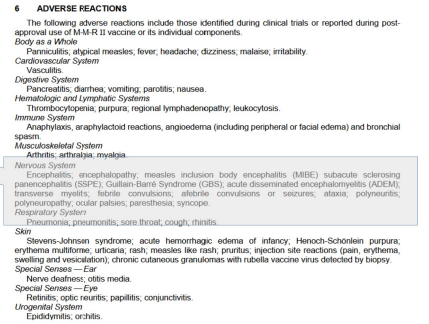
M-M-R II Vaccine Information by Merck Sharp & Dohme LLC and the Vaccine Injury Compensation Program Table

Practitioner Package Insert:
https://www.fda.gov/media/75191/download?attachment
"6 Adverse Reactions: Nervous System
Encephalitis; encephalopathy; measles inclusion body encephalitis (MIBE) subacute sclerosing panencephalitis (SSPE); Guillain-Barré Syndrome (GBS); acute disseminated encephalomyelitis (ADEM); transverse myelitis; febrile convulsions; afebrile convulsions or seizures; ataxia; polyneuritis; polyneuropathy; ocular palsies; paresthesia; syncope."



6 ADVERSE REACTIONS

The following adverse reactions include those identified during clinical trials or reported during post-approval use of M-M-R II vaccine or its individual components.

Body as a Whole
Panniculitis; atypical measles; fever; headache; dizziness; malaise; irritability.

Cardiovascular System
Vasculitis.

Digestive System
Pancreatitis; diarrhea; vomiting; parotitis; nausea.

Hematologic and Lymphatic Systems
Thrombocytopenia; purpura; regional lymphadenopathy; leukocytosis.

Immune System
Anaphylaxis, anaphylactoid reactions, angioedema (including peripheral or facial edema) and bronchial spasm.

Musculoskeletal System
Arthritis; arthralgia; myalgia.

Nervous System
Encephalitis; encephalopathy; measles inclusion body encephalitis (MIBE) subacute sclerosing panencephalitis (SSPE); Guillain-Barré Syndrome (GBS); acute disseminated encephalomyelitis (ADEM); transverse myelitis; febrile convulsions; afebrile convulsions or seizures; ataxia; polyneuritis; polyneuropathy; ocular palsies; paresthesia; syncope.

Respiratory System
Pneumonia; pneumonitis; sore throat; cough; rhinitis.

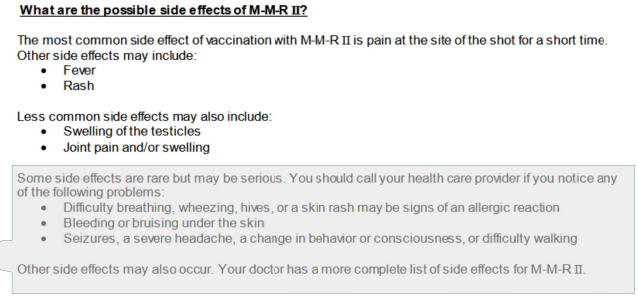
Skin
Stevens-Johnsen syndrome; acute hemorrhagic edema of infancy; Henoch-Schönlein purpura; erythema multiforme; urticaria; rash; measles like rash; pruritus; injection site reactions (pain, erythema, swelling and vesicalation); chronic cutaneous granulomas with rubella vaccine virus detected by biopsy.

Special Senses — Ear
Nerve deafness; otitis media.

Special Senses — Eye
Retinitis; optic neuritis; papillitis; conjunctivitis.

Urogenital System
Epididymitis; orchitis.

Patient Information:
https://www.fda.gov/media/87361/download?attachment
What are the possible side effects of M-M-R II? No mention of encephalitis. "Seizures, a severe headache, a change in behavior or consciousness...Other side effects may also occur. Your doctor has a more complete list of side effects for M-M-R II."



What are the possible side effects of M-M-R II?

The most common side effect of vaccination with M-M-R II is pain at the site of the shot for a short time. Other side effects may include:

- Fever
- Rash

Less common side effects may also include:

- Swelling of the testicles
- Joint pain and/or swelling

Some side effects are rare but may be serious. You should call your health care provider if you notice any of the following problems:

- Difficulty breathing, wheezing, hives, or a skin rash may be signs of an allergic reaction
- Bleeding or bruising under the skin
- Seizures, a severe headache, a change in behavior or consciousness, or difficulty walking

Other side effects may also occur. Your doctor has a more complete list of side effects for M-M-R II.

Partial Vaccine Injury Table excerpt from 42 CFR § 100.3 (2)

VACCINE INJURY TABLE

Vaccine	Illness, disability, injury or condition covered	Time period for first symptom or manifestation of onset or of significant aggravation after vaccine administration
I. Vaccines containing tetanus toxoid (*e.g.*, DTaP, DTP, DT, Td, or TT).	A. Anaphylaxis	≤4 hours.
	B. Brachial Neuritis	2–28 days (not less than 2 days and not more than 28 days).
	C. Shoulder Injury Related to Vaccine Administration.	≤48 hours.
	D. Vasovagal syncope	≤1 hour.

VACCINE INJURY TABLE—Continued

Vaccine	Illness, disability, injury or condition covered	Time period for first symptom or manifestation of onset or of significant aggravation after vaccine administration
II. Vaccines containing whole cell pertussis bacteria, extracted or partial cell pertussis bacteria, or specific pertussis antigen(s) (*e.g.*, DTP, DTaP, P, DTP-Hib).	A. Anaphylaxis	≤4 hours.
	B. Encephalopathy or encephalitis	≤72 hours.
	C. Shoulder Injury Related to Vaccine Administration.	≤48 hours.
	D. Vasovagal syncope	≤1 hour.
III. Vaccines containing measles, mumps, and rubella virus or any of its components (*e.g.*, MMR, MM, MMRV).	A. Anaphylaxis	≤4 hours.
	B. Encephalopathy or encephalitis	5–15 days (not less than 5 days and not more than 15 days).
	C. Shoulder Injury Related to Vaccine Administration.	≤48 hours.
	D. Vasovagal syncope	≤1 hour.
IV. Vaccines containing rubella virus (*e.g.*, MMR, MMRV).	A. Chronic arthritis	7–42 days (not less than 7 days and not more than 42 days).
V. Vaccines containing measles virus (*e.g.*, MMR, MM, MMRV).	A. Thrombocytopenic purpura	7–30 days (not less than 7 days and not more than 30 days).
	B. Vaccine-Strain Measles Viral Disease in an immunodeficient recipient.	
	—Vaccine-strain virus identified	Not applicable.
	—If strain determination is not done or if laboratory testing is inconclusive.	≤12 months.

Code of Federal Regulations. 42 CFR § 100.3 Vaccine injury table. Accessed 3/3/26
govinfo.gov/content/pkg/CFR-2024-title42-vol1/pdf/CFR-2024-title42-vol1-sec100-3.pdf

McCullough Foundation discussion on the Vaccine Adverse Events Reporting System (VAERS)

Public health science upholds the precautionary principle: when a well-defined factor or activity raises threats of serious or irreversible harm to human health, precautionary measures should be taken even if some causal relationships are not fully elucidated scientifically. **When VAERS or similar passive surveillance detects a major signal—such as multiple reported deaths temporally associated with vaccination—authorities must immediately treat it as a high-priority alert requiring urgent investigation.** Although VAERS cannot prove causation and is subject to reporting biases, **dismissing or downplaying such signals without rigorous follow-up studies can result in overlooking genuine rare harms and placing the public at further risk. (1, Pg 10)**

Vaccine Adverse Event Reporting System (VAERS) (Wikipedia excerpt) an outgrowth of the 1986 National Childhood Vaccine Injury Act (NCVIA), which requires health care providers to report:

- Any event listed by the vaccine manufacturer as a contraindication to subsequent doses of the vaccine.
- Any event listed in the Reportable Events Table that occurs within the specified time period after vaccination. The data are stored electronically by the CDC in the Vaccine Safety Datalink (VSD).

VAERS was established in 1990 and is managed jointly by the FDA and the CDC. It is meant to act as a sort of "early warning system"—a way for physicians and researchers to identify possible unforeseen reactions or side effects of vaccination for further study.

Limitations and abuse

Like other spontaneous reporting systems, VAERS has several limitations, including underreporting, unverified reports, inconsistent data quality, and inadequate data about the number of people vaccinated. Due to the program's open and accessible design and its allowance of unverified reports, incomplete VAERS data is often used in false claims regarding vaccine safety. The Centers for Disease Control and Prevention (CDC) has warned that raw data from VAERS is not enough to determine whether a vaccine can cause a particular adverse event.

The **National Childhood Vaccine Injury Act** (**NCVIA**) of 1986 (42 U.S.C. §§ 300aa-1 to 300aa-34) was signed into law by United States President Ronald Reagan as part of a larger health bill on November 14, 1986. NCVIA's purpose was to eliminate the potential financial liability of vaccine manufacturers due to vaccine injury claims to ensure a stable market supply of vaccines, and to provide cost-effective arbitration for vaccine injury claims. Under the NCVIA, the National Vaccine Injury Compensation Program (NVICP) was created to provide a federal no-fault system for compensating vaccine-related injuries or death by establishing a claim procedure involving the United States Court of Federal Claims and special masters.

(1) Cosgrove, Kirstin et al. Deaths Following MMR and MMRV Vaccination in the United States. February 2026. The McCullough Foundation. Accessed 3/10/26 Zenodo. doi.org/10.5281/zenodo.18671462
(2) Lyons-Weiler, James. How HHS Recognizes that Vaccines Can Cause Encephalopathy: Prepared for clinicians, attorneys, policymakers, and the public. Popular Rationalism. Accessed 2/17/26 at substack.com/home/post/p-187844921

Reference links accessed 3/3/26
American Academy of Pediatrics VAERS aap.org/en/patient-care/immunizations/implementing-immunization-administration-in-your-practice/vaccine-adverse-events-reporting-system/
Vaccine Safety Datalink: cdc.gov/vaccine-safety-systems/vsd/index.html
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en.wikipedia.org/wiki/Vaccine_Adverse_Event_Reporting_System