

MEASLES: RECOMMENDATIONS FOR CHILDCARE CENTERS

This document provides information for childcare centers on **proactive measures** they can take to prepare for a measles response and steps to follow if a measles case is identified within their facilities. Measles is a serious health concern and can disrupt learning due to children being out of daycare due to illness or exclusion. Additionally, childcare centers are at increased risk for measles outbreaks due to the large population of non-immune children who are too young to receive routine MMR vaccination (<12 months of age). Childcare center administrators should be aware of the steps for **reporting a measles case** and ways to prevent measles transmission in their facility. Per 12VAC5-90-90 (D), persons in charge of childcare centers are required to report "**the presence or suspected presence...of persons who have common symptoms suggesting an outbreak situation.**" Given that measles is highly contagious and can quickly develop into an outbreak, we encourage the reporting of single measles cases.

PREPARE: Actions for Childcare Centers to Consider Taking Now



1. Identify and Notify People At-Risk

- Maintain up-to-date vaccination records for all children 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 childcare center 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 children 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 Child or Staff Member Has Measles



1. Immediately Isolate Any Person Suspected of Having Measles

- If a child 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 child or staff member should be excluded from the childcare center until they are evaluated by a healthcare provider.



2. Notify your Local Health Department

- If a child 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.



3. Identify Potentially Exposed, Unvaccinated Children

- If a measles case is identified in your childcare center, **all exposed children 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)

- Children over 6 months of age 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 Childcare Center Community

- All children and staff should monitor for measles symptoms for 21 or 28 days after their last known exposure (see table below).
- Childcare centers should remind families and staff to remain watchful for potential measles symptoms in order to identify illness early and prevent further spread.

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

Recommendations for Childcare Exclusion if a Case of Measles is Confirmed in a Childcare Facility

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
Children with Zero Doses of MMR Vaccine (<6 months of age)	<ul style="list-style-type: none"> → Immune globulin (IG) is recommended within 6 days of exposure to measles. If IG is given within 6 days, the student must stay home and monitor for measles symptoms (fever, cough, rash, etc.) for 28 days after their last exposure. → If the student refuses or is unable to receive IG: exclude them for 21 days after their last exposure. During this time, they should also be advised to monitor for measles symptoms.
Children or Staff Members with Zero Doses of MMR Vaccine (≥6 months of age)	<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 their last exposure. → Monitor for measles symptoms (fever, cough, rash, etc.) for 21 days after their last exposure.
Children or Staff with 1 Dose of MMR Vaccine	<ul style="list-style-type: none"> → Exposed children or staff members can continue to attend childcare 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

Children and staff members without proof of immunity might develop measles after exposure and must stay home to prevent spreading the virus. Children 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.

Generally, it is not necessary to close childcare centers during a measles outbreak. However, it may be necessary to close a childcare center if there are not enough providers/teachers or enough children to safely and effectively operate. This decision should be made by the facility in consultation with their local health department.