PREPARING AND RESPONDING TO MEASLES:
Checklist for K-12 Schools

WHY SHOULD K-12 SCHOOLS PREPARE FOR MEASLES?

Measles is caused by a highly contagious virus that spreads through the air when an infected person coughs or sneezes. If one person has measles, up to 9 in 10 people nearby will become infected if they are not protected through vaccination or previous infection.

Measles can spread quickly in schools because students and staff spend a lot of time in close contact, and outbreaks can result in time out of school that disrupts learning. **Measles is more than just a rash** — it can cause serious health complications and even death. About 1 in 5 people who get measles will be hospitalized. The best protection is the **measles, mumps, and rubella (MMR) vaccine**.

The risk for widespread measles in the U.S. remains low. However, measles cases occur in the U.S. every year when unvaccinated travelers get measles while they are in other countries and return to the U.S. Outbreaks also occur when measles spreads in under-vaccinated communities. Anyone without immunity to measles is at risk.

PREPARE FOR POSSIBLE MEASLES CASES

- **Know how to contact your health department** when measles is suspected. Ideally, have a point of contact ahead of time and meet with them before school starts to discuss plans for how to respond to a measles case.
- **Review health department guidance, local regulations, and laws on measles for schools** and ensure the school emergency operations plan is up to date.
- **Communicate with staff, families, and caregivers** about your school's policies and procedures:
  - » **Requirements for students and staff to stay at home when they are sick.** Consider proactively sharing information about **signs and symptoms of measles** so families and caregivers know when to keep a child at home and when to seek medical evaluation.
  - » **Procedures for students with measles symptoms**, such as the student being required to use a mask when possible, isolated away from others, and requiring immediate pick-up by a caregiver and medical evaluation before returning to school.
  - » **Applicable state, local, or school MMR vaccine requirements.** The best way to prevent the spread of measles is to ensure that all students and staff are vaccinated or **immune to measles.** If needed, partner with your health department and local vaccine providers, such as pharmacies or pediatric clinics, to set up school-based vaccination clinics and help make MMR vaccination accessible.
- **Provide training to school nurses and other school-based healthcare providers to recognize measles symptoms.** Early symptoms can seem like a common cold and include fever; cough; runny nose; red, watery eyes; and/or tiny white spots in the mouth. A rash generally occurs 3-5 days after symptoms begin and usually appears on the face and behind the ears first and then spreads down the body.
- **Make sure your school has a supply of masks** to give to a person with measles symptoms.
- **Identify an isolation space** where a student with measles symptoms can wait for a caregiver to pick them up. This will help prevent other people from getting sick.

» **Choose a separate room (not shared with anyone else) with a door that can close and a window that can open to the outdoors, if available.** If there is no separate room available, consider identifying an outdoor space to use, weather and safety permitting.

- **Make a plan for how to continue education** for students who may need to be excluded from school due to isolation or quarantine for measles. This may include things like virtual schooling or paper-based assignments that students can complete at home.
- **Maintain documentation of measles immunity status for all students and staff,** including any with medical or other exemptions from vaccination. **See sample documentation template.**

» This information will help the health department identify people who are not immune to measles, so that they can be offered vaccination or medication to prevent infection after exposure, also called **post-exposure prophylaxis.**

» Ensure record keeping is consistent with any state and local legal requirements and considers privacy and confidentiality.

RESPONDING TO MEASLES IN K-12 SCHOOLS

IMMEDIATE ACTIONS – WHAT TO DO IN THE FIRST 10 MINUTES AFTER MEASLES IS SUSPECTED

When a student or staff member has measles symptoms, take these actions IMMEDIATELY:

❑ **Give the person a mask.** To limit the spread of respiratory secretions, masks should be well-fitting and cover their mouth and nose.

❑ **Isolate the person with measles symptoms to protect others from exposure.**

» Move **a student with measles symptoms** to the designated isolation space and contact a caregiver to pick them up. Keep the door closed and windows to the outside open.

» Instruct **a staff member with measles symptoms** to isolate at home. If they are unable to leave school immediately, have them wait in the designated isolation space until transportation is arranged.

» If measles is suspected, advise the caregiver or staff member to seek medical care.

» After a person with measles symptoms leaves the isolation space, it should remain vacant for at least two hours. Then, clean and disinfect the space with an **EPA-registered disinfectant** suitable for hepatitis B and HIV (these are also effective against the measles virus).

» Staff who monitor an isolated child and staff who clean an isolation space after use should have **evidence of immunity** to measles and should wear a well-fitting **respirator** (preferred) or **disposable mask.**

❑ **Contact your health department**. They will have further guidance for isolation duration, testing, care, and transport, if needed, as well as other guidance for students and staff in the school. They can also help coordinate school-based vaccination clinics, if needed.

❑ **Seek emergency care** if the person who is sick gets **rapidly worse** or if they experience trouble breathing, pain when breathing or coughing, dehydration, a fever or headache that won't stop, confusion, decreased alertness or severe weakness, blue color around the mouth, or low energy. **Notify staff at the healthcare facility of your concern for measles before arrival so that they can put procedures in place to prevent spread.**

ADDITIONAL ACTIONS AFTER ISOLATION

Be prepared to work with your health department on the following actions, based on their recommendations:

- **Make a list of people who might have been exposed to the person with suspected measles.** Consider movement throughout the school building including lunch periods, gym, and special events or classes. The health department might recommend that students and staff who are not immune to measles be excluded from school to protect their health and prevent further spread. The health department might also offer them vaccination or medication to prevent infection after exposure, also called **post-exposure prophylaxis.**

- **Gather information** about school's layout and ventilation to share with the health department.

- **Inform families and caregivers** that someone at their student's school has had measles symptoms and let them know if their student has been exposed. Ask them to watch for measles symptoms in their student and other household members for 21 days (even if they are immune). **See sample notification templates.**

- **Ask staff to watch for measles symptoms in themselves and students for 21 days and seek medical care if symptoms develop.**

RESOURCES

About Measles:
www.cdc.gov/measles/about/index.html

Be Ready for Measles Toolkit:
www.cdc.gov/measles/php/toolkit/index.html

Measles Isn't Just a Little Rash Fact Sheet:
www.cdc.gov/measles/resources/measles-isnt-just-a-little-rash-infographic.html

Do You Think Your Child Has Measles?
www.cdc.gov/measles/downloads/measles-factsheet-seek-care-508.pdf

Preventing Measles Before and After Travel Fact Sheet:
www.cdc.gov/measles/resources/before-after-travel-fact-sheet.html

PREPARING AND RESPONDING TO MEASLES:
Checklist for Early Care and Education Centers

WHY SHOULD EARLY CARE AND EDUCATION CENTERS PREPARE FOR MEASLES?

Measles is caused by a highly contagious virus that spreads through the air when an infected person coughs or sneezes. If one person has measles, up to 9 in 10 people nearby will become infected if they are not protected through vaccination or previous infection.

Measles can spread quickly in early care and education (ECE) centers because children and staff spend a lot of time together in close contact. Many younger children (less than 12 months of age) are not yet eligible for vaccination to protect them from infection. Children younger than 5 years of age and pregnant women are more likely to develop severe illness from measles.

Measles is more than just a rash — it can cause serious health complications and even death. About 1 in 5 people who get measles will be hospitalized. The best protection is the **measles, mumps, and rubella (MMR) vaccine.**

The risk for widespread measles in the U.S. remains low. However, measles cases occur in the U.S. every year when unvaccinated travelers get measles while they are in other countries and return to the U.S. Outbreaks also occur when measles spreads in under-vaccinated communities. Anyone without immunity to measles is at risk.

PREPARE FOR POSSIBLE MEASLES CASES

- **Know how to contact your health department** when measles is suspected. Ideally, have a point of contact ahead of time and discuss plans for how to respond to a measles case.
- **Review health department guidance, local regulations, laws, and licensing rules on measles for ECE centers.** Use your program's health experts, such as a childcare health consultant, to stay up to date and to develop policies and procedures to prevent the spread of illness. Consult the National Resource Center for Health and Safety in Child Care and Early Education's **Caring for Our Children Measles Chapter** for more information.
- **Communicate with staff, families, and caregivers** about your center's policies and procedures:
  - **Requirements for children and staff to stay at home when they are sick.** Consider proactively sharing information about **signs and symptoms of measles** so caregivers know when to keep a child at home and when to seek medical evaluation.
  - **Procedures for children with measles symptoms,** such as a mask being placed on the child when possible (if 2 years or older), isolating them away from other children, and requiring immediate pick-up by a caregiver and medical evaluation before returning to the ECE center.
  - **Applicable state, local, or ECE center MMR vaccine recommendations or requirements.** The best way to prevent the spread of measles is to ensure that all eligible children and staff are vaccinated or **immune to measles.** If needed, partner with your health department and local vaccine providers, such as pharmacies or pediatric clinics, to set up ECE center-based vaccination clinics and help make MMR vaccination accessible.
- **Be watchful for children and staff who may come to the ECE center with fever and other signs and symptoms of measles.** Early symptoms can seem like a common cold and include fever; cough; runny nose; red, watery eyes; and/or tiny white spots in the mouth. A rash generally occurs 3-5 days after symptoms begin and usually appears on the face and behind the ears first and then spreads down the body.

- **Make sure your ECE center has a supply of masks** to give a person with measles symptoms. Masks **should not** be placed on children under 2 years of age.
- **Identify an isolation space** where a child with measles symptoms can wait for a caregiver to pick them up. This will help prevent other people from getting sick.
  - » **Choose a separate room (not shared with anyone else) with a door that can close and a window that can open to the outdoors, if available.** If there is no separate room available, consider identifying an outdoor space to use, weather and safety permitting.
  - » Consider placing necessary supplies in the isolation space in advance.
- **Maintain documentation of measles immunity status for all children and staff,** including any with medical or other exemptions from vaccination. **See sample documentation template.**
  - » This information will help the health department identify people who are not immune to measles, so that they can be offered vaccination or medication to prevent infection after exposure, also called **post-exposure prophylaxis.**
  - » Ensure record keeping is consistent with any state and local legal requirements and considers privacy and confidentiality.

RESPONDING TO MEASLES IN AN ECE CENTER

IMMEDIATE ACTIONS: WHAT TO DO IN THE FIRST 10 MINUTES AFTER MEASLES IS SUSPECTED

When a child or staff member has measles symptoms, take these actions IMMEDIATELY:

- ❑ **Give the person a mask** (if 2 years and older). To limit the spread of respiratory secretions, masks should be well-fitting and cover their mouth and nose.
- ❑ **Isolate the person with measles symptoms to protect others from exposure.**
  - » Move a **child with measles symptoms** to the designated isolation space and contact a caregiver to pick them up. Keep the door closed and windows to the outside open.
  - » An isolated child should be **monitored at all times** and cared for in an age-appropriate manner while in isolation (e.g., diaper changes, feeding).
  - » Staff monitoring an isolated child, and anyone else entering the isolation space, should have **evidence of immunity** to measles and wear a well-fitting **respirator** (preferred) or **disposable mask.** Minimize the number of times staff enter or exit the isolation space when occupied.
  - » Instruct **a staff member with measles symptoms** to isolate at home. If they are unable to leave the ECE center immediately, have them wait in the designated isolation space until transportation is arranged.
  - » If measles is suspected, advise the caregiver or staff member to seek medical care.
  - » After a person with measles symptoms leaves the isolation space, it should remain vacant for at least two hours. Then, clean and disinfect the space with an **EPA-registered disinfectant** suitable for hepatitis B and HIV (these are also effective against the measles virus).
  - » For items or surfaces that may be mouthed by a child or used for food preparation, rinse with potable water after the recommended disinfectant contact time to remove residue from the disinfectant.
  - » Staff who monitor an isolated child and staff who clean an isolation space after use should have **evidence of immunity** to measles and should wear a well-fitting **respirator** (preferred) or **disposable mask.**

- ❑ **Contact your health department.** They will have further guidance for isolation duration, testing, care, and transport, if needed, as well as other guidance for children and staff in the ECE center. They can also help coordinate ECE center-based vaccination clinics, if needed.

- ❑ **Seek emergency care** if the person who is sick gets **rapidly worse** or if they experience trouble breathing, pain when breathing or coughing, dehydration, a fever or headache that won't stop, confusion, decreased alertness or severe weakness, blue color around the mouth, or low energy. **Notify staff at the healthcare facility of your concern for measles before arrival so that they can put procedures in place to prevent spread.**

RESOURCES

About Measles:
www.cdc.gov/measles/about/index.html

Be Ready for Measles Toolkit:
www.cdc.gov/measles/php/toolkit/index.html

Measles Isn't Just a Little Rash Fact Sheet:
www.cdc.gov/measles/resources/measles-isnt-just-a-little-rash-infographic.html

Do You Think Your Child Has Measles?
www.cdc.gov/measles/downloads/measles-factsheet-seek-care-508.pdf

Preventing Measles Before and After Travel Fact Sheet:
www.cdc.gov/measles/resources/before-after-travel-fact-sheet.html

ADDITIONAL ACTIONS AFTER ISOLATION

Be prepared to work with your health department on the following actions, based on their recommendations:

- **Make a list of people who might have been exposed to the person with suspected measles.** The health department might recommend that children and staff who are not immune to measles be excluded from the ECE center to protect their health and prevent further spread. The health department might also offer them vaccination or medication to prevent infection after exposure, also called **post-exposure prophylaxis.**

- **Gather information** about facility layout and ventilation to share with the health department.

- **Inform families and caregivers** that someone at their child's ECE center has had measles symptoms and let them know if their child has been exposed. Ask them to watch for measles symptoms in their children and other household members for 21 days (even if they are immune) **See sample notification templates.**

- **Ask staff to watch for measles symptoms in themselves and children at the ECE center for 21 days and seek medical care if symptoms develop.**

PREPARING AND RESPONDING TO MEASLES:
Checklist for Congregate Shelters

WHY SHOULD CONGREGATE SHELTERS PREPARE FOR MEASLES?

Measles is caused by a highly contagious virus that spreads through the air when an infected person coughs or sneezes. If one person has measles, up to 9 in 10 people nearby will become infected if they are not protected through vaccination or previous infection.

Measles can spread quickly in congregate shelters because program participants/clients, staff, and volunteers are in close contact and may use shared spaces with many other people. Measles is more than just a rash — it can cause serious health complications and even death. About 1 in 5 people who get measles will be hospitalized. The best protection is the **measles, mumps, and rubella (MMR) vaccine**.

The risk for widespread measles in the U.S. remains low. However, measles cases occur in the U.S. every year when unvaccinated travelers get measles while they are in other countries and return to the U.S. Outbreaks also occur when measles spreads in under-vaccinated communities. Anyone without immunity to measles is at risk.

PREPARE FOR POSSIBLE MEASLES CASES

- **Know how to contact your health department** when measles is suspected. Ideally, have a point of contact ahead of time and discuss plans for how to respond to a measles case.
- **Communicate with staff and volunteers** about shelter **plans and procedures**:
  - » **Requirements for staff and volunteers to stay at home when they are sick.**
  - » **Procedures for staff or volunteers with measles symptoms**, including leaving immediately or waiting in a designated isolation space until transportation is arranged.
  - » **Applicable state, local, or shelter MMR vaccine recommendations or requirements.** The best way to prevent the spread of measles is to ensure that all who are eligible are vaccinated or **immune to measles**.
- **Determine where you will refer people with measles symptoms for testing or care.**
  - » **Encourage program participants/clients, staff, and volunteers to be watchful for measles symptoms in themselves and their families.** Early symptoms can seem like a common cold and include fever; cough; runny nose; red, watery eyes; and/or tiny white spots in the mouth. A rash generally occurs 3-5 days after symptoms begin and usually appears on the face and behind the ears first and then spreads down the body.
  - » **Always call a healthcare facility before sending someone or seeking care for measles.** They may have specific instructions about where to go to minimize potential exposure to others.
- **Make sure your shelter has a supply of masks** to give a person with measles symptoms, and **respirators** for fit-tested staff.
- **Identify an isolation space where a person with measles symptoms** can stay while awaiting medical evaluation, to prevent other people from getting sick. See page 2 for isolation considerations.
- **Consider establishing separate sleeping spaces** for people at **higher risk for measles complications**, to protect their health (e.g., infants, pregnant women, people with weakened immune systems).
- **Create lists of who was in the shelter each day and night, ideally with a list of people by room or a bed map.** This will help a health department identify people who need follow-up.
- **Maintain documentation of measles immunity status for staff and volunteers**, to the extent possible. If helpful, see **sample immunity status documentation template**.
  - » This will help the health department recommend next steps for people who are exposed and not immune.
  - » Ensure record keeping is consistent with any state and local legal requirements and considers privacy and confidentiality.
- **Educate program participants/clients, staff, and volunteers that MMR vaccination is the best protection against measles.** Working through **peer ambassadors** can help increase vaccine acceptance.

ISOLATION FOR PROGRAM PARTICIPANTS/CLIENTS

- **Ideally, people should be isolated in an airborne infection isolation room (AIIR)**, typically found in hospitals. People do not need to wear a mask while in an AIIR.
- **When isolation in an AIIR is not feasible**, use a separate room with a solid door that closes, and, if possible, a dedicated bathroom.
  - » Because measles is highly contagious, isolation in a separate room is the minimum action to reduce risk of transmission.
  - » Ideally, this room would have a window and **directional airflow**, meaning air exhausts from the isolation room to the outdoors and not to other parts of the facility.
  - » Shelters can use HEPA filtration to create directional airflow in **temporary isolation rooms**.
- People should wear a mask as much as possible when isolating anywhere except an AIIR.
- To the extent possible, use a separate isolation space for each person or family with measles symptoms. Multiple people with measles infection confirmed by a healthcare provider can be isolated in the same room.
- Guardians and family members can accompany children in isolation if they have evidence of **immunity to measles** or also have measles infection confirmed by a healthcare provider.
  - » To the best of your ability, ensure that only staff with evidence of immunity to measles are supervising children when their guardians cannot accompany them in isolation.
- Continuum of Care leadership can review the entire shelter system for facilities with isolation spaces that could be made available to anyone in the system.

RESPONDING TO MEASLES IN CONGREGATE SHELTERS

IMMEDIATE ACTIONS – WHAT TO DO IN THE FIRST 10 MINUTES AFTER MEASLES IS SUSPECTED

When a program participant/client, staff member, or volunteer has measles symptoms, take these actions IMMEDIATELY:

- ❑ **Give the person a mask** (if 2 years and older). To limit the spread of respiratory secretions, masks should be well-fitting and cover their mouth and nose.
- ❑ **Isolate the person with measles symptoms to protect others from exposure.**
  - » Instruct **a staff member or volunteer** to isolate at home and advise them to seek medical care.
  - » After a person with measles symptoms leaves the isolation space, it should remain vacant for at least two hours. Then, clean and disinfect the space with an **EPA-registered disinfectant** suitable for hepatitis B and HIV (these are also effective against the measles virus). Anyone cleaning and disinfecting the space should have **evidence of immunity** to measles and should wear a well-fitting **respirator** (preferred) or **disposable mask**.
- ❑ **Contact your health department.** They will have further guidance for isolation duration, testing, care, and transport, if needed.
- ❑ **Seek emergency care** if the person who is sick **gets rapidly worse** or if they experience trouble breathing, pain when breathing or coughing, dehydration, a fever or headache that won't stop, confusion, decreased alertness or severe weakness, blue color around the mouth, or low energy. **Notify staff at the healthcare facility of your concern for measles before arrival so that they can put procedures in place to prevent spread.**
  - » **If a person with measles symptoms is transported elsewhere for care or isolation, ensure they wear a mask during transport.**
    - During transport, staff and volunteers transporting or escorting should also have **evidence of immunity** to measles and should wear a well-fitting respirator (preferred) or a **disposable mask**.
    - After transport, open the doors or windows to air out the vehicle. Then, clean and disinfect vehicle surfaces with an **EPA-registered disinfectant**.

ADDITIONAL ACTIONS AFTER ISOLATION

Be prepared to work with your health department on the following actions, based on their recommendations:

- **Make a list of people who might have been exposed to the person with suspected measles, using daily/nightly participant lists or bed maps.**
  - » The health department might recommend or offer vaccination or medication to prevent infection after exposure, also called **post-exposure prophylaxis**.
  - » The health department may also recommend temporarily cohorting (i.e., grouping together non-immune people who have not been exposed, particularly if they are pregnant, have weakened immune systems, or otherwise at **higher risk for measles complications**, and limiting their interactions with others. The health department might also recommend that staff meeting these criteria be temporarily excluded from the shelter or given duties with lower risk for exposure.
- **Gather information** about facility layout and ventilation to share with the health department.
- **Notify other nearby shelters and service providers** (e.g., food pantries, employment services) where exposed people may have spent time. The health department can notify other service providers, as long as they know which service providers people typically utilize.
- **Inform program participants/clients, staff, and volunteers if they have been exposed.** Ask them to watch for measles symptoms in themselves and their families for 21 days after their last exposure (even if they are immune) and seek medical care if symptoms develop. The health department may ask for shelter support to locate or contact exposed individuals.

CONSIDERATIONS FOR HEALTH DEPARTMENTS WORKING WITH CONGREGATE SHELTERS

- **Coordinate with local Health Care for the Homeless programs, Federally Qualified Health Centers, or other clinical providers in the community about onsite vaccination options.** The best way to prevent the spread of measles is to ensure that all program participants/clients, staff, and volunteers are vaccinated or are immune to measles.
- **Consider data sharing between homeless management information systems (HMIS) and your state's immunization information system,** subject to applicable state or local law, to determine measles immunity status of program participants. This will help identify people who are not immune to measles, so that they can be offered **post-exposure prophylaxis** to help prevent them from getting sick if they are exposed.

RESOURCES

About Measles:
www.cdc.gov/measles/about/index.html

Be Ready for Measles Toolkit:
www.cdc.gov/measles/php/toolkit/index.html

Measles Isn't Just a Little Rash Fact Sheet:
www.cdc.gov/measles/resources/measles-isnt-just-a-little-rash-infographic.html

Measles Education Videos:
www.cdc.gov/measles/resources/videos.html

Measles: Info You Should Know:
files.hudexchange.info/resources/documents/Measles-Info-You-Should-Know-English.pdf

PREPARING AND RESPONDING TO MEASLES:
Checklist for Correctional Facilities

WHY SHOULD CORRECTIONAL FACILITIES PREPARE FOR MEASLES?

Measles is caused by a highly contagious virus that spreads through the air when an infected person coughs or sneezes. If one person has measles, up to 9 in 10 people nearby will become infected if they are not protected through vaccination or previous infection.

Measles can spread quickly in correctional facilities because of congregate housing, ventilation limitations, and potentially lower vaccine coverage in some settings compared to the general public. Measles response challenges often include difficulty implementing recommended isolation and quarantine and verifying immunity status among incarcerated people and staff.

Measles is more than just a rash — it can cause serious health complications and even death. About 1 in 5 people who get measles will be hospitalized. The best protection is the **measles, mumps, and rubella (MMR) vaccine**.

The risk for widespread measles in the U.S. remains low. However, measles cases occur in the U.S. every year when unvaccinated travelers get measles while they are in other countries and return to the U.S. Outbreaks also occur when measles spreads in under-vaccinated communities. Anyone without immunity to measles is at risk.

PREPARE FOR POSSIBLE MEASLES CASES

- **Know how to contact your health department** when measles is suspected. Ideally, have a point of contact ahead of time and discuss plans for how to respond to a measles case.
- **Regularly review your facility's standard operating procedures for infectious disease outbreaks and ensure custody and medical staff are familiar with them.** Consider collaborating with your health department to create a pandemic preparedness plan if your facility does not already have one, to support your response to measles and other infectious diseases.
- **Make sure your facility has a supply of masks** to give a person with measles symptoms, and **respirators** for fit-tested staff.
- **Communicate with staff, incarcerated people, and visitors** about your facility's policies and procedures:
  - » **Requirements for staff and visitors to stay at home when they are sick.**
  - » **Applicable state, local, or facility MMR vaccine recommendations or requirements** for staff and incarcerated people. The best way to prevent the spread of measles is to ensure that all who are eligible are vaccinated or **immune to measles**.
- **Identify a medical isolation space where an incarcerated person with measles symptoms can be housed.** This will help prevent other people from getting sick (Box 1).
- **Have a plan in place for how to safely transport** someone with measles symptoms for isolation or medical care (Box 2).
- **Know how your facility would order a measles test for someone with symptoms.** If your facility has healthcare staff, ensure they have supplies to take serum and nasopharyngeal/oropharyngeal samples for **measles testing**. Know in advance where the samples would be sent for testing and the turnaround time for results. Ask your health department if unsure.

- **If your community has had recent measles cases or if your facility houses people from diverse geographic areas in the US or internationally:**
  - » **Add questions to the medical intake process about measles symptoms, recent exposures, and measles immunity status.**
    - **Symptoms:** Early symptoms can seem like a common cold and include fever; cough; runny nose; red, watery eyes; and/or tiny white spots in the mouth. A rash generally occurs 3-5 days after symptoms begin and usually appears on the face and behind the ears first and then spreads down the body.
    - **Exposures:** A person might have been exposed to measles if, in the last 21 days, they have spent time around anyone with measles, traveled internationally or spent time with international visitors, or have been to an area with a measles **outbreak in the U.S.**
    - **Measles immunity status:** A person is considered immune if they have written documentation of **recommended MMR vaccine doses**, laboratory evidence of immunity, laboratory confirmation of disease, or if they were born before 1957.
  - » **Educate incarcerated people and staff that MMR vaccination is the best protection against measles.** Consider offering vaccination as part of preventive health services for incarcerated people who are not immune or whose **immunity status** is unknown.
    - Most people born in the US are immune to measles because of vaccination or past infection. However, in most cases, MMR vaccination can be safely given when measles immunity status is unknown. Healthcare staff routinely confirm that a person does not have contraindications to the MMR vaccine before administering.
    - Some facilities might find that it reduces cost to test people for immunity (IgG antibodies) before vaccination.
- To the extent possible, **maintain documentation of measles immunity status for incarcerated people and staff**. This information will help the health department recommend next steps for people who are exposed and not immune. Your health department can often help confirm vaccination records through state registries.

RESPONDING TO MEASLES IN CORRECTIONAL FACILITIES

IMMEDIATE ACTIONS — WHAT TO DO IN THE FIRST 10 MINUTES AFTER MEASLES IS SUSPECTED

When an incarcerated person, staff member, visitor, or anyone else in the facility has measles symptoms take these actions IMMEDIATELY:

- ❑ **Give the person a mask** (if 2 years and older). To limit the spread of respiratory secretions, masks should be well-fitting and cover their mouth and nose.
- ❑ **Isolate the person with measles symptoms to protect others from exposure.**
  - » Instruct **a staff member or visitor** to isolate at home and advise them to seek medical care.
  - » House **an incarcerated person** in the facility's medical isolation space (Box 1) and ensure they receive prompt medical evaluation.
  - » After a person with measles symptoms leaves the isolation space, it should remain vacant for at least two hours. If the space is an AIIR, it requires less time — refer to **guidance** on required time for removal of airborne contaminants.
  - » Clean and disinfect the space with an **EPA-registered disinfectant** suitable for hepatitis B and HIV (also effective against the measles virus). Anyone cleaning and disinfecting the space should have **evidence of immunity** to measles and should wear a well-fitting **respirator** (preferred) or **disposable mask**.
- ❑ **Alert facility medical staff and contact your health department.** The health department can support your facility's measles response, including guidance about isolation duration, testing, care, and transport, if needed.
- ❑ **Seek emergency care** if the person who is sick **gets rapidly worse** or if they experience trouble breathing, pain when breathing or coughing, dehydration, a fever or headache that won't stop, confusion, decreased alertness or severe weakness, blue color around the mouth, or low energy. See Box 2 for transport precautions, including notifying the receiving facility ahead of time.
- ❑ If the person with measles symptoms is under the custody of a different federal, state, or local agency, **notify that agency**.

BOX 1: MEDICAL ISOLATION

Choose a location:

- **Ideally, an incarcerated person with measles symptoms should be medically isolated in an airborne infection isolation room (AIIR).** They do not need to wear a mask while in an AIIR. If your facility has an AIIR, ensure it is properly maintained and fully functional ahead of time.
- **If your facility does not have an AIIR:**
  - When possible, identify another facility with AIIR capacity where the person with measles symptoms could be transferred (e.g., local hospital or another correctional facility).
  - If transfer is not feasible, identify a space in your facility where the person could be housed individually. The space should have a solid door that closes and, ideally, a dedicated bathroom. If possible, choose a space with **directional airflow**, meaning that air exhausts from the room to the outdoors and not to other parts of the facility. HEPA filtration can be used to create directional airflow in **temporary isolation rooms**. A person medically isolated in a space without directional airflow should continue to wear a mask as much as possible to prevent other people from getting sick.
- Only people with **confirmed measles infection** should be housed together in the same isolation space. People with measles symptoms who are awaiting test results should be housed in individual medical isolation spaces.
- **Staff entering the medical isolation space should have evidence of immunity to measles and should wear a respirator.** Pregnant and immunocompromised people should not enter isolation spaces.
- **Healthcare staff providing care to a person with measles symptoms should follow CDC's healthcare guidance.**
- **Ensure that medical isolation spaces are different from punitive solitary confinement.** This can improve the likelihood that incarcerated people report any measles symptoms and can reduce mental health risks during isolation. Examples include:
  - Regular visits from medical staff, access to mental health services, and regular communication about the duration and purpose of the medical isolation period.
  - Similar access to radio, TV, reading materials, tablets, personal property, and commissary as would be available in an individual's regular housing unit.
  - Increased telephone privileges to maintain connection with others during isolation, ideally without a cost barrier.

BOX 2: TRANSPORT

If an incarcerated person with measles symptoms is transported to another facility for medical care or medical isolation:

- The person with symptoms should wear a **mask** during transport.
- Use a transportation route and process that includes minimal contact with persons not essential for the symptomatic person's care.
- After transport, open the doors or windows to air out the vehicle. Then, clean and disinfect vehicle surfaces with an **EPA-registered disinfectant**.
- Escort and transfer staff, and anyone cleaning the vehicle, should have **evidence of immunity to measles** and should wear a **respirator**.
- Before arrival, notify staff at the receiving facility about the concern for measles so they can put procedures in place to prevent spread.

ADDITIONAL ACTIONS AFTER ISOLATION

Be prepared to work with your health department on the following actions, based on their recommendations:

- **Make a list of incarcerated people, staff, and visitors who might have been exposed** to the person with suspected measles.
  - » The health department might recommend offering vaccination or medication to prevent infection after exposure, also called **post-exposure prophylaxis**. Working through peer educators can help increase vaccine acceptance.
  - » To prevent further spread, the health department might recommend separating exposed, non-immune incarcerated people from others (quarantine) for 21 days after their last exposure. Exposed, non-immune staff would quarantine at home.
    - **Incarcerated people and staff can be exempt from quarantine if they have evidence of immunity to measles**. To reduce the use of quarantine, facilities can test exposed people with unknown immunity status (IgG antibodies).
    - Ensure that incarcerated people who are quarantined have access to medical and mental health services, as well as the other accommodations described above (Box 1).
- **Gather information** about facility layout, ventilation, and locations/movements of incarcerated people and staff, including people who have been released or transferred to another facility.
- **Notify other correctional facilities where exposed people have been transferred.** These facilities will need to work with the health department to quickly quarantine the exposed people and identify potential contacts.
- **Inform incarcerated people and staff if they have been exposed.** Actively monitor exposed incarcerated people for measles symptoms, and ask exposed staff to monitor their own symptoms, for 21 days after their last exposure (even if immune) and seek medical care if symptoms develop.
- To the extent possible, **inform all incarcerated people and staff that someone in the facility has had measles.**
  - » Provide education on how to recognize **measles symptoms** and emphasize the importance of reporting them to healthcare staff. Advise people preparing to release that they should contact a healthcare provider if they develop symptoms.
  - » Ensure that incarcerated people reporting measles symptoms receive timely medical evaluation and consider suspending co-payment requirements for those seeking care for measles symptoms.
- To limit further measles spread, the health department might recommend:
  - » Suspending visitation and/or transfers of incarcerated people while the investigation is ongoing. If suspending transfers is not possible, notify the receiving facility that measles has been identified in your facility so they can make necessary preparations.
  - » Conducting an MMR vaccination clinic for incarcerated people and staff without known exposure.
- To prevent exposure and protect their health, the health department might recommend temporarily cohorting (housing together and limiting their interactions with others) incarcerated people who are not immune and have not been exposed, particularly if they are pregnant, have weakened immune systems, or are otherwise at **higher risk for measles complications**. Ensure that cohorted people have access to medical and mental health services, as well as the other accommodations described above for medical isolation spaces (Box 1). The health department might recommend that staff meeting these criteria be temporarily excluded from the facility or given duties with lower risk for exposure.

RESOURCES

Measles Diagnosis Clinical Fact Sheet:
www.cdc.gov/measles/media/pdfs/2024/08/measles-clinical-diagnosis-fs.pdf

"Consider Measles" Social Graphics:
www.cdc.gov/measles/hcp/communication-resources/consider-measles-infographic.html

Measles Education Videos:
www.cdc.gov/measles/resources/videos.html

Measles Clinical and Outbreak Response Guidance:
www.bop.gov/resources/pdfs/measles_cpg_20191113.pdf

PREPARING AND RESPONDING TO MEASLES:
Checklist for Summer Camps

WHY SHOULD SUMMER CAMPS PREPARE FOR MEASLES?

Measles is a highly contagious virus that spreads through the air when an infected person coughs or sneezes. If one person has measles, up to 9 in 10 people nearby will become infected if they are not protected.

Measles can spread quickly in summer camps because campers and staff spend a lot of time together in close contact with each other. **Measles is more than just a rash**–it can cause serious health complications or even death. About 1 in 5 people who get measles will be hospitalized. The best protection is the **measles, mumps, and rubella (MMR) vaccine.**

The risk for widespread measles in the U.S. remains low. However, measles cases occur in the U.S. every year when unvaccinated travelers get measles while they are in other countries. Outbreaks also occur when measles spreads in under-vaccinated communities. Anyone without immunity to measles is at risk.

PREPARE FOR MEASLES BEFORE SUMMER CAMP OPENS

- **Know how to contact your health department** for assistance when measles is suspected in a camper, staff member, or volunteer.
- **Review applicable state or local laws** and regulations on public health-related **camp requirements**.
- **Communicate applicable state, local, and/or camp vaccine requirements** to campers, staff, and volunteers before camp begins. The best way to prevent the spread of measles is to ensure that all campers, staff, and volunteers are vaccinated or are immune to measles.
- **Maintain documentation of measles immunity status for all campers, staff, and volunteers,** including any with medical or other exemptions from vaccination. This information will help the health department identify people who are not immune to measles, so that they can be offered **post-exposure prophylaxis** to help prevent them from getting sick if they are exposed. See **sample documentation template.**
- **Make sure you have a supply of facemasks** to give to a person with measles symptoms.
- **Identify an isolation space** where a camper with measles symptoms can wait for a caregiver to pick them up. This will help prevent other people from getting sick.
  - » Choose a separate room (not shared with anyone else) with a door that can close and a window that can open to the outdoors, ideally with access to a separate bathroom.
- Remind staff and caregivers that people **should stay at home when they are sick.**
- **Be watchful for campers, staff, and volunteers who may come to camp with fever and other signs and symptoms of measles:**
  - » **First symptoms:** Fever with cough, runny nose, and/or red, watery eyes
  - » **2–3 days after symptoms start: Tiny white spots** inside the mouth
  - » **3–5 days after symptoms start: Rash** (flat, red spots that appear on the face at the hairline and spread downward to the neck, torso, arms, legs, and feet)

Responding to Measles in Summer Camps

IMMEDIATE ACTIONS: WHAT TO DO IN THE FIRST 10 MINUTES AFTER MEASLES IS SUSPECTED

When a camper, staff member, or volunteer has measles symptoms, take these actions IMMEDIATELY:

- ❑ **Give the person a facemask** (if 2 years and older). To limit the spread of respiratory secretions, facemasks should be well-fitting and cover their mouth and nose.
- ❑ **Isolate the person with measles symptoms to protect others from exposure.**
  - » Move **a camper with measles symptoms** to the designated isolation space and contact a caregiver to pick them up. Keep the door closed and the window open.
  - » Instruct **an adult with measles symptoms** to isolate at home. If they are unable to leave camp immediately, have them wait in the designated isolation space until transportation is arranged.
  - » If measles is suspected, advise the caregiver/staff member/volunteer to seek medical care.
  - » Staff or volunteers who monitor an isolated child should be immune to measles.
  - » After a person with measles symptoms leaves the isolation space, it should remain vacant for at least two hours. Then, clean and disinfect the space with an EPA-registered disinfectant suitable for hepatitis B and HIV (these are also effective against the measles virus).
- ❑ **Contact your state or local health department.** They will have further guidance for isolation, testing, care, and transport, if needed, for the person with measles symptoms.
- ❑ **Seek emergency care** if the person who is sick gets rapidly worse or if they experience trouble breathing, pain when breathing or coughing, dehydration, a fever or headache that won't stop, confusion, decreased alertness or severe weakness, blue color around the mouth, or low energy. **Notify staff at the healthcare facility of your concern for measles before arrival so that they can put procedures in place to prevent spread.**

ADDITIONAL ACTIONS AFTER ISOLATION

Be prepared to work with your health department on the following actions, based on their recommendations:

- **Make a list of people who might have been exposed to the person with suspected measles.** The health department may recommend that campers, staff, and volunteers who are not immune to measles should be excluded from camp to protect their health and prevent further spread. The health department may also offer them post-exposure prophylaxis to prevent infection after exposure.
- **Inform caregivers** that someone at their child's camp has had measles symptoms, and let them know if their child has been exposed. Ask them to watch for measles symptoms in their children and other household members for 21 days (even if they are immune). See **sample notification templates.**
- Ask staff and volunteers to **watch for measles symptoms in themselves and campers for 21 days.**

ADDITIONAL CONSIDERATIONS FOR OVERNIGHT CAMPS

- When choosing an isolation space for a camper with measles symptoms, choose a place where they could stay for several days, in case a caregiver must travel a long distance to pick them up.
- Be prepared to provide on-site isolation space for staff or volunteers with measles symptoms, in case they are unable to leave the camp to isolate.

RESOURCES

Be Ready for Measles Toolkit:
www.cdc.gov/measles/php/toolkit/index.html

Measles Isn't Just a Little Rash Fact Sheet:
www.cdc.gov/measles/resources/measles-isnt-just-a-little-rash-infographic.html

Do You Think Your Child Has Measles?:
www.cdc.gov/measles/downloads/measles-factsheet-seek-care-508.pdf

Preventing Measles Before and After Travel Fact Sheet:
www.cdc.gov/measles/resources/before-after-travel-factsheet.html

DO YOU THINK YOUR CHILD HAS MEASLES?

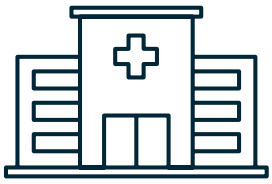
What to do if you think your child has measles

Measles usually starts with a fever, cough, runny nose, and red eyes that leads to a rash. If someone in your family has measles symptoms:

Keep them away from family members that are not sick.

Everyone in the house should stay home to not get your neighbors or people outside of your home sick.

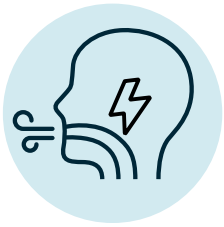
Call a doctor or hospital right away to let them know someone in your home is sick with measles. They will give you instructions.



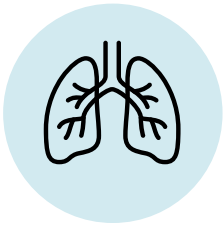
When to go to the emergency room

If the person who is sick gets rapidly worse or has any of symptoms below take them to the emergency department of a hospital immediately.

DO NOT WAIT.



Trouble breathing (or breathing faster than normal)



Pain when breathing or coughing

Dehydration (dry nose and mouth, urinating less, crying without making tears)

Fever or headache will not stop

Confusion, decreased alertness, or severe weakness

Blue color around the mouth, low energy, or difficulty feeding (for young children)

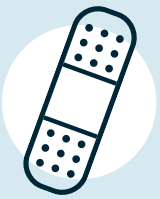
Have someone call before you arrive. Let the hospital know a person with measles is coming.

PREVENTING MEASLES

BEFORE AND AFTER TRAVEL

Measles can be dangerous, especially for babies and young children. Severe measles can lead to hospitalization and even death.

Measles is still common in many parts of the world. Anyone who is not fully vaccinated against measles and travels internationally or to a place with a measles outbreak is at risk.

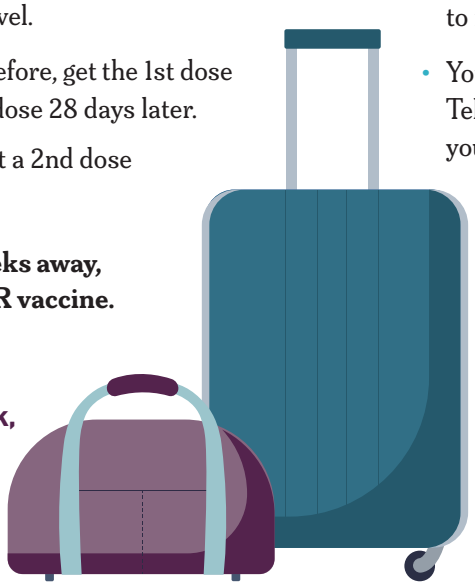


You can protect yourself and your children against measles with the measles, mumps, rubella (MMR) vaccine.

What to do BEFORE international travel

1. **Talk to your doctor, nurse, or clinic** to make sure everyone is protected against measles.
2. **Get the vaccine at least 2 weeks before you leave.**
   - Babies 6 through 11 months old should get a dose of the MMR vaccine.
   - Everyone 12 months and older (including adults) should get 2 total doses before travel.
     - If you haven't been vaccinated before, get the 1st dose right away. You can get the 2nd dose 28 days later.
     - If you've gotten 1 dose before, get a 2nd dose before travel.
3. **Even if your trip is less than 2 weeks away, you can still get 1 dose of the MMR vaccine.**

If you plan to travel to an area in the U.S. with a measles outbreak, talk to your doctor, nurse, or clinic to make sure everyone is protected against measles.



What to do AFTER international travel or travel to a place with a measles outbreak

1. **Watch for measles symptoms for 3 weeks** after you return. Measles is **very contagious** and can spread to others quickly.
2. **Call the doctor or clinic RIGHT AWAY if:**
   - You think you or your child have been exposed to measles.
   - You or your child gets sick with a rash and fever. Tell your doctor where you traveled, and if you and your child got the MMR vaccine.
3. **If you or your child is sick with a rash and fever stay home** until you talk to the doctor or clinic.

LEARN MORE

cdc.gov/measles/travel

CDC

MEASLES

IT ISN'T JUST A LITTLE RASH

Measles can be dangerous, especially for babies and young children.

Measles symptoms typically include:

- **High fever** (may spike to more than 104˚F)
- **Cough**
- **Runny nose**
- **Red and/or watery eyes**
- **Rash** (breaks out 3-5 days after symptoms begin)

Measles can be serious.

Measles can cause severe health complications, including pneumonia, swelling of the brain (encephalitis) and death.

1 out of 5 people who get measles will be hospitalized.

1 out of every 20 children with measles will get pneumonia, the most common cause of death from measles in young children.

1 out of every 1,000 people with measles will develop brain swelling, which may lead to brain damage.

1 to 3 out of 1,000 people with measles will die.

Long-term complications

A very rare, but deadly disease called subacute sclerosing panencephalitis can develop 7 to 10 years after a person has recovered from measles.

CDC

www.cdc.gov/measles

You have the power to protect your child.

Provide your children with safe and long-lasting protection against measles by making sure they get the measles-mumps-rubella (MMR) vaccine. Talk to your healthcare provider.