Summary and Action Items

1) Provide awareness about recent measles activity in Illinois and importance of ensuring that all opportunities are taken to protect children in daycares and schools with measles immunization.
2) Remind daycare and school facilities that for the protection of everyone in the classroom, teachers should be up to date on their immunizations.

Background

After Illinois remained measles-free for three years, there have been 6 confirmed cases in the past 6 months. In February 2024, the Indiana Department of Health has confirmed a case of measles in a young child from northwest Indiana who received medical care at three Chicago hospitals while contagious which resulted in numerous exposures to individuals who came in contact with them. This underscores the need to improve vaccination in our school age populations. A second case of measles in an older adult was identified in March 2024 who had multiple community exposures during their infectious period and no identified source of the infection, suggesting a concern for local transmission of measles. An additional Illinois case was just confirmed this week in young child from a new arrival shelter who has recovered and is no longer infectious. Further, we are seeing a decline in measles vaccine coverage in school-age children, nationally and in Illinois to a level below the 95% herd-immunity level needed for protection against measles.

Diagnosis and Treatment

School healthcare personnel and ECE (early childhood education) facilities can protect students with these guidelines:

a) **Be alert for possible measle cases.** Early symptoms of the measles infection like fever, cough, pink eye, runny nose usually last for two to four days before a rash appears but it may take as long as eight days for the rash to appear once symptoms start. The measles rash is typically red, spotty, and bumpy and starts on the head or hairline and spreads down the body. School health and ECE staff should be alert to this especially if there has been contact with a measles case or travel to countries where there are measles outbreaks.

b) **If you suspect measles:** immediately place the student in a separate room that is well ventilated. If schools have airborne or other isolation rooms, then the child could be placed there. School health personnel should follow guidelines for **measles prevention in healthcare settings** regarding care delivered in school-based clinics.

c) **Protection after an exposure:** Unimmunized contacts of measles cases can be vaccinated within three days of exposure, or in some special situations given immune globulin within six days of exposure to prevent or lessen the severity of the illness. Please note, this applies to the FIRST day someone was exposed to measles while they were infectious, not the LAST day of exposure.

d) **Exposed contacts**: School based health centers should consider administering a second MMR to contacts over 12 months of age who were previously vaccinated with only one dose, as long as there are 28 or more days since the last dose of live vaccine.

Transmission

The measles virus is extremely contagious and spreads easily through contact with the air breathed out by an infected person. The virus can linger in the air for up to two hours after a person with measles leaves an area. Nine out of 10 unimmunized people who have contact with someone with measles will develop the infection. Patients are contagious starting four days before through four days after the rash appears. Anyone with measles should isolate at home and avoid all contact with others who may not be immune to measles during that time except to seek necessary medical care. If medical care is required, patients should call before they travel to notify the facility of their diagnosis in advance.

Prevention

Vaccination is the best protection against measles. MMR is a measles containing vaccine that is highly effective in providing measles immunity. It is recommended that facilities keep records of their employees' vaccinations to facilitate a prompt response to a measles exposure, should one occur.

Children in daycares and schools in Illinois are required to be up to date on their immunizations. **Children** should receive MMR vaccine at 12-15 months of age, and 4-6 years of age. However, a child can get that second dose sooner than that, as long as it has been 28 days from the last vaccine. Please note, if there are measles cases in your community, do not wait to have your child get the second dose.

Additional recommendations include:

1) Students at post-high school educational institutions should have two doses of MMR, spaced out by at least 28 days, or evidence of immunity.
2) Exposed daycare and school personnel who are non-immune should be excluded from work from Day 5 of first day of exposure until day 21 from last (not first) day of exposure.
3) CDC's measles outbreak toolkit is a valuable resource including sample school letters. Even if a school doesn't currently have a case, school staff should be aware that there may be one nearby and they should be sure that their school exclusion list for susceptible individuals is up-to-date and available to those that need to know.

Additional Resources & References:

- CDC: Measles
- CDC: Measles Vaccination Information
- CDC Measles Factsheet

Target Audience: School Nurses and Administrators, Daycare Personnel, DCFS, and ISBE

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March 8, 2024