



Health Alert



City of Chicago
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Measles Community Transmission Alert & Recommendations for Schools & Daycares

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Summary and Action Items

- Since January 2024, CDPH has confirmed 64 cases of measles, most of which are related to an outbreak at a Chicago shelter.
- Among the 64 cases, 33 (52%) have occurred in children 0–4 years and 9 (14%) have occurred in children aged 5–17 years.
- **CDPH is starting to identify more spread of measles in the community.** There have been several measles cases recently with no direct link to new arrivals or shelters.
- In the context of community measles transmission, **schools and daycares should be aware of the new CDPH recommendation** of an “accelerated” 2nd MMR dose to Chicago children.
 - For children over 1 year old, 2 doses of MMR vaccine:
 - Children can receive their 2nd dose 28 days after 1st dose.
 - This 2nd dose before 4 years of age meets IL school vaccine requirements.
- Anyone who is exposed to measles **and** is vaccinated does not need to quarantine.
- Public exposure locations are available on Chicago’s measles website: chicago.gov/measles
- Up to date information about measles for Chicago schools can be found on the [ChicagoHAN's School Health Page](#).

Background: Measles was declared eliminated in the USA in 2000 because of strong childhood vaccination programs in the USA. Decreases in vaccination rates both locally and globally has resulted in increased cases of measles worldwide. As of April 26, 2024, there have been 128 cases in the USA across 20 jurisdictions.

Since January 2024 Chicago Department of Public Health (CDPH) has confirmed 64 cases of measles, most of which are related to an outbreak at a temporary migrant shelter. Among the 64 cases, 33 (52%) have occurred in children 0–4 years and 9 (14%) have occurred in children aged 5–17 years.

Measles exposures have occurred at 4 schools in Chicago, but no transmission at schools or daycares has been identified to date. In the past several weeks, Chicago and neighboring jurisdictions have identified several cases of measles in people with no discernible connections to a new arrivals shelter. The rates of new measles cases overall and among persons linked to the shelters are declining. However, these new cases with no links to the shelter suggest that measles transmission in the broader community might be increasing.

Chicago Vaccine Recommendations: It is important to ensure everyone has evidence of adequate vaccination against measles during periods of increased community spread. An “accelerated” immunization schedule is recommended for families who want to ensure their child is as protected as possible from measles. These vaccines are safe and effective and continue to be the best way to prevent infection.

- CDC recommends that children receive 2 doses of MMR, with 1st dose given at 12 months of age.
- Chicago families should ask their healthcare provider about an “accelerated” 2nd MMR dose for children >12 months of age, especially if attending schools or daycares.
 - A 2nd MMR dose can be administered [as soon as 28 days after a 1st dose.](#)
 - An “accelerated” 2nd dose given before 4 years of age is valid and effective according to ACIP. **Children who receive two appropriately timed measles, mumps, and rubella (MMR) doses before 4 years of age should not need any additional doses in their lifetime.**
- This new recommendation **does not change** the requirement for school and daycare attendance but instead is an additional option available to achieve immunity.
 - This “accelerated” 2nd dose of MMR meets Illinois’ vaccination requirements for school enrolment.

What Schools and Daycares Need To Do:

- **Today:**
 - Ensure that you have received the most up-to-date immunization records of all your students.
 - Illinois requires 1 dose of MMR for daycare students aged ≥12 months and pre-school aged students, and 2 doses of MMR vaccine for students in grades K through 12, unless they have other presumptive evidence of measles immunity, which includes laboratory evidence of immunity or laboratory confirmation of disease.
 - Schools shall maintain awareness of which students are not considered immune to vaccine-preventable diseases.
 - Students who are not considered immune include those with incomplete vaccination records due to religious exemption, medical exemption, McKinney-Vento exemptions, or noncompliance with childhood vaccination.
 - Review your school policies and the [IDPH Administrative Code Part 690, Section 690.520 MEASLES, SUSPECT, PROBABLE OR CONFIRMED](#) regarding exclusion of susceptible students and personnel. Remind families of students who are not fully vaccinated of the school’s outbreak control exclusion procedure.
 - Follow up with families of students that are not compliant with childhood vaccination. Remind them that students who are not immunized against measles will be excluded from school for 21 days if they are exposed to measles.
 - Remind your staff of the importance of being protected by making sure that they are up to date on recommended vaccines and are aware of whether they likely have immunity to measles. Adults who most likely do have immunity to measles include those who meet at least **one** of the following criteria:
 - Written documentation of two doses of measles-containing vaccine.
 - School and daycare settings are considered higher risk settings in the context of an outbreak and a history of two doses of vaccination provides the best protection against measles.
 - Laboratory evidence of immunity (i.e. a “titer” with a positive IgG result).
 - Laboratory confirmation of prior measles infection.
 - Birth before 1957.

- Measles vaccination has been part of routine childhood immunization since the late 1960s. Adults who received any childhood vaccines almost certainly were vaccinated against measles. Thus, most adults who were born and raised in the U.S. can likely assume they were vaccinated against measles as children, even if they do not have written documentation of vaccination. However, some adults may have specific reasons to believe they were not vaccinated.
- If staff do not know their vaccine status they can:
 - Try locating try immunization records by visiting [Illinois Vax Verify portal](#).
 - If Vax Verify does not work, vaccination history can be requested by filling out the [IDPH release form](#)
 - If they don't have a copy of their childhood vaccination records at home, they can call the healthcare provider or medical clinic where they received a vaccination. They can also check with their high school, college or previous employers that may have required immunizations.
 - If they still cannot obtain vaccination records, they can ask their doctor about whether they should get their titers drawn. (Note: If a patient has appropriate documentation of MMR vaccination, providers do not need to check titers. Documented age-appropriate vaccination [supersedes the results of subsequent serologic testing.](#))
- ***If you have concerns for a measles case in your school:***
 - Identify whether the student or staff member has received a diagnosis from a healthcare provider and clarify the provider's contact information.
 - If a case of measles is confirmed in a student and the student is already at home, consult with CDPH to determine when the student may return to school. People with measles are infectious 4 days before and 4 days after the day of rash onset. CDPH will help determine the date of rash onset.
 - Report measles diagnosed by a healthcare provider to CDPH.
 - Call the CDPH Disease Reporting Line at 312-746-6015 immediately during normal working hours.
 - Be able to provide name and date of birth of the student and contact information for the parent.
 - Be able to quickly identify which students do not have evidence of immunity.
 - CDPH will work with the school to identify students who do not have evidence of immunity. These students will need to quarantine and will need to be excluded from school. CDPH will provide a letter to those students with education around exposure, signs, and symptoms, and dates of school exclusion. **Schools must wait for CDPH to confirm the case before sending any letters.**
 - The school will be expected to provide CDPH with a list of exposed students who do not have evidence of immunity. CDPH will use this for contact-tracing purposes.
 - The measles rash can look like many common childhood illnesses, which is why it so important that anyone with suspected measles is evaluated by a provider. The rash is most often accompanied by a high fever.
 - Evaluation by a medical provider and confirmatory testing is required for measles diagnosis.
 - If you suspect an individual with measles is present at school, identify the following before calling CDPH:
 - Whether they have documented immunization against measles.
 - Whether they have **both** fever **AND** a rash.

- Students with a fever should be excluded from school, until they are fever free for 24 hours without the use of fever reducing medications, regardless of cause.
- If a student has both a fever **AND** a rash at the same time and they do not have age-appropriate vaccination, they need to be evaluated by a medical provider before returning to school.
- Separate the suspected case from the other students to wait for pick up and escort them out as far away from the other students as possible, especially from students that may be at higher risk.
- Do not let other students into the room where the suspected case was isolated for at least two hours. Disinfect using normal protocols after suspected case leaves.

Additional Resources:

[Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger](#)

[Recommended Adult Immunization Schedule for ages 19 years or older](#)

[Timing and Spacing of Immunobiologics](#)