



**SOUTH CAROLINA
DEPARTMENT OF
PUBLIC HEALTH**



**This is an official
DPH Health Alert**

On July 1, 2024, the S.C. Department of Health & Environmental Control (DHEC) became two separate agencies: S.C. Department of Environmental Services (SCDES) and S.C. Department of Public Health (DPH).

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Update – Measles Outbreak in Upstate Region

Summary

The South Carolina Department of Public Health (DPH) is issuing this Health Alert update to clinicians regarding the measles outbreak in the Upstate Region and to provide guidance for evaluating cases while minimizing additional exposures. As of Monday, January 5, 2026, DPH is reporting 223 measles cases primarily associated with the outbreak in Spartanburg County. There is risk for continued, rapid spread of measles in the Upstate among communities with low immunization rates. Measles-mumps-rubella (MMR) vaccination remains the most important tool for preventing measles infection and spread. DPH recommends all residents be up to date on MMR vaccinations. Health care professionals should be vigilant for clinical presentations compatible with measles and immediately report suspect cases to the DPH public health office (listed below) in the region of the patient's residence. DPH encourages testing for measles through commercial laboratories. The Public Health Laboratory can support testing requests when necessary.

Background

Measles is a highly contagious viral illness that typically begins with high fever, cough, runny nose, and red eyes, lasting two to four days prior to rash onset. The rash classically starts on the face and moves down the body. Measles can cause severe health complications, including

pneumonia, encephalitis, and death. The virus is transmitted by direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs, or sneezes. Measles virus can remain infectious in the air and on surfaces for up to two hours after an infected person leaves an area. Infected people are contagious from four days before the rash starts through four days afterward. The incubation period for measles, from exposure to fever, is usually about seven to 10 days, and from exposure to rash onset is usually about 10–14 days (with a range of seven to 21 days).

In the ongoing South Carolina outbreak, most cases (68%) are in school-aged children, and 21% are in children under 5 years old. Of the 223 cases, 98% have no history or unknown history of MMR vaccination. Breakthrough measles after two documented MMR doses is rare but can occur, particularly with intense or prolonged exposure, often in the household setting.

Transmission of measles can happen anywhere, but DPH has identified churches and schools as primary settings of transmission in this outbreak, but there have been multiple cases associated with exposures in health care settings. Healthcare exposures are preventable through proper administrative controls and through diligent infection prevention and control practices.

Recommendations for Health Care Professionals

Clinical encounters

- Consider measles as a diagnosis in anyone with fever and generalized maculopapular rash with prodromal symptoms who has not been fully vaccinated with MMR or has had contact with a known or suspected measles case. In general, measles infection appears like the classic textbook description.
- Implement policies to mask people with fever and/or respiratory symptoms immediately upon entry into healthcare settings and promptly isolate these people away from others in waiting areas. Immediately upon suspicion of measles, isolate patient in a room with a closed door (negative pressure room if available). Consider performing initial screening of a patient with these symptoms in the parking lot and/or having them wait in their car if it would be difficult to isolate them in a waiting area.
- Suspect measles cases are immediately reportable by phone during the day or night to DPH. Do not wait for test results to notify DPH. Early notification allows timely exposure assessment and control measures. Promptly cooperate with requests to assist DPH in collecting public health information.
- Obtain a history of local, national or international travel or exposure to a measles case in the prior 21 days for suspect cases. Ask about school, church, and other public setting attendance prior to symptom onset.

- Advise patients suspected of having measles that they need to isolate away from others until testing results are reported. DPH staff will reach out to suspect cases/families with additional guidance.
- Consider post-exposure prophylaxis for unvaccinated people who have been exposed to measles. Give immune globulin within 6 days to nonimmune patients exposed to measles AND who are pregnant, immunocompromised, or under 12 months of age (dose and route vary by age). Give MMR vaccine within 3 days of exposure for unvaccinated people not in the previous groups. Detailed recommendations for prophylaxis are on the [DPH Measles Outbreak](#) website.
- DPH recommends early infant vaccination for children aged 6-11 months in areas of an identified outbreak. Early doses are indicated for infants in the Upstate public health region. This dose is effective at preventing measles infection, but it does not count towards the two doses needed for school entry. Detailed recommendations are available on the [DPH Measles Outbreak](#) website.
- Encourage all patients to be up to date on routine vaccinations and provide education about the increase in cases and the higher risk of exposure due to ongoing spread to those who are not immune.
- When collecting specimens for measles testing, use airborne precautions and limit staff present, and those attending patients should have immunity if possible. Collect specimens in the isolation room whenever possible to avoid patient movement through the facility. Persons with known exposure who have been recommended to quarantine are advised to notify a health care facility before arrival if they develop symptoms. Consider testing these persons outdoors or in their vehicle if additional assessment indoors isn't necessary.
- Measles RT-PCR is the ideal test for diagnosing measles infection. Nasopharyngeal or throat swabs should be collected using dedicated commercial kits or a flocked polyester fiber swab (cotton swabs are not acceptable) transported in 2mL of standard viral transport media (VTM). Do not allow the swab to dry out and send the swab in the tube with the media. The specimen should immediately be refrigerated (2-8°C) for up to 72 hours while awaiting transport to the lab.
- Do not refer suspected measles patients to outpatient laboratories or imaging centers without prior coordination and notification to ensure appropriate isolation.

Clinical practice settings

- Consider developing a triage system that allows patients who have symptoms compatible with measles to be evaluated expediently and with minimal exposure to healthcare workers and other patients.
- Pre-screen patients at appointment scheduling, registration, and triage for fever, rash, measles exposure, or residence in an outbreak area. Instruct patients with compatible symptoms to call ahead and avoid waiting rooms; wear a mask prior to entry if available, and arrange direct room placement or alternative evaluation.
- DPH strongly recommends masking in clinical settings in the Upstate Public Health Region. Masking in clinical settings protects patients and staff from several viral respiratory illnesses.
- In outpatient or urgent care settings without airborne infection isolation rooms, immediately mask the patient and place suspected measles patients in a private room with the door closed. If feasible, schedule evaluation at the end of the day to reduce exposures.
- Only allow healthcare staff who have immunity to measles to attend to the patient; use airborne precautions, including N95 mask. DPH recommends all staff working in clinical settings have documented immunity to measles through vaccination or titer testing.
- Spaces occupied by people with measles should be closed down for two hours after their departure and disinfected. See [APIC Measles resource](#) for Infection Prevention strategies.

Recommendations for the General Public

- DPH works with confirmed cases to identify contacts and provide notification of exposure and education on symptoms to monitor. Please cooperate with DPH requests for information that assist in protecting our communities from measles spread.
- If you are sick or have been advised to quarantine, stay home and prevent the spread of illness to other people.
- DPH strongly discourages the concept of intentional exposure to measles to get natural immunity, or measles parties. Getting measles infection carries significant risk of severe outcomes. Additionally, measles infection weakens the immune system by destroying immune memory cells, making children more likely to get other infections.

Resources

- DPH Measles Outbreak
<https://dph.sc.gov/diseases-conditions/infectious-diseases/measles-rubeola/2025-measles-outbreak>
- Association of Professionals in Infection Control and Epidemiology (APIC) Measles
<https://apic.org/measles/>

DPH contact information for reportable diseases and reporting requirements

Reporting of **Measles** is consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. (State Law # 44-29-10 and Regulation # 60-20) as per the [DPH 2026 List of Reportable Conditions](#).

Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512).

Regional Public Health Offices – 2026 Mail or call reports to the Epidemiology Office in each Public Health Region			
MAIL TO:			
Lowcountry 3685 Rivers Avenue, Suite 201 N. Charleston, SC 29405 Fax: (843) 953-0051	Midlands 2000 Hampton Street Columbia, SC 29204 Fax: (803) 251-3170	Pee Dee 1931 Industrial Park Road Conway, SC 29526 Fax: (843) 915-6506	Upstate 352 Halton Road Greenville, SC 29607 Fax: (864) 282-4373
CALL TO:			
Lowcountry Allendale, Bamberg, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Hampton, Jasper, Orangeburg Office: (843) 441-1091 Nights/Weekends: (843) 441-1091	Midlands Aiken, Barnwell, Chester, Edgefield, Fairfield, Kershaw, Lancaster, Lexington, Newberry, Richland, Saluda, York Office: (888) 801-1046 Nights/Weekends: (888) 801-1046	Pee Dee Clarendon, Chesterfield, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, Williamsburg Office: (843) 915-8886 Nights/Weekends: (843) 409-0695	Upstate Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Spartanburg, Union Office: (864) 372-3133 Nights/Weekends: (864) 423-6648
DPH Bureau of Communicable Disease Prevention & Control Communicable Disease Epidemiology Section P.O. Box 2046 • West Columbia, SC 29171 Phone: (803) 898-0861 • Fax: (803) 898-0897 Nights / Weekends: 1-888-847-0902			
For information on reportable conditions, see dph.sc.gov/professionals/health-professionals/sc-list-reportable-conditions			

Categories of Health Alert messages:

Health Alert	Conveys the highest level of importance; warrants immediate action or attention.
Health Advisory	Provides important information for a specific incident or situation; may not require immediate action.
Health Update	Provides updated information regarding an incident or situation; unlikely to require immediate action.
Info Service	Provides general information that is not necessarily considered to be of an emergent nature.