



Measles in Child Care

Proactively child care staff should be gathering documentation of their immunity to measles. This can be documentation of vaccination or a positive titer. All persons born during or after 1957 should have documentation of at least 2 doses of MMR. Those staff born before 1957 must show documentation of at least one dose of MMR or doctor's documentation of history of disease.

If a suspected or actual case of measles occurs in the child care setting, staff has the following options:

1. Show evidence of immunity or vaccination.
2. Receive the MMR immunization within 72 hours of exposure.
3. Receive IgG within 6 days of exposure.
4. Take leave from work for a minimum of 21 days past date of last case in the school or center.

If suspected or actual case of measles occurs in the child care setting, the children that attend the child care have the following options:

1. Show evidence of immunity
2. Provide documentation of 1 MMR given at 12 to 15 months of age but not before 12 months. A second dose can then be given a minimum of 28 days after the first dose.
3. If a child has an exemption for the MMR vaccination on file, the child will not be allowed to attend the child care for a minimum of 21 days after the last case in the school or center.

Child care providers should be conducting a daily health check to monitor for signs and symptoms of measles to include:

- 1) Fever followed by;
- 2) Runny Nose
- 3) Cough
- 4) Loss of appetite
- 5) "Pink Eye"
- 6) Rash

The rash usually lasts 5-6 days and begins at the hairline, moves to the face and upper neck, and proceeds down the body.

Infection control measures should be enforced to include frequent and proper hand washing and sanitizing procedures and regular "airing out" of the building. Strict adherence to the child care exclusion policies is also of utmost importance.

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