HENNEPIN COUNTY

MINNESOTA

Public Health



Hennepin County, MN

- 1.25 million residents
 - 420,000 live in Minneapolis
 - 13% foreign born
 - Large Somali-Minnesotan immigrant/refugee population



2017 Measles Outbreak

- First case confirmed April 11 in an unvaccinated 20-month-old with no travel history
- Majority of cases among unvaccinated Somali-Minnesotan children
- All told: 70 cases in Hennepin County,
 9 cases outside Hennepin County
- 22 cases were hospitalized
- Close to 9,000 people exposed







Coordinated Public Health Response

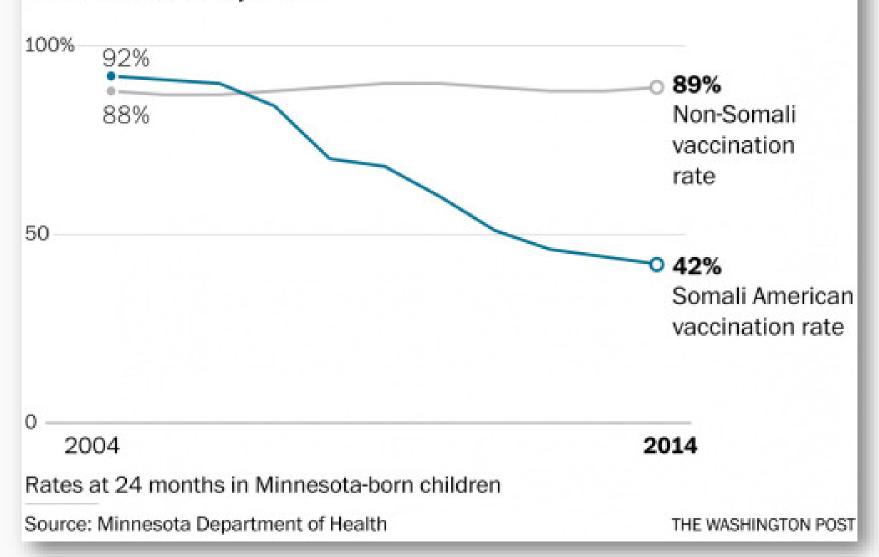
- State & County Health Department collaboration
- Close integration with primary hospital
- Case investigation and isolation
- Post exposure prophylaxis
- Contact investigation
- Exclusion of susceptible individuals
- Community outreach and education





A plummeting vaccination rate in Minnesota

The vaccination rate for measles, mumps and rubella began falling sharply a decade ago among children of Somali descent who live in Minnesota. That drop is now being blamed for a major measles outbreak within the Somali American community there.



"About immunization...not immigration"







Immunization Guidance Changed in Outbreak

- MMR vaccination recommendations vary based on the location and age of the patient
- Accelerated immunization schedule in affected areas
- Providers assessed MMR vaccination status for all patients at every visit
- Recall MMR- children and adolescents age 12 months and older



Community Outreach

- Public Health and Multicultural Services teams
 - >150 visits to apartment buildings, businesses, community centers, mosques
 - Focus on vaccine recommendations, debunking myths about vaccine, and promoting exclusion compliance
 - Somali speakers. Somali health staff.





Community leaders are best messengers



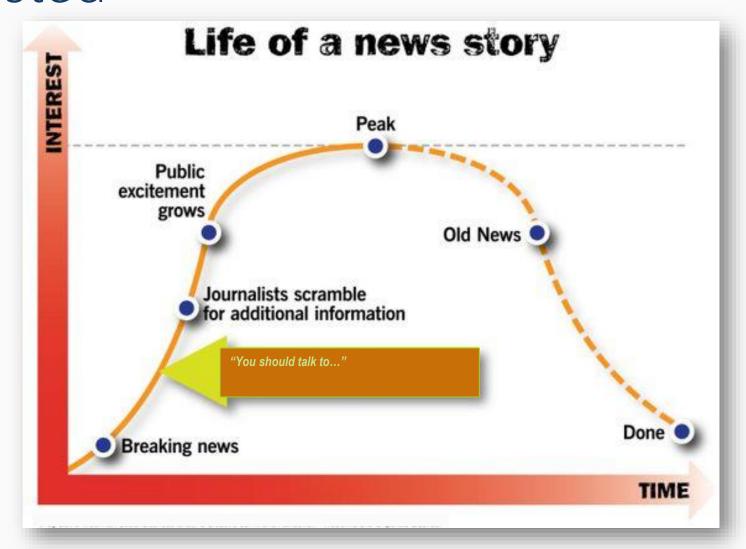


Face-to-face, one-on-one





Seize the opportunity when the media is interested



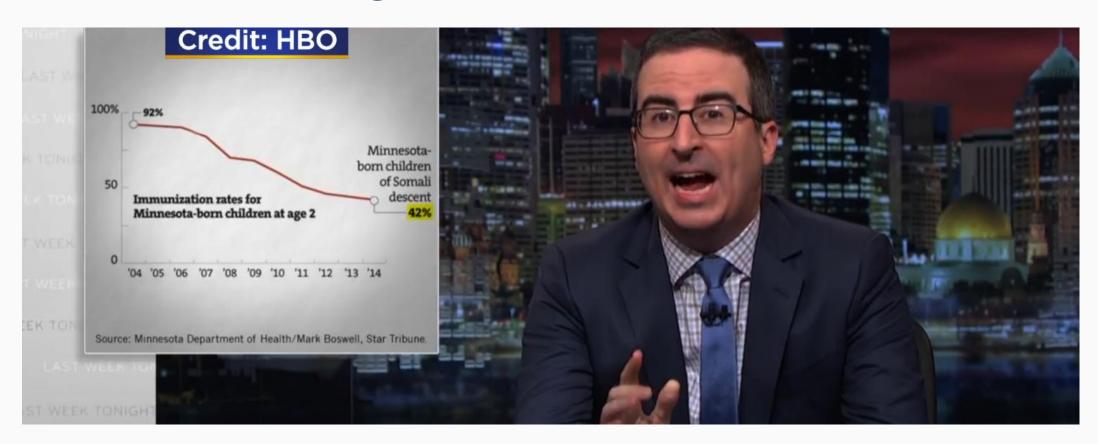


Anti-Vaccination Advocates Activated

- Have targeted Somali community since the mid-2000's
- Coordinated several events designed to stoke vaccine fears
- Public Health took a coordinated approach and did not directly engage this discussion.
- Focus was that we have an outbreak, and that vaccines are the most effective means to prevent disease
- Some in the Somali community were ready to directly oppose antivaxxers. We supported them taking ownership on that front.

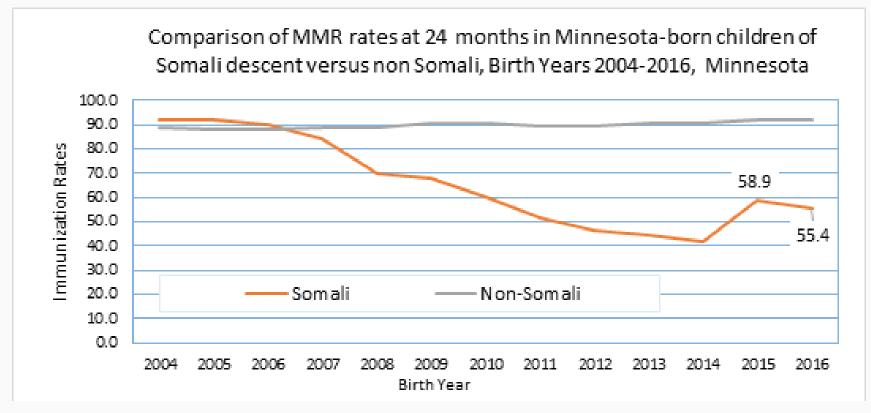


National attention went beyond traditional media coverage





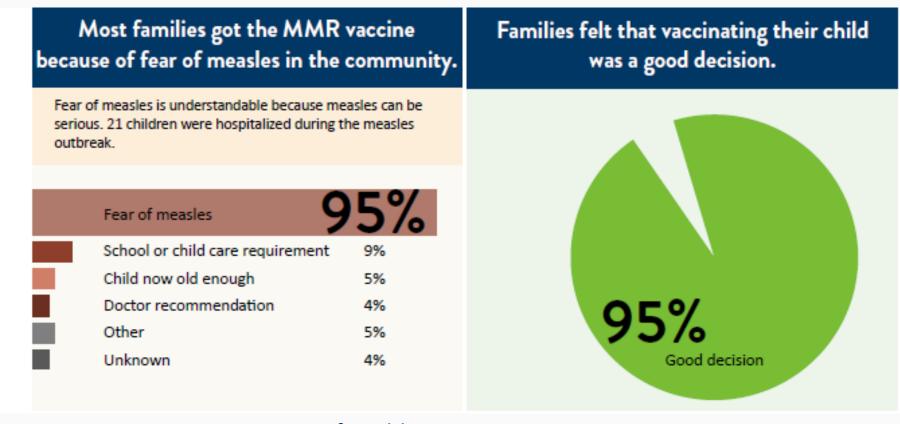
Vaccination rates increased, then fell post-outbreak



Source: Minnesota Department of Health



Vaccine-hesitant parents reported fear of disease was top reason for vaccination during outbreak



Source: Minnesota Department of Health



Post-outbreak approaches

- Collaboration between state and local health departments
- Staff support for a Somali Public Health Advisors group
- Support for MDH Faith in Medicine project
- Support vaccine promotion in public health outreach such as Child & Teen Checkups (EPSDT), WIC, case management, interpretation assistance



Lessons Learned

- Focus on vaccine-hesitant parents, not anti-vaxxers
- Adjust our messages understanding community feels targeted/stigmatized
- Vaccine-first messages may not be effective
- In-person communications strategies are most effective
- Assure outreach staff working day-to-day have tools to engage parents with science based messages



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