

Measles Guidance for Schools and Childcare

Purpose: This document provides guidance for schools and childcare facilities on precautionary measures to take before a measles case occurs, as well as steps to follow if a case is confirmed in the school or childcare building.

Any child in a school or childcare facility where a case of measles is identified who cannot show any evidence of immunity must be excluded from the school or childcare facility for 21 days from the last day of exposure, or until proof of immunity is provided.

Proof of immunity includes:

- Received two doses of measles-containing vaccine and are a school-aged child (grades k-12) or an adult who will be in a setting that poses a high risk for measles transmission (healthcare workers, attending college, international travel).
- Received one dose of measles-containing vaccine and are a preschool-aged child or an adult who will not be in a high-risk setting.
- Laboratory evidence of immunity
- History of laboratory confirmation of measles via PCR testing.
- Birth before 1957 (birth before 1957 is NOT considered evidence of immunity for healthcare workers)

Actions for schools and childcare to take in advance of a case:

- 1) Create a list of K-12 students who do not have documentation of two (2) doses of MMR (measles mumps-rubella) vaccine or one (1) dose for preschool-aged children and staff. This list includes students and staff who have waivers or exemptions. If a case of measles occurs among a student or staff member in the school building, students with only one dose of MMR may need to receive a second MMR dose to be up to date for their age. Students and staff with zero/unknown doses will need to receive MMR vaccine within 72 hours after initial exposure, produce immunization records, or have IgG titers drawn to determine immunity; otherwise, those students and staff will need to be excluded. Exclusion means that students cannot come to school and cannot participate in any school activities or extracurricular events.

Reach out proactively to these families and be sure that they know about the state exclusion requirements that the school or childcare facility will enforce if measles is identified within the school or childcare facility. Let them know that getting up to date now on the measles vaccine will allow their child to remain in school and protect them from measles.

2) Communicate broadly with all parents and staff, reminding them of immunization recommendations. The Centers for Disease Control and Prevention (CDC) recommendations for measles vaccination can be shared. Two doses of MMR vaccine are 97% effective at preventing measles, and one dose is 93% effective at preventing measles. Measles vaccines are available from:

- a) Many doctors' offices.
- b) Urgent Care centers (call to confirm).
- c) Local pharmacies (check with locations based on child's age).
- d) Your local health department (call to confirm).

Second dose of MMR vaccine must be given at least 28 days after the first dose to be considered valid.

- 3) Promote respiratory hygiene and cough etiquette.
- 4) Encourage frequent handwashing. If soap and water are not available, use hand sanitizer.
- 5) Disinfect frequently touched surfaces such as doorknobs and tables. Using standard disinfectants per the manufacturer's instructions should be sufficient for measles virus. Note that measles virus can remain in the air for up to two hours after a person with measles leaves the room.
- 6) Properly dispose of all soiled, disposable items.
- 7) Encourage students and staff to stay home when sick.
- 8) Review the [signs and symptoms of measles](#). Be watchful for students who may come to school with fever and other signs and symptoms of measles. Identify a private room for students suspected of having measles to wait while their parents are coming to pick them up from school or childcare. If measles is suspected, advise the family to seek care at the office of their healthcare provider, at an urgent care, or an emergency room. They should notify the healthcare facility before they arrive that measles is suspected so that care can be taken to limit further spread.
- 9) Report all suspect measles cases to your local health department.

Actions to take immediately if a student or staff member in your school or childcare building has measles:

Quick actions can prevent further spread of measles to others at school and in the community.

- 1) Communicate with your local health department, student families, and staff. If you learn of any students or staff with confirmed or suspected measles in your school, immediately contact your local health department or the Office of Epidemiology and Prevention Services at (304) 558-5358 so that we can help ensure proper control measures are implemented. Your local health department will work closely with your school to contact students and staff who may have been exposed to measles. If a case of measles is confirmed, the “PRINCIPAL TO PARENT NOTIFICATION LETTER” (below) can be modified and shared by your school with students and their families.
- 2) Isolation of measles positive individuals. The student or staff member who is infected with measles must isolate – stay at home away from others and away from all public places, including childcare, school, work, social activities, sports, recreation events, all extracurricular activities, and public places like cinemas and shopping malls. Students and staff who are in isolation must not be allowed in the school or childcare building until four days have passed since their rash began and they are physically able to return to school or work (rash onset is day zero, and isolation should be maintained through day four).
- 3) Exclusion of students without any evidence of immunity. Exclusion means a student is not allowed to attend school or any extracurricular school activities such as childcare, clubs, and sports. All exposed students in the school building without documentation of at least one dose of MMR must be excluded from school regardless of documentation of an exemption or waiver on file for medical reasons. If a case of measles is identified in your school or childcare facility and was present during their contagious period (four days prior to rash onset through four days after rash onset), students and staff with zero/unknown doses will need to receive an MMR vaccine within 72 hours of exposure, or else be excluded from school or childcare. If the student or staff produces immunization records (from before the exposure occurred), or has a positive IgG titer result, they may return to school.
 - a) Exclude students with zero doses of measles vaccine:
 - i) If the excluded student receives one documented dose of MMR within 72 hours after their initial exposure to measles, they may return to school immediately. A second dose of MMR will need to be received at least 28 days later to complete the two-dose series.
 - ii) Unvaccinated exposed students (zero doses) who do not receive a dose of MMR within 72 hours (they refuse or are unable), including those who have a medical or other exemption to vaccination, must be excluded from school through 21 days after the last known case was present in the school building while contagious, or through 21 days after their last personal exposure to a case; whichever is later. It should be noted that if there are multiple cases of measles at a particular school, the student’s exclusion might be significantly extended beyond 21 days, since the 21-day time period would reset with the identification of each individual new case.

- iii) Infants aged 6 to 11 months old may receive a dose of MMR early. If the dose is received within 72 hours of exposure, they may return to childcare. The child will need to be vaccinated again according to the routine schedule (i.e., two additional doses, with the first between 12 to 15 months of age. All doses of MMR must be separated by at least 28 days.)
- iv) Infants aged 0 to 5 months old are not able to receive MMR after exposure to measles and must be excluded from the childcare facility.
- b) Students with one dose of measles vaccine:
 - i) If the student is not up to date for their age, they should receive a second dose of MMR as soon as possible. Quarantine is not required, but the student should be monitored for signs and symptoms of measles for 21 days after the last exposure.
- 4) Exposed students and staff: monitoring and quarantine.
 - a) All exposed students and staff need to monitor for symptoms. Exposure means sharing the same airspace as someone with measles (measles can remain airborne up to two hours after the infected individual leaves the airspace). Students and staff who are identified as having been exposed to someone infected with measles, whether in the school building or elsewhere, will be advised by their local health department to monitor for signs and symptoms of measles for 21 days following exposure. Reminding families and staff to be vigilant in watching for signs of measles can help to identify new cases early and prevent further spread.
 - b) Some exposed individuals will need to quarantine at home. People who do not have proof of measles immunity may become sick after being exposed; they must quarantine so they do not infect others. Quarantine means staying at home, away from others, and away from all public places, including childcare, school, work, social activities, sports, recreation events, all extracurricular activities, and public places like cinemas and shopping malls. The quarantine period for measles is 21 days following exposure to measles.
 - i) In rare situations, when someone receives immune globulin after exposure to measles, quarantine and symptom monitoring may be extended to 28 days.
- 5) If an exposed individual can produce alternate evidence of immunity, such as a blood test showing antibodies to measles (also called an IgG antibody test), quarantine may be downgraded to symptom monitoring instead, following discussion with the local health department.
- 6) Staff born before 1957 are presumed immune to measles.

Additional Resources

- Centers for Disease Control and Prevention (CDC) Guidance on Preventing the Spread of Infections in K- 12 Schools: <https://www.cdc.gov/orr/school-preparedness/infection-prevention/index.html>
- Office of Epidemiology and Prevention Services (OEPS) website:
<https://oeeps.wv.gov/measles/pages/default.aspx>
<https://oeeps.wv.gov/toolkits/pages/default.aspx>
- Template Principal-to-Parent Letter: See next page

Date: //2025

Dear parents/guardians,

This letter is to notify you that a person with measles was present at **School Name** on the following date(s):

- [date 1]
- [date 2, etc.]

Measles is a highly contagious virus that spreads through respiratory droplets. The virus can remain in the air for up to two hours after a person with measles leaves the room. Children and adults who have not had measles or who have not received the MMR vaccine are at high risk of developing measles after being exposed. About 90% of people who are not protected against measles and are exposed to the virus will get infected. Children younger than five years old, adults older than 20 years old, and people with weakened immune systems are at higher risk of complications.

What should you do?

School Name, in collaboration with the West Virginia Department of Health, strongly encourages you to review your child's vaccination status. Children usually receive the MMR vaccine at 12 to 15 months and again at 4 to 6 years of age. Most school-aged children who have had two doses of MMR vaccine are protected from measles. Talk to your healthcare provider if you are unsure of your child's vaccination status, if your child has had one dose of the MMR vaccine, or if your child has not received the MMR vaccine.

Protection provided by the measles vaccine is usually permanent. However, about three in 100 people who have received two doses of MMR vaccine will still get measles if exposed to the virus. Therefore, we want to provide you with information about measles, and the signs and symptoms to look for in your child. If your child or anyone in your household currently has symptoms that look like measles, which include:

- Fever
- Cough
- Runny nose
- Red, watery eyes (conjunctivitis/pink eye)
- Tiny white spots inside the mouth
- Rash (flat, dry spots)

o The rash may appear red or pink on fair skin but may have no change in color on darker skin.

Contact the school nurse to report your child's illness. (Put school nurse contact info here). Notify the local health department immediately of any suspected cases of measles.

Anyone who has the measles should stay home and avoid contact with others for four days after their rash began. They should not attend school, childcare, work, parties and/or other gatherings. Those who were exposed to measles and who are unvaccinated should not attend school, childcare, work, parties and/or other gatherings until 21 days have passed after they were exposed.

If you or anyone else in your household has a weakened immune system or is pregnant and has never had measles or the measles vaccine, talk with your doctor immediately.

If you have questions regarding exposure, symptoms, or measles in general please call the school nurse, _____, at _____ or your local health department at ____.

Best Regards, (School staff)