



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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To: North Carolina Clinicians
From: Zack Moore, MD, MPH, State Epidemiologist
Subject: First 2025 Measles Case in North Carolina
Date: June 26, 2025

Background

On June 24, 2025, NC DHHS confirmed the [first measles case in North Carolina in 2025](#). This memo is intended as a reminder for North Carolina clinicians about measles reporting, testing, and vaccination.

Prompt recognition, reporting, and investigation of measles cases is important because spread of the disease can be limited with early case identification and vaccination or quarantine of susceptible contacts.

Recommendations

Clinicians should consider measles in anyone presenting with a compatible febrile rash illness and epidemiologic risk factors including:

- Any international travel
- Domestic travel through an international airport
- Travel to a region reporting a recent case*

Based on the case recently identified in North Carolina, measles should be considered in people with a compatible illness with onset within 21 days of being present at any of the locations below during the timeframes indicated:

Date/Time	Location
Thursday, June 19 from 11:30 p.m. to Friday, June 20 at 1:30 a.m.	PTI Airport in Greensboro
Thursday, June 19 from 11:30 p.m. to Friday, June 20 at 2:50 p.m.	Sleep Inn, 1406 Heartland Dr., Kernersville
Friday, June 20 from 5:15 p.m. to Saturday, June 21 at 11:35 a.m.	Sleep Inn, 1406 Heartland Dr., Kernersville
Saturday, June 21 from 5:30 p.m. to Sunday, June 22 at 12:20 p.m.	Sleep Inn, 1406 Heartland Dr., Kernersville
Morning of Friday, June 20	McDonalds, 14000 Heartland Dr., Kernersville

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH

LOCATION: 5605 Six Forks Road, Building 3, Raleigh, NC 27609
MAILING ADDRESS: 1931 Mail Service Center, Raleigh, NC 27699-1931
www.ncdhhs.gov • TEL: 919-707-5000 • FAX: 919-870-4829

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Friday, June 20 from 1:30-6:15 p.m.	Greensboro Science Center, 4301 Lawndale Dr., Greensboro
Friday, June 20 from 4:40-5 p.m.	Ice cream shop at the Piedmont Triad Farmers Market, Greensboro
Saturday, June 21 from 10 a.m. to 12:05 p.m.	Greensboro Aquatic Center Foyer, 1921 W. Gate City Blvd., Greensboro
Saturday, June 21 from 10:15 a.m. to 1:20 p.m.	Greensboro Partee Shack, 3712 S. Holden Rd., Greensboro
Saturday, June 21 from 4:50-7:10 p.m.	Lowes Foods, 240 Market View Dr., Kernersville

*At this time, presence in Forsyth or Guilford Counties is not considered a risk factor for measles with the exception of the locations and times listed above. Find updated information on the [NC DHHS Measles Page](#).

- **Contact the state Communicable Disease Branch (919-733-3419; available 24/7) or your [local health department](#) immediately if measles is suspected.**
- **Immediately implement airborne isolation precautions for any patient with suspected or confirmed measles.** Rooms that have been occupied by a suspected or confirmed measles patient should not be used for two hours after the patient leaves.
- **Patients with suspected measles should be instructed to isolate, pending testing results, and should be kept on airborne isolation if hospitalized.**
- **Notify EMS and/or the receiving facility** prior to transporting or referring patients with suspected or confirmed measles to avoid additional exposures.

Only health care personnel with documented immunity to measles (written documentation of two doses of measles containing vaccine, laboratory evidence of immunity, or documented history of disease) should provide care for patients with suspected or confirmed measles.

Healthcare personnel without evidence of immunity who are exposed to measles should be offered the first dose of MMR vaccine and excluded from work from day 5 after the first exposure to day 21 following their last exposure.

Keep records of anyone who may have been exposed (e.g. other patients in the waiting room) and if possible, prevent exposures by making alternate testing arrangements (e.g. testing outside, using an alternate entrance, or bringing the patient in as the last patient of the day).

Vaccination

Vaccination with measles, mumps, and rubella (MMR) vaccine is the best way to protect against measles. One dose of measles-containing vaccine administered at age ≥ 12 months is approximately 93% effective, and 2 doses of measles-containing vaccine are $\geq 97\%$ effective.

All individuals older than 6 months without presumptive evidence of immunity who are planning to travel internationally or to areas with known outbreaks domestically should receive MMR vaccine prior to departure.

- Infants aged 6 through 11 months should receive one dose of MMR vaccine before departure. Infants who receive a dose of MMR vaccine before their first birthday should receive two more doses after their first birthday, separated by at least 28 days.
- Individuals 12 months or older without presumptive evidence of measles immunity should receive two doses of MMR vaccine, separated by at least 28 days, before departure.

Presumptive evidence of measles immunity includes:

- Written documentation of one or more doses of a measles-containing vaccine** administered on or after the first birthday for pre-school age children and adults not at high risk
- Birth before 1957 for adults not at high risk
- Written documentation of two doses of measles-containing vaccine** separated by at least 28 days for school-age children and adults at high risk including college students, healthcare personnel, and international travelers
- Laboratory evidence of immunity
- Laboratory confirmation of disease

**A small number of adults vaccinated between 1963-1967 received an inactivated measles vaccine. Adults who received inactivated vaccine, or who do not know what type of vaccine they received between 1963-1967, should receive 1 or 2 doses of MMR vaccine.

Healthcare providers and health departments should not accept verbal reports of vaccination or history of disease; written documentation is required for evidence of immunity.

Providers can utilize the North Carolina Immunization Registry (NCIR) to assess MMR coverage of their eligible patient population and offer vaccine to those who are not up-to-date or whose MMR status is unknown.

Clinicians should offer MMR vaccine to all unvaccinated patients who are eligible for vaccine and discuss the importance of MMR vaccine with parents. Parents consider their child's healthcare professionals to be their most trusted source of information when it comes to vaccines; you have a critical role in helping parents protect their children.

Post-Exposure Prophylaxis

Persons without presumptive evidence of immunity and certain high-risk individuals who are exposed to a confirmed case of measles are recommended to receive post-exposure prophylaxis (PEP).

- MMR vaccine is recommended as PEP for individuals over six months of age with no contraindications to vaccination if it can be given within 72 hours of first exposure.
- Immune Globulin (IG) is recommended within 6 days of exposure for persons who are at high risk for complications, including:
 - Infants less than 12 months of age (if MMR not received)
 - Pregnant persons without evidence of measles immunity
 - Severely immunocompromised persons (regardless of immunologic or vaccination status)

Vaccine should not be administered within 6 months of administration of IG. Do not administer MMR vaccine and IG at the same time, as this will invalidate the vaccine.

Susceptible individuals who do not receive MMR within 72 hours of first exposure must quarantine for 21 days following the last day of exposure. Individuals who receive IG must quarantine for 28 days following the last day of exposure.

Laboratory

Detection of measles virus RNA via polymerase chain reaction (PCR) and measles-specific IgM antibody are the most common methods for confirming measles infection. Real Time PCR (RT-PCR) detection of measles virus is most successful ≤ 3 days from rash onset and may be successful up to 10-14 days after onset. Detection of measles-specific IgM serology is optimal >3 days from rash onset.

Contact the Communicable Disease Branch (CDB) (919-733-3419; available 24/7) or your [local health department](#) to discuss testing at the North Carolina State Laboratory of Public Health (NCSLPH). Testing through the NCSLPH is available with prior approval from the CDB. **CDB or your local health department must be notified immediately on suspicion of measles, regardless of location of testing.**

For measles testing at the NCSLPH, please see the NCSLPH [Measles Specimen Collection and Shipping Guidance](#) on the laboratory's [website](#). Contact the NCSLPH Customer Service at 919-733-3937 for any questions related to specimen collection, storage, and shipment.

Examples of measles virus testing available at some commercial laboratories are below. Providers should contact individual commercial laboratories for more information or with questions about specimen collection and handling requirements. Turnaround times vary for these commercial laboratories.

- LabCorp
 - [140470: Measles \(Rubeola\), PCR, Swab](#)
 - [140515: Measles \(Rubeola\), PCR, Urine](#)
 - [160178: Measles \(Rubeola\) Antibodies, IgM](#)

- [160077: Acute Measles Panel, IgM Antibody and PCR](#)
- Quest Diagnostics
 - [Measles \(Rubeola\) Virus, Qualitative Real-Time PCR, Nasopharyngeal/Throat](#)
 - [Measles Antibody \(IgM\)](#)
- MAKO Medical Laboratories
 - [Measles \(Rubeola\) Ab IgM](#)

Additional information

[NCDHHS measles page](#)

[North Carolina Kindergarten Immunization Dashboard](#)

[Measles cases and outbreaks in the U.S.](#)

[Measles information for healthcare providers](#)

[Think Measles Clinician Job Aid](#)

[Provider resources for vaccine conversations](#)