



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

NC Department of Health and Human Services
**Measles Update for Clinical
Providers**

February 27, 2026

Agenda

- **Welcome**
- **Measles Current Situation**
- **VPD**
- **Testing**
- **Immunizations**
- **Post-Exposure Prophylaxis and Treatment**
- **Outreach and Resources**
- **Q&A**
- **Closing**

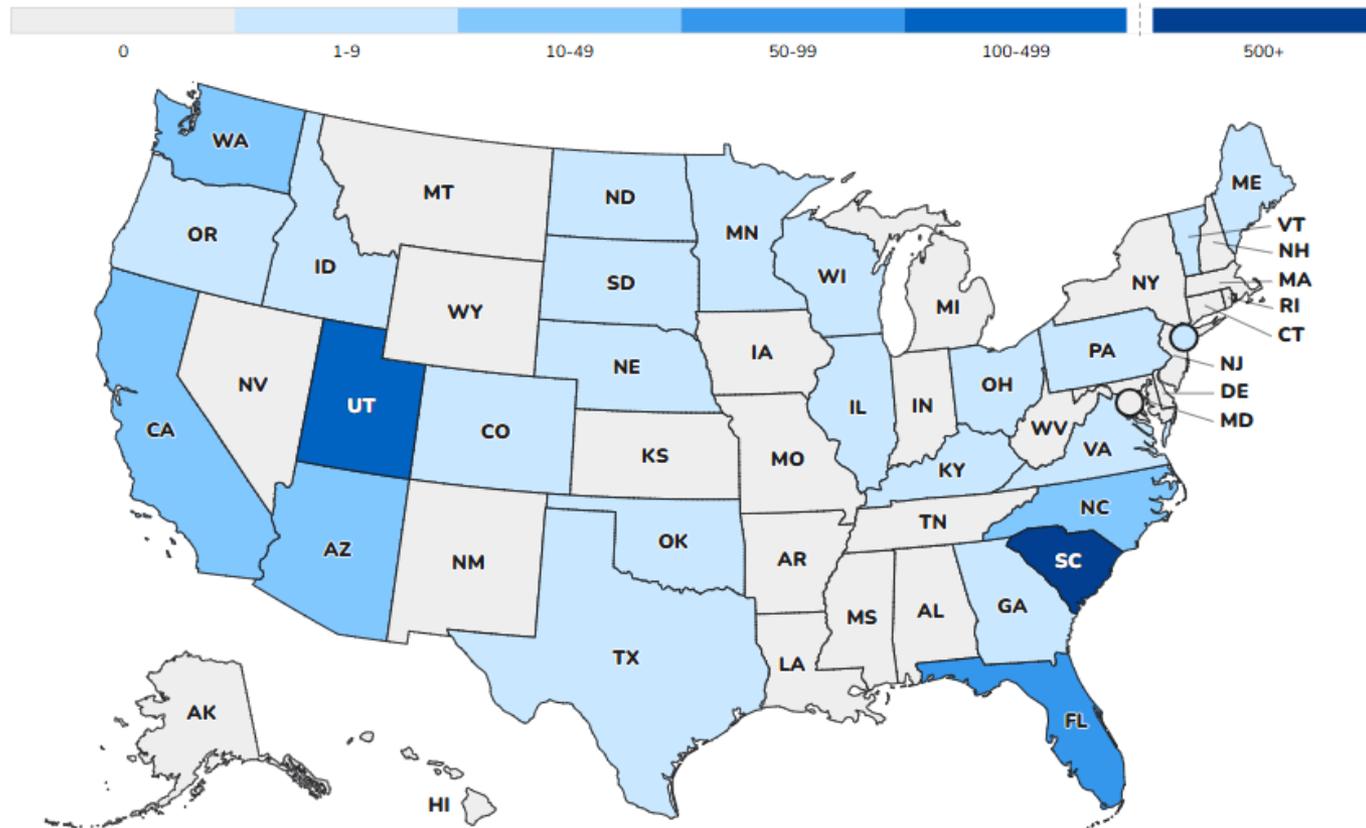
National Measles Update

As of February 19, 2026

	2026 To date	2025 Full year
Total Cases	982	2281
Age		
Under 5 years	248 (25%)	584 (26%)
5-19 years	575 (59%)	1012 (44%)
20+ years	152 (15%)	672 (29%)
Age unknown	7 (1%)	13 (1%)
Vaccination Status		
Unvaccinated or Unknown	94%	93%
One MMR dose	3%	3%
Two MMR doses	4%	4%

Map of Measles Cases in 2026

As of February 19, 2026



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

South Carolina Measles Outbreak

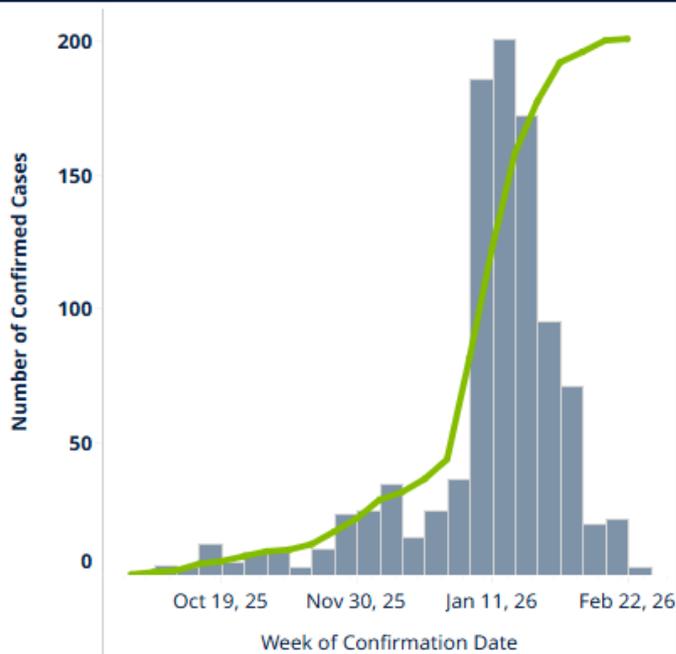
Date last updated: February 24, 2026

Total Cases

979

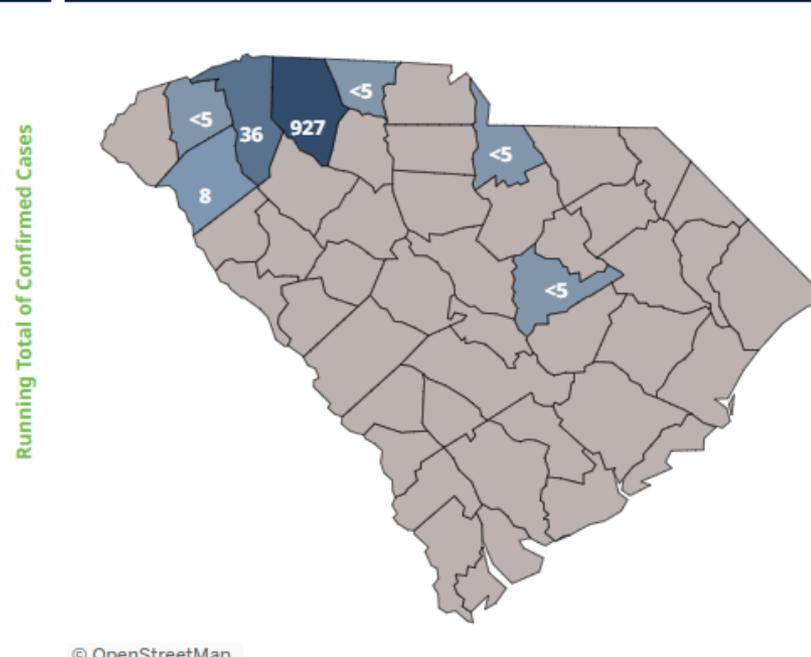
Measles Cases, by Confirmation Week

Number of Confirmed Cases



Measles Cases, by County

Number of Confirmed Cases



<https://dph.sc.gov/diseases-conditions/infectious-diseases/measles-rubeola/measles-dashboard>

North Carolina Measles Metrics

Last updated: Feb. 24

Data current as of: 5 p.m. Feb. 23

Updated twice weekly on Tuesdays and Fridays by NCDHHS at approximately noon.

23

Number of Cases Since
December 2025

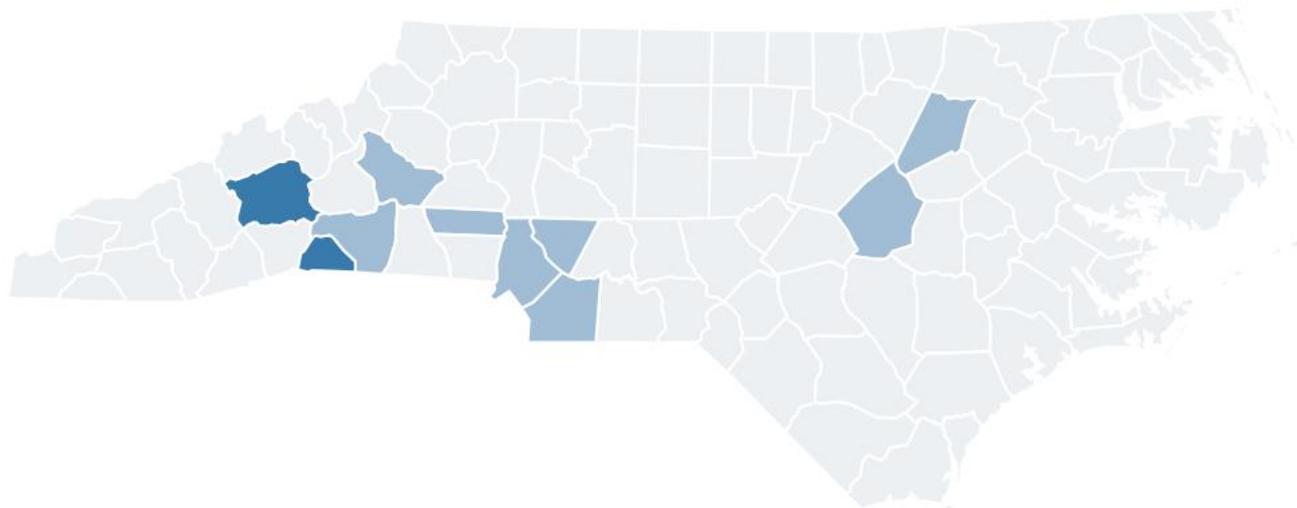
1

Newly Reported Cases
Cases reported since last update

1

Total Cases Hospitalized Since
December 2025

Cases by County



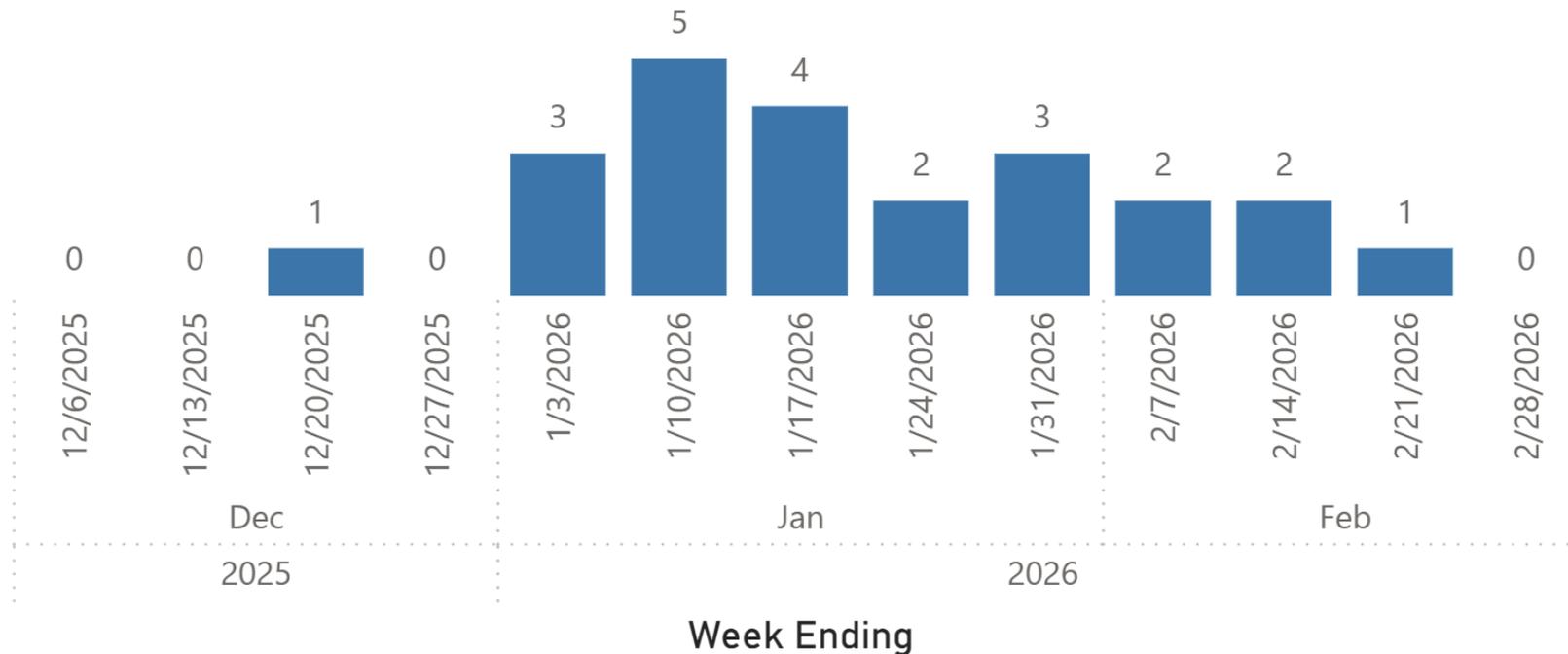
[Text Version](#) | [Export Map Data](#) 

<https://www.dph.ncdhhs.gov/programs/epidemiology/communicable-disease/infectious-respiratory-diseases/measles-rubeola/measles-cases-and-outbreaks-north-carolina>

NC Measles Cases by Week Symptoms Began

Number of Cases

By Date Symptoms Began



<https://www.dph.ncdhhs.gov/programs/epidemiology/communicable-disease/infectious-respiratory-diseases/measles-rubeola/measles-cases-and-outbreaks-north-carolina>

NC Exposure Locations

- Exposure locations are listed alphabetically by county
- Locations for each county are then listed by monitoring period
- They are updated more frequently than the case numbers, once each location and time has been confirmed with the local health department

County	Location and Time of Exposure
Buncombe County	MAHEC Family Health 123 Hendersonville Road, Asheville 2:45-7:30 p.m. Feb. 6 Monitor for symptoms until Feb. 27
	Novant GoHealth Urgent Care 349 New Leicester Highway, Asheville 12-3:45 p.m. Feb. 4 Monitor for symptoms until Feb. 25
	The Inn on Biltmore Estate 1 Antler Hill Road, Asheville 9:30 a.m. to 4:40 p.m. Feb. 3 Monitor for symptoms until Feb. 24
	Goodwill - Tunnel Road 86 S. Tunnel Road, Asheville 12:45-3:30 p.m. Feb. 3 Monitor for symptoms until Feb. 24
	Goodwill - Mills Gap 51 Mills Gap Road, Asheville 11 a.m. to 2:30 p.m. Feb. 3 Monitor for symptoms until Feb. 24 <i>More details: Buncombe County news releases</i>
Durham County	Plato's Closet 8128 Renaissance Parkway, Durham 12:45-4 p.m. Feb. 6 Monitor for symptoms until Feb. 27
	Chubby's Tacos 4711 Hope Valley Road, Durham 11:45 a.m. to 2:30 p.m. Feb. 6 Monitor for symptoms until Feb. 27

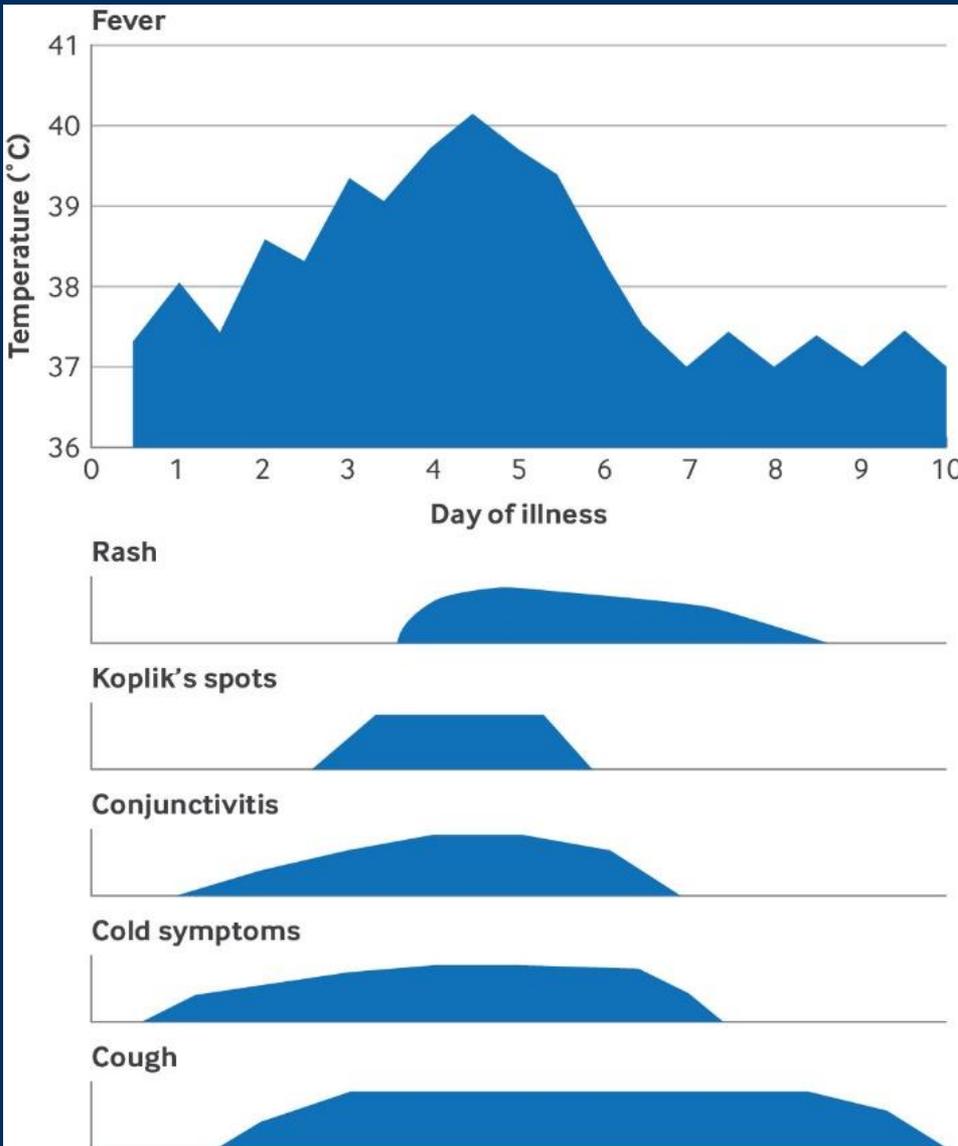
<https://www.dph.ncdhhs.gov/programs/epidemiology/communicable-disease/infectious-respiratory-diseases/measles-rubeola/measles-exposure-locations>

Measles Clinical Diagnosis Resources:

[CDC Clinical Overview
Video](#)

[NCDHHS Provider Webinar
January 9, 2026](#)

[AAP Think Measles](#)



<https://www.bmj.com/content/388/bmj-2024-079895>

Suspect Measles Considerations

1. Immune Status

- Shot record, other evidence of immunity?
- Vaccine effectiveness

2. Clinical Presentation

- Onset date of each symptom
- Presentation of rash
- Other potential causes of rash, other lab results

3. Epidemiology

- Demographics, travel, employment, activities, school, congregate settings



Measles Differential Diagnosis

Providers should consider other infectious and non-infectious etiologies that may cause fever and generalized rash, including:

- Rubella, Scarlet fever, Roseola infantum, Kawasaki disease, Parvovirus B19 (Fifth Disease), Coxsackievirus, Echovirus, Epstein-Barr virus, HIV, Pharyngoconjunctival fever, Influenza
- Dengue, Rocky Mountain spotted fever, Zika virus
- Toxic Shock Syndrome, cutaneous syphilis
- Drug reactions (e.g., antibiotics, contact dermatitis)
- Dermatologic manifestations of viral hemorrhagic fevers

<https://publications.aap.org/pediatriccare/article/doi/10.1542/aap.ppcqr.396516/201495/Measles>

Vaccine Reactions

MMR is a live-attenuated vaccine

- Measles virus can be detected in respiratory samples and urine after vaccination
- Standard PCR test cannot distinguish between vaccine and wild-type measles
- MeVA testing can be coordinated through the SLPH

Frequency	Reaction	Timing
5-15%	Temperatures 103F (39.4C) or higher	7-12 days after vaccination lasting 1-2 days
~5%	Transient rash	7-10 days after vaccination

https://www.cdc.gov/pinkbook/hcp/table-of-contents/chapter-13-measles.html#cdc_report_pub_study_section_10-vaccine-safety

Early MMR Vaccine for Infants 6-11 months

- Early vaccination **may be considered** for
 - Infants living in counties with sustained community transmission
 - Infants in nearby areas with likely exposure risk
 - Infants planning travel internationally or to U.S. areas with known outbreaks

- Areas in North Carolina with possible community transmission
 - Buncombe County
 - The Charlotte Metropolitan: Cabarrus, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Union

SOURCE: <https://www.dph.ncdhhs.gov/programs/epidemiology/communicable-disease/measles/providers#early>

Early MMR Considerations

- Providers should weigh benefits of early protection vs. slightly lower immune response in younger infants.
 - Infants younger than 12 months are at highest risk for severe complications.
- **Efficacy concerns:** Data suggest many infants may not derive high levels of protection from this early dose, possibly due to maternal antibodies blunting the immune response.
- **Long-term immunity:** There is some evidence that children who receive an early dose may experience a more rapid decay of antibody titers later in life, potentially resulting in lower overall protection as adults.

Early MMR Considerations

- An early dose of MMR (prior to 12 months) does not count toward the primary series. The child will still require the standard two doses starting at or after 12 months of age
- Maintain clear documentation of all doses
- VFC MMR can be used for the early dose for VFC-eligible infants

Follow **Standard and Airborne Precautions** for patients with known or suspected measles

- <https://www.cdc.gov/infection-control/hcp/measles/index.html>



Wash hands and wear gloves



Wear fit-tested N95 or higher mask



Wear a gown



Wear eye protection

Measles Testing

Testing is not routinely recommended without a febrile rash illness

Testing prior to rash onset could result in a false negative result, but may be considered in contacts or other situations

Detection of measles RNA is most successful when specimens are collected on the **first day of rash through the 3 days following onset of rash**. Detection of measles RNA by rRT–PCR may be successful as late as 10–14 days after rash onset.

Interpretation of serologic tests can be difficult, so it is always preferred to have a PCR test paired with serology

<https://www.cdc.gov/measles/php/laboratories/index.html#:~:text=Detection%20of%20measles%20RNA%20is,contact%20with%20a%20suspected%20case.>

Testing

Measles Testing Process



Please notify your Local Health Department **as soon as measles is suspected** regardless of where testing is performed



Approval for testing at the State Laboratory of Public Health is based on risk assessment

Immunization status
Clinical presentation
Epidemiologic risk
(exposures, travel)

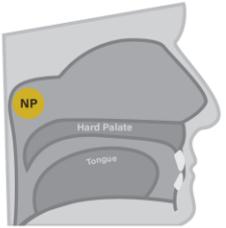


Testing for measles at the State Laboratory of Public Health must be **pre-approved** by the Communicable Disease Branch through Epi-on-call at 919-733-3419



Commercial / Clinical laboratory testing is available if testing is not approved at the State Laboratory of Public Health. Contact laboratory for specimen collection and storage requirements.

Measles Testing - NCSLPH

Specimen Types	Test Type	Collection	Storage
 <p>Nasopharyngeal</p>	PCR	<p>Viral Transport Medium Universal Transport Medium Universal Viral Transport Medium</p>	<p>2-8°C for 72 hours <-70°C for longer</p>
 <p>Urine</p>		<p>Clean catch 10 – 50 mLs in a sterile cup</p>	<p>2-8°C for 72 hours Do NOT freeze</p>
 <p>Serum</p>	IgM Serology	<p>2 – 3 mLs in plastic screw-capped vial</p>	<p>2-8°C for 48 hours <-70°C for longer</p>

- Preapproval required
- NCSLPH will contact provider to coordinate specimen transport after approval
- Do not use expired transport media
- Additional reference testing available (MeVA testing for vaccine strain)

North Carolina State Laboratory of Public Health (NCSLPH) Specimen Collection and Shipment Guidance

<https://slph.dph.ncdhhs.gov/>

Measles Specimen Collection and Shipment

NORTH CAROLINA STATE LABORATORY OF PUBLIC HEALTH

The NC Department of Health and Human Services, Division of Public Health, Communicable Disease Branch must approve testing for measles at the North Carolina State Laboratory of Public Health (NCSLPH) prior to specimen collection. All measles specimens submitted to the NCSLPH must meet the testing criteria. This measles guidance applies only to testing at the NCSLPH. Contact the NCDHHS, Division of Public Health, Communicable Disease Branch (919-733-3419, available 24/7) immediately if measles is suspected. Contact NCSLPH (919-733-3937) for testing guidance prior to specimen collection.

STEP ONE: Specimen Collection (Symptomatic Patients)

Real-Time PCR (RT-PCR) Detection of Measles

Acceptable specimen types: Nasopharyngeal (NP) swabs in liquid transport media AND urine.

1: Nasopharyngeal Swabs

- Swabs must be synthetic tipped, sterile swab of appropriate size with an aluminum or plastic shaft
- ALL specimens for testing at NCSLPH must be collected in either Viral Transport Media, Universal Viral Transport, or Universal Transport Medium (VTM, UVT, UTM).**
 - Dry swabs or swabs submitted in media other than VTM, UTM, or UVT will be rejected.
- Store NP swabs at 2-8 °C for up to 72 hours after collection / Freeze at <- 70 °C for longer storage



2: Urine

- Submit 10-50 mLs in a sterile cup
- Store urine at 2-8 °C for up to 72 hours after collection. **DO NOT freeze urine.**



NOTE: SLPH prefers to receive both NP swab and urine from symptomatic patients; however, NP swab can be submitted without a paired urine specimen.

<https://www.cdc.gov/media/releases/2019/s0919-measles-nasopharyngeal-swabs.html>

Measles-specific IgM Serology Testing

Acceptable specimen type - serum only; 2-3 mLs in a plastic screw-capped vial.

- Store serum at 2-8 °C for up to 48 hours after collection/ freeze at <- 70 °C for longer storage
- Serum specimens may be submitted with specimens for RT-PCR testing



For a demonstration on how to collect a nasopharyngeal (NP) swab correctly, please watch [this](#) video from the New England Journal of Medicine.

NOTE: Detection of measles-specific IgM antibodies is optimal >3 days from onset of rash.

STEP TWO: Specimen Labeling & Submitting Forms

Label Specimens Completely

- Specimen Type
- Patient first and last name
- Patient date of birth
- Date of specimen collection

Call NCSLPH Customer Service at 919-733-3937 for any questions related to specimen collection, storage, and shipment. After business hours, please contact the BTEP duty phone at 919-807-8600.

Fill Out Specimen Submission Forms Completely

- [Virology submission form](#) for RT-PCR (Swabs/Urine)
- [Special Serology submission form](#) for measles IgM serology testing

STEP THREE: PACKAGE & SHIP

Local Health Departments (LHDs) can order specimen collection supplies and packaging/shipment supplies online from the [NCSLPH online supply ordering system](#).

Depending on the testing prioritization, specimens may be sent to NCSLPH using either DOA Medical Courier OR private commercial courier (DASH, FedEx, UPS):

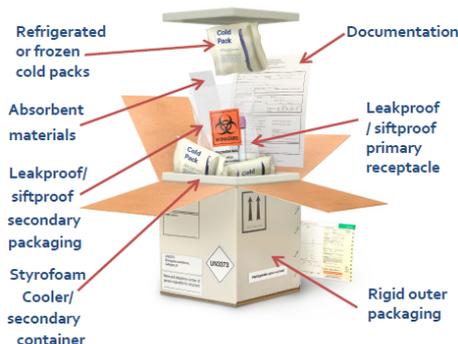
- LHDs utilizing **NCDOA Medical Courier** for specimen shipment, continue packaging according to [current NCSLPH guidelines](#).



Scan the QR code to watch a [tutorial](#) on NCSLPH shipping guidelines.

- If shipping with **UPS, FedEx, or other courier services**, specimens must meet **Category B, UN3373 requirements**.

Category B



Label the package completely:

Attention: Virology/Serology Unit
North Carolina State Laboratory of Public Health
4312 District Drive
Raleigh, NC 27607-5490

Specimens must be shipped on frozen ice packs and received cold (2-8 °C) within the specified time from collection, depending on the specimen type:

- Swabs and urine received cold within 72 hours of collection. NP swabs can be frozen and shipped on dry ice if received >72 hours from collection
 - Urine cannot be frozen
- Serum specimens must be received cold within 48 hours of collection. Serum can be frozen and shipped on dry ice if received >48hrs from collection

RESULTS REPORTING

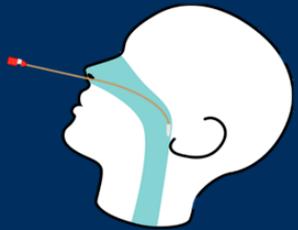
Results are posted electronically to the NCSLPH [Clinical and Environmental Lab Results](#) website associated with the submitter's EIN number

OR

[NCSLPH Lab Web Portal \(LWP\)](#) - for areas that have access to the LWP



Are you prepared to collect specimen for measles testing?



Communicate with commercial or other clinical laboratory for measles specimen collection and handling requirements as they may differ from NCSLPH

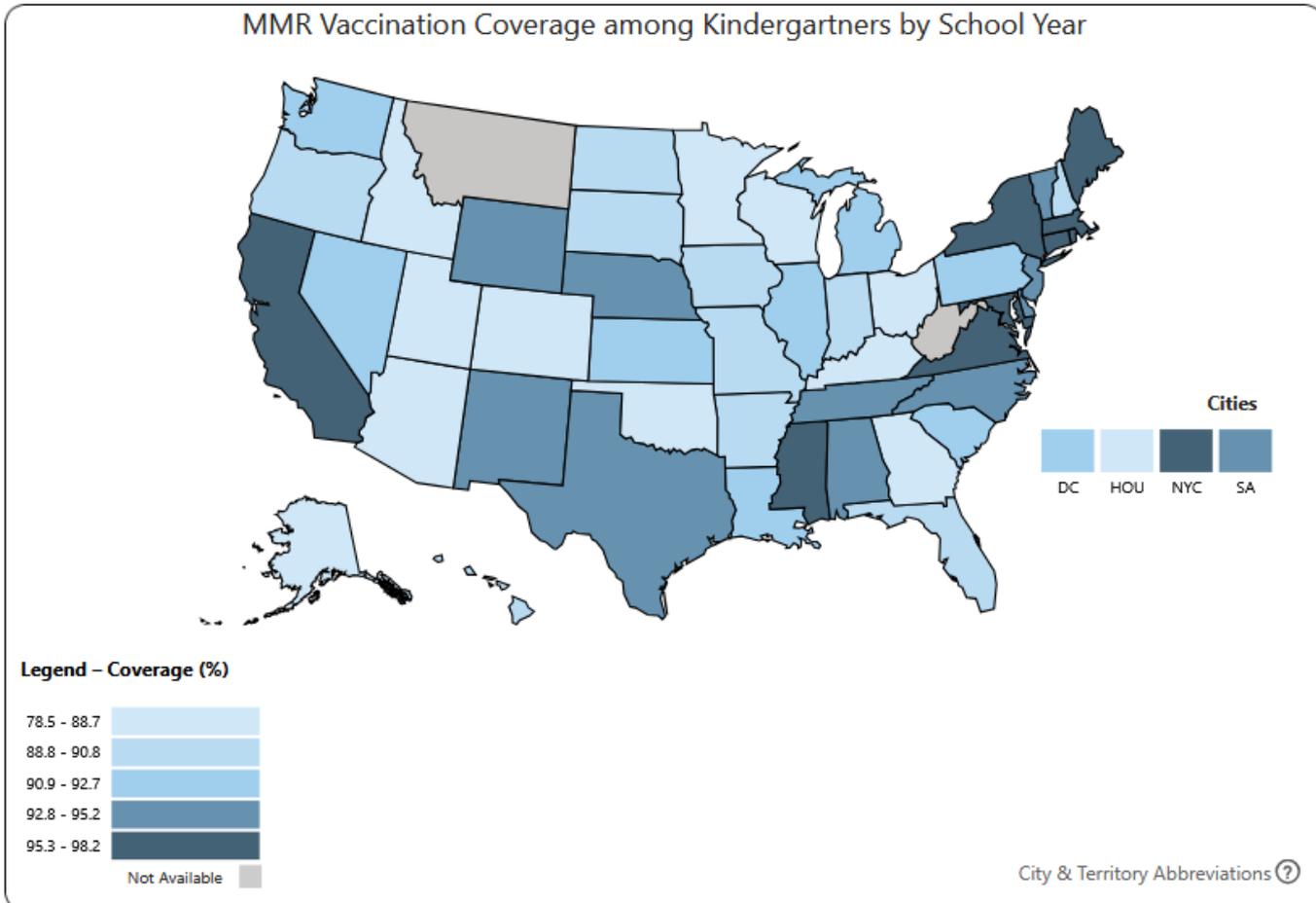
Ensure materials are on hand for specimen collection and transport, including insulated Category B shipping materials, if needed.

Measles specimen collection kits for testing at the NCSLPH have been distributed to Local Health Departments

If needed, Local Health Departments can assist with collection and transport materials for approved testing at NCSLPH

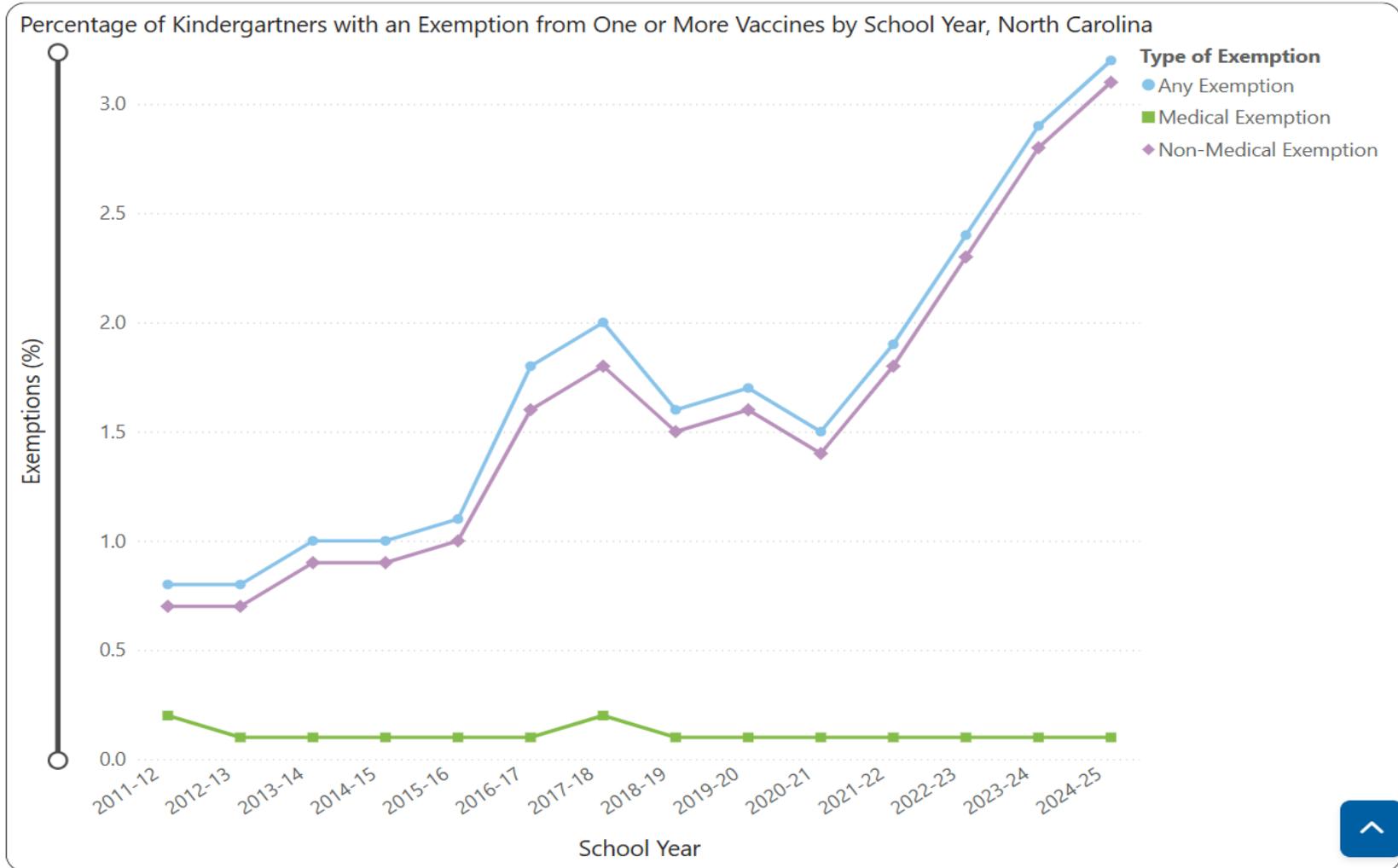
Measles Immunizations

94% of kindergarteners in NC were up to date on MMR in fall 2024



CDC SchoolVax: <https://www.cdc.gov/vaccines/imz-managers/coverage/schoolvaxview/data-reports/index.html>

NC kindergarten exemptions have been **increasing** over the last 5 years



CDC SchoolVax: https://www.cdc.gov/schoolvaxview/data?CDC_AAref_Val=https://www.cdc.gov/vaccines/imz-managers/coverage/schoolvaxview/data-reports/index.html

MMR Vaccine- Routine Administration- Children



2 doses of measles-containing vaccine as part of routine childhood immunization schedule

First dose at 12-15 months of age

Second dose at 4-6 years of age



Children can receive the second MMR dose earlier than 4-6 years (at least 28 days after the first dose). If using MMRV, doses must be separated by at least 3 months up to 12 years of age.



If choosing to vaccinate earlier than 4-6 years for the second dose, consider risks versus benefits, including earlier waning of mumps immunity.

MMR Vaccine- Routine Administration- Adults



One Dose

Adults born on or after 1957



Two Doses

Students at post-high school educational institutions

Healthcare personnel

Household and close contacts of immunocompromised persons

People with HIV without evidence of severe immunosuppression

Groups at increased risk due to an outbreak (defined by local and state public health)

Presumptive Evidence of Immunity

**Written documentation of adequate vaccination
(MMR or single antigen measles vaccine)**

Laboratory confirmation of disease

Laboratory evidence of immunity

Birth before 1957*

*For unvaccinated health care personnel born before 1957 that lack laboratory evidence of measles immunity or laboratory confirmation of disease, health care facilities should consider vaccinating personnel with two doses of MMR vaccine at the appropriate interval.

<https://www.cdc.gov/vaccines/pubs/surv-manual/chpt07-measles.html>

Inactivated Measles Vaccine (1963-1967)

Adults who received this type of vaccine, or do not know what type of vaccine they received between 1963–1967, should receive 1 or 2 doses of current MMR vaccine.



MMR Effectiveness

One dose of MMR vaccine is:

- 93% effective against measles
- 72% effective against mumps
- 97% effective against rubella

Two doses of MMR vaccine are:

- 97% effective against measles
- 86% effective against mumps

NCDHHS Childhood Vaccines Toolkit

- Designed to help health care providers and families start a conversation about childhood vaccines.
- The **Childhood Vaccines toolkit** includes clear, accurate information you can share with families to support vaccine conversations. The toolkit includes:
 - **Talking Points** for providers with research-based best practices to connect with parents
 - **Fact sheets, rack cards, posters, and social media graphics** with important information on vaccines and vaccine-preventable diseases for providers to share with families
 - **Customizable email template** for partners to help share information with communities on vaccines and vaccine-preventable diseases
- Visit **[VaccinesForKids.nc.gov](https://www.vaccinesforkids.nc.gov)** to access downloadable toolkit materials in **English and Spanish** and **updated webpages** with easy-to-understand information on childhood vaccines.



Measles Immunity Tool

Check Your Immunity to Measles

[Versión en español](#)

Take this quiz to find out if you are considered immune to [measles](#) and to get guidance based on your responses. *(Your responses are not recorded.)*

This self-guided tool is for educational and information purposes only. It is not meant to replace medical advice from your health care provider. Your provider is your most trusted source of information about measles immunity.

Get started:

I am checking measles immunity for:

- A child younger than 18 years old
- An adult 18 years old or older

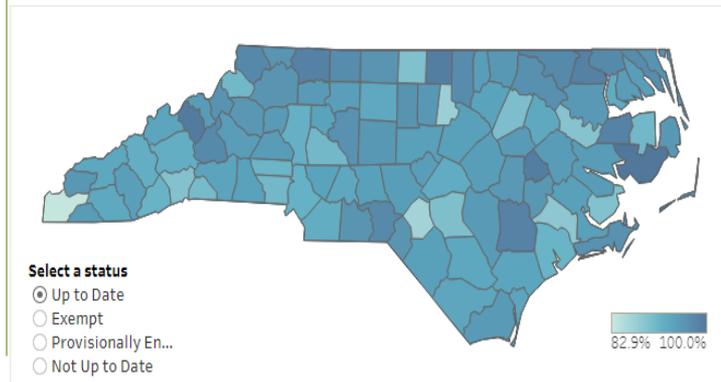
Kindergarten Immunization Dashboard

Key Features:

- Access up-to-date information on immunization coverage and trends over the previous three years.
- Generate reports for specific schools or counties.
- View immunization data at the state, county and school levels.

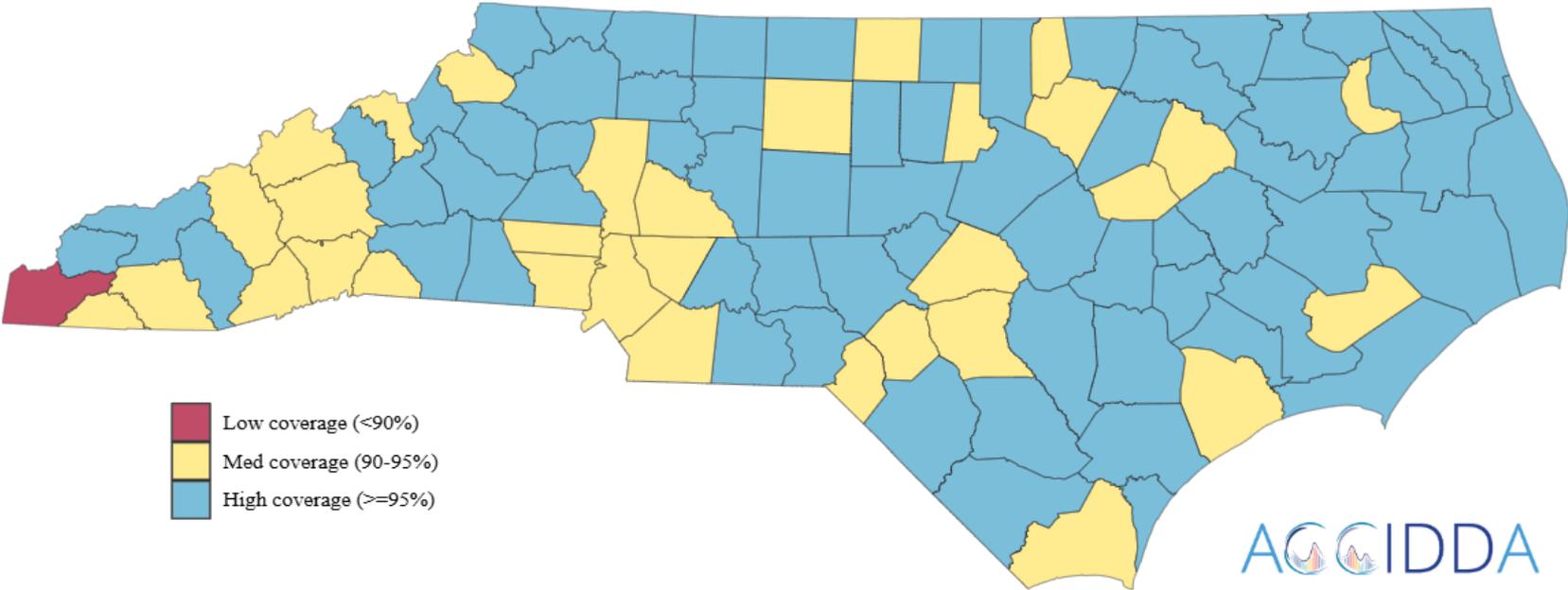
Find the [Dashboard](#) on the Schools section of the Immunization Branch website.

Kindergarteners with Up to Date status by County in 2022



Measles Vaccination Data Dashboard

County-level vaccination coverage estimates based on K-5 vaccination rates



Post-Exposure Prophylaxis

Post Exposure Prophylaxis (PEP)

People exposed to a confirmed case of measles who do not have evidence of immunity may be eligible for post-exposure prophylaxis (PEP).

MMR Vaccine

Can be given within **72 hours** after an exposure

If MMR is received within the recommended timeframe, contacts can return to normal activities immediately

Immune globulin (IG)

Can be given within **6 days** of an exposure

IG may not prevent measles, but rather prolong symptom onset and lessen symptom severity

Measles PEP for Non-Symptomatic Susceptible Contacts

Recommended Dose and Timing of Measles PEP (see footnotes 1-5)

Risk Factor	Time from First Exposure If no PEP given, home quarantine for 21 days	
	Less than 72 hours	72 hours through day six
Infant less than 6 months old ¹	Give intramuscular IG (IMIG): 0.5 ml/kg (max dose = 15 mL) Home quarantine for 28 days	Give IMIG: 0.5 ml/kg IM (max dose = 15 mL) Home quarantine for 28 days
Infant 6 through 11 months old ^{1,2}	Give MMR vaccine if no contraindications No quarantine needed	Give IMIG: 0.5 ml/kg IM (max dose = 15 mL) Home quarantine for 28 days
Susceptible pregnant woman ³	Give intravenous IG (IVIG): 400 mg/kg Home quarantine for 28 days	Give IVIG: 400 mg/kg Home quarantine for 28 days
Severely immunocompromised ^{3,4} (Regardless of immune status)	Give IVIG: 400 mg/kg Home quarantine for 28 days	Give IVIG: 400 mg/kg Home quarantine for 28 days
Susceptible close contact ⁵ over 1 year old	Give MMR vaccine if no contraindications No quarantine needed	Not generally recommended for healthy individuals over 1 year old

<https://www.dph.ncdhhs.gov/epidemiology/preparedness-and-response/measles-post-exposure-prophylaxis-pep-non-symptomatic-susceptible-contacts/download?attachment>

PEP Access and Procurement

- **Providers can be prepared by having doses of MMR and IG on-hand**
 - Even one vial could be beneficial to starting a response
- **Contact your distributors to purchase IG**
 - GamaSTAN® (IMIG) available in 2mL and 10mL single dose vials
 - Multiple IVIG products on the market can be used as measles PEP
- **Have discussions with your Local Health Department and other providers in your jurisdiction around local IG access and administration**

Example Local IVIG Planning Considerations

- **What locations within your jurisdiction have IVIG inventory and the capability to administer IVIG safely?**
- **Are these locations willing and able to accept patient referrals for IVIG from LHDs and other community providers? What if the individual has never been seen by that health system before?**
- **Is there a centralized process for LHDs and other community providers to refer patients to these IVIG locations?**
- **Are “hospital at home” or community paramedic programs, capable of administering IVIG in a patient’s home, available in your jurisdiction?**

NCDHHS IMIG Inventory for Emergency Use

- **NCDHHS maintains a limited emergency supply of IMIG**
 - 20 vials (13 x 2mL & 7 x 10mL)
 - Available for request when local supplies are not available in sufficient time or quantity
 - Contact CDB Epi On-Call: 919-733-3419
- **Any IMIG distributed from the state emergency cache will be provided at no cost**
 - In these instances, providers cannot bill an individual's insurance for the cost of the medication

Immune Globulin (IG) Fact Sheet

WHAT IS Immune Globulin (IG)?

Antibodies are proteins that help your body fight infections.



Immune globulin (IG) is a medicine that can quickly provide antibodies to someone who may not have them. IG can be given to some people who have been exposed to measles. IG does not prevent measles completely, but it can help stop you from getting very sick.

Usually, IG is given to people who cannot get the **Measles Mumps Rubella (MMR)** vaccine and have been exposed to measles. Most people can get the MMR vaccine but some people cannot.

People who **can't** get an MMR vaccine are those who are:



pregnant (but breastfeeding women can get the vaccine).

younger than **6 months of age**



immunocompromised (have a weak immune system) or have other medical reasons.



If you got IG today, you should wait at least **6 months** before getting the MMR vaccine.



IG is not a vaccine, and it does not give you long-lasting protection against measles.



Most people have **no reactions** to IG, or the side effects are very mild.

Ask your doctor or nurse if you have other questions.



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Public Health

<https://www.dph.ncdhhs.gov/>

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Treatment

Treatment

- **No specific antiviral therapy**
- **Medical care is generally supportive, to help relieve symptoms**
- **Vitamin A**
 - **Does NOT prevent measles; not a substitute for vaccine**
 - **Overuse can cause toxicity**
 - **May be administered to infants and children under the supervision of a healthcare provider as part of supportive management**
 - **Should be administered to children with severe measles, such as those who are hospitalized**

Measles (Rubeola)

Defend Yourself with the MMR Vaccine



Quiz: Check Your Immunity

Find out if you're protected

What You Need to Know

- Measles is very contagious and can be dangerous, especially for babies and children.
- The MMR vaccine is the best way to protect yourself, your loved ones and community.
- Traveling in- or out-of-state? Talk with your health care provider about vaccination.

Looking for your vaccine record? [Tips for locating your records](#)

Where to Get the Vaccine

Check with your health care provider. If you're uninsured or underinsured, find no- or low-cost vaccines near you:

- No-cost vaccines for eligible children: [Vaccines for Children](#)
- Contact your [local health department](#)
- Find a [federally qualified health center](#)



NC Measles Cases Dashboard



NC Exposures Locations



What to Do If You Were Exposed



Symptoms / How It Spreads

Defend Yourself with the MMR Vaccine

What You Need to Know

Where to Get the Vaccine

Frequently Asked Questions

What is a measles exposure?

What if my business/organization has a measles exposure?

Can I still get measles if I've been vaccinated?

Resources and Guidance



Download/Share Fact Sheets and More



For Local Health Departments / Health Care Providers



For Child Care, Schools and Universities

Provider Resources



Shareable Materials



Join Our Provider Listserv!



<http://eepurl.com/jApEMl>