

Guidance for Measles in Schools

Actions to consider before a measles case is identified in a school:

1. Identify and notify at-risk individuals.
 - Maintain a list of students without documentation of any doses of the measles, mumps, and rubella or measles, mumps, rubella, varicella (MMR/MMRV) vaccine. Include students 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 parents of unvaccinated children and unvaccinated staff that increased cases of measles are occurring 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, 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/MMRV vaccine is 93% and two doses are 97% effective at preventing measles. The best protection against measles is immunization.
 - Consider coordinating with your local public health unit to hold a school-located 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 families 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 about 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.

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

Recommended actions to take immediately if a student or staff member has measles:

1. HHS recommends immediately isolating any person suspected of having measles. This should include sending a student or staff member home as soon as possible.
2. Notify North Dakota Health and Human Services (HHS).
 - If a student 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. Isolate the infected individual.
 - The infected person is recommended to stay home away from others and avoid all public spaces, including school, daycare, 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.).
4. Identify exposed, unvaccinated students and staff.
 - If a case is identified in your school, the school administrator is recommended to exclude from attendance all exposed students with zero doses of MMR/MMRV.
 - 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 student is recommended to not attend school 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 schools, 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.

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- 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), recommended 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.
5. **Exceptions to exclusion of exposed, unvaccinated individuals (Post Exposure Prophylaxis, or PEP):**
- Students with zero doses of MMR/MMRV vaccine are recommended to return to school 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.
 - Students with at least one documented MMR/MMRV vaccine dose are recommended to remain in school 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.
 - Best practices indicate that this could be applied to both exposed students and staff.
6. **Vaccinated students and staff may remain in school if asymptomatic.**
- a. Vaccinated students and staff are recommended to monitor for symptoms for 21 days following exposure.
7. **Monitor the school community.**
- All students 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.
 - Schools should remind families and staff to remain vigilant in recognizing symptoms early to prevent further spread.

Recommended School Guidance for Measles	
Exclusion Scenarios	Recommendations
Isolation of MEASLES POSITIVE individuals	<ul style="list-style-type: none"> 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).
Those with ZERO doses of MMR/MMRV vaccine prior to exposure	<ul style="list-style-type: none"> Exclusion is recommended unless they receive one dose of MMR/MMRV vaccine with 72 hours of first exposure. If this is done, they do not need to be excluded. A second dose of MMR/MMRV vaccine is strongly recommended, at least 28 days after the first dose of the vaccine. Monitor for symptoms for 21 days after last exposure.
Those with zero doses REFUSING/UNABLE to receive MMR/MMRV vaccine or past 72 hours of exposure	<ul style="list-style-type: none"> Exclusion is recommended starting five days after their first exposure and until 21 days after their last exposure. Recommended exclusion period may be extended if the unimmunized child is exposed to another measles case. Monitor for symptoms for 21 days after last exposure.
Those with 1 DOSE of MMR/MMRV vaccine	<ul style="list-style-type: none"> Exposed individuals can remain in school and no exclusion is recommended at this time. A second dose of MMR/MMRV vaccine is strongly recommended, at least 28 days after the first dose of the vaccine. Monitor for symptoms for 21 days after last exposure.
Exposed students and staff with 2 DOSES of MMR/MMRV	<ul style="list-style-type: none"> Monitor for symptoms for 21 days after last exposure.

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 recommended exclusion period.

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