HSE Public Health: National Health Protection Office
FSS Sláinte Poiblí: An Oifig Náisiúnta um Chosaint Sláinte

Measles exposure during pregnancy – guidance document

Please note that this document should be used in tandem with other national measles guidance documents.

Readers should not rely solely on the information contained with these guidance outputs. Guidance information is not intended to be a substitute for advice from other relevant sources including and not limited to, the advice from a health professional. Clinical judgement and discretion will be required in the interpretation and application of this guidance document. This guidance document is under constant review based upon emerging evidence at national and international levels and national policy decisions.

For further information please contact: rgdu@hpsc.ie.

Version: 1.4
Publication date: 6th January 2026

Version History		
Title of Guidance:		**Measles exposure during pregnancy – guidance document**
Approved by:		**DNHP**
Version number:		**1.4**
Publication Date:		**06/01/2026**
Scheduled Review Date:		**05/01/2029**
Electronic Location:		**https://www.hpsc.ie/a-z/vaccinepreventable/measles/guidance/**
Version	**Final Approval Date:**	**List section numbers and changes**
1.3	09/06/2025	Minor updates to guidance document – additional of links to newly published algorithms. Update to "significant exposure" to include utero exposure as per national measles guidelines.
1.4	06/01/2026	Update to acceptable level of immunity for pregnant close contacts. Minor update to Section 3.

Contents

Measles exposure during pregnancy – guidance document

Date reviewed: 06/012026 *Version 1.4*

Measles during pregnancy is associated with an increased risk of maternal, fetal, and newborn complications including pneumonia, fetal loss, preterm birth, neonatal low birth weight, maternal and neonatal death. Measles in pregnancy and perinatal measles in an infant can both result in fulminant subacute sclerosing panencephalitis (SSPE) with a short-onset latency period[1].

1. National guidance on use of human normal immunoglobulin (HNIG)[1]

National guidance recommends using human normal immunoglobulin (HNIG) for susceptible pregnant women exposed to measles. The main aim of measles post-exposure prophylaxis with HNIG for pregnant women is attenuation of disease which may potentially reduce the rate of complications.

HNIG should be administered (ideally within 72 hours of exposure) to pregnant women without evidence of measles immunity who have had significant exposure to measles. Women with measles titres reported as “positive” or “weak positive” can be considered protected and do not need HNIG[1].

2. Acceptable presumptive evidence of immunity against measles in pregnant women:

Acceptable presumptive evidence of immunity against measles in pregnant women includes at least one of the following:

- Written documentation of vaccination with two doses of MMR vaccine at least 28 days apart.

- Serological evidence of measles immunity (i.e., detectable measles specific IgG from an INAB accredited laboratory or equivalent[a]
- Birth in Ireland before 1978. Most adults born in Ireland before 1978 are likely to have had measles infection. MMR vaccine should be offered to such individuals on request if they are considered at high risk of exposure. However, presumptive immunity by birth in Ireland before 1978 should not be used to confirm immunity in pregnant women identified as close contacts of a measles case.

3. Assessing exposure to measles:

An exposure is considered significant if:

- A susceptible individual is exposed to a confirmed or probable case of measles who is infectious at the time of exposure (four days before to four days after rash onset) in any of the following ways:
  - There is face to face contact of any duration.
  - An immunocompetent individual is in a room with a case for more than 15 minutes. This includes those who, within the preceding six days, may have been exposed to measles in the setting of an emergency department or an outpatient clinic where the intensity of such exposure cannot accurately be judged.
  - An immunocompromised person is in the room with a case for any duration or enters a room vacated by a case within two hours of the case leaving the room[1].
- In-utero exposure to maternal measles: where maternal measles rash occurs within six days before to six days after birth, the exposure of the neonate to measles should be considered significant.

Human Normal Immunoglobulin (usage) administration

For information on HNIG usage please refer to most recent Chapter 12: Measles Immunisation Guidelines for Ireland.

[a] Acceptable laboratories to be determined by local occupational health and/or public health teams. Only international laboratories that are accredited to the same international standard (ISO15189) as INAB should be accepted

References

1. National Immunisation Advisory Committee. Immunisation Guidelines for Ireland. Chapter 12. Measles (updated December 2024). Available at Chapter 12 - Measles | HIQA (accessed 19/05/2025)