

**MEASLES NOTIFICATION LETTER TEMPLATE TO INFORM PARENTS
THAT A MEASLES CASE HAS BEEN IDENTIFIED AT THEIR CHILD'S SCHOOL**

[Date]

Dear Parent or Guardian:

This letter is to inform you that a child or staff member with measles was present at *[your child's school]* on *[dates]*. Measles is a viral infection that spreads through coughing and sneezing. It is very contagious, and but most school-aged children who are fully vaccinated with two doses of measles, mumps, rubella (MMR) vaccine are protected from measles. However, 3 in 100 people who have received two doses of MMR vaccine will still get measles if exposed to the virus. Therefore, we want you to provide you with information about measles, and the signs and symptoms to look for in your child.

Usually about 8-12 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. More rarely, serious, even life-threatening complications can occur.

If your child is not in compliance with the MMR requirements, they should receive a dose of MMR vaccine, unless there is a medical reason why they cannot receive the vaccine. MMR vaccine is effective and safe. If they receive the dose within 72 hours after their initial exposure to the case-patient, they may remain in school. Otherwise, unvaccinated children, including those who have a medical or other exemption to vaccination, must be excluded from school through 21 days after their most recent exposure. We recommend that you contact your healthcare provider for immunization as soon as possible. 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, immediately call your doctor and let them know about your child's exposure and symptoms so that they can tell you what to do next. Your doctor can make special arrangements to evaluate you, if needed, without putting other patients and medical office staff at risk. 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 Officer's Name]

[Name of County] Health Officer