



MEASLES: RECOMMENDATIONS FOR K-12 SCHOOLS

This document provides information for **K-12 schools** on proactive measures they can take to **prepare** for a **measles response** and steps to follow if a measles case is identified within their school. Measles is a **serious health concern** and can disrupt learning due to students being out of school due to illness or exclusion.

PREPARE: Actions for Schools to Consider Taking Now



1. Identify and Notify People At-Risk

- Maintain up-to-date vaccination records for all students and staff, including those with medical or religious exemptions.
 - Documentary proof of adequate age-appropriate immunization shall be provided for attendance at a public or private elementary, middle or secondary school, childcare center, nursery school, family day care home or developmental center.
 - Go to <https://www.vdh.virginia.gov/immunization/requirements/> for more information.
- For measles, the first vaccine dose must be administered at age 12 months or older. The second vaccine dose must be administered prior to entering kindergarten but can be administered at any time after the minimum interval (28 days) between dose 1 and dose 2.
- Make sure that your school has efficient processes for identifying and notifying those without documentation of two (2) doses of the MMR (measles-mumps-rubella) vaccine.



2. Promote Vaccination

- Regularly communicate with parents and staff about the importance of staying up to date on routine immunizations.
- Reinforce that the MMR vaccine series (2 doses) is 97% effective at preventing measles.
- Consider partnering with your local health department to organize vaccination clinics for interested families and staff.



3. Strengthen General Health Messaging

- Encourage proper respiratory hygiene, including covering coughs and sneezes.
- Promote frequent handwashing with soap and water; if unavailable, use hand sanitizer.
- Remind families and staff to stay home when sick.



4. Follow Standard Cleaning Protocols

- Regularly disinfect high-touch surfaces, such as doorknobs, tables, and counters.



5. Monitor for Symptoms and Prepare for Action

- Educate staff on measles symptoms, including fever, cough, runny nose, red eyes, and rash.
- Identify a private room where symptomatic students can wait for parental pickup.
- If measles is suspected, advise families to contact their healthcare provider, urgent care, or emergency room before arriving to prevent further spread.

RESPOND: Actions to Take Immediately if a Student or Staff Member Has Measles



1. Immediately Isolate Any Person Suspected of Having Measles

- If a student or staff member is experiencing measles-like symptoms, they should be isolated in a private room with the door closed until they can be transported home or to a medical facility.
- The student or staff member should be excluded from school until they are evaluated by a healthcare provider.



2. Notify your Local Health Department

- If a student or staff member is confirmed or suspected of having measles, **immediately contact your local health department**. Find your local health department at <https://www.vdh.virginia.gov/health-department-locator/>
- Consult with your local health department to understand isolation recommendations for people with measles.
- People with measles must stay home and avoid all public spaces, including school, daycare, work, social gatherings, sports, and recreational activities until they are no longer contagious (four days after rash onset).
- Public health officials will assist with identifying and notifying those who might have been exposed.

MEASLES SYMPTOMS:

- Fever, cough, runny nose, and red, watery eyes
- Small, bluish-white spots inside the mouth (Koplik spots)
- Rash that starts at the hairline and spreads downward

Possible complications:

diarrhea, pneumonia, ear infections, brain inflammation, convulsions, deafness, intellectual disability, or death



3. Identify Potentially Exposed, Unvaccinated Students

- If a measles case is identified in your school, all exposed students and staff who are not immune to measles (e.g., unvaccinated) should be excluded.
 - *The Code of Virginia § 32.1-47. (Exclusion from school of children not immunized) states: Upon the identification of an outbreak, potential epidemic or epidemic of a vaccine-preventable disease in a public or private school, the Commissioner shall have the authority to require the exclusion from such school of all children who are not immunized against that disease.*
- A **measles exposure** is defined as sharing airspace with a measles case or being in that airspace within two hours after the infected person has left.
- **Exclusion** means the person may not attend school, childcare, clubs, sports, or any school-related activities.



4. Exceptions to Exclusion of Exposed, Unvaccinated People (Post-Exposure Prophylaxis)

- Students and staff with **zero documented doses of MMR vaccine** may return to school immediately if they receive their first documented MMR dose within 72 hours of their exposure. A second dose of MMR vaccine is strongly recommended, at a minimum of 28 days after their first dose.
- Students and staff with **one documented MMR dose** may remain in school with no exclusion. However, students are strongly recommended to receive their second dose of MMR vaccine, at a minimum of 28 days after their first dose.



5. Monitor the School Community

- All students and staff should monitor for measles symptoms for 21 days after their last known exposure (see table below).
- Schools should remind families and staff to remain watchful for potential measles symptoms in order to identify illness early and prevent further spread.

Recommendations for School Exclusion if a case of measles is confirmed in a school

Scenarios	Recommendations for Exclusion or other actions
Isolation of People with Measles	<ul style="list-style-type: none"> → Infected people must stay at home and avoid all public places (school, daycare, work, social activities, etc.) until 4 days after their rash appeared
Students or Staff Members with Zero Doses of MMR Vaccine	<ul style="list-style-type: none"> → 1 dose of MMR is recommended within 72 hours of exposure to measles. If MMR vaccine is given within 72 hours, individuals can return to school immediately. → A second dose of MMR vaccine is strongly recommended, at a minimum of 28 days after the first dose. → If the student or staff member refuses or is unable to receive MMR vaccine: exclude them for 21 days after the last date the unimmunized student or staff member was exposed. → Monitor for measles symptoms (fever, cough, rash, etc.) for 21 days after their last exposure.
Students or Staff with 1 Dose of MMR Vaccine	<ul style="list-style-type: none"> → Exposed students or staff members can remain in school and no exclusion is recommended at this time. However, they are strongly recommended to receive their second dose of MMR vaccine immediately, at a minimum of 28 days after their first dose. → Monitor for measles symptoms (fever, cough, rash, etc.) for 21 days after their last exposure.
People with Evidence of Immunity	<p>People with evidence of immunity to measles do not need to be excluded but should monitor for measles symptoms (fever, cough, rash, etc.) for 21 days after their last exposure. This includes people who:</p> <ul style="list-style-type: none"> → Have documentation of 2 doses of live measles-containing vaccine → Have laboratory confirmation of a previous measles infection → Have laboratory confirmation of measles immunity → Were born before 1957

Additional Information

Students and staff members without proof of immunity might develop measles after exposure and must stay home to prevent spreading the virus. Students and staff members who do not receive an MMR dose within 72 hours of their exposure, including those with medical or other exemptions, should remain excluded until 21 days after the last date they were exposed to a measles case.