

Measles Overview for School Nurses

If a student or staff member is diagnosed with or suspected of having measles, the school should immediately report the student/staff to the local health department or at 800-705-8868.

I. Clinical Presentation

Measles (rubeola) is a highly contagious acute viral respiratory illness. It is characterized by a prodrome of fever (as high as 105°F) and malaise, cough, coryza, and conjunctivitis - the three "C"s, Koplik spots followed by a maculopapular rash. The rash usually appears about 14 days after a person is exposed, however, the incubation ranges from seven to 21 days (average 10-12 days). The rash characteristically spreads from the head to the trunk to the lower extremities. Patients are considered to be contagious from 4 days before to 4 days after the rash appears.

Please note that immunocompromised patients may not develop the rash. Complications can include otitis media, diarrhea, bronchitis, pneumonia, encephalitis, seizures, and death.

While it is rare that vaccinated individuals develop measles, it does happen. Vaccinated individuals may have an atypical clinical presentation-typically shorter rash duration or atypical rash presentation, and possible lack of fever, cough, coryza or conjunctivitis.

People at high risk for severe illness and complications from measles include infants and children under 5 years, adults aged over 20 years, pregnant women, and those with compromised immune systems.

II. Infection Control

Measles is one of the most contagious of all infectious diseases, infecting nine out of 10 susceptible persons with close contact to a case. It is transmitted by direct contact with infectious droplets or by airborne spread. It can remain infectious on surfaces and in the air for up to two hours after an infected person has left an area.

If a student or staff presents with symptoms that are consistent with measles, the child should be isolated from the rest of the school population immediately. If a child or staff with suspected measles needs medical attention, the medical facility (and EMS if necessary) should be notified ahead of time about the suspected diagnosis so appropriate control measures can be put in place.

If a student or staff is diagnosed with measles, the person cannot return to school until four days after rash onset. If a person is suspected of having measles, the person should be kept out of school through four days after rash onset or until a medical provider has ruled out measles as a possible diagnosis.

If a person at school is diagnosed with measles, extensive follow up will most likely be needed. The local or state public health region will assist with determining and carrying out appropriate follow up, but it may include:

- Identifying anyone exposed
- Reviewing the vaccination records for all students

- Notifying parents and staff about the exposure
- Identifying sick children/staff
- Excluding exposed, unvaccinated children/staff from school

Because measles is so infectious, the following individuals should be considered exposed:

- Anyone that was in the same room as the ill individual during the infectious period (four days before rash onset until four days after rash onset).
- Anyone that was in the room up to two hours after the ill individual left the room during the infectious period.
- Schools where students change classrooms, or share common areas such as a cafeteria, will likely consider all students/staff exposed due to the possibility of exposure in the hallways.

III. Disease Reporting and Exclusion Requirements/Statute

Texas law (Health and Safety Code, Chapter 81) requires specific information regarding notifiable conditions be provided to the Texas Department of State Health Services (DSHS). Health care providers, hospitals, laboratories, schools, childcare facilities, and others are required to *immediately* report patients who are *suspected* of having measles (Chapter 97, Title 25, Texas Administrative Code). Reporting should not wait for confirmation. It would be ideal if a throat swab is collected from patients who are *suspected* of having measles during the office visit. Specimens should be immediately refrigerated until testing at a public health laboratory can be arranged. The Texas Administrative Code (Rule 97.7) requires exclusion of students with measles or suspected measles for four days after rash onset.

People suspected of having measles should be told to stay home from work, school, daycare, and any public outings (e.g., church, grocery store, shopping centers) until four days after rash onset have passed. Susceptible or unvaccinated persons that have been exposed to measles and did not receive post-exposure prophylaxis (PEP) should be advised to stay home from day 5-21 after exposure.

IV. Vaccine Requirements for Texas Schools and Child-Care Facilities

For the 2026-2027 school year, children enrolled in child-care facilities or pre-kindergarten are required to have one MMR by 16 months of age (given on or after the 1st birthday). Students enrolled in kindergarten through twelfth grade are required to have two doses of MMR vaccine with the first dose received on or after the first birthday. Students vaccinated prior to 2009 with two doses of measles and one dose each of rubella and mumps satisfy this requirement ([Texas Administrative Code, Title 25, Chapter 97, Rule §97.63](#)). Serologic confirmation of immunity to measles is acceptable in place of vaccine and must consist of a valid laboratory report that indicates confirmation of either immunity or infection.

Schools with questions regarding measles and measles exclusions can reach out to
VPDTexas@dshs.texas.gov

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schoolimm@dshs.texas.gov