



**SOUTH CAROLINA
DEPARTMENT OF
PUBLIC HEALTH**



This is an official
DPH Health Advisory

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 2 – Measles Outbreak in Upstate Region

Summary

The South Carolina Department of Public Health (DPH) is issuing this Health Alert update regarding the measles outbreak in the state. As of Tuesday, Feb. 17, 2026, DPH is reporting 962 measles cases associated with the outbreak, primarily in Spartanburg County. Although cases have decreased in incidence in the past two weeks, the outbreak will not be declared over until no cases are identified in South Carolina for two incubation periods (42 days). 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 providers to promote vaccination for all eligible residents, including infants aged 6 to 11 months residing in or visiting the outbreak-defined area, including counties in the Upstate region and Lancaster and York counties, an area where cases that have no established link to cases in the Upstate region have also occurred.

Background

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

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). Measles can cause severe, acute health complications, including pneumonia, encephalitis, and death. Measles infection may also result in serious long-term complications. The measles virus replicates in lymphoid tissue infecting B and T cells resulting in the immune response that confers life-long immunity to measles infection. However, the virus also affects the production of antibodies and activity of B cells against other pathogens, resulting in lost immunity to diseases people were previously vaccinated against or exposed to. This increased susceptibility to other infection diseases is reported to last up to three years. Additionally, measles infection can rarely result in subacute sclerosing panencephalitis (SSPE), a rare but fatal progressive disease of the central nervous system. SSPE may occur seven to 10 years after full recovery from a measles infection.

Anyone who is not vaccinated is at higher risk of getting measles infection. Among the 953 outbreak-associated cases for whom vaccination status is known, approximately 95% were unvaccinated. Though the outbreak is centered in Spartanburg County, spread to susceptible people in other areas is possible. The absence of epidemiologic linkage of cases outside of the outbreak area indicates possible unrecognized community transmission. Providers should be alert for the signs and symptoms of measles provided above in all areas of the state.

Recommendations for Health Care Professionals

Early MMR Administration

- Offering MMR to children 6-11 months of age is recommended to provide protection from measles during the outbreak. Children who receive this early administration should still receive two doses of MMR after a child's first birthday which are still needed for full immunity and school entry requirements. Please see link to guidance below.
- In October 2025, DPH recommended early MMR administration for infants in the Upstate region or those traveling/visiting the outbreak area. Thousands of early doses have been given to infants in the area, helping to slow the outbreak and protect the health of these children.
- DPH is now also recommending early MMR vaccination for infants aged 6-11 months in the Charlotte metro area, specifically York and Lancaster counties. This recommendation is in conjunction with North Carolina Department of Health and Human Services recommendation

for counties in the Charlotte area. [Measles Cases and Outbreaks in North Carolina | Division of Public Health](#)

- Some people will experience a fever or rash one to three weeks after MMR vaccination. This is a known reaction to the weakened virus in the vaccine; it does not indicate infection. DPH encourages providers to consult with a DPH physician (on-call regional numbers are below) before testing a recently vaccinated person for measles infection.
- People who receive the MMR vaccine do not “shed” the virus. The weakened viruses in the vaccine produce an immune response but are not infectious. If viral shedding was real, there would be routine cases of measles, mumps, and rubella. In fact, these are rare diseases in South Carolina.

Reporting Suspect Cases

- DPH continues to encourage providers to report suspect measles cases promptly, without waiting for laboratory results. Prompt reporting supports the initiation of case investigations, and the identification of susceptible contacts and settings of public exposures allowing DPH to implement disease control measures as quickly as possible for confirmed cases.

Laboratory Guidance

- Measles is an immediately reportable condition. Delays in laboratory reporting continues to hinder the prompt response to some measles cases. Laboratories must immediately report confirmed measles cases to DPH.
- To assist in the investigation of suspect cases, DPH requests that laboratories performing measles testing (PCR, IgM, IgG) report positive and negative results. Positive PCR results must be reported immediately. All test results should be reported to DPH electronically when possible.

Recommendations for the General Public

- DPH works with confirmed cases to identify contacts and provide notification of exposure and education on symptoms to monitor. Cooperation with DPH requests for information and disease control measures assists in protecting our communities from measles spread.
- If you are sick or have been advised to quarantine, stay home and away from others during the entire quarantine period to 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, increasing the risk of becoming infected from other diseases. Vaccination is the safest way to prevent measles.

- The MMR vaccine has been safely used for decades and is responsible for measles elimination in the United States 25 years ago. There is abundant evidence showing no association between MMR vaccination and autism, and the vaccine does not contain aluminum, mercury, or RNA.

Resources:

DPH Measles Outbreak: <https://dph.sc.gov/diseases-conditions/infectious-diseases/measles-rubeola/2025-measles-outbreak>

Early MMR Information and Guidance <https://dph.sc.gov/sites/scdph/files/2025-10/Early-MMR-Vaccine-Guidance.pdf>

[Measles immunity and immunosuppression - PMC](#)

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
<p>For information on reportable conditions, see dph.sc.gov/professionals/health-professionals/sc-list-reportable-conditions</p>		<p>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</p>	

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.