



Measles: Preventing the Spread in Child Care and School Settings*

What is measles?

Measles is a serious and very contagious respiratory disease caused by a virus. Before the measles vaccine became available, measles was a common childhood disease. Measles is considered the most deadly of all childhood rash/fever illnesses. Symptoms include: rash, high fever, cough, runny nose, and red, watery eyes.

All suspect and confirmed cases of measles must be immediately reported to the local health department ([LHD](#)) where the student/staff member† resides.

How do people get measles?

Measles is easily spread through the air when an infected person talks, coughs, or sneezes. It is so contagious that if one person has it, up to 9 out of 10 people around them will also become infected if they are not protected. The measles virus can live on contaminated surfaces and in the air for up to two hours. An infected person can spread measles to others even before knowing they have the disease, from 4 days before developing the rash through 4 days after rash onset.

How can measles be prevented?

Getting vaccinated is the best protection against measles. There is a safe and effective measles vaccine. One dose of measles-mumps-rubella (MMR) vaccine is about 93% effective at preventing measles if exposed to the virus and two doses are about 97% effective.

How can a school setting* prevent measles and other vaccine-preventable diseases?

- Educate the school community about the signs and symptoms of measles, benefits of vaccination, and encourage children and staff† to stay home when sick.
- Follow [NJ School Immunization requirements](#). Getting vaccinated is the best protection against measles.
- Encourage all staff† to be current on all [routine immunizations](#), including the MMR. It is especially important to review immunizations prior to travel and be vigilant for illnesses upon return.
- Implement healthy habits in the school:
 - ◆ Encourage frequent hand washing. If soap and water are not available, use an alcohol-based hand rub that contains at least 60% alcohol.
 - ◆ Encourage habits such as covering mouth and nose with a tissue or

**School settings pertain to youth camps, child care centers, preschools, schools, and institutions of higher education. We will refer to these generally as "schools".*

†Staff refers to everyone who works at or is present in the school setting (defined above), including teachers, faculty, other staff, volunteers, and visitors. We will refer to these generally as "staff" or "staff member(s)".

sleeve when coughing or sneezing, and not sharing utensils, water bottles or other items.

- ◆ Clean/disinfect surfaces or objects, especially frequently touched surfaces.

How can a school setting be prepared for measles?

- Review the immunization status for all enrolled children. Ensure all enrolled students have documented evidence of immunity for measles or a valid exemption on file.
 - The New Jersey Immunization Information System ([NJIIIS](#)) is a tool that can assist you when gathering immunization records
- Encourage staff† to confirm they have documented evidence of immunity to measles and encourage them to receive the MMR vaccine if they do not have immunity.
 - Individuals can access official immunization records directly from the [Docket® app](#)
- Be prepared to quickly identify and provide a list of children AND staff† without documented evidence of immunity to measles in the event of an exposure.
- Establish a relationship with your local health department (LHD).

What is evidence of immunity for measles?

Evidence of immunity (protection against measles) includes at least one of the following:

- Written documentation of age-appropriate measles vaccination
- Laboratory evidence of immunity (blood test) or laboratory confirmation of measles disease
- Birth before 1957 (Adults born before 1957 are more likely to have had measles as a child and are generally, but not always, considered immune.)

What is an exposure to measles and what should be done if an exposure occurs in a school?

- An exposure occurs when a person is in the same space (e.g. building) with someone who has measles, or occupies this space for up to 2 hours after the infected person has left.
- In the event of a measles exposure:
 - Review attendance records for all students and staff† and identify everyone who was exposed.
 - Assess documented evidence of immunity for all exposed.
 - Exposed children and staff members† who do not have documented evidence of immunity should be excluded from the school from day 5 after the first exposure through day 21 following the last exposure.
 - Please note that all decisions to exclude children and staff† should be made in consultation with your LHD. Your LHD can help you determine for whom exclusion would be necessary and the correct dates for exclusion.

†Staff refers to everyone who works at or is present in the school setting (defined above), including teachers, faculty, other staff, volunteers, and visitors. We will refer to these generally as "staff" or "staff member(s)".

Should schools be closed during an outbreak of measles?

The New Jersey Department of Health (NJDOH) generally does not recommend school closure for outbreaks of infectious diseases. The decision to close a school is an administrative decision and one that should be made only after consultation with public health officials and the district medical personnel.

Where can I get more information?

- NJ Measles Information: <https://www.nj.gov/health/measles>
- NJ "Exposed to Measles" document: https://www.nj.gov/health/measles/documents/measles_exposure_guidance_public.pdf
- NJ School Health: <https://www.nj.gov/health/cd/topics/schoolhealth.shtml>
- NJ Disease Reporting: <https://www.nj.gov/health/cd/reporting/>
- NJ Immunization Requirements: https://www.nj.gov/health/cd/imm_requirements/
- CDC Measles Information for Schools: <https://www.cdc.gov/healthyschools/bam/diseases/measles.htm>