

## 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.
- Inform these parents of unvaccinated children and unvaccinated staff that a nationwide measles outbreak is occurring, and that North Dakota case(s) have been identified. Emphasize the importance of immunization.

#### 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

#### 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.
- 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.

### Actions to take immediately if a student or staff member has measles:

1. Immediately isolate 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 should stay home away from others and avoid all public spaces, including school, daycare, work, social gatherings, sports, and recreational activities.
- Isolation should 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.

- If a case is identified in your school, the school administrator should 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 may not attend school or related activities starting five days after their first exposure and until 21 days after the last exposure.
- Exposed, unvaccinated individuals should 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.

5. Exceptions to exclusion of exposed, unvaccinated individuals (Post Exposure Prophylaxis, or PEP):

- Students with zero doses of MMR/MMRV vaccine may 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 may 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 should be advised to monitor for symptoms for 21 days following exposure.

7. Monitor the school community.

- All students and staff should 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 <b>MEASLES POSITIVE</b> individuals	<ul style="list-style-type: none"> <li>Infected individuals should 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>
Those with <b>ZERO</b> doses of MMR/MMRV vaccine prior to exposure	<ul style="list-style-type: none"> <li><b>Exclusion</b> 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.</li> <li>A second dose of MMR/MMRV vaccine is strongly recommended, at least 28 days after the first dose of the vaccine.</li> <li><b>Monitor</b> for symptoms for 21 days after last exposure.</li> </ul>
Those with zero doses <b>REFUSING/UNABLE</b> to receive MMR/MMRV vaccine or past 72 hours of exposure	<ul style="list-style-type: none"> <li><b>Exclusion</b> starting five days after their first exposure and until 21 days after their last exposure.</li> <li>Exclusion period may be extended if the unimmunized child is exposed to another measles case.</li> <li><b>Monitor</b> for symptoms for 21 days after last exposure.</li> </ul>
Those with <b>1 DOSE</b> of MMR/MMRV vaccine	<ul style="list-style-type: none"> <li>Exposed individuals can remain in school and no exclusion is recommended at this time.</li> <li>A second dose of MMR/MMRV vaccine is strongly recommended, at least 28 days after the first dose of the vaccine.</li> <li><b>Monitor</b> for symptoms for 21 days after last exposure.</li> </ul>
Exposed students and staff with <b>2 DOSES</b> of MMR/MMRV	<ul style="list-style-type: none"> <li><b>Monitor</b> for symptoms for 21 days after last exposure.</li> </ul>

Note: The school exclusion period may be restarted or extended accordingly if additional measles cases and exposures are identified.

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