National Center for Immunization & Respiratory Diseases



Measles -- 2019

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Centers for Disease Control and
Prevention

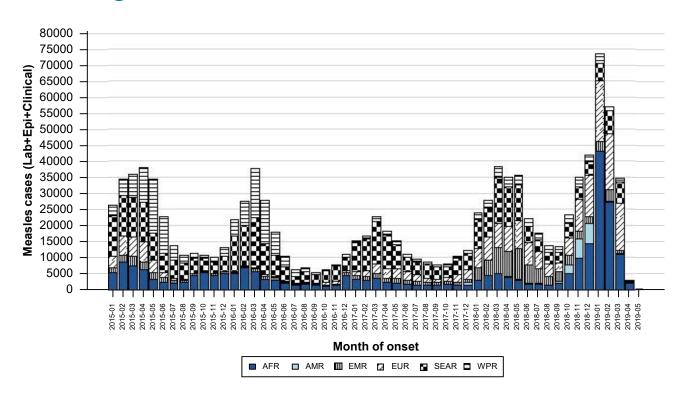
National Vaccine Advisory Committee Washington, D.C.
June 4, 2019

Global Measles Update

Measles -- 2019

Measles case distribution by month and WHO Region (2015-2019)



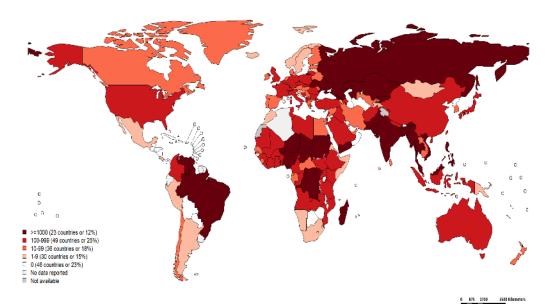


Notes: Based on data received 2019-05 - Data Source: IVB Database - This is surveillance data, hence for the last month(s), the data may be incomplete.

Number of Reported Measles Cases (6M period)



Top 10*		
Country	Cases	
Madagascar	84765	
Ukraine	56094	
India**	19544	
Nigeria	10610	
Brazil	8663	
Philippines	7518	
Yemen	6779	
Kazakhstan	5902	
Thailand	5784	
Venezuela (Bolivarian Republic of)	5668	





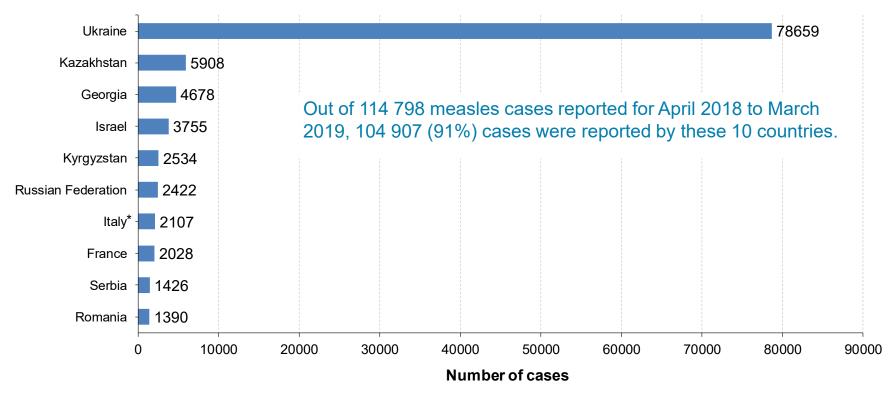
Map production: World Health Organization, WHO, 2019. All rights reserved

Data source: IVB Database

Disclaimer:

The boundaries and names shown and the designations used on this may do notingly the expression of any opinion whatsoever on the part of the Word-Health Organization concerning the departs about of any country, permay, by or are or or this subtract expression of concerning the definition of destructions or the part of the subtractions of the control of the subtractions of the subtraction of the subt

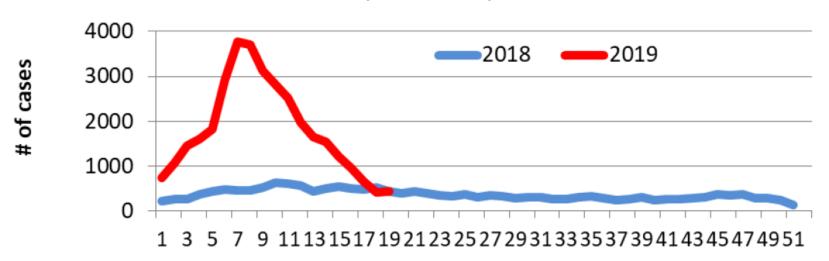
Ten countries with the highest numbers of measles cases in the WHO European Region, April 2018–March 2019



^{*}Based on data from April 2018 to February 2019

Figure 1. Measles Cases by Week of Rash Onset

1 January 2018-11 May 2019



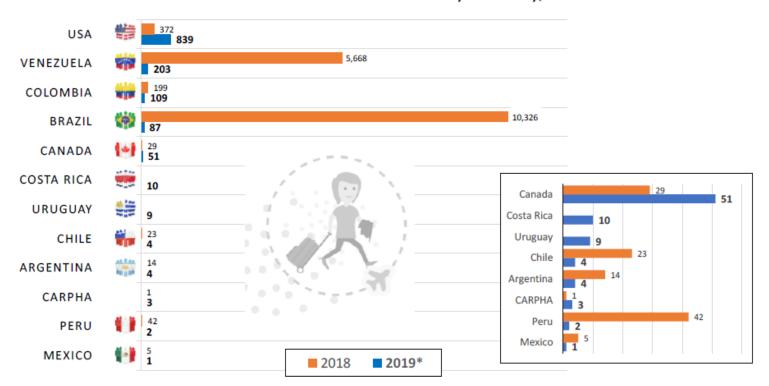
Epidemiological weeks

Source: Philippines Department of Health Measles-Rubella Surveillance Reports 2019

UNICEF-WHO Philippines: Measles Outbreak, Situation Report 11, 27 May 2019

Countries with reported measles cases in The Americas

Distribution of confirmed cases by country, 2019*



^{*} Data for 2018 is from 1 January to 31 December. Data from 2019 is from 1 January to 17 May. Source: Weekly country reports to PAHO

PAHO. Measles-Rubella Surveillance Bulletin Vol. 25, No. 19

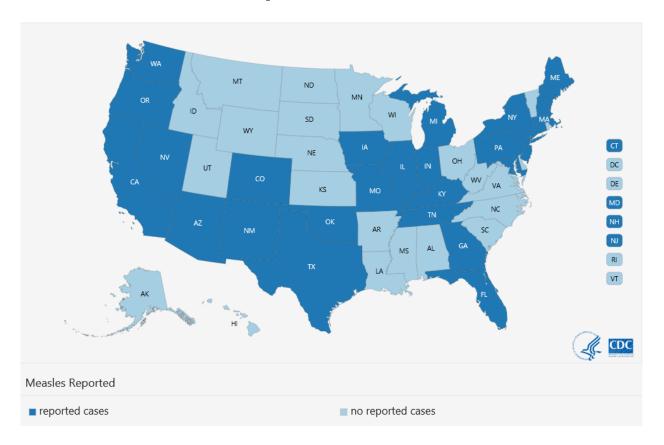
Measles - United States, 2019

Measles -- 2019

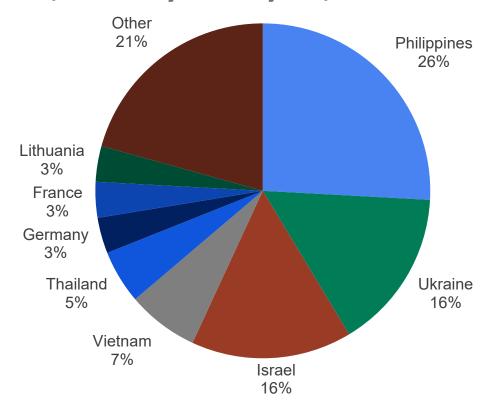
2019 US measles outbreaks

- From January 1 to May 24, 2019, 981 people from 26 states have been reported as having measles cases (increase of 41 cases from May 24th)
 - Greatest number of cases reported in the U.S. since 1992 and since measles was declared eliminated in 2000
- Measles outbreaks (3 or more linked cases) currently ongoing in:
 - New York (since 2018): Rockland County, New York City
 - California: Butte County, Los Angeles County, Sacramento County
 - Michigan
 - Georgia
 - Maryland
 - Pennsylvania
 - Washington

States that Have Reported Measles Cases in 2019



Source Countries for International Importations (n=58) -United States, January 1-May 31, 2019*



^{*}Data are preliminary as of May 31, 2019. Percentages are of all 58 international importations.

What CDC is doing to address the outbreak

- Implemented an Incident Management Structure (IMS) within the National Center for Immunization and Respiratory Diseases (NCIRD)
- Investing in state and local health departments for public health infrastructure and laboratory capacity to support front-line response to suspected and confirmed measles cases
- Providing rapid assistance on the ground during outbreak investigations, through a formal request by the state health department
- Epidemiology:
 - Gathering data reported by states on confirmed measles cases and evaluating and monitoring these data from a national perspective

What CDC is doing to address the outbreak

Communications:

- Communicating with public health officials from states with reported measles cases and providing technical assistance
- Developed a toolkit with resources for physicians about measles and vaccines
- Doing outreach to rabbinical, camp, and medical associations to help spread clear, consistent, and credible vaccine information through trusted sources

Laboratory:

- Testing specimens for difficult diagnostic cases of suspected measles infection when requested by states
- Using Advanced Molecular Detection (AMD) methods to determine measles virus genotypes and strains

Driver #1

Access to Vaccines

Strategy: Dismantle Barriers to Access

- Minimize vaccine costs to patients
- Connect parents with health care providers
- Find new opportunities to vaccinate and minimize missed chances

Driver #2

Pockets of Low

Vaccination

Strategy: Identify, Reach, and Assist Communities at Risk

- Leverage data to identify pockets of low vaccination *before* an outbreak occurs
- Work with health partners and providers to reach groups at risk
- Create tailored, effective, and empathetic materials and approaches to improve MMR vaccination among at-risk communities

Driver #3

Bad Information

Strategy: Immunize Against Bad Information with Accurate, Persuasive Communications

- Contain and counter false safety and efficacy claims
- Partner with health agencies, providers, and other stakeholders to educate the public and policy makers
- Empower health care providers to make a positive case for vaccines

For more information, contact CDC 1-800-CDC-INFO (232-4636) TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.





State Response to the Current Measles Outbreak

Kim Martin, Director, Immunization Policy

National Vaccine Advisory Committee (NVAC) Meeting, June 2019

The Association of State and Territorial Health Officials (ASTHO)

- The Association of State and Territorial Health Officials
 (ASTHO) is the national nonprofit organization representing
 the state and territorial public health agencies of the United
 States, the U.S. Territories, and the District of Columbia.
 ASTHO's members, the chief health officials of these
 jurisdictions, are dedicated to formulating and influencing
 sound public health policy, and to assuring excellence in
 state-based public health practice.
- Strategic priorities:
 - Improve Public Health Through Capacity Building, Technical Assistance and Thought Leadership
 - Advocate for Resources and Policies that Improve the Public's Health and Well-being
 - Develop Strong and Effective State and Territorial Health Officials





Measles State Response Activities

- Enhance surveillance
- Utilize Incident Command System (ICS) and Emergency Management Assistance Compact (EMAC)
- Inform the public of the outbreak and locations where exposures may have occurred
- Educate patients and their contacts about the mode of transmission
- Implement control activities to limit virus transmission
 - o Provide measles vaccine clinics
 - Assess immunity of contacts of cases
 - o Implement isolation and quarantine
- Analyze the outbreak to determine if there is evidence of population immunity gaps that require public health action



CDC, as of May 24, 2019



Media Response

- ASTHO held two media desk side briefings
- Many of our members held multiple press interviews and wrote Op-Ed pieces on the importance and benefits of immunizations which was covered in such national media outlets as NBC, Fox, CNN, US News and World Report, USA Today, The Hill, WIRED, Stat, Governing, and the Washington Post
- John Wiesman (SHO-WA), ASTHO Immediate Past President, testified before the Senate HELP Committee

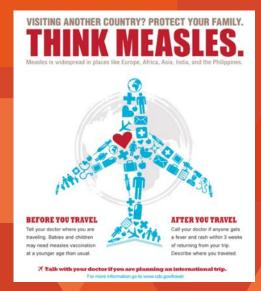


ARLINCTON, Va., Oct. 25, 2018 /PRNewswire/ -- The Association of State . Territorial Health Officials (ASTHO) is concerned about the latest skeptic



State Challenges during the Current Outbreak

- Expensive
- State health agencies may have to pull resources from other programs to assist with the outbreak
- Vaccine misinformation is hard to counter
- Cases or contacts may not follow isolation and quarantine instructions







Long Term State Activities to Increase Vaccination Coverage

Expanding Access to Vaccinations

 Increasing scope of practice for additional providers (e.g., pharmacists)

Expanding Outreach

- Providing education to the public to address misinformation or vaccine hesitancy
- Providing messaging to providers about how to address misinformation and make strong vaccination recommendations

Pharmacists can administer MMR vaccine in all but 3 states/cities (DC, NY and WV)

Pharmacists may need a protocol, prescription or both to administer vaccines

In 19 states, pharmacists are not able to administer MMR to persons under 18 years old and in 17 states there is not an age restriction



Vaccine Exemptions

• Exemption Legislation:

- ✓ Washington removed philosophical exemption for MMR
- ✓ Maine eliminated all non-medical exemptions becoming the fourth state without such exemptions
- Many other states are also considering bills to eliminate non-medical exemptions to school vaccination requirements, including Arizona (HB 2162), Iowa (HF 206), Minnesota (SF 1520), New Jersey (A 3818 and S 2173), New York (S 2994 and A 2371), Vermont (H 238) and Oregon (HB 3063) (passed by Oregon House)

As of May 2019, over 900 individual cases of measles have been confirmed in 26 states

Every state and
Washington, D.C. have
vaccination
requirements for
children who are starting
school and allow
medical exemptions

As of 2019, all but four states – California,
Mississippi, Maine and
West Virginia –
allowed for nonmedical exemptions



Working to Address Misinformation

- States are focused on close-knit communities where there is vaccine misinformation
- In some cases, misinformation has gone out to these communities for many years and even generations
- Doing more of what has been done will likely not address the problem, but the struggle is trying to determine what will be effective in changing the misinformation that has already gone out
- State health agencies are interested in a proactive approach that is national, but customizable and implemented locally
- Efforts will need to be coordinated and trust will need to be built in these communities





Looking towards the Future

ASTHO is:

- Organizing leadership from NACCHO, ASTHO and AIM to provide input and feedback on implementation of the CDC/HHS strategy to combat vaccine hesitancy
- Planning to develop a measles podcast
- Developing an infographic to demonstrate the cost of an outbreak
- Considering updating the <u>Communicating</u> <u>Effectively about Vaccines</u> toolkit from 2012
- Participating in next month's National Press Foundation Fellowship Program on Current Measles Issues
- Supporting passage of the VACCINES Act of 2019 (H.R. 2862)









Michelle Cantu, MPH
Director, Infectious Disease & Immunization



Outline





Introduction to NACCHO



The Important Role of Local Health Departments in the Response



NACCHO Activities During the Measles Outbreak



NACCHO's Next Steps & Recommendations

Mission



NACCHO is comprised of nearly 3,000 local health departments across the United States. Our mission is to serve as a leader, partner, catalyst, and voice with local health departments.

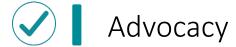
There's value in belonging



Learn more by viewing a short video available on our website.

Our Work









Training and education



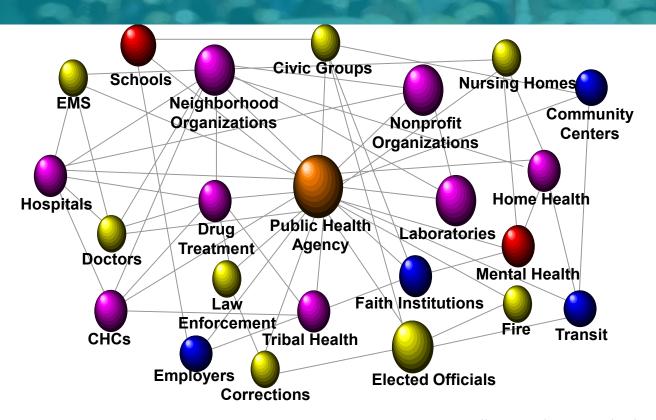
Resources, tools, and technical assistance



The Important Role of Local Health Department Immunization Programs

Public Health System





2016 National Profile of Local Health Departments (LHDs)



Clinical programs and services provided directly in the past year

Program/service	06 LHDs	
The second secon	% LHDs	
Immunization		
Adult immunizations	90%	
Childhood immunizations	88%	
Screening for diseases/conditions		
Tuberculosis	84%	
Other STDs	65%	
HIV/AIDS	62%	
Blood lead	61%	
High blood pressure	54%	
Body Mass Index (BMI)	53%	
Diabetes	34%	
Cancer	32%	
Cardiovascular disease	25%	

Program/service	% LHDs	
Treatment for communicable diseases		
Tuberculosis	79%	
Other STDs	63%	
HIV/AIDS	35%	
Maternal and child health services		
Women, Infants, and Children (WIC)	66%	
Home visits	60%	
Family planning	53%	
Early and periodic screening, diagnosis, and treatment	38%	
Well child clinic	29%	
Prenatal care	27%	
Obstetrical care	8%	

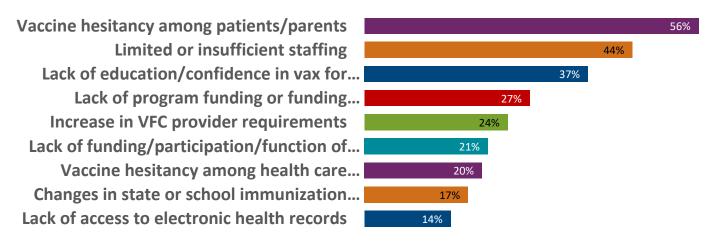
Program/service	% LHDs
Other clinical services	
Laboratory services	38%
School-based clinics	34%
Oral health	28%
Asthma prevention and/or management	22%
Home health care	20%
Correctional health	13%
Substance abuse	11%
Comprehensive primary care	11%
Behavioral/mental health	10%
Emergency medical services	4%

n=1,461-1,899

2017 Assessment of LHD Immunization Programs



IZ Program Top Challenges





Communications Efforts



- NACCHO Platforms
 - Providing media talking points
 - Dissemination of updates, guidance, and tools
 - Convening advisory groups
- Social Media Messaging and Promotion of Vaccine Confidence
- Engagement with National **Partners**

NACCHO Voice

The word on local health departments

NACCHO CEO Releases Statement on Ongoing Measles Outbreaks



By Lori Tremmel Freeman, NACCHO CEO

"Yesterday, the Centers for Disease Control and Prevention confirmed there have been 626 individual cases of measles diagnosed across 22 states in the United States since the first of this year. We are on track to have the highest number of measles cases in the United States in 25 years, and for man this disease of the past is becoming a threat of the present.

626 cases are far too many. These cases are not just and an incredible financial str

The image of a young child covered in the measles rash and sur fever is heartbreaking. No parent wants to see their child in pain. hildren from this devastating disease based on discredited and f hey are putting their children, themselves and others in their con Vaccines

'Simply put, vaccines are the best defense against the threat of v and play a vital role in protecting the health of communities. Imn most successful and effective public health measures available to in unparalleled record of disease reduction and prevention.



Minneapolis Environmental Health Awarded 2019 Crumbine Consume

Activation: Mobilizing Emergency

Response in Hepatitis A Outbreaks

Menu Labeling Social Media Toolkit

Secretary Azar Statement on Measles Outbreaks and the Importance of

Health and Human Services Secretary Alex Azar issued the following statement regarding the current

With a safe and effective vaccine that protects against measles, the suffering we are seeing is avoidable The CDC is ready to support public health departments in monitoring and responding to outbreaks, and will continue to receive, review, and compile the latest reports of measles cases

Advancing Policy and Informing Advocacy



- House and Senate Hearings
- Legislation
- National Partner Meetings and Coalitions



"Local health departments are on the frontlines of educ about the importance of vaccines, identifying populations at ri providing access to these life-saving products. But as we have the country that are battling measles outbreaks, there is more do to ensure that we all take advantage of the protections that bipartisan VACCINE Act is an important step towards getting t need it most," said NACCHO Chief of Government and Public A MSW. "Vaccines save lives and prevent needless suffering, Bud dollars. As we have seen, every case of measles mobilizes an ir consuming response, where public health professionals must focus on preventing and tracking a potential outbreak. Across



number of bills to prepare or when a very large bill has to be printed



NACCHO Recommendations





Increased support for IZ programs and workforce development



Further exploration of evidence-based strategies



Improve data systems to enhance vaccine delivery



Continued coordination within federal government



Integration of immunization across the life span throughout existing efforts

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NATIONAL VACCINE ADVISORY COMMITTEE
June 4, 2019



June 4, 2019

PUBLIC COMMENT



June 4, 2019

ADJOURN



NATIONAL VACCINE ADVISORY COMMITTEE
June 4, 2019

