

The background of the page features a large, light gray watermark of the Arizona State Seal. The seal is circular and contains various symbols: a cactus, a fish, a bird, a sun, and a hand. It is surrounded by a decorative border of geometric shapes and patterns.

Measles Toolkit

For Schools

Updated: August 14, 2025



This resource is intended to support school administrators and public health partners in the identification, reporting, and management of suspect measles cases in Arizona. It includes current guidance on and communication protocols.

For questions about this resource, please contact:

Vaccine Preventable Diseases

Arizona Department of Health Services

VPD@azdhs.gov

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Disease Description

Measles is a highly contagious viral disease that is easily spread through coughing and sneezing, and can remain in the air of a room for up to **two hours** even if the infected person is no longer there. Although the number of cases in the U.S. is low, measles is still common in other countries and is often imported through international travel.

Measles Facts

School Administrators are required to report suspect or confirmed cases of measles within 24 hours under [Arizona Administrative Code \(A.A.C.\) R9-6-203](#). Please call your local health agency to submit your report.

Clinical Symptoms

Symptoms of measles include a prodrome of:

- Fever (may spike up to more than 104°F),
- Cough,
- Runny Nose,
- Red Watery Eyes, and
- Koplik spots – tiny white spots with bluish/white centers found inside the mouth.

After 2–4 days, the prodrome is followed by a rash that starts at the hairline and progresses down the body.

Incubation and Infectious Periods

The time from exposure to becoming infected for measles is 14 days, with a range of 7–21 days. Persons with measles are usually considered infectious four days before and four days after the appearance of a rash with the rash onset considered as day zero. Immunocompromised individuals may shed the virus longer and can be contagious for the duration of the illness.

Transmission

Measles is spread from person to person through the air by coughing and sneezing. Up to 9 out of 10 susceptible persons exposed to someone with measles will develop the disease.

At-Risk Groups and Complications

Measles can be dangerous in all age groups, yet some are more likely to suffer from measles complications than others:

- Children **younger than 5 years** of age,
- Adults **older than 20 years** of age,
- Pregnant women, and
- Immunocompromised individuals.

Severe cases of measles can cause pneumonia, convulsions, encephalitis (brain swelling), and death. Out of every thousand children in the U.S. who contract measles, one to three may die from respiratory and neurologic complications.

Subacute sclerosing panencephalitis (SSPE) is one of several examples of the complications that can develop. Although a very rare disorder, it affects the central nervous system and is fatal. SSPE generally develops 7 to 10 years after a person has been infected with measles, regardless of whether the individual appears to have fully recovered. Individuals infected before the age of 2 years may be at higher risk for SSPE.

Laboratory Testing

Testing should be performed to confirm measles if an individual has clinically compatible symptoms. School administrators should contact their [local public health department](#) to help parents facilitate when and where testing will occur.

Vaccination Information

Recommended Schedule

The most effective way to prevent measles transmission is through routine vaccination with a measles-containing virus. The Centers for Disease Control and Prevention's (CDC) [recommended immunization schedule](#) is both safe and effective at preventing disease and reducing outbreaks. One dose of MMR is considered 93% effective at preventing measles. Two doses of MMR is considered 97% effective at preventing measles.

Recommended Schedule for children

- First dose of MMR administered between 12–15 months of age
- Second dose of MMR administered between 4–6 years of age

Arizona School Immunization Requirements

[Arizona Administrative Code \(A.A.C.\) R9-6-702](#) dictates school immunization entry requirements for children to attend daycare and school.

Presumptive Evidence of Immunity

Presumptive evidence of immunity is used to determine whether an individual is protected against measles and whether vaccination or exclusion is necessary. Acceptable presumptive evidence includes one or more of the following:

- Written documentation of vaccination:
 - At least one dose of measles-containing vaccine given on or after 12 months of age (for preschool-age children and low-risk adults)
 - Two doses for school-aged children and high risk adults (e.g., college students, international travelers)
- Laboratory evidence of immunity
- Laboratory confirmation of disease
- Birth before 1957.

Prevention & Control Strategies

Prevention

The primary way to prevent measles is through vaccination.

Community immunity, also known as herd immunity, is established when 95% or greater of a given community is immune to a given disease to prevent transmission. School administrators should review their school immunization coverage levels from [ADHS Bureau of Immunizations Website](#) and maintain an up-to-date list of students with exceptions or not in compliance accordance to A.A.C. R9-6-702. A list of staff immunization status is encouraged to be maintained as well. Individuals (staff and students) should be aware that if they do not have presumptive evidence of immunity to measles, they will need to be excluded from school for 21 days for each exposure to measles.

Schools can take some easy steps every day to prevent disease in school:

- Promote respiratory hygiene & cough etiquette
- Encourage frequent hand washing
- Encourage both students & staff to stay home when sick
- Disinfect frequently touched surfaces

Control Strategies

When a suspected measles case occurs in a school setting, the following actions should be taken during and in the post-exposure period:

- Mask & isolate student in a private room with the door closed. Isolation room should be away from others and ideally close to an exit. If possible, open a window.
- Call parents and inform them the student should be picked up immediately.
- Ensure student supervision occurs by staff who are immune to measles (see presumptive evidence of immunity).
- Immediate review [presumptive evidence of immunity](#) for all exposed staff, students, and visitors.
- Notify [local public health](#) to report the exposure within 24 hours. Ideally, school administrators should contact public health while waiting for parent pick-up in order to help facilitate contact between parents and public health.
- After the student has left the isolation room, close the door for **at least 2 hours**. After that time, staff immune to measles should implement routine cleaning & disinfection with EPA-approved products. Disinfect highly touched surfaces such as tables and door knobs or shared objects. Discard of soiled disposable items.
- Exclude students & staff without presumptive evidence of immunity from school for **21 days after last exposure**.*
- Exclude students & staff with active measles illness from school until 4 days after rash onset. Work with public health to determine appropriate date of return.

Quick Tips:

- ✓ Isolate patients presenting with suspected measles.
- ✓ Immunocompromised patients may not have rash or present with atypical rash.
- ✓ IMMEDIATELY consult with your local health department for suspected measles cases.
- ✓ Ensure students and staff are up to date on MMR vaccine and other vaccinations.

Criteria to Return to School Before 21 Days*

Students and staff without presumptive evidence of immunity can return to school immediately if they obtain proof of vaccination within 72 hours of **first** exposure. Talk to your local public health about the exposure and request for vaccination.

County Resources & Contact List

Contact your local county health department for assistance with:

- Evaluation and classification of a suspected measles case
- Reporting guidance for communicable diseases
- Specimen collection and submission details
- Public health subject matter expertise

Arizona County Contact Information

County	Day Time Hours	After Hours
Apache	928-333-2415	928-551-7181
Cochise	520-432-9400	800-423-7271
Coconino	928-679-7272	928-679-8574
Gila	Globe: 928-402-8811 Payson: 928-474-1210	928-701-1610
Graham	928-428-1962	928-965-8921
Greenlee	928-865-2601	928-701-7000
La Paz	928-669-9364	(Dispatch) 928-669-2281
Maricopa	602-506-6767 602-506-3747	(Banner Poison Control) 602-747-7111
Mohave	928-753-0714	928-718-4927
Navajo	Holbrook: 928-524-4750 Show Low: 928-532-6050	928-241-0593
Pima	520-724-7797	520-724-7797
Pinal	520-866-7281	520-866-6239
Santa Cruz	520-375-7900	877-202-0586 520-375-7774
Yavapai	928-771-3134	928-442-5262
Yuma	928-317-4550	928-317-4624

If you are unable to reach your local health department, contact the **Arizona Department of Health Services** at 602-364-3676 or after hours at 480-303-1191.

FAQs

How contagious is measles?

Measles is a highly contagious virus that lives in the nose and throat of an infected person, and can remain airborne for up to two hours after an infected individual coughs or sneezes. Approximately 90% of susceptible individuals exposed to the virus will become infected. A person with measles is contagious from 4 days before to 4 days after rash onset. Immunocompromised individuals may have prolonged viral shedding and can remain contagious longer.

How effective is the MMR vaccine in preventing measles?

The measles component of the MMR vaccine is very effective. One dose of MMR is 93% effective, while two doses can be up to 97% effective in providing protection against the virus.

What is isolation?

In the instance of a contagious disease, an infected individual should be separated away from others. Schools should have a documented plan for isolation of a student in the event that measles is suspected. Ideally, an isolation room should be away from others, near an exit, and available to stand free for at least 2 hours after it is used.

What can school administrators do to prepare for an outbreak?

Schools should be familiar with the presumptive evidence of immunity of both their students and staff and have easy access to those who are considered non-immune at the ready. Administrators should encourage all staff to be vaccinated if they are not immune to measles to help prevent transmission and assist in the event of an outbreak. Get to know your local health department and who to contact in the event of an outbreak.

Can measles be prevented after an exposure has occurred?

Vaccination may be beneficial at preventing disease if given within 72 hours of first exposure for individuals without presumptive evidence of immunity. Those who are unable to be vaccinated for medical reasons may receive immunoglobulin within 6 days of first exposure. Exposed individuals should speak with their doctor about which is right for them. Non-immune individuals should be removed from school for 21 days after the last exposure to prevent secondary transmission. If staff or students receive an MMR vaccination or immunoglobulin within the appropriate timeframes they may return to school before the 21 days is complete.

How long should schools be monitored for measles after an exposure has occurred?

Schools should work with their local health departments to monitor for secondary cases, but due to the close-contact setting, schools should monitor for additional cases of measles for 42 days after the last day of exposure of the initial case.

ALL ABOUT MEASLES

For Parents, Families, and the Community

What are the symptoms?

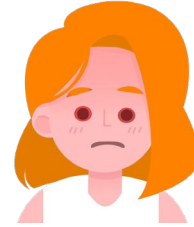
Measles usually begins with a high fever and the “3 Cs”



Cough



Coryza
(runny nose)



Conjunctivitis
(red, watery eyes)

A red, blotchy rash appears 2–4 days later starting at the hairline and spreading to the face, trunk, and limbs. The rash usually lasts 5-6 days. In some cases, measles can become very serious and may lead to pneumonia, seizures, brain damage, or even death.

How does measles spread?

Measles spreads through the air when someone with the virus coughs or sneezes. The virus can live in the air or on surfaces for up to 2 hours. People with measles can spread it from 4 days before the rash appears until 4 days after.



What should I do if I think I have measles?

Stay home and avoid contact with others. Call your healthcare provider before visiting.

How can measles be prevented?

The best protection is the MMR vaccine, which protects against measles, mumps, and rubella. Two doses are recommended.

Who else needs the MMR vaccine?

Travelers, healthcare workers, college students, and anyone without documented immunity should make sure they are up to date.

TODO SOBRE EL SARAMPIÓN

Para padres, familias y la comunidad

¿Cuales son los síntomas?

El sarampión comienza con fiebre alta y “TOS”



Tos



Ojos Inflamados



Secreción nasal

(Goteo de la nariz)

De 2 a 4 días después, aparece manchas rojas, que comienzan en la línea del cabello y se extiende a la cara, el tronco y las extremidades. La erupción suele durar de 5 a 6 días. En algunos casos graves, el sarampión puede causar neumonía, convulsiones, daño cerebral o incluso la muerte.

¿Cómo se propaga el sarampión?

El sarampión se propaga por el aire cuando una persona infectada tose o estornuda. El virus puede sobrevivir en el aire o en superficies por hasta dos horas. Las personas con sarampión son contagiosas desde cuatro días antes de la aparición del sarpullido hasta cuatro días después.



¿Qué debo hacer si creo que tengo sarampión? Quédese en casa y evite el contacto con otras personas. Llame a su proveedor médico antes de visitarlo.

¿Cómo se puede prevenir el sarampión?

La mejor protección es la vacuna triple vírica (MMR), que protege contra el sarampión, las paperas y la rubéola. Se recomienda dos dosis.

¿Quién más necesita la vacuna MMR?

Los viajeros, los trabajadores de la salud, los estudiantes universitarios y cualquier persona sin inmunidad documentada deben asegurarse de estar al día.

Do you think you have symptoms of measles?



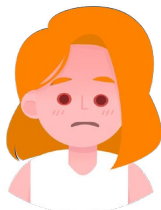
Measles symptoms include a **FEVER and the following:**



Cough



Runny Nose



Red Eyes



Rash

If so, please remain outside and call us at:

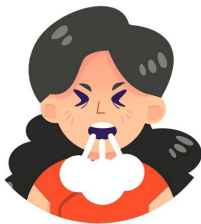


Thank you for helping us prevent the spread of measles!



Do you think you have symptoms of measles?

Measles symptoms include a **FEVER and the following:**



Cough



Runny Nose



Red Eyes



Rash

If so, please remain outside and call us at:



Thank you for helping us prevent the spread of measles!



Do you think you have symptoms of measles?

Measles symptoms include a **FEVER and the following:**



Cough



Runny Nose



Red Eyes



Rash

If so, please remain outside and call us at:

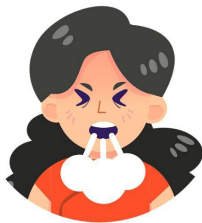


Thank you for helping us prevent the spread of measles!

Do you think you have symptoms of measles?



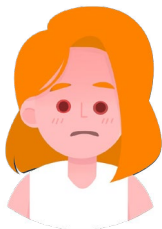
Measles symptoms include a **FEVER and the following:**



Cough



Runny Nose



Red Eyes



Rash

If so, please remain outside and call us at:



Thank you for helping us prevent the spread of measles!

General Measles **Alert** Letter

DATE XX/XX/XXXX

Dear Parent/Guardian:

At this time, there have been NO cases of measles identified at [your student's school]. The following letter is intended to inform you of steps to take protect your child from becoming infected with measles and what would occur if a case is identified at your child's school.

Measles is a very infectious disease that can spread quickly through the air. The measles virus can survive in the air for hours and may be transmitted to unvaccinated individuals even after the infected person left the room.

Measles starts with a fever, runny nose, cough, red eyes, and sore throat. It is followed by a rash that starts on the head at the hairline and moves down the body. Complications such as pneumonia, ear infections and diarrhea can occur in about 30% of people infected and 1-2 in 1000 experience severe complications such as inflammation around the brain or death. Complications are more common in very young children and adults.

What can you do?

- Make sure your student's immunizations are up to date. The MMR (Measles, Mumps and Rubella) vaccine is safe and very effective in preventing measles infection. Two doses are routinely recommended for all children. Children should receive their first dose of MMR vaccine at 12 – 15 months of age and their second dose routinely at 4 -6 years of age. If your student has not received the recommended doses, contact your health care provider as soon as possible to arrange for immunizations.
- **If your student has not received any doses of MMR and is exposed to measles, he/she will be excluded from attending school for 21 days in order to prevent further spread of disease. If your student is exposed to measles and is required to have two doses of MMR based on age but has only received one dose, he/she will be excluded from school for 21 days or until the time the student provides proof of immunity with a measles titer.**
- Schools and child care programs are required by law to report measles to their local health department.

If you have questions about vaccines, speak with your child's healthcare provider. If you have any questions about this alert, please contact us at [school administrator's phone number].

Sincerely,

Measles Exposure Letter

Please work with your local health department to construct this letter to confirm that a case of measles has occurred in your school, and for appropriate time-frames, recommendations, and contact information.

XXX XX, 20XX

To whom it may concern:

There has been a confirmed exposure of measles at [school's name], and your child may have been exposed.

Measles is a vaccine-preventable disease that is spread through coughing, sneezing, and contact with mucus or saliva from the nose, mouth, or throat of an infected individual. Measles virus can also survive in the air for hours and may be transmitted to unvaccinated individuals even after the infected person left the room.

Measles is a highly contagious viral illness. The illness begins with symptoms which include fever (101 degrees F or higher), red, watery eyes, cough and runny nose. This is followed by a rash that is red, raised, and blotchy. The rash begins on the head at the hairline and moves down the body. The rash may last for 5–6 days and may turn brownish. Symptoms typically appear 8–12 days after exposure to measles but may take up to 21 days. A person with measles is considered to be contagious 4 days before rash onset until 4 days after.

Individuals born before 1957 are considered immune and protected from measles. People who have had two measles vaccinations (such as two MMR Vaccines) are also considered immune and protected from measles. If you are unsure of vaccination history, or have had only one MMR, discuss with your physician or public health clinic to determine if you need a vaccine now.

[School's name] asks parents to monitor their student(s) daily for symptoms for the next 21 days [through XX/XX/XXXX]. If your student develops symptoms of measles as described above, please contact your healthcare provider by phone and let them know they have been exposed to measles. **They will let you know when to visit their office so as not to expose others in the waiting area.**

At this time, [school's name] has taken the following actions:

- X
- Y
- Z

If you or your healthcare provider thinks that your child may have measles, please notify (county health department or point of contact) immediately so that appropriate follow-up can be initiated. Please phone (XXX) XXX-XXX Mon–Fri 8am–5pm, or (XXX) XXX-XXXX after hours, holidays and weekends and ask to speak with XXXX.

Sincerely,

Algorithm for Suspect Measles Cases

If patient received an MMR vaccine 6–45 days before rash onset, consult your local health department to determine appropriate testing.

***Risk factors include:**

- Recent travel to an area with a measles outbreak
- Recent International travel
- Exposure to an individual with measles

Does the patient have a febrile rash illness (fever present on any day of rash or within 4 days prior to onset)?

YES

NO

Did the rash start on the face and move down the body?

NO

YES

Does the patient have risk factors*?

NO

YES

Did the patient have fever, cough, conjunctivitis, or coryza?

NO

YES

Does the patient have any risk factors*?

YES

NO

Is the patient immunocompromised?

YES

NO

Place the individual in isolation with the door closed and notify public health immediately.

Notify parents to pick up child immediately

No further action. Discontinue isolation.

If there is still a suspicion, call your local health department for further instructions.

Resources

Vaccine Information & Resources

1. Arizona Department of Health Services | School Immunization Coverage Data | <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>
2. Arizona Administrative Code | Immunization Requirements for Schools and Exemptions | https://apps.azsos.gov/public_services/Title_09/9-06.pdf
3. Centers for Disease Control and Prevention | Immunizations Schedules | <https://www.cdc.gov/vaccines/imz-schedules/index.html>
4. Centers for Disease Control and Prevention | Measles, Mumps, and Rubella (MMR) Vaccination: What Everyone Should Know | <https://www.cdc.gov/measles/vaccines/index.html>
5. Centers for Disease Control and Prevention | Measles Vaccine Recommendations - Post-exposure prophylaxis for measles | <https://www.cdc.gov/measles/hcp/vaccine-considerations/index.html>
6. Public Health Foundation | Vaccine Toolkits for Educational Professionals | <https://phf.org/tools-resources/lets-rise-routine-immunizations-on-schedule-for-everyone-playbook-toolkits/>

About Measles & Infection Control

1. Arizona Department of Health Services | Measles | <http://www.azdhs.gov/measles/>
2. Centers for Disease Control and Prevention | Be Ready for Measles Toolkit | https://www.cdc.gov/measles/php/toolkit/index.html#cdc_toolkit_main_toolkit_cat_1-for-the-public-your-communities
3. Centers for Disease Control and Prevention | Current Cases & Outbreaks | <https://www.cdc.gov/measles/data-research/index.html>
4. Centers for Disease Control and Prevention | Infection Control in Schools | <https://www.cdc.gov/orr/school-preparedness/infection-prevention/actions.html>

Public Health

1. Arizona Department of Health Services | Public Health Contacts | <https://www.azdhs.gov/preparedness/epidemiology-disease-control/infectious-disease-services/index.php#contact>
2. Arizona Department of Health Services | Communicable Disease Reporting List | <http://www.azdhs.gov/phs/oids/reporting/index.htm>