**Sample notification letter to parents from school or child care facility, version 2**

*(Date)*

Dear Parent or Guardian:

This letter is to inform you that a child with measles was present at *(your child’s school)* on *(dates).* Measles spreads very easily by air and by direct contact. Simply being in the same room with someone who has measles is sufficient to become infected. We do not believe your child was in the same room or in close contact with the child with measles. However, because measles is so contagious we want to provide you with information.

Usually about 10-12 days (but up to 21 days) after exposure, measles begins with a mild to moderate fever accompanied by cough, runny nose, and red eyes. Two or three days later, the fever spikes, often as high as 104-105°F. At the same time, a red blotchy rash appears, usually first on the face, along the hairline and behind the ears. The rash rapidly spreads downward to the chest and back and, finally, to the thighs and feet. Most students with measles are sick enough that they miss at least a week of school. One in every 20 people with measles develops pneumonia and, more rarely, serious, even life-threatening complications can occur.

Your child is at risk of developing measles if she/he has never had the disease or has never received the measles vaccine. This is also true for any adult or child in your household who has never had measles or the immunization if they are exposed to someone with measles.

Measles vaccine, which is given in combination with rubella and mumps vaccine (MMR) is effective and safe and two doses are recommended for children. If your child has not received MMR vaccine or has only received one dose, we recommend that you contact your healthcare provider for immunization as soon as possible. Children typically receive their first dose of measles vaccine between 12 and 15 months of age; another dose at kindergarten. Adults in the household should check their immunization status.

If you do not have a healthcare provider, **your child may receive the immunization for a fee at the *(Name of County)* Public Health Clinic located at (*address)* on (*days) from (opening time) to (closing time).*.**

**If your child develops an illness with fever (101°F or more), cough, runny nose or red eyes, with or without rash,** contact your healthcare provider for diagnosis and treatment, and keep your child at home until the doctor and the school staff have cleared him/her to return. If you have any questions call the *(Name of County)* Health Department, at *(telephone number)*.

Sincerely,

*(Health Officers Name)*

*(county*) Health Officer

Developed from California Department of Public Health