

Measles – Current Situation and Managing School Cases

January 30, 2026



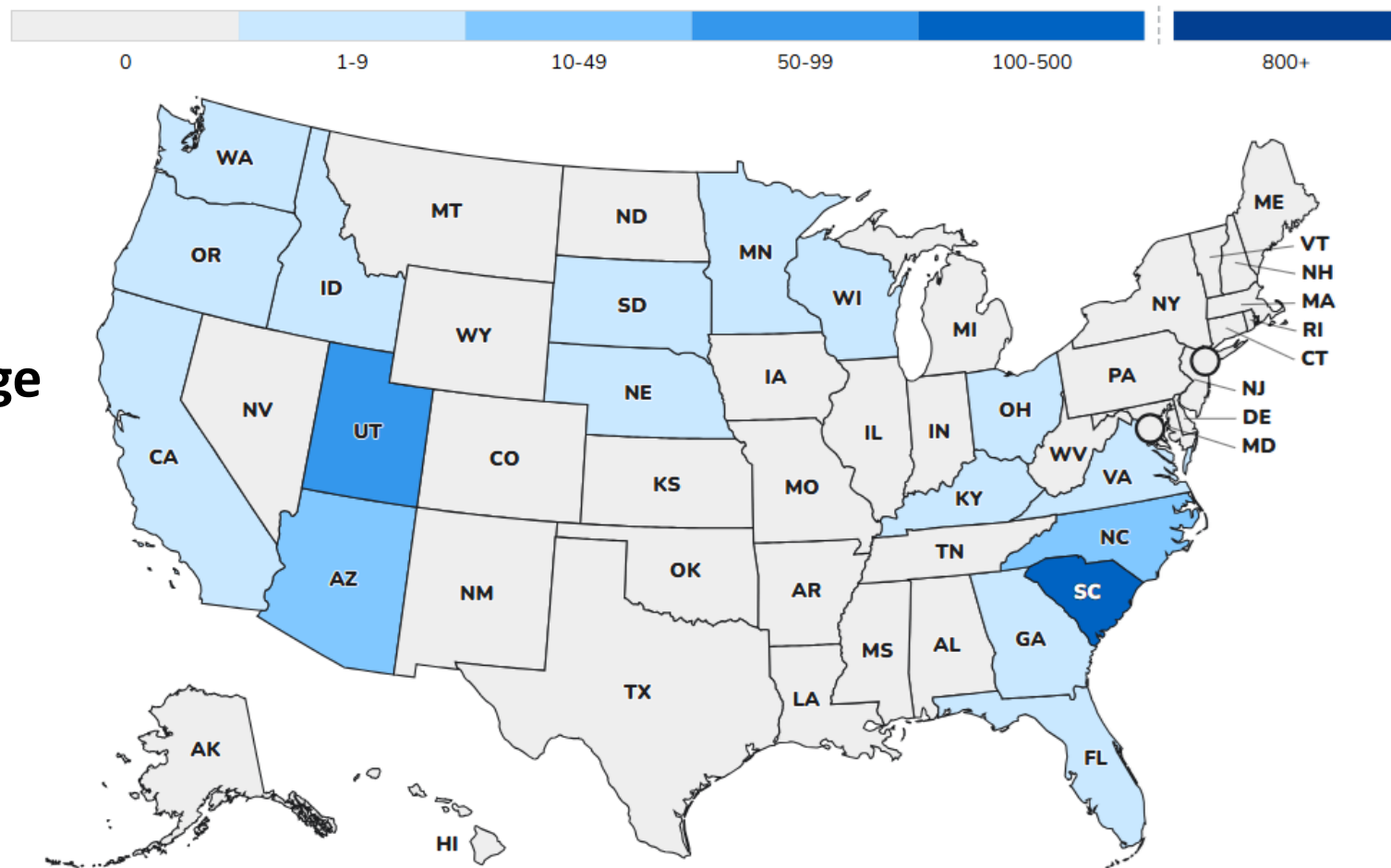
Current Situation - 2026

SD*: 5 cases

- 0 hospitalized
- 0 deaths
- All 100% unvaccinated
- 100% under 18 years of age

US*: 588

- 17 (3%) hospitalized
- 0 deaths
- 94% unvaccinated or unknown status
- 85% under 20 years of age

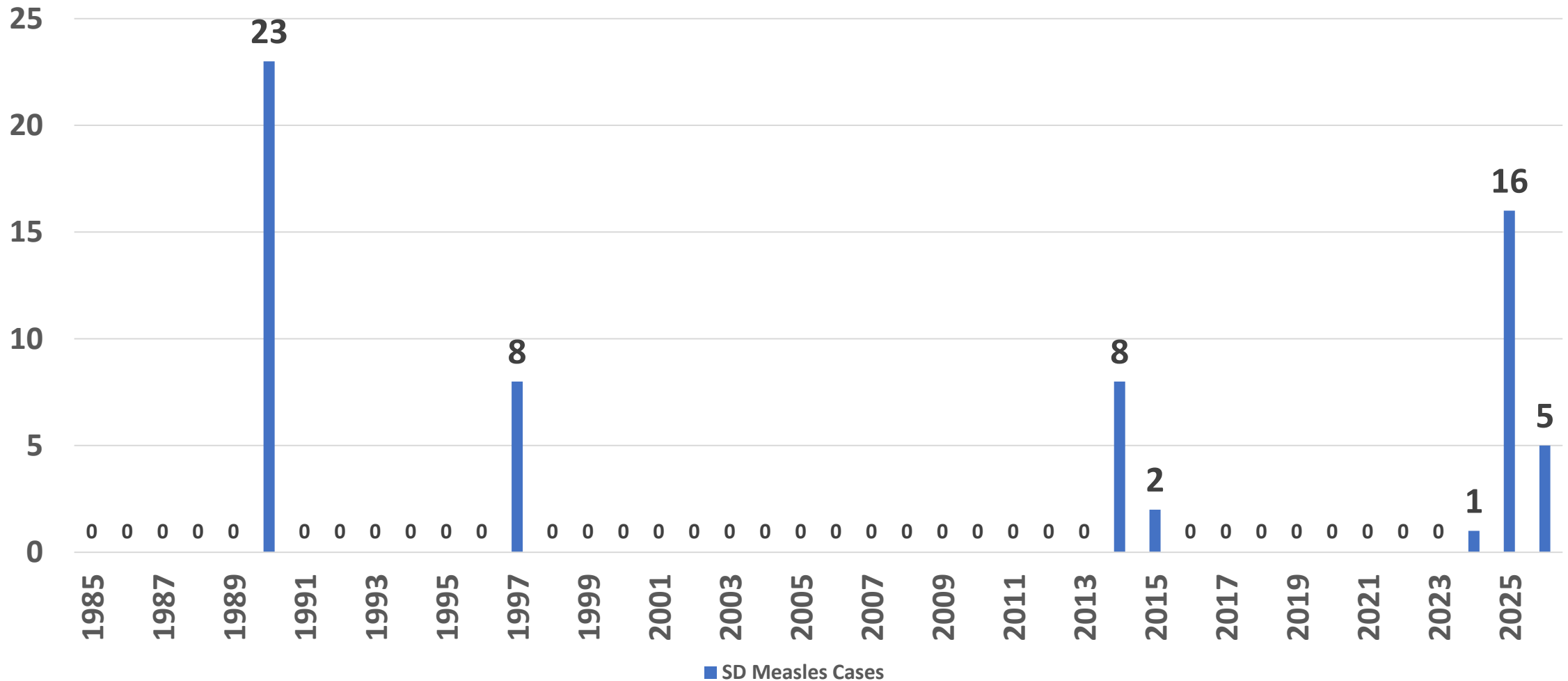


*As of January 30, 2026

<https://www.cdc.gov/measles/data-research/index.html>



SD Measles Cases



Clinical Diagnosis of Measles:



Fever



Rash



ONE of the 3 C's

- Greater than 101 degrees
 - Can spike to 105 degrees
 - Starts before rash and usually resolves when rash begins
- Begins on Day 3-4
 - Starts on face/forehead
 - Descends downward to trunk
 - Maculopapular (Can see and feel it)
- Cough
 - Conjunctivitis (red, watery eyes)
 - Coryza (Runny nose)

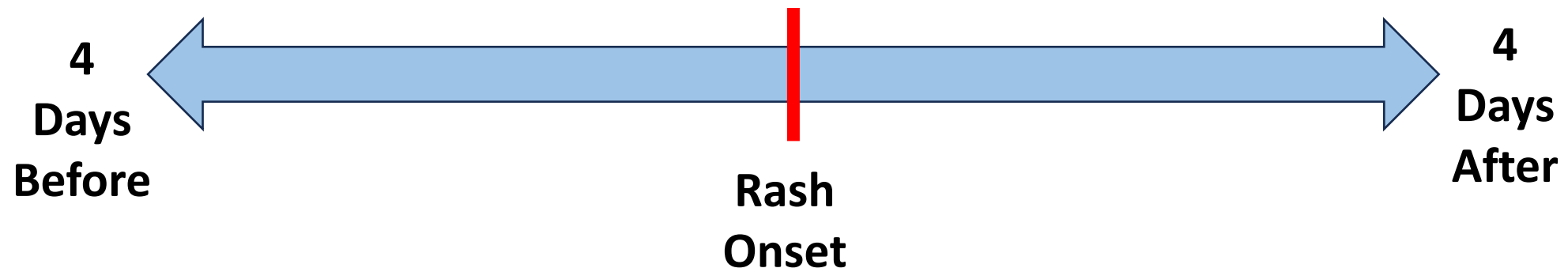
*Koplik spots may not be present and not necessary for diagnosis





How does measles spread?

- Infectious respiratory particles from an infected person
- Spread out the mouth or nose when they breathe, talk, sing, cough, or sneeze
- Virus can persist in a room or hallway for up to **2 hours**
- Able to spread measles:



Measles Infection Timeline

Reminders for providers

- **Collect NP swab** if within **3 days** of rash onset
- Collect serum for serology testing (IgM, IgG)
- Tell patient to **self-isolate for 4 days** after rash onset
- **Do not use patient room for the next 2.5 hours** and disinfect room
- Report **immediately upon suspicion**

Incubation period
(averages 10-12 days, range of 7-21 days)

Infectious period
(4 days before and 4 days after rash onset)

Exposure

Koplik spots appear (usually 2-3 days after symptoms begin)

Onset of symptoms:

- **High Fever**
- **Cough**
- **Coryza**
- **Conjunctivitis**

Maculopapular rash appears on face near hairline (usually 3-5 days after symptoms begin and 14 days after exposure)

Over the next few days, **rash** spreads from head to trunk to the extremities. **Fever** may spike to more than 104°F

Rash lasts 5-6 days and will disappear in the same order that it appeared from head to extremities

Considerations

Meet clinical criteria?

Considered immune?

Travel in past 21 days or close contact with rash?

If you suspect measles, please contact the SD-DOH immediately for **reporting** and **specimen testing**.

Phone: 605-773-3737

Fax: 605-773-5509



Student Close Contacts – Exclusion Criteria

Susceptible Contacts

- Any exposed students that cannot prove immunity are **excluded from school for 21 days** after last exposure



Measles Immune Globulin: Protects from severe disease, not to interrupt course of infection

Proof of Immunity to Return to School

- Documentation of **1 or more doses*** of measles-containing vaccine on or before their exposure
- Lab evidence of immunity (titer blood test with positive IgG antibody)
- Lab confirmation of previous infection

*Receipt of a second dose is highly encouraged and can be given 28 days after the first dose

EXCEPTION: Previously unvaccinated individuals can return to school if they can receive the vaccine **within 72 hours** of their first exposure.



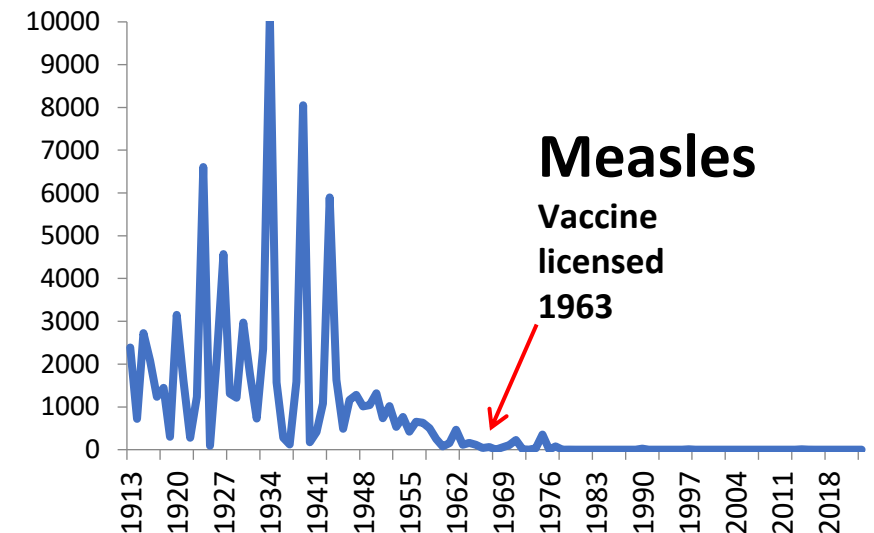
What if I Suspect that a Student in School Has Measles?

- If measles is suspected while at school, confirm:
 - Does the individual have **fever AND rash** at the same time?
 - Has the individual had a connection to a known case of measles?
 - Does the individual have documentation of 2 doses of MMR (and what were the dates)?
- Immediately place the student in a private room with the door closed, and if possible, the windows open, while waiting for pickup.
- Mask the student, call parent for immediate pick up to follow up phone call to seek their healthcare provider.
- Ensure that student supervision is performed by someone who has documented immunity against measles.
- When the student leaves the building, they should be escorted to a side door as far away from the rest of the student population as possible, and especially as far away as possible from any high-risk students (such as hallways used by pre-K students or immunocompromised students).
- Close the isolation room to the rest of the student population for a minimum of 2 hours after the ill student left. Perform routine disinfection protocols using an [EPA-approved](#) product.



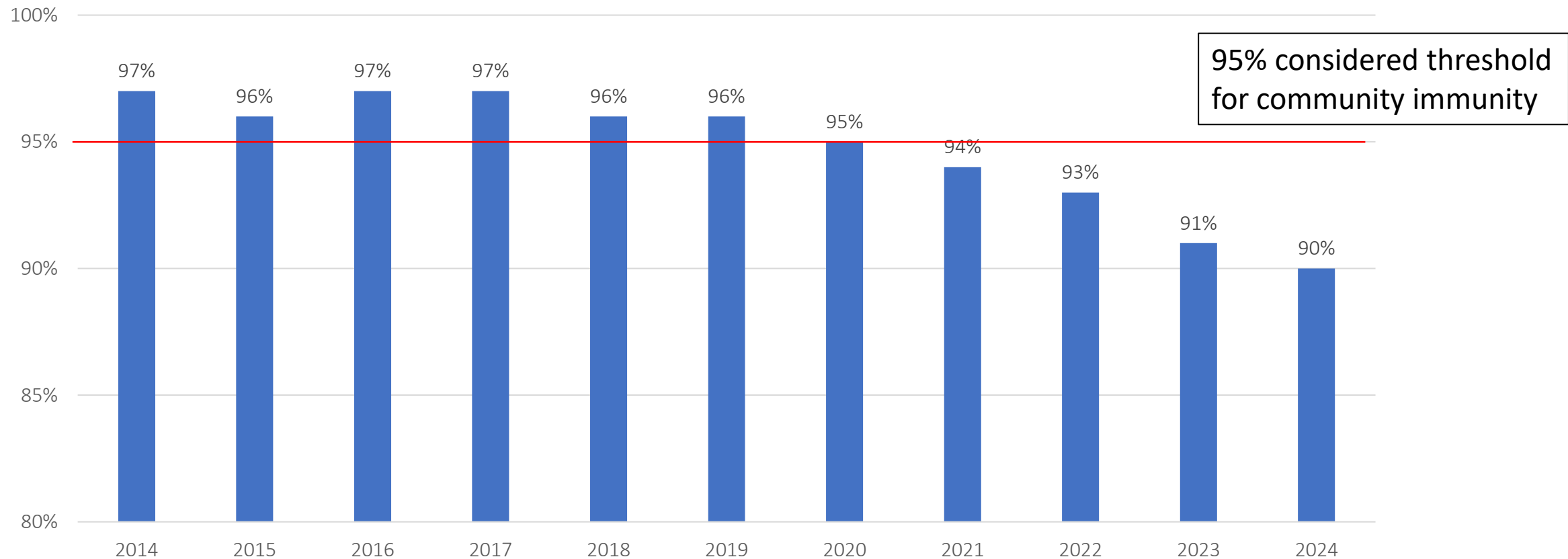
How can measles be prevented?

- Most effective way is vaccination with MMR vaccine (*measles, mumps, rubella*)
- 1 dose is 93% effective; typically given at 12 month visit
- 2 doses are 97% effective; typically given before school entry at 4-6 years
- Immunity: life-long
 - ≥ 1 dose MMR vaccine for low-risk adults and children 12 months to pre-school age
 - 2 doses MMR vaccine for high-risk adults and school-aged children
 - Lab evidence of immunity (IgG [+] in serum)
 - Lab confirmation of measles
 - Birth in US before 1957



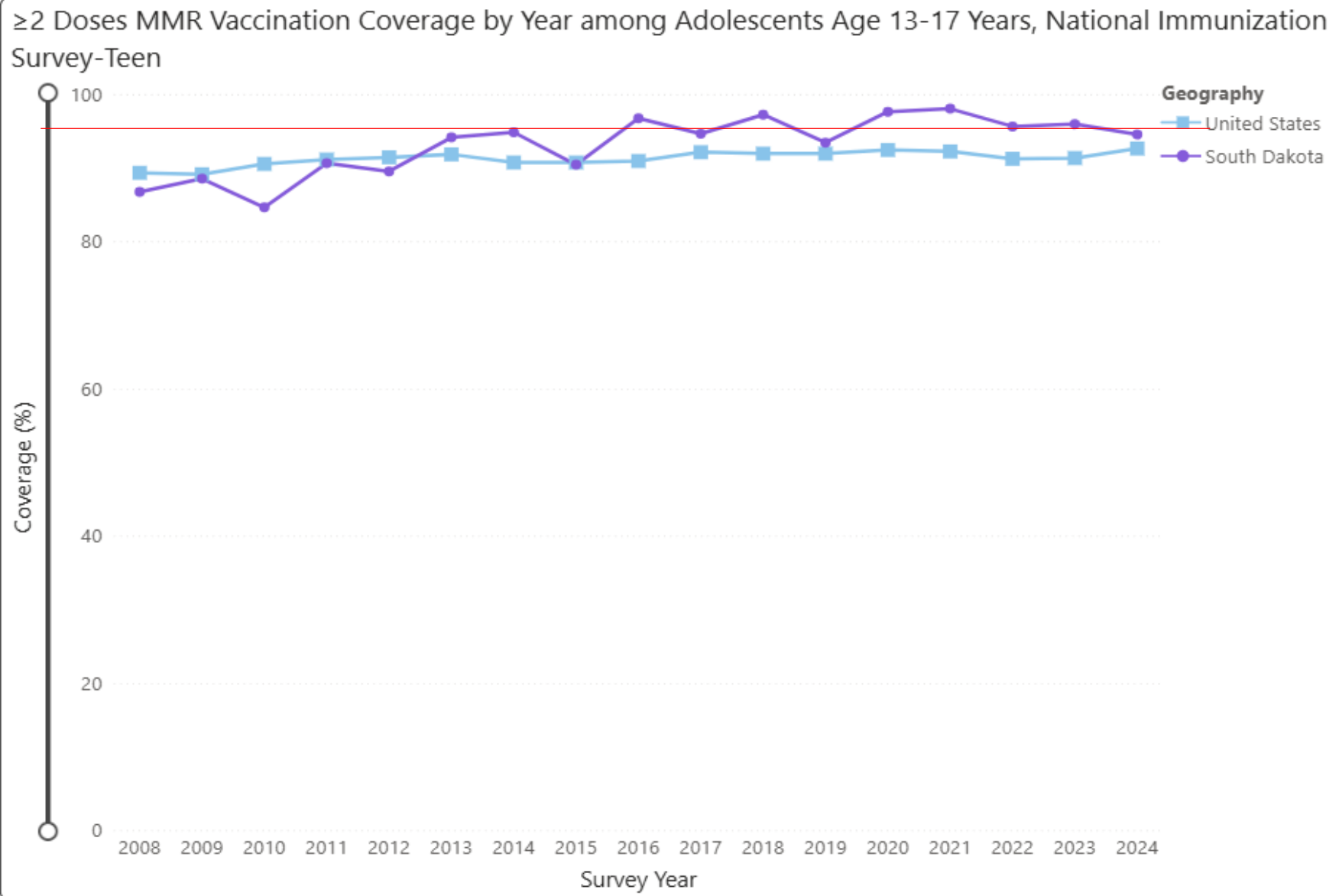


MMR Coverage at Kindergarten Entry, South Dakota 2014-2024





SD Surpasses US 2-dose MMR Coverage for 13-17 Year Olds





SOUTH DAKOTA DEPARTMENT OF HEALTH

Q&A



He thinks
“Measles”
is a cartoon character.

**Childhood vaccinations
keep it that way**

