NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Public Health
Communicable Disease Branch

Communicable Disease Branch Local Health Department Monthly Webinar Key Points – May 13, 2025

The North Carolina Division of Public Health (NC DPH) Communicable Disease Branch will be releasing key points that include information discussed on the monthly Tuesday Local Health Department call. Please use the information below as a summary of the topics presented on the call. As guidance changes, please use the most recent information provided. For questions, contact the NC DPH Communicable Disease Branch 24/7 Epidemiologist on Call at **919-733-3419**.

Important Updates

- Available online at NC Communicable Disease Manual - Other Diseases of Public Health Significance (ncdhhs.gov)
- **New:** NCDHHS LHD Monthly Webinar 04-08-2025.pdf

Video recording: https://vimeo.com/manage/videos/1084245817/9b22019cb0

REMINDERS!

- It is crucial for LHDs to proactively prepare for potential measles cases within their jurisdiction. The Centers for Disease Control and Prevention (CDC) provides a comprehensive ***checklist***. LHDs should utilize this checklist to ensure they are adequately prepared to respond to any suspected or confirmed measles cases and/or contacts.

- Local Health Departments (LHDs) should strengthen community partnerships and streamline information dissemination to enhance measles preparedness. This involves collaborating with healthcare systems and community providers to establish clear protocols for measles consultation, including when to use the State Laboratory of Public Health (SLPH) versus commercial labs, providing 24-hour contact numbers for the LHD and Epi On-Call, and outlining criteria for contacting public health. Furthermore, LHDs need to ensure efficient and approved specimen routing to the NC SLPH and secure partnerships with entities capable of administering intramuscular immunoglobulin (IMIG) and intravenous immunoglobulin (IVIG) for post-exposure prophylaxis (PEP).

Questions & Answers

Q. Who is the payor source for Ig?
A. Our small stockpile of Ig was purchased with one time CDC dollars. We encourage all LHDs to look at their current funding and work with local hospital/health system partners to ensure local Ig supply is planned for.

Q. Sometimes I get Salmonella cases that resulted from a urine culture. Should we also request labs send these urine specimens, to the state lab or are we prioritizing stool specimens?
A. Yes, please do. Those would still count as cases and meet case definition criteria.

Q. Will you please clarify if health departments that do not see sick patients are expected to collect measles testing on symptomatic patients (with Epi On-call consultation) or should they be referred to a medical provider?

My Medical Director is wanting to send these to the ED or Urgent Care, even if mild s/s. Again, we do not have sick care. Does a patient have to see a provider prior to CD nurse collecting specimens?

A. Health departments who do not see sick patients are expected to collect measles specimens for high-risk measles patients who have mild signs and symptoms and do not need urgent care. High-risk status can be determined in consultation with CDB and includes an assessment of clinical and epidemiologic factors, particularly timing and order of symptoms, immune status, and travel history. The standing order for nurses to collect is in the CD Manual. If you do not know how to use a standing order, please contact your CD TATP Nurse Consultant. Please see the CDC Measles Checklist for more information.

Q. Can HDs collect a measles test to send to SLPH of a patient (per Epi On-Call consultation) regardless of payor source? Can PEP also be given regardless of payor source?

A. Yes, specimens can be sent to SLPH and PEP given regardless of payor source.
LHDs **should** collect measles tests for submission to the North Carolina State Laboratory of Public Health (NC SLPH) regardless of the patient's payor source. There is no cost associated with measles testing at the NC SLPH. However, to submit a test to the NC SLPH, the following criteria must be met:

- The patient must meet the immunity, clinical, and epidemiological thresholds for testing, as determined in consultation with Epi On Call or CDB staff member.
- Permission from Epi On Call or CDB staff to submit the test to the NC SLPH must be obtained.
- The LHD must have the necessary testing kits and appropriate packing and shipping supplies for the NC SLPH.
- Testing must be conducted under a Standing Order or a written order from the LHD's Medical Director or other applicable provider.

Q. Will there be a statewide order for measles IVIg administration or is each healthcare system expected to write their own orders?

A. There are no plans for a statewide order for IVIg.

Q. Can you remind us what the turnaround time for measles testing/ results is through the SLPH?

A. We say two (2) days in our SCOPE document, but usually within 24 hours when approved by Epi.

Q. Should high risk clients who are approved for IVIg be placed in negative pressure rooms while receiving PEP?

A. If a measles contact meets the criteria for intravenous immunoglobulin (IVIG), LHDs may consider placing the patient in a negative pressure room or airborne isolation infection room (AIIR) if it has been four or more days since the patient's last exposure to measles. This can help minimize risk of transmission since the patient could be asymptomatic but early in the infectious period.

Note: IVIG is typically administered to immunocompromised patients and is not generally provided within LHDs. Additionally, many LHDs do not have a negative pressure room or AIIR within their facility. LHDs should consult with health care facilities in their jurisdiction about IVIG administration and control measures.

Next Meeting
Tuesday, June 10, 2025
1:00 p.m.