Measles FAQs: What parents need to know

We know questions about measles are at the top of every parent's mind. To provide the most up-to-date information, we've compiled and answered some of our most frequently asked questions (FAQs).

What is measles?

Measles is a viral infection caused by rubeola virus (which is not the same as rubella), that causes a fever, rash, cough, runny nose, and red eyes. Ear infection, diarrhea, pneumonia and—in rare cases—brain damage, and even death can occur.

The virus is very small, which makes it more contagious. It is in the air in a room with an infected patient and remains in the air for another two hours after that patient leaves.

How contagious is it?

Measles has a contagiousness rate of 90%, making it one of the world's most contagious diseases for the unvaccinated. This means that if ten unvaccinated children are in a room and one of them has measles, nine out of ten of them will likely catch the virus.

How long after exposure will someone get sick if they have measles?

Measles has an incubation period (the amount of time between exposure and symptoms) of seven to 21 days.

When can a person spread the measles virus?

A person with measles can spread the virus to others for nine days, starting four days before the rash appears, the day the rash appears and ending after the rash has been present for four days.

What are the symptoms?

Child with a classic measles rash after four days.Measles symptoms typically appear seven to 14 days after infection. They can include:

- **Fever, sometimes over 104° Fahrenheit or 40° Celsius**
- **Runny nose**
- **Cough**
- **Red, watery eyes**
- **Sore throat**
- **Tiredness**

Typically, ten days after exposure is when a person will develop a fever, cough and runny nose. Some people may have conjunctivitis (eye infection) that looks like pink eye and develop a sensitivity to light. Tiny white spots known as Koplik spots may appear inside the mouth two to three days after symptoms begin. After about four days, the fever may go down, but the second phase of measles will likely begin.

The red rash is the most well-known sign of measles. A measles rash typically starts three to five days after symptoms first begin. It usually begins on the scalp behind the ears or at the hairline. The rash can spread down the face, body and all the way to the feet. It is not itchy but is uncomfortable and painful. Once the rash sets in, the fever might come back.

Gastrointestinal symptoms, vomiting, diarrhea and severe abdominal pain are also possible.

While rare, internal issues can start at this point. As coughing and respiratory symptoms pick up, about 1 in 20 children with measles may develop pneumonia. This can lead to inflammation in the lungs that can only be treated with oxygen.

What do I do if I think my child has measles?

Call your child's pediatrician or your primary care physician or medical provider if you or your child have been exposed to measles or are showing symptoms. Follow your providers' instructions.

Consider making an appointment instead of seeking emergency care unless your child is in respiratory distress (wheezing, severe breathing problems), is unresponsive or showing other acute signs of distress.

Parents or guardians should call the primary care doctor before arriving at a doctor's office so arrangements can be made to minimize potential exposure in the waiting room.

If you make an appointment at a Cook Children's facility, do not come into the waiting room. A medical provider will meet you to take you to a room. This is to mitigate the spread of the virus. The facility will do a nasal or throat swab test. They may also do a blood test.

Where have people tested positive for measles?

As of Feb. 28, the Texas Department of State Health Services said cases have been confirmed in the South Plains and Panhandles regions of Texas in the following counties: Dallam, Dawson, Ector, Gaines, Lubbock, Lynn, Terry, Martin and Yoakum. On Feb. 26, Rockwall County officials said they also had a confirmed measles case.

As of Feb. 28, 146 cases have been identified since late January. Forty-six cases are in children zero to four years old, 70 are in children five to seventeen and 25 cases are in people over the age of 18. Five cases do not have the age confirmed yet. Five of the cases are vaccinated. The rest are unvaccinated, or their vaccination status is unknown.

Twenty of the patients have been hospitalized. One child has died from measles in Lubbock. The latest updates can be found here: dshs.texas.gov/news-alerts/measles-outbreak.

Am I and my child safe from measles if we have been vaccinated?

You are very likely protected.

Vaccinations provide the strongest available protection against measles. The first MMR vaccine is typically given to kids at 12 months, with a booster at 4 years old. People who receive MMR vaccination according to the U.S. vaccination schedule are usually considered protected for life against measles and rubella with 97% immunity, according to the Centers for Disease Control and Prevention (CDC).

CookChildren's

Revised: March 4, 2025

However, if you were vaccinated before 1968, you may need a booster because vaccines during that time period were less effective, according to the CDC. A small number of vaccinated people can occasionally develop measles. In these cases, the symptoms are generally milder, and they are less likely to spread the disease to other people.

Can my child receive the vaccine early?

The first MMR vaccine is typically given to kids at 12 months, with a booster at 4 years old. Reach out to your doctor with questions about early vaccination. Children traveling outside the country may be able to receive the vaccine earlier than 12 months.

If I or my child hasn't been vaccinated, can we still get the vaccination?

Yes. Children over the age of 12 months can receive their first vaccination. People who were not vaccinated as children can be vaccinated any time unless you are pregnant.

How long does the vaccine take to be effective?

Detectable antibodies generally appear within just a few days after vaccination. People are usually fully protected after about two or three weeks.

Should I also have my child tested or should I get tested?

Contact your child's pediatrician or your primary care physician to determine if you need testing.

Can I order a test myself?

Tests have to be ordered from Texas Department of Health and Human Services. Go to the website for more information or contact their lab via email at **labinfo@dshs.texas.gov** or phone at **512-776-7318**. We anticipate updates regarding community testing options from our local public health departments in the near future.

What is the test?

Tests come in various forms; nasopharyngeal swabs, throat swabs and oral swabs. There are also blood tests for some patients.

How long do test results take?

Test results typically take anywhere from two to seven days.

What is the treatment for measles?

There is no specific treatment for measles, just like most other viruses. Supportive care and close observation is very important including:

- Making sure your child is drinking plenty of water to stay hydrated
- Controlling fever with Tylenol or Motrin (Do not use Motrin in children less than 6 months of age).

Should we quarantine while awaiting test results?

Yes. All exposed members of the household should stay home and away from others while waiting for the results of the measles test. If your child tests positive, they should stay home and have no outside contact. If you have been fully vaccinated, your likelihood of spreading measles is low, but consider limiting your exposure to others as well. If you are not vaccinated, you should stay away from settings where there are susceptible people (such as schools, hospitals, or childcare) until your healthcare provider says it's okay to return. This will help ensure that you do not spread it to others.

What do I do if I or my child tests positive for measles?

Continue isolation at home for four days after the rash appears or until directed by your physician.

If you think your child needs to be seen, please call ahead so we can prepare and see your child safely.

What are possible complications from measles?

Measles can be serious in all age groups. However, there are several groups that are more likely to suffer from measles complications:

- **Children younger than 5 years of age**
- **Adults older than 20 years of age**
- **Pregnant women**
- **People with weakened immune systems, such as from leukemia or HIV infection**

Ear infections: 1 out of every 10 kids develops an ear infection. Call your doctor if your child complains of ear pain

Diarrhea: 1 out of every 10 has diarrhea. Make sure your child is getting plenty of fluids.

Pneumonia: 1 out of every 20 will develop pneumonia. Watch for cough or rapid breathing

Brain swelling: Very rarely children with measles can develop acute disseminated encephalitis, where the virus gets into the brain tissue and spinal fluid and causes brain swelling. This can cause seizures, paralysis, hearing damage, comas or death.

How does measles spread?

Measles lives in the nose and throat mucus of an infected person. It can spread to other through coughing and sneezing.

Measles can be spread through air droplets when an infected person coughs or sneezes. You can get measles just by being in a room where a person with measles has been for up to 2 hours after that person has left.

Measles can also spread through infected surfaces.

What can we do to prevent the spread of measles?

The most effective prevention against measles is vaccination.

Aside from getting vaccinated, the spread of measles can be mitigated by proper handwashing, covering your mouth and nose when you cough or sneeze, avoid sharing drinks or eating utensils and disinfect frequently touched surfaces.

Why is a measles outbreak happening?

Measles was declared eliminated from the United States in 2000. However, measles immunization has been on the decline in recent years due to several factors like missed doctor visits during the pandemic, parental concerns about vaccines and vaccine misinformation.

Measles is also still common in many parts of the world. Most recent cases of measles in the United States stemmed from travelers who are not vaccinated bringing measles back to the U.S. This, combined with a decline in immunization, can cause a disease resurgence.

Measles is an ever-evolving situation. As information changes, we will update our website at cookchildrens.org or scan this QR code

Revised: March 4, 2025