

## What Practice Staff and Managers Need to Know About Measles

As measles cases continue to rise across North Carolina and the surrounding region, it's important for practice staff and managers to be equipped with clear, up-to-date information. This guidance combines essential material tailored specifically for frontline teams and leaders working to maintain high-quality, safe clinical environments. We encourage all practices to review the details below and share them with their teams.

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### What Is Measles?

Measles is a highly contagious viral illness that spreads quickly in unvaccinated populations. Early symptoms include:

- High fever (often >104°F)
- Cough
- Runny nose
- Red or watery eyes
- A rash starting on the face, spreading downward
- Small white mouth spots (Koplik's spots)

Measles can cause severe complications—especially among children, older adults, and immunocompromised patients—making early identification essential in clinical settings.

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### How It Spreads — and Why Practices Should Stay Alert

The measles virus can remain airborne for **up to two hours** after an infected person leaves the area. Approximately **90% of unvaccinated individuals** exposed will become infected. Given this high infectivity, even a brief clinic exposure may require rapid response and coordinated communication with public health partners.

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### Why North Carolina Is Seeing More Cases

Recent reporting from *North Carolina Health News* highlights a continued rise in statewide measles cases, many linked to the **ongoing outbreak in Spartanburg County, SC**. Key takeaways include:

- Cases in NC have increased since December, primarily among **unvaccinated children**.
- Early symptoms may not be recognized immediately, allowing unintentional spread.
- The two-dose MMR vaccine remains the most reliable prevention tool.

[\[northcarol...thnews.org\]](https://www.northcarolinahealthnews.org)

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### MMR Vaccination Guidance for Patients

Vaccination remains the strongest protection.

#### Standard schedule

- **First dose:** 12–15 months
- **Second dose:** 4–6 years

#### Adult considerations

Most adults with two documented doses do **not** need a booster; those uncertain should speak with their provider. Immunity testing is **not recommended** for those with two recorded doses.

#### In outbreak areas

Providers may consider early second doses or early infant vaccination (6–12 months), depending on risk.

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### Exposure Guidance to Share with Patients

Your **local health department** determines what meets the criteria for exposure.

#### If vaccinated (2 doses) or born before 1957:

- No post-exposure treatment
- No work restrictions
- Monitor for symptoms days **5–21**
- Call the clinic or health department if symptoms appear

#### , or immunocompromised:

- May require prophylaxis
- Stay home **days 5–21** after exposure
- Contact healthcare provider promptly with any symptoms

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### Guidance for Managing Pediatric Populations

When coaching your teams, emphasize:

- **Infants 0–6 months:** Avoid exposure entirely
- **Infants 6–12 months:** Discuss early MMR dose when appropriate
- **Children with one dose:** Consider early second dose during outbreaks
- **Unvaccinated children:** Begin the MMR series immediately

If measles is suspected, **have families call before arrival** so your clinic can prepare isolation precautions.

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### Testing, Treatment & Clinical Considerations

There is **no antiviral treatment** for measles. Vitamin A may be used in treatment **after** infection but does not prevent illness. Only the MMR vaccine prevents disease. [\[wunc.org\]](http://wunc.org)

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Practices should reinforce workflows for:

- Prompt masking and isolation
- Airborne precautions where possible
- Immediate notification of Infection Prevention or public health partners
- Reviewing room-closure procedures for airborne pathogens

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### Recommended NC DHHS Webinar & Resources for Staff Education

To support your quality improvement efforts, we encourage you and your teams to watch this short webinar on measles preparedness:

- [Webinar: Measles Overview & Preparedness Strategies](#)
- [Measles \(Rubeola\) | Division of Public Health](#)
- [NC Measles Vaccination Data Dashboard](#)
- [An important memo from Dr. Zack Moore, State Epidemiologist](#)
- **Contact the State Communicable Disease Branch (919-733-3419; available 24/7) or your [local health department](#) immediately** if measles is suspected.
- **For assistance with vaccine orders or clinical questions related to MMR vaccine:** please contact the NCIP Help Desk by phone at 1.877.USE.NCIR (873-6247) or by [email](#).

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### Final Notes for Practice Leaders

As your AHEC Practice Support team, we encourage practices to:

- Review vaccination outreach strategies for gaps
- Reassess triage and front-desk screening workflows
- Reinforce airborne isolation procedures
- Ensure your team understands exposure timelines and reporting expectations
- Measles remains **highly preventable**, and strong practice-level systems make a meaningful difference in patient and community safety.

If you'd like help conducting a workflow assessment, staff training, or readiness review, your NC AHEC Practice Support coach is here to help. If you do not have a relationship with your practice support coach, please contact [practicesupport@ncahec.net](mailto:practicesupport@ncahec.net).

*Courtesy: Northwest AHEC Practice Support Team*

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