

## Guidance for Measles in Childcare Facilities

### Actions to consider before a measles case is identified in a childcare facility:

1. Identify and notify at-risk individuals.
  - Maintain a list of children s without documentation of any doses of the measles, mumps, and rubella or measles, mumps, rubella, varicella (MMR/MMRV) vaccine. Include children with medical, religious, or philosophical exemptions.
  - Remind staff to know their own MMR/MMRV vaccination status. Information about how to find an immunization record is available on our [website](#).
    - People born before 1957 are generally considered immune to measles due to natural infection.
  - If an individual can produce alternate evidence of immunity, such as a blood test showing antibodies to measles (also called an IgG antibody test), they would be considered presumptively immune to measles.
  - Inform these parents of unvaccinated children and unvaccinated staff that measles cases have increased nationwide, and that North Dakota case(s) have been identified. Emphasize the importance of immunization.
2. Promote immunization.
  - Regularly communicate with parents and staff about the importance of staying up-to-date with immunizations. If cost is an issue, ND HHS provides free vaccines to uninsured, underinsured, Medicaid eligible, and American Indian children through the Vaccines for Children Program. MMR vaccine is also available for uninsured/underinsured adults.
  - Reinforce that one dose of MMR vaccine is 93% effective and two doses is 97% effective at preventing measles. The best protection against measles is immunization.
  - Consider working with local public health to host an immunization clinic for interested families.
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 parents to keep children home and staff to stay home when sick.

- Regularly disinfect high-touch surfaces, such as doorknobs, tables, and counters.
4. 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 parents to contact their healthcare provider, urgent care, or emergency room before arriving to prevent further spread.

#### Measles Symptoms:

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

### Recommendations if a child or staff member has measles:

1. Isolate the infected individual.
  - The infected person is recommended to stay home away from others and avoid all public spaces, including school, childcare, work, social gatherings, sports, and recreational activities.
  - Isolation is recommended to continue until they are no longer contagious, four days after the onset of the rash (Example: rash starts Monday, four days are Tuesday, Wednesday, Thursday, Friday, and are no longer in isolation on Saturday.).
2. Notify the North Dakota Department of Health and Human Services (HHS).
  - If a child or staff member is confirmed or suspected of having measles, immediately contact North Dakota HHS at 701.328.2378.
  - Once notified, public health officials will assist in identifying and notifying those who may have been exposed.
3. Identify exposed, unvaccinated/non-immune children and staff.
  - If a case is identified in your childcare facility, the administrator is recommended to exclude from attendance all exposed children with zero doses of MMR/MMRV vaccine.
  - Exposure is defined as sharing air space with a measles case or being in that space within two hours after the infected person left.
  - Exclusion means the children should not attend childcare or related activities starting five days after their first exposure and until 21 days after the last exposure.
  - Exposed, unvaccinated individuals are recommended to quarantine at home (not attend childcare, activities, or leave home for any other reason other than to seek medical attention) for 21 days following the last exposure. There is no testing out of the need to exclude or quarantine.
4. Exceptions to recommended exclusion of exposed, unvaccinated individuals (Post Exposure Prophylaxis, or PEP):
  - Children with zero doses of MMR/MMRV vaccine are recommended to return to childcare immediately if they receive their first documented dose within 72 hours of their first exposure. A

second dose of MMR/MMRV vaccine is strongly recommended, at least 28 days after the first dose of the vaccine.

- Children with at least one documented MMR/MMRV vaccine dose are recommended to remain in childcare with no exclusion. However, a second dose of MMR/MMRV vaccine is strongly recommended at least 28 days after the first dose of the vaccine.
- If an exposed individual can produce alternative evidence of immunity, such as a blood test showing antibodies to measles (also called an IgG antibody test), quarantine may be discontinued. Serologic testing should only be considered for those who are unable to find their immunization record, but know they were vaccinated (e.g. those born prior to IIS records or born out of the country) or those who were historically diagnosed with measles by a healthcare provider. HHS does not advise leaving quarantine for serologic testing.
- Best practices indicate that this could be applied to both exposed children and staff.

5. Vaccinated children and staff are recommended to remain in childcare if asymptomatic.

- Vaccinated children and staff should be advised to monitor for symptoms for 21 days following exposure.

6. Monitor the childcare community.

- All children and staff are recommended to monitor for measles symptoms for 21 days after the last known exposure (see table below). If symptoms develop, individuals should call before presenting for healthcare.
- Childcares should remind families and staff to remain vigilant in recognizing symptoms early to prevent further spread.

Recommended Childcare Guidance for Measles	
Exclusion Scenarios	Recommendations
Isolation of <b>MEASLES POSITIVE</b> individuals	<ul style="list-style-type: none"> <li>Infected individuals are recommended to stay at home isolating away from others and avoid all public spaces, including school, childcare, work, social gatherings, sports, and recreational activities until they are no longer contagious, four days after the onset of the rash (Example: rash starts Monday, four days are Tuesday, Wednesday, Thursday, Friday, and may resume normal activities on Saturday if no longer symptomatic).</li> </ul>
Children and staff with <b>ZERO</b> doses of MMR vaccine	<ul style="list-style-type: none"> <li><b>Exclusion is recommended to</b> continue until they receive one dose of MMR vaccine with 72 hours of first exposure. If this is done, they are recommended to return to childcare immediately.</li> <li>A second dose of MMR vaccine is strongly recommended, at least 28 days after the first dose of the vaccine.</li> </ul>
Children and staff with zero doses <b>REFUSING/UNABLE</b> to receive MMR vaccine	<ul style="list-style-type: none"> <li><b>Exclusion is recommended to</b> continue for 21 days after the last date the unimmunized child was exposed.</li> <li>Exclusion period may be recommended to be extended if the unimmunized child is exposed to another measles case.</li> </ul>
Children and staff with <b>1 DOSE</b> of MMR vaccine	<ul style="list-style-type: none"> <li>Exposed individuals are recommended to remain in childcare and no exclusion is recommended at this time.</li> <li>A second dose of MMR vaccine is strongly recommended, at least 28 days after the first dose of the vaccine.</li> </ul>
Exposed children and staff with <b>2 DOSES</b> of MMR	<ul style="list-style-type: none"> <li><b>Monitor</b> for symptoms for 21 days after last exposure.</li> </ul>

### Additional Information

Individuals without proof of immunity may develop measles after exposure and are recommended to stay home to prevent spreading the virus. Children and staff who do not receive an MMR dose within 72 hours, including those with exemptions, are recommended to remain excluded until 21 days after the last date the unimmunized person was exposed.

If multiple measles cases occur in the childcare facility, the 21-day recommended exclusion period resets with each new exposure, potentially extending the exclusion period.

February 2026

Adapted from the Texas Health and Human Services document "Interim Guidance for Measles in Schools, March 2025.