Responding to Measles Outbreaks in High Priority Populations Part II

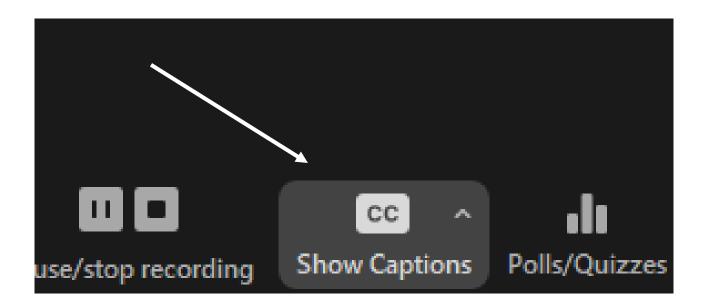
June 17, 2025



Closed Caption Instructions

To Enable Closed Captions:

- Click the "CC" button at the bottom of your screen
- Select "Show Subtitle"



Housekeeping

- Use the Q&A box to submit questions or share resources.
- The recording and slides will soon be available on AIM's website.
- Please complete the brief survey in the pop-up browser after the webinar.

Agenda

National Measles Overview

• Dr. Michelle Fiscus, Chief Medical Officer

Outreach with Ukrainian- and Russian-Speaking Communities

- Vadim Gaynaliy (WA), Health Educator
- Vadim Kogan (WA), Vaccine Hesitancy Outreach Program Coordinator

Partnerships with the Somali Community, Schools and Child Care Centers

- Carly Edson (MN), Immunization Outreach Coordinator
- Hanna Ljungman (MN), Epidemiologist Intermediate

Q&A

AIM Resources

Measles Overview

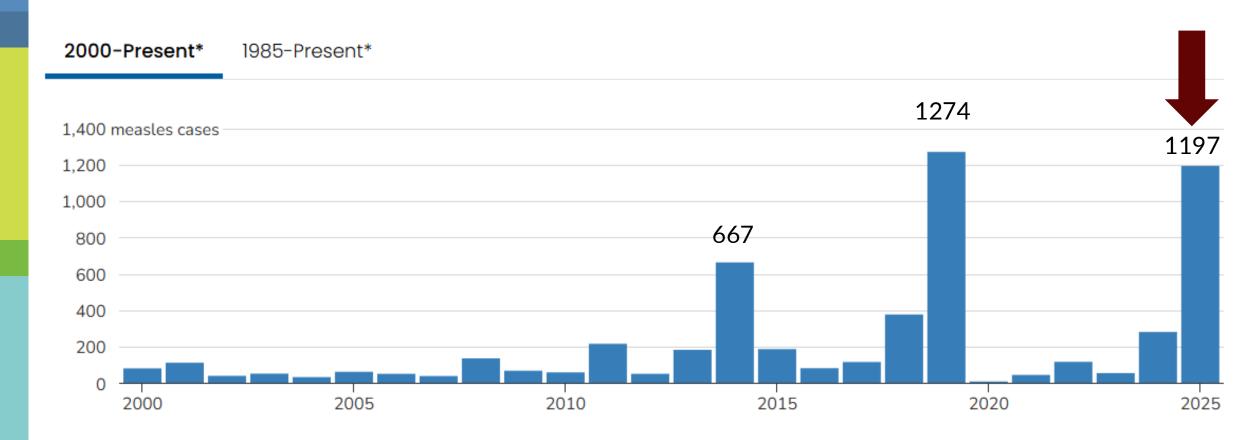


Dr. Michelle Fiscus, MD, FAAP Chief Medical Officer

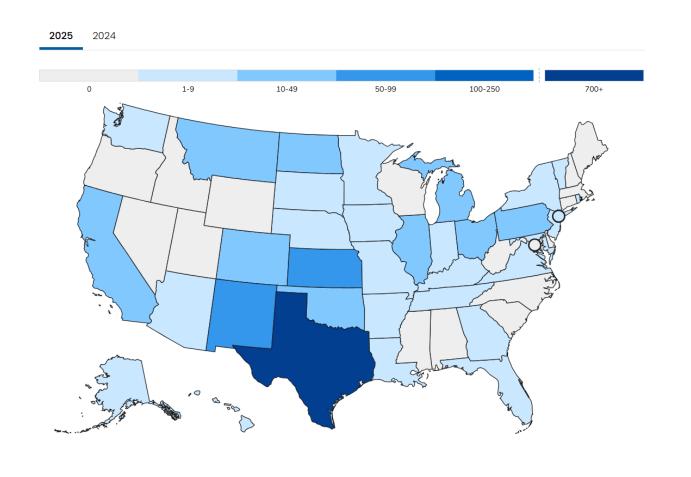
Measles Cases and Outbreaks

Yearly measles cases

as of June 12, 2025



Measles Cases and Outbreaks

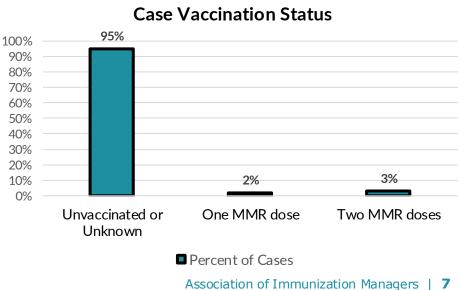


Cases identified in 35 jurisdictions

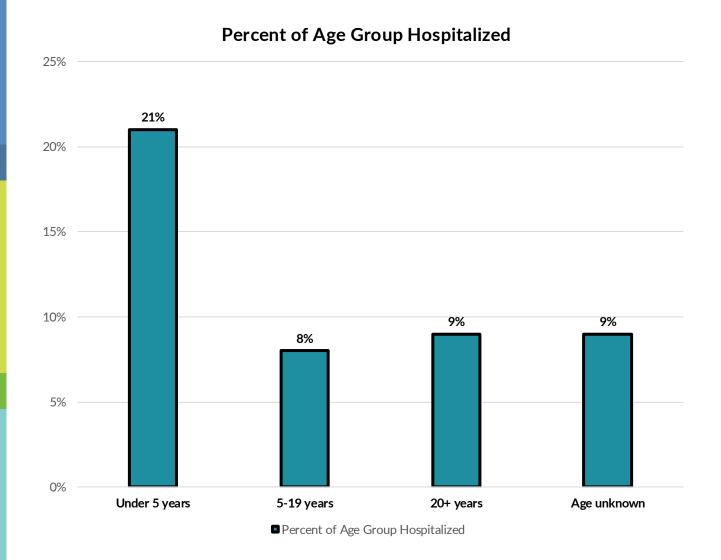
12% (114 of 1197) hospitalized

3 deaths (2 school-aged children (TX) – 1 adult (NM))

21 different outbreaks - this is defined as 3 or more related cases



Measles Hospitalizations





Case by Age:

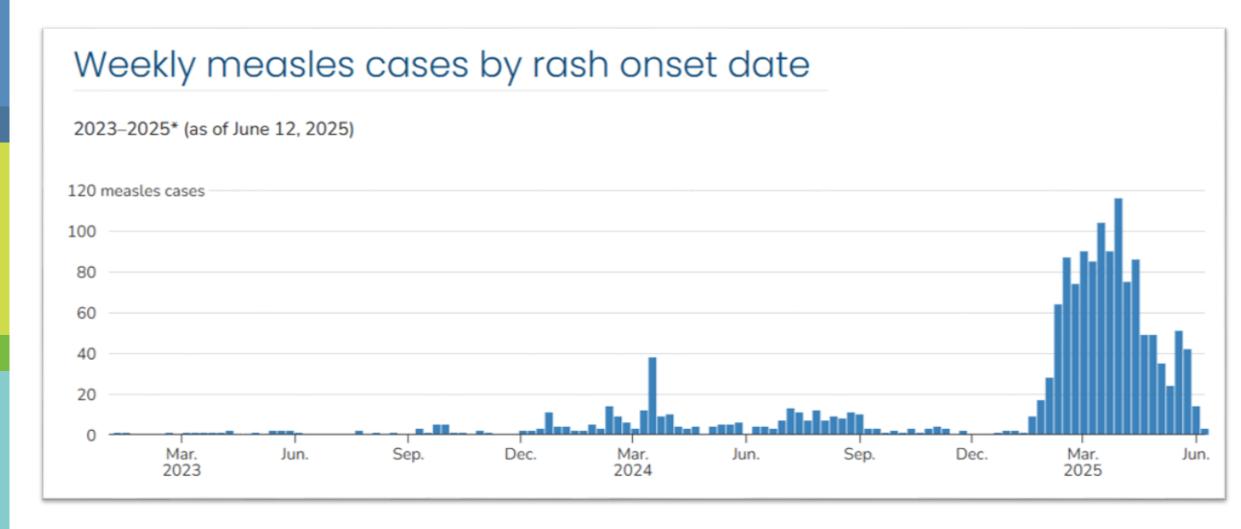
Under 5 years: 347

5-19 years: 446

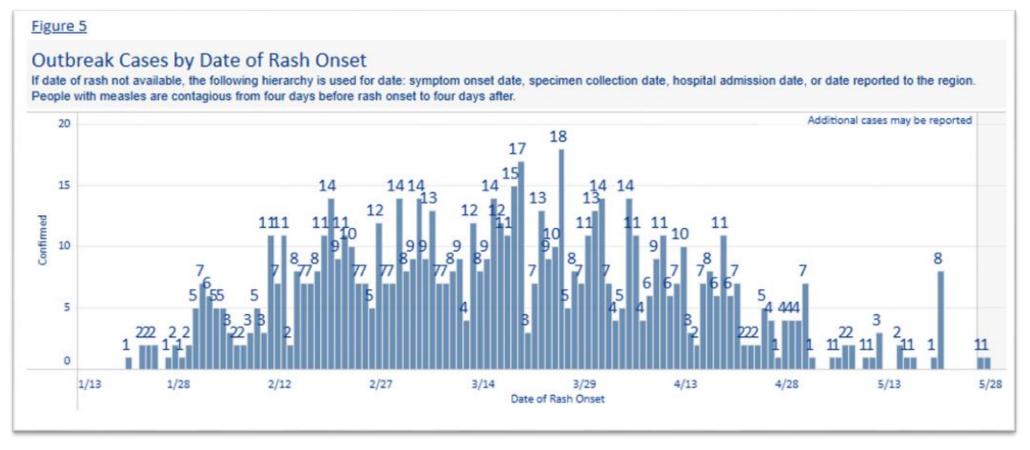
20+ years: 393

Age unknown: 11

National Measles Cases Epi Curve

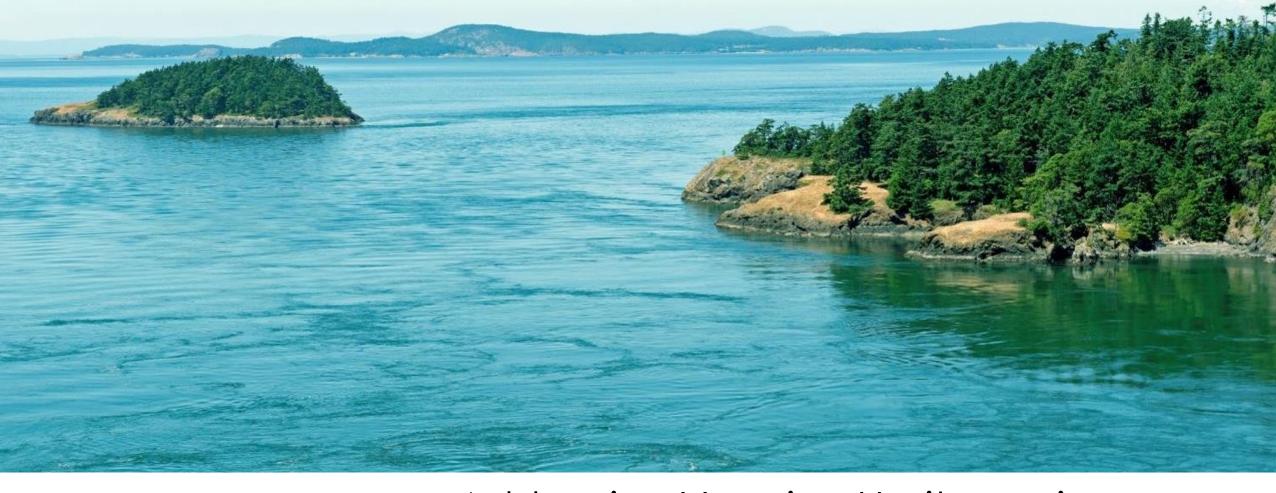


Nearly Out of the Woods?



https://www.dshs.texas.gov/news-alerts/measles-outbreak-2025#:~:text=News%20Updates,departments%20to%20investigate%20the%20outbreak.

Measles Preparedness & Response





Addressing Vaccine Hesitancy in Ukrainian- and Russian-speaking Communities

AIM: Responding to Measles Outbreaks in High Priority Populations Part II 6/17/2025

Contact



Vadim Kogan, MPH
Immunization Health Educator
Center For Health Promotion & Education
Washington State Department of Health

Email: vadim.kogan@doh.wa.gov



Vadim Gaynaliy, MS

Health Educator

Center for Health Promotion & Education
Washington State Department of Health

Email: vadim.gaynaliy@doh.wa.gov

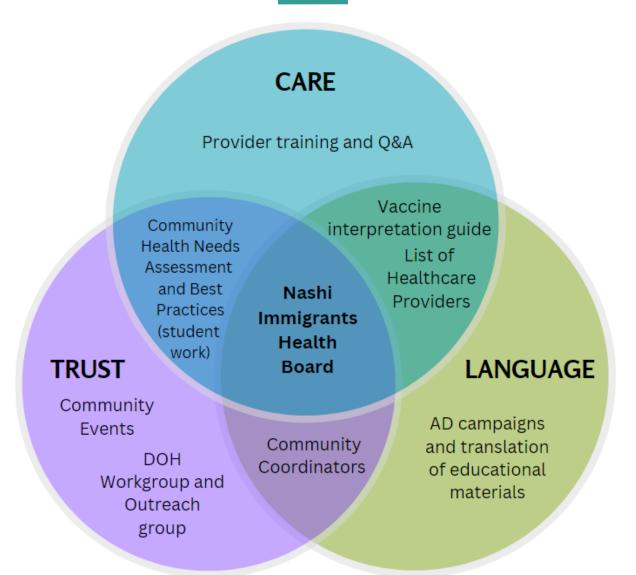
Receipt of 2 or more MMR, Hepatitis A, and 3 or more DTaP-containing vaccines by age 3 years old among children by parental country of birth, born between 2006-2016

Parent birth country	Hep A Vaccine (≥1 dose)	MMR vaccine (≥1 dose)	DTaP vaccine (≥3 doses)
Ukraine	32%	44%	48%
Russia	47%	55%	60%
USA	79%	86%	88%

Key Barriers to Vaccination

- Care: Lack of culturally and linguistically appropriate care from health providers.
- Language: Lack of translated or trusted public health materials.
- Trust: Lack of existing and continued relationships to public health and health care organizations, resulting in community members interpreting that public health decisions are being made without their input.

Key Methods/Strategies

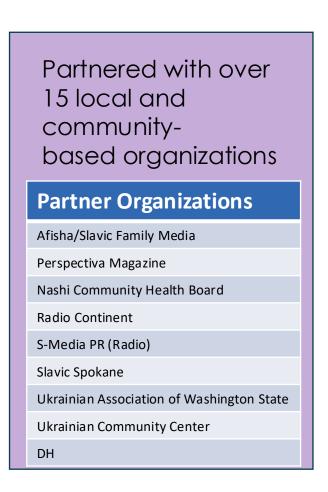


Local Health Participants and Partner Organizations

Washington is the 4th largest state for Ukrainian refugee arrivals

Partnered with 5 county health departments

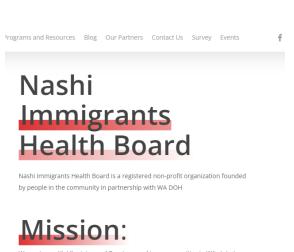
Each hired at least 1 Community Coordinator



Major Community Health Needs via Focus Groups and Key Informant Interviews (In order of Priority)

- Housing and rental assistance for both U4U beneficiaries and sponsor families
- Access to healthcare resources (PCP, dental, vaccines, medications, TB)
- 3. Immigration and legal services
- 4. Access to adequate interpreters, specifically Ukrainianspeaking
- 5. Access to mental health and anxiety resources

Establishing a Community Health Board: Nashi Immigrants Health Board



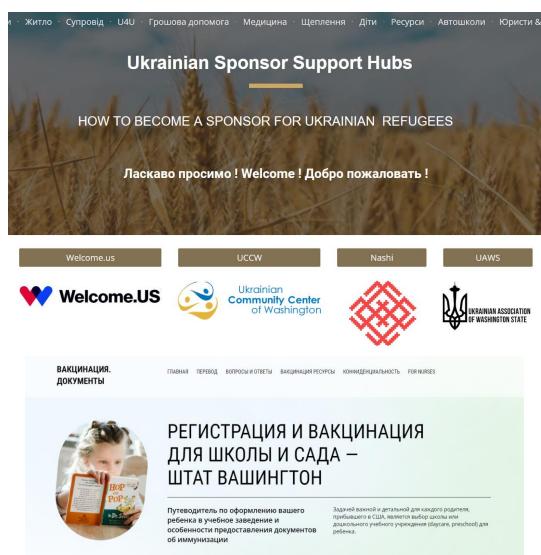
We partner with Ukrainian and Russian speaking communities in WA state to meet the broad range of health and social needs of our people and advocate through community engagement, empowerment and connection to resources

Vision:

We seek to understand, support and empower our community and provide for a healthy future for "Nashi" (our community) through a lens of health equity and social justice.

f Share

in Share





Examples of Developed Materials









Key Takeaways

- 1. Hire community members to serve as local coordinators.
- 2. Find and support organizations already serving the community.
 - Build capacity: Help communities start new organizations and create pathways for professional development.
- 3. Collect and provide data to justify why you are looking to partner with communities.
- 4. Share information with other agencies, partners, and the community. Create a resource hub.
- Trust and respect others' perspectives, experiences, and beliefs.

Key Takeaways

- 6. Partnerships take time. Several of these partnerships took years to establish.
- 7. Be intentional about establishing authentic, reciprocal relationships with community members. They can help you develop a better public health program.
 - Go beyond soliciting community input on activities: Involve people in planning. Show that you've acted on their recommendations, even if it is beyond the scope of your project. This builds trust.
- 8. Give partners the tools they need to carry out the work.
- 9. Recognize that mistrust is a significant barrier in your community outreach. Account for this in your work.

Resources

Toolkits

- Russian- and Ukrainian-speaking Communities Vaccine Outreach Toolkit: Translated vaccine materials in English/Ukrainian/Russian the DOH outreach program put together.
- Community Partnerships and Engagement with Refugee Communities Toolkit

Guides/Webinars

- <u>Utilizing Community Health Boards to Build Community Capacity</u>
- Measles Key Information Guide
- <u>Ukrainian and Russian Language Translation Guide for School Immunization Records</u>
- Webinar: How to Use the Translation Guide
- Webinar: How to involve Ukrainian Communities in Public Health Response Activities

Resources Cont.

eCourses:

- Fostering COVID-19 Vaccine Confidence in Russian and Ukrainian-Speaking Communities.
- Connecting with Ukrainian refugees: Meeting their needs with better care and key services.

Partners:

- Nashi Immigrants Health Board: Community Health Board aimed at providing health information for Ukrainian- and Russian-speaking Communities
- <u>Community Health Board Coalition</u>: Organization that works to improve health outcomes in refugee, immigrant and BIPOC communities in Western Washington through policy and systems change



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.



Building Vaccine Confidence in Minnesota's Priority Communities

Carly Edson and Hanna Ljungman

Agenda

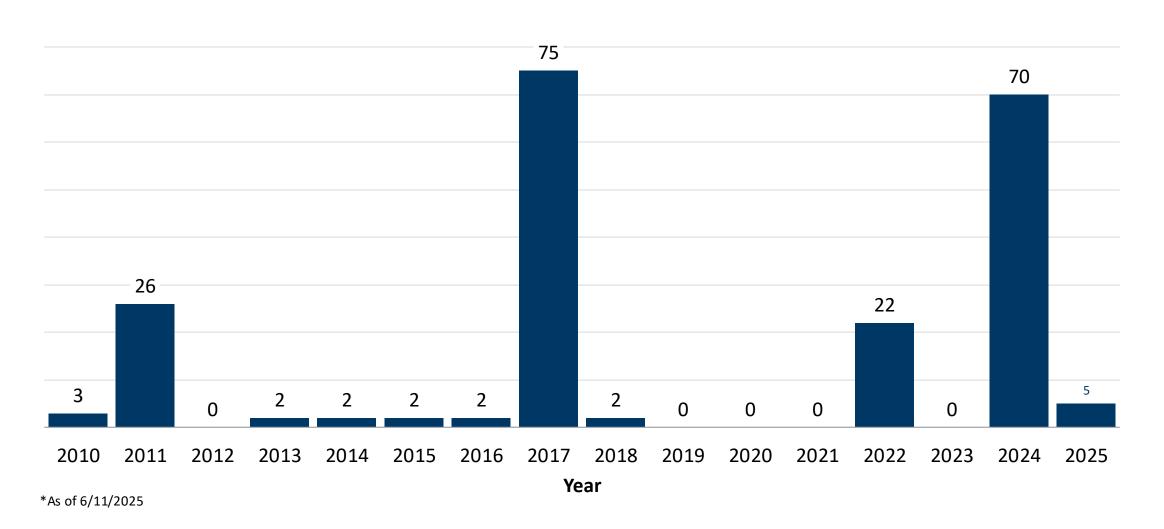
- Introduction to measles and Minnesota
- Working with community partners
- Partnerships with schools and child cares
- Creating vaccine advocates
- Minnesota Health Communications Initiative
- Lessons learned



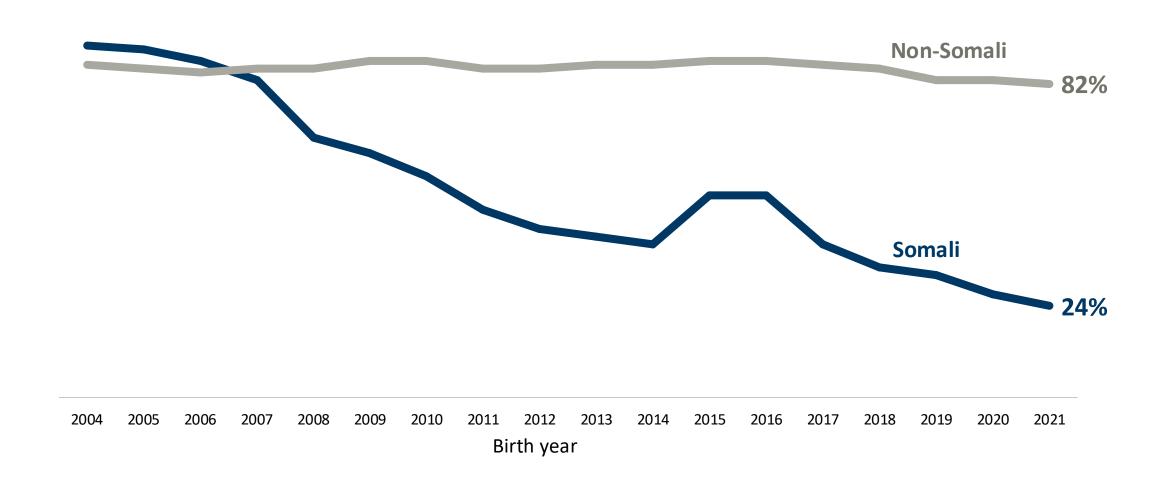
Introduction to measles in Minnesota

Hanna Ljungman | Epidemiologist

Measles cases in Minnesota, 2010-2025



1+ MMR coverage rates by 24 months, by Somali ethnicity and birth year (2004-2021)







Working with community partners

Carly and Hanna

Community-based organizations

- Integral for building trust and spreading awareness.
- Leveraged partnerships from COVID to address 2024 measles outbreak.
- Supported partners with messages and resources.



Resources for partners

- Key messages
- Graphics
- Fact sheets
- Vaccination clinic resources
- Videos





Faith leaders

- Important messengers during an outbreak.
- Held 2 trainings to equip imams with important messages about vaccination and measles.



Grant with Hennepin Healthcare Mobile Health Unit

- Pop-up vaccination events at schools and child cares with low immunization coverage.
- Ability to offer well-child visits and work to connect families with a medical home.
- Host townhalls with communitybased organizations to build vaccine confidence.



Photo courtesy of Hennepin Healthcare



Partnerships with schools and child cares

Hanna Ljungman | Epidemiologist

Building trusting partnerships

Measles exposures can occur in schools and child cares and be highly disruptive to education.

Important to build trusting partnerships with schools and child cares before, during, and after outbreaks.

Our team offers support year-round to schools and child cares on implementing the immunization requirements in their programs.

Our partners

- Collaborating with the Somali Child Care Association (CCA).
- Connecting with the Department of Human Services (DHS) and the Department of Education (MDE).
- Meeting with priority child cares and charter schools with low MMR rates.
- As needed: Q&A sessions, back to school events, parent nights, etc.



Proactive communication

- Communications sent out to all schools and child cares when the first case is confirmed.
- Developed guidance documents for preparing for and responding to measles cases.
- Template communications for partners to use.
 - Situational awareness and prevention
 - Exclusion letters
- Preparing For and Responding to Measles in Your Child Care (www_health_state_mn_us/people/immunize/ed/measlesfcc_pdf)
- Preparing For and Responding to Measles in Your Child Care Center (www.health.state.mn.us/people/immunize/ed/measlesccc.pdf)
- Preparing For and Responding to Measles in Your School (www.health.state.mn.us/people/immunize/ed/measlesschool.pdf)



Preparing for and Responding to Measles in Your Child Care Center

Measles can spread quickly in a child care setting and can cause serious illness. Unvaccinated children and staff are at risk for serious disease, especially children 5 years of age and younger, pregnant people, and people with weakened immune systems. The most important step you can take is to ensure children and staff are vaccinated with the measles, mumps, rubella (MMR) vaccine. The MMR vaccine is safe and effective at preventing measles disease.

How to prepare

- Ensure children are vaccinated with the MMR vaccine or have a legal exemption on file. Child cares
 in Minnesota can now have a policy to not accept non-medical exemptions.
- Encourage staff to confirm they have received the MMR vaccine or have immunity to measles. If they know they aren't immune to measles encourage them to receive the MMR vaccine.
- Save immunization and exemption records for all children and make sure these records are current and easy to look up.
- MIIC and Child Cares
 (www.health.state.mn.us/people/immunize/miic/participate/childcare.html)
 is a tool that can assist you when gathering immunization records.
- Inform families of unvaccinated children and unvaccinated staff that they may need to stay home for up to 21 days each time they are near someone who has measles.
- Know the signs and symptoms of measles.
 - Measles (Rubeola) (www.health.state.mn.us/diseases/measles/measlesfacts.html)

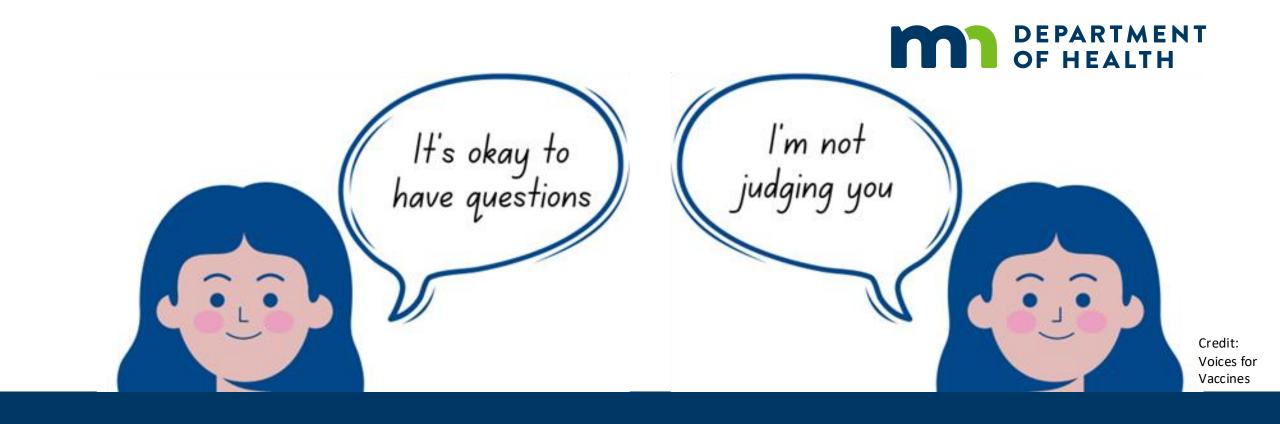
Steps to take if there has been a person with measles at your child care center

Child care providers are required to let the Minnesota Department of Health know right away if someone with measles has been at their child care.

Priority school and child care outreach

- Outreach to priority schools and child cares with low MMR rates.
- Meetings with administration and school health staff.
 - Review data.
 - Share resources.
 - Ask about barriers they are facing.
- Increased effort during an outbreak in areas with confirmed cases.





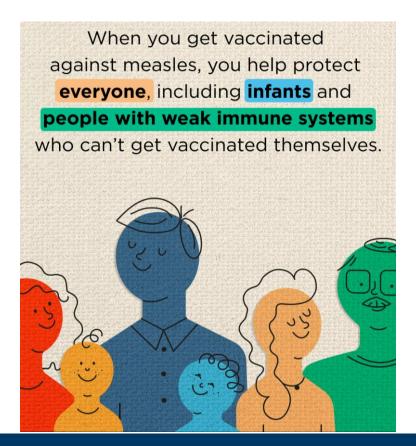
Creating vaccine advocates

Carly Edson | Immunization Outreach Coordinator

Trusted messenger trainings

- Using Voices for Vaccines 4-As training: Ask, Acknowledge, Affirm, Answer.
- Have trained:
 - Family home visitors.
 - School cultural liaisons.
- Working to host more trainings in the future.







Minnesota Health Communications Initiative

Carly Edson | Immunization Outreach Coordinator

Assessing public knowledge and attitudes

- PGP's analysts use media monitoring to assess public knowledge and attitudes on vaccine-related topics.
- All data is publicly available. No private conversations are monitored.



The Public Good Projects (PGP) resources

Newsletter

- Biweekly
- Summarizes current sentiments from media monitoring.
- Shares helpful messages and graphics to combat misinformation.

Resource Download Center

- Free and downloadable resources.
- Available in multiple formats and languages.
- Resources will remain unbranded.

Minnesota Health Communications

Initiative
(https://www.mnhealthcomms.org/)



Lessons learned

Carly Edson | Immunization Outreach Coordinator

Lessons learned

- Fear of measles does motivate some parents to get their children vaccinated.
- Community relationships are integral to this work. And it's imperative that they are maintained before and after an outbreak.
- Trusted messengers are powerful during an outbreak.
- Mass vax events do not work.
- We are worried about this for the future without funding.

Resources

- Community centered measles messages: <u>Measles (Rubeola) Basics</u> (<u>www_health_state_mn_us/diseases/measles/basics_html</u>)
- City of Minneapolis Health Department storytelling videos:
 - <u>Understanding Measles and Keeping Minneapolis Communities Safe:</u> https://www.facebook.com/watch/?v=502439385929707
 - Measles Vaccine (English) (https://www.facebook.com/watch/?v=824105859914784)



Thank you!

Carly Edson: carly.edson@state.mn.us

Hanna Ljungman: hanna.ljungman.@state.mn.us

Q&A



AIM Resources

AIM Resources

Title:	What's In It?
Program Practice Database	Innovative and successful promising practices sourced from immunization programs. Five new practices recently added!
AIM Toolkits	Comprehensive collections of resources such as webinars, operational examples, case studies, etc. Check out AIM's Immunization Coalition Toolkit ,

Thank you!

Please take a moment to complete the brief survey at the end.



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Association of Immunization Managers

