

SAMPLE MEASLES NOTIFICATION TEMPLATES

For Any Facility or Organization

Template 1: Measles case notification template - Facility/organization administrators can use this template to notify (*parents/guardians, families, caretakers*) when someone at the facility/organization has had measles symptoms. *This notification would be sent to parents/guardians, families, or caretakers of ALL people at the facility/organization after consultation with the health department.*

Dear (*Parent/Guardian, Family, Caretaker*)

We are reaching out because we are working with (*Health Department*) to follow-up on a suspect case(s) of measles at (*Facility/Organization Name*).

We are taking proactive steps to ensure that (*clients, students, residents, etc.*), volunteers, and staff are adequately protected, to stay healthy and minimize further spread of measles. As part of our safety plan, people with measles symptoms have been separated from other (*clients, students, residents, etc.*), volunteers, and staff, and their (*parents/guardians, families, caretakers*) if applicable, have already been notified.

We continue to monitor all (*clients, students, residents, etc.*), volunteers, and staff for any related symptoms and will notify (*parents/guardians, families, caretakers*) directly if their (*child, loved one, client*) has any concerning symptoms. We are also reviewing immunity documentation of everyone at (*facility/organization*). Staff from the health department may be reaching out to confirm or obtain additional immunization records, if needed.

(*Facility/organization*) will continue working closely with the health department to make sure that all health and safety requirements are being met. Please feel free to call the (*facility/organization*) at _____ with any questions or concerns.

Sincerely,
Facility/Organization Director/Health Director

For more information about measles:

[Measles Symptoms and Complications | Measles \(Rubeola\) | CDC](#)
[Measles: It Isn't Just a Little Rash](#)
[Do You Think Your Child Has Measles?](#)

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For Facilities or Organizations Providing Overnight Services where People Can Leave

Template 2: Exposure notification template - If the health department recommends that (*clients, students, residents, etc.*) without measles immunity should be excluded after a measles exposure, facility/organization administrators can use this template to notify parents/guardians, families, and caretakers. *This notification would be sent only to parents/guardians, families, and caretakers of clients, students, residents, etc. whom the health department recommends excluding from the facility/organization.*

Dear (*Parent/Guardian, Family, Caretaker*),

We are reaching out because we are working with (*Health Department*) to follow-up on a suspect case(s) of measles at (*Facility/Organization Name*).

We are taking proactive steps to ensure that (*clients, students, residents, etc.*), volunteers, and staff are adequately protected, to stay healthy and minimize further spread of measles. As part of our safety plan, people with measles symptoms have been separated from other (*clients, students, residents, etc.*), volunteers, and staff, and their (*parents/guardians, families, caretakers*) if applicable, have already been notified.

Your (*child, loved one, client*) has been exposed to someone with suspected measles and does not have evidence of immunity. To prevent further spread, you will need to pick your (*child, loved one, client*) up from (*facility/organization*) as soon as possible, and your (*child, loved one, client*) will need to remain away from camp for 21 days since the date of their last exposure to measles (*insert date*).

Until that date, it is very important for you to monitor your (*child, loved one, client*) and other household members for any measles symptoms. See a healthcare provider if symptoms develop and contact the healthcare facility before you arrive to let them know that measles is suspected. Measles symptoms can include high fever, cough, runny nose, red, watery eyes, and a [rash](#) (flat, red spots that appear on the face at the hairline and spread downward to the rest of the body.) In addition, your healthcare provider or the health department might recommend a dose of the measles, mumps and rubella (MMR) vaccine or other medication to prevent measles infection after exposure.

(*Facility/organization*) will continue working closely with the health department to make sure that all health and safety requirements are being met. Please feel free to call (*facility/organization*) at _____ with any questions or concerns.

Sincerely,
(*Facility/organization*) Director/Health Director

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[Measles: It Isn't Just a Little Rash](#)

[Do You Think Your Child Has Measles?](#)

For Facilities or Organizations Providing Day Services where People Can Leave/Remain home from

Template 3: Measles case notification template - Facility/organization administrators can use this template to notify parents/guardians, families, caretakers when someone has had measles symptoms in a facility/organization providing day services separate from where people live. *This notification would be sent to parents/guardians, families, and caretakers of ALL (clients, students, residents, etc.) after consultation with the health department.*

Dear *(Parent/Guardian, Family, Caretaker)*,

We are reaching out because we are working with *(Health Department)* to follow-up on a suspect case(s) of measles at *(Facility/organization Name)*.

We are taking proactive steps to ensure that *(clients, students, residents, etc.)*, volunteers, and staff are adequately protected, to stay healthy and minimize further spread of measles. As part of our safety plan, people with measles symptoms have been asked not to return to *(facility/organization)* while they are still sick, and their *(parents/guardians, families, caretakers)* if applicable, have already been notified.

It is very important for you to monitor your *(child, loved one, client)* and other household members for any measles symptoms and keep your children home from *(facility/organization)* if they are sick. See a healthcare provider if symptoms develop and contact the healthcare facility before you arrive to let them know that measles is suspected. Measles symptoms can include high fever, cough, runny nose, red, watery eyes, and a [rash](#) (flat, red spots that appear on the face at the hairline and spread downward to the rest of the body.)

We are also reviewing immunity documentation of everyone at *(facility/organization)*. Staff from the health department may be reaching out to confirm or obtain additional immunization records, if needed.

(Facility/organization) will continue working closely with the health department to make sure that all health and safety requirements are being met. Please feel free to call *(facility/organization)* at _____ with any questions or concerns.

Sincerely,
Facility/organization Director/Health Director

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[Do You Think Your Child Has Measles?](#)

For Facilities or Organizations Providing Day Services where People Can Leave/Remain home from

Template 4: Exposure notification template - If the health department recommends that (*clients, students, residents, etc.*) without measles immunity should be excluded from (*facility/organization*) after a measles exposure, administrators can use this template to notify parents/guardians. *This notification would be sent only to parents/guardians of campers whom the health department recommends excluding from (facility/organization).*

Dear (*Parent/Guardian, Family, Caretaker*),

We are reaching out because we are working with (*Health Department*) to follow-up on a suspect case(s) of measles at (*Facility/organization Name*).

We are taking proactive steps to ensure that (*clients, students, residents, etc.*), volunteers, and staff are adequately protected, to stay healthy and minimize further spread of measles. As part of our safety plan, people with measles symptoms have been asked not to return to (*facility/organization*) while they are still sick, and their (*parents/guardians, families, caretakers*) if applicable, have already been notified.

Your (*child, loved one, client*) has been exposed to someone with suspected measles and does not have evidence of immunity. To prevent further spread, your (*child, loved one, client*) will need to remain away from (*facility/organization*) for 21 days since the date of their last exposure to measles (*insert date*).

Until that date, it is very important for you to monitor your (*children, loved ones, clients*) and other household members for any measles symptoms. See a healthcare provider if symptoms develop and contact the healthcare facility before you arrive to let them know that measles is suspected. Measles symptoms can include high fever, cough, runny nose, red, watery eyes, and a [rash](#) (flat, red spots that appear on the face at the hairline and spread downward to the rest of the body.) In addition, your healthcare provider or the health department might recommend a dose of the measles, mumps and rubella (MMR) vaccine or other medication to prevent measles infection after exposure.

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The (*facility/organization*) will continue working closely with the health department to make sure that all health and safety requirements are being met. Please feel free to call the (*facility/organization*) at _____ with any questions or concerns.

Sincerely,
Facility/Organization Director/Health Director

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For Facilities or Organizations Providing Essential Shelter Services/Serve as a primary residence

Template 5: Exposure notification template - If the health department recommends that (*clients, students, residents, etc.*) without measles immunity should take additional precautions or be quarantined after a measles exposure, administrators can use this template to notify people. *This notification would be sent only to individuals or their parents/guardians, families, or caretakers of whom the health department recommends additional precautions or quarantine.*

Dear (*Individual, Parent/Guardian, Family, Caretaker*),

We are reaching out because we are working with (*Health Department*) to follow-up on a suspect case(s) of measles at (*Facility/organization Name*).

We are taking proactive steps to ensure that (*clients, students, residents, etc.*), volunteers, and staff are adequately protected, to stay healthy and minimize further spread of measles. As part of our safety plan, people with measles symptoms have been allowed to isolate away from (*facility/organization*) while they are still sick, and their (*parents/guardians, families, caretakers*) if applicable, have already been notified.

(*You or your child, loved one, client*) has been exposed to someone with suspected measles and does not have evidence of immunity. To prevent further spread, (*you or your child, loved one, client*) will need to (*take specified actions like wear a mask or quarantine*) for 21 days since the date of last exposure to measles (*insert date*).

Until that date, it is very important for you to monitor (*yourself or your children, loved ones, clients*) and for any measles symptoms. Alert (*facility/organization staff*) if symptoms develop so that you can see a healthcare provider. Contact the healthcare facility before you arrive to let them know that measles is suspected. Measles symptoms can include high fever, cough, runny nose, red, watery eyes, and

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a [rash](#) (flat, red spots that appear on the face at the hairline and spread downward to the rest of the body.) In addition, a healthcare provider or the health department might recommend a dose of the measles, mumps and rubella (MMR) vaccine or other medication to prevent measles infection after exposure.

(*Facility/organization*) will continue working closely with the health department to make sure that all health and safety requirements are being met. Please feel free to call the (*facility/organization*) at _____ with any questions or concerns.

Sincerely,
Facility/Organization Director/Health Director

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