Preparing for and Responding to Measles
A Guide for K-12 Schools

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. In school settings, measles poses a serious health threat to students and staff and can disrupt learning. Vaccination with measles, mumps, and rubella (MMR) is critical for prevention. Schools should develop and implement a plan to prevent measles outbreaks. This document provides guidance to K-12 schools on how to prepare for and respond if a case of measles is suspected or identified within a school.

Actions for Schools to Consider Taking Now:

- **Be prepared — Know who to call.** Measles is a public health emergency. Suspected measles cases should be reported 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 school nurses and staff 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 Information for Healthcare Professionals.

- **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 with the infectious person (i.e., classroom, bus, carpool, extracurricular activity, after-school childcare, etc.), or was in a space within two hours after the person with measles left.
- **Review MMR vaccine requirements for students and staff (all school staff, including transportation and contracted employees):**

- Two **documented** doses of MMR vaccine for school-age children, adolescents, and adults at high risk, including K-12 staff
- Laboratory evidence of measles immunity for staff
- 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 healthcare personnel in the school born before 1957 who do not have evidence of immunity

- **Review immunization records and identify high-risk students and staff.** Maintain up-to-date documentation of measles immunity status for all students, staff (including transportation and contracted employees), including those with medical or religious exemptions. Consider maintaining a list of individuals with immuno-compromising conditions. Students/staff who are not up to date on the MMR vaccination may be excluded from school or childcare for 21 days or longer if exposed to measles.
- **Connect with families to communicate vaccine guidelines and next steps.** Vaccination with the MMR vaccine is the best protection against measles. Encourage 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 child's school. 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 school or childcare for 21 days or more if exposed to measles.
- **Strengthen your school's health messaging.** Review your school's sick policies and encourage students and staff to stay home when sick.
- **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 school 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 school's layout and ventilation systems to share with the health department.**
- **Identify an isolation space** where students with measles symptoms can wait for a caregiver to pick them up to prevent others from getting sick. Identify a room that does **not** use fans or systems that recirculate air to other parts of the

building. The space should have a door that closes and, if available, a window that opens outdoors. Ideally, the space should be near an exit to minimize exposure. This room should not be used for 2 hours after the suspected or confirmed measles case has left the space/room. If no separate room is available, consider using outdoor space, weather permitting.

- **Establish a school core planning team to support school community needs related to measles.** Identify key district and school personnel, along with their contact information, who can support measles-related needs. This should include school and district-level administrators, educators, staff knowledgeable about the needs of students with disabilities, school psychologists, nurses, facilities managers, transportation managers, food services, family service representatives, the communications department, human resources, and the risk management department.

If a student or staff member is suspected or confirmed of having measles:
Schools 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 with measles symptoms from shared spaces and place them in supervised isolation. The staff monitoring the suspected individual should have evidence of immunity to measles and wear a disposable mask. Pregnant and/or immunocompromised staff should NOT monitor suspected cases of measles.	Immediate
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/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	Immediate

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	the school building, including lunch periods, gym, special events, or classes, and bus/carpools Additionally, any space previously occupied by the confirmed measles case is considered contaminated for at least 2 hours after the case left. Therefore, any student/staff member who occupied that space would be considered exposed. Measles | Georgia Department of Public Health	
Identify vaccination status among exposed	Identify exposed individuals with incomplete or no documented MMR vaccination Prompt identification will aid Public Health in the determination and receipt of 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 transportation and contractors)	Send notification letters to parents/guardians of exposed and excluded students, and staff	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 families of exposed students and staff 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.