



Office of Emergency
Management and
School Safety

CHARTER SUPERINTENDENT'S MEETING MARCH 2025

Education is our passion. Safety is our priority!

The Thin Line Between Homicide and Suicide

FBI's BAU will provide insight into their research on the relationship between suicidal ideation and homicidal ideation. According to BAU research in their Active Shooter Study, Phase 2, it is noted that 48% (n=30) of active shooters had suicidal ideation or engaged in suicide-related behaviors at some point prior to the attack.

- Of the 30 suicidal active shooters, 90% showed signs of suicidal ideation and 23% made actual suicide attempts.
- 70% of these behaviors occurred within one year of the shooting

This exclusive opportunity is extended to Superintendents, Assistant/Area Superintendents, Principals, Police Chiefs, ISD Police Department Officers, OEM/School Safety Directors, Nurses, Counselors, School Psychologists, Social Workers, and Behavior Specialists.



The Thin Line Between Homicide and Suicide



Date: Tuesday, April 29th, 2025

Time: 9:00 AM to 11:00 AM

Location: McKinney Conference Center
(Region 4 ESC)
7200 Northwest Dr
Houston, TX 77092



School Safety & Security Audit

- Texas Education Code 37.108 requires school districts to conduct safety and security audits of their facilities at least once every three years and to report the results to the Texas School Safety Center (TxSSC).
 - **K-12 School Districts:**
 - **September 1, 2022,** and will end on **August 31, 2025** .
 - Submitting audit results (DAR) to the TxSSC during this audit cycle is from **April 14, 2025,** to **September 15, 2025** .

School Safety and Security Recognition Program

Safety & Security Audit
Cycle 2023-2026

Sample Independent School District



TABLE OF CONTENTS

01

Executive Summary

02

Campus Summary

03

Facilities Summary

04

Recommendations

05

District Assessment Compliance:
TEA Standards Review

06

Summary of Campus Intruder
Audits

07

District Safety and Security
Improvement Plan

08

School Safety Code and Statute
Crosswalk

09

District Critical Document
Storage

10

Region 4 ESC Support Services

Who's coming to support you?

- Law Enforcement Staff
- Mental Health Professionals
- School Health Professionals
- Behavior Professionals

**We also, provide customized
safety and security training per
year to support your district.**

For support email

max.toliver@esc4.net

Spring compliance and grant reporting in Sentinel

TEA needs your LEA to complete the Spring compliance and grant reporting in Sentinel as soon as possible. Below are instructions on how to complete this task directly from TEA.



The report can be accessed by navigating to the compliance tab on their Sentinel dashboard. If there are no changes from the fall report, the district should be able to confirm the information and continue to the next section. If the board has adopted a Good Cause Exception for Armed Guards, they will need to fill in how they are meeting that exception. **Lastly, only the Superintendent can submit the report.** The Designee can fill it out but will not be able to complete the last step.



Casey Stump, MPH
School Safety Data Analyst
Office of School Safety and Security
512-463-9249
Casey.Stump@TEA.Texas.gov
TEA.Texas.gov



Office of Emergency
Management and
School Safety

Brian H. Hastings
School Safety Review, Coordinator
Office of Emergency Management and School Safety
C: 346.673.1515 E: brian.hastings@esc4.net

Measles Outbreak Update

Texas measles cases grow to 223, mostly among children and teens

The Texas Department of State Health Services published new data on Tuesday. By [Mary Kekatos](#)

March 11, 2025, 12:18 PM



Measles Communication Toolkit

<https://www.dshs.texas.gov/vaccine-preventable-diseases/measles-rubeola/measles-communication-toolkit>

Measles Outbreak Update

March 26, 2025, at 9 am with Harris County Public Health

1899960, Virtual School Health Session - Measles Overview and Updates for Schools

https://www.escweb.net/tx_esc_04/catalog/session.aspx?isSearch=1&session_id=1899960

This course provides school staff with the latest information on measles, including its symptoms, transmission, and public health implications. Participants will learn about current measles outbreaks, vaccination requirements, and the role of schools in preventing and managing cases. The training will cover reporting protocols, exclusion guidelines, and communication strategies to ensure a coordinated response. Designed for school administrators, nurses, and support staff, this course equips participants with the knowledge and tools needed to protect students and the school community from measles outbreaks.



April 2025 IDA SCHEDULED BY DISTRICT

- A+ UNLIMITED POTENTIAL
- AMBASSADORS PREPARATORY ACADEMY
- ARISTOI CLASSICAL ACADEMY
- BEATRICE MAYES INSTITUTE CHARTER SCHOOL
- DRAW ACADEMY
- HARMONY PUBLIC SCHOOLS - HOUSTON NORTH
- HARMONY PUBLIC SCHOOLS - HOUSTON WEST
- HOUSTON GATEWAY ACADEMY INC

April 2025 IDA SCHEDULED BY DISTRICT

- MEYERPARK CHARTER
- ODYSSEY ACADEMY INC
- RAUL YZAGUIRRE SCHOOLS FOR SUCCESS
- SOUTHWEST PUBLIC SCHOOLS
- STEP CHARTER SCHOOL
- THE VARNETT PUBLIC SCHOOL
- TWO DIMENSIONS PREPARATORY ACADEMY
- YES PREP PUBLIC SCHOOLS INC



Harris County
Public Health
Building a Healthy Community

Measles Overview and Updates for Schools

Office of Epidemiology, Surveillance and Emerging Diseases (OESED)

March 6, 2025



HCPHTX.ORG





HARRIS COUNTY: BIG DIVERSE & COMPLEX

Harris County is the third most populous county with over 4.7 million people spread over 1,778 square miles.

Harris County Public Health



HCPHTX.ORG

Presenters

Carolyn Hembree, MPH – Epidemiologist

Roselynn Ruth, BSN, RN – Nursing Director



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Measles Situation Update

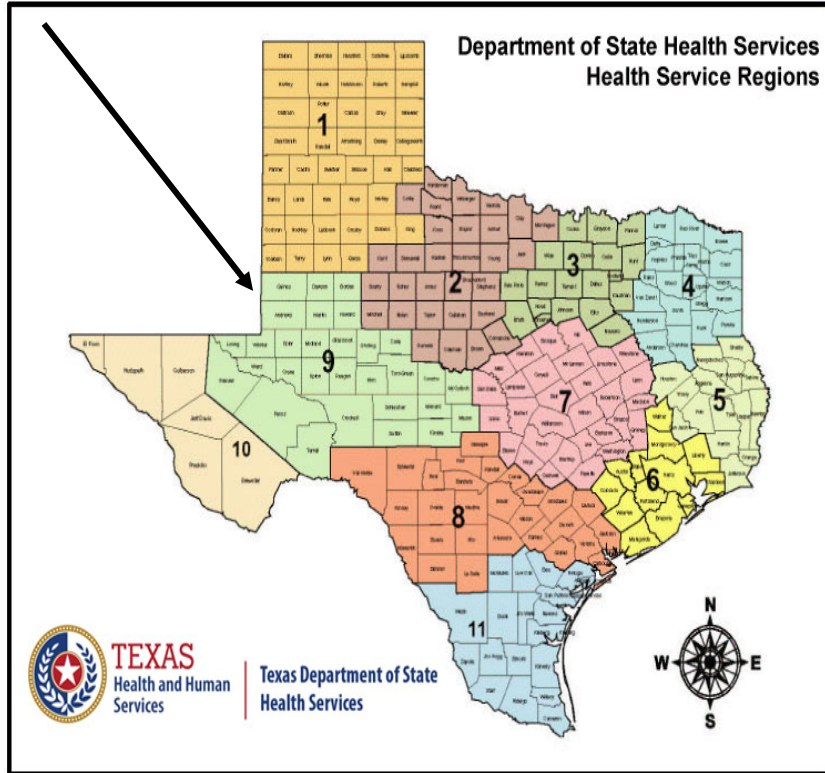


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Public Health
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Current Situation of Measles in Texas As of March 4, 2025



County	Cases
Dallam	4
Dawson	9
Edor	2
Gaines	107
Lubbock	3
Lynn	2
Martin	3
Terry	22
Yoakum	7
Total	159

Harris County Public Health Disease Reporting



Harris County
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Building a Healthy Community



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Information Needed for Reporting

Required Information for Reporting:

- Ill person's name, DOB, sex, and address
- Parent/guardian's name and contact information
- Disease condition diagnoses, suspected or exposed to

Optional Information to include:

- Doctor's/Hospital information
- Symptoms
- Exposure information

Harris County Public Health (713) 439-6000 Phone (713) 439-6306 Fax

MORBIDITY REPORT FORM

Reported By _____ Date _____ E _____
Agency _____ Phone # _____ Fax # _____

PATIENT DEMOGRAPHIC DATA

Last Name _____ First Name & MI _____
Address _____ City, Zip code _____
Home Phone () -- _____ Primary Language _____
DOB _____ Age _____ Sex M F
Race/Ethnicity _____ Soc Sec Number _____
Occupation/Work Place _____ Tel () --
School/Day Care Center _____ Tel () --
Parent/Contact Person _____ Tel () --

DISEASE DATA

REPORTABLE DISEASE/ORGANISM

Date of Onset _____ Species/serotype _____

Source of Specimen	Date of Collection	Diagnostic test and Result	Source of Specimen	Date of Collection	Diagnostic test and Result

Symptoms _____
Admission DX _____
Discharge DX _____

HOSPITAL OR CLINIC DATA

Hospital _____ Check all that apply/Date
Medical Rec Number _____ ☐ Office/Clinic visit
Physician/Clinic _____ ☐ ER/Outpatient
Phone/Pager _____ ☐ Admission
Hospital Transferred _____ ☐ Discharge
To/From _____ ☐ Expired
Transfer Date _____

Comments/Patient History/Risk Factors

[Do NOT fax HIV/AIDS related patient information]

All STDs (gonorrhea, syphilis, chancroid, laboratory confirmed Chlamydia trachomatis, and AIDS/HIV) should be reported to:
• STD Control, Houston Department of Health and Human Services (HDDHS)
8000 North Stadium Dr. (77054), phone: (832) 393-5080.

Tuberculosis should be reported based on residence of case to:
• Houston residents-HDDHS, 8000 North Stadium Dr. (77054)
Phone: (832) 393-5173 fax: (832) 393-5247
• Harris County residents (outside Houston) HCPH,
5615 Antelope Dr. (77091) attention: TB Program
Phone: (832) 927-7594 fax: (832) 927-0452

Office of Epidemiology, Surveillance, and Emerging Disease

Phone Numbers And Contact information for Harris County Public Health Epi Department	
Monday to Friday 8:00 AM to 5:00 PM	713-439-6000 (Ask for Epidemiologist on call)
After Hours and Weekends (Surveillance: 24/7)	713-755-5050
Fax Numbers	
713-439-6245	832-927-0105
Email: epidemiology_program@phs.hctx.net	



Other Health Department Contact Info

Houston Health Department (HHD)

Epidemiology:

- 832-393-5080
- All sexually transmitted diseases (STDs)

Fort Bend County Health and Human Services:

- 346-481-6500
- All notifiable conditions

Montgomery County Public Health Department:

- 936-523-5026
- All notifiable conditions

Texas Department of State Health Services (DSHS):

- 1-888-963-7111
- Suspected botulism, immediately by phone

Local Poison Center:

- 1-800-222-1222
- Controlled substance overdose

Measles Overview



Harris County
Public Health
Building a Healthy Community



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Measles isn't just a little rash...

Measles is highly contagious. If one person has it, up to 9 out of 10 people nearby may become infected if they are not protected. Measles can cause serious complications, especially in children younger than 5 years of age.

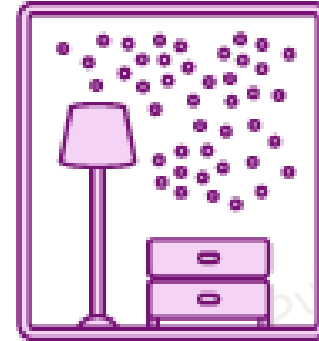
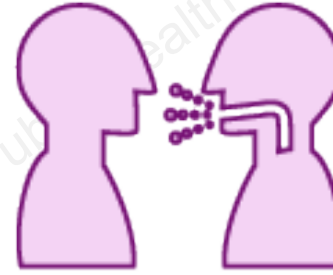
- **Hospitalization.** About 1 in 5 unvaccinated people in the U.S. who get measles is hospitalized.
- **Pneumonia.** As many as 1 out of every 20 children with measles gets pneumonia, the most common cause of death from measles in young children.
- **Encephalitis.** About 1 child out of every 1,000 who get measles will develop encephalitis (swelling of the brain). This can lead to convulsions and leave the child deaf or with intellectual disability.
- **Death.** Nearly 1 to 3 of every 1,000 children who become infected with measles will die from respiratory and neurologic complications.
- **Complications during pregnancy.** [If you are pregnant and have not had the MMR vaccine](#), measles may cause birth prematurely, or have a low-birth-weight baby.
- **Long-term complications:** Subacute sclerosing panencephalitis (SSPE) is a very rare, but fatal disease of the central nervous system. It results from a measles virus infection acquired earlier in life.

How it Spreads

Transmission: Measles can spread when an infected person coughs or sneezes. The virus can live for up to two hours in an airspace or on surfaces.

Incubation Period: 7–21 days (average 10–12 days)

Communicability: : 4 days before rash onset to 4 days after rash onset.



Signs and Symptoms of Measles

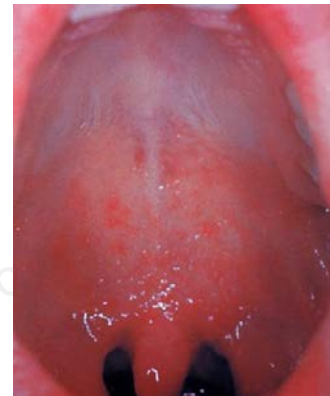
Measles starts with a prodrome phase followed by the rash phase a few days later. The first symptoms appear 7 to 14 days after contact with the measles virus.

Prodrome:

- Fever
- Malaise Within 24 hours
- Cough
- Coryza
- Photophobia
- Conjunctivitis
- Koplik Spots (only seen 1-2 days before rash onset.)

Rash: Rash will appear a few days after the prodrome symptoms start. It will begin at the hairline, behind ears, on the upper lateral parts of the neck, or poster part of the cheeks before spreading to the rest of the body.

Measles on the face



Measles Rash Examples



- Starts at the hairline, behind ears, on the upper lateral parts of the neck, or poster part of the cheeks.
- Red (may appear more brownish on dark skin) and blotchy
- Individual lesion may become more raised as it spreads, but the rash should not be vesicular or pustular
- May be itchy

Who is at Risk?

- Anyone who is not protected against measles via vaccination or past infection.
- Non-immune persons traveling to countries where measles is still common,
- Some people are at higher risk of experiencing severe complications from measles. They include:
 - Children < 5 years
 - Adults > 20 years
 - Pregnant people
 - People with compromised immune systems



Prevention

- The best protection against measles is the measles, mumps, and rubella (MMR) vaccine. MMR vaccine provides long-lasting protection against all strains of measles.
- The two-dose series is 97% effective at preventing measles. If someone who has been vaccinated gets measles, the illness will be much milder.



How is my school doing with MMR?

Visit the DSHS website to find a report of vaccination coverage by school district.

If vaccination rates in your district are low:

- Partner with your health department or a community partner to offer vaccines. Note, some programs may only be able to offer vaccines to those who are economically vulnerable.
- Bring in trusted health messengers to talk to parents about any concerns they have and dispel falsehoods about vaccines.
- Encourage vaccination and provide vaccine education

School Coverage

Annual Reports of Immunization Status

The coverage levels reported here represent the vaccination levels among children attending public and private schools in Texas. Because children attending home schools are not included in this report, these levels do not represent vaccination rates for the state of Texas or its public health regions. Online data is maintained for five years. More historical data is available upon request. Please complete requests using the [data request form](#).

2023-2024 Results of Annual Report of Immunization Status ^

- [2023-2024 Annual Report of Immunization Status of Students \(PDF\)](#)
- [2023-2024 School Vaccination Coverage Levels by District/Private School and County - Kindergarten \(XLS\)](#)
- [2023-2024 School Vaccination Coverage Levels by District/Private School and County - Seventh Grade \(XLS\)](#)

2022-2023 Results of Annual Report of Immunization Status v

2021-2022 Results of Annual Report of Immunization Status v

2020-2021 Results of Annual Report of Immunization Status v

What to do if measles is suspected at a school?

Anyone at the school with suspected measles should immediately go home and stay home until measles has either been ruled out, or until it has been at least 4 days since rash onset.

- Contact your health department ASAP for assistance
- Any rooms they were in should be closed of for at least 2 hours after they left the room. The room should then be disinfected.
- Monitor for signs of illness while awaiting measles testing results from the suspect report.

How to Read a Disinfectant Label

Read the entire label.
The label is the law!

Note: Below is an **example** of information that can be found on a disinfectant label



Active Ingredients:
What are the main disinfecting chemicals?

EPA Registration Number:
U.S. laws require that all disinfectants be registered with EPA.

Directions for Use (Instructions for Use):
Where should the disinfectant be used?
What germs does the disinfectant kill?
What types of surfaces can the disinfectant be used on?
How do I properly use the disinfectant?

Contact Time:
How long does the surface have to stay wet with the disinfectant to kill germs?

Active Ingredients:
Sodium hypochlorite (bleach) 10.0%
OTHER INGREDIENTS: 90.0%
TOTAL: 100.0%

EPA REG NO. 55555-15-55555

CAUTION

PRECAUTIONARY STATEMENTS:
Hazardous to humans and domestic animals. Wear gloves and eye protection.

INSTRUCTIONS FOR USE:
It is a violation of Federal law to use this product in a manner inconsistent with its labeling.

For Disinfection of Healthcare Organizations:
Sporidexan aerosol.

To Disinfect Hard, Nonporous Surfaces:
Pre-wash surface.
Mix or top up with disinfectant solution.
Allow solution to stay wet on surface for at least 10 minutes.
Rinse well and air dry.

SIGNAL WORDS (Caution, Warning, Danger):
How risky is this disinfectant if it is swallowed, inhaled, or absorbed through the skin?

PRECAUTIONARY STATEMENTS:
How do I use this disinfectant safely? Do I need PPE?

FIRST AID:
What should I do if I get the disinfectant in my eyes or mouth, on my skin, or if I breathe it in?

STORAGE & DISPOSAL:
How should the disinfectant be stored? How should I dispose of expired disinfectant? What should I do with the container?

CAUSES MODERATE EYE IRRITATION. Avoid contact with eyes, skin or clothing. Wash thoroughly with soap and water after handling. Avoid contact with foods.

FIRST AID: IF IN EYES: Hold eye open and rinse slowly and gently with water for 15-20 minutes. Remove contact lenses, if present, after the first 5 minutes. Then continue rinsing eye.

IF ON SKIN OR CLOTHING: Take off contaminated clothing. Rinse skin immediately with plenty of water for 15-20 minutes.

POISON CONTROL: Call a Poison Control Center (1-800-368-5648) or doctor for treatment advice.

STORAGE AND DISPOSAL: Store this product in a cool, dry area away from direct sunlight and heat. When not in use keep center cap of lid closed to prevent moisture loss. Non-refillable container. Do not reuse or refill this container.

PROJECT FIRSTLINE

EPA
United States
Environmental Protection Agency

WWW.CDC.GOV/PROJECTFIRSTLINE

What to do if there is a confirmed case of measles at a school?

Anyone at the school with measles should immediately go home and stay home until measles has either been ruled out, or until it has been at least 4 days since rash onset.

- Contact your health department for assistance
- Any rooms they were in should be closed of for at least 2 hours after they left the room. The room should then be disinfected with an EPA certified disinfectant.
- Begin contact tracing
- Monitor for signs of measles at the school.

Identifying Contacts:

A contact of a measles case is anyone who has shared the same airspace with a person who is infectious with measles.

- Anyone in the same airspace (same room, no minimum amount of time) as the suspected case up to 2 hours after the case has left should be considered exposed,
- The infectious period is four days before rash onset through four days after rash onset [day of rash onset is day 0].

A Warm Handoff to Public Health Practitioners

- Please report all suspect and confirmed measles cases immediately to your local county health department and confirm the report has been received.
- Please inform patients and close contacts that public health officials tasked with preventing spread within the community will be contacting them.
- Prepare a line list of exposed susceptible contacts to be given to epidemiologists to ensure timely investigations.



Post Exposure Prophylaxis for Contacts

- The MMR vaccine may be given within 72 hours of exposure to persons >6 months of age with 1 or no documented doses of MMR, if not contraindicated.
- Immune globulin (IG) may be given to exposed susceptible people of any age through day 6 after exposure

School Exclusion Criteria: Cases

Per DSHS..

“Children with suspected or confirmed measles should be kept out of school or childcare until 4 days after the onset of rash. Rules for exclusion of sick children from school and childcare are outlined in the Texas Administrative Code, specifically [Rule 97.7](#) for schools and [Rule 746.3603](#) for childcare.”

School Exclusion Criteria: Contacts

May not return to school

- People born in or after 1957 and have gotten no MMR vaccines must be excluded for 21 days since their last exposure
- People born in or after 1957 who have only had MMR vaccine and decline to get another must be excluded for 21 days since their last exposure

May return to school

- People who are have documented proof of a complete MMR series, immunity, or past infection and those born before 1957 may return to the school.
- People who are partially vaccinated may return to school after they get their 2nd dose of the MMR vaccine..

**** Getting post-exposures immunoglobulin does not allow those who are not fully vaccinated to return to school early.**

Staying Connected and Informed: Health Alert Network

- **Houston Health Alert Network (HAN) distributes important health-related information in the Houston/Harris County and surrounding areas**
 - Targeted for health departments, medical facilities, healthcare providers, and key public health partners (i.e., medical reserve corps, school health coordinators/nurses, and more)
- **Examples of HAN alerts:**
 - Known or suspected disease outbreaks
 - Occurrence of rare or unusual communicable disease
 - Requests for heightened surveillance
 - Disease identification, prevention, control, treatment and testing guidelines
 - Natural disasters that may require public health or emergency medical response
 - Two HAN alerts were sent out recently regarding the two confirmed Measles cases reported in City of Houston and the Pertussis outbreak in Liberty County.
- **Interested in receiving Houston Area HAN alerts?**
 - Please email: Epidemiology_Program@phs.hctx.net
 - Please include your email, contact phone number, the agency you are affiliated with, and your official job title

Thank You!

Harris County Public Health

Phone Numbers

Business Hours, 8 AM-5 PM

M-F: (713) 439-6000 and ask for Epidemiology

After Hours: (713) 755-5050 and ask for Epidemiology

Fax Numbers

832-927-0105

713-439-6245

Email

Epidemiology_Program@phs.hctx.net

Think Measles

Consider measles in any patient presenting with a febrile rash illness, especially if **unvaccinated for measles** or **traveled internationally** in the last 21 days.

1 Measles Symptoms

- High Fever
- Cough
- Coryza (runny nose)
- Conjunctivitis (red, watery eyes)
- Maculopapular Rash
 - Typically appears 2-4 days after symptoms begin.
 - Begins at hairline, spreads downward, to face, neck, and trunk.
 - Rash appears red on light complexions, but may be harder to see or appear as purple or darker than surrounding skin on dark complexions.

2 Pre-Visit Telephone Triage

- For those reporting measles symptoms, assess the risk of exposure:
 - Are measles cases present in your community?
 - Did the patient spend time out of the country in the 21 days before symptom onset?
 - Has the patient ever received the MMR vaccine?
- Triage should only be completed by a clinically trained person.
- If patient will be seen in the office, provide instructions on face masks for patient (2 years of age and older) and family.
- Instruct to arrive to a side or back entrance instead of the main entrance.

3 Patients Presenting with Suspected Measles

- Provide face masks to patients (2 years of age and older) and family before they enter the facility. Patients unable to wear a mask should be "tent" with a blanket or towel when entering the facility.
- Immediately move patient and family to an isolated location, ideally an airborne infection isolation room (AIIR) if available. If unavailable, use a private room with the door closed.
- No other children should accompany a child with suspected measles.
- Patients (2 years of age and older) and family should leave face masks on if feasible.

4 Infection Prevention Precautions

Only health care providers with immunity to measles should provide care to the patient and family. Standard and airborne precautions should be followed, including:

- Use of a fit tested NIOSH-approved N95 or higher-level respirator.
- Use of additional PPE if needed for task (e.g., gloves for blood draws).
- Cleaning hands before and after seeing the patient.
- Limiting transport or movement of patients outside of room unless medically necessary.

5 Public Health Notification

- To ensure rapid investigation and testing with contact tracing, notification should occur immediately upon suspicion of measles. Public health departments will be able to help confirm vaccination history for U.S. residents, provide guidance on specimen collection and submission, and manage contacts of confirmed cases.
- Acute care facilities should immediately notify the hospital epidemiologist or infection prevention department.
- Outpatient settings should immediately notify local or state health departments.
- Visit CSTE for reporting contact information: <https://www.cste.org/page/EpiOnCall>

6 Clinical Care

- People with confirmed measles should isolate for four days after they develop a rash.
- If an AIIR was not used, the room should remain vacant for the appropriate time (up to 2 hours) after the patient leaves the room.
- Standard cleaning and disinfection procedures are adequate for measles virus environmental control.



Maculopapular Rash
Source: [CDC PHIL](#)



Resources:

- [Measles Red Book Online Outbreaks Page](#)
- [CDC Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings](#)

Measles Press Release

Key items to include:

- Description of local outbreak or situation creating a concern
- Public health response activities
- Contacts for information
- Description of measles symptoms, treatment and prevention

Example:

Insert details of situation and public health response activities

Measles is a highly contagious respiratory illness spread by contact with an infected person through coughing and sneezing. Measles is so contagious that if one person has it, 90 percent of the people close to that person who are not immune or vaccinated will also become infected with the measles virus.

The incubation period of measles is about two weeks from exposure to onset of rash. People are contagious from four days before onset of rash to four days after the appearance of rash. The rash usually begins on the face and spreads to the trunk. Other symptoms include fever (higher than 101 degrees), cough, runny nose, and sore eyes.

Doctors should consider measles in their diagnosis if they have a patient with a rash and fever. If measles is suspected, they should report the patient to their local health department immediately. People who have measles or are suspected of having measles should call their doctor's office or healthcare facility first before seeking medical attention and otherwise stay home until four days after the rash appeared.

Vaccination even shortly before or after exposure may prevent the disease or lessen the symptoms in people who are infected with measles. Immune globulin given up to six days after exposure may prevent disease among susceptible or unvaccinated people at high risk for complications, such as pregnant women, people with weak immune systems, and children too young to be vaccinated.

State health officials urge immunization to protect against and prevent the spread of measles. People born before 1957 are usually considered immune and protected from measles. People who have had two measles vaccinations (such as two MMR vaccines) are also considered immune and protected from measles. People should check their immunization status with their health care provider.

For more information on measles, contact insert local health department info.



Measles Overview for School Nurses

If a student or staff member is diagnosed with or suspected of having measles, the school should immediately report the student/staff to the local health department or at 800-705-8868.

I. Clinical Presentation

Measles (rubeola) is a highly contagious acute viral respiratory illness. It is characterized by a prodrome of fever (as high as 105°F) and malaise, cough, coryza, and conjunctivitis - the three "C"s, Koplik spots followed by a maculopapular rash. The rash usually appears about 14 days after a person is exposed, however, the incubation ranges from 7 - 21 days (average 10-12 days). The rash characteristically spreads from the head to the trunk to the lower extremities. Patients are considered to be contagious from 4 days before to 4 days after the rash appears. Please note that immunocompromised patients may not develop the rash. Complications can include otitis media, diarrhea, bronchitis, pneumonia, encephalitis, seizures and death.

While it is rare that vaccinated individuals develop measles, it does happen. Vaccinated individuals may have an atypical clinical presentation-typically shorter rash duration or atypical rash presentation, and possible lack of fever, cough, coryza or conjunctivitis.

People at high risk for severe illness and complications from measles include infants and children <5 years, adults aged >20 years, pregnant women, and those with compromised immune systems.

II. Infection Control

Measles is one of the most contagious of all infectious diseases, infecting 9 out of 10 susceptible persons with close contact to a case. It is transmitted by direct contact with infectious droplets or by airborne spread. It can remain infectious on surfaces and in the air for up to two hours after an infected person has left an area.

If a student or staff presents with symptoms that are consistent with measles, the child should be isolated from the rest of the school population immediately. If a child or staff with suspected measles needs medical attention, the medical facility (and EMS if necessary) should be notified ahead of time about the suspected diagnosis so appropriate control measures can be put in place.

If a student or staff is diagnosed with measles, the person cannot return to school until four days after rash onset. If a person is suspected of having measles, the person should be kept out of school until four days after rash onset or until a medical provider has ruled out measles as a possible diagnosis.

If a person at school is diagnosed with measles, extensive follow up will most likely be needed. The local or state public health region will assist with determining and carrying out appropriate follow up, but it may include:

- Identifying anyone exposed
- Reviewing the vaccination records for all students

- Notifying parents and staff about the exposure
- Identifying sick children/staff
- Excluding exposed, unvaccinated children/staff from school

Because measles is so infectious, the following individuals should be considered exposed:

- Anyone that was in the same room as the ill individual during the infectious period (four days before rash onset until four days after rash onset).
- Anyone that was in the room up to two hours after the ill individual left the room during the infectious period.
- Schools where students change classrooms, or share common areas such as a cafeteria, will likely need to consider all students/staff exposed due to the possibility of exposure in the hallways.

III. Disease Reporting and Exclusion Requirements/Statute

Texas law (Health and Safety Code, Chapter 81) requires specific information regarding notifiable conditions be provided to the Department of State Health Services (DSHS). Health care providers, hospitals, laboratories, schools, childcare facilities, and others are required to *immediately* report patients who are *suspected* of having measles (Chapter 97, Title 25, Texas Administrative Code). Reporting should not wait for confirmation. The Texas Administrative Code (Rule 97.7) requires exclusion of students with measles or suspected measles for four days after rash onset.

People suspected of having measles should be told to stay home from work, school, daycare, and any public outings (e.g., church, grocery store, shopping centers) until four days after rash onset have passed. Susceptible or unvaccinated persons that have been exposed to measles and did not receive post-exposure prophylaxis (PEP) should be advised to stay home from day 5-21 after exposure.

IV. Vaccine Requirements for Texas Schools and Child-Care Facilities

For the 2024-2025 school year, children enrolled in child-care facilities or pre-kindergarten are required to have one MMR by 16 months of age (given on or after the 1st birthday). Students enrolled in kindergarten through twelfth grade are required to have two doses of MMR vaccine with the first dose received on or after the first birthday. Students vaccinated prior to 2009 with two doses of measles and one dose each of rubella and mumps satisfy this requirement ([Texas Administrative Code, Title 25, Chapter 97, Rule §97.63](#)). Serologic confirmation of immunity to measles is acceptable in place of vaccine and must consist of a valid laboratory report that indicates confirmation of either immunity or infection.

Schools with questions regarding measles and measles exclusions can reach out to
VPDTexas@dshs.texas.gov

Schools with questions regarding vaccine requirements can reach out to
schoolimm@dshs.texas.gov

**MEASLES NOTIFICATION LETTER TEMPLATE TO INFORM PARENTS
THAT A MEASLES CASE HAS BEEN IDENTIFIED AT THEIR CHILD'S SCHOOL**

[Date]

Dear Parent or Guardian:

This letter is to inform you that a child or staff member with measles was present at *[your child's school]* on *[dates]*. Measles is a viral infection that spreads through coughing and sneezing. It is very contagious, and but most school-aged children who are fully vaccinated with two doses of measles, mumps, rubella (MMR) vaccine are protected from measles. However, 3 in 100 people who have received two doses of MMR vaccine will still get measles if exposed to the virus. Therefore, we want you to provide you with information about measles, and the signs and symptoms to look for in your child.

Usually about 8-12 days (but up to 21 days) after exposure, measles begins with a mild to moderate fever accompanied by cough, runny nose, and red eyes. Two or three days later, the fever spikes, often as high as 104-105°F. At the same time, a red blotchy rash appears, usually first on the face, along the hairline and behind the ears. The rash rapidly spreads downward to the chest and back and, finally, to the thighs and feet.

Most students with measles are sick enough that they miss at least a week of school. One in every 20 people with measles develops pneumonia. More rarely, serious, even life-threatening complications can occur.

If your child is not in compliance with the MMR requirements, they should receive a dose of MMR vaccine, unless there is a medical reason why they cannot receive the vaccine. MMR vaccine is effective and safe. If they receive the dose within 72 hours after their initial exposure to the case-patient, they may remain in school. Otherwise, unvaccinated children, including those who have a medical or other exemption to vaccination, must be excluded from school through 21 days after their most recent exposure. We recommend that you contact your healthcare provider for immunization as soon as possible. If you do not have a healthcare provider, your child may receive the immunization for a fee at the *[Name of County]* Public Health Clinic located at *[address]* on *[days]* from *[opening time]* to *[closing time]*.

If your child develops an illness with fever (101°F or more), cough, runny nose or red eyes, with or without rash, immediately call your doctor and let them know about your child's exposure and symptoms so that they can tell you what to do next. Your doctor can make special arrangements to evaluate you, if needed, without putting other patients and medical office staff at risk. Keep your child at home until the doctor and the school staff have cleared him/her to return. If you have any questions call the *[Name of County]* Health Department, at *[telephone number]*.

Sincerely,

[Health Officer's Name]

[Name of County] Health Officer

MEASLES- MUMPS-RUBELLA (MMR)

VACCINE

RECOMMENDATION	Age/Status	Recommendations
	Under one year of age	<p>Under routine circumstances MMR is not recommended for children under 12 months of age.</p> <p>MMR can be given to children as young as six months of age if they have been exposed, if they are in an outbreak setting, or if they are travelling to a measles-endemic area. Children who receive MMR before their first birthday should receive two additional doses according to the routine schedule.</p>
	1-6 years old	<p>The first MMR dose is recommended at 12-15 months of age.</p> <p>The second MMR dose is recommended at 4-6 years of age. If both doses are needed for catch-up, they should be given at least 28 days apart.</p>
	7-19 years old	<p>Children who have not received two doses of MMR should get the vaccine. If both doses are needed for catch-up, they should be given at least 28 days apart.</p>
	Adults	<p>Adults who have not had two doses of MMR and have not had the measles should get the vaccine if they meet the following criteria:</p> <ul style="list-style-type: none"> • Born after 1957 • Attend school beyond high school (e.g. college, trade school) • Work or volunteer in a healthcare facility of any type • Travel internationally, including on cruise ships • Women of childbearing age (and not currently pregnant)
	Pregnant women	<p>Pregnant women should not receive the MMR vaccine.</p>
	People exposed to measles	<p>People exposed to measles should receive MMR within 72 hours of exposure if they are:</p> <ul style="list-style-type: none"> • Not fully vaccinated or had measles, and • Born after 1957, and • Over six months of age, and • Not pregnant, and • Not immunocompromised

RECOMENDACIONES DE LA VACUNACIÓN

Edad/estado	Recomendaciones
Menos de un año de edad	<p>Bajo circunstancias de rutina no se recomienda que los niños menores de 12 meses de edad reciban la vacuna MMR.</p> <p>La vacuna MMR puede administrarse a los niños a partir de los seis meses de edad si ellos han estado expuestos, si están en un entorno donde haya surgido un brote o si viajan a un área donde el sarampión sea endémico. Los niños que reciben la vacuna MMR antes de cumplir un año de vida deberían recibir dos dosis adicionales según el calendario de rutina.</p>
1-6 años de edad	<p>Se recomienda la primera dosis de la vacuna MMR de los 12–15 meses de edad.</p> <p>Se recomienda la segunda dosis de la vacuna MMR de los 4–6 años de edad. Si ambas dosis son necesarias para ponerse al corriente, deberían administrarse una al menos 28 días después de la otra.</p>
7-19 años de edad	<p>Los niños que no hayan recibido dos dosis de la vacuna MMR deberían recibir la vacuna. Si ambas dosis son necesarias para ponerse al corriente, deberían administrarse una al menos 28 días después de la otra.</p>
Adultos	<p>Los adultos que no hayan recibido dos dosis de la vacuna MMR y no hayan tenido sarampión deberían recibir la vacuna si cubren los siguientes criterios:</p> <ul style="list-style-type: none"> • Nacieron después de 1957 • Asisten a la escuela más allá del nivel high school (p. ej. universidad, escuela técnica) • Trabajan o realizan trabajo voluntario en un complejo de salud de cualquier tipo • Viajan al extranjero, incluso si van en crucero • Son mujeres en edad fértil (y que actualmente no están embarazadas)
Mujeres embarazadas	<p>Las mujeres embarazadas no se deberían vacunar con la vacuna MMR.</p>
Personas expuestas al sarampión	<p>Las personas expuestas al sarampión deberían recibir la vacuna MMR dentro de un lapso de 72 horas después de haber estado expuestas si:</p> <ul style="list-style-type: none"> • no han sido completamente vacunadas ni han tenido sarampión y • nacieron después de 1957 y • son mayores de seis meses de edad y • no están embarazadas y

RECOMENDACIONES DE LA VACUNACIÓN

	<ul style="list-style-type: none">• no están inmunocomprometidas
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Measles Preparedness:

Best Practices for Harris County Providers

Join us: Friday, March 21
10:00 - 11:30 am

Where: Online via Zoom

Register now!

bit.ly/MeaslesPrepHC

Scan QR Code:



Speakers:



Nicholas Gula



Roselynn Ruth



William Azadi



Ramsey Pratt



Janie Saucedo