



Measles Outbreak Hennepin Public Health Responds

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Measles is vaccine-preventable and was once virtually eliminated in the U.S., but it can still spread rapidly among unvaccinated populations. Evidence the April – June 2017 measles outbreak in Minnesota that accounted for 78 cases (69 in Hennepin, 4 in Crow Wing, 3 in Ramsey and 2 in Le Sueur counties) before being curtailed. Were it not for an effective local and state public health response, that number could easily have mushroomed into the hundreds.

Local public health departments are mandated by state statute to prevent the spread of infectious diseases. To combat the outbreak, Hennepin County Public Health instituted an emergency management structure to lead the local public health response and maintained an epidemiologic surveillance system capable of faster detection and identification of measles cases. Its efforts relied on state and federally funded county emergency preparedness infrastructure and were informed by lessons learned from other recent emergencies.

Public health's response was no small feat. The county's and state's epidemiologists tracked down and followed every potential case identified by hospitals and health care providers to determine the severity of each case, the potential contacts each case had with others while infectious, and to recommend appropriate post-exposure prophylaxis and vaccinations for all those contacts. Public health workers also identified non-vaccinated residents who had been exposed to cases in healthcare, daycare, school and other settings and contacted them to recommend social exclusion to prevent spread of the disease. In instances where those individuals couldn't be reached by phone, the local public health department sent a public health nurse and a cultural liaison to conduct a home visit.

The local Somali community was particularly affected by the outbreak after an unfounded link between vaccines and autism was used to fan fears in recent years. This resulted in a dramatic drop in vaccinations among them and their young children.

By the numbers, mid-April through early-July, the measles response amounted to this:

- 90+ Hennepin County staff tapped to fill critical emergency response roles.
- 8,800+ potential measles exposures directly investigated by Hennepin County epidemiologists.
- 69 measles cases in Hennepin County isolated until no longer infectious.
- 596 unvaccinated contacts excluded 21 days from daycare, school, work and public places and monitored by public health staff for symptoms and exclusion compliance.
- 100+ visits by outreach staff to apartments, businesses, community centers and mosques to encourage vaccinations, debunk vaccine myths and advocate for exclusion compliance.
- ≈\$375,000 response-related costs paid for with local property tax funds.

During the outbreak response, Hennepin Public Health's cultural liaisons proved to be a very effective resource in building trust with Somali-Minnesotan families and contacts and communicating the importance of vaccination among them.

The health department also proactively worked with the local media to ensure factual and timely measles information reached the public. The resulting community dialogue has helped dispel vaccine myths and supported a significant increase in vaccinations. That public information effort will continue.

The intensive response effort of Hennepin County's local public health department is just one example of local government's role in preventing the spread of infectious disease. Although the majority of measles cases were identified in the metro, local public health agencies throughout the state were taking proactive steps to educate their communities of the importance of the measles vaccine and to prepare to respond if cases were confirmed in their region. As noted above, these costs can be significant, and they often fall on local property tax levies due to insufficient state funding.

An increase to the Local Public Health Grant would restore local public health's capacity to prevent and respond to outbreaks like measles, as well as other emerging public health issues, without further burdening local tax levies. The Local Public Health Grant is our state's main investment in core services mandated to local public health by state statute—including but not limited to preventing the spread of infectious disease. The Local Public Health Association advocated strongly for an increase to the Grant this past legislative session, but the proposal unfortunately did not pass. Increasing the Local Public Health Grant will remain a top priority of the Association moving forward and remains critical to local public health's ability to protect and promote the health of Minnesotans. ■

Do You Have a Legislative Issue You'd Like to Bring to AMC?

AMC's policy committees will begin initial reviews of the AMC Legislative Platform in August in advance of the September Policy Conference at Breezy Point in Brainerd. As a reminder to AMC members, here are the steps you should take to move it through AMC's legislative platform development process, which begins every year in late summer:

August/September: Connect with the appropriate AMC policy analyst (see listing by issue area on page 2 of this newspaper or at www.mncounties.org) to discuss your position. The AMC analyst can coach you through the process, as well as discuss background/context/ possible opposition to and support for the position. You will be responsible for writing your suggestion, whether it is a new item, a change to a current platform item, or a deletion from the current platform.

September 14-15: Discuss your platform proposal with the appropriate policy committee at the AMC Fall Policy Conference at Breezy Point Resort. This is a chance to inform the committee about the idea, and to get feedback from the committee.

October/November: If your item is selected by the policy committee as a potential priority item, it may be discussed during AMC Fall District Meetings, so that all AMC members have an opportunity to vet the issue. Not every issue is discussed at district meetings.

November 15: Make sure your platform item has been submitted in writing to the appropriate AMC Policy Analyst by this date so that it can be brought to the appropriate policy committee for final discussion in December.

December 4 - 5: At the AMC Annual Conference in St. Cloud, platform items will be discussed and voted upon in the policy committees, which meet December 4. You, or someone you designate to present on your behalf, will be asked to present the item at the policy committee meeting to help educate the committee on the need for the item. Items that get a committee recommendation will be voted upon by the General Assembly and the platform is approved at the AMC Business Meeting on December 5.

December 2017/January 2018: The AMC Board will finalize the priority items for the upcoming session based on feedback from district meetings. ■

Register Online Today!

AMC'S FALL POLICY CONFERENCE

September 14-15, 2017 Breezy Point Resort

*Additional details including lodging information,
committee agendas and registration is available at
www.mncounties.org.*