

## Measles Outbreak Control Policy

Schools experiencing one suspected or confirmed case of measles are required to exclude all susceptible students until acceptable proof of immunity is received by the school or until 21 days after the onset of the last reported measles case.

The Rules and Regulations governing Measles Outbreak Control were filed with the Secretary of State, Department of Public Health Act [20ILCS 2305] and can be found in the *Control of Communicable Diseases Code – 77 Illinois Administrative Code Part 690; Section 690.520, 4:*

“A notice shall be sent home with each student who has not presented proof of immunity, explaining that the student is to be excluded, effective the following morning, until acceptable proof of immunity is received by the school or until 21 days after the onset of the last reported measles case. Acceptable proof shall consist of:

- A) a written record from the student’s physician or a health professional that indicates dates of vaccination and type of vaccine administered and type of vaccine administered\*; or
- B) a statement from a physician indicating date when student had measles; or
- C) a laboratory report indicating the student has a protective measles antibody titer as measured by a test with demonstrable reliability.”

\*documentation of 2 doses of measles vaccination, the first dose having been received on or after the first birthday and the second dose no less than 1 month later.

A susceptible student is therefore defined as one who is non-immune to measles, being unable to provide the above-mentioned proof of immunity.

The case definition of measles disease is:

- 1.) generalized rash lasting greater than or equal to 3 days;
- 2.) temperature of 101.0°F (≥38.3°C)
- 3.) cough, coryza (runny nose), or conjunctivitis (red, runny eyes)

✂----- **Complete bottom portion; keep the top portion for your records.** -----✂

## Receipt of Measles Outbreak Control Policy

As the parent/guardian of \_\_\_\_\_ (CHILD’S NAME), I have been informed that s/he is considered to be susceptible to measles according to the above definition. I have read and understand the Measles Outbreak Control Policy and understand that my child will be excluded from school for the prescribed time period or until proof of immunity is provided to the Center.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Witness

\_\_\_\_\_  
Date