

Measles

IT ISN'T
JUST A
LITTLE
RASH



Measles can be dangerous,
especially for babies and
young children.



MEASLES SYMPTOMS TYPICALLY INCLUDE

- High fever (may spike to more than 104° F)
- Cough
- Runny nose
- Red, watery eyes
- Rash breaks out 3-5 days after symptoms begin



Measles Can Be Serious



About 1 out of 4
people who get
measles will be
hospitalized.



1 out of every 1,000 people
with measles will develop
brain swelling due to infection
(encephalitis), which may lead
to brain damage.



1 or 2 out of 1,000
people with measles
will die, even with
the best care.



You have the power to protect your child.

Provide your children with **safe and long-lasting** protection against measles by making sure they get the **measles-mumps-rubella (MMR) vaccine** according to CDC's recommended immunization schedule.

WWW.CDC.GOV/MEASLES



American Academy
of Pediatrics

DEPARTMENT OF HEALTH AND HUMAN SERVICES



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

Do you need a MEASLES VACCINE?



Adapted from Barnstable County Department of Health and Environment

The best protection against measles is knowing IF you were vaccinated, WHEN you were vaccinated, and whether you should get an MMR vaccine.

Born before 1957

Nope. You were probably already exposed to measles.

Vaccinated between 1957-1962

Maybe. Check your vaccination record

Vaccinated between 1963-1967

Yes! The measles vaccine you received is considered ineffective and you will need another dose.

Vaccinated between 1968-1989

Maybe. Check your vaccination record

Vaccinated after 1989

Nope. If you received two doses, your vaccines are considered effective.

Did you know?



Two doses of measles vaccine (MMR) are **97%** effective at protecting people against measles and preventing complications.



Not sure about your vaccine status? Call the Health Department to check your vaccination record. 406-433-2207

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37.114.201 REPORTERS

(1) With the exceptions noted in (3), (4), and (5), any person, including a physician, dentist, nurse, medical examiner, other health care practitioner, administrator of a health care facility or laboratory, public or private school administrator, day care facility or youth camp personnel, or laboratory professional, who knows or has reason to believe that a case exists of a reportable disease or condition defined in ARM [37.114.203](#) must immediately report to the local health officer the information specified in ARM [37.114.205](#)(1) and (2).

(2) A local health officer must submit to the department, on the schedule noted in ARM [37.114.204](#), the information specified in ARM [37.114.205](#) concerning each confirmed or suspected case of which the officer is informed.

(3) A state-funded anonymous testing site for HIV infection is not subject to the reporting requirement in (1) with regard to HIV testing.

(4) With the exception of a licensed healthcare provider, reporters under (1) may report directly to the department at the department's request with approval of the local health authority.

(5) With the exception of diseases listed in ARM [37.114.204](#)(1) and (2)(a), laboratories, with the consent of the local health officer, may utilize electronic laboratory reporting (ELR) to satisfy (1).

History: [50-1-202](#), [50-17-103](#), [50-18-105](#), MCA; [IMP](#), [50-1-202](#), [50-2-118](#), [50-17-103](#), [50-18-102](#), [50-18-106](#), MCA; [NEW](#), 1980 MAR p. 1579, Eff. 6/13/80; [AMD](#), 1986 MAR p. 254, Eff. 2/28/86; [AMD](#), 1987 MAR p. 2147, Eff. 11/28/87; [AMD](#), 1995 MAR p. 1127, Eff. 6/30/95; [AMD](#), 2000 MAR p. 2528, Eff. 9/22/00; [TRANS](#), from DHES, 2002 MAR p. 913; [AMD](#), 2006 MAR p. 2112, Eff. 9/8/06; [AMD](#), 2013 MAR p. 967, Eff. 6/7/13; [AMD](#), 2017 MAR p. 343, Eff. 3/25/17; [AMD](#), 2022 MAR p. 1855, Eff. 9/24/22.

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