Measles Toolkit for K-12 Schools

August 2026

This toolkit provides guidance to school administrators and staff to assist in preparing for and responding to measles in Oregon's K-12 schools. This toolkit is an Oregon-specific expansion of the CDC Preparing and Responding to Measles: Checklist for K-12 Schools.

Measles is a highly contagious virus transmitted via respiratory droplets and airborne spread. There has been a safe and highly effective vaccine available for measles since 1963, and the virus was eliminated from the United States in 2000. However, sustained elimination of the virus requires population-level or herd immunity of approximately 95%. Nationally, vaccination rates have been declining for several years due in large part to vaccine hesitancy driven by misinformation. The measles virus has been circulating continuously in Oregon since January 2026 and is expected to continue to circulate until vaccination rates increase.

Guiding principles

1. **Measles has the potential to spread rapidly in Oregon schools**. Those infected with measles can begin to spread the virus four days before their rash develops. By the time that measles is recognized in a school community, large numbers of students and staff may have been exposed.
2. **Preparation is essential**. By preparing for measles in school communities, valuable time can be saved when exposures do occur.
3. **Continuity of operations and learning is a priority**. A standardized approach to measles in schools can prevent school closures and keep Oregon's children in classrooms, where they learn best.

Preparing for measles cases

- ☐ Review your district's Communicable Disease Prevention Plan. The Communicable Disease Prevention Plan is a required element of the school's written Prevention-Oriented Health Services Plan for all students. This plan must be updated annually. See OAR 581-022-2220.
- ☐ **Know how to contact your local public health authority when measles is suspected**. Measles must be immediately reported in Oregon. Make sure to ask

your local health department how to reach them after hours and on weekends and holidays, if needed.

- ☐ **Review Oregon's Communicable Disease Guidance in Schools to understand exclusion rules for students and staff**. Exclusion criteria for measles are on page 20.

- ☐ **Communicate with school staff, families, and caregivers about your school's policies and procedures related to measles**. Reinforce the importance of symptom-based exclusion and share information about the signs and symptoms of measles. Reiterate Oregon school immunization requirements and exclusion rules for susceptible students and staff when measles occurs. Ensure that students and staff understand that exemptions do not protect them from exclusion when measles occurs in school settings.

- ☐ **Ensure that school nurses and other relevant staff are familiar with the signs and symptoms of measles**. Review the OHA Clinical algorithm for suspect measles cases and consider posting this resource in school-based healthcare settings.

- ☐ **Keep an adequate supply of face masks on hand**—measles is a respiratory virus and masking reduces the risk of respiratory virus spread.

- ☐ **Ensure availability of an isolation space, as required by OAR 581-022-2220, where an individual with suspected measles can wait for a caregiver to pick them up**. A space with a door that can be closed and a window that opens to the outside is best.

- ☐ **Make a plan for how to continue education for students who need to be excluded from school for measles illness or exposure**. The plan should identify how the student will access assignments, instruction, and communication with school staff during the exclusion period to support continued academic progress. For students with disabilities, the district should also consider whether additional accommodations or services are needed to ensure continued access to a free appropriate public education consistent with the student's IEP or Section 504 Plan.

- ☐ **When measles occurs, documentation of measles immunity will be required for all students and staff**. Individuals without written documentation of immunity

are considered susceptible. Schools should urge all staff to have documentation of measles immunity readily available. For staff who are unable to find documentation of immunity, OHA recommends obtaining an MMR vaccine. Staff may also pursue antibody testing through the healthcare system, but this can be expensive and time-consuming and is best done before an exposure has occurred. A sample documentation template is available.

The four acceptable ways to document measles immunity	
• Born before 1957	• Laboratory-confirmed immunity (i.e., antibodies)
• Laboratory-confirmed disease	• Documentation of vaccination

Responding to measles cases

1. **When a student or staff member has symptoms of measles**:
   - ☐ Give the person a mask and ask them to secure it properly over the nose and mouth.
   - ☐ Place the person in an isolation space with a closed door until they can be picked up.
   - ☐ Recommend that they seek medical care and that they notify the healthcare facility that they may have measles before their arrival.
   - ☐ Keep the door closed and do not use the isolation space for two hours after the individual has left it because measles virus can linger in the air.
   - ☐ After two or more hours have passed, the isolation space can be cleaned and disinfected with an EPA-registered disinfectant that is suitable for bloodborne pathogens (these disinfectants will also work for measles virus). The staff who clean the isolation space should have documented immunity to measles and should mask during cleaning.
   - ☐ Contact your **local public health authority**.
2. **When a student or staff member has confirmed measles infection, work with the health department to**:

- ☐ **Confirm where the infected individual was in the school during their infectious period**, which is from four days before rash onset to four days after rash onset. Make a list of all classes, lunch periods, and after-school activities that the person attended.

- ☐ **Think about shared airspaces within the school**. Many schools are designed such that large hallways connect to many different classrooms. Anyone who has shared the same indoor airspace as the infected individual has been exposed to the virus. For this reason, school exposures often involve entire wings, buildings, or schools.

- ☐ **Understand the exclusion timeframe**. Anyone without documentation of immunity to measles must be excluded from school and school-related activities as early as five days after their first exposure through 21 days after their last exposure. Because measles infections may not be identified until several days after the first exposure, schools often have a very short window in which to gather documentation of immunity for students and staff before exclusion is indicated. In some cases, five days may have already passed since the first exposure and exclusion is indicated immediately.

- ☐ **Inform the school community that a measles exposure has occurred and to watch for symptoms of measles**. Sample notifications templates are available.

- ☐ **Mitigate risk through masking to avoid school closure**. If an essential staff member[1] lacks documentation of immunity and is subject to immediate exclusion, the local health officer may consider a temporary exception to exclusion while documentation of immunity is pursued. Any staff returning to school under such an exception should mask at all times while indoors and must be actively monitored for symptoms of measles daily.

[1] An essential staff member is one who provides essential services which cannot be readily backfilled by substitute staffing such that the school would face closure if they were to be excluded.