



AIKEN COUNTY

PUBLIC SCHOOLS





SC Measles Outbreak Update

AIKEN COUNTY PUBLIC SCHOOL DISTRICT FEBRUARY 24, 2026



Measles Overview

October 2, 2025: SC DPH declared a measles outbreak in the Upstate region due to 5 associated cases (an outbreak is defined as 3 or more cases linked from a common exposure)

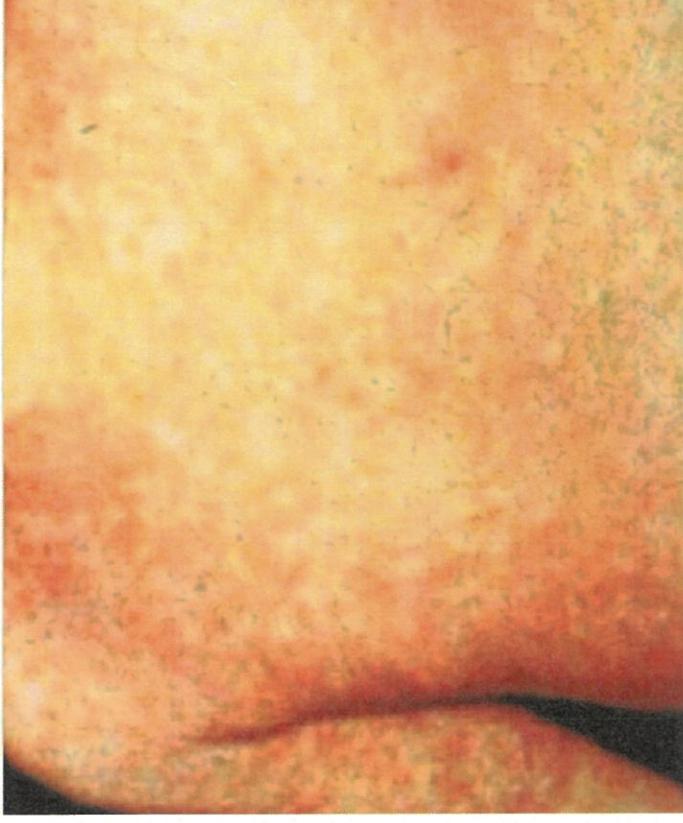
- 950 outbreak associated cases as of February 13, centered around Spartanburg County
- Data and information updated publicly on SC DPH website at 1pm on Tuesdays and Fridays

United States: As of February 12, CDC reports 910 confirmed measles cases in 24 states have been reported in 2026 (including 5 new outbreaks).

For 2025, 2,280 cases were reported by 45 states.

Measles Overview

- Measles is a highly contagious virus (about 90% of susceptible close contacts will become infected)
- Measles spreads from person to person by respiratory droplets, airspaces, and contaminated surfaces
- The measles virus stays active in air spaces for up to two hours after an infected person has left the area



Measles Overview

- **Early symptoms:** (high fever, cough, runny nose, red/watery eyes)
- **Classic rash:** Red blotchy rash follows 2-3 days later that starts on face and spreads downward to trunk and limbs
- **Treatment:** Supportive care (bed rest, fluids, fever-reducing medications)

Complications

- Most people recover completely; however, severe complications can occur
- 1 in 5 are hospitalized
- 1 in 20 children get pneumonia
- 1 in 1,000 develop encephalitis, convulsions, hearing loss, permanent intellectual disability
- 1-3 of 1,000 children will die of measles complications
- Highest risk for complications: children < age 5, adults > age 20, pregnant women, those with weakened immune systems

Measles Overview

Immediate Actions for Suspected Cases

- **Isolate:** Place student away from others
- **Mask:** Provide surgical mask for student to wear while awaiting pickup
- **Send home and refer for immediate medical evaluation**
- **Report:** Contact DPH immediately (required by law)
- **Exclude:** Do not allow return to school until cleared by medical provider or DPH (for confirmed measles cases, typically 5 days after the rash appears if well enough for routine activities and fever has resolved)

Positive Case Response

- Contact tracing investigations must rapidly determine where an infectious person has been during their contagious period and identify susceptible close contacts who were in those spaces during and for two hours after the infectious person was present.
- **Contagious period:** 4 days before through 4 days after rash onset
- Individuals exposed without proof of immunity will be reported to DPH and required to quarantine for 21 days from last exposure
- **Incubation Period:** typically, early symptoms develop 8-12 days after exposure (range of 7-21 days)
- Close contacts without evidence of immunity may receive one dose of MMR within 72 hours of exposure to prevent infection and avoid exclusion

Positive Case Response

Evidence of immunity:

- Documented MMR vaccine
 - Dose 1 recommended at 12-15 months old
 - Dose 2 recommended at 4 years old (acceptable as long as 28 days or more since 1st dose and both given after 12 months)
- Laboratory proof of immunity (IgG antibodies)
- Birth before 1957
- Laboratory confirmation of prior disease (documentation of prior positive lab test)

Vaccination

- Students are required by law to provide a valid Immunization Certificate, Medical Exemption, or Religious Exemption to attend school
- ACPS: approximately 550 students are currently attending with allowed exemptions (2.4%)
- Some students with exemptions are partially vaccinated, their records would be evaluated individually to determine MMR vaccination status
- Staff members without documentation can contact their medical provider, the high school they last attended, or the SIMON Public portal to check for immunization records. If unable to locate documentation, it is safe to receive another dose of MMR.

Summary

- Primary prevention: MMR vaccination
- Public Health Mitigation Strategies:
 - Enforce school exclusion criteria
 - Prompt identification of cases and quarantine of susceptible contacts
 - Close collaboration with regional Public Health officials

QUESTIONS & COMMENTS
