

Measles Guidance for K-12 Schools

Date: August 21, 2025

This document supplements the [Public Health Communicable Disease Guidance for K-12 Schools](#) and provides additional guidance for educators, administrators, and support staff (hereafter referred to as staff) at Kindergarten to Grade 12 (K-12) schools related to preventing the spread of measles within the school setting. While BC is experiencing measles cases, the absolute risk of measles occurring in any given school is low. As such, this guidance should be used in the context of real or perceived concern of measles in the school setting.

Measles is a highly contagious viral illness that can spread easily among individuals who are not immune. Immunization remains the most effective way to prevent measles and protect school communities. Individuals are most likely to develop measles if they are not immune (e.g., not immunized or no previous infection) and are exposed to someone with measles, while those who are immune are at extremely low risk of getting measles.

Measles symptoms typically appear **10 days (range of 7–21 days) after exposure** and may include:

- Fever
- Cough
- Runny nose
- Red, watery eyes
- Rash typically starting on the face and neck, spreading to the chest, arms, and legs. This rash typically starts four days after initial flu-like symptoms
- Small white spots inside the mouth (Koplik's spots)
- Diarrhea and abdominal pain

Many of these symptoms are non-specific and can overlap with other illnesses. Measles can lead to serious complications such as pneumonia, hepatitis (liver inflammation), encephalitis (swelling of the brain), subacute sclerosing panencephalitis (a neurologic disorder that occurs many years after infection), immune suppression for many years, and potentially death.

Immunization

The best way to protect students and staff is for everyone to be fully immunized with measles-containing vaccine – either in the form of Measles, Mumps, Rubella (MMR) or Measles, Mumps, Rubella, Varicella (MMRV) vaccine. In BC, measles-containing vaccine is routinely offered:

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- At 12 months of age in the form of MMR vaccine; and
 - Between 4-6 years of age in the form of MMRV vaccine

One dose of measles-containing vaccine is around 85-95% protective, while the effectiveness of 2 doses approaches 100%.

People are considered fully immune to measles if they have any of:

- Had 2 doses of a measles-containing vaccine after 12 months of age, given at least 4 weeks apart
- Were born before 1970 (immune due to presumed infection at a time when measles was circulating widely), or
- Have laboratory evidence of immunity or previous infection (antibody levels or presence of the virus)

Immunization reporting

Encourage parents/caregivers to submit their child's immunization records prior to school entry. The [Vaccination Status Reporting Regulation](#) (VSRR) requires all school-aged children enrolled in public, independent, and home schools to provide up-to-date immunization records, so they are all stored in one place. The VSRR does not apply to students attending First Nations' schools or to children in Strong Start early learning programs for children aged 0-5.

[People can find out how to check their immunization records at HealthLink BC's immunization records webpage](#) including how to check records on [Health Gateway](#) and how to [upload their immunization records](#) to the immunization registry. If immunization records are not available, the best approach is to get immunized. Getting additional measles-containing vaccines is completely safe and a blood test (serology) to confirm immunity is not recommended.

What to do if sick

Students or staff with symptoms of measles should stay home and seek medical advice. If measles is suspected or confirmed:

- Stay home for **4 days after rash onset**, or **10 days from symptom onset** if no rash is present, unless otherwise advised by public health.
- Contact a **health care provider or call 8-1-1** for additional guidance.
- Seek medical care if necessary (e.g., someone is experiencing trouble breathing). If seeking medical care, please notify emergency transport (e.g., an ambulance) and/or the health care facility in advance of your possible concern for measles so they can take appropriate precautions to protect others. Further information on measles in children and [when to seek urgent medical care is available here](#).

On-site management of symptomatic students/staff

If a student, staff member, or other person develops symptoms of measles while at school, they should be supported to go home and connect with their health care provider or call 8-1-1.

- **Staff** with measles symptoms should go home as soon as possible.
- For a **student** with measles symptoms, contact their parents/ caregivers to pick them up as soon as possible. Offer the student a face mask that covers the mouth and nose and if appropriate (e.g., developmentally appropriate and safe for the child) move the student to a **separate room**.
 - Ensure the room remains **vacant for at least 2 hours** after the student leaves as measles can stay in the environment for this amount of time.
- Only **staff members immune to measles** should interact with the symptomatic student while they are awaiting pick-up.

Managing measles exposures in the school setting

If there is a confirmed case of measles at your school, public health will connect with school administration to provide further guidance on communications, who might need to stay home from school, and any post-exposure management that may be recommended. Schools should maintain up-to-date contact information for students and staff and have a mechanism of communicating in the event of a measles case. **Individuals exposed to measles without proof of immunity may be asked to stay home from school for up to 21 days from the exposure.**

School or district administrators can also contact public health if they have concerns about potential exposures to measles within their school community, such as suspected cases among students or staff, or if they require additional support. More information describing cases of measles in BC can be found on the [BCCDC Website](#), including further information on what to do if someone is [exposed to measles in a public setting](#).

For more information

- Visit HealthLink BC for [additional information about measles](#) or call HealthLinkBC at 8-1-1. Specific information on [measles in children](#) is available on the ChildHealthBC site.
- General guidance on what to do if someone becomes ill while at school and cleaning and disinfection can be found on the [Communicable Disease Guidance for K-12 schools](#).
- Guidance on [hand hygiene is available here](#).
- Guidance on [how to wear a mask is available here](#).

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- Additional [resources on measles](#) are available from the First Nations Health Authority
 - If you suspect someone may have measles at your school, you can call public health for further information and guidance.
 - **Fraser Health:** 604-507-5484
 - **Interior Health:** Contact your closest [Public Health Unit or local Health Centre](#)
 - **Island Health:**
 - South Island: 1-866-665-6626
 - Central Island: 1-866-770-7798
 - North Island: 1-877-887-8835
 - After Hours: 1-800-204-6166
 - **Northern Health:** 1-855-755-3555
 - **Vancouver Coastal Health:**
 - Business hours: 1-855-675-3900
 - After business hours: 604-527-4893