EpiNotes

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IN THIS ISSUE:

Low vaccination rates at the heart of measles resurgence

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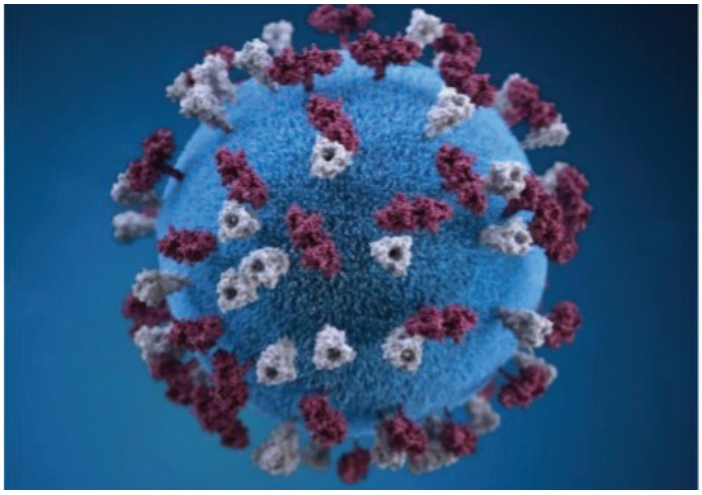
In 2000, the Centers for Disease Control and Prevention (CDC) declared measles as being eliminated from the United States. Disease elimination is the reduced to almost zero incidence of a given disease within a specific geographical area, region, or population.[1-3] With vaccine-preventable diseases, ongoing vaccination practices are necessary to maintain an elimination status or to eradicate disease.[2] Between 2000 and 2025, the elimination of measles was maintained apart from a few minor, travel-associated events, which were promptly contained.[3]

In January 2025, a measles outbreak began in three states within communities with low-vaccination rates and protection.[1,3] Between Jan. 1 and May 1, 2025, there have been 935 confirmed measles cases in 30 U.S. jurisdictions.[3] The CDC defines a measles outbreak as three or more related cases. Ninety-three percent of the 2025 confirmed cases to date have been outbreak associated in one of 12 outbreaks compared to 69% of 2024 confirmed cases being associated with the year's 16 documented outbreaks.[3] South Carolina has not yet been involved in the multistate measles outbreaks.[3]



Measles, also known as rubeola or red measles, is a highly contagious virus that can be present in the air or on surfaces for up to two hours after an infected person has left the room/area.[3]

Due to disease elimination, current health care providers may not have encountered a case. Additionally, the long incubation and prodrome symptoms of cough, coryza (runny nose), and conjunctivitis, i.e., the three C's, and fever which precludes a maculopapular rash can be mistaken for other more common viral illnesses.

Health care providers and facilities should develop prevention and response plans to mitigate measles transmission with the following key actions:

- ***Protect*** susceptible patients, families, and staff through vaccination, reporting administered doses to the DPH immunization registry, **SIMON**.
- ***Suspect*** measles by observing for probable cases and symptoms.
- ***Isolate*** suspect cases.
- ***Report*** suspected and confirmed case to DPH; see the **List of Reportable Conditions** for reporting information.
- ***Confirm*** by conducting appropriate lab tests.

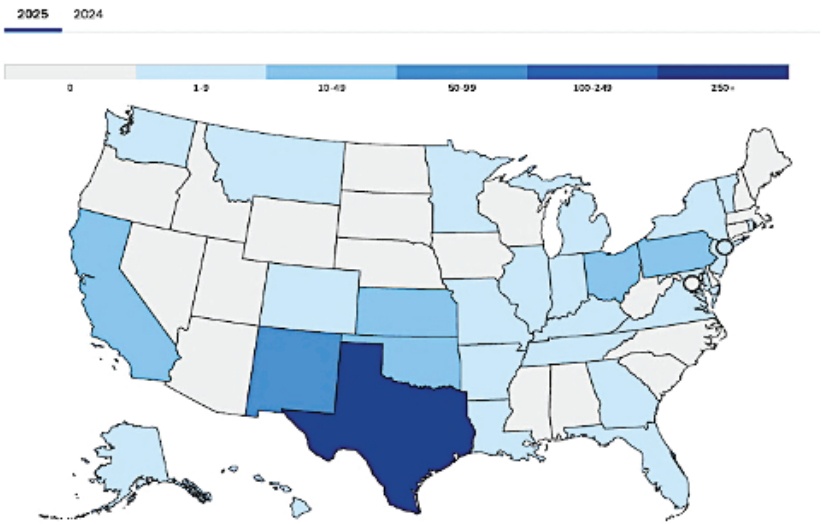
For more information on:

- Measles (Rubeola) and DPH, click **here**.
- SIMON, S.C.'s Immunization Registry, email **SIMON@dph.sc.gov**.
- Assistance with infection prevention and control practices or breeches, email **hai_unit@dph.sc.gov** or go **here**.

Health Care Provider/Facility Resources:

- American Academy of Pediatrics (AAP), **Think Measles: Recognizing and Addressing Measles in Pediatric Practice**
- The American College of Obstetricians and Gynecologists (ACOG), **Management of Obstetric–Gynecologic Patients During a Measles Outbreak**
- Association for Professionals in Infection Control and Epidemiology, Inc. (APIC), **Measles Playbook**
- CDC, **Measles Treatment Overview**
- CDC, **Measles Information for Health Care Providers**
- CDC, **Measles Vaccine Recommendations**
- The International Society for Heart & Lung Transplantation (ISHLT), **ISHLT/TTS-ID Measles Guidance for the Transplant Community**
- DPH, **Measles (Rubeola) website**

Map of measles cases 2024-2025, CDC



[1]Mathis, A.D., Raines, K., Filardo, T.D., Wiley, N., Leung, J., Rota, P.A.,...Sugerman, D. (2025). Measles Update — United States, January 1–April 17, 2025.Morbidity and Mortality Weekly Report (MMWR), 74(14), 232–238. DOI: **http://dx.doi.org/10.15585/mmwr.mm7414a1**

[2]World Health Organization (WHO) (2018, Sep 5). Overview of VPD Surveillance Principles. Retrieved from **https://www.who.int/publications/m/item/vaccine-preventable-diseases-surveillance-standards_overview**

[3]Centers for Disease Control and Prevention (2025, May 2). Measles (Rubeola), Measles Cases and Outbreaks. Atlanta, GA: U.S. Department of Health and Human Services, CDC. Retrieved from **https://www.cdc.gov/measles/data-research/index.html** on May 5, 2025.

[4]Centers for Disease Control and Prevention (2016). Public Health Image Library, ID# 21074. Atlanta, GA: U.S. Department of Health and Human Services, CDC. Retrieved from **http://phil.cdc.gov/Details.aspx?pid=21074** on May 5, 2025

[5]Centers for Disease Control and Prevention (2024, Jul 15). Measles (Rubeola), Clinical Overview of Measles. Atlanta, GA: U.S. Department of Health and Human Services, CDC. Retrieved from **https://www.cdc.gov/measles/hcp/clinical-overview/** on May 5, 2025

[6]Georgia Department of Public Health (n.d.). Measles Infographic. Retrieved May 5, 2025, from **https://dph.georgia.gov/document/document/mealesfactsheetapprovedpdf/download**.

Tuberculosis (TB) in South Carolina, 2024

TB is a bacterial disease found primarily in the lungs. It is spread from person to person through the air. There are medications to treat TB that work for most people. As shown in the graphic , there were 83 cases of reported TB cases in South Carolina in 2024.

Total Annual Cases, by Gender

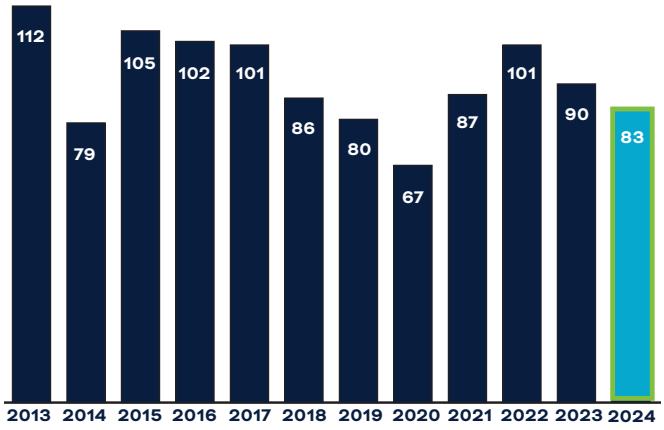
% of TB Cases, U.S.-Born versus Non-U.S. Born

U.S. Born	Non-U.S. Born
49%	51%

% of TB Cases, by Ethnicity

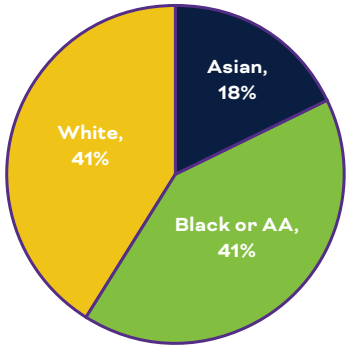
Hispanic or Latino	Not Hispanic or Latino
28%	72%

SC TB Cases, 2013-2024

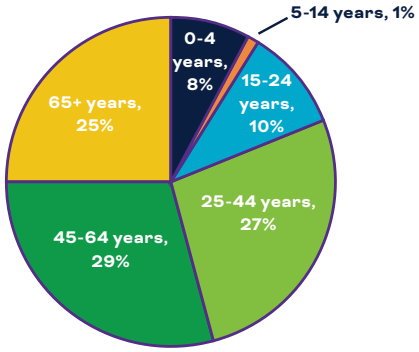


Demographics

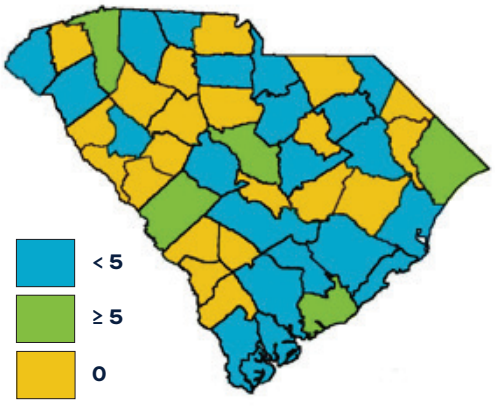
Race



Age



of Cases per County, 2024



South Carolina Department of Public Health Viral Hepatitis Provider Directory

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Does your organization test or treat for viral hepatitis? Add your listing to DPH's Viral Hepatitis Provider Directory, which will soon be available to the public on DPH's website. Click here to share your information, or **scan the QR code**.

Ending the Epidemics SC working to empower South Carolina providers

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Many opportunities to diagnose sexually transmitted infections (STIs) are missed due to stigma and the difficulty of initiating a discussion of sexual health with patients. There are also new treatment programs that are dramatically changing prevention and care.

To address these issues, Ending the Epidemics SC (EtE SC) began a concerted effort to reach South Carolina's medical providers with our September 2024 "Empowering SC Providers Summit." Medical professionals attended to learn about the importance of screenings by all providers. The daylong event included presentations by two of South Carolina's distinguished physicians, Dr. Eric Meissner, Division of Infectious Diseases, MUSC, and Dr. Marco Tori, Bureau of Communicable Disease Control and Prevention, DPH. At lunchtime a "lived experience" skit was performed twice. The first version showed a "typical" doctor visit with missed opportunities. The second "preferred" version demonstrated the provider fully using opportunities to address what could be causing the rash that had compelled the patient/client to come in for a checkup. Actors included Marlena Richardson, active community advocate, as the patient and Dr. Kamla Sanasi-Bhola, Immunology Center, Prisma Health, as the physician.

Building on the success of the September summit, in 2025, EtE SC has begun to offer free Lunch and Learn webinars in partnership with the Southeastern AIDS Education and Training Center (SE AETC) and medical professionals, who share their expertise. Due to the affiliation with SE AETC, these online learning opportunities offer CMEs.

EtE SC thanks Dr. Meissner, who presented strategies for fully utilizing opportunities with patients/clients to screen for STIs, and Dr. Tori, who discussed the good news of how Pre-Exposure Prophylaxis (PrEP) and DoxyPEP are dramatically improving the STI landscape.

Ending the Epidemics SC (EtE SC) is a statewide effort to address the intersecting health issues of HIV, STDs, Viral Hepatitis and Substance Use Disorders and the stigma that affects them. Through EtE SC, South Carolina implements the national plan, *Ending the HIV Epidemic (EHE): A Plan for America*.

The goal is to end the HIV epidemic in the U.S. by 2030. South Carolina's EHE plan aligns with the national plan to achieve and sustain viral suppression, reduce new infections and fight stigma.

To receive more information about EtE SC's "Empowering SC Providers" program, please email Dr. Felicia M. Pickering at PickerFM@dph.sc.gov.

Syphilitic stillbirth is now listed on the 2025 List of Reportable Conditions

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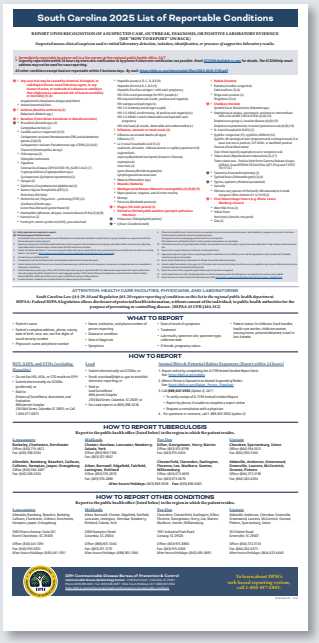
In 2023, there were 3,882 cases of congenital syphilis, including 279 congenital syphilis-related stillbirths and neonatal/infant deaths in the USA as reported by the Centers for Disease Control and Prevention (CDC). The national rate of congenital syphilis was 105.8 cases per 100,000 livebirths in 2023[1]. Congenital Syphilis is a significant cause of fetal and early infant mortality. Most deaths related to congenital syphilis occur as stillbirths rather than among live-born infants[2].

By South Carolina state law and the South Carolina 2025 List of Reportable Conditions published DPH, syphilis-related stillbirths and neonatal/infant deaths are now required reportable in South Carolina. Hospitals were required to report fetal deaths to the county registrar within five days of delivery. However, congenital syphilis-related stillbirths as defined by the CDC was not listed on the DPH List of Reportable conditions until 2025.

The CDC surveillance of congenital syphilis includes congenital syphilis-related stillbirths and neonatal/infant deaths. In the national ranking of congenital syphilis, South Carolina's cases were being ranked alongside those of states that included syphilis related stillbirths in their list of reportable conditions. The relative importance of syphilis related stillbirths in South Carolina may have been unclear as to the total number of syphilis impacted cases. The new requirement aims to better align with a complete counting of reported syphilis impacted cases.

Download the 2025 List of Reportable Conditions


South Carolina 2025 List of Reportable Conditions

The 2025 List of Reportable Conditions is now available!

- View the Poster
- View the Flyer

What are the changes in congenital syphilis reporting 2025?

The modifications added to the South Carolina **2025 List of Reportable Conditions** regarding syphilis are noted below.

- *Syphilis: congenital (15), syphilitic stillbirth (16)*

15. Report the results of all congenial syphilis follow-up test (positive or negative)

16. A fetal death that occurs after 20 weeks gestation or with fetal weight greater than 500 grams in an infant born to a woman with syphilis

What is the surveillance case definition of syphilitic stillbirth?

The CDC defines a syphilitic stillbirth as a fetal death in which the mother had untreated or inadequately treated syphilis at delivery. The fetus must be the product of at least a 20-week gestation or weigh at least 500g[3]. See Tables 1-2 below.

Table 1. Nomenclature of fetal demise or death in the Perinatal Period.

Description	Name
fetal death before 20 weeks gestation	Miscarriage
fetal death at least a 20-week gestation or weigh at least 500g	Stillbirth
death of a live-born baby in the first 28 days of life.	Neonatal death
death of a live-born baby under one year of age	Infant death

Table 2. Stillbirth Classifications

Stillbirth	Gestational Age in Weeks
Early	20-27
Late	28-36
Term	37 or more

Why is syphillitic stillbirth reporting necessary?

In 1988, the CDC introduced new guidelines for congenital syphilis surveillance. Until then congenital syphilis surveillance classification was based upon Kaufman's criteria. This system classified congenital syphilis cases depending upon symptoms and laboratory reports at birth and serological tests collected over time. The availability and variability of follow-up data was a major concern. Also, it excluded stillborn infants of mothers with untreated syphilis. The guidelines introduced in 1988 were simpler. It included both stillbirths and infants born to women with untreated syphilis. This was important since mother-to-child transmission by untreated mothers was more than 70% during the first four years after her being infected[4]. These guidelines were more sensitive. But some specificity was lost, as not all infants of infected mothers are infected[5].

[1] https://www.cdc.gov/sti-statistics/annual/summary.html

[2] Ikeda MK, Jenson HB. Evaluation and treatment of congenital syphilis

[3] https://ndc.services.cdc.gov/case-definitions/syphilitic-stillbirth-2018

[4] https://www.cdc.gov/std/program/consyphreporting-instructions7-10-2014.pdf

[5] Zenker PN, Berman SB, Greenspan JR, Boyd DM: Surveillance of congenital syphilis, United States, April 1989, CDC, Atlanta, GA

Providers asked to keep an eye open for ceftriaxone adverse events

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On Feb. 7, 2025, the Centers for Disease Control and Prevention (CDC) issued an alert and call-for-cases to all public health jurisdictions for adverse events associated with ceftriaxone injections. These serious events, including death following the administration of injectable ceftriaxone are outside the norm of the common side effects, including the more severe side effects of allergic and severe skin reactions.[1]

Ceftriaxone, also known as Rocephin, is a broad-spectrum antibiotic, specifically a third-generation cephalosporin used to treat a wide range of bacterial infections, including many that are life-threatening such as pneumonia and meningitis.[1] It is also used preventively prior to certain surgeries at high risk for infection.[1,2] The drug comes in a powder that is mixed to form a liquid solution but is available as a pre-mixed solution.[2,3] Known as an injectable drug, ceftriaxone may be injected into the muscle or vein (i.e., intravenously through a venous access device). To date, events following ceftriaxone receipt have not been casually linked to a single manufacturer or lot. Even so, the CDC continues to identify and investigate all reported adverse events occurring after Sept. 1, 2024.

Reported events should have occurred within six hours of ceftriaxone injectable administration (intramuscular and intravenous methods) in a non-ICU

setting and required cardiopulmonary resuscitation or resulted in death without being attributable by the treating physician to another probable or known cause.

Health care providers who are suspicious of an event are encouraged to report it to the CDC's Division of Healthcare Quality Promotion at **HAIoutbreak@cdc.gov**, as well as to the FDA MedWatch Program, and the product manufacturer. Additionally, health care providers should retain any left-over product or product with a similar manufacturer or serial number until further notice by the CDC or **FDA MedWatch**.

For more information or assistance with reporting, email **hai_unit@dph.sc.gov**.

[1]Cerner Multum (2023, Aug 8). Ceftriaxone (injection) in Drugs.com (13.01 version). Retrieved from **https://www.drugs.com/mtm/ceftriaxone-injection.html** May 5, 2025

[2]The American Society of Health-System Pharmacists (2016, Jun 15). Ceftriaxone Injection in MedlinePlus. Retrieved from **https://medlineplus.gov/druginfo/meds/a685032.html** May 5, 2025

[3]Duplex (B. Braun Medical Inc.) (2022, Jan). Ceftriaxone and Dextrose in Duplex Container Label. Retrieved from **https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/050796s030lbl.pdf** May 5, 2025

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