

Measles Preparedness for Child Care and Early Learning

Measles Information

Measles continues to spread in the U.S. and around the world. Unvaccinated U.S. residents returning from travel abroad are the biggest source of measles cases in the U.S. As of April 17, 2025, there have been a total of 800 measles cases in 25 states, including Washington state ([Measles Cases and Outbreaks | CDC](#)).

What Early Learning and Child Care Providers should do now:

- **Identify your Local Health Jurisdiction contact (Local Health Department)**
You should contact your [Local Health Jurisdiction](#) (LHJ) if there is suspected measles or other communicable disease in the building. Be prepared in advance and identify a contact at the LHJ now. The Local Public Health Officer will direct and coordinate the response in the event of a suspected case or outbreak ([WAC 246-110-020](#)).
- **Create or update disease Susceptible lists**
In the case of an exposure in your program, you should be prepared to quickly identify all individuals, children, students, and staff, who do not have immunity to measles (MMR vaccine doses or laboratory evidence of immunity).
 - **Prepare a list of susceptible children:** Find sample forms at [Outbreak Susceptible List – Sample Form \(Word\)](#) | [\(Excel\)](#). Schools and child cares using the School and Child Care Immunization Module (SCCIM) can use the At Risk Report ([Training Guide for SCCIM \(PDF\)](#)).
 - **Prepare your personnel:** Consider communicating with your staff that they may need to be prepared to show proof of immunity. This may include records documenting age-appropriate vaccination, laboratory evidence of immunity, or laboratory-confirmed measles. Individuals born before 1957 are considered immune. Document staff immunization history. DOH has a [Sample Staff Immunization History Form \(Word\)](#) if you need a template.

[MyIRmobile](#) is an excellent resource for accessing personal immunization information. If you do not yet have access to the WA Immunization Information System to view the immunization records of the children in your program, you can [apply for a Limited Exchange of Data account](#).

Children age 1-3 years should have 1 dose of the MMR vaccine. Children age 4+ and adolescents should have 2 doses MMR. Adults without evidence of immunity generally should have one dose of MMR. Two doses may be required or recommended for some high-risk adults, including healthcare personnel, international travelers, and post-secondary school students, which includes all schooling after high school.

Early Learning Programs - Employee & Volunteer Requirement:

All licensed child care centers, ECEAPs (Early Childhood Education & Assistance Programs), and Head Start employees and volunteers who supervise children (such as teachers, bus drivers, playground supervisors etc.) must provide one of the following:



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- Documentation of MMR immunization.
- Proof of measles immunity with laboratory titer testing.
- Documentation from a Health Care Practitioner that the MMR vaccine is not advisable for the person.

See the [Staff and Volunteer MMR Requirement](#) web page for more information.

Resources:

- Washington State Department of Health (DOH)
 - [Outbreak Susceptible List – Sample Form \(Word\)](#) | [\(Excel\)](#)
 - [Sample Staff Immunization History Form \(Word\)](#)
 - [Outbreaks and Exclusion](#)
 - [Measles | Washington State Department of Health](#)
 - [Measles Reporting and Investigation Guideline](#)
 - [School and Child Care Immunizations Information for Families](#)
- CDC: [Measles \(Rubeola\) | CDC](#)
- CDC: [Measles Cases and Outbreaks | CDC](#)
- AAP: [Measles One-Pager \(aap.org\)](#)
- Vaccine Education Center at Children's Hospital of Philadelphia video (5 min.) featuring Dr. Paul Offit: [Why Are We Seeing Measles Outbreaks?](#)



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