



Guidance for Measles in Schools, February 2025

This document provides information for schools on proactive measures they may take now and steps to follow if a case of measles is identified within a school. Measles is a serious health concern and can disrupt learning due to students out of school for illness and exclusion from school. The best protection against measles is vaccination.

Actions for Schools to Consider Taking Now

1. Identify and Notify At-Risk Individuals

- Maintain an up-to-date list of students without documentation of two (2) doses of the MMR (measles-mumps-rubella) vaccine. This includes those with medical, religious, or philosophical exemptions.
- Inform these families that measles has been identified in the community, emphasizing the importance of vaccination.

2. Promote Vaccination

- Regularly communicate with parents and staff about the importance of staying up to date on immunizations.
- Reinforce that two doses of the MMR vaccine are 97% effective at preventing measles.
- Consider offering a vaccination 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.

4. Enhance 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 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

2. Notify your Local Health Department

- If a student or staff member is confirmed or suspected to have measles, immediately contact the local health department.
- Public health officials will assist in identifying and notifying those who may have been exposed.

3. Isolate the Infected Individual

- The infected person must 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, 4 days after the onset of the rash and well enough to return to school.

4. Identify Exposed, Unvaccinated Students

- If a case is identified in your school, the school administrator is required to exclude from attendance all exposed students without documentation of two doses of measles vaccine or proof of immunity.
- Exposure is defined as sharing airspace 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, childcare, clubs, sports, or any school-related activities.

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

5. Exceptions to Exclusion of Exposed, Unvaccinated Individuals (Post Exposure Prophylaxis)

- Students with zero doses of MMR may return to school immediately if they receive their first documented dose within 72 hours of exposure. A second dose must be administered at least 28 days later to complete the series.
- Students with one documented MMR dose may return immediately upon providing documentation of a second dose.
- Best practices indicate that this could be applied to both exposed students and staff.

6. Monitor the School Community

- All students and staff should monitor for measles symptoms for 21 days after the last known exposure (see table below).
- Schools should remind families and staff to remain vigilant in recognizing symptoms early to prevent further spread.

Exclusion Scenarios	Details
Isolation of <i>Measles Positive</i> Individuals	Infected individuals must stay at home and avoid all public places (school, daycare, work, social activities, etc.) until 4 days after the rash begins and they are physically able to return.
Students with <i>Zero</i> Doses of MMR Vaccine	Exclusion continues until they receive 1 dose within 72 hours after exposure. If 1 dose is received within 72 hours, they can return to school immediately. A second dose is required 28 days later.
Students with Zero Doses <i>Refusing/Unable</i> to Receive MMR Vaccine	Exclusion continues for 21 days after the onset of the last known measles case in the school. Exclusion period may be extended if multiple cases occur.
Students with <i>1 Dose</i> of MMR Vaccine	Exclusion continues if the school does not receive documentation of the second dose. If documentation of the second dose is provided, the student can return to school immediately.
Exposed Students and Staff (Monitoring Symptoms)	Monitoring symptoms (fever, cough, rash, etc.) for 21 days after exposure.

Additional Information

The [Texas Administrative Code \(TAC\) Rule §97.7](#) requires the school administrator to exclude from attendance all exposed students without documentation of two doses of measles vaccine or proof of immunity for at least 21 days after the last date the unimmunized student was exposed to a measles case.

Individuals without proof of immunity may develop measles after exposure and must stay home to prevent spreading the virus. Students who do not receive an MMR dose within 72 hours, including those with medical or other exemptions, should remain excluded until 21 days after the onset of the last known case to which they were exposed.

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