**Purpose:**

Measles (rubeola) is a highly contagious viral respiratory illness. It is characterized by a prodrome of fever (which can reach up to 105°F), malaise, cough, coryza, and conjunctivitis—collectively known as the “three C’s”—followed by the appearance of Koplik spots and a maculopapular rash. The rash generally appears about 14 days after exposure, though the incubation period can range from 7 to 21 days (with an average of 10-12 days). The rash typically begins on the head and spreads to the trunk and lower extremities. Patients are considered contagious from four days before to four days after the rash appears. It is important to note that immunocompromised individuals may not develop the rash.

Complications associated with measles can include otitis media, diarrhea, bronchitis, pneumonia, encephalitis, seizures, and death.

While it is rare for vaccinated individuals to develop measles, it can occur. Vaccinated individuals may present with an atypical clinical picture, such as a shorter rash duration, unusual rash pattern, and a possible lack of fever, cough, coryza, or conjunctivitis.

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

**Infection Control**

Measles is among the most contagious infectious diseases, with 9 out of 10 susceptible individuals becoming infected after close contact with a case. It is transmitted through direct contact with infectious droplets or airborne spread. The virus can remain infectious on surfaces and in the air for up to two hours after an infected person leaves an area.

If a child or staff member presents with symptoms consistent with measles, the following steps should be taken:

* **Immediate Isolation**: The affected individual should be isolated from the rest of the population immediately.
* **Notification to Medical Facility**: If medical attention is needed, the healthcare facility (and EMS, if necessary) should be notified in advance about the suspected diagnosis so that appropriate control measures can be implemented.
* **Exclusion from School/Work**: A student or staff member diagnosed with measles should remain excluded from school or work until at least four days after the rash appears.
* **Suspected Cases**: A person suspected of having measles should be kept out of school or work until four days after rash onset or until a healthcare provider has ruled out measles.
* **Follow-Up**: If measles is diagnosed, extensive follow-up is likely required. The local or state public health authority will assist in determining and carrying out the appropriate follow-up, which may include:
  + Identifying anyone who may have been exposed.
  + Reviewing vaccination records for all students and staff.
  + Notifying parents and staff of potential exposure.
  + Identifying sick individuals.
  + Excluding exposed, unvaccinated individuals from school/work.

**Scope:**

Due to measles’ high level of contagiousness, the following individuals should be considered exposed:

* Anyone who was **in the same room** as the infected individual during the infectious period (from four days before rash onset until four days after rash onset).
* Anyone who was **in the room up to two hours after** the infected individual left the room during the infectious period.
* In centers where **children change classrooms or share common areas such as a cafeteria**, all students and staff should be considered exposed due to the possibility of exposure in hallways.

**Procedures:**

Under Texas law (Health and Safety Code, Chapter 81), specific information regarding notifiable conditions must be provided to the Department of State Health Services (DSHS). Healthcare providers, hospitals, laboratories, schools, childcare facilities, and other entities are required to immediately report suspected cases of measles (Chapter 97, Title 25, Texas Administrative Code). Reporting should occur without waiting for confirmation.

The Texas Administrative Code (Rule 97.7) mandates the exclusion of students with measles or suspected measles for four days following the onset of the rash. Individuals suspected of having measles should remain at home from work, school, daycare, and public outings (e.g., church, grocery stores, shopping centers) until four days after rash onset.

Susceptible or unvaccinated individuals who have been exposed to measles and did not receive post-exposure prophylaxis (PEP) should be advised to stay home from 5 to 21 days after exposure.

If a child or staff member is diagnosed with or suspected of having measles, the PCI Main Headquarters should be notified after following center/office protocols similar to what took place during COVID-19 so that the San Antonio Metropolitan Health Department can be contacted to report the case (see contact information below).

**County**: Bexar  
**Local Health Department**: San Antonio Metropolitan Health District  
**Contact Information**: Phone: 210-207-8876

**Vaccine Requirements for Texas Schools and Child-Care Facilities**

For the 2024-2025 school year, children enrolled in childcare facilities or pre-kindergarten must receive one dose of the MMR vaccine by 16 months of age (administered on or after the first birthday). Students enrolled in kindergarten through twelfth grade are required to have two doses of the 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 meet this requirement (Texas Administrative Code, Title 25, Chapter 97, Rule §97.63).

Serologic confirmation of immunity to measles is acceptable in place of vaccination and must consist of a valid laboratory report confirming either immunity or past infection.