the use of cod liver oil as part of measles supportive care.

Since [excessive vitamin A intake can be harmful](#), supplementation should only be given when medically necessary and under the supervision of a healthcare provider. Most children in the US [receive sufficient vitamin A through their diet](#).

Can measles vaccine cause autism?

No. Studies have [repeatedly](#) shown no link between the measles vaccine and autism.

Does a positive IgG test mean someone has a measles infection?

No, a positive [IgG](#) test indicates immunity to measles from [past infection or vaccination](#), not an active infection.

Can measles vaccine cause measles illness?

No, the measles vaccine cannot cause measles illness. The MMR vaccine contains a weakened, non-infectious strain ([MeVA, genotype A](#)), which does not cause or spread measles but helps the body develop immunity. [No human-to-human transmission](#) of the measles vaccine virus has ever been reported.



The current Texas outbreak is [linked](#) to a naturally circulating, disease-causing strain ([wild-type, genotype D8](#)), which has been circulating since [1990](#) in regions including [Europe, North Africa, the Middle East, and Southwest Asia](#).

Are measles boosters recommended?

There are currently [no recommendations](#) to receive a third dose of MMR vaccine during measles outbreaks.

During measles outbreaks, state and local health departments may adjust or implement temporary [accelerated vaccination](#) schedules, in addition to routine recommendations, for populations at-risk who are residing in or visiting the affected areas. This may include recommending:

- Infants (6–11 months old): Early dose, followed by routine two-dose series at 12–15 months and 4–6 years, per CDC guidelines.
- Children (1–4 years old): Early second dose, at least 28 days after the first.
- Adults: Second dose if only one dose was received, given at least 28 days after the first.
- Healthcare personnel in a healthcare facility or facilities serving outbreak areas [are recommended](#) to receive two MMR doses regardless of birth year if they lack laboratory-confirmed immunity.

The [following populations](#), aged 12 months of age or older, are recommended to receive at least *two doses of MMR vaccine, at least 28 days apart*, if they lack measles immunity:

- Students at post-high school educational institutions
- International travelers
 - Infants (6 through 11 months) traveling internationally should receive an early dose of MMR if they lack immunity against measles. These infants will still need the routine two-dose series.
- Household and close contacts of immunocompromised persons
- People with Human Immunodeficiency Virus (HIV) infection (without severe immunosuppression)

Certain populations may benefit from an additional MMR dose or revaccination:

- *Adults vaccinated before 1968 with an inactivated vaccine or unknown vaccine type*
 - The CDC recommends getting at least one dose of the current, more effective live attenuated MMR vaccine for better protection.
- *Individuals without evidence of measles immunity or unsure of their vaccination status*
 - If vaccination status is not known, getting the MMR vaccine is safe and effective. Check with a healthcare provider for guidance.



References

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