

**Communicable Disease Epidemiology
and Immunization Section**

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Dear School Nurses and Administrators,

A measles outbreak is occurring in Western Washington with cases in King County residents and other counties who spent time in King County while infectious. We anticipate that further spread within the region may occur. Some schools in King County have lower MMR vaccination coverage than needed to prevent transmission during a measles outbreak. School nurses and administrators have an important role in preventing disease spread in both schools and the community.

To decrease the risk for spread of measles in King County schools, Public Health recommends school nurses and staff do the following:

- Be aware of measles signs and symptoms – see the attached fact sheet and online resources (www.kingcounty.gov/measles). Promptly exclude students with symptoms of measles and advise them to call a health care provider to request an evaluation for measles.
- Review measles immunity status of all students, staff, and volunteers and develop a [list](#) of non-immune (susceptible) students, staff, and volunteers who may need to be excluded should a case of measles occur in your school.
- Persons are considered immune to measles if they have:¹
 - Written documentation of age-appropriate measles vaccination with a live measles virus-containing vaccine (e.g., MMR) verified by a licensed health care provider (inactivated vaccine was in use 1963-1967 and will not be considered valid) that includes:
 - One or more doses for preschool children and adults who are not at high risk, administered on or after the first birthday; OR
 - **Two doses for all school-age children (K-12th grade)** and adults at high risk (i.e. college students, health care personnel **including school nurses**, and international travelers), administered on or after the first birthday; OR
 - Birth before 1957; OR
 - Laboratory evidence of immunity from vaccination or prior measles infection.
- Recommend MMR vaccine for those who are not up-to-date:
 - Routine immunization with MMR is recommended for all eligible children with the first dose given at age 12–15 months and a second dose at age 4–6 years.
 - Adults born after 1956 should get at least one dose of live measles virus-containing vaccine (e.g., MMR) unless they have laboratory evidence of immunity or documentation of the recommended number of MMR doses.
 - Two doses of live measles virus-containing vaccine (e.g., MMR) are recommended for students attending college and other post-high school institutions, international travelers, and health care personnel (including school nurses).
- Report suspected cases of measles to Public Health at (206) 296-4774 immediately. Public Health will help get persons assessed and tested, if indicated, for measles.
- **If a measles case occurs and there are exposures at a local school, Public Health will work with you to exclude students, staff, and volunteers without evidence of *prior* immunity for 21 days after the last exposure at the school. Schools should be prepared to support and meet the educational needs of students during exclusions.**

Thank you,

Eileen Benoliel, RN, BSN, CIC
Communicable Disease Epidemiology and Immunization Section

¹ When assessing student vaccination status, schools may consider a Certificate of Immunization Status (CIS) with two valid immunization dates and a parental signature as sufficient evidence of immunity. However, excluded students must submit vaccination records verified by a healthcare provider for readmission. At all times, staff documentation of immunity should only be considered valid if verified by a healthcare provider.