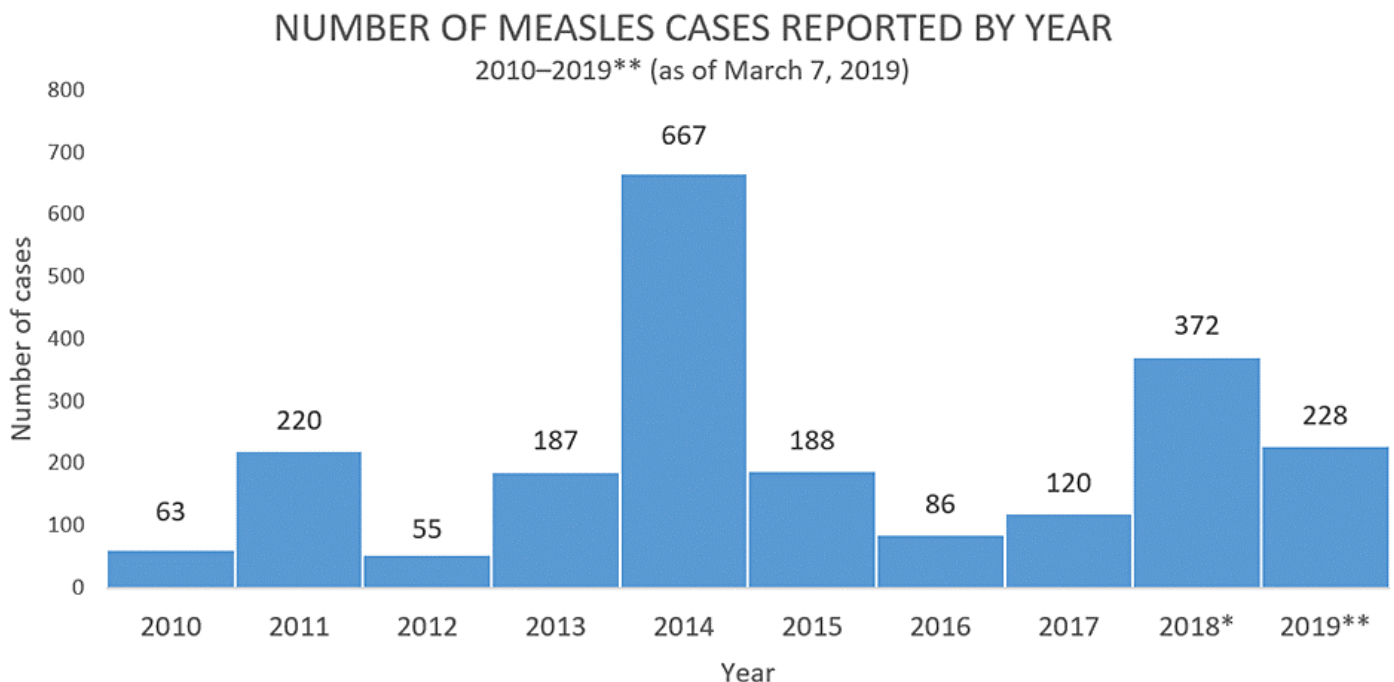


HID Dispatch

A quarterly newsletter to share tips, trends and best practices across the state.

Not so Measly Measles!!

In 2018, we had more cases of measles in America than any other year this decade, except 2014. Furthermore, in the first **two** months of 2019, we are already exceeding the number of confirmed cases for all but two years in the last decade's yearly totals. The 228 cases this year have already been confirmed in 12 states and will most likely continue to grow.



<https://www.cdc.gov/measles/cases-outbreaks.html>

Ask the Experts

Unfortunately, here in Champaign County we recently contributed four measles cases to the country's total. Due to the continued rise in measles, we wanted to share advice and experience from some of the experts who worked tirelessly to help contain the outbreak in Champaign County.

Anita Guffey, Regional Director of Emergency Management

- 1. What was your role during the measles outbreak?** My role was Liaison Officer in HICs. My responsibilities were to obtain forward triage resources to place at the entrances of our emergency department and our two main ambulatory clinics.
- 2. What was the biggest challenge you faced during this outbreak?** We needed more resources than we anticipated. We recently retired one of our mobiles (because we got a new one) but even that had to be used! So the biggest challenge was getting that back in working condition and set up to see patients.
- 3. If faced with a second measles outbreak, what would you change or do differently?** I would have kept the old mobile clinic in a serviceable condition. Even though it wasn't being used on a daily basis, when we needed to set up a forward triage center, it turned out to be an invaluable resource.
- 4. What advice or resource would you share with another agency facing a measles outbreak?** Have a plan in place for potential highly infectious diseases. It was frustrating enough *with* a plan in place, so I could not possibly fathom how difficult it would have been without one!



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Robert Healy, MD, Chief Quality Officer

1. **What was your role during the measles outbreak?** I co-led the system-wide response to the measles. I acted as a liaison between the university, Champaign-Urbana Public Health, McKinley Health Center, Christie Clinic, Promise Health, and OSF as our community faced this crisis.
2. **What was the biggest challenge you faced during this outbreak?** Communication. After any event it seems like we would like to see more communication and faster communication. With the amount of groups involved in our community and the amount of teams responding at Carle this proved true. I feel we did a fantastic job but we always had to be aware of how many people to involve in HICS vs. follow-up meetings. Too many people and the group could be slowed down, but not enough people and we ran the risk of leaving out a key stakeholder.
3. **If faced with a second measles outbreak, what would you change or do differently?** Get the community groups together quicker. Work with the stakeholders at the various healthcare systems to define a *community-wide* response and plan.
4. **What advice or resource would you share with another agency facing a measles outbreak?** Use defined processes to isolate and quickly test suspect cases. Don't over test. Involve your local infection prevention experts and make them aware of every possible case.

Jamie Mullin, Public Information Officer

1. **What was your role during the measles outbreak?** I served as a liaison between our organization and both the news media and general public to ensure up-to-date and accurate information was being released.
2. **What was the biggest challenge you faced during this outbreak?** The biggest challenge was balancing who needed what type of information and when. In order to do this effectively, we divided information dissemination into three main groups; internal clinical staff, internal non-clinical



staff, and our community healthcare partners/the general public. This ensured the correct people got the correct information in a timely manner.

3. **If faced with a second measles outbreak, what would you change or do differently?** We identified the need to have some general emergency management directional signage. By using forward triage, we utilized spaces outside of our facility and it was challenging to anticipate the needs of those temporary facilities. In the future, we would keep the following things on hand: directional arrows (straight, left and right), printed signage (Assessment Ahead, Enter Here, Vaccinations Ahead), and just the Carle logo (so the public is able to identify us). Having those few things ready would have expedited things.
4. **What advice or resource would you share with another agency facing a measles outbreak?** We had many prepared messages for this scenario and other infectious diseases already drafted. This allowed us to simply plug in pertinent information and hit the ground running to deliver the tools. It takes a concerted effort to allocate the time and resources to build a pre-existing framework, especially when there isn't an imminent threat, but this resource turned out to be invaluable.



Julie A. Pryde, Champaign-Urbana Public Health Administrator

1. **What was your role during the measles outbreak?** I served as the Incident Commander for Champaign Urbana Public Health.

2. **What was the biggest challenge you faced during this outbreak?** Misinformation. There were several myths and rumors spread online by the anti-vax community. A great deal of time was spent responding to reporters' questions generated by Facebook posts. Our community, healthcare providers, schools and other institutions need to make it clear we are a community that values our herd immunity to vaccine-preventable diseases. It is evident by looking at the current outbreak in Washington State that public health laws matter. We had four cases with our high immunity rate. Washington State has over 60 cases with their 78 percent vaccination rate!



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3. **If faced with a second measles outbreak, what would you change or do differently?** We would turn off the ability for the public to make comments on our posts. We typically respond to all comments, as our community uses our Facebook page to ask some legitimate questions. However, during this outbreak, those who proselytize no vaccinations focused on spreading incorrect information on public sites, including ours.
4. **What advice or resource would you share with another agency facing a measles outbreak?** Work with your schools, hospitals, clinics, colleges and universities before there is an outbreak. Our community plans together for all hazards. This approach is also applied to outbreaks. While CUPHD is the lead on infectious disease outbreaks, we are well-supported by our community partners. We have the University of Illinois, McKinley Health Center, Parkland, Carle, OSF, Christie Clinic, Unit #116 Schools, and others actively assisting Champaign Urbana Public Health with contact tracing. Additionally, Carle provided IgG testing, and all clinics provided testing and vaccinations needed to facilitate a quick end to the outbreak.

Note from the Editor

Measles is not only a problem in America, but worldwide. In January 2019 the World Health Organization reported that Madagascar was up to 19,539 cases (and counting) and 39 fatalities in its current outbreak. It was hectic enough dealing with only four cases. I couldn't even imagine dealing with 4,885 times that!

MEASLES

is **highly contagious** and spreads through the air when an infected person **coughs or sneezes**.

It is so contagious that if one person has it, **9 out of 10 people** of all ages around him or her will also become infected if they are not protected.

While measles isn't as fatal as some of the other HIDs, it is *highly* contagious. In fact 90 percent of unvaccinated people exposed to measles will catch it. Plus, when an infected person coughs or sneezes the virus can remain in the air for up to two hours. So if someone with measles sneezes in a bathroom ... anyone using that bathroom for the next two hours will be exposed too. That's why it really is important to vaccinate your community.

<https://www.who.int/csr/don/17-january-2019-measles-madagascar/en/>