



North Carolina Department of Health and Human Services
Division of Public Health

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Laura Gerald, M.D., M.P.H.
State Health Director

April 19, 2013

MEMORANDUM

TO: North Carolina Immunization Program (NCIP) Providers
FROM: Beth Rowe-West, RN, BSN, Head *BRW*
Immunization Branch
SUBJECT: Measles Vaccine Availability for Outbreak

The purpose of this memo is to notify you that, as of today, eight cases of measles have been identified among residents of Stokes and Orange Counties as well as outline the expansion of MMR (measles, mumps, and rubella) vaccine during this outbreak. The primary strategy for control of measles outbreaks is achieving a high level of immunity (2 doses) in the population affected by the outbreak.

Effective April 18, 2013, and until further notice, the NCIP has initiated a “liberal use” policy for state-supplied MMR vaccine **administered at the affected local health departments (LHDs) only**. Affected counties include those where measles cases have been confirmed or suspected, counties where contacts have been identified, and geographically adjacent counties. The affected counties are: Alamance, Caswell, Chatham, Davidson, Durham, Forsyth, Granville, Guilford, Henderson, Orange, Person, Polk, Randolph, Rockingham, Rutherford, Stokes, Surry, Transylvania, and Yadkin. Because this is a rapidly changing outbreak situation, we will re-evaluate the need to expand this coverage area daily.

For persons in the counties listed above, LHDs may administer NCIP-provided MMR vaccine universally, that is, to anyone for whom it is recommended, regardless of insurance status, as long as supplies are available. In general, contacts who have not received two doses of measles-containing vaccine on or after the first birthday (doses should be given at least one month/28 days apart) are considered susceptible. If the patient’s MMR status is unknown or undocumented, the person may receive two doses of state-supplied MMR 28 days apart. If there is a known history of a single dose, the patient may receive a second dose of MMR. For complete MMR recommendations, go to: <http://www.cdc.gov/mmwr/preview/mmwrhtml/00053391.htm>.

Attached you will find the memo sent recently by Megan Davies, MD, State Epidemiologist, outlining additional details regarding the measles outbreak. Additional information may be found on our website at: www.immunize.nc.gov.

Note: If you anticipate needing vaccine, remember that changes occurring to the Center for Disease Control and Prevention’s vaccine ordering system will result in a vaccine ordering blackout beginning next week. You must order before 3 p.m. on April 24, 2013 to receive vaccine during this blackout period. Ordering will resume on May 6, 2013.

If there are questions about ordering vaccine, please contact our Help Desk at 1-877-873-6247. For general measles questions, please contact our main office number, 919-707-5550.

Cc: SMT Field Staff Central Office Staff Vaccine Manufacturers Steve Shore Maclyn Powell
Gregg Griggs Taryn Edwards Terri Pennington Joy Reed Peter Graber
Ann Nichols

Attachment

www.ncdhhs.gov • www.publichealth.nc.gov • www.immunize.nc.gov
Tel 919-707-5550 • Fax 919-870-4824
Location: 5601 Six Forks Road • Raleigh, NC 27609
Mailing Address: 1917 Mail Service Center • Raleigh, NC 27699-1917
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April 17, 2013

To: All North Carolina Health Care Providers
From: Megan Davies, MD, State Epidemiologist
Re: **Measles Outbreak in North Carolina (1 page)**

Summary:

Seven cases of measles have been identified among residents of Stokes and Orange Counties. The index case developed symptoms on April 4, shortly after returning from a trip to India. The diagnosis of measles was confirmed by the State Laboratory of Public Health on April 16. The most recent case developed symptoms on April 14. All seven cases have occurred among persons who were not vaccinated against measles.

Local health departments in Stokes, Orange, Polk and Guilford Counties are investigating exposures to these cases that occurred in a variety of public and private settings. Although every effort is being made to identify all contacts, it is possible that additional cases could occur among unrecognized contacts. The incubation period for measles is usually about 10 days from exposure to fever (range, 7–18 days) and 14 days from exposure to rash (range, 7–21 days).

Recommendations:

The following recommendations are provided for North Carolina clinicians in order to rapidly identify any additional cases and control the spread of infection:

- Clinicians are urged to consider the diagnosis of measles in anyone presenting with a febrile rash illness and clinically compatible symptoms (cough, coryza, and/or conjunctivitis).
- Clinicians who suspect measles should immediately contact their local health department or the state Communicable Disease Branch (919-733-3419; available 24/7) to discuss laboratory testing and control measures.
- Any patient presenting with a febrile rash illness should be immediately isolated, using airborne isolation precautions if possible. The infectious period for measles lasts from four days before to four days after rash onset.
- Unvaccinated persons who have been exposed to a person with measles should be advised to stay home for 21 days from the last exposure and limit contact with others to avoid spreading illness.

As a reminder, vaccination with the measles/mumps/rubella (MMR) vaccine is the best way to protect against measles. Clinicians are encouraged to provide MMR to all unvaccinated patients who are eligible for this vaccine. Please contact your local health department or the North Carolina Immunization Branch (919-707-5550) with any questions.

www.ncdhhs.gov • www.publichealth.nc.gov

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