

Measles in Children's Camps

Response Playbook

April 2026



**Department
of Health**

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Background

The *Measles in Children's Camp Response Playbook* was developed to provide local health departments (LHDs) with information regarding actions that they should take to support camps in their preparation for the 2026 camp season, as well as when responding to a suspected case of measles identified in a children's camp.

According to data from the United States CDC, as of February 13, 2026, there have been a total of 2,280 confirmed measles cases and 3 deaths reported in the United States during 2025, and 1,487 confirmed cases reported as of 3/25/26. Currently, there are ongoing outbreaks in multiple states including over 600 cases in South Carolina. Those aged 5-19 years were most affected. Among all confirmed cases 94% have been unvaccinated or have unknown vaccination statuses and 3% have been hospitalized. During 2025, confirmed cases totals were the highest observed since 1991 (9,643), with cases reported by 45 jurisdictions. There were 49 outbreaks reported – 89% of confirmed cases were outbreak associated.

In 2019, prolonged outbreaks occurred among under vaccinated communities in multiple counties in New York as part of 1,274 cases of measles documented in the United States that year. These outbreaks threatened the United States measles elimination status which had been achieved in the year 2000 and continues to be regarded as a public health triumph. That status is now threatened yet again, especially with low vaccination rates in many communities across the United States including in New York.

Measles is one of the most contagious of the vaccine-preventable diseases. It is transmitted by airborne spread or direct contact and can cause serious health consequences or death, especially in young and unvaccinated children. General symptoms may include fever, cough, runny nose, red and watery eyes, and a rash. About one in 12 develop diarrhea and or otitis media, one in four people with measles are hospitalized, one in 20 develop pneumonia and one in 1,000 develop swelling around the brain called encephalitis. One or two in 1,000 children may die of respiratory or neurological disease, even with the best medical care. A rare but invariably fatal complication, Subacute Sclerosing Panencephalitis (SSPE), can occur years or decades after the initial infection with death one to three years after diagnosis. Measles can negatively affect the immune status of an individual, causing them to be susceptible to other diseases for years after apparent recovery.

Measles can spread rapidly among those who are not fully immunized, especially in a camp setting, where groups of children congregate and there is close contact. Measles is preventable with the safe and effective Measles/Mumps/Rubella vaccine (MMR), as one dose provides 93% effectiveness, and two doses provide 97% effectiveness.

In New York State, when a children's program qualifies as a camp, it must have a New York State, city or county health department permit to operate legally and must operate in compliance with the requirements of Subpart 7-2 of the State Sanitary Code (Subpart 7-2). Each

camp is inspected to ensure that the facilities are safe, and that supervision is adequate. Not all summer programs for children qualify as children's summer camps.

Before Camp Season Begins

As camp operators prepare for the season, steps should be taken to ensure that all campers, staff members, and volunteers are properly protected from potential exposures to the measles virus while at camp. Health department inspectors should closely review camp procedures to ensure camp operators are prepared to respond quickly if a case of measles is suspected in a camper, staff member, or volunteer.

A letter was sent to LHDs to be shared with all camps in April 2026, describing the recommendations to assist children's camps in preparing for the 2026 season, and can be found at: health.ny.gov/environmental/outdoors/camps/docs/vpd_camp_letter.pdf along with additional information at health.ny.gov/environmental/outdoors/camps/operators under **Health, Illness Management, and Vaccine-Preventable Diseases**.

The *Measles Reference Guide for Camp Operators* in **Appendix A** can be used to guide pre-camp preparations and inspections. The *Camp Infirmary Measles Poster* in **Appendix C** can be posted to help staff recognize measles illness.

Regulated camps are **required** to have all camper immunization records on file. Because of the unique nature of a camp setting where groups of children congregate, the New York State Department of Health (State Health Department) has **recommended two doses of measles vaccine for all eligible campers, camp staff, and volunteers born on or after January 1, 1957**.

The New York State Public Health Law and the New York State Children's Camp regulations do not address the type of documentation that is required for proof of immunity, or religious and medical exemptions for vaccine preventable diseases. Therefore, in routine camp operations, the camp may determine what is acceptable documentation of evidence of immunity¹, unless the county has a more stringent requirement. The best evidence is from a licensed healthcare provider. §66-1.6 of Subpart 66-1 of the State Sanitary Code defines what is required in a certificate of immunization along with which require a signature from a health practitioner.

Documents that Require a Health Practitioner's Signature:

- A certificate of immunization specifying the vaccines administered and the dates of administration, signed by a healthcare practitioner licensed to practice in New York State. [10 NYCRR §66-1.6]
- A copy of immunization records (paper or electronic) sent from a previous school to the new school (not brought in by a parent/guardian), which include who administered the

¹ Acceptable evidence of immunity against measles includes at least one of the following: written documentation of adequate vaccination, laboratory evidence of immunity, laboratory confirmation of a history of measles or birth in the United States before 1957.

immunization agents, the products administered (products administered can mean either the vaccine or its brand name), and dates of administration. The records should be signed by the school health professional who entered the information into the student's Cumulative Health Record (CHR) and include any original documentation from the administering health practitioner, if available. [10 NYCRR §66-1.5]

- A statement verifying history of varicella diagnosed by a physician, nurse practitioner, or physician assistant. Original laboratory report of positive serological test 1 for measles, mumps, rubella, varicella, hepatitis B, and all three serological subtypes of poliomyelitis2 [polio virus type 1 (PV1), type 2 (PV2), and type 3 (PV3)] contained in the polio vaccines performed before September 1, 2019. [10 NYCRR §66-1.1(g)]

Refer to [Immunization Guidelines for Schools](#) for additional information.

According to the Centers of Disease Control and Prevention (CDC), written or electronic medical records with dates of vaccine administration are acceptable evidence of vaccination. Immunization registry records such as those found in the New York State Immunization Information System (NYSIIS) and the New York Citywide Immunization Registry (CIR) would qualify as acceptable evidence of vaccination. Self-reported doses and history of vaccination are not considered official documentation. Similarly, printed or electronic medical records of the laboratory evidence of immunity or laboratory confirmation of measles infection are the only acceptable evidence for a laboratory test demonstrating evidence of immunity.

Camp inspectors should ensure camps have a plan to maintain a detailed list of staff, campers, volunteers, and other individuals who are not fully immunized and protected against vaccine-preventable diseases, including against measles, as these individuals are at risk of getting sick if exposed. In the event a case of measles is suspected in a camp setting, this list will be critical in assisting camp operators and public health officials to quickly identify those campers, staff members, and volunteers who were potentially exposed and at risk for becoming infected and allow for prompt implementation of appropriate infection control measures. This list should include the campers, volunteers and staff with:

- No MMR vaccinations;
- One dose of MMR and the date they would be eligible to obtain the second dose;
- No documentation of immunity; or
- A valid medical exemption as these individuals would not be eligible for MMR vaccine and may require alternate post-exposure prophylaxis if exposed to measles.

A template for maintaining a list of the immunization status of campers, staff and volunteers for measles is provided for camp operators in **Appendix E**. Some LHDs have also chosen to provide template immunity tracking forms to camps. LHDs should communicate with camp operators on the preferred method of tracking the measles immunity status of campers, staff, and volunteers.

During camp inspections by LHD staff, inspectors should review the camp's process for collection and maintenance of camper, staff member, and volunteer vaccination records, noting if records are self-reported or would qualify as official documentation as outlined by the CDC. Vaccination records will be critical in deciding next steps if a measles case is found in a camp setting and adequate preparation could minimize disruptions of normal camp operations. LHD inspectors may review a camp's safety plan and their plans for developing lists of susceptible individuals during pre-operational visits, and inspectors and other health department staff may request to view updated lists at other visits during the season.

Section 2168 of Public Health Law allows children's camps access to immunization records maintained in the [New York State Immunization Information System](#) (NYSIIS) and the [New York Citywide Immunization Registry](#) (CIR). These registries are confidential, web-based systems that contain consolidated vaccination information from New York State healthcare providers. NYSIIS contains records of children vaccinated in New York State excluding New York City and the CIR contains records of those vaccinated within New York City. New York State healthcare providers are mandated by law to report immunizations given to children less than 19 years of age to the appropriate registry. Immunizations given to individuals 19 years and older may be reported to the registries with patient consent. Records for children who are immunized outside of New York State may not be found in either of the registries.

To access NYSIIS, each camp must obtain a State Health Department Health Commerce System (HCS) account. Medical professionals can apply directly to HCS for an account at apps.health.ny.gov/pub/top.html; however, non-medical staff must obtain and complete a form entitled "Information Required for Children's Camps to Access NYSIIS" from the [local health department](#). You can use NYSIIS to look up an individual enrolled in your program to see which immunizations the individual has already received, and which immunizations are due now.

For campers, staff members, and volunteers vaccinated in New York City, camp programs can access the CIR. Use the Online Registry to look up an individual enrolled in your program to see which immunizations the individual received already, and which immunizations are due now. Go to: [Citywide Immunization Registry \(CIR\) for Camps](#) for more information.

Before proceeding, here is a reminder of the definitions of quarantine and isolation per CDC:

- Quarantine includes restriction of movement by a person who might have been exposed to the virus and may or may not have been infected.
- Isolation refers to restriction of movement of a person who is sick and has been infected, even if asymptomatic.

To prepare for the camp season, health department inspectors should also review the camp's plan to isolate sick campers, staff members, or volunteers; this may include sending campers and staff home whenever possible. Individuals should be transported in a manner that will not expose other people in transit.

Camps should be advised that isolation plans should address the identified location(s) for isolation, and potential length of time a camper, staff member, or volunteer may need to be isolated. Isolation facilities should include a private room such as a cabin or tent with a door that closes. Areas for isolation should be a room with a door that can be closed. They should not:

- Be shared/community spaces;
- Share ventilation with non-isolated areas; or
- Allow access to other susceptible individuals.

Isolation plans will also need to address any needs that an individual may have during this time. These needs may include, but are not limited to:

- Provision of basic needs like food and medications, keeping in mind any dietary restrictions;
- Adequate sanitary facilities that are not shared with other susceptible individuals;
- Provision of supplies needed for personal hygiene;
- Adequate supervision for minors by individuals with evidence of immunity;
- Access to medical care;
- Mental health needs;
- Communication needs including language assistance; and
- Assistance in accessing resources to pass the time (radio, books, board/card games, other culturally appropriate resources).

Camps should ensure they have the necessary facilities and equipment to take these steps, including an appropriate designated area for isolation and a supply of medical/surgical face masks.

Camp operators should request that sick campers, staff members, or volunteer isolate preferably at home when possible. For those who are quarantined at camp, the quarantine plans should similarly reflect the needs of the affected camper(s) and staff as delineated in the Isolation plans as stated above.

Expectations of Children's Camp Operators

Consistent with Subpart 7-2, as part of the initial health screening as outlined in the camp's safety plan, the camp health director or designee will need to screen campers, volunteers, and staff for signs or symptoms of illness. This initial screening should include any current symptoms of measles or any symptoms in the preceding four days. Additionally, camp staff should ask campers, volunteers, and staff about any known exposures to measles over the previous 21 days.

Camp operators should make staff aware of the possible signs and symptoms of measles and should monitor campers, volunteers, and staff for these signs and symptoms. Any camper, staff member, or volunteer who reports exposure to measles should also be reported to the LHD. Exposed individuals who have received two doses of MMR or have other evidence of immunity

will not need to be excluded from camp. They should be monitored closely while at camp for any developing signs or symptoms of measles, consistent with camp safety plan requirements for daily health surveillance of campers in Subpart 7-2. If a camper, volunteer, or staff member exhibits signs or symptoms indicative of measles, **camp operators should immediately notify the LHD** and parents/guardian depending on age the individual and take steps to isolate the individual.

It is strongly recommended that camps maintain a list of all camp visitors, including the date and approximate times each visitor was at the camp facility, and reliable contact information for each visitor, such as a phone number or email. This information will be needed in the event a suspected measles case is identified at a camp to assist in the exposure investigation and limit the spread of measles to other communities.

Camps should identify mechanisms available to them to quickly alert parents if they have a suspected case of measles, such as email, text messaging, or a phone tree. Camp operators should also identify a point of contact at the camp for parents to reach in the event parent notification of a suspected measles case at camp is required. Templates for notifying parents/guardians of a suspected measles case at camp have been provided in **Appendix F**.

A Measles Reference Guide for Camp Operators has been developed to assist camp operators with identifying and preventing the spread of measles in children's camps. This reference guide can be found in **Appendix A**.

The State Health Department has developed a poster to be placed in camp infirmaries and other locations reminding staff of the signs and symptoms of measles and what to do if measles is suspected. This poster can be found in **Appendix C**.

Reporting of Potential Cases

Given the communicability of the measles virus, it is critical that camp operators report potential cases to the LHD **immediately**. To ensure prompt reporting of a potential measles case, all camp operators, staff, and volunteers must understand the signs and symptoms of measles. Camp inspectors should review this need with camp operators to ensure they are educated on the signs and symptoms of measles, which include:

- High fever, and one or more of the following:
 - Cough
 - Runny nose
 - Red, watery eyes
 - Rash
 - Small red spots, some of which are slightly raised.
 - Spots and bumps in tight clusters give the skin a splotchy red appearance.
 - Usually appears 2 to 4 days after the fever begins and lasts 5 to 6 days.
Begins at the hairline, moves to the face and neck, down the body and then to the arms and legs.

Note: a person with measles can pass it to others from four days before a rash appears through the fourth day after the rash appears.

If a camper, volunteer, or staff member develops these symptoms while at camp, it is critical that the **camp health director or the camp director be notified right away**. Steps should be taken to **immediately** isolate the individual away from other campers, volunteers and staff, and airborne precautions should be implemented while the LHD and the parent/guardian, if applicable, are being notified. These precautions should include placing the individual in a private room, such as a cabin or tent with a door that closes, placing a medical/surgical face mask on the individual and restricting susceptible individuals from entering the space. This is important to help protect other campers, staff members, and volunteers from getting sick. The camp director or health director should have the camper's, volunteer's, or staff member's immunization record available while notifying the LHD. If an individual in whom measles is suspected requires transfer to a medical facility, camps should ensure that the responding emergency medical services team and the receiving medical facility are notified of the concern for measles before arriving, so proper precautions can be taken to prevent further exposures. The individual should be transported out of camp by private car with relatives who are immune to measles.

It is imperative that any potential measles case be **immediately** reported to the LHD so that proper follow-up and guidance can be given to the camp operator. Upon notification of a suspect measles case at a children's camp, the LHD must **immediately** notify the State Health Department.

Local Health Department Response

Upon notification from the camp director and/or camp health directors of a potential measles case, local communicable disease staff will work with the camp director and/or camp health director to review the facts around the situation including any symptoms and the vaccination history of the potential case. If it appears that the individual may be exhibiting the signs and symptoms of measles, a response will be initiated involving collaboration of local communicable disease and environmental health staff. If a suspect measles case is identified at a camp, LHD staff must **immediately** notify the State Health Department.

If a suspect case of measles is identified in a camp setting, the location will be considered an "outbreak area." Local communicable disease staff will work with the camp director and, if applicable, the guardian/parent of the individual, to determine if the individual needs further medical evaluation and/or obtain any clinical samples for laboratory confirmation of measles. If appropriate, the State Health Department will assist the LHD in initiating critical specimen transport to Wadsworth Center. Arrangements will need to be made for isolation of the individual, either at camp or at home after appropriate transportation is ensured, until laboratory confirmation of the case is received, or the individual is no longer infectious. Appropriate transportation should include camp consultation with the LHD and arranging private transportation to prevent further disease spread. Public transportation must not be utilized for any individuals suspected of having measles. For those individuals requiring on-site

isolation at a camp, the LHD should review isolation plans and assist the camp to ensure adequacy, with respect to both ensuring appropriate infection control measures to prevent additional spread, and that the plan meets the individual's needs for care and/or supervision depending on age. Young children should have a masked caregiver who is immune from measles with them.

Local communicable disease and environmental health staff will also begin working with camp staff to obtain and review the immunization records of all possible contacts with the suspected case, which will be more readily facilitated by reviewing the camp's previously developed list of susceptible individuals on the Vaccine Preventable Disease page on the Health Commerce System. Due to the potential impact of measles case(s) on children's camps, situationally specific guidance for these cases and exposures may be required. Depending on the nature and history of a case, at-risk campers, camp staff and volunteers may need post-exposure prophylaxis, to be excluded from camp activities, and/or quarantined at camp or at home until it can be determined that they did not contract the measles virus and there is no further risk of exposure. Additional guidance has been provided in **Appendix B** of this document regarding post-exposure prophylaxis and exclusions. Exclusion guidance has also been included for infants, recognizing that some children's camps may have infants present at camp facilities who are not enrolled as campers. It should be noted that infants less than 6 months of age should not receive MMR vaccine, but for those 6-11 months who had received MMR for travel or outbreak response will need MMR #1 at or after 12 months of age.

To summarize exclusion recommendations, if there is a suspect case of measles in a camp setting, the LHD should utilize CDC standards for official documentation of an individual's evidence of immunity. This should consist of printed or electronic medical records with dates of vaccine administration. Immunization registry records such as those found in the New York State Immunization Information System (NYSIIS) and the Citywide Immunization Registry (CIR) would qualify as acceptable evidence of vaccination. Self-reported doses and history of vaccination are not considered official documentation. Similarly, written, or electronic medical records of the laboratory evidence of immunity or laboratory confirmation of measles infection are the only acceptable evidence for a laboratory test demonstrating evidence of immunity. Recommendations for exclusion are based on an exposed individual's evidence of immunity and the nature of the exposure. For those instances where the measles exposure was determined to be a close exposure:

- **Two MMR vaccines** - Any individual with official documentation of two MMR vaccines may remain at camp and participate in regular activities.
- **Laboratory test showing measles immunity** - Any individual with official documentation of a laboratory test showing measles immunity may remain at camp and participate in regular activities.
- **One MMR vaccine** - Any individual with official documentation of only one MMR vaccine should be given the second MMR vaccine within 72 hours. If the exposed individual is not immunized with the second MMR vaccine, arrangements should be made within five days of the initial measles exposure for the exposed individual to be

appropriately quarantined at camp or transferred to the care of a parent/guardian and should remain excluded for 21 days after the last measles exposure.

- **No MMR vaccine** - Those individuals who are unable to provide official documentation of any MMR vaccine doses should be given the 1st MMR vaccine within 3 days if feasible, or if not, as soon as possible. Arrangements also need to be made within five days of the initial measles exposure for the exposed individual to be appropriately quarantined at camp or transferred to the care of a parent/guardian and should remain excluded for at least 21 days after the last measles exposure. Based upon the timing of the first MMR vaccine, this individual may also require additional voluntary movement restrictions even after being excluded from camp.
- Please refer to **Appendix B: Measles Outbreak in Children's Camp Exclusion Guidance** for a reference for infants.

During the investigation of immunization records, it is likely that contact with parents and guardians will be required to clarify or obtain accurate records. LHDs should support and provide resources for camp operators to notify parents and guardians of the situation utilizing the mechanisms available to the camp. This should include informing parents and guardians that they will be contacted to obtain additional immunization records or evidence of immunity as needed, as well as a point of contact at the camp for parents and guardians to reach. The LHD should also work closely with the camp to ensure accurate information regarding the situation is being relayed to all campers, staff members, and volunteers.

Considerations will need to be made for parental consent and minimizing child anxiety if on-site post-exposure prophylaxis is being considered for any campers, staff members, or volunteers who are minors. For those individuals requiring exclusion, this needs to occur within the incubation period for measles, or within five days of the initial exposure. From days five through 21 post exposure, any camper, staff member, or volunteer who is a minor and requires camp exclusion will need to be appropriately quarantined at camp until a parent/guardian is notified and the individual can be appropriately transferred to their care. Again, this would include consultation with the LHD and arranging private transportation to prevent further disease spread, as public transportation must not be utilized for any susceptible individuals exposed to measles. For exposed adults requiring exclusion, on-site quarantine may be required if appropriate transportation to their home cannot be arranged.

For staff members and volunteers who were born in the United States prior to 1957, according to the CDC they are presumed to have immunity. However, the LHD may consider giving MMR vaccination or obtaining measles titers based on the individual situation.

Local and State environmental health staff should work closely with the camp to ensure adequate supervision is maintained if staff members and volunteers are isolated or quarantined. This includes ensuring counselor-to-camper ratios and minimum staff qualifications in accordance with Subpart 7-2 requirements. As part of the contact investigation, a list of all visitors present at camp should also be available to review for possible

exposures. Additionally, during the response to a suspected measles case the LHD should be notified of any off-site, inter-camp, and visiting day activities. The LHD should work with camps to review the measles immunity status of all participating individuals and ensure they are in compliance with the CDC standards of measles immunity before being allowed to participate in any camp activities. The LHD, in consultation with the State Health Department, may advise cancellation of events based on the nature of the outbreak. Also, based on the nature of the measles outbreak, camp activities may be confined to the campgrounds with no other groups attending until 21 days after the date of onset of the last case. If the exposure occurred during a time when visitors were present, the LHD should work with the camps, referencing their visitor log, to assist in identifying additional exposures.

To assist LHDs, a template press release following a case of measles at a children's camp has been provided in **Appendix F**.

For additional information about the response to a measles case, please see the State Health Department's Measles Outbreak Control Guidance on the Vaccine Preventable Disease page of the Health Commerce System.

New York State Department of Health Response

State Health Department response to a potential measles case in a children's camp will vary depending on if the camp is in a partial or full-service county. In 21 of the state's 62 counties the State Health Department fulfills local environmental health enforcement through its District Offices. Because the state covers local enforcement in these counties, the State Health Department will have a more direct response in conjunction with the LHD.

If a suspected measles case is identified at a camp, it is critical that the LHD **immediately** notify the State Health Department. Upon notification, State Health Department will **immediately** begin coordinating with the camp operator, LHD, and various subject matter experts within the Department to appropriately respond to the incident. The State Health Department will work with LHD epidemiologists to review facts around the potential case, determine if laboratory testing is warranted, and discuss needs for post-exposure prophylaxis for exposed individuals not demonstrating adequate evidence of immunity. In addition, the State Health Department will provide local environmental health staff with technical guidance regarding camp operations.

Appendix A: Measles Reference Guide for Camp Operators

Measles Reference Guide for Camp Operators

Measles is highly contagious and can spread rapidly, especially in a camp setting where children and staff are in close contact. The best protection against measles is broad vaccination coverage. Individual camp policy may choose to recommend or require specific immunizations of campers and staff. The following steps are strongly recommended to help prevent and identify measles and limit its impact at camp. For additional guidance and recommendations for children's camps, see the camp operator letter available at:

health.ny.gov/environmental/outdoors/camps/operators under **Health, Illness Management, and Vaccine-Preventable Diseases**, or contact your local health department (LHD) at health.ny.gov/EnvironmentalContacts.

Before Camp Begins: Collect and Review Immunization Records

- Confirm measles immunity for all campers and staff by receiving written record of:
 - two doses of MMR (measles, mumps, and rubella vaccine);
 - laboratory test showing measles immunity;
 - laboratory confirmation of measles; or
 - birth in the United States before 1957.
- Exclude campers and staff with measles:
 - symptoms in the four days prior to arrival at camp:
 - high fever and cough, runny nose, red/watery eyes, and/or rash
 - rash usually starts 2 to 4 days after the fever begins, spreading from the face and neck to the body, arms, and legs.
 - exposures in the 21 days prior to arrival at camp for unvaccinated individuals or one MMR.
- Maintain lists of individuals not fully immunized including those with valid medical exemptions. This list should include the campers, volunteers and staff with:
 - No MMR vaccinations,
 - One dose of MMR and the date they would be eligible to obtain the second dose,
 - No documentation of immunity, and
 - A valid medical exemption as these individuals would not be eligible for MMR vaccine and may require alternate post-exposure prophylaxis if exposed to measles.
- During staff training, include information about measles symptoms, monitoring campers for these symptoms, and reporting suspect cases to the health director.
- Send parents or guardians the educational flyer titled, *You Can Prevent the Spread of Measles at Summer Camp* (health.ny.gov/publications/2218.pdf).
- Maintain a supply of medical/surgical face masks.

When Campers and Staff Arrive: Initial Health Screening

- Prior to camp entry, screen all campers and staff for measles symptoms and possible recent exposures using the camp's approved safety plan procedures.

- Exclude campers and staff with measles symptoms or exposures as noted above.
- Ask parent/guardian to notify the camp of any potential measles exposures during the season (e.g. visitation days, nights, weekends, between sessions).
- Obtain proof of measles immunity for those not received.
- Update lists of individuals not fully immunized.
- Report measles symptoms or known exposures to the LHD.

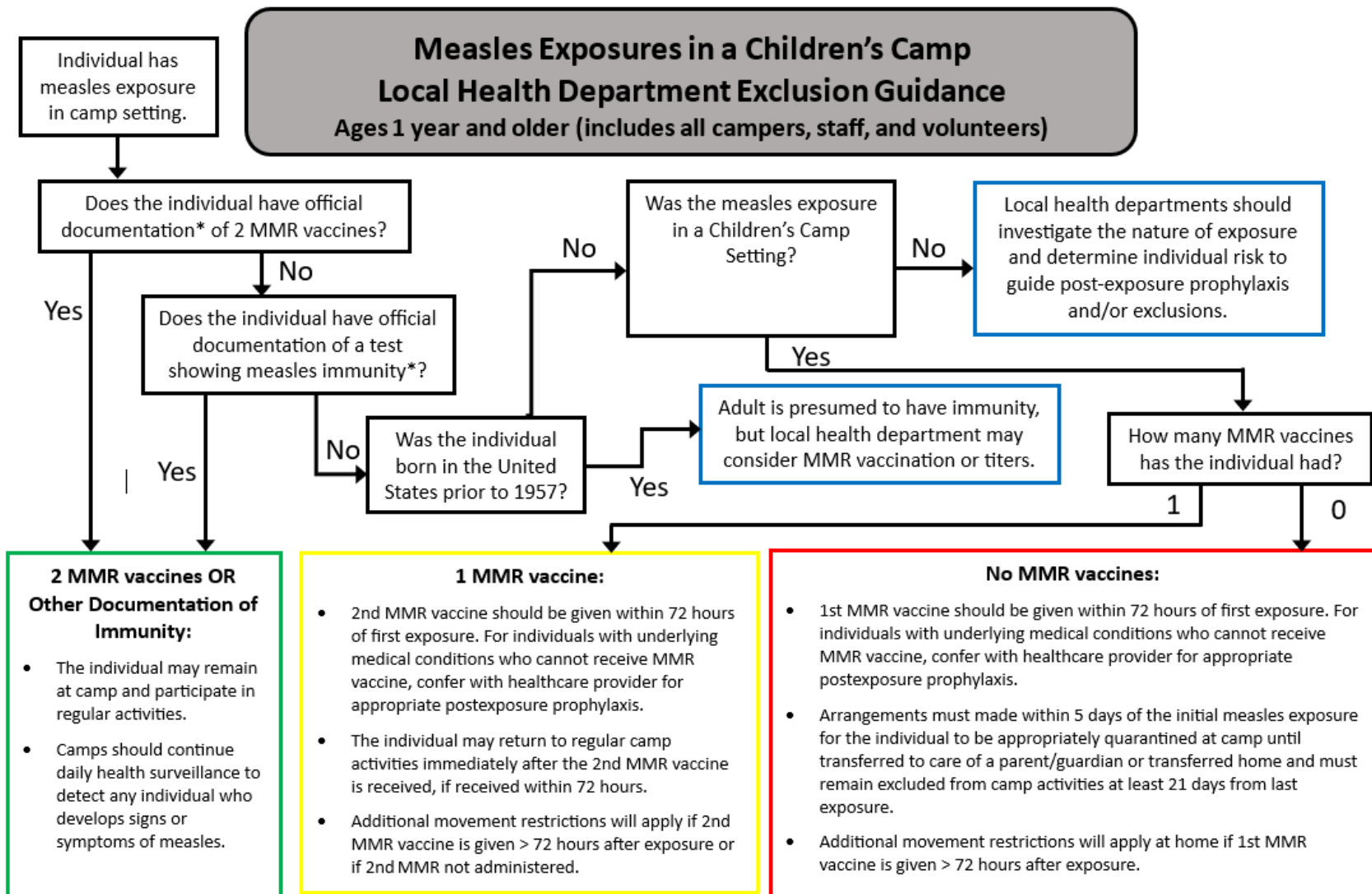
During Camp: Prevention and Control

- Conduct daily health surveillance of individuals for signs of illness.
- Monitor individuals with recent exposure.
- Immediately isolate individuals that develop measles symptoms and contact the LHD and parent/guardian:
 - Place individual in a private room with a door that closes.
 - If the individual must be transported through common areas, place a medical/surgical face mask on the individual.
 - Restrict susceptible individuals from entering the space.
 - Call ahead if seeking medical care, so proper precautions can be put in place.
- Work with your LHD to identify individuals with measles exposures while at camp, identify those individuals' immunity status, and quarantine, exclude, and/or provide post-exposure prophylaxis for those individuals as appropriate.
- Maintain a list of visitors to the camp with contact information in case follow-up is needed.

Additional Information

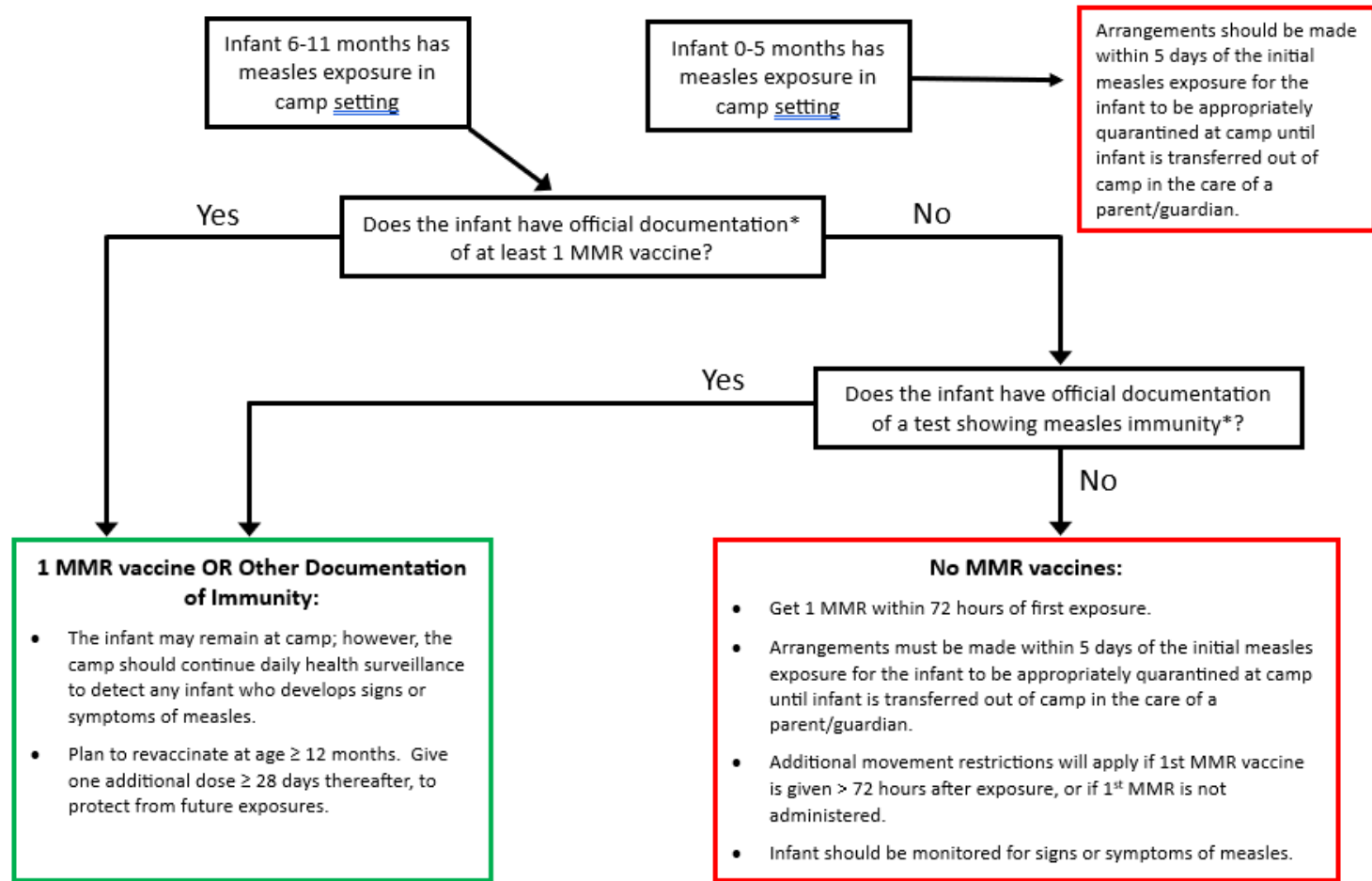
- New York State Department of Health Camp Operator website: health.ny.gov/environmental/outdoors/camps/operators
- New York State Department of Health Camp Operator letter regarding measles: health.ny.gov/environmental/outdoors/camps/docs/vpd_camp_letter.pdf
- New York State Department of Health Measles website: health.ny.gov/measles

Appendix B: Measles Outbreak in Children's Camp Exclusion Guidance



*Official documentation should be in accordance with CDC definition and should consist of printed or electronic medical records documenting vaccine administration or laboratory test.

Measles Exposures in a Children's Camp **Local Health Department Exclusion Guidance** **Infants ages 0 months – 11 months**



*Official documentation should be in accordance with CDC definition and should consist of printed or electronic medical records documenting vaccine administration or laboratory test.

Appendix C: Camp Infirmary Measles Poster



Recognizing Measles

What are the symptoms of measles?

Symptoms usually appear 7-14 days after exposure but can take as long as 21 days. The first symptoms are usually:

- High fever and one or more of the following:
 - Cough
 - Runny nose
 - Red watery eyes
 - Rash
- Small red spots, some of which are slightly raised.
- Spots and bumps in tight clusters give the skin a splotchy red appearance.
- Usually appears 2 to 4 days after the fever begins and lasts 5 to 6 days.
- Begins at the hairline, moves to the face and neck, down the body and then to the arms and legs.

What steps should be taken if an individual has symptoms of measles?

1. Immediately isolate the individual.

- Attend to camper's immediate medical needs. Call the healthcare provider or emergency department before seeking care.
- Place individual in a private room with a door that closes, if possible.
- Restrict susceptible individuals from entering the space.

2. If you haven't already, contact the camp health director

3. Determine individual's immunity status

4. Call your local health department

health.ny.gov/measles



**Department
of Health**

Contact your local health department at () - between ____:____ a.m.
and ____:____ p.m. weekdays, or () - after hours, weekends, and holidays.

Appendix D: Measles in Children's Camp Flyer



You Can Prevent the Spread of Measles at Summer Camp

Protect yourself, your family, and the community

What is measles?

Measles is a highly contagious disease that spreads easily from person to person if they are not immune. It can travel through the air when people cough, sneeze, talk, or laugh. It is also spread when items with saliva on them are shared. Items include cups, bottles, cans, forks, spoons, and more.

Living in close spaces like dorms or camps can increase the risk of measles spreading. People who get measles can get very sick and spread the disease to others. That's why it's important to recognize the symptoms, follow prevention steps, and get vaccinated. Any child who becomes sick at camp should receive medical care right away. The health director or camp director should also be notified.

Know the signs and symptoms of measles.

Symptoms start 7 to 14 days after exposure but may take as long as 21 days. Symptoms start with a high fever, cough, runny nose, and red/watery eyes. A rash usually starts 2 to 4 days after the fever begins. It spreads from the face and neck to the body, arms, and legs. People with measles are contagious about 4 days before they develop the rash.



Steps to prevent measles:

- 1. Get vaccinated.** Be sure you and your family are fully vaccinated with the measles vaccine. It is safe and effective. Two doses of the MMR (measles, mumps, rubella) vaccine provide the best protection.
- 2. Know the immune status of campers and staff.** You are considered immune if you have a written record of two doses of the MMR vaccine, if you have a laboratory test showing immunity, or you were born before 1957. If you are not sure about immunity, talk to a health care provider before going to camp.
- 3. Practice good hygiene.** Wash your hands often with soap and warm water for at least 20 seconds. Scrub between fingers, on the backs of your hands, and under nails. Cough or sneeze into a tissue or your elbow. Put used tissues in a lined waste bin or a trash can with a lid. This will help reduce the risk of germs spreading in the air and on surfaces.
- 4. Avoid contact and stay home when sick.** Stay away from people who have measles until they are no longer contagious. If you are sick, protect others by staying home until you are no longer contagious.
- 5. Call ahead before seeking medical care.** If you think you or a family member has measles, call before seeking medical care. This will help the office, clinic, or emergency department take steps to prevent others from being exposed to measles.

*Need a vaccine or want to learn more about how to prevent measles?
Call your health care provider or your local health department. For more information, visit:*

health.ny.gov/measles



Department
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Puede prevenir el contagio de sarampión en el campamento de verano

Protégase y proteja a su familia y a la comunidad

¿Qué es el sarampión?

El sarampión es una enfermedad muy contagiosa que se transmite fácilmente de una persona a otra si esta no es inmune. Puede transmitirse por el aire cuando las personas tosen, estornudan, hablan o ríen. También se contagia cuando se comparten objetos con saliva. Estos objetos pueden ser vasos, botellas, latas, tenedores, cucharas y muchos más.

Vivir en espacios reducidos, como dormitorios o campamentos, puede aumentar el riesgo de propagación del sarampión. Las personas que se contagian de sarampión pueden enfermarse mucho y contagiar a otros. Por eso, es importante reconocer los síntomas, seguir medidas de prevención y vacunarse. Cualquier niño que se enferme en el campamento debe recibir atención médica de inmediato. También se debe notificar al director de salud o al director del campamento.

Conozca los signos y síntomas del sarampión.

Los síntomas comienzan entre 7 y 14 días después de la exposición, pero pueden tardar hasta 21 días en aparecer. Los síntomas comienzan con fiebre alta, tos, secreción nasal y ojos rojos/llorosos. Por lo general, aparece un sarpullido entre 2 y 4 días después del inicio de la fiebre. Se extiende desde la cara y el cuello hasta el cuerpo, los brazos y las piernas. Las personas con sarampión son contagiosas unos 4 días antes de presentar el sarpullido.



Medidas para prevenir el sarampión:

- 1. Vacúnese.** Asegúrese de que usted y su familia tengan todas las vacunas contra el sarampión. La vacuna es segura y efectiva. Dos dosis de la vacuna contra el sarampión, las paperas y la rubéola (SPR) brindan la mejor protección.
- 2. Conozca el estado de inmunidad de los campistas y el personal.** Se considera que es inmune si posee un registro escrito de dos dosis de la vacuna SPR, si tiene un análisis de laboratorio que demuestra la inmunidad o si nació antes de 1957. Si tiene dudas sobre la inmunidad, hable con un proveedor de atención médica antes de ir al campamento.
- 3. Practique una buena higiene.** Lávese las manos a menudo con agua tibia y jabón durante al menos 20 segundos. Frótese entre los dedos, el dorso de las manos y debajo de las uñas. Tosa o estornude en un pañuelo o en el codo. Arroje los pañuelos usados en un cesto de basura con bolsa o con tapa. Esto reducirá el riesgo de que los gérmenes se propaguen por el aire y sobre las superficies.
- 4. Si se enferma, evite el contacto y quédese en su hogar.** Aléjese de las personas que tengan sarampión hasta que ya no sean contagiosas. Si se enferma, proteja a los demás quedándose en su hogar hasta que ya no haya riesgo de contagio.
- 5. Llame antes de recibir atención médica.** Si cree que usted o un miembro de su familia tienen sarampión, llame antes de recibir atención médica. Esto ayudará al consultorio, la clínica o el departamento de emergencia a tomar medidas para evitar que otras personas se expongan al sarampión.

¿Necesita una vacuna o quiere obtener más información sobre cómo prevenir el sarampión?

Llame a su proveedor de atención médica o al departamento de salud local. Para obtener más información, visite:

health.ny.gov/measles



Department
of Health



איר קענט פארמיידן די פארשפרייטונג פון מיזעלס אין זומער קעמפ

מיזעלס איז העכסט אנשטעקיג און קען זיך גאר גרינג פארשפרייטן אין קעמפ. ווען א מענטש וואס איז קראנק מיט מיזעלס הוסט אדער ניסט, איז דער ווירוס ארויס אין די לופט וואו עס קען בלייבן במשך צוויי שעה. די וואס זענען נישט אימיון קענען באקומען מיזעלס אויב זיי זענען אין יענע געגנט. מענטשן וואס באקומען מיזעלס קענען זיין גאר קראנק און וועלן נישט קענען בלייבן אין קעמפ.

באשיצט זיך, אייער משפחה און די קאמיוניטי דורך פאלגן די 5 שריט:

4. בלייבט אינדערהיים אויב איר זענט קראנק. ווייל מיזעלס פארשפרייט זיך שנעל און איז אנשטעקיג אפילו איידער דער אויסשלאג הייבט זיך אן, בלייבט אינדערהיים ביים ערשטן צייכן פון פיבער אדער הוסט. קומט נישט אין קעמפ. עס איז וויכטיג צו פארמיידן די פארשפרייטונג פון מיזעלס צו אנדערע מענטשן.
5. רופט איידער איר זוכט מעדיצינישע הילף. אויב איר מיינט אז עמיצער האט מיזעלס, רופט איידער איר זוכט מעדיצינישע הילף כדי דער אפיס, קליניק אדער עמערדזשענסי רום זאל נעמען מאסנאמען אז אנדערע מענטשן זאלן נישט אויסגעשטעלט ווערן צו מיזעלס.

1. ווערט געוואויר צי איר און אייער משפחה זענען אימיון.

- איר ווערט גערעכענט אימיון אויב איר:
 - זענט געבוירן געווארן בעפאר 1957,
 - האט א געשריבענע רעקארד פון 1 אדער 2 דאזעס פון מיזעלס-אנטהאלטנדע וואקסין (אנגעוויזן אויף עלטער), אדער
 - האט א לעבארעטארי טעסט וואס צייגט אז איר זענט אימיון.
- אויב איר זענט נישט זיכער איבער אימוניטעט, רעדט מיט אייער העלט קעיר פראוויידער איידער איר פארט אין קעמפ.

2. אויב איר זענט נישט אימיון, וואקסינירט זיך.

- צוויי דאזעס פון די MMR (מיזעלס, מאמפס, רובעלא) וואקסין וועלן צושטעלן די בעסטע באשיצונג קעגן די מיזעלס. מאכט זיכער אז יעדער איינער אין די משפחה איז געהעריג וואקסינירט אדער אימיון איידער מען פארט אין קעמפ.

3. ווייסט וואס זענען די צייכנס און סימפטאמען פון מיזעלס.

- סימפטאמען באווייזן זיך אין אומגעפער 7 ביז 14 טעג נאך אויסגעשטעלט ווערן, אבער עס קען נעמען אפילו 21 טעג. זיי הייבן זיך אן מיט א הויכע פיבער, הוסט, רינענדיגע נאז און רויטע/וואסערדיגע אויגן. אן אויסשלאג הייבט זיך אן געווענליך אין 2 ביז 4 טעג נאכ'ן אנפאנג פון די פיבער, פארשפרייטנדיג זיך פון פנים און האלדז אויפ'ן קערפער, ארעמס און פיס. סיי וועלכעס קינד וואס שפירט זיך קראנק זאל מעלדן א העלט אדער קעמפ דירעקטאר פאר זאפארטיגע מעדיצינישע באהאנדלונג און צו באשיצן אנדערע קעמפערס.



רופט אייער העלט פראוויידער אדער אייער ארטיגן העלט דעפארטמענט אויב איר דארפט א וואקסין אדער ווילט זיך לערנען מער איבער פארמיידן מיזעלס. מער אינפארמאציע איז דא צו באקומען אויך אויף:

health.ny.gov/measles

Appendix E: Camper / Staff Measles Immunization Record Template

Camper Measles Immunization Records Summary to Identify Potentially Susceptible Individuals

[illegible]

¹ Official documentation should be in accordance with CDC definition and should consist of written or electronic medical records documenting vaccine administration or laboratory test.

² Unofficial types of documentation will not be accepted in the event of a measles outbreak in a children's camp.

³ Insufficient immunity record should be indicated if any of the following are marked: unofficial documentation; no MMR or laboratory test; medical exemption; OR 1 MMR.

Staff Measles Immunization Records Summary to Identify Potentially Susceptible Individuals

[illegible]

¹ Official documentation should be in accordance with CDC definition and should consist of written or electronic medical records documenting vaccine administration or laboratory test.

² Unofficial types of documentation will not be acceptable proof of measles immunity in the event of a measles outbreak in a children's camp.

³ Insufficient immunity record should be indicated if any of the following are marked: unofficial documentation; no MMR or laboratory test; medical exemption; OR 1 MMR.

Appendix F: Measles in Camps Notification Templates

Camp/Family Notification Templates

The following Text Message Template and Email Message Template should be used to notify families of measles cases at camp. This template is for operators to customize as appropriate to promote consistent information of NYS measles response at children's camps.

Camp/Family Text Message Template

An email has been sent to you regarding suspect measles case(s) at Camp _____. Please check your email for important details.

Camp/Family Email Message Template

Dear Parent/Guardian,

We are reaching out to families because we are working with _____ Health Department to follow-up on a suspect case(s) of measles at _____ Camp.

We are taking proactive steps to ensure that campers and staff are adequately protected to minimize further spread of measles. As part of our camp safety plan, individuals with symptoms have been separated from other campers and staff, and those parents/guardians have already been notified.

We continue to monitor all campers and staff for any related symptoms and will notify families directly if their child has any concerning symptoms. We are also reviewing camper and staff immunity records. Staff from the local health department may be reaching out to families to confirm or obtain additional immunization records, if needed.

The camp will continue working closely with the local health department to make sure that all camp health and safety requirements are being met.

Please feel free to call the camp at _____ with any questions or concerns. For more information about measles please visit health.ny.gov/measles.

Sincerely,

Camp Director/Health Director

Local Health Department Press Release Template

The following Press Release Template should be customized by health departments as appropriate to promote consistent information of NYS measles response at children's camps.

The _____ Health Department is working with Camp _____ to investigate a suspect case(s) of measles identified on (insert date). The camp and the local and state health department are working together to assure the health and safety of all campers and staff. The New York State Sanitary Code requires that all regulated children's camps have camp safety plans that include procedures for responding to infectious diseases such as measles. In accordance with those plans, the following actions are being taken:

- Appropriately separating individuals with symptoms from other campers and staff to minimize further measles exposures.
- Obtaining further medical evaluation and treatment as appropriate for those with measles symptoms.
- Taking steps to prevent the spread of measles to the local community, including safe transport and notifying local medical facilities to make sure proper infection control steps are taken.
- Reviewing and confirming measles immunity status of all campers and staff.
- Conducting daily health surveillance of individuals for signs of illness, including measles symptoms, and reporting possible cases to the camp health director for further evaluation.

The camp has reached out to all families to keep them informed. The camp and local and state health department are working closely to make sure that all camp operations continue to meet New York State health and safety requirements.

For more information contact _____ Health Department at _____.
For questions about measles please visit health.ny.gov/measles.