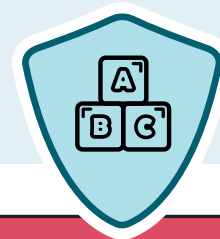


PREPARING AND RESPONDING TO MEASLES: Checklist for Early Care and Education Centers



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. Refer to [Caring for Our Children Basics](#) 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.**