Measles Part II:

Cause and Effect of Vaccine Misinformation: A Case Study in Minnesota

Presentation to Washington Vaccine Update

October 27, 2017

Twitter: InfectiousPS



Disclosures

This activity is coprovided by WithinReach and Cardea Services.

Successful completion of this continuing education activity includes the following:

- Attend the entire conference
- Complete an online evaluation at http://www.surveygizmo.com/s3/3840875/WA-Vaccine-Update-Learner-Evaluation
- Complete an online certificate request at the link above

If you have any questions about this CE activity, contact Margaret Stahl at seattle@cardeaserivces.org or (206) 447-9538



Disclosures

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Disclosures

Richard Fischer, MD is a member of an Organon speaker's bureau.

Dr. Fischer does not participate in planning in which he has a conflict of interest, and he ensures that any content or speakers he suggests will be free of commercial bias.

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There is no commercial support for this presentation



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Learning Objectives

By the end of this session, you should be able to:

- 1. Describe the role of activists in disseminating vaccine information in an immigrant community
- Discuss ways to effectively communicate with similar communities in Washington State.



The New Hork Times

Minnesota Sees Largest Outbreak of Measles in Almost 30 Years

By CHRISTOPHER MELE MAY 5, 2017



Amira Hassan of Burnsville, Minn., and her father, Mohamud, at the Children's Minnesota specialty clinic in Minneapolis on Tuesday.

Health officials are grappling with the largest outbreak of <u>measles</u> in Minnesota in almost 30 years, which is mainly sickening young children of Somali immigrants who fell under the sway of anti-vaccination activists.

MEASLES



is **highly contagious** and spreads through the air when an infected person **coughs or sneezes**.



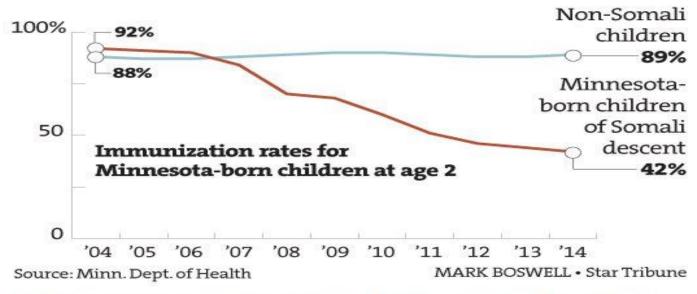
It is so contagious that if one person has it,

9 out of 10 people of all ages around him or her will also become infected if they are not protected.

"The Somali Community was Targeted"

SOMALI VACCINATION RATES FALL

The Somali backlash against the measles vaccine is new; their kids' vaccination rates matched the general population until 2008, when fears of a link between the vaccine and autism sparked a reaction among Somali parents.



MMR uptake among Somali immigrants in Minnesota: This is the effect of nearly a decade of antivaccine propaganda.

Source: MN Department of Health

Effects of Misinformation





World Health Organization States:

Accessed 10.16.17

- Measles is one of the leading causes of death among young children even though a safe and cost-effective vaccine is available.
- In 2015, there were 134,200 measles deaths globally about 367 deaths every day or **15 deaths every hour.**
- Measles vaccination resulted in a 79% drop in measles deaths between 2000 and 2015 worldwide.
- In 2016, about 85% of the world's children received one dose of measles vaccine by their first birthday through routine health services up from 73% in 2000.
- During 2000-2015, measles vaccination prevented an estimated 20.3 million deaths making measles vaccine one of the best buys in public health.

WHO: Unacceptable tragedy



INDEPENDENT News Voices Sports Culture Indy/Life Video Daily Edition



News > Health

Measles kills 35 people in Europe as disease spreads through un-vaccinated children, warns WHO

Majority of fatalities in Romania, which has seen a 'substantial drop in immunisation coverage'

Katie Forster Health Correspondent | @katieforster | Wednesday 12 July 2017 07:30 BST | 🖵 0 comments













Measles

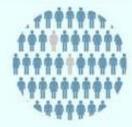
IT ISN'T JUST A LITTLE RASH



About 1 out of 4 people who get measles will be hospitalized.



1 out of every 1,000 people with measles will develop brain swelling (encephalitis), which may lead to brain damage.



1 or 2 out of 1,000 people with measles will die, even with the best care.



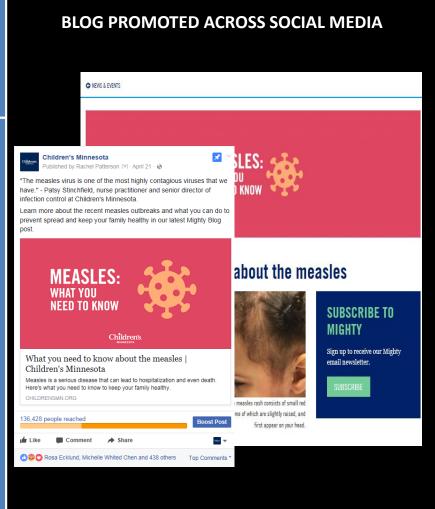
WWW.CDC.GOV/MEASLES

Voices from our parents

- Had I known the "M" in MMR was for measles, I never would have skipped it. Measles is what my sister died of in Somalia!
- All I knew was that when I came to America, don't take "the triple shot." I didn't know why but now I have evidence of how dangerous it is to not protect your children.
- I didn't think there was measles in the US. So I was more afraid of autism than measles so I didn't get MMR. I am telling all of my family and friends now to get the MMR because my child could have died from measles here like her cousin did in Somalia.

Ways to Combat Misinformation: Social Media Outreach

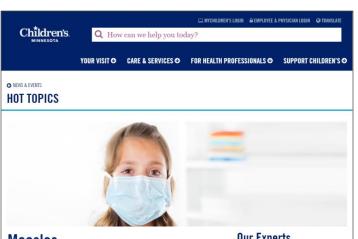




TOTAL IMPRESSIONS 390,458

TOTAL ENGAGEMENTS 1,197

Digital Media



Measles

Measles is an extremely contagious respiratory disease caused by a virus. It spreads in the air through coughing and sneezing and can live for up to two hours on surfaces or in an airspace where an infected person has coughed or sneezed. While no longer common in the U.S., it is still is common in many other countries and may be brought into the U.S. by unvaccinated travelers. The best way to prevent measles is to be fully vaccinated.



Our Experts



Patsy Stinchfield, MS, RN, CPNP, is an infectious disease nurse practitioner and Director of Infection Prevention and Control and the Children's Immunization Project at Children's Minnesota. She is a widely-recognized infectious diseases specialist and expert on vaccinations and immunizations, and has served as a source for the Associated Press, The New York Times, USA Today and more.

Contact our media relations team to contact our experts



FOR HEALTH PROFESSIONALS

OVERVIEW LICHILDREN'S PHYSICIAN ACCESS LIEDUCATION LIRESOURCES FOR HEALTH PROFESSIONALS LIHEAUTH PROFESSIONAL NEWS

Measles toolkit for health professionals

Children's Minnesota, in partnership with the Minnesota Department of Health, is currently managing a measles outbreak. In response, all usual safety and protective measures have been implemented to minimize spread in our hospitals and clinics. Measles is a highly contagious virus and therefore the number of confirmed cases and exposed people continue to increase. We believe we must work together as healthcare providers to stop the spread of the disease and educate the community on the importance of immunization.

Since this outbreak was first identified in a Children's patient, we have developed and implemented several key documents, processes, and procedures to help our clinicians manage the increasing needs for services. Because the situation continues to evolve and the number of exposed people in the community has extended beyond our walls, we are offering the following resources to providers in and out of our network in an effort to help others manage the situation within their own healthcare facilities.

Thank you for your commitment to the health and well-being of the communities we serve.

Created Content

- Health provider landing page
- Provider letters
- Exposed patient letters
- Clinic patient letters

WHAT ARE SYMPTOMS OF MEASLES?

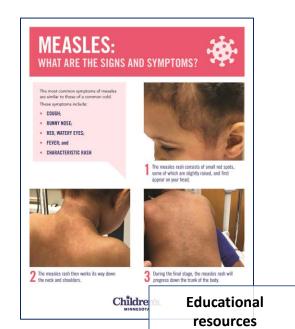
Measles symptoms appear anywhere from eight to

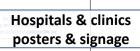
21 days after a person is exposed to measles. If you or one of your family members is experiencing the symptoms below, please contact your primary

slightly raised. Begins at the hairline, moves to the face and upper neck and down the body) AND

Cough OR runny pose OR watery/mattering eyes







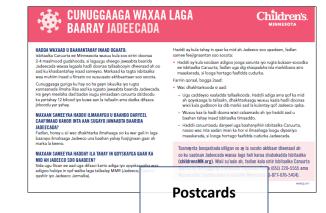
Confirm your vaccination status. If you or anyone

primary care doctor will discuss post-exposure

 Discuss your symptoms and determine if a visit to your clinic is needed.



M0952x 4/17



Measles update: internal/external communications Updated: April 14, 2017

Welcome Desk talking points/resources

Overview
As of April 13, 2017, seven cases of laboratory-confirmed measles have been

identified in unvaccinated children from Hennenin County. Two natie siblings and all three patients were seen campus. Please use the following talking approach you with questions or concerns

Talking points

- If you received a call from Childre 612-813-8001.
 If you have non-urgent questions.
- If you have non-urgent questions
 Additional information regarding

Internal staff talking points

Additional resources (internal only)

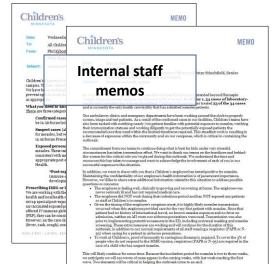
- For escalated questions or concerns, please refer the family to our family relations liaison office at 612-813-6816.
- For <u>non-urgent</u> questions related to measles, please transfer to Infection Prevention and Control at 651-220-5555.
- For <u>urgent</u> questions related to measles, please transfer to the Infection
- Preventionists on call at 651-629-4444.

 Additional information regarding measles and visitor guidelines can be found at

Outgoing message script - Visitor Restrictions incl. measles update (Updated info is highlighted)

Children's fall/winter visitor guidelines are now in effect. The following guidelines have been put in place to protect our patients, families, visitors, and staff:

- Visitors, including siblings, may not visit if they have a fever, cough, sore throat or runny nose.
- Parents and legal guardians with visitation rights experiencing mild respiratory symptoms may visit, and must wear a mask.
- Children under age 5 may not visit.
- Parents, legal guardians, and visitors are screened for wellness every day, must have a photo ID badge to enter patient care areas, and are expected to do hand hv/sien.
- No more than four people may visit at any one time this includes parents, legal guardians, siblings, and other visitors. Some units may have stricter guidelines in place. Please call ahead for unit-specific visitor information.







been targeted with misinformation about vaccine risks. Jamie



wbur 909



Here & Now

National Public Radio



9 Cases Of Measles Confirmed In Minnesota

April 18, 201

Health officials in Minnesota have confirmed nine cases of measles in the state, all in children who have not been vaccinated. There have also been recent cases of measles in Nebraska, Michigan and Texas. Experts say it could be a bad year for measles globally.

Here & Now's Meghna Chakrabarti speaks with Patsy
Stinchfield (@InfectiousPS), senior director of infection prevention and control at Children's Hospitals and Clinics of Minnesota.

The Washington Post

Md. clears immigrant teens in rape case

Inconsistencies are cited in dropping of charges that caused national stir

AND ANN E. MARIMOW



Anti-vaccine rhetoric fuels scary reality

Minnesota faces major measles outbreak after groups sow antism fears in So

MINNESOTA

One vote leads to a long line of battle

BEALTH CARE NOW A DEFINING ISSUE

Parties already looking to midterus and beyond

Trump transition officials warned Flynn about ties to Russian envoy

BY GREE MILLER AND AREM ENVIOLE



Wind's in the cast; mist comin' in

Republican senators catch the health-care hot potato

Ark, bywensker unsong skeptics of House bill

IN SUNDAY'S POST

used the area to eat at staurants, both old and



INSIDE

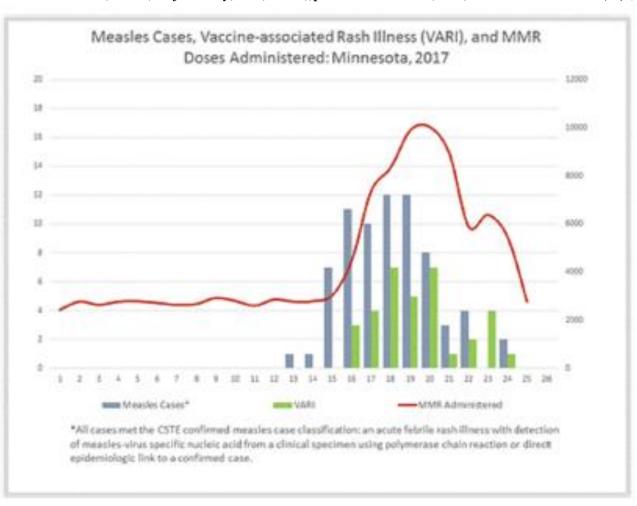
Work directly with the Somali Community

- ➤ Somali Employee resource group
- ➤ Somali Clinicians Listening dinner
- ➤ Somali Imam meetings
- > Ramadan Eid meeting and dinner
- ➤ Public Meetings
- ➤ Day to Day 1:1
- > Phone conversations and really listening
- > Translated materials



Sorting the Wheat from the Chaff: Vaccine-Associated Rash Illness Occurring Amidst a Large Measles Outbreak—Minnesota, 2017

Karen Martin, MPH; Rajal Mody, MD, MPH,;p Malinini Desilva, MD, MPH et al OFID 2017:4 (Suppl 1)



Sorting the Wheat from the Chaff: Vaccine-Associated Rash Illness Occurring Amidst a Large Measles Outbreak—Minnesota, 2017

Karen Martin, MPH; Rajal Mody, MD, MPH,;p Malinini Desilva, MD, MPH et al OFID 2017:4 (Suppl 1)

Results. Over **42,000 MMR doses above expected** were administered during the outbreak. We identified 71 measles cases and 30 VARI.

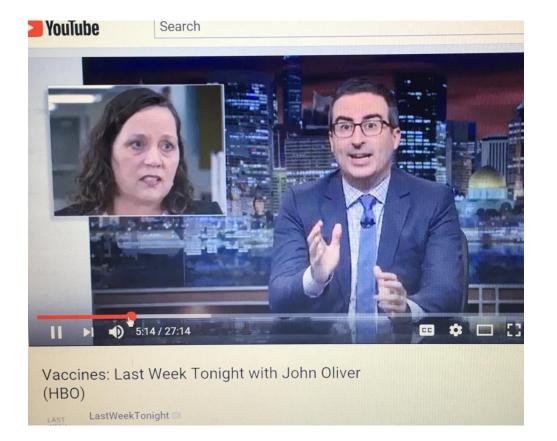
- ➤ The median age of VARI patients was 1.2 years (range 10 months—48 years) and for measles cases 2.8 years (range 3 months—57 years).
- ➤ VARI diagnosis increased with rising MMR administration (figure);
- rash onset occurred a median of 11 (range 7–18) days after MMR receipt.
- ➤ Most VARI (97%) occurred following first MMR dose.
- ➤ The presence of fever was similar among VARI and measles cases (97% of VARI vs. 100% of measles cases; P = 0.12), but
- ➤ differences were seen in the proportion with
 - **■**cough (30% vs. 96%; P < 0.001),
 - **■**coryza (47% vs. 85%; P < 0.001),
 - **■**conjunctivitis (23% vs. 68%; P < 0.001), and
 - exposure to infectious measles cases (0% vs. 96%).

Worst Case Effect of Misinformation: Fatal complications

- SSPE—cdc.gov/measles/complications Accessed 10.16.17
- Subacute sclerosing panencephalitis (SSPE) is a very rare, but fatal disease of the central nervous system that results from a measles virus infection acquired earlier in life. SSPE generally develops 7 to 10 years after a person has measles, even though the person seems to have fully recovered from the illness. The risk of developing SSPE may be higher for a person who gets measles before they are two years of age. Death usually occurs 1-3 years after diagnosis.

Who do young parents trust? John Oliver *Last Week Tonight*

 Over 7 million YouTube views and 3.3 million on Facebook (29K likes and 2500 comments)



Thomas Edison



"The greatest medicine of all isto teach people how not to need it."