



catawba county
MAKING. LIVING. BETTER.

MEASLES INFORMATION

FOR HEALTH CARE SETTINGS

MARCH 24, 2026

LED BY JENNIFER MCCRACKEN, RN, BSN, MPA

TODAY'S AGENDA

Welcome: Billy Price, MD

Introduction: Catawba County Public Health Director,
Jennifer McCracken, RN, BSN, MPA

Measles Overview: Clinical Services Supervisor, Elaine
Yancey, BSN, RN, NCCPHN

Q & A: NCDHHS Medical Epidemiologist, Emma Doran,
MD, MPH

MEASLES IN BRIEF

Measles is one of the world's most contagious diseases. It spreads easily and rapidly.

It spreads through:

- Cough, sneeze or talking
- Air for up to 2 hours
- Surfaces



Fever



Red, Blotchy Rash First Appears on the Forehead



Red Inflamed Eyes



Runny Nose

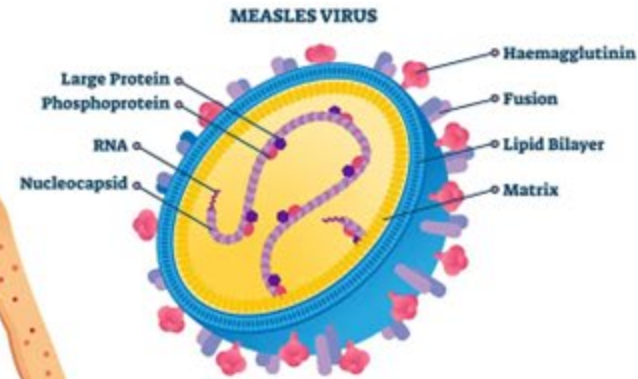


Hacking Cough and Sore Throat



Koplik's Spots Inside the Mouth

SYMPTOMS



COMPLICATIONS



Pneumonia



Severe Diarrhea



Encephalitis



Blindness



Ear Infection

CLINICAL SIGNS

NOT JUST A RASH

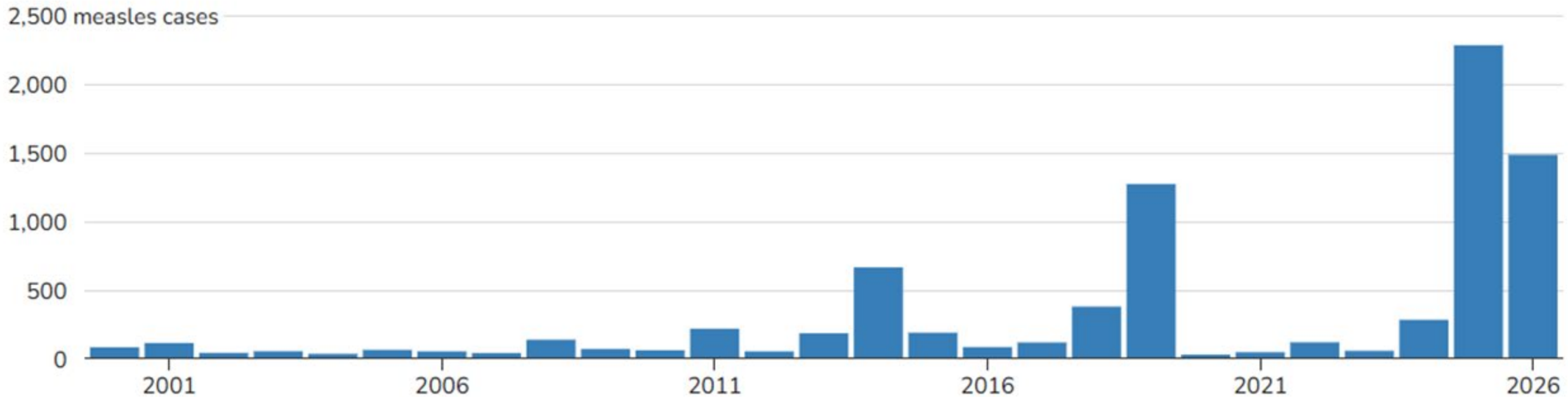


Consider measles in patients with febrile rash illness and clinically compatible symptoms (cough, coryza, conjunctivitis)

U.S. AT RISK OF LOSING

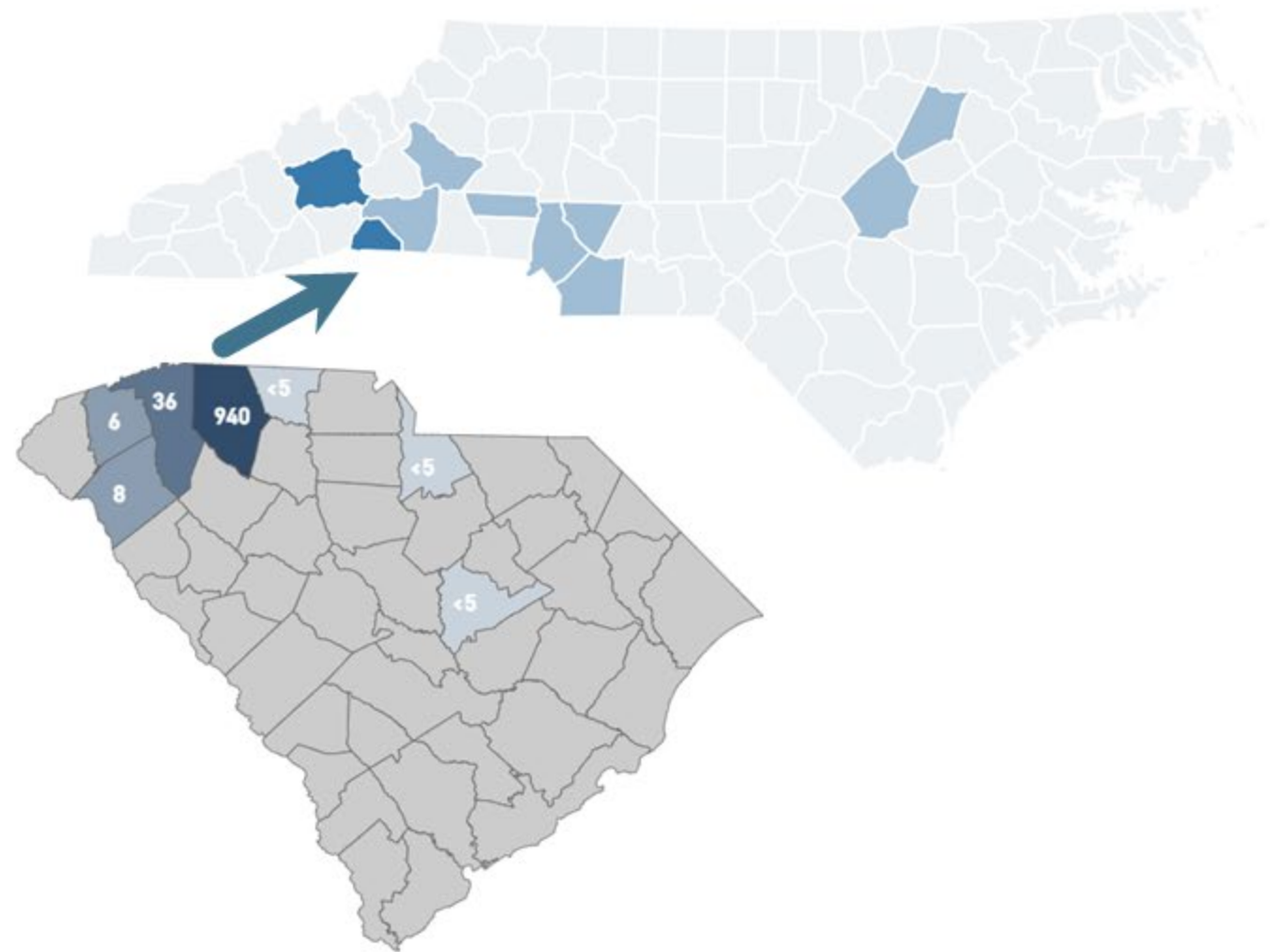
'ELIMINATION STATUS'

YEARLY U.S. MEASLES CASES



SOUTH CAROLINA OUTBREAK

An ongoing outbreak in Upstate SC has crossed over into several NC counties.



MEASLES IMMUNITY

POCKETS OF VULNERABILITY

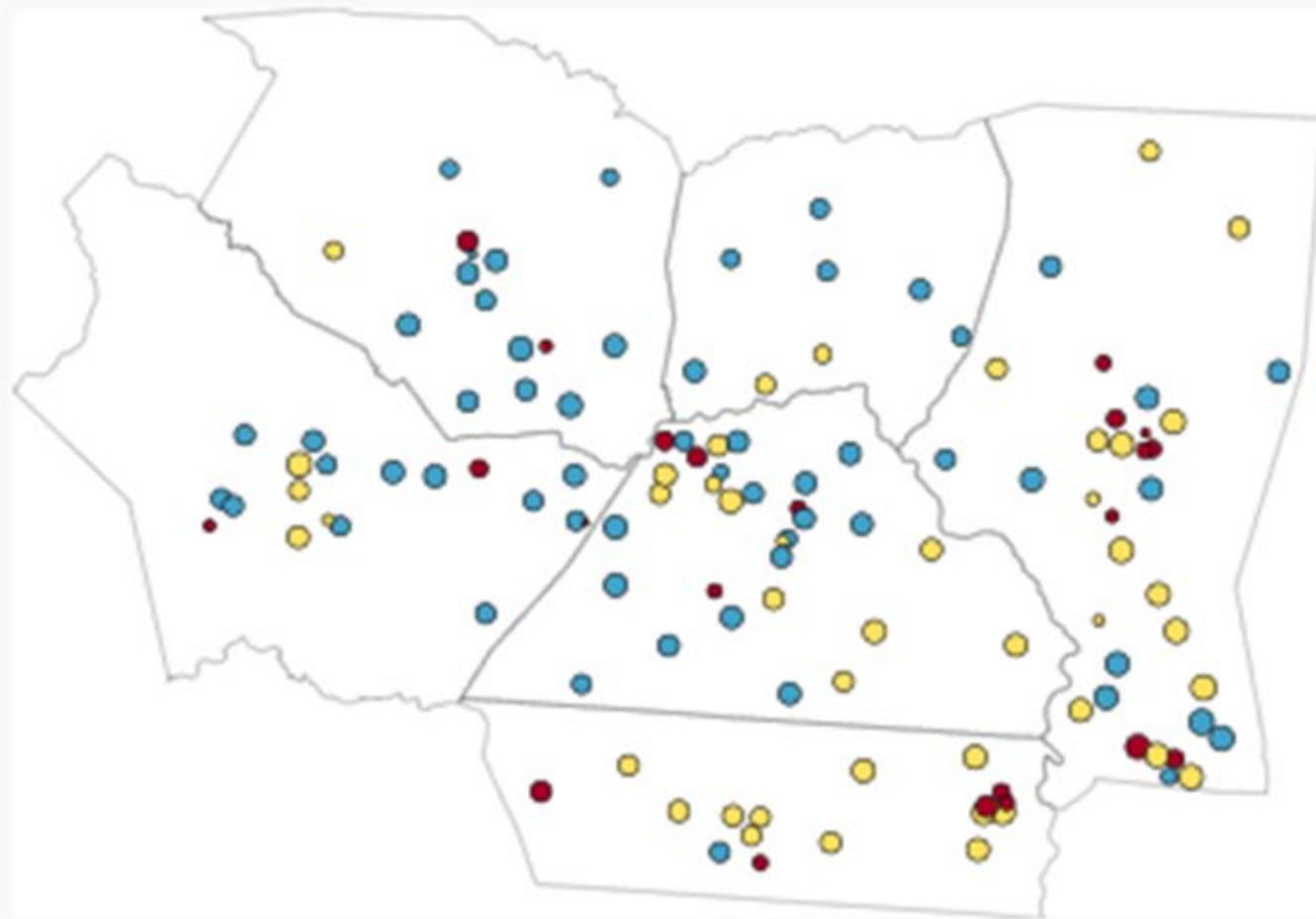
What are these numbers?

Coverage Key

< 90%

90-95%

>= 95%



REPORTING

NC STATE LAW: REPORTING REQUIRED WITHIN 24 HOURS

Report **suspected and confirmed** cases immediately

Where to report:

- **Catawba County Public Health's Communicable Disease Team**
 - (828) 695-5769 (8 AM to 5 PM Monday-Friday)
- **NC State Communicable Disease Branch**
 - (919) 733-3419 (24/7)

DIAGNOSIS

CONSIDERATIONS IF YOU SUSPECT MEASLES

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

TESTING

North Carolina Measles Risk Assessment

	0 (Low Risk)	1 (Some Risk)	2 (High Risk)
Immune Status	Documented vaccination(s); OR Birth before 1957; OR Lab evidence of disease or immunity (e.g. positive titer)	No vaccination records available; patient is unsure	Unvaccinated; never had disease
Clinical Presentation Typical prodrome: fever $\geq 101^{\circ}\text{F}$ or 38.3°C and at least one of cough, coryza, or conjunctivitis Typical rash: generalized, maculopapular rash lasting ≥ 3 days, starting at hairline or face, spreading down to trunk and extremities	Very atypical presentation (e.g. no fever or no rash); OR Other cause of rash more likely: parvovirus (Fifth disease), hand, foot and mouth (coxsackie virus), roseola (humanherpes virus 6-7), scarlet fever (<i>Strep pyogenes</i>), RMSF, syphilis (if sexually active), dengue, recent antibiotics or new medications, contact with cases of other rash illness with known etiology	Not typical prodrome (e.g. fever begins at same time as rash, some symptoms not present): OR Not typical rash (e.g. starts on trunk or extremities)	Typical prodrome; AND Typical rash
Epidemiologic Risk	No exposure to confirmed cases; AND no travel to places outside of patient's typical setting	Unsure/unknown; OR Travel to low risk area (place with no known transmission, no airport)	Epi linkage to confirmed cases; OR travel to areas with known transmission; OR Time spend in airport

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

Use the Measles
Risk Assessment
Tool to determine if
patient needs to be
tested for measles.

**CALL PUBLIC
HEALTH PRIOR
TO TESTING.**

INFECTION PREVENTION

IN HEALTH CARE SETTINGS

If you suspect measles, act immediately.

Implement airborne precautions; mask and isolate patient to a negative pressure room if available.

Permit only staff with written documented immunity to measles to be near the patient.

Contact your local health department or the Division of Public Health **(919-733-3419; 24 hours a day/ seven days a week)** immediately to discuss testing and control measures.

Notify receiving facilities before referring or transferring patients to avoid exposures.

Do not use any regular exam room for at least two hours after a suspected measles patient has left the room.

CALL PUBLIC HEALTH IF YOU NEED GUIDANCE OR HAVE QUESTIONS.

STAFF IMMUNITY STATUS

PRESUMPTIVE EVIDENCE OF IMMUNITY

Presumptive evidence of immunity

ACIP recommends that people who don't have presumptive evidence of immunity to measles, mumps, and rubella should get vaccinated against these diseases.

Presumptive evidence of immunity can be established in any of the following ways:

- Written documentation of adequate vaccines for measles, mumps, and rubella
- Laboratory evidence of immunity
- Laboratory confirmation of disease
- Birth before 1957

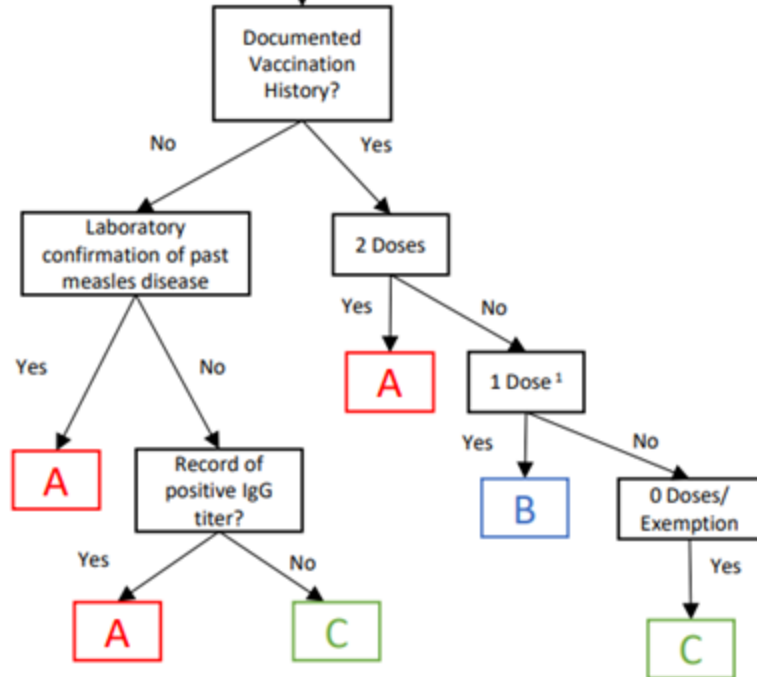
Although birth before 1957 is considered acceptable evidence of immunity for healthcare personnel in routine circumstances, healthcare facilities should consider vaccinating healthcare personnel born before 1957 who lack laboratory evidence of immunity or laboratory confirmation of disease.

Healthcare providers should not accept verbal reports of vaccination without written documentation as presumptive evidence of immunity.

STAFF EXPOSURES

CONTACT TRACING CONDUCTED BY NCDHHS AND CCPH

Health care worker is exposed to measles who:
Is not pregnant
Is not severely immunocompromised



	Risk Assessment	Post-exposure Prophylaxis	Routine Vaccine Recommendations	Symptom Monitoring	Exclusion/Quarantine
A	Presumed immune ²	None	No recommendations	Self-monitoring for 21 days after last exposure	No
B	One MMR/MMRV Dose	MMR within 72 hours of first exposure ³	Second MMR recommended even if >72 hours after exposure ³	Self-monitoring for 21 days after last exposure	No
C	Susceptible	MMR within 72 hours of first exposure ³	MMR recommended even if >72 hours after exposure ³	Active monitoring by public health for 21 days after last exposure	If MMR received within 72 hours of exposure: Exclude from work for 21 days after last exposure Otherwise: Yes, from all congregate settings for 21 days after last exposure ⁴

SUPPORTIVE CARE: VITAMIN A

Vitamin A does not prevent measles and is not a substitute for vaccination.

- Supportive care
- Can cause toxicity
- Can be administered to infants and children
- Should be administered to all children with severe measles, such as those who are hospitalized

Administration: One dose immediately upon diagnosis and repeated the next day for a total of 2 doses. An additional dose should be given 2-6 weeks later to children with clinical signs and symptoms of vitamin A deficiency.

The recommended age-specific daily doses are:

- 50,000 IU for infants < 6 months
- 100,000 IU for infants 6 through 11 months
- 200,000 IU for children 12 months or older

ESSENTIAL PROVIDER RESOURCES

PHONE NUMBERS

Catawba County Public Health's Communicable Disease Team: Call (828) 695-5823 (Mon-Fri, 8 AM-5 PM)

NCDHHS Communicable Disease Branch: Call (919) 733-3419 (available 24/7)

PROVIDER GUIDANCE

[NCDHHS Provider Guidance](#)

[NC Communicable Disease Manual](#)

[Measles Clinical Handbook \(Red Book\)](#)

[NC Communicable Disease Reporting Form](#)

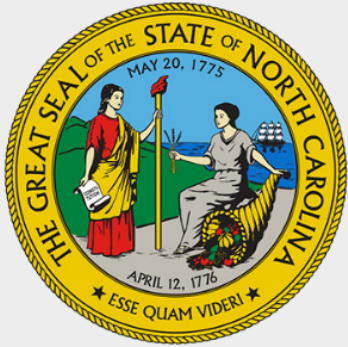
NCDHHS Memos and Education

- [Provider Memo: Consideration of early MMR vaccination in areas with measles transmission](#)
- [Webinar: Measles Update for NC Providers](#)
- [Webinar Slides: Measles Update for Clinical Providers](#)
- [Provider Memo: Measles reporting, testing and vaccination](#)

OTHER RESOURCES

- [Parent/Patient Education – What to Know About Measles \(Spanish\)](#)
- [NCDHHS Social Media Toolkit](#)
- [CCPH Web Site – Provider Info](#)
- [NCDHHS Measles Case Data](#)
- [How to Obtain Vaccination Records](#)
- [NCDHHS Immunity Checker \(Spanish\)](#)

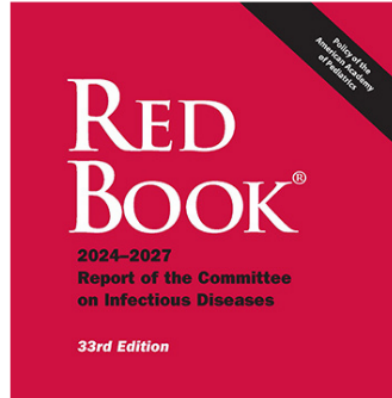
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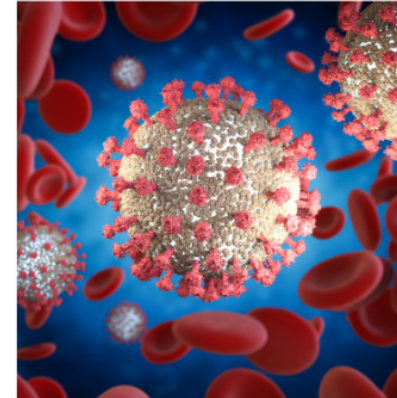
**NCDHHS PROVIDER
GUIDANCE**



**MEASLES REPORTING,
TESTING &
VACCINATION**



**MEASLES CLINICAL
HANDBOOK**



**NC COMMUNICABLE
DISEASE MANUAL**



**MEASLES UPDATE
FOR CLINICAL
PROVIDERS**





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QUESTIONS?

**SLIDES WILL BE SENT OUT TO REGISTRANTS
AT THE CONCLUSION OF TODAY'S MEETING.**