Preparing for and Responding to Measles
A Guide for Institutions of Higher Education

Measles is a significant health risk because it is highly contagious. If one person has measles, 90% of people nearby can become infected if they are not vaccinated or previously infected. About 1 in 5 people who get measles will be hospitalized. The best protection is the measles, mumps, and rubella (MMR) vaccine. In Institutions of Higher Education (IHE), measles poses a serious health threat because students, faculty, and staff spend a lot of time together and are in close contact. This document provides guidance to IHEs on how to prepare for and respond if a case of measles is suspected or identified within an institution.

Actions for Institutions of Higher Education to Consider Taking Now:

- **Be prepared — Know who to call.** Measles is a public health emergency. Report suspected measles cases to the Georgia Department of Public Health (DPH) **immediately**. Report suspected cases to DPH at 1-866-PUB-HLTH (1-866-782-4584) or contact your local health department.
- **Educate students, staff, and faculty about the** signs and symptoms of measles**.** Measles typically begins with cold-like symptoms, including fever, cough, runny nose, and red, watery eyes. Two to three days after symptoms begin, tiny white spots (Koplik spots) may appear inside the mouth. Three to five days after symptoms begin, a maculopapular rash breaks out. The rash begins as flat red spots at the hairline, moves to the face, and spreads down the body. Recent travel (international or domestic), attendance at a large event, or contact with an international traveler is a risk factor for measles and should be considered when evaluating symptoms. The infectious period is 4 days before and 4 days after rash onset.
- For more information, visit Measles Clinical Guidance and Surveillance.
- **Understand measles exposure criteria and establish a process to identify individuals who may have been exposed.** The virus is transmitted by direct contact with infectious droplets and becomes airborne when an infected person breathes, coughs, or sneezes. An individual is considered exposed to measles if they had direct contact with an infectious person, occupied an area (any room within the same air handling system) with the infectious person, or was in a space within two hours after the person with measles left.
- **Review MMR vaccine requirements for non-healthcare students, staff, faculty, and contracted employees:**
    - Two **documented** doses of MMR vaccine for students

    - Laboratory evidence of measles immunity for students may be considered on a case-by-case basis, dependent on risk exposure assessment
    - Laboratory confirmation of measles (verbal history of measles does not count)
    - Birth before 1957*

      * Should consider vaccinating unvaccinated personnel in the IHE born before 1957 who do not have evidence of immunity
- **Review immunization records and identify high-risk students, staff and faculty.** Maintain up-to-date documentation of measles immunity status for all students, staff and faculty, including those with medical or religious exemptions. Consider maintaining a list of individuals with immuno-compromising conditions. Persons who are not up to date on the MMR vaccination may be excluded from the IHE for 21 days or longer if exposed to measles.
- **Connect with staff/faculty, students and families to communicate vaccine guidelines and next steps.** The MMR vaccine is the best protection against measles. Encourage students and/or their parents to vaccinate their un- and under- vaccinated students and inform them of Georgia's exclusion requirement (Georgia Code Section 31-12-3 and DPH Rule 511-9-1) in the event that a measles case is identified in their classroom. To protect the health of those exposed to a confirmed measles case and to prevent further spread, students/staff who are not up to date with the MMR vaccination could be excluded from campus for 21 days or more if exposed to measles.
- **Strengthen your IHE's health messaging.** Review your campus sick policies and procedures for students, staff, and faculty with measles-compatible symptoms.
- **Promote respiratory hygiene and cough etiquette**. Encourage frequent handwashing. If soap and water are not available, use hand sanitizers. Disinfect frequently touched surfaces (e.g., doorknobs, tables, counters).
- **Make sure your facility has a supply of disposable masks to give to a person with measles symptoms and to the staff monitoring them**. The staff monitoring the suspected individual should have evidence of immunity to measles and wear a disposable mask.
- **Gather information about the facility's layout and ventilation systems to share with the health department.** Consider movement throughout the campus, including classes, sporting events, clubs, special events, dining halls, campus employment, and housing.
- **Identify an isolation plan** where staff or students with measles symptoms can wait to be picked up to prevent others from getting sick
    - Advise staff/faculty or students to return home for isolation, if possible, using private transportation.

        - Only people with evidence of measles immunity should transport an ill student home, if needed, and should wear a well-fitting respirator (preferred) or a disposable mask.
    - If students cannot return home for isolation, coordinate with residence life to identify an isolation space
        - The space should have a solid door that closes and, ideally, a dedicated bathroom. If possible, choose a space with a window and directional airflow, meaning that air exhausts from the room to the outdoors and not to other parts of the building. HEPA filtration can be used to create directional airflow in temporary isolation rooms.
        - Make plans for how the students' needs will be met while in isolation.
        - Only people with confirmed measles infection should be housed together in the same isolation space. House people with measles symptoms who are awaiting test results in individual isolation spaces.
- **Make a plan for how to continue education** for students who may need to stay out of classes due to measles isolation and/or quarantine.
- **If the IHE has student health services on campus**:
    - Provide training to campus healthcare providers on measles signs and symptoms, infection control procedures, and testing protocols for measles.
    - Student health services should follow established infection control procedures for patients with suspected measles.
    - Make sure there are processes in place to safely evaluate and test people who may have measles. Student health services can coordinate with the Department of Public Health for guidance on testing procedures.

If a student, staff, or faculty member is suspected or confirmed to have measles:
IHE's should work closely with the Georgia Department of Public Health to receive additional support and recommendations.

Action	Description	Urgency
If measles is suspected, isolate the individual	Remove students, staff and faculty with measles symptoms from shared spaces and place them in isolation. Any staff monitoring the suspected individual should have evidence of immunity to measles and wear a disposable mask. Pregnant and/or	Immediate

	immunocompromised staff should NOT monitor suspected cases of measles.	
Control access to affected areas	Restrict access to rooms or areas occupied by the suspected case for at least 2 hours, since the measles virus can remain airborne. Clean using an EPA-approved disinfectant	Immediate
Contact the Georgia Department of Public Health	Report suspect case and follow additional guidance & recommendations provided.	Immediate
Identify those exposed AND at high risk	Determine which students, faculty, and staff had contact with the suspect case during the infectious period (4 days before rash onset to 4 days after); prioritize pregnant people, immunocompromised, and unvaccinated individuals. Consider movement throughout the building. Additionally, any space previously occupied by the confirmed measles case is considered contaminated for at least 2 hours after the case left. Therefore, any children/staff members who occupied that space would be considered exposed. Measles | Georgia Department of Public Health	Immediate
Identify vaccination status among exposed	Identify exposed individuals with incomplete or no documented MMR vaccination. Prompt identification will help Public Health determine and provide post-exposure prophylaxis in a timely manner.	Immediate
Provide exclusion recommendations	Once a measles case has been confirmed at your school, exclude students and staff as directed by public health until they are no longer at risk of developing or transmitting measles.	Within 24 hours
Communicate with affected families and staff (including contractors)	Send notification letters to students, staff, and faculty who were exposed and excluded students, staff , and faculty.	Within 24 hours

Monitor attendance and ensure exclusion compliance	Track daily attendance of exposed and excluded individuals. Ensure those excluded do not return until cleared by public health.	Within 24 hours
Monitor for symptoms among exposed students and staff	In coordination with the health department, instruct exposed students, staff, and faculty to watch for measles symptoms for 21 days after the last exposure. Report any symptomatic individuals to public health immediately.	Within 24 hours – continue through 21 days

For more information about measles, please visit Measles | Georgia Department of Public Health or About Measles | Measles (Rubeola) | CDC.

Measles Outbreaks on College Campuses - ACHA