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.

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Source: Minnesota Department of Health

THE WASHINGTON POST
“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

https://www.health.state.mn.us/communities/ep/han/2017/may4measles.pdf
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 anti-vaxxers. 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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