NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Measles Update and Planning

North Carolina Communicable Disease Branch, Vaccine-Preventable Disease Team

NCDHHS, Division of Public Health

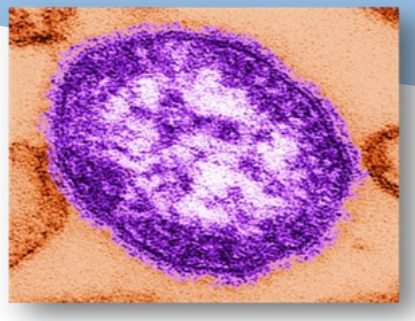
Childcare Measles Planning and Update, March 2025

Objectives

- Review measles basic information
- Highlight current measles situation and coverage trends
- Discuss measles exposures in childcare settings
- Local Health Department investigation
- Child and staff vaccination records, accuracy
- Vaccination exemptions in childcare setting
- List key points for exclusion (isolation and quarantine) of non-immune children and staff
- Locate measles resources

Measles 101

Measles



- Acute viral illness transmitted via airborne particles or droplets
- VERY CONTAGIOUS! One of the most highly communicable infectious diseases
- Sharing airspace (e.g. sitting in same room) with an infected person is considered an exposure, and airborne virus can remain infectious for up to 2 hours after infectious person vacates the space
- Incubation period: 7-21 days (average 14 days)
- Infectious period: 4 days before to 4 days after rash onset (9 days total)

Clinical Picture

- **Early Signs (typically lasts 2-4 days)**
  - High fever (up to 105°), cough, coryza (runny nose), conjunctivitis
  - Koplick spots (white spots on inner cheek)

- **Rash (typically lasts 4-7 days)**
  - Begins a few days after early signs
  - Maculopapular (flat lesions and small, solid raised lesions)
  - Begins on head and face
  - Spreads to trunk and extremities
  - Fades in order of appearance

- **Complications include ear infections, diarrhea, immune system harm, hospitalization, pneumonia, brain swelling, death**

Koplik spots

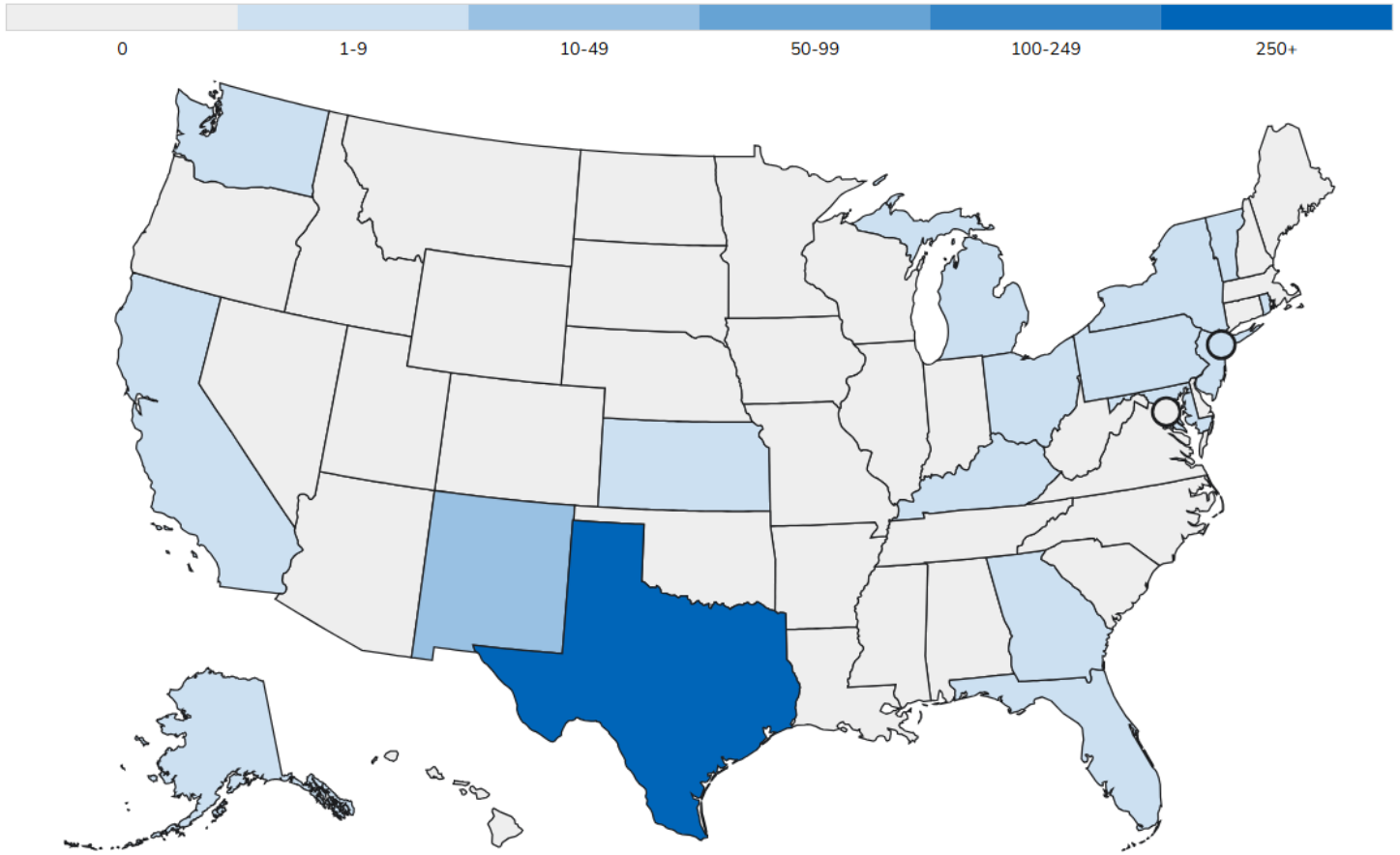
Public health image library https://phil.cdc.gov/default.aspx

Measles Vaccination

- MMR is a combination vaccine that contains measles, mumps and rubella (MMRV also available for children, includes varicella)
- 2 doses of measles-containing vaccine are recommended as part of the routine childhood immunization schedule
  - The first dose at 12-15 months of age
  - The second dose at 4-6 years of age
- At least one dose of MMR is recommended for adults who do not have evidence of immunity
- Certain adults may need 2 doses. Refer to CDC website for complete guidelines
- Vaccine side effects can mimic disease but people with vaccine-associated fever or rash cannot spread measles

Current measles situation and coverage trends

CDC Measles Outbreak Map, 3/20/2025



- 378 confirmed cases in 18 states
- 2 deaths
- 33% of cases under 5 years of age
- 95% of cases unvaccinated

Concern for NC

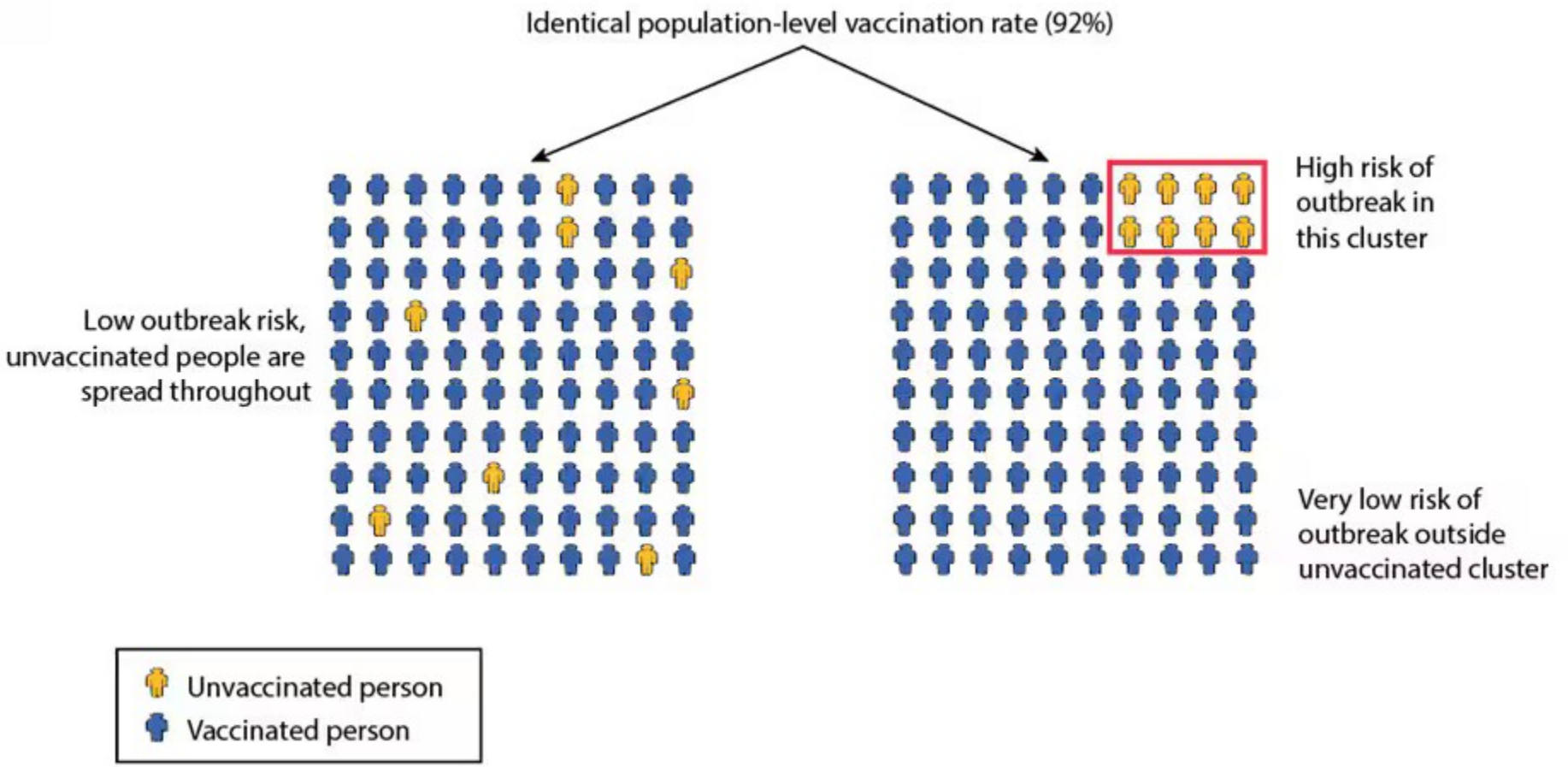
- Epicenter of Texas outbreak, Gaines County, has non-medical exemption rate of 17.6%, allowing for spread of disease
- Spring break and easy interstate travel makes it easy for infected person to bring disease to NC
- People can be contagious for 4 days before rash onset, infecting others unknowingly
- Some areas in NC also have high non-medical exemption rates, which would allow cases to spread throughout community

NC Counties with % Up To Date <90%

- Cherokee 83.69 %
- Henderson 86.09 %
- Clay 86.92 %
- Graham 87.36 %
- Cumberland 87.53 %
- Mitchell 87.88 %
- Madison 88.37 %
- Lincoln 88.81 %
- Jackson 89.29 %
- Harnett 89.36 %
- Buncombe 89.71 %
- Wilson 89.82 %

NC Kindergarten Immunization Data Dashboard
https://immunization.dph.ncdhhs.gov/schools/kindergartendashboard.htm

Outbreak Risk



https://www.cdc.gov/ncird/whats-new/measles-outbreak-risk-in-us.html

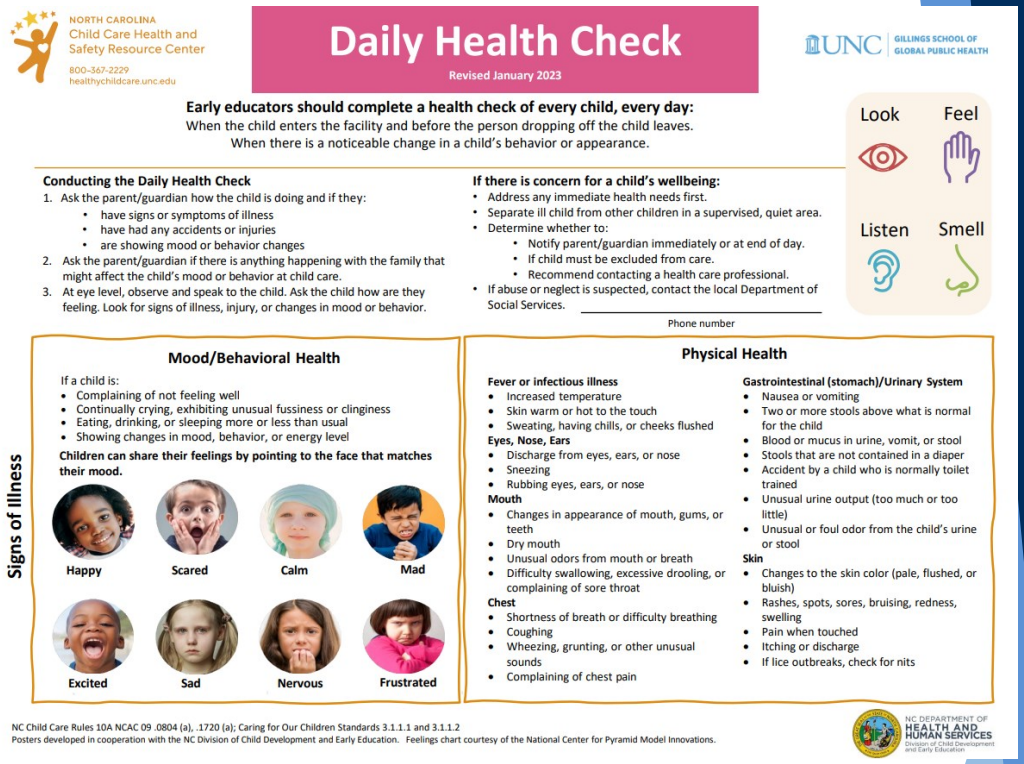
Concerns for Childcare

Mix of Unvaccinated and Vaccinated Children

- Communal space would allow for easy spread of virus
- Children under one year of age have no protection, at high risk if measles enters community
- First dose of MMR is recommended at 12 months of age, provides 93% protection, second dose at 4 years of age provides 97% protection.
- 33% of cases in 2025 have been children under 5 years
- Most measles deaths occur in children under 5 years of age

How to Stay Prepared

- Create a list of children and staff who do not have the correct dose of MMR vaccine (1 dose for children in childcare, 2 doses for children over four in after school care) or who are too young to receive the vaccine. This list should include children who have a medical or religious exemption.* SL0
- Promote respiratory hygiene and cough etiquette (cover your cough) and frequent handwashing
- Encourage children and staff to stay home when sick
- Review the Communicable Disease Toolkit created by the NC Childcare Health and Safety Resource Center
- Complete the Daily Health Check



NORTH CAROLINA Child Care Health and Safety Resource Center
800-367-2229
healthychildcare.unc.edu

Daily Health Check

Revised January 2023

UNC GILLINGS SCHOOL OF GLOBAL PUBLIC HEALTH

Early educators should complete a health check of every child, every day:
When the child enters the facility and before the person dropping off the child leaves.
When there is a noticeable change in a child's behavior or appearance.

Look Feel Listen Smell

Conducting the Daily Health Check

1. Ask the parent/guardian how the child is doing and if they:
   - have signs or symptoms of illness
   - have had any accidents or injuries
   - are showing mood or behavior changes
2. Ask the parent/guardian if there is anything happening with the family that might affect the child's mood or behavior at child care.
3. At eye level, observe and speak to the child. Ask the child how are they feeling. Look for signs of illness, injury, or changes in mood or behavior.

If there is concern for a child's wellbeing:

- Address any immediate health needs first.
- Separate ill child from other children in a supervised, quiet area.
- Determine whether to:
  - Notify parent/guardian immediately or at end of day.
  - If child must be excluded from care.
  - Recommend contacting a health care professional.
- If abuse or neglect is suspected, contact the local Department of Social Services. _____ Phone number

Signs of Illness

Mood/Behavioral Health

If a child is:
- Complaining of not feeling well
- Continually crying, exhibiting unusual fussiness or clinginess
- Eating, drinking, or sleeping more or less than usual
- Showing changes in mood, behavior, or energy level

Children can share their feelings by pointing to the face that matches their mood.

Happy Scared Calm Mad
Excited Sad Nervous Frustrated

Physical Health

Fever or infectious illness
- Increased temperature
- Skin warm or hot to the touch
- Sweating, having chills, or cheeks flushed

Eyes, Nose, Ears
- Discharge from eyes, ears, or nose
- Sneezing
- Rubbing eyes, ears, or nose

Mouth
- Changes in appearance of mouth, gums, or teeth
- Dry mouth
- Unusual odors from mouth or breath
- Difficulty swallowing, excessive drooling, or complaining of sore throat

Chest
- Shortness of breath or difficulty breathing
- Coughing
- Wheezing, grunting, or other unusual sounds
- Complaining of chest pain

Gastrointestinal (stomach)/Urinary System
- Nausea or vomiting
- Two or more stools above what is normal for the child
- Blood or mucus in urine, vomit, or stool
- Stools that are not contained in a diaper
- Accident by a child who is normally toilet trained
- Unusual urine output (too much or too little)
- Unusual or foul odor from the child's urine or stool

Skin
- Changes to the skin color (pale, flushed, or bluish)
- Rashes, spots, sores, bruising, redness, swelling
- Pain when touched
- Itching or discharge
- If lice outbreaks, check for nits

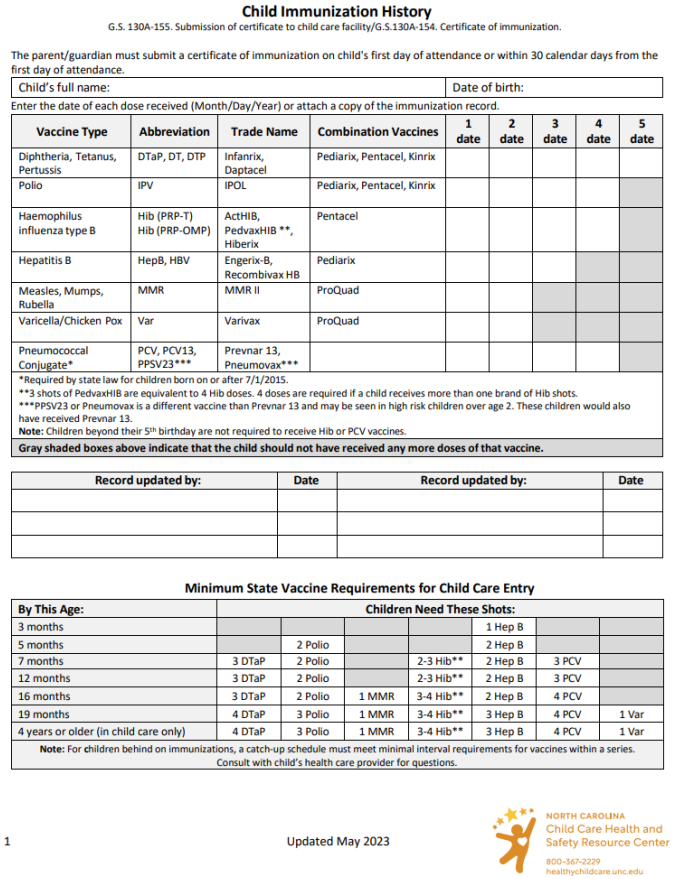
NC Child Care Rules 10A NCAC 09 .0804 (a), .1720 (a); Caring for Our Children Standards 3.1.1.1 and 3.1.1.2
Posters developed in cooperation with the NC Division of Child Development and Early Education. Feelings chart courtesy of the National Center for Pyramid Model Innovations.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES Division of Child Development and Early Education

*For full adult coverage criteria see https://www.cdc.gov/measles/hcp/vaccine-considerations/index.html

How to Stay Prepared

- **Make sure children are staying on track with their immunization schedule. Have a system to check status**
  - **Check monthly**
  - **Keep a list of dates when children will need new vaccinations**
  - **Use the child immunization history form**
- **Notify parents if a child is behind, exclude children who are not up-to-date**



Child Immunization History

G.S. 130A-155. Submission of certificate to child care facility/G.S.130A-154. Certificate of immunization.

The parent/guardian must submit a certificate of immunization on child's first day of attendance or within 30 calendar days from the first day of attendance.

Child's full name:	Date of birth:

Enter the date of each dose received (Month/Day/Year) or attach a copy of the immunization record.

Vaccine Type	Abbreviation	Trade Name	Combination Vaccines	1 date	2 date	3 date	4 date	5 date
Diphtheria, Tetanus, Pertussis	DTaP, DT, DTP	Infanrix, Daptacel	Pediarix, Pentacel, Kinrix					
Polio	IPV	IPOL	Pediarix, Pentacel, Kinrix					
Haemophilus influenza type B	Hib (PRP-T) Hib (PRP-OMP)	ActHIB, PedvaxHIB **, Hiberix	Pentacel					
Hepatitis B	HepB, HBV	Engerix-B, Recombivax HB	Pediarix					
Measles, Mumps, Rubella	MMR	MMR II	ProQuad					
Varicella/Chicken Pox	Var	Varivax	ProQuad					
Pneumococcal Conjugate*	PCV, PCV13, PPSV23***	Prevnar 13, Pneumovax***						

*Required by state law for children born on or after 7/1/2015.
**3 shots of PedvaxHIB are equivalent to 4 Hib doses. 4 doses are required if a child receives more than one brand of Hib shots.
***PPSV23 or Pneumovax is a different vaccine than Prevnar 13 and may be seen in high risk children over age 2. These children would also have received Prevnar 13.
Note: Children beyond their 5th birthday are not required to receive Hib or PCV vaccines.

Gray shaded boxes above indicate that the child should not have received any more doses of that vaccine.

Record updated by:	Date	Record updated by:	Date

Minimum State Vaccine Requirements for Child Care Entry

By This Age:	Children Need These Shots:						
3 months					1 Hep B		
5 months		2 Polio			2 Hep B		
7 months	3 DTaP	2 Polio		2-3 Hib**	2 Hep B	3 PCV	
12 months	3 DTaP	2 Polio		2-3 Hib**	2 Hep B	3 PCV	
16 months	3 DTaP	2 Polio	1 MMR	3-4 Hib**	2 Hep B	4 PCV	
19 months	4 DTaP	3 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var
4 years or older (in child care only)	4 DTaP	3 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var

Note: For children behind on immunizations, a catch-up schedule must meet minimal interval requirements for vaccines within a series. Consult with child's health care provider for questions.

1 Updated May 2023

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How to Stay Prepared

- Teach staff and parents to recognize the signs of measles (high fever, cough, runny nose, red, watery eyes).
- Post and share resources – we will share printable flyers with the slides
- If possible, identify a private room for children suspected of having measles to wait for parents.

Measles

MEASLES IS A SERIOUS DISEASE

- Measles is a serious disease that causes a rash and fever.
- Measles is very contagious. It spreads when a person with measles breathes out, coughs or sneezes.
- Anyone who is not vaccinated is much more likely to get measles.
- Measles can be dangerous, especially for babies and young children. It can cause swelling of the brain and lung infections. In rare cases, it can be deadly.

VACCINATION IS THE BEST WAY TO PROTECT YOUR FAMILY

- The MMR shot is safe and very effective at preventing measles. It also protects against mumps and rubella.
- Doctors recommend that all children get the MMR shot.
- Getting the MMR vaccine is safer than getting measles.
- Most children do not have any side effects from the shot. The side effects that do occur are usually mild and don't last long, such as a fever, mild rash, and soreness.

Symptoms of measles and how it spreads

- Measles often begins with a high fever, cough, runny nose, and red, watery eyes. After 3-5 days, a rash usually begins on the face and spreads to other parts of the body.
- You can spread measles to others as early as four days before you have a rash and for up to four days after the rash first appeared.
- You can get measles just by being in a room where a person with measles has been. The measles virus stays in the air for up to two hours after that person has left the room.

Images: cdc.gov

Call your doctor or clinic right away if you see symptoms

- Your doctor or clinic will let you know if you need to come in for a visit.
- Measles is very contagious and you don't want to give it to someone in a waiting room. It's important to tell your doctor or clinic that you have symptoms of measles before you go. They will give you instructions for what to do so that you don't spread measles.

Stay at home if you have measles

- It's important not to spread measles to others.
- Stay at home if you have measles. Don't go to school, work, to the store, or other people's homes.
- Don't have visitors to your home if you or your child have a fever or rash.

For more information:
www.cdc.gov/measles

Thank you to Seattle and King County, Washington Public Health for the use of this infographic.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Have a Communicable Disease Policy in Place

NC Health and Resource Center has sample policies you can adapt – having predefined roles and definitions will help you respond quickly when needed

Documents and Policies Available:

- **Communicable Disease and Exclusion Policy**
- **Inclusion/Exclusion Notification for Parents**
- **NC Child Care Immunization Policy**

Recommendations for the childcare building environment

- **Measles is airborne**
- **Cleaning and disinfection will not prevent or control a measles outbreak, but routine standard cleaning procedures will protect against other illness** AT0
- **Sufficient ventilation, appropriate PPE (N95), and immune staff and children (as appropriate based on immunization schedule) are needed to manage exposures in childcare settings**
- **Screen, isolate, call immediately to consult public health, and have child sent home**

What to do if you have a suspected measles case

- **Isolate the child if possible, empty room with open window, closed door, mask for child and accompanying staff**
- **Call the communicable disease nurse at your Local Health Department.**
  - **Identify your communicable disease nurse now and save their number**
- **If there is a measles case at your center, you must work with the Local Health Department to prevent the virus from spreading**
- **Unvaccinated children who are exposed to measles must be excluded through 21 days from most recent exposure**

More children likely to miss days in lower coverage settings

- School A: 100 children, 70% MMR coverage
  - 30 unvaccinated children; 1 gets measles
  - 29 children excluded/ quarantined for 21 days
  - 609 days missed
- School B: 100 children, 95% MMR coverage
  - 5 unvaccinated children; 1 gets measles
  - 4 children excluded/ quarantined for 21 days
  - 84 days missed

Measles investigations in childcare settings

3 Basic Questions

When the local health department begins investigating a suspected case, they will consider the following:

1. Immune Status
   - Shot record, other evidence of immunity?
2. Clinical Presentation
   - Onset date of each symptom
   - Presentation of rash
   - Other potential causes of rash, other lab results
3. Epidemiology
   - Demographics, travel, employment, activities, school, congregate settings

Consider Other Causes of Fever/Rash

- Fifth Disease (parvovirus)
- Hand, Foot and Mouth Disease (coxsackie virus)
- Roseola (human herpesvirus 6, 7)
- Scarlet fever (strep)
- Rocky Mountain Spotted Fever
- Recent antibiotic use
- Recent MMR vaccination
- Syphilis (in sexually active adolescents/adults)
- Contact dermatitis
- Heat rash
- Kawasaki syndrome

Infectious Period and Exposure Period

- **Patients with measles should isolate until the end of the infectious period (5 days after rash onset)**

- **Patient / family interviews will identify venues where patient might have been exposed. Exposure period for contacts is 7-21 days (average 10-14 days) before rash onset in the index case**

Activity History

- When interviewing the measles patient and/or their family, it is important for public health to gather an activity history.
- Childcare facilities can help verify activities.
- The activity history is a summary of where the patient has been and what they were doing for each day of the exposure period and infectious period.
- Knowing activities during exposure period helps us determine where the patient was exposed
- Knowing activities during infectious period helps us know who the patient exposed, and is the first step of the investigation

Measles Investigation

Measles Contact Investigation Overview

- The objective of a contact investigation is to determine who is exposed and verify the immune status of all exposed people.

- Exposed people without documented evidence of immunity may be eligible for measles post-exposure prophylaxis.
- For childcare we would need to obtain information on students and staff who were in the same room as the case-patient
  - Typical school day- classrooms,, hallways, and communal spaces
  - Before or after school extracurriculars or programs
  - Field trips
  - Transportation (e.g. bus rides)

How Do We Verify Evidence of Immunity?

- **North Carolina Immunization Registry (NCIR)**
  - Use contact lists to look up immunization records
  - Must have date of birth

- **Contact interviews**
  - Talk to everyone on contact list

- **This can be very labor-intensive if there are hundreds of contacts**

- **Contacts may need some time to find their records. CDC's tips for finding vaccination records may be a good resource to help them**

TIPS FOR FINDING SHOT RECORDS

Keeping Your Vaccine Records Up to Date

Your vaccination record (sometimes called your immunization record) provides a history of all the vaccines you received as a child and adult. This record may be required for certain jobs, travel abroad, or school registration.

How to Locate Your Vaccination Records

Unfortunately, there is no national organization that maintains vaccination records. The CDC does not have this information. The records that exist are the ones you or your parents were given when the vaccines were administered and the ones in the medical record of the doctor or clinic where the vaccines were given.

If you need official copies of vaccination records, or if you need to update your personal records, there are several places you can look:

- Ask parents or other caregivers if they have records of your childhood immunizations.
- Try looking through baby books or other saved documents from your childhood.
- Check with your high school and/or college health services for dates of any immunizations. Keep in mind that generally records are kept only for 1-2 years after students leave the system.
- Check with previous employers (including the military) that may have required immunizations.
- Check with your doctor or public health clinic. Keep in mind that vaccination records are maintained at doctor's office for a limited number of years.
- Contact your state's health department. Some states have registries (Immunization Information Systems) that include adult vaccines.

What To Do If You Can't Find Your Records

If you can't find your personal records or records from the doctor, you may need to get some of the vaccines again. While this is not ideal, it is safe to repeat vaccines. The doctor can also sometimes do blood tests to see if you are immune to certain vaccine-preventable diseases.

Tools to Record Your Vaccinations

Today we move, travel, and change health care providers more than we did in previous generations. Finding old immunization information can be difficult and time-consuming. Therefore, it is critical that

Measles Resources

Many resources available to you

- **Local health departments:**
  - **You should have a relationship with your Child Care Health Consultant and local communicable disease nurse. To find your local CCHC and communicable disease nurse, find your county on the lists below**
- **LHD Contact Page**
- **Child Care Health Consultants**
- **North Carolina resources:**
  - **State Epidemiologist on call (24/7/365 number) 919 733-3419 (disease guidance, investigation, data)**
  - **NC Immunization Branch 919 707-5575 (vaccine schedule, supplies, logistics, NCIR)**
- **CDC resources:**
  - **Infographics and factsheets for all communicable diseases**

Management of Select Infectious Diseases in School Settings

For further information contact: _____

(CD Nurse at your Local Health Department)

Vaccine Preventable Disease

Reportable

Remember, outbreaks are reportable. If you suspect an outbreak, call Epi on Call at 919-733-3419 available 24/7.

Disease Name	Overview	Symptoms	Prevention	School Exclusion
SKIN and RASH				
Chicken Pox (varicella infection)	Infection caused by the varicella-zoster virus.	• Rash (small, red, blistering bumps) • Fever • Runny nose • Cough	• Varicella vaccine • Proper surface sanitation • Keep room well ventilated • Regular and thorough handwashing	• Contact local health department within 24 hours • Exclude until all lesions are crusted
Fifth Disease (Erythema Infectiosum)	Infection caused by Human Parvovirus B19	• Fever, headache • Muscle and joint aches • Red, lace like rash on cheeks, torso, arms, and thighs that lasts 1-3 weeks	• Proper surface sanitation • Disposal of tissues contaminated with blood or mucus • Regular and thorough handwashing • Can be harmful to fetus	• Exclusion not required
Hand Foot and Mouth Disease (Coxsackievirus)	Infection caused by Coxsackievirus, more common in summer and fall	• Tiny blisters in the mouth, on the fingers, palms or hands, buttocks, and soles of feet • Common cold like symptoms (sore throat, runny nose, cough, fever)	• When coughing or sneezing cover mouths and noses with a disposable tissue • Regular and thorough handwashing especially after handling contaminated tissues or changing diapers • Ensure proper surface disinfection	• Exclusion not required
Impetigo	Infection caused by Streptococcal or Staphylococcal bacteria	• Small, red pimples or fluid-filled blisters with crusted, yellow scabs on the skin	• Wash infected areas and cover any open sores or wounds • Proper surface sanitation • Regular and thorough handwashing	• Exclude until 24 hours after treatment has started
Measles (Rubeola)	Infection caused by the measles virus, highly contagious Eliminated in the United States, but travel-related cases can occur	• Fever, cough, runny nose, red and watery eyes • Small, red spots in mouth • Rash spreading from the hairline downward	• MMR vaccine required • Proper surface sanitation • Regular and thorough handwashing	• Contact Local Health Department immediately • Exclude for at least four days after the beginning of the rash • Exclude exposed, non-immunized children
Ringworm	Infection caused by several kinds of fungi, may affect the body, feet, or scalp	• Red, circular patches on the skin • Cracking and peeling of skin between toes • Redness, scaling of scalp	• Cover skin lesions • Do not share objects that come in contact with the head (hats, brushes, bedding, etc.) • Treat other affected household members • Regular and thorough handwashing	• Exclude at the end of the school day that the infection is identified and until treatment is started
Roseola (Human Herpesvirus 6)	Viral infection causing a rash in children 6-24 months old	• High fever • Red, raised rash	• When coughing or sneezing cover mouths and noses with a disposable tissue • Regular and thorough handwashing	• Exclusion not required
Rubella (German Measles)	Uncommon, mild infection caused by Rubella virus Eliminated in the United States	• Red or pink rash on the face and body • Swollen glands behind ears • Slight fever	• MMR vaccine required • Regular and thorough handwashing • Can be very harmful to fetus	• Contact Local Health Department within 24 hours • Exclude for seven days after the beginning of the rash • Exclude exposed, non-immunized children
Scarlet fever	Infections caused by Group A *Streptococcus* bacteria	• Sunburn-like rash with tiny bumps that may itch • Fever, sore throat, swollen glands • Yellow or white coating on tongue and throat	• Avoid direct contact with potentially infected individuals • When coughing or sneezing cover mouths and noses with a disposable tissue • Regular and thorough handwashing	• Exclude until antibiotics administered for at least 12 hours and no fever is present
RESPIRATORY				
COVID-19	COVID-19 is a disease caused by the SARS-CoV-2 virus, a coronavirus not previously seen in humans before 2019.	• Fever or chills • Cough • Shortness of breath or difficulty breathing • Fatigue • Muscle or body aches • Headache • New loss of taste or smell • Sore throat • Congestion or runny nose • Nausea or vomiting • Diarrhea	• COVID-19 vaccine is recommended for everyone 6 months of age and older • Avoid being exposed to anyone who is sick • When coughing or sneezing cover mouths and noses with a disposable tissue • Regular and thorough handwashing • Wear a well-fitting mask if recently exposed to a respiratory virus, are sick, or are recovering	• CDC: When Students or Staff are Sick • Exclude until the child is fever free* for at least 24 hours • AND respiratory virus symptoms are getting better overall for at least 24 hours. • Students and staff returning after a respiratory illness can consider additional actions to reduce spread
Influenza	Infection caused by the influenza virus	• Fever, chills, or headache • Cough and sore throat • Muscle or body aches • Fatigue • Congestion or runny nose • Shortness of breath or difficulty breathing • Nausea, vomiting, or diarrhea	• Flu vaccine is recommended for everyone 6 months of age and older • Avoid being exposed to anyone who is sick • When coughing or sneezing cover mouths and noses with a disposable tissue • Regular and thorough handwashing • Wear a well-fitting mask if recently exposed to a respiratory virus, are sick, or are recovering	• CDC: When Students or Staff are Sick • Exclude until the child is fever free* for at least 24 hours • AND respiratory virus symptoms are getting better overall for at least 24 hours. • Students and staff returning after a respiratory illness can consider additional actions to reduce spread
RSV (Respiratory Syncytial Virus)	Viral infection caused by Respiratory Syncytial virus, usually causes cold-like symptoms, occurs mostly in winter and early spring	• Cold-like symptoms • Respiratory problems (wheezing, difficulty breathing)	• Proper sanitation of hard surfaces and toys • When coughing or sneezing cover mouths and noses with a disposable tissue • Dispose of tissues contaminated with mucus • Regular and thorough handwashing	• Exclusion not required • Students and staff returning after a respiratory illness can consider additional actions to reduce spread
Whooping Cough (Pertussis)	Contagious bacterial infection that causes mild to severe coughing	• Cold-like symptoms • Coughing that leads to vomiting, loss of breath, or blue face • Whooping sound when inhaling after coughing	• DTaP vaccine, for children less than seven years of age • Tdap vaccine, for persons 10 years and older • When coughing or sneezing cover mouths and noses with a disposable tissue • Regular and thorough handwashing	• Contact Local Health Department within 24 hours • Exclude until five days after treatment has started • Exclude untreated cases for 21 days from the date cough began
GASTROINTESTINAL				

MEASLES NOTIFICATION LETTER FOR SCHOOLS/DAYCARES

Letterhead (Facility or Health Authority/Department)

Date

To Parents and Guardians:

This letter is to inform you that your child may have been exposed to a person with measles at **SCHOOL NAME on DATE(S)**. We are sending this letter to make you aware of this exposure and to provide additional information about measles.

Measles is a very contagious disease that is spread through the air when a person with measles coughs or sneezes. Children and adults who have not had measles or who have not been fully immunized [with 2 doses of vaccine] are at risk of developing measles, which can lead to encephalitis (brain swelling), severe respiratory illness, and death. For the next two weeks, it is very important for you to watch your child for symptoms of measles, which include the following (usually in this order):

- Fever
- Cough
- Runny nose
- Pink eyes
- Rash that starts on the head and spreads all over the body

Children usually receive the MMR (measles-mumps-rubella) vaccine at 12-15 months and again at 4-6 years of age. Children that have had two doses of MMR are considered immune to measles.

People with measles are infectious for four days before the rash starts and four days after. The measles rash usually starts 14 days after exposure, although it may occur 5-21 days after exposure.

Children who have measles are required to stay home from school or daycare until four days after the day the rash started. Children with fevers over 100 degrees are also required to stay home from school and daycare. Children who have not been vaccinated against measles and have been exposed may be asked to stay home from school or daycare to ensure that they do not get sick and expose other children for 21 days from the time of exposure.

Children under the age of 1 year and those with weakened immune systems are at higher risk of complications from measles. Notify your child's doctor as soon as possible that your child may have been exposed to measles.

If your child experiences measles symptoms, or if you have questions, please contact your healthcare provider as well as the **LOCAL HEALTH DEPARTMENT at PHONE NUMBER** as soon as possible. **Measles is a very contagious airborne disease.** If you decide you want your child to be seen at your doctor's office or at a healthcare facility such as an emergency department or clinic, **PLEASE CALL THEM FIRST** and inform them you were possibly exposed to measles. If you are advised to go to a healthcare facility, *please bring this letter with you*, so you will be properly evaluated upon arrival.

Sincerely,

SIGNATURE BLOCK

References

- **Manual for the Surveillance of Vaccine - Preventable Diseases**
  - https://www.cdc.gov/surv-manual/php/index.html
- **NC Kindergarten Immunization Data Dashboard**
  - https://immunization.dph.ncdhhs.gov/schools/kindergartendashboard.htm
- **School Measles Outbreak Simulator**
  - epiENGAGE Measles Outbreak Simulator v-1.7.0
- **Measles Preparedness Checklist**
  - https://www.cdc.gov/measles/media/pdfs/2025/02/CDC-Public-Health-Checklist_Sept18_FINAL-updatedlinks-508.pdf
- **School Infection Spread Prevention**
  - https://www.cdc.gov/orr/school-preparedness/infection-prevention/index.html

Questions?