



Measles FAQs for Education and Childcare Settings

1. Information and Symptoms

1.1 What is measles?

Measles is a viral infection that spreads very easily and can cause severe illness, especially in certain at-risk groups including babies and small children, those who are pregnant and unvaccinated, and people with weakened immunity. Complications could mean hospitalisation, permanent disability, and in rare cases, it can even cause death.

Measles is a **preventable disease**. MMR vaccine is the safest and most effective way to protect yourself against measles, mumps, and rubella. It's important for parents to take up the offer of MMR immunisation for their children: the first dose at 1 year of age and the second dose at three years, four months of age.

Two doses of MMR vaccine are needed to ensure full protection.

1.2 What are the symptoms of measles?

Measles usually starts with cold-like symptoms (cough, runny nose), a high temperature, and red eyes (conjunctivitis), followed by a rash a few days later. The rash looks brown or red on white skin. It may be harder to see on brown and black skin. The rash typically starts on the head and spreads down the body. Some people may also get small white spots in their mouth.

Children or staff with these symptoms should stay off from school, nursery or other childcare settings at least 4 full days from when the rash first appears (with the rash onset day as day 0). Those with symptoms should also try to avoid close contact with babies, anyone who is pregnant or has a weakened immune system. If staff, parents or carers feel they need medical advice they should contact their GP surgery or call NHS 111 as they normally would. They should alert the surgery or other healthcare setting of symptoms before attending any appointment to prevent the further spread of measles.

More information on the signs and symptoms of measles can be seen on the NHS website: [Measles - NHS \(www.nhs.uk\)](https://www.nhs.uk/conditions/measles/) and via NHS inform [Measles | NHS inform](https://www.nhsinform.scot/conditions/measles/)

1.3 Can you get a confirmatory test for measles from the GP?

Clinical diagnoses are made by doctors or healthcare professionals by looking at the symptoms and context. If measles is suspected, the doctor or healthcare professional should notify the health protection team on suspicion and the health protection team will conduct a risk assessment to determine how likely the measles case is. Sometimes a doctor will arrange a diagnostic measles test to support clinical



management. Also an urgent laboratory test may be arranged where there is a public health need.

An oral fluid testing kit will be sent to any suspected case of measles for surveillance (but not diagnostic) purposes. It is important this test is done even if other testing has been done in a hospital setting and it can still be done even if the kit arrives after the child better. It may take 10-14 days to get the results of the tests taken for surveillance purposes and you do not need to wait to receive the results of these.

1.4 Can you get measles more than once?

Once a person has had measles, their body builds up resistance (immunity) to the virus. It's highly unlikely they will get it again. Getting vaccinated with 2 doses of MMR is the best and safest way to protect from measles.

1.5 How can you tell the difference between measles and scarlet fever?

Measles can be confused with other infections such as Scarlet Fever. If a child has had two doses of MMR, it is unlikely that they will have measles. Further information on symptoms can be found on NHS inform [Measles | NHS inform](#). If staff or children experience symptoms, they should contact NHS 111 or contact their doctor.

1.6 What is the role of educational and childcare settings?

An important and proactive action all education and childcare settings can take is to encourage uptake of the routine immunisation programme, including the MMR vaccine. Settings can encourage parents/guardians and staff to check vaccination status and take up the MMR vaccine if they haven't already and are eligible. This will help to reduce the risk of spread of measles in your setting.

If you are told that a child or staff member has seen their doctor in person and been diagnosed with measles and has attended the educational setting in their infectious period, contact the Health Protection Team so that they can investigate and support you as required. The role of education and childcare settings is to work with the Health Protection Team. The role of education and childcare settings is to work with the Health Protection Team. They will work with you to:

- identify any clinically vulnerable contacts
- provide communications and advice where appropriate
- encourage immunisation uptake

In certain situations, a multi-agency meeting may be set up and the education or childcare setting invited to attend.



Education and childcare settings **are not expected to diagnose cases**. If parents, guardians or staff are concerned that they or a child have symptoms, they should contact their doctor or NHS111.

2. Immunisation

2.1. Is there a vaccine for measles?

Measles is a preventable disease, most effectively prevented by the MMR vaccine. The MMR vaccine is a safe and effective way of protecting against measles, mumps, and rubella and is part of the UK's routine childhood immunisation programme.

It's important for parents to take up the offer of MMR immunisation for their children when offered the first dose at 1 year of age and the second dose at three years, four months of age. If a child or staff member have missed this schedule or are unsure about their vaccination status, they should contact their GP because it is never too late to catch up.

Two doses of MMR vaccine are needed to ensure full protection.

2.2 Is the MMR vaccine safe?

The MMR vaccine is a safe and effective means of preventing measles. It is a live vaccine which means that it contains weakened versions of measles, mumps and rubella viruses. These have been weakened enough to produce immunity without causing disease.

The combined MMR vaccine has been safely protecting children for many years in many countries worldwide. In the UK, millions of doses have been given since it was introduced in 1988. [Over 20 million cases](#) of measles have been prevented since the start of measles immunisation in the UK, and over 4,500 lives have been saved as a result.

Before vaccines can be used, they have to be thoroughly tested for safety. Although there may be some side effects from immunisation, they are usually mild and much less severe than the disease itself. Serious reactions following immunisation are rare.

Many studies have taken place to look at the safety and effectiveness of MMR vaccine. The evidence is clear that there is no link between MMR vaccine and autism.

In the UK, we have 2 MMR vaccines which work very well. One of them contains gelatine derived from pigs and the other one doesn't. If you would prefer to have the vaccine that does not contain gelatine, talk to your practice nurse or GP. If a child



has missed their first or second dose of MMR vaccine, parents should contact their GP practice to book an appointment

2.3 Is there anyone who should not have the MMR vaccine?

Most people can have the MMR vaccination. However, it is a live vaccination so is not recommended for people with a severely weakened immune system such as those receiving chemotherapy and is not given to women during their pregnancy.

If a child or staff member have a medical condition or are taking medicine that may affect your immune system, they should check with this healthcare provider if it is safe for them to have the MMR vaccine.

MMR is not recommended for those who are pregnant. If you are of child-bearing age, even if you are not planning to have a baby, you should have 2 doses of the MMR vaccine before you become pregnant. You should avoid becoming pregnant for a month following the vaccination. If you think you have had the MMR vaccine while pregnant, you should let your GP or midwife know. Evidence suggests there is unlikely to be harm to the baby. MMR can safely be given after delivery.

If a young person or staff member are pregnant or have just had a baby and are not sure if they have had 2 doses of MMR, they should speak to their GP or practice nurse.

2.4 Should clinically vulnerable children and staff be concerned regarding contact with those receiving the vaccine?

Those who are pregnant and people who have weakened immune systems do not need to be concerned regarding contact with those who are receiving the vaccine.

2.5 Is the MMR vaccine effective?

The MMR vaccine is very effective. After 2 doses:

- around 99% of people will be protected against measles and rubella
- around 88% of people will be protected against mumps

Protection against measles, mumps and rubella starts around 6-10 days after having the MMR vaccine. This is why it may be given as post exposure prophylaxis against measles, as if given within 72 hours of exposure it may reduce the severity of the symptoms. Protection is long-lasting and you will only need two doses of MMR to be fully protected for life.



2.6 How do parents and staff know if they or their child have received two doses of MMR?

Parents can check their child's red book, and parents and staff can check the NHS app or online immunisation records through GP online services. Their GP surgery should also be able to check whether they've had both doses of the MMR vaccine.

2.7 Where can children get vaccinated?

Immunisations can be requested from the child's doctor. Schools can also support immunisation uptake by working with School Aged Immunisation Services to put on school-based clinics to support the routine immunisation programme, which includes the MMR vaccine. If your setting has a measles outbreak, the setting may also be asked to support in running additional immunisation clinics.

2.8 Can I get vaccinated as an adult?

If anyone has missed their MMR immunisation it is never too late for them to contact their doctor to book to receive the MMR vaccine. If staff have missed MMR immunisation in the past, it's important to take up the vaccine now from their doctor.

2.9 If I have already had measles, do I need the vaccine?

It is highly unlikely you will get measles again if you have had it before. However, there is no harm in having the MMR vaccine if you have already had measles or if you had the vaccine before. MMR also protects against mumps and rubella and it is therefore recommended for everyone, even if you have previously been infected.

2.10 As an older person, do I need the vaccine?

Adults born in the UK before 1970 are likely to have had measles, mumps and rubella as a child or to have had single measles or rubella vaccines which were used before MMR was introduced in 1988.

If you are unsure whether or not you have had these infections or the vaccines to protect against them, you can ask your GP to vaccinate you. You will need 2 doses, one month apart. Even if you have had the vaccines before, you will not come to any harm from having extra doses as your immune system will recognise and quickly destroy the vaccine viruses.

2.11 Are children and babies who are too young to be vaccinated or have only received one dose protected?

Babies who are too young to be vaccinated are not protected from measles. It is still safe for children and babies who are too young to be vaccinated to attend nursery and early years setting, unless they have been advised otherwise by a health protection team or GP.



The best way to protect the children under 1, who are more vulnerable, is by ensuring other children and members in the household are fully vaccinated with two doses of MMR. This significantly reduces the risk of them passing the virus onto the young child.

2.12 Can my baby or child be vaccinated early?

We only offer the vaccine to babies between 6 months and 12 months of age when there is a high and imminent risk. This could include during a nursery outbreak if the babies have been in close contact with a measles case.

While the MMR vaccine gives high and lasting protection to children over 12 months against measles, mumps and rubella, the immune response to the vaccine in babies under 12 months is not so strong and reliable. Therefore, babies who have received the MMR vaccine who are under 1 will still need a further two doses to ensure they are fully protected.

2.13 Can vaccinated children pass on measles to unvaccinated children or babies?

Only those infected with measles can pass on the virus. 99% of those who have had both doses of MMR are fully protected from measles. It is therefore very unlikely that a fully vaccinated child will become infectious.

2.14 How do we protect those who are pregnant who may not be vaccinated?

Those who are pregnant and who have not had two doses of MMR vaccine are at particularly high risk of complications from measles. Achieving high immunisation coverage is the most effective way of protecting those who are unvaccinated and reducing the risk of measles spreading.

2.15 Do children/ staff need MMR immunisations if they were born or brought up abroad?

Different countries offer different immunisations and not all use the combined MMR vaccine. Ask children/staff to discuss with their GP and take up the MMR vaccine if advised. They may also need to catch up with other immunisations to fully protect them from infections, in line with the routine childhood immunisation programme.

2.16 Can schools ask staff or parents for proof of immunisation status?

We encourage all settings to promote immunisation. You may wish to discuss with children and parents on entry the importance of immunisation and encourage them to contact their GP for further information. The School Aged Immunisation Service (who are delivering the NHS MMR catch up campaign) can be asked to arrange a check and offer to children, but they will not disclose individual immunisation status to the school for an individual child. If there is an outbreak in your setting, the Health



Protection Team will work with your setting, NHS colleagues and parents and carers to determine vaccination status, in order to inform further action.

2.17 How can we find out the percentage of our pupils who have been immunised? What if we don't collect this data ourselves?

You are not expected to collect this data. However, some settings have used the current situation to start discussions with parents and staff about immunisation status and encourage uptake. If there is a case of measles in your setting, the Health Protection Team will support in identifying vulnerable contacts and those who are unvaccinated.

2.18 Are there any resources available to help increase vaccine uptake in education and childcare settings?

A wide range of immunisation resources for education settings are available. Schools, nurseries and childminders are encouraged to share these with parents or carers. Higher education settings are also encouraged to share resources with their students.

The following UKHSA resources are available:

- [Measles: protect yourself, protect others leaflet](#)
- [Measles: don't let your child catch-it poster](#)
- [Measles: don't let your child catch it flyer \(with translations\)](#)
- [Thinking of getting pregnant leaflet \(German measles or rubella\)](#)
- [MMR, MenACWY and coronavirus \(COVID-19\) vaccine comms toolkit for universities](#) helping to protect students from vaccine preventable infectious diseases

Copies of printed publications and the full range of digital resources to support the immunisation programmes can be ordered through the [health publications](#) platform.

3. Infection Prevention and Control

3.1 What should I do if there is a measles case in my education or childcare setting?

If a child has been vaccinated, it is highly unlikely they have measles. View <https://www.nhs.uk/conditions/measles/> to see the symptoms to look out for. The parent or carer should speak to their GP or NHS111 if they think their child may have measles.

If the setting is informed about a confirmed or suspected case, the setting should send the child or staff member home and advise seeking an urgent GP appointment or get help from NHS 111 if they have not already. They shouldn't go to the GP or any other healthcare setting without calling ahead first to prevent the further spread



of measles. The child or staff member should not attend the education or childcare setting until they have received advice.

If a GP suspects measles, they should report this to the UKHSA Health Protection Team. The UKHSA Health Protection Team will risk assess the case to determine how likely it is to be measles to determine further action. Confirmed and likely cases should stay at home for the entire period of infectiousness (4 days before onset of the rash and for 4 days after rash onset, where the date of the rash onset is day 0). A child can attend a setting after this if they are better.

The Health Protection Team will work with the setting to inform all other action (for example, advising on whether connected settings need to be informed).

3.2 When and how should schools contact local health protection teams?

Please contact your local Health Protection Team:

- If you are made aware of any likely or confirmed cases of measles among people who have attended your setting whilst infectious, who have been diagnosed by a doctor or another healthcare professional.
- The Health Protection Team may be experiencing high levels of demand, so they may share actions you can take in the meantime. The Health Protection Team may have to prioritise those settings with young children who are unlikely to be fully vaccinated
- The Health Protection Team may advise additional measures and in certain situations, a multi-agency meeting may be set up and the education or childcare setting invited to attend.

You can find your local Health Protection Team via this link -

<https://www.gov.uk/health-protection-team>

3.3 Do those infected with measles have to self-isolate?

Cases (people who have been diagnosed by a doctor as having measles) should stay away from the education or childcare setting for at least 4 days from when the rash first appears. They should also avoid close contact with babies, people who are pregnant and people with weakened immune systems.

A person with measles can spread the infection in the 4 days before they get the rash. Once a person has the rash, they can still spread the infection for another 4 days (the onset of the rash is day 0). The person can go back to their education or childcare setting once they feel well and following the completion of the 4 day post rash onset period.

3.4 Do those in contact with measles have to self-isolate?

The Health Protection Team will help the setting to identify close contacts of measles



cases. They will work with the setting to determine which of these contacts are unvaccinated or vulnerable, and what actions should be taken to protect them. If a child or member of staff is unvaccinated and is a close contact of a measles case, for instance a sibling, the Health Protection Team **may** advise that the child not come to school for a number of days to reduce the spread of measles. The number of days can vary depending on the circumstances. They will only do this in certain situations, following an individual risk assessment, and will work with the educational setting to agree the best course of action.

3.5 What does it mean if the case is probable? Because of the delay between moving from a probable to a confirmed case, is this likely to cause delay in addressing control measures?

A probable case means that it is likely: a person will have the common symptoms of measles and factors that increase the likelihood that it is measles (for example, the contact of another case, unvaccinated, or a recent trip abroad). The GP and the UKHSA Health Protection Team will take action for all probable and confirmed cases and so there is no delay in putting control measures in place.

3.6 Our health protection team is no longer advising for unvaccinated close contacts to stay away from school. Will this cause measles to spread more quickly?

Sometimes, the health protection team may advise some unvaccinated close contacts to stay away from school because they could become infectious before they show many symptoms. This can help to reduce spread and reduce the risk of vulnerable individuals becoming ill. When there are multiple cases within a setting or the local community, children will be more widely exposed to measles and this has more limited impact, with the key control measures remaining encouraging unvaccinated children be caught up on their vaccines and for any unvaccinated child to stay at home if they develop the early symptoms of measles.

3.7 For staff who aren't vaccinated and have to isolate, do they get pay from the government like they did with COVID?

Unvaccinated staff who have been in contact with measles cases may be asked to stay away from school or childcare settings for a number of days, based on a risk assessment by the Health Protection Team. If a staff member is asked to stay away from the setting, sick pay is at the discretion of the school.

3.8 If a child is awaiting swab results do they have to stay off school or nursery?

If a child is still awaiting results due to suspected measles 4 days after a rash has presented they may return to the setting. However, they must remain out of the



setting if it has been less than 4 days since the onset of the rash and they are awaiting results.

3.9 We have a lot of children off with high temperatures, runny noses and coughs/sore throats at the moment. What should we be saying to parents in this instance when they phone to report an absence?

Remind parents that it is fine to send a child to school with a minor cough or common cold. If they have a fever, they should stay off school until the fever goes. They can consult <https://www.nhs.uk/live-well/is-my-child-too-ill-for-school/> for further guidance.

If a parent notes that a child is off because they have symptoms of measles, advise them to book an urgent GP appointment or contact NHS111. If a parent notes that a child is off because they have been advised by their GP that the child has a suspected or confirmed case of measles, ask them to stay away from the setting until 4 days after their rash has presented and contact the [Health Protection Team](#).

3.10 What advice would you give to schools who have not had any cases?

The most effective way to minimise the risk of a measles outbreak in your setting is to ensure your setting has high MMR vaccine uptake. Schools can take valuable proactive action by sharing resources around MMR immunisation and other vaccines in the routine childhood immunisation programme and encourage pupils and staff to get vaccinated.

3.11 Can a person be an asymptomatic carrier of measles?

Only symptomatic individuals can pass on measles. People are infectious from 4 days before the rash onset to 4 full days after the onset of rash (onset of the rash is day 0). Symptoms that may appear prior to the rash are cold-like symptoms (cough, runny nose), a high temperature, and red eyes (conjunctivitis),

3.12 Should education professionals visiting multiple settings, who haven't had their MMR/ live with vulnerable people wear PPE when visiting those settings?

There is currently no advice for staff to wear PPE. Follow good [infection prevention and control practices](#) including hand and respiratory hygiene. The best way to for staff to protect themselves and vulnerable people in their household is to get the MMR vaccine. The health protection team will advise the school on visits and visiting during an outbreak of measles in a school.

3.13 Do we need to implement any specific cleaning or isolation measures?



No. Continue to encourage all staff and children in the setting to follow good [infection prevention and control practices](#) including hand and respiratory hygiene.

4. Vulnerable Groups

4.1. Is there a list of those particularly 'at risk' of measles? How do we know which students and staff with health conditions are vulnerable?

Some individuals are more at risk from experiencing complications as a result of a measles infection. These include babies, people with weakened immune systems, and unvaccinated pregnant individuals. If you have a measles case in your setting, the health protection team will work with you to identify vulnerable contacts and conduct risk assessments to inform further action.

If a parent or carer is concerned that their child may be more vulnerable to measles or a staff member raises concerns, they should contact their GP for further advice.

The most effective way to support staff and students who may be at higher risk from the complications of measles is to ensure high MMR vaccine uptake across the setting.

4.2. Do immunosuppressed adults have to isolate if they have had their MMR?

If there is an outbreak of measles in an education and childcare setting that you or your child attend and you are immunosuppressed you should contact your GP or specialist for immediate advice. The Health Protection Team will also work with you to identify any other actions that need to be taken.

4.3. How do we protect vulnerable people who might not have had the vaccine?

The best way to protect people who may not have had the vaccine is to promote vaccine uptake amongst everyone else in the setting. If you have a case in your setting, encourage anyone you know may be vulnerable to seek advice from the GP, and let the Health Protection Team know so that they can inform further action.

4.4. Some of our communities are really concerned about measles: do you have advice on what to do where children are being withdrawn from school due to their concerns?

The school can reassure parents and staff that the MMR vaccine offers a high level of protection – fully vaccinated people are extremely unlikely to catch measles. It is always worth encouraging staff, parents and children to be vaccinated.

As a setting, you can play an important role in pointing your community to available resources, such as [What to do if you think your child has measles and when to keep](#)



[them off school](#), and assuring parents that attending school remains safe and the best option for a child's health and education. If a school has concerns about a pupil's attendance, they should refer to DfE's [Working together to improve school attendance - GOV.UK \(www.gov.uk\)](#) or use the [Toolkit for schools: communicating with families to support attendance](#) to support communications with parents.

If the School Aged Immunisation Service are attending your setting, you may wish to let them know about specific communities who are concerned so that they can consider this in their communications.

5. The Exam Period

5.1. If an unvaccinated pupil were exposed to a confirmed measles case and had the MMR vaccine immediately, how long would it be before they could safely go back to school and sit their exams?

This remains part of a wider Health Protection Team led risk assessment and is likely to generally only apply to household contacts of measles cases.

For example, if they are a sibling of a confirmed case, they would probably need to be excluded from school for 14 days post vaccine as they are a household contact or 21 days (post exposure) if they do not have the vaccine. However it should be possible to make arrangements for any well pupil to sit an exam in a separate room with an invigilator who is known to be immune to measles, on a case-by-case basis and if the school is able to accommodate this. A risk assessment would be made regarding vulnerable contacts of the pupil sitting the exam in isolation.

5.2. Could children attend exams in isolation, e.g., in a separate room, invigilated by vaccinated staff?

This remains part of a wider Health Protection Team led risk assessment. Unvaccinated household contacts will be excluded from school post exposure. It should be possible to make arrangements for any well pupil to sit an exam in a separate room with an invigilator who is known to be immune to measles, on a case-by-case basis and if the school is able to accommodate this.

Wider exclusion of a clearly defined group of susceptible close contacts may be considered in certain circumstances, for example, where the index is a sporadic case, there is no or very limited wider community transmission, or there are a high number of vulnerable contacts e.g., a SEN setting, or residential educational setting. Arrangements for pupils taking school exams will then be discussed in an Incident Management Team meeting.



5.3. If pupils can't sit an exam because the school can't facilitate that safely, where does the school stand legally?

For the purpose of managing health protection incidents, the [Health Protection Regulations 2010](#) provide some guidance, but this remains a complex area and essentially it is a local authority decision.