



Who this pack is for

This pack is for education and childcare settings. It provides information on measles and key actions you can take to reduce the spread of measles infection in your setting.

Education and childcare settings are places where measles infection can easily spread. To help to reduce the spread of infection, these settings can:

1. **Identify** who might have been in contact with measles cases and **provide information** on what they need to do.
2. **Share messages around the importance of vaccination and hand hygiene** to reduce the spread of measles.
3. **Help to identify any groups** that might need additional resources (e.g. translated or simple text information) or alternative approaches to encourage vaccination.
4. **Provide a location for delivering vaccination sessions** if required.

This pack contains:

- [Actions to take before there is a suspected measles case](#)
- [Actions to take if you are aware of any suspected cases of measles among people who have attended your setting, who have been diagnosed by a doctor or other health care professional.](#)
- [A factsheet on measles \(appendix 1\)](#)
- [Further information and resources on measles and vaccination](#)


1. Actions for education and childcare settings before there is a measles case




- [Measles](#) is very infectious and can spread from person to person quickly, especially in education and childcare settings. Little can be done to prevent measles spreading if people are unvaccinated. The MMR vaccination is the most effective way to control the spread of measles.
- Education and childcare settings are not expected to diagnose cases. You can use the [measles factsheet](#) with all parents, guardians, staff etc to:
 - Raise awareness of measles and the importance of the MMR vaccine.
 - Remind people to check that their families are up to date with MMR vaccines. Parents and guardians can check their child's red book for their vaccination records. If anyone has missed their MMR vaccination, they can contact their GP to book.
 - Encourage staff to take up the MMR vaccine if they have missed these vaccinations in the past.
- Measles can make people very ill, particularly those in vulnerable groups. It may be helpful to identify people who attend the setting that are in vulnerable groups so that they can be quickly identified if they come into contact with a measles case. These are:
 - People who are immunosuppressed,
 - Pregnant women who are not fully vaccinated against measles
 - Infants younger than 12 months.

- The health protection team (HPT) may also contact an education or childcare setting directly if they become aware of a case of likely or confirmed measles so having this information to hand will be helpful.

2. Action card: What to do if you have a child, student or staff member with suspected measles in your education or childcare setting

This section refers to **public health exclusions**. These are the time periods an individual should not attend a setting to reduce the risk of spreading the virus while they are infectious. This is different from 'exclusion' as used in an educational sense.

Key actions for you to take	
Contact your local HPT	<ul style="list-style-type: none"> • Contact your local HPT if you are made aware of any likely or confirmed cases of measles among people who have attended your setting, who have been diagnosed by a doctor or another healthcare professional. Please provide details of the case when you call (name, DOB, postcode). • The HPT may be experiencing high levels of demand, so you should follow this action card. The HPT may have to prioritise those settings with young children who are unlikely to be fully vaccinated. • If the case is thought to be highly likely following our risk assessment, the HPT may advise additional measures and in certain situations, a multi-agency meeting may be set up and the education or childcare setting invited to attend. <p>You can find your local HPT via this link - Find your local health protection team in England - GOV.UK (www.gov.uk)</p> <p>Information to give the HPT The following information will help the HPT to assess the situation.</p> <ul style="list-style-type: none"> • Type and size of setting • Name, date of birth and postcode of the measles case or cases and which year groups/classes they are in. • Dates of when the case or cases last attended the setting <p>The HPT may already be aware of the suspected measles case (or cases) because they have already been notified by a doctor. The HPT will assess the information provided by the doctor and may decide that it is unlikely the person has measles, at which point no further action is required.</p>
Exclusion 	<ul style="list-style-type: none"> • Suspected measles cases should be excluded from the education or childcare setting while they are likely to be infectious (from 4 days before rash onset and 4 days after the rash onset, where the rash onset day is day 0). Cases should only return to the setting when they have fully recovered; this is because they may be more likely to get other illnesses when they have measles. • If a child or member of staff has not been fully vaccinated against measles and is a close contact of a measles case, for instance a sibling, the HPT may advise that the child not come to school for a number of days to reduce the spread of measles. The number of days can vary depending on the circumstances. They will only do this in certain situations, following an individual risk assessment, and will work

	<p>with the school to agree the best course of action.</p> <ul style="list-style-type: none"> • <u>Other people who have been in contact with the measles case who are well do not need to be excluded from the setting.</u>
<p>Hand and respiratory hygiene</p> 	<ul style="list-style-type: none"> • Promote hand washing with liquid soap and warm water. • Supervise and/or encourage children to wash their hands regularly, using paper towels or hand dryers for drying hands (with wastepaper bin provided for disposal of towels). • Remind staff to wash their hands throughout the day. • Encourage good respiratory hygiene, using and disposing of tissues in the bin, followed by hand washing (Catch it, Bin it, Kill it Poster - Infection Prevention Control) <p>Home (e-bug.eu) has a range of educational resources for ages 3-16 to learn about microbes, infection prevention and control, antibiotics and vaccination.</p>
<p>Identify contacts</p> 	<p>Identification of contacts will only happen if HPT assesses that it is a highly likely case of measles:</p> <p>Measles can make people very ill, particularly those in vulnerable groups. Therefore, it is vital that close contacts are identified promptly in the following priority order:</p> <ul style="list-style-type: none"> • Immunosuppressed people • Unvaccinated pregnant women • Infants younger than 12 months • Other contacts <p>Definition of a close contact in an education or childcare setting includes:</p> <ol style="list-style-type: none"> a) those who have spent more than 15 minutes together with the case in a small, confined area (for example, a classroom, school bus) b) those who have had face to face contact of any length (if possible)
<p>Management of contacts</p> 	<p>Actions for contacts will only happen if the HPT assesses that it is a highly likely case of measles:</p> <ul style="list-style-type: none"> • As soon as you have identified the vulnerable contacts described above (immunosuppressed people, unvaccinated pregnant women, and infants younger than 12 months), HPT will send you a template warn and inform letter/fact sheet that can be sent to them. • This template letter/fact sheet can then be sent to other contacts.
<p>Communication to parents/ staff</p>	<p>The measles factsheet can be sent to the wider education or childcare setting community at any time to raise awareness of measles and remind all parents to ensure their child is up to date with MMR.</p> <p>Please do not send out letters to parents ABOUT A SUSPECTED CASE without speaking to us. If wider communications with the school community are required, we will contact you following our risk assessment to provide template letters.</p>

3. Who is more vulnerable if they have been in contact with a suspected measles case?

Please note that the following actions for contacts will only happen if HPT assesses that it is a highly likely case of measles. We will support you to identify and undertake any follow up actions as needed. The following is for information only.

1. Contacts with a weakened immune system (immunosuppressed)

- These individuals would need to contact their doctor or specialist as soon as possible.

- The doctor or specialist can then assess whether they are immune to measles, either because they have previously had a measles infection or because they have had two doses of the MMR vaccine. If they are non-immune and have been in contact with an infected person, the doctor or specialist may organise treatment to stop them from becoming seriously unwell.

2. Unvaccinated pregnant women

- Pregnant staff members that are not sure of their immunity would need to seek advice from their doctor or midwife as soon as possible. People are considered immune if they have previously had a measles infection or if they have had two doses of the MMR vaccine.

3. Infants younger than 12 months

- Parents and guardians of infants younger than 12 months would need to seek advice from their doctor. Advice may differ depending on the level of contact had with the person who has measles.

4. Information on measles

- Measles is very infectious and can spread from person to person quickly, especially in education and childcare settings. Little can be done to prevent measles spreading if people are unvaccinated. Vaccination is the most effective way to control the spread of measles.
- Measles is spread by airborne transmission (for example by droplets which are expelled when someone with the infection sneezes or coughs) and direct contact (for example contact with nose or throat secretions).
- Measles can make people very ill, particularly people who have a weakened immune system (immunosuppressed), young infants (under 12 months), and those who are both pregnant and unvaccinated. Those with special educational needs (SEN) are not more vulnerable to measles unless they have a weakened immune system. Most people with SEN, additional special needs (ASN) or disabilities will not require any additional health protection measures.
- Children who get measles can be very unwell and some will suffer life changing complications.
- The time it takes for symptoms to develop after someone has been in contact with someone who has measles (incubation period) is around 10 to 12 days from the date of contact with the infected person, but this can vary from 7 to 21 days.
- Someone who has measles is considered to be infectious from 4 days before they develop a rash to 4 full days after they develop the rash (onset of rash is day 0). They should therefore not attend the setting on public health grounds until at least 4 days after their rash developed.
- Measles is usually a clinically diagnosed infection. If a GP or healthcare professional diagnoses measles, then this public health exclusion period should be followed. Cases should only return to the setting when they have fully recovered; this is because they may be more likely to get other illnesses when they have measles.

Measles Infection Timeline								
Day 4	Day 3	Day 2	Day 1	Day 0	Day 1	Day 2	Day 3	Day 4
Days before rash				Rash Starts	Days after rash			
YOU CAN INFECT OTHER PEOPLE DURING ALL OF THESE DAYS								

5. Measles symptoms

Education and childcare settings are not expected to diagnose cases of measles. **Anyone with symptoms suggestive of measles should seek advice from their GP or NHS 111.**

- Usually, someone with measles will feel unwell 2 to 4 days before the rash appears.
- Before the rash appears, symptoms include high fever, nasal stuffiness, runny nose, sneezing, sore throat, cough and conjunctivitis (red and sore eyes).
- The rash usually starts on the face and behind the ears, and then expands further on the face and trunk.
- The rash is red, blotchy and has both raised and flat parts. It is not itchy and usually lasts for 3 to 7 days.
- Further information can be accessed at [Measles - NHS \(www.nhs.uk\)](https://www.nhs.uk).

6. Vaccination

- **The MMR vaccine is a safe and effective way of protecting against measles, mumps, and rubella. The vaccine is part of the UK's routine childhood immunisation programme.**
- Coverage for the **MMR vaccination** programme in the UK has fallen to the **lowest level in a decade**.
- Vaccine uptake rates for the routine childhood immunisation programme have fallen globally since the COVID-19 pandemic. This reduces immunity from certain diseases and leaves children vulnerable to potentially fatal disease. We know there are differences in vaccine uptake by ethnicity, deprivation and geography and the burden of measles falls disproportionately on certain communities.
- Two doses of MMR vaccine are needed to ensure full protection.
- For 2022/2023, the uptake of the first dose of the MMR vaccine in 2-year-olds in England was 89.3%, and uptake of two MMR doses at age 5 was 84.5%, which is well below the 95% target set by the World Health Organization (WHO). It is necessary to consistently meet this target to achieve and maintain measles elimination.
- NHS England have a [vaccination catch-up campaign for 2023/24](#). This is on-going and not in response to a specific measles outbreak. Parents of primary school aged children who have missed a vaccine will be contacted by the NHS through their school age immunisation service (SAIS) provider to talk through the local offer and can arrange an appointment.
- As a setting, you can play an important role in pointing your community to available resources and assuring parents that attending school remains safe and the best option for a child's health and education. If the School Aged Immunisation Service are attending your setting, you may wish to let them know about specific communities who are concerned so that they can consider this in their communications.
- Schools and childcare settings can play an important role in raising awareness of the importance of the MMR vaccine. Where required, schools provide a useful location for vaccine clinics in response to outbreaks.

Acknowledgements

Thank you to the London HPT for developing the original information pack on which this standardised version for all regions is based.

Appendices

- 1 [Measles factsheet](#)
- 2 [Further information and resources](#)

Measles factsheet

What measles is

Measles infection is caused by a virus, and spreads between people very easily. Once symptoms start, people can become unwell quickly. You can get measles at any age, but it is often young children who catch it.

How measles spreads

You can catch measles through close contact with someone who has measles. This could be from the air when they cough or sneeze, or by touching things that someone with measles has coughed or sneezed on. Measles spreads very easily in households and in other places where people mix closely together.

You can be protected from catching measles if you have had 2 doses of the measles, mumps and rubella (MMR) vaccine, or if you have had the infection before.

A person with measles can spread the infection in the 4 days before they get the rash until 4 days after they develop their rash.

Symptoms of measles

Symptoms of measles usually start between 10 and 12 days after catching the infection. Sometimes it can take up to 21 days for any symptoms to appear.

Measles usually starts with cold-like symptoms. The first symptoms of measles include:

- a high temperature
- a runny or blocked nose
- sneezing
- a cough
- red, sore, watery eyes

Small white spots may appear inside the cheeks and on the back of the lips a few days later. These spots usually last a few days.

A rash usually appears 2 to 4 days after the cold-like symptoms started. The rash starts on the face and behind the ears before spreading to the rest of the body.

The spots of the measles rash can sometimes be raised. They may join to form blotchy patches. They are not usually itchy.

The rash looks brown or red on white skin. It may be harder to see on brown and black skin.

How serious is measles?

Around 1 in 15 people with measles can become seriously unwell. Younger children, pregnant women and people with weakened immune systems are more likely to become seriously unwell.

The more serious complications of measles can include:

- ear infections
- lung infection (pneumonia)
- diarrhoea
- dehydration
- fits (which are less common)

Measles infection during pregnancy can result in the loss or early birth of the baby.

Preventing measles

Having the MMR vaccine is the best way to prevent measles.

The vaccine is usually given to children in two doses. The first dose is given to children aged 12 months old, and the second dose is given after they are 3 years and 4 months old.

If your child is identified as a close contact of someone with measles, sometimes your doctor may recommend the MMR vaccine is given earlier than these scheduled doses. If a dose is given to an infant aged under 12 months then the usual 2 doses of MMR still need to be given at the usual times (with a minimum of 1 month gap between any doses).

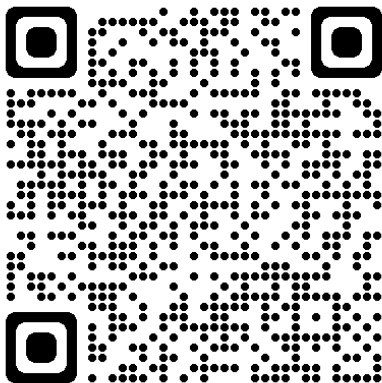
If someone has missed a dose or are unsure if they have had any vaccinations, the vaccine can be given at any age. Parents and guardians can check their child's red book for their vaccination records.

Pregnant women or people with weakened immune systems should not have the vaccine. If they think they have had contact with someone with measles they should speak to their GP or midwife for further advice.

For more information on MMR vaccinations visit:

<http://www.nhs.uk/conditions/vaccinations/mmr-vaccine>

Or scan the QR code:



Staying away from other people if you are unwell with measles

A person with measles can spread the infection in the 4 days before they get the rash. Once a person has the rash, they can still spread the infection for another 4 days.

If you have been told by a healthcare professional that you might have measles, you should stay away from childcare, school or work for at least 4 days from when your rash first appeared. You can return to your normal activities after 4 days if you feel well and you no longer have a temperature.

Treatments for people with measles

Measles usually starts to get better in about a week.

It can help to rest and drink plenty of fluids, such as water, to avoid dehydration.

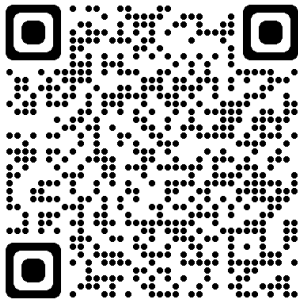
Measles can sometimes cause other illnesses. You may be given antibiotics to treat them.

If you have been told by a healthcare professional that you might have measles and think that you or your child are developing more serious health effects, you should contact your GP.

Further information on measles is available at:

<http://www.nhs.uk/conditions/measles>

Or scan the QR code:



Appendix 2 – Further information and resources

The following resources will remain up to date and should be used as the point of reference.

Education setting resources

- [Health protection in education and childcare settings](#)
- [A table explaining exclusion period of cases for different childhood infections](#)
- Hand hygiene [resources](#) for education settings
- [Measles - NHS \(www.nhs.uk\)](#)

[Measles and rubella elimination UK strategy - GOV.UK \(www.gov.uk\)](#) document with helpful case studies at local authority level that highlight some of the issues and challenges faced by under-vaccinated communities.

Guides on immunisation for children and young people

- Guide to [Immunisations at one year of age - GOV.UK \(www.gov.uk\)](#) in English. Quick guide translated and accessible versions are available to order at [Home - Health Publications](#).
- The MMR is featured in the new version of the [Pre-school vaccinations: guide to vaccinations from 2 to 5 years - GOV.UK \(www.gov.uk\)](#). Paper copies available in English now.
- And also, in the [Immunisations for young people - GOV.UK \(www.gov.uk\)](#) guide and leaflet. Paper copies available in English now.

Blogs:

[What to do if you think your child has measles and when to keep them off school - The Department for Education \(blog.gov.uk\)](#) (January 2024)

[What do I need to know about the MMR vaccine? - UK Health Security Agency \(blog.gov.uk\)](#) (February 2022)

[Ensuring every child gets the best start in life – starting with vaccine protection - UK Health Security Agency \(blog.gov.uk\)](#) (August 2021)

Social media banners:

MMR for all the family social media/WhatsApp friendly banners: [Measles and MMR social media banners](#).

‘Measles is circulating and it is serious’ social media banner: <https://publichealthengland-immunisati.app.box.com/s/xasjm2ipgyhfsjqppdpjut43evjsk2b>

MMR second dose social banner for children and young people who missed their pre-school MMR: <https://publichealthengland-immunisati.app.box.com/s/br6b462d41exi2hhs5fe0xpbs3xlgvx1>

Videos on routine MMR vaccination

[Search Publications - Health Publications](#).

Print ready materials

UKHSA have developed the following:

Leaflet on measles (in range of languages)

English versions of the [Measles: information for schools and healthcare centres - GOV.UK \(www.gov.uk\)](#) leaflet and downloadable versions in [Afrikaans](#), [Arabic](#), [Bengali](#), [Cantonese](#), [Chinese \(simplified\)](#), [French](#), [German](#), [Hebrew](#), [Hindi](#), [Italian](#), [Lithuanian](#), [Polish](#), [Portuguese](#), [Romani](#), [Romanian](#), [Spanish](#), [Swahili](#), [Tagalog](#), [Tamil](#), [Turkish](#), [Ukrainian](#) and [Urdu](#).

MMR Leaflet

'MMR for all' leaflet now available to order in [English](#), [Bengali](#), [Polish](#), [Romanian](#), [Somali](#), [Ukrainian](#) and [Yoruba](#).

Think Measles patient leaflet

[Think Measles! \(publishing.service.gov.uk\)](#)

Think Measles poster for young people

[Think measles: patient leaflet for young people - GOV.UK \(www.gov.uk\)](#)

[Think measles: poster about measles in young people - GOV.UK.\(www.gov.uk\)](#)

[Measles: protect yourself, protect others - GOV.UK \(www.gov.uk\)](#)

Resources for education settings

[Immunisations: resources for nurseries and schools - GOV.UK \(www.gov.uk\)](#), including primary, secondary school and nursery reminder posters and postcards to send to parents and posters paper copies. Available to order now to get prepare.

Measles: Don't let your child catch it poster (for schools)

The 'Measles: don't let your child catch it' poster for schools is available to download in [English](#), as well as [translated versions](#) in Afrikaans, Arabic, Bengali, Cantonese, Chinese, French, Italian, German, Hebrew, Hindi, Lithuanian, Polish, Portuguese, Romani, Romanian, Swahili, Spanish, Turkish, Tagalog, Tamil, Ukrainian and Urdu.

Measles: Don't let your child catch it poster

The 'Measles: don't let your child catch it' poster for any health or education setting is available in [English](#).

Measles outbreak simple text leaflet

Simple text posters and leaflets for use by health professionals and community engagement groups to raise awareness of measles when there is a local outbreak. The leaflet is available in [English](#), [Dari](#), [Farsi](#), [Pashto](#), [Polish](#), [Romanian](#) and [Ukrainian](#).

Measles outbreak simple text poster

The poster is available to download in [English](#), [Arabic](#), [Czech](#), [Spanish](#) and [Romanian](#).