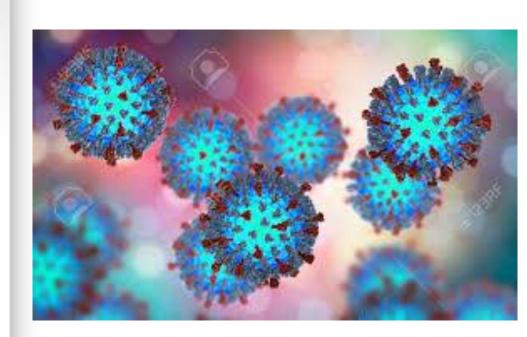
Measles Outbreak 2019 Oakland County Response

Christie Clement, MSN, RN Chief of Communicable Disease OCHD





A Canary in the Coal Mine

October-November 2018

9 cases (same family)

First 2 cases acquired in Israel

7 secondary cases in household



Minimal Exposures:

Due to urgent care staff critical thinking/contacting OCHD right away upon suspicion of measles, and family self-quarantining due to lack of vaccination

Dr. McGraw:

Providence Southfield ED physician who works closely with the local Orthodox Jewish Community.

Became an instrumental/invaluable partner; gained trust of family and was able to go into the home to test all household members and monitor those infected throughout the course of illness

Jewish Day schools: Began requiring MMR vaccination of all students (no waivers accepted)



It was a dark and stormy night...

- ➤ Call from a local physician who is a Rabbi in the local Orthodox Jewish community
- ➤ Visiting gentleman from Israel who had recently been in Brooklyn Heights, NY presented with upper respiratory symptoms follow by a rash suspicious for Measles
- > We put in a call to Joel Blostein immediately for permission to test and to alert BOL that specimen would arrive the next day
- ➤ Nurse went to the Rabbi's home to test the suspect case, transport specimen to epidemiologist who transported it to the BOL.



Let the Contact Tracing Begin...

As soon as the BOL alerted us that the specimen was positive, the CD unit sprang into action

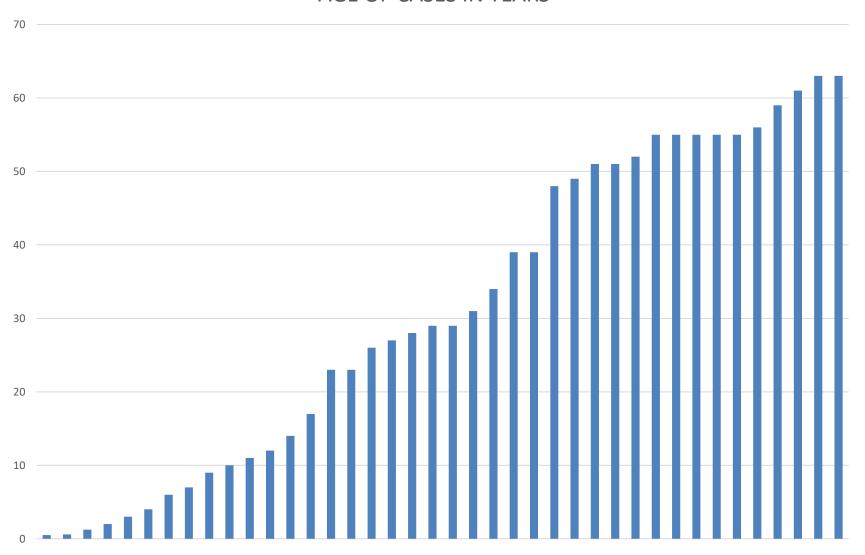
- Locate and notify the case....Dr. McGraw to the rescue!

 Multiple exposures due to the nature of his visit (going door to door to collect donations and attending multiple synagogues)
- Communicate with the community
- > Testing!!
- Case Investigation and Contact Tracing
- Vaccination!!

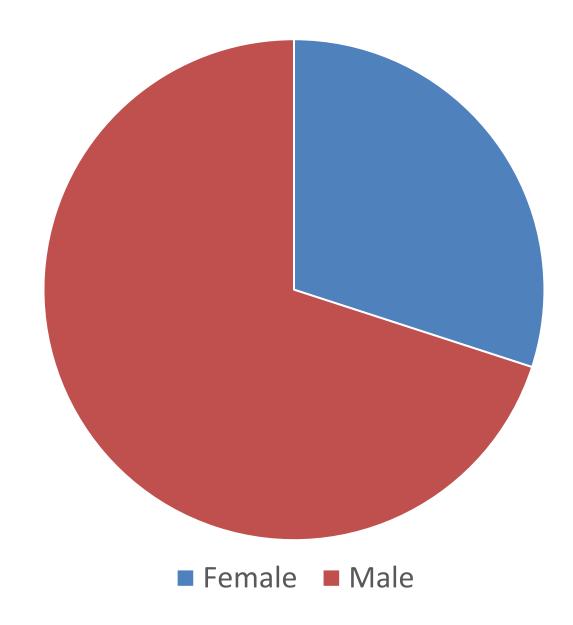




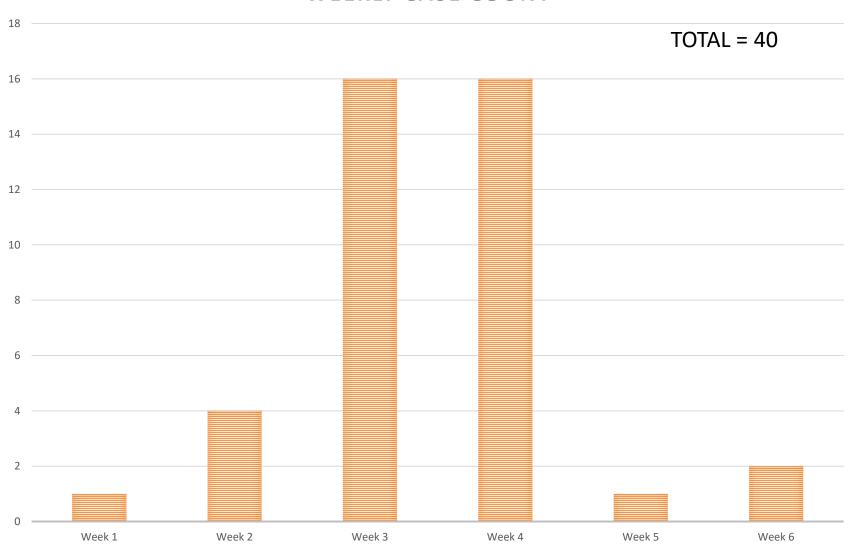
AGE OF CASES IN YEARS

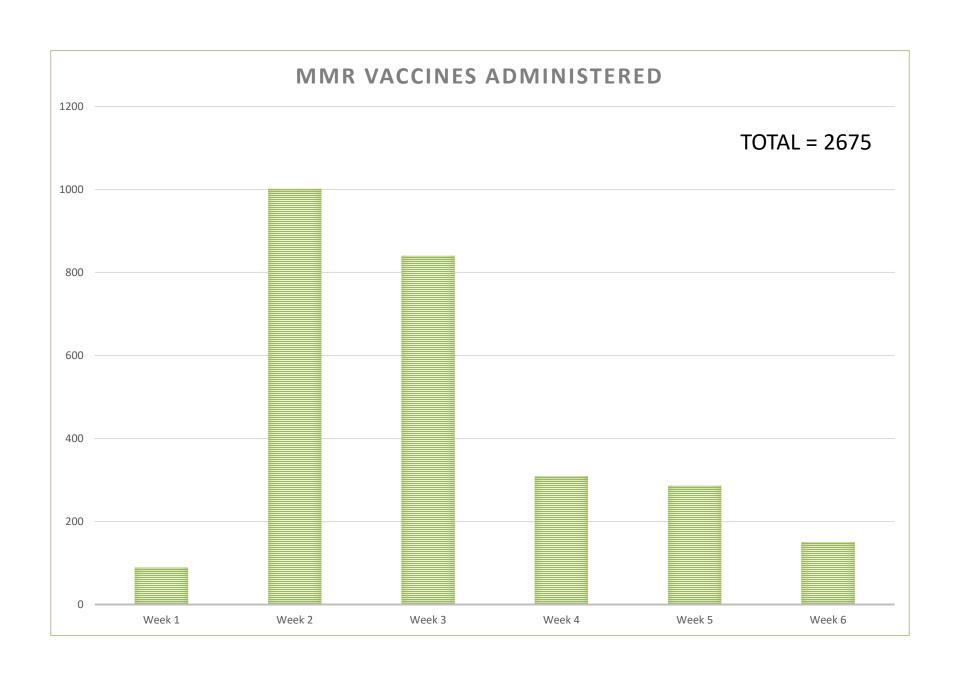


Age Range: 6 months – 63 years



WEEKLY CASE COUNT





Getting the word out

For Immediate Release

For Immediate Release

For Immediate Rele

L. BROOKS PAT

For Immediate Release



HEALTH DIVISION

OAKGOV.COM/HEALTH



HEALTH DIVISION

OAKGOV.COM/HEALTH

Leigh-Anne Stafford, MSA Health Officer

Additional Measles Cases Oakland Coul

March 21, 2019, Pontiac, Mich. – Michigan Department and Oakland County Health Division today received comeasles cases in Oakland County. Three other cases a These cases follow a confirmed travel-related measles Division on March 13, 2019.

"Measles is in the community and highly contagious. You are unsure whether you have been vaccinated or unsure the past," said Leigh-Anne Stafford, health officer for Octobellop, do not visit your doctor or emergency roothey can take precautions to prevent exposure to or

Update - Oakland County's Measles Outbreak Continues to Grow

Mar. 22, 2019, Pontiac, Mich. – The three measles cases under investigation in Thursday's press release are now confirmed. Michigan Department of Health and Human Services and Oakland County Health Division confirmed the positive results today. This brings the total measles cases confirmed in Oakland County since March 13 to eight.

"Unvaccinated individuals need to get vaccinated. If you do not have a record of two measles (MMR) vaccines, unsure if you have been vaccinated, or unsure if you have been vaccinated, or unsure if you have



Safety measures for facilities



IF YOU ARE IMMUNOCOMPROMISED OR HAVE MEASLES SYMPTOMS:

- •Rash •Fever •Cough
- Runny NoseRed Eyes

Please wear a mask to enter the building



Call 800.848.5533 from car for assistance if you are unsure of symptoms



MEASLES

IMPORTANT INFORMATION:

- Measles is highly contagious
- Unvaccinated & under-vaccinated individuals - get vaccinated within 72 hours of exposure
- If symptoms develop, call ahead before you visit your doctor or emergency room
- Measles is a serious disease that can make people very sick
- Stay home if sick and do not allow visitors

NURSE ON CALL 800.848.5533



Do not enter the building

Call 800.848.5533 from car for assistance



Community Partnership

7702



Rabbi Yisroel Levin Rabbi Yechiel Morris Rabbi Elimelech Silberberg Presidium

Rabbi Moshe Wainkrantz Director of Koshrus Rabbi Beryl Broyde Rabbi Yosef Krupnik Rabbi Menachem Neustadi K-COR – Koshrus Division ועד הרבנים דעטראיט

Council of Orthodox Rabbis of Greater Detroit

18877 West 10 Mile Road #101 Southfield, MI 48075
Phone: [248] 539 − 5005 Fax: [248] 539 − 5202 cor@cordetroit.com www.cordetroit.com

עש"ק פרשת צו תשע"ט

March 22, 2019

UPDATE FROM THE VAAD HARABBONIM

In light of the recent spread of measles in our community, each and every individual is halachically obligated to take the necessary precautions to protect one's self and family, and to prevent the spread of the disease to others.

Due to the outbreak, the Michigan Department of Health has issued updated vaccination guidelines. Every member of the community should follow those guidelines to ensure that they are fully vaccinated.

If you are experiencing any symptoms of the measles, as described by the Oakland County Health Division notice, you are halachically required to STAY HOME and immediately contact your health care provider for further instructions. It is absolutely forbidden for anyone experiencing symptoms to go out (even to Shul), and expose others and place them at risk.

May Hashem grant each and every member of the community health, strength and blessings.

Measles Update

As of 3-21-19 there have been 4 confirmed cases of measles in the community, with 3 more cases awaiting lab confirmation.

In light of the spread of measles, there are a few critical actions that need to be taken to contain further spreading of measles.

Even if you have been vaccinated you are still at risk of contracting the measles. People who have had only one dose (particularly those vaccinated from 1957 - 1985) need to verify if they have received a second dose. If you don't have proof of two doses of the MMR, or a blood titer proving your immunity, you must get another dose to boost your immunity.

If you have symptoms of the measles YOU MUST STAY AT HOME until you can be confirmed to not have measles, to limit your exposure to others. Testing to determine if you have the measles will be done at the Hatzalah office. Look for posted dates and times.

DO NOT GO TO YOUR DOCTOR'S OFFICE, EMERGENCY ROOM, OR URGENT CARE AS YOU WILL BE EXPOSING OTHERS WHO ARE THERE. If you must go, call ahead to make arrangements with your doctor, ER, or urgent care prior to going.

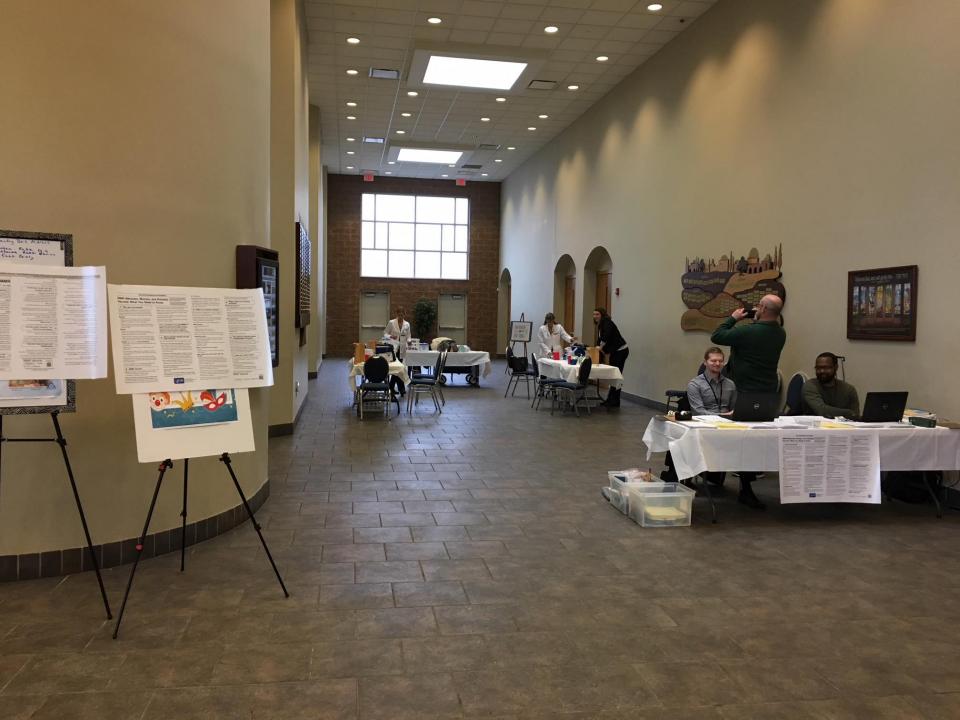
The MI dept of health has released updated vaccination guidelines due to this outbreak.

- Infants age 6-12 months should receive one vaccine dose
- Children 12mth-4yr should receive their second dose if it has been at least 28 days from the first dose
- ALL OTHERS REGARDLESS OF AGE SHOULD GET VACCINATED UNLESS THEY HAVE DOCUMENTATION OF TWO DOSES OF THE MMR VACCINE OR A BLOOD TEST CONFIRMING IMMUNITY









The Media



The Detroit News



WDIV Roundtable in Action



The Good, The Bad and the....



- Community Partnerships- local providers, schools, media outlets, Hatzalah, members of the affected community
- State BOL
- OCHD staff
- Guidance documents distributed to providers and facilities
- Willingness of community to get vaccinated

- Obtaining IG at first
- Rumors! Social media...
- Getting accurate vaccine information out to the public
- Public & providers wanting to test for unrelated symptoms
- Provider education



Useful Documents



MEASLES

IMMUNE GLOBULIN (IG) POST-EXPOSURE PROPHYLAXIS (PEP) RECOMMENDATIONS FOR NON-SYMPTOMATIC SUSCEPTIBLE CONTACTS

TO DETERMINE APPROPRIATE POST-EXPOSURE PROPHYLAXIS:

- 1. Determine patient's risk factor and identify time from first exposure to measles case.
- 2. PEP should only be given to a person without evidence of immunity as listed in footnote #4.
- 3. Read the reminders and footnotes for definitions and special considerations.
- 4. Contact the Local Health Department (LHD) with questions or if further guidance is needed

POST-EXPOSURE PROPHYLAXIS RECOMMENDATIONS:

GENERA

- · Prioritize people at high risk for severe illness and complications from measles to receive IG. These include:
 - Infants <12 months
 - Susceptible pregnant women
 - Severely immunocompromised individuals (regardless of previous measles vaccination status)
- IG is not indicated for persons who have received one or more doses of measles-containing vaccine at age 12 months or older, unless they are severely immunocompromised.
- · Persons do not need intravenous IG (IGIV) if:
 - They have already received or are currently receiving IGIV therapy at a dose of 400 mg/kg within 3 weeks before measles exposure.
 - They received subcutaneous IG (IGSC) at a dose of ≥200 mg/kg for 2 consecutive weeks up to or through their measles exposure.

CONTRAINDICATIONS

- IG should not be given to people with immunoglobulin A (IgA) deficiency. Persons with IgA deficiencies have the potential for developing antibodies to IgA and therefore could experience an anaphylactic reaction when IG is administered.
- Intramuscular IG (IGIM) should not be administered to persons with severe thrombocytopenia or any
 coagulating disorder that would contraindicate intramuscular injections.
- · History of anaphylactic reaction to a previous dose of IG.

Oakland County Health Division



MEASLES CLINICAL GUIDANCE:

IDENTIFICATION, TESTING, AND INFECTION CONTROL RECOMMENDATIONS FOR SUSPECT MEASLES CASES

Measles was considered eliminated in the United States in 2000, however, it has continued to circulate in Europe, South America, Africa, and Asia. International travel, contact with international visitors, and domestic travel can pose a risk for exposure to measles. When measles is imported into the United States, additional transmission can occur locally.

While providers should consider measles in patients with fever and a descending rash, measles is unlikely in the absence of confirmed measles cases in your community, a history of travel, or exposure to travelers. This guide discusses which patients should be prioritized for measles testing.

Testing for measles is based on:

Symptoms

- Fever, including subjective fever (see page 2)
- Rash that starts on the head and descends down the body (see page 2)
- At least 1 or 2 of the "3 Cs" cough, coryza, and conjunctivitis

Risk Factors

- Within 21 days of symptom onset: travel outside of North America or in a state experiencing a measles outbreak, transit through U.S. international airports, or interaction with foreign visitors (including at a U.S. tourist attraction)
- · Confirmed measles cases in the community
- . Patient never immunized with 2 doses of measles vaccine and born in 1957 or later

Laboratory Testing for Suspect Measles Patients:

If after consideration of symptoms and risk factors measles is suspected, immediately contact the local health department where the patient resides for guidance. For residents of Oakland County, contact the Oakland County Health Division (OCHD) Communicable Disease Unit immediately (248-858-1286, after-hours 248-858-0931).

- Polymerase chain reaction (PCR) is the preferred testing method for measles. It can only be performed by the state laboratory in Michigan (BOL) or by the Centers for Disease Control and Prevention (CDC). Serologic testing can result in false positive IgM test results, and testing performed at commercial laboratories may not provide timely
- · Specimen collection for measles testing:
 - For patients presenting <7 days of rash onset, PCR testing only is recommended.
 - · Obtain a Dacron throat swab (rather than NP swab) and place in viral transport media.



1

Special thanks to Kayleigh Blaney, Deputy Health Officer at Genesee County for helping to create this presentation in 2019



PUBLIC HEALTH SAVES LIVES.



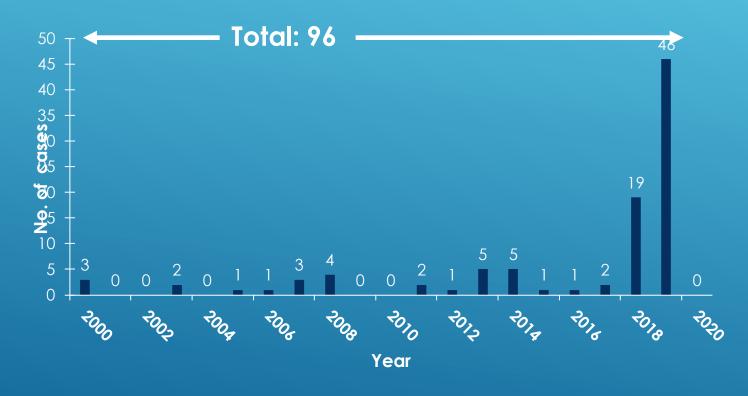
Measles is ...

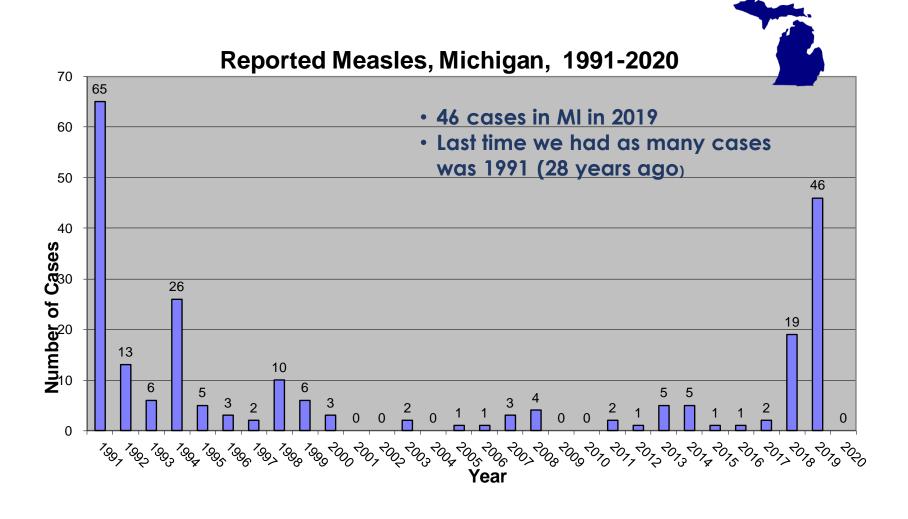
```
-Challenging
-Highly contagious/transmissible
-Debilitating
-Deadly
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-Preventable
-"Eliminate-able"
-"Eradicate-able"
-Challenging...
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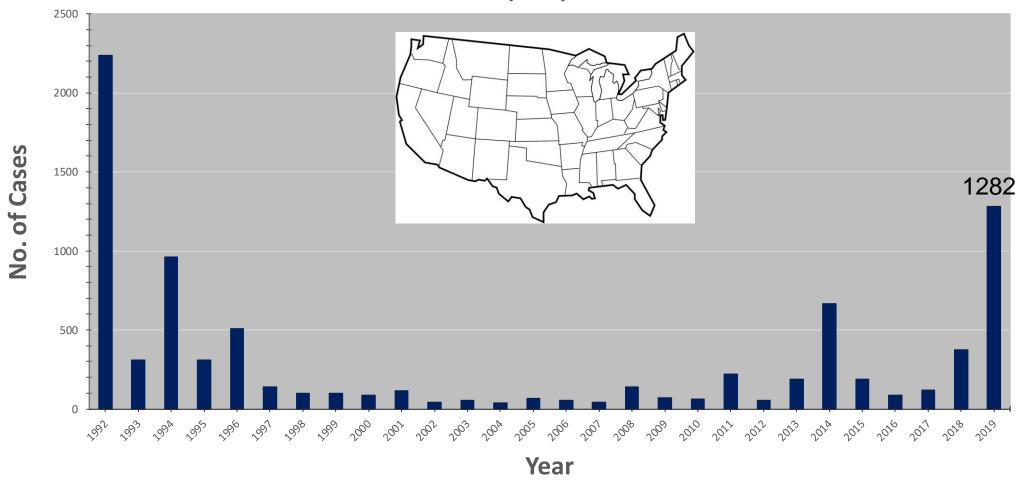
MEASLES, NUMBER OF CASES BY YEAR MICHIGAN 2000-2020

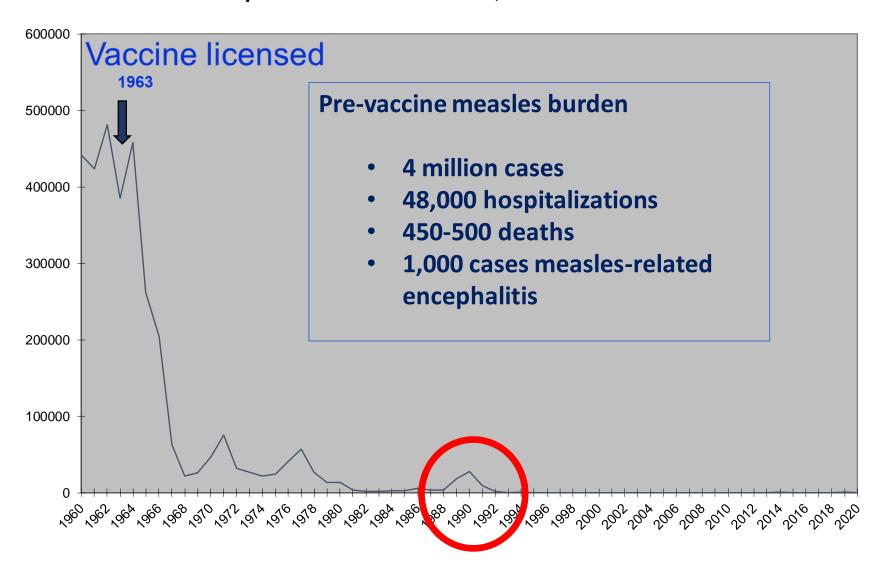


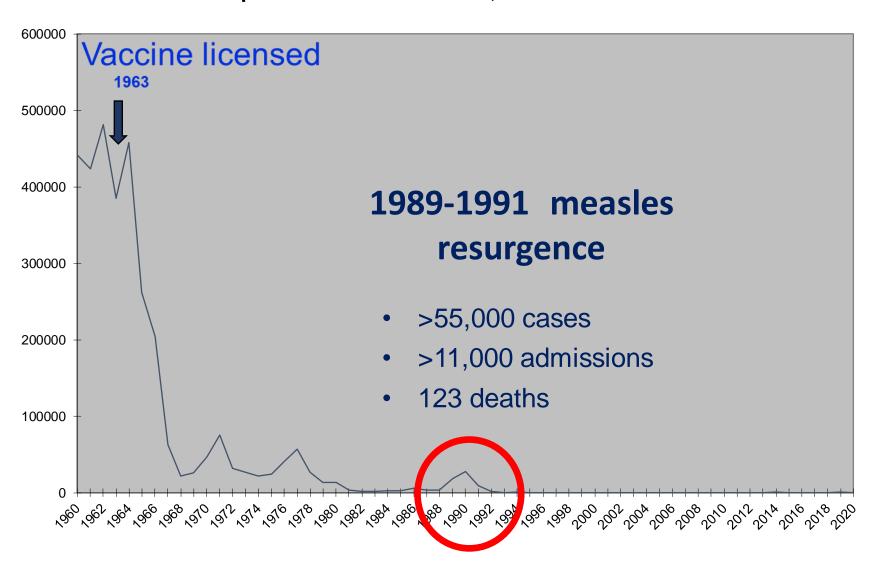


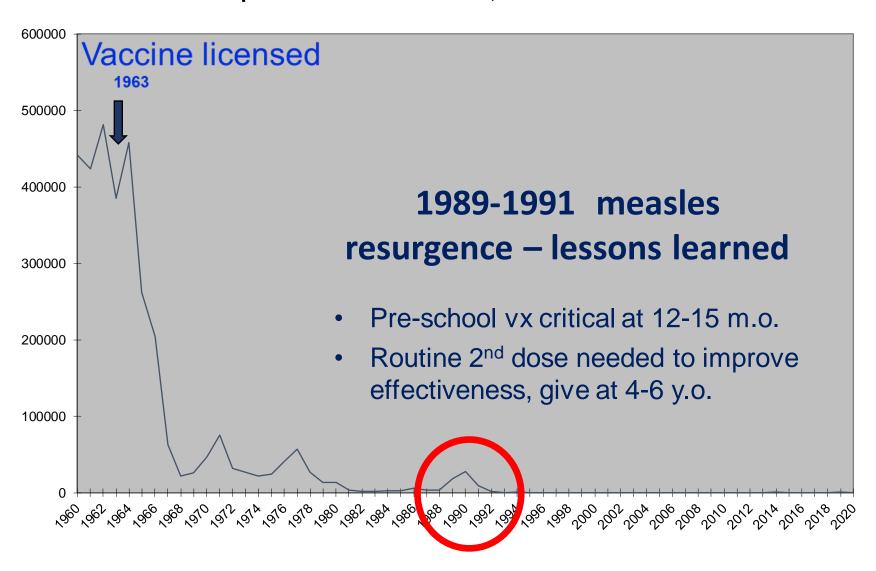


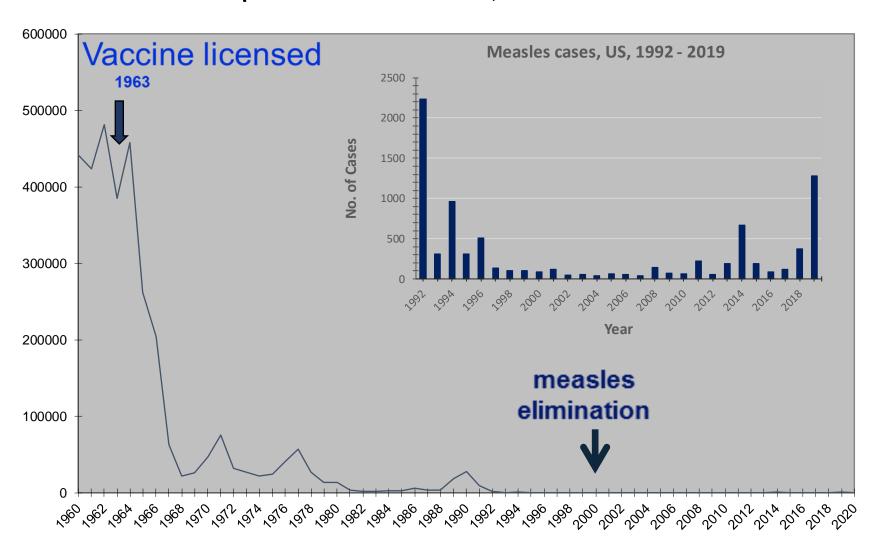
Measles cases, US, 1992 - 2019











Measles in United States

Current status

Eliminated:

the absence of any continuous chain of measles virus transmission within a defined geographic area (i.e. the US) for more than 12 months

Elimination ≠ Eradication

2019 – a huge measles year



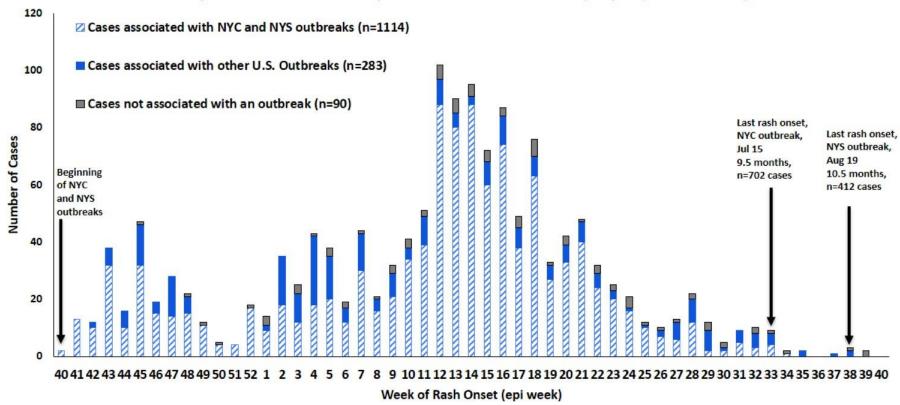
HEALTH AND SCIENCE

Measles cases climb to 880 in US, with most new cases in New York

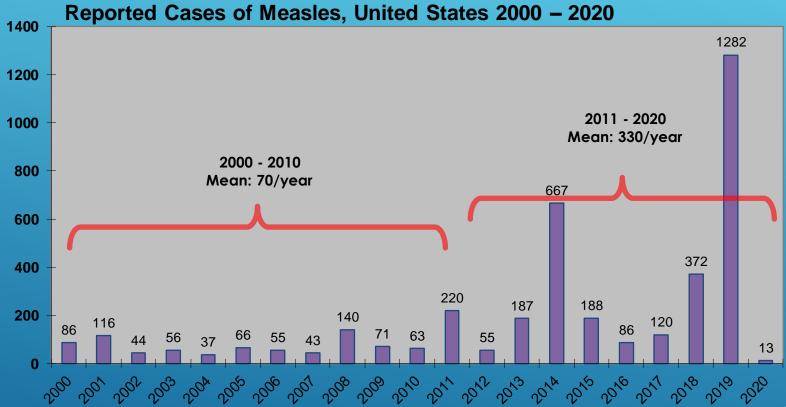
PUBLISHED MON, MAY 20 2019 • 10:50 AM EDT | UPDATED MON, MAY 20 2019 • 12:46 PM EDT

Measles Elimination in the U.S., 2018-2019

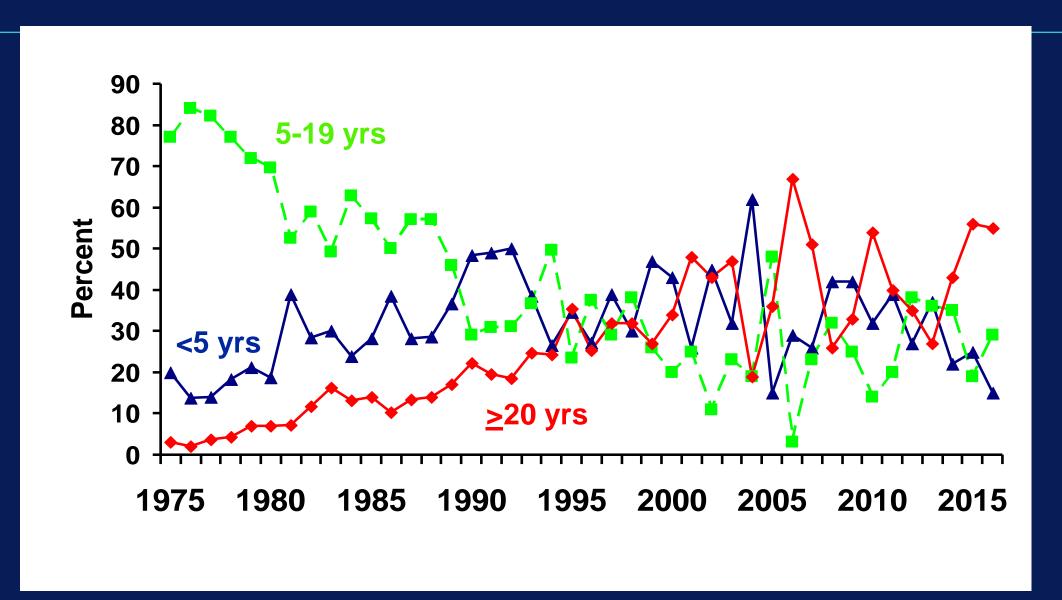




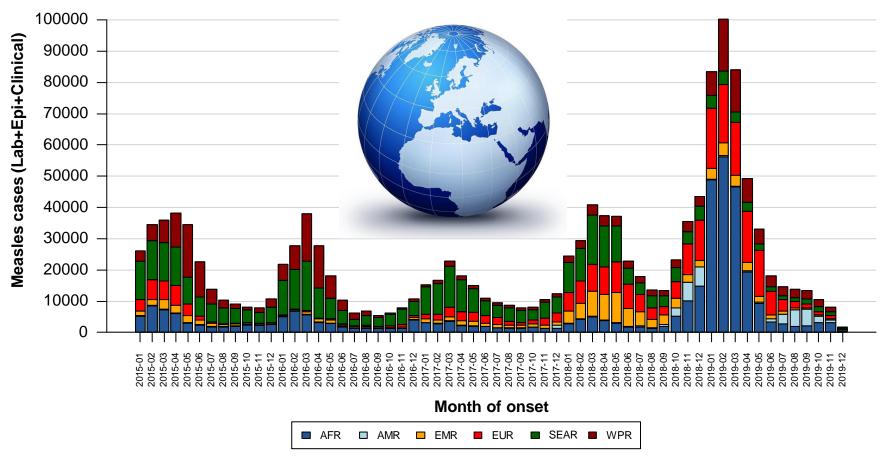




Age Distribution of Reported Measles, US, 1975 - 2015



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



Get Vaccinated: Prevent and Stop Measles Outbreaks

When measles happens anywhere in the world...

it can travel here and spread

Since measles is still common in many countries, unvaccinated travelers will continue to bring the disease into the U.S., and it can spread to other people.

Make sure you and your family members are up-to-date on your measles-mumps-rubella (MMR) vaccine, including before traveling internationally. Ask your doctor if everyone has received all recommended doses of MMR for best protection against measles.

www.cdc.gov/features/measles/



U.S. Department of Health and Human Services Centers for Disease Control and Prevention



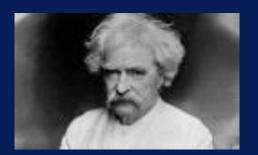
Ten threats to global health in 2019

- Air pollution and climate change
- Noncommunicable diseases
- Global influenza pandemic
- Fragile and vulnerable settings
- Antimicrobial resistance
- Ebola and other high-threat pathogens
- Weak primary health care
- Vaccine hesitancy
- Dengue
- HIV

Misinformation

"The trouble with the world is not that people know too little, it's that they know so many things that just aren't so."

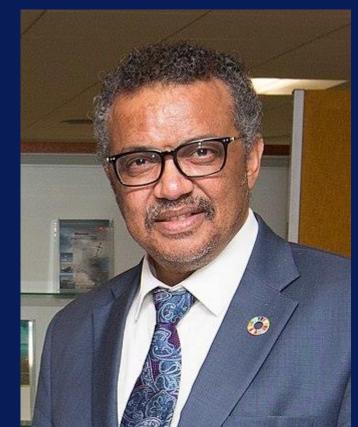
Mark Twain



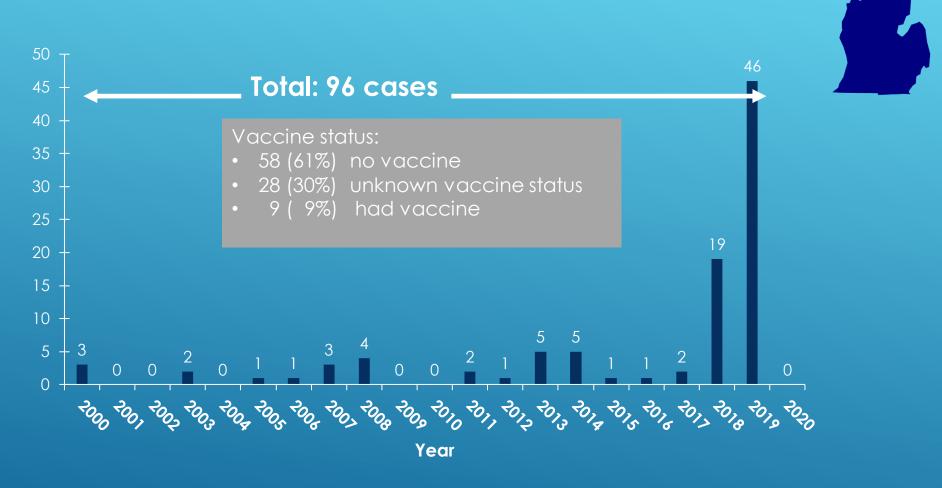
"Misinformation about vaccines is as contagious and dangerous as

the diseases it helps to spread."

-- Dr. Tedros Adhanom Ghebreyesus, WHO Director-General, 8/28/2019



MEASLES - NUMBER OF CASES BY YEAR MICHIGAN 2000-2020



Take-aways from recent measles experience

- Represents failure-to-vaccinate, not vaccine-failure
 - Most cases occur in unvaccinated persons;
 - Measles vaccine is very effective, very safe.
 - Almost all cases are preventable
- Travel to/from abroad is a major risk factor
 - Measles virus imported into close-knit, poorly protected communities can result in major outbreaks
 - measles is highly transmissible - requires very high immunization / immunity levels to prevent outbreaks



Perspective

April 17, 2019

DOI: 10.1056/NEJMp1905099

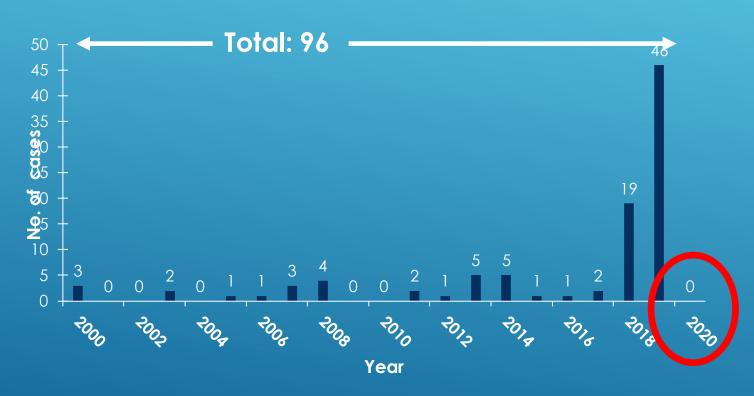
Measles in 2019 — Going Backward

Catharine I. Paules, M.D., Hilary D. Marston, M.D., M.P.H., and Anthony S. Fauci, M.D.



MEASLES, NUMBER OF CASES BY YEAR MICHIGAN 2000-2020





United States

Number of measles cases reported by year

2010-2020*(as of December 31, 2020)

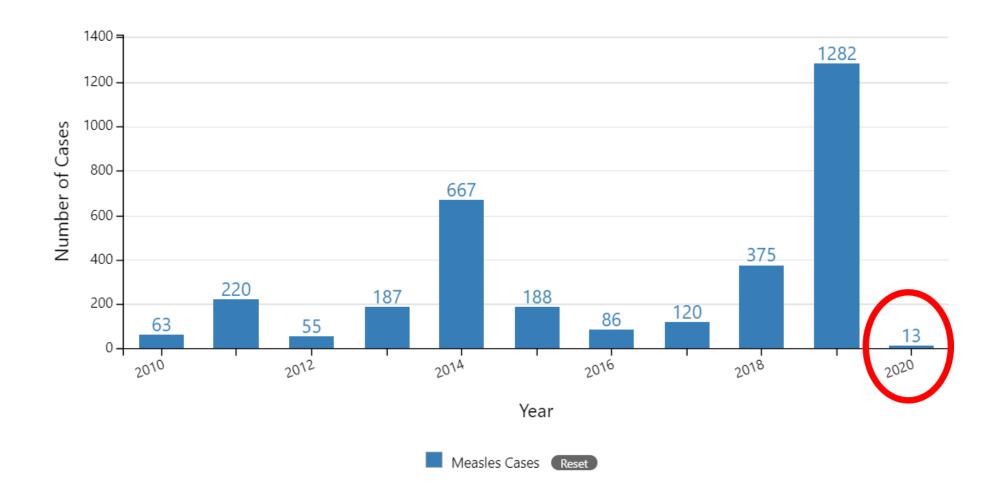
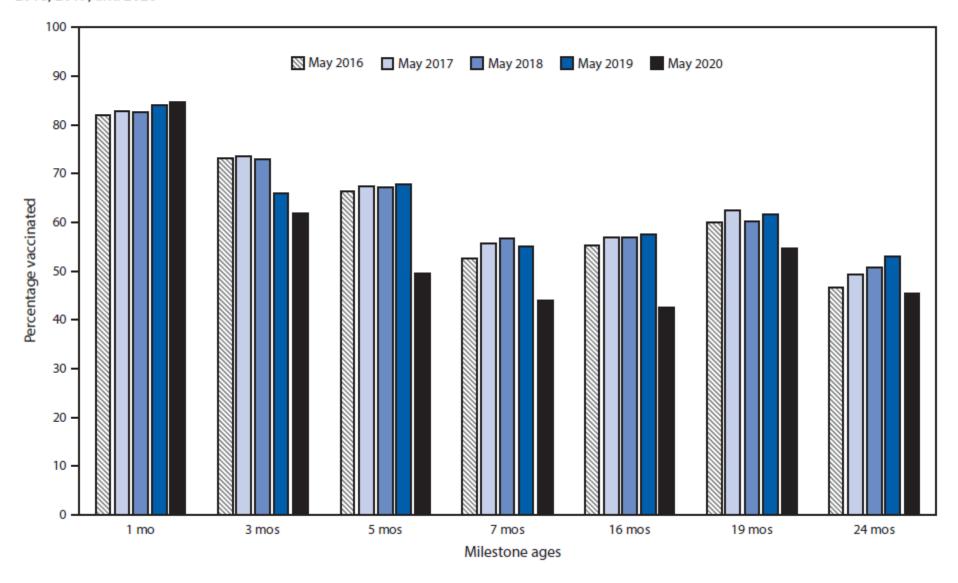
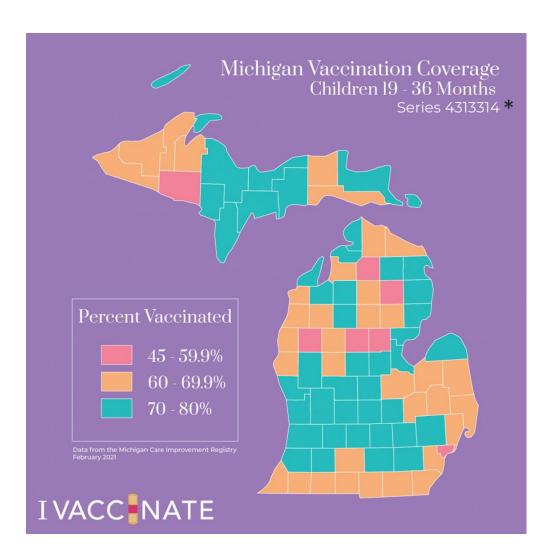


FIGURE. Percentage of Michigan infants and children vaccinated at milestone ages* — Michigan Care Improvement Registry, May 2016, 2017, 2018, 2019, and 2020



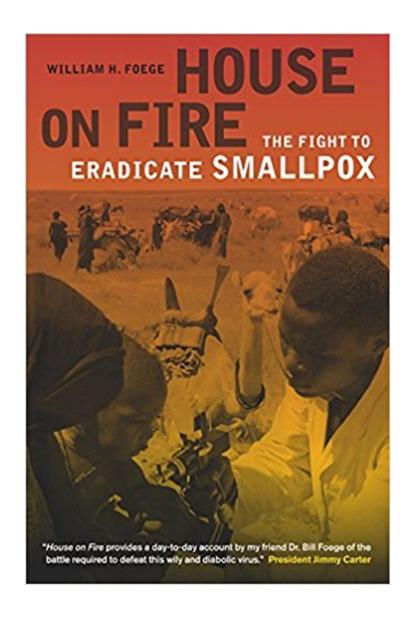
Missing vaccinations during COVID-19 puts our children and communities at risk

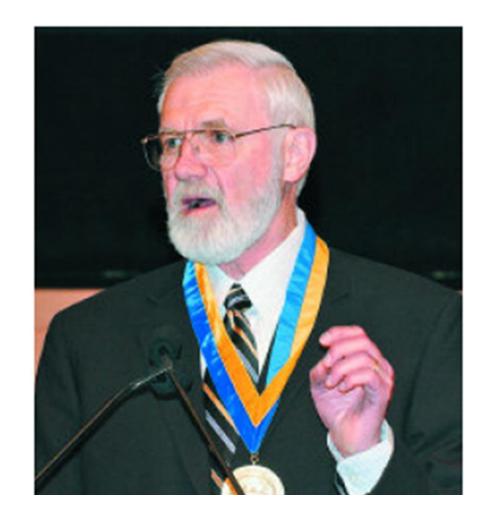


- Parents postponed well-child visits to protect their kids from COVID-19
- Vaccination rates of younger children dropped during the pandemic
- Vaccination* rates for Michigan children ages 19 to 36 months have fallen below 70% in more than half of the state (42 of 83 Michigan counties)

*4313314 series: 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 HepB, 1 Varicella, 4 PCV, Feb. 2021 MCIR data







Dr. William Foege, former director, US Centers for Disease Control & Prevention (CDC).

"Nobody ever thanks you for saving them from the disease they didn't know they were going to get."

- Dr. William Foege, former director, US Centers for Disease Control & Prevention (CDC).

