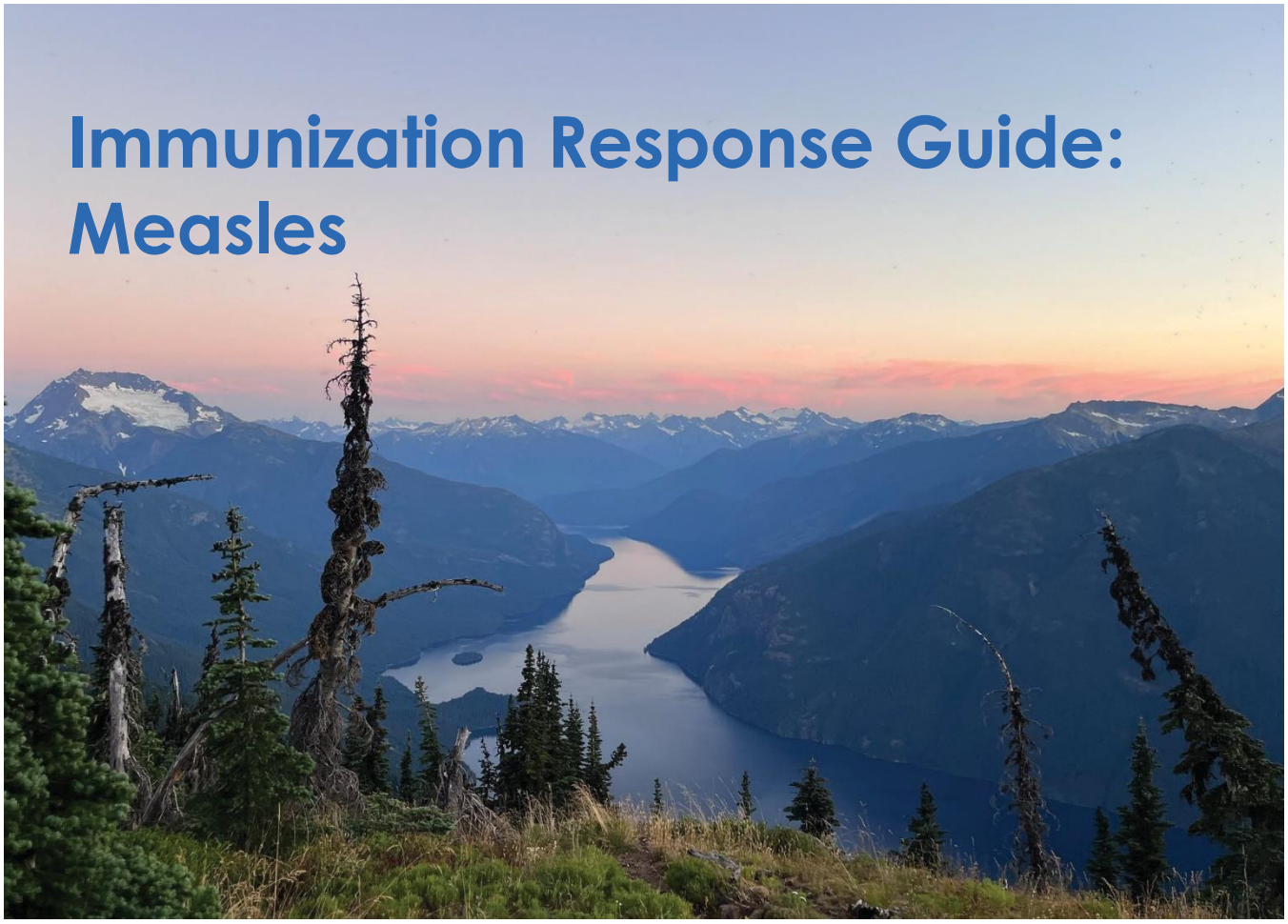
Immunization Response Guide: Measles



For Tribal Nations, Confederacies, Urban Indian Health Organizations (UIHO), local health jurisdictions (LHJs) and community providers

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For more information, please reach out to Washington State Department of Health's (DOH) Office of Immunization (OI) Planning and Response Team at OIEngagementPlanning@doh.wa.gov.

Detailed DOH response planning guidance can be found in DOH's Emergency Response Plan, please contact the Executive Office of Resiliency and Health Security (ORHS) Planning Team at epr.plans@doh.wa.gov to review.

Explanation of Terms

ACIP	Advisory Committee on Immunization Practices
AVP	Adult Vaccine Program
CDC	Centers for Disease Control and Prevention
CHW	Community Health Worker
COOP	Continuity of Operations
CVP	Childhood Vaccine Program
DCYF	Washington State Department of Children, Youth, and Families (DCYF)
DOH	Department of Health
HAN	Health Alert Network
IG	Immunoglobulin
IIS	Immunization Information Systems
LHJ	Local Health Jurisdiction
MMR	Measles, Mumps, and Rubella Vaccine (M-M-R II®, PRIORIX®)
MMRV	Measles, Mumps, Rubella, Varicella (ProQuad®)
OI	Office of Immunization
OPAE	Office of Public Affairs and Equity
ORHS	Executive Office of Resiliency and Health Security
OSPI	Washington Office of Superintendent of Public Instruction
PEP	Post-exposure Prophylaxis
POP	Power of Providers
SBOE	State Board of Education
UIHO	Urban Indian Health Organization
VAERS	Vaccine Adverse Event Reporting System (VAERS)
VFC	Vaccines for Children
WAIIS	Washington State Immunization Information System

Background

Measles is a highly contagious viral, vaccine-preventable disease (Centers for Disease Control and Prevention (CDC) Pink Book 14th edition). Measles symptoms appear 7 to 21 days after exposures. Symptoms usually begin with a high fever, cough, runny nose, and red/watery eyes. After 3–5 days a red flat rash develops that typically starts on the face and then spreads to the rest of the body in a downward pattern. People infected with measles can spread the virus by coughing or sneezing. The virus may remain in the air for 2 hours after an infected person has left the area. People with measles are contagious for up to four days before their rash even begins, making it easy to spread before you realize you have measles. The only treatment for a measles infection once it occurs is over the counter (OTC) products for symptom relief. Unvaccinated infants, young children, pregnant persons, and those who are immunocompromised or suffering from malnutrition are at highest risk of severe measles complications, which can include pneumonia, encephalitis, brain damage, pregnancy complications and even death.

During 2000–2023, an estimated 60.3 million measles deaths were averted by vaccination (MMWR 2024). However, no region has successfully achieved and maintained measles elimination as of the end of 2023 (MMWR 2024). From 2022 to 2023, estimated measles cases increased 20% worldwide (MMWR 2024). Measles remains endemic, meaning it's continually present, in many countries. Normally, most U.S. cases are brought into the country by people who have traveled overseas.

Since 1996 in Washington, there have typically been fewer than five measles cases reported annually. However, outbreaks ranging from seven to 33 cases occurred in Washington in 2001, 2004, 2008, and 2014. In 2015, one outbreak occurred with six cases, one of which was fatal. In 2019, there were two outbreaks of measles in addition to four cases that were not part of an outbreak, totaling 90 cases. Since then, Washington state has experienced sporadic cases and small outbreaks due to unvaccinated persons being exposed to measles during travel to areas where measles is circulating. The potential for larger outbreaks exists, especially among close-knit communities with low vaccination coverage.

Purpose

This guide lays out immunization-specific needs in a measles response including key considerations and response strategies. The guide provides direction to effectively vaccinate communities affected by a measles incident of any size. The focus is on general vaccine guidance, distribution, policy considerations, staffing considerations, Immunization Information System (IIS) utilization and communication strategies.

If this response requires a disruption to continuity of operations, then your leadership needs to consider the next steps.

Priorities

The guidance below can be used to effectively vaccinate affected communities in the response area.

Immediate Actions:

- Identify and access available resources, including personnel, supplies, and vaccines.
- Initiate communication, coordination, and training with your internal team and partners, especially communicable disease epidemiology and surveillance staff.

Key Priorities:

- Ensure an adequate supply of vaccine is available in affected area(s).

- Coordinate the response with internal and external partners (such as Communicable Disease Epidemiologists and Public Health Nurses), including frequent meetings and communications.
- Communicate information that is verified as accurate about vaccination and other prevention methods to any community affected by or at risk during the outbreak.
- Build and maintain trust with affected communities to increase vaccine confidence
- If applicable: Ensure standing orders are prepared, signed, and readily available for administration of vaccine.

Working with Providers:

- Inform healthcare providers about the outbreak.
- Share clinical information and guidance with healthcare providers.
- Provide them with educational materials for patients.
- Educate providers on the importance of reviewing the immunization status of their patients and conduct reminder recalls if necessary.
- Coordinate with communicable disease staff to avoid duplicating efforts.

Working with Community Partners:

- Coordinate immunization response with partners.
- Inform healthcare facilities, schools and childcare centers in affected area(s).
- Provide current updated educational materials for partners.
- Encourage promotion of vaccination in their communities and address barriers.
- Help partners connect to vaccination resources.

Immunization Response Readiness Considerations

The checklist below lists potential immunization response roles and planning considerations. Impacted program areas should consider readiness, scalability of activities, and staffing needs to prepare for a measles response.

Area/Topic	Planning Considerations for Readiness
Vaccine Response	

Vaccine management guidance, administration and distribution	• Update existing guidance and policies for use including potential guidance on equitable distribution of vaccine.
	• Consider reaching out to the Department of Health (DOH) when local capacity is exceeded, or when there is a request for resources or logistics outside of your scope or ability to provide services.
	• Provide MMR vaccine for administration. Refer to the Pop-Up Vaccination Clinic Guide.
	  ○ Assess and evaluate what services you can support in relation to implementing vaccination events.
	  ○ Consider capacity for offering contracted mobile vaccination services.
	  ○ Determine under-vaccinated populations affected by the incident.

	○ Consider reviewing social determinants of health to identify populations who are at elevated risk or disproportionately impacted by the incident in your area.
Non-routine vaccine ordering and operations funding	• If necessary, consider requesting additional vaccine and/or operations funding from DOH. ○ If you have questions, contact us at the Washington State Department of Health: 1-866-397-0337. • Please send enrollment requests by email: ○ For DOH's Childhood Vaccine Program contact WAChildhoodVaccines@doh.wa.gov. ○ For DOH's Adult Vaccine Program contact WAadultvaccines@doh.wa.gov.
Immunization Data	
Immunization coverage assessment (if applicable)	• Consider how you will assess MMR coverage or other measures of uptake. If support is needed with metrics development, assessment or obtaining additional data, please contact DOH's data request inbox: WAIISDataRequests@DOH.WA.GOV ○ Metrics for MMR assessments coverage assessment ○ Other measures of uptake. ○ Methods to assess Information to inform approaches to increase vaccine equity.
Immunization data quality (if applicable)	• Consider common data quality concerns, scenarios, or mistakes in an outbreak response you may need to address. Examples include: ○ Incomplete or invalid patient demographic data. ○ Inaccurate vaccine product documentation. ○ Delays in reporting vaccinations to the WAIIS. • Identifying needs for vaccination data entry support for larger-scale vaccination efforts. • WAIIS Resources Guide.
IIS access, enrollment, and training (if applicable)	• Ensure necessary access to IIS. Here is how to enroll in IIS. • Use IIS Trainings to help staff and providers with using the IIS.
Clinical Guidance and Vaccine Safety	
Immunization guidance and training	• Update and prepare educational content on Measles and MMR vaccine. ○ Consider coordinating with partners to offer education and training. • Consider planning to cover increased clinical support.
Vaccine Safety Education and Vaccine Adverse Event Reporting System (VAERS)	• Consider having information on VAERS and VAERS reporting readily available. Reference the VAERS website.

Partner and Community Engagement	
Engagement plans/materials	• Create or consider establishing engagement plans and culturally appropriate materials for partners and impacted communities. See Appendices for examples.
Immunization Communication, Health Promotion, and Education	
Immunization talking points	• Consider developing, modifying, and maintaining routine talking points.
Translations and culturally appropriate materials	• Determine any additional translation needs. ○ Use the DOH MMR webpage for resources, including a measles informational flyer in 19 languages. • Consider partnering with affected communities to develop culturally appropriate materials, if needed.
Website development and maintenance	• Consider having an area of your website specific to vaccine information, response, and resources.
Material creation and updating	• Consider creating/updating educational materials needed during the response, either for general or specific audiences. • Contact DOH Office of Public Affairs and Equity (OPAE) at OPAE@doh.wa.gov for materials if needed.
Communication output	• Consider creating communications needed during the response, such as social media, blogs, news releases, Health Advisory Network (HAN) messages, etc.
Media relations	• Consider schedule and coordinating media interviews. ○ Consider coordinating and coaching subject matter experts to be interviewees.
Outbreaks in School or Childcare Settings	
School or childcare guidance and exclusions	• Consider developing communication, FAQs, and/or presentation tools to inform schools and childcare. ○ Refer to DOH's School and Child Care Immunization web page relevant resources. • Work with your county's health officer to determine when exclusions are appropriate.
School data requests	• Be prepared for requests to determine vaccination status. • Consider how you can support different types of school data requests. • Review policies for sharing, disclosing, and/or publishing data.
Coordination with school districts, Washington Office of Superintendent of Public Instruction (OSPI), State Board of Education (SBOE), and Washington State	• Consider vaccination coordination during a school or childcare measles outbreak with school or childcare partners.

Department of Children, Youth, and Families (DCYF)	
Other Considerations to Prepare for Response	

Continuity of Operations (COOP)	• Consider identifying critical business operations that must continue, including staffing, to maintain continuity of operations functions.
	  ○ Consider identifying how long each critical business operation/essential function can be maintained in reduced capacity.
	  ○ Consider identifying work that can be paused to redirect staff time to the response.

Staffing	• Consider areas where additional staffing may be temporarily needed.
DOH coordination	• Partner with DOH as needed.

Vaccine Guidance

The CDC (CDC Pink Book 14th edition) recommends the following measles vaccination guidance:

Adults

Adults who do not have immunity to measles and have no contraindication for vaccination should get:

- At least 1 dose of Measles, Mumps, and Rubella vaccine (MMR).

Students entering educational institutions such as college or technical school after high school without immunity to measles should get:

- 2 doses of MMR separated by at least 28 days. Healthcare personnel entering the workforce without immunity to measles should get:
- 2 doses of MMR separated by at least 28 days.

Healthcare personnel during an outbreak, without presumptive evidence of immunity should get:

- 2 doses MMR separated by at least 28 days.

Children

All children receive two doses of MMR (measles-mumps-rubella) vaccine, starting with the first dose at 12 through 15 months of age, and the second dose at 4 through 6 years of age.

The minimum interval for dose 2 is 28 days.

Evidence of Immunity

Written documentation of adequate vaccination:

- one or more doses of a measles-containing vaccine administered on or after the first birthday for preschool-age children and adults not at high risk
- two doses of measles-containing vaccine for school-age children, adolescents, and adults at high risk, including college students, healthcare personnel, and international travelers
- laboratory evidence of immunity
- laboratory confirmation of measles (verbal history of measles does not count)

- birth before 1957
- Although birth before 1957 is considered acceptable evidence of measles immunity, healthcare facilities should consider vaccinating unvaccinated personnel born before 1957 who do not have other evidence of immunity with 2 doses of MMR vaccine (minimum interval 28 days).

Additional information on evidence of immunity: CDC Pinkbook 14th edition: Measles, CDC Measles Vaccine Recommendations, Immunize.org's MMR (Measles, Mumps, and Rubella) Archives Additional Vaccination Considerations

MMR vaccine can be given to children as young as 6 months of age who are at high risk of exposure such as during international travel or a community outbreak. However, doses given BEFORE 12 months of age cannot be counted toward the 2-dose series completion for MMR.

In certain outbreak settings, health officials may recommend the MMR vaccine be given to infants younger than 12 through 15 months of age, sometimes even to children as young as 6 months of age. However, since the decision to vaccinate children less than 12 months of age has vaccine supply implications for the state, the decision to implement this recommendation at the local level should include a prior discussion with the WA DOH Immunization Program.

Refer to CDC Pink Book 14th edition for additional information on vaccine recommendations.

People with Higher Risk of Complications

Any person without immunity to measles can become infected, including certain people who were vaccinated. Examples of individuals who are at high risk of complications from infection are listed below:

- Infants and children less than 5 years of age
- Adults greater than 20 years of age
- Pregnant people
- People with compromised immune systems

For more information on high-risk exposures and complications visit the CDC's website on Measles Symptoms and Complications.

Measles Vaccine Efficacy

- Antibodies develop in approximately 95% of children vaccinated at age 12 months and over 99% of children who receive 2 doses.
- Immunity is long-term and probably lifelong in most people.

Post-exposure Prophylaxis (PEP)

People exposed to measles who cannot show that they have evidence of immunity against measles should be offered Post-exposure Prophylaxis (PEP).

To help provide protection or modify the clinical course of disease among susceptible persons, either administer:

- MMR vaccine within 72 hours of initial measles exposure(s), or
- Immunoglobulin (IG) within six days of exposure.
- MMR vaccine and IG cannot be administered at the same time, as this practice invalidates the vaccine. See additional vaccination considerations in the section above.

Potential Vaccine Reactions

- MMR and MMRV vaccines may cause fever and rash. In the context of an outbreak, this can sometimes raise concern for measles infection in a patient who is having a vaccine reaction.
- Because MMR and MMRV are live attenuated virus vaccines, diagnostic testing for measles is expected to be positive if the patient was recently vaccinated. Care must be taken to differentiate vaccine reactions from true measles disease. For advice, please contact your local health authority.

Clinical Immunization Education and Vaccine Safety

The Office of Immunization (OI) provides support for clinical immunization questions, vaccine education, vaccine schedule, and vaccine safety. The clinical team also provides review of clinical content in messages, health education material, website content, and guidance documents.

Vaccine Distribution

The Office of Immunization provides coordination and allocation of vaccines to Tribal Nations, Confederacies, and Urban Indian Health Organizations (UIHO), local health jurisdictions (LHJs) and providers who are enrolled in the Childhood Vaccine Program (CVP) and/or the Adult Vaccine Program (AVP). Measles vaccines can be ordered or requested through CVP and AVP. The purchase and management of the measles vaccines will be coordinated by the vaccine management team. An equity tier will be developed and used, when necessary, to ensure equitable vaccine distribution.

OI can offer expedited enrollment in adult and childhood vaccine programs to increase vaccination efforts. Vaccine ordering priorities and instructions for providers, Tribal Nations, Confederacies, and UIHO, and LHJs will be adjusted as needed.

If medical countermeasures are needed and cannot be ordered through routine vaccine management routes, please contact ORHS, Office of Medical Logistics, medical countermeasures team at MCM@Doh.wa.gov. Please provide information regarding the situation and the nature of your request.

Immunization Information System (IIS)

The Immunization Information System (IIS) plays a vital role in a response situation because it provides information about vaccine rates and coverage to partners. Using the IIS can be beneficial to help identify communities with lower vaccination rates.

External access is granted through individual IIS user accounts. The levels of access for these user accounts will vary depending on the associated organization and the individual's user account permissions. Request new user accounts and changes to existing user accounts at WAIISHelpDesk@doh.wa.gov.

The IIS school module could be useful in a measles response. The IIS School Module tracks vaccine records for students throughout WA state. Data is available to providers and school staff.

IIS has tools to analyze and view vaccine data with reports that could:

- Obtain a report of vaccination rates for patients of all providers in the affected population or community.

- Obtain a report of those less than 1 year old who were vaccinated outside of Advisory Committee on Immunization Practices (ACIP)/CDC recommendations, during the response.
- Allows providers to check the vaccination status of their patients.

Assessment and Data Requests

Data on immunization coverage rates is available on two dashboards, the Immunization Measures by County Dashboard and the School Immunization Data Dashboard. Work is underway to create additional immunization data options to support VPD response work. For additional data needs, please contact DOH's data request inbox: WAIISDataRequests@DOH.WA.GOV.

Equity Considerations

When talking about measles prevention, it's important to respect all perspectives and beliefs. Some conversations may focus on vaccination, while others may need to focus on things like isolation, masking, or protecting others. Even if communities share similar beliefs, they are not all the same—what works in one place may not work in another. Not everyone sees prevention as a top priority, so it's important to meet people where they are and tailor the approach to their values, needs, and concerns.

Key considerations when planning a measles response for high-risk communities:

- Identify subpopulations with lower MMR coverage rates.
- Build relationships to understand communities' beliefs and values as part of planning protocol
- Learn their communication protocols and policies.
- Integrate a pro-equity approach and invest in trusted leaders and community members that can provide perspective in increasing routine immunization.
- Focus on partnering with communities to increase awareness and culturally and linguistically appropriate health education materials that communicate the importance of routine immunization for children.
- Integrate Community Health Workers (CHWs)/Promotors or other trusted messengers to build relationships.
- This Visual: Vaccine Journey handout can be adapted for all vaccine planning and has a list of considerations to examine as you plan vaccine events.

Planning Considerations for Specific Populations

Culturally Insular Communities

Culturally insular communities may have "a religious or ethnic orientation that effectively places them outside mainstream sources of information on health promotion."

- Every community is different even if they have similar cultural practices or fall under the same cultural umbrella.
- Take time to learn their beliefs around vaccination and what contributes to their current vaccination coverage.
- Build relationships to partner with trusted community members.
- Examples: Community health associations/coalitions, their faith leaders, schools, elected officials.
- Learn their accepted communication practices and view of governments/healthcare before approaching a community. Focus on sustainable community engagement.
- Leverage non-traditional pathways to reach the community.
- Consider using the logos of trusted community partner for credibility.
- Integrate vaccine messaging with broader health initiatives.
- Approach with an open mind such as sharing measles prevention options that do not only include vaccine or PEP.
- If relevant to their community: support community-led resources such as helping their health providers instead of a separate pop-up clinic.
- Resources here: Responding to Measles Outbreaks in High Priority Populations.

Rural Communities

Typically, "rural areas are sparsely populated, have low housing density, and are far from urban centers."

- Consider facilitating planning meetings that include a wide range of people.
- Build understanding behind their current vaccine coverage and the incident.
- Consider gathering relevant insight into a community from community members and subject matter experts.
- Consider a straightforward response approach like "Prevent, Detect, Respond."
- Prevent disease with vaccine, detect cases, respond immediately to control spread.
- Consider access to vaccinations in locations and times that are convenient, preferred, and trusted by the community.
- Consider using a smaller scale Incident Command System and having transport materials to move vaccine throughout communities.
    - Have events at trusted community locations that are convenient and preferred by the community.
        - Schools: School nurses may be especially trusted by families if they do not regularly see other primary healthcare providers.
    - Consider non-traditional community locations for a mobile vaccine unit or having pop up vaccine clinics (WA DOH webinar here).
    - For people with privacy concerns, consider having vaccine events at less visible locations like occupational health clinics or pharmacies.

- Consider and promote enrollment in WA's Childhood Vaccine Program (all children) and Adult Vaccine Program (uninsured adults) at low or no costs.
- Expand the scope of vaccine events to "whole health" or add vaccination to broader events.
    - Provide information and services relevant to the needs of the community at vaccine events.
- Help people find vaccine.
    - Advertise vaccine events or resources for locating vaccine. Use the methods mentioned below under "Messaging directly to community."
- Consider helping with and promoting transportation resources to vaccine appointments.
    - HopeLink's www.FindaRide.org website.
    - Call HopeLink's Transportation Resources Line at 425-943-6760.
    - Rural Resources (Northeastern Washington) transportation programs.
    - Gas voucher programs.
    - Community members driving individuals to and from vaccine appointments.
    - Some insurances reimburse for transport to medical appointments.
    - A medical van that can meet individuals at home.
- Understand and respect how people feel about vaccination.
    - Be patient and invite discussion.
    - Promote respect, sensitivity, and collaboration.
    - Respect individuals' immediate decisions.
    - Use Motivational Interviewing.
- Partner with local community members to share vaccine information.
    - Vaccine Ambassadors are trusted community members that share similar beliefs and characteristics with their peers that are trained to disseminate important health information in their communities.
    - Community members can share their lived experience.
- Consider messaging directly to the community.
    - Tailor messaging to the specific community.
    - Utilize mailers, electronic (text, email, radio, television), and in person (town halls) methods of reaching individuals.
- Consider a central resource for information.
    - New Mexico (centralized public health system) is utilizing a centralized nurse call center (bilingual English/Spanish) for the public and providers to get advice and quick and accurate information.
    - Webpage with all resources, news, and vaccine clinics.
- More resources:
    - Consider specific recommendations from the 12 Strategies: CDC Rural Considerations Field Guide.
    - Vaccination in Rural America Special Report from CDC.
    - Forming Partnerships to Increase Rural Immunization Rates.
    - Rural Resources Community Action helps residents of Northeastern Washington help themselves and each other.

Communication and Education

In the event of the spread of a measles outbreak, clear and consistent communication with the public, LHJs, Tribal Nations, Confederacies, and UIHO, providers, partners, and DOH is essential to an effective response. Equally important is education for the public and specific communities affected by the outbreak. Messaging for the affected population should be quickly translated or transcreated into the community's preferred language when appropriate. Our desired goal is to be *"seen as a credible and trustworthy source of information during public health investigations."*

Alerts and Publications

- Use your pre-established health alert system to inform partners, public, and media.
- Through the DOH Duty Officer in ORHS you can request a DOH HAN message through SECURES for high level alerts.

Public Communication

The following are important messages in the event of a measles outbreak:

- Measles is a highly contagious virus which can cause serious illness, including death.
- The best protection against measles is the MMR vaccine.
- You can help protect yourself and your family by ensuring everyone is up to date on the MMR vaccine.
- Symptoms of measles include fever, cough, runny nose, and red, watery eyes. A full-body rash typically develops on the head or face and spreads down the body.
- If you think you or your child may have measles, seek medical attention, but make sure to call ahead of time so they can prepare for your visit.
- People infected with measles can spread the virus by coughing or sneezing. The virus may remain in the air for 2 hours after an infected person has left the area.
- People with measles are contagious for up to four days before their rash begins, making it easy to spread before they realize they have measles.
- People who have been exposed to measles may become ill between 7 and 21 days after the exposure.
- There is no specific treatment for a measles infection once it occurs other than treating the symptoms with over the counter products.
- Unvaccinated infants, young children, pregnant persons, and those who are immunocompromised are at highest risk of severe measles complications. Severe complications can include pneumonia, encephalitis, brain damage, pregnancy complications and death.
- The MMR vaccine is the strongest protection against measles. Two doses of measles-containing vaccine are approximately 97% effective at preventing measles.

See Appendices for additional measles and MMR communication and educational materials.

Immunization Laws and Rules

Measles is an immediately notifiable condition in Washington State, requiring healthcare providers and facilities to call the patient's local health jurisdiction as soon as measles is suspected. LHJs, healthcare providers, healthcare facilities, and laboratories need to follow the legal reporting requirements, and monitor their areas closely. Additionally, refer to the Washington Administrative Code (WAC) Notifiable

Conditions Rule.

Local Health Jurisdictions

- Measles Reporting and Investigation Guideline (wa.gov)

Schools

- Immunization Law and Rules - Schools | Washington State Department of Health
- RCW 28A.210.090: Immunization program—Exemptions. (wa.gov)
- Washington Administrative Code (WAC) 246-101-420: Duties—Schools

Child Care Facilities

- WAC 246-101-415: Duties—Childcare facilities

DOH's Methods of Engagement with Tribal Nations, Confederacies, and UIHO, Local Health Jurisdictions, and Providers

During an outbreak DOH will establish communication with the LHJs, counties, or Tribal nations, Confederacies, and UIHO impacted through Tribal Liaisons, Regional Coordinators, and Partner Liaisons.

Tribal Nations, Confederacies, and UIHO Communication:

- Sending Dear Tribal Leader letters to elected Tribal officials when developing and implementing policies, agreements, and programs that directly affect Indian Tribes.
- Create and distribute a bi-weekly Tribal Immunization Newsletter.
- Share current information at preestablished Northwest Portland Area Indian Health Board weekly meeting.
- Direct email to all Tribal clinics for peer-to-peer communication.
- Rapid response support via specialized inbox and phone calls.
- Sends DOH HAN messages for high level alerts.

Local Health Jurisdiction Communication:

- Utilize basecamp for information dissemination with LHJs.
- Create and distribute Weekly LHJ Summary on most recent immunization information.
- Host monthly LHJ Office Hours that provides a broad spectrum of DOH related immunization information.
- Rapid response support via specialized LHJ inbox and phone calls.
- Sends DOH HAN messages for high level alerts.
- The Office of Communicable Disease Epidemiology will likely schedule additional meetings with LHJs during an outbreak.

Provider Communication:

- Dear Healthcare Provider Letters.
- Utilize special edition of newsletter to providers state-wide with information about outbreak updates and DOH actions and priorities.
- Utilize Power of Providers (POP) to disseminate information.
- Special GovDelivery emails.
- Rapid response support to provider associations via specialized inbox and phone calls.
- Sends DOH HAN messages for high level alerts.

Appendices

Appendix A: Resources and Support

People to consider bringing together to support an immunization response:

People	Name	Phone	Email
Emergency response SME			
Communicable disease epidemiology SME			
Lab testing			
Public health medical provider			
Public Information Officer			
Immunization SME			
Budgeting SME			
External partnerships SMEs			
After Action Report (AAR) Lead			

Vaccination Support

Care-a-Van

- Care-a-Van (CAV) can be used to quickly deliver vaccines in impacted areas.
- Leverage upcoming scheduled events.
- Collaborate with schools and local partners to increase access to vaccines and information to promote vaccine confidence.

Public Communication and Education

See below for sample public communications:

- WA DOH Measles Communications Toolkit for Washington State Partners (PDF)
- WA DOH Measles Information in Multiple Languages
- Measles Alert Sample for LHJs, Health Care Providers, and Clinic Directors: WA DOH Reporting and Surveillance Guidelines
- Washington State Department of Health Measles Webpage
- WA DOH Measles Basic Information flyer (PDF) available in more language here
- WA DOH Most adults in the U.S. are at low risk for measles flyer (PDF)
- Public Health Seattle & King County: How to document your immunity from measles to avoid staying home from work, school and childcare if you are exposed.

Tribal Nations, Confederacies, and UIHO Communication

- WA State-Tribal Relations Centennial Accord Plan - Department of Health, 2016
- Indian Health Service | Indian Health Service (IHS)
- Measles Vaccine: Our Best Protection (2018)

For Healthcare Providers and LHJs

- WA DOH Legal Reporting Requirements
- WA DOH Measles Assessment Checklist for Providers (Word)
- CDC Measles Vaccination for Specific Groups
- New LHJ CD Epi Investigator Manual (wa.gov)
- WA DOH "Could it be Measles?" flyer (PDF)

MMR Vaccine

- WA DOH MMR (Measles, Mumps, Rubella) Vaccine
- WA DOH Vaccine safety information and communication
- WA DOH Access your Immunization Information
- Ask the Experts: Measles, Mumps, and Rubella (MMR) Vaccines (immunize.org)
- About the measles vaccine - King County
- CDC Autism and Vaccines
- Public Health Seattle & King County MMR & Autism: Unraveling the Myth
- CDC Frequently asked questions about measles
- WA DOH Measles Post-Exposure Prophylaxis (PEP) for Non-Symptomatic Susceptible Contacts

Appendix B: Measles Response Toolkits and Health Education

For Parents and the Public

- Measles Basic Information Flyer (In 19 languages)
- CDC Measles It Isn't Just a Little Rash: Parent Infographic
- CDC Measles Vaccines
- CDC About Combination Vaccines for Children

For Schools, Childcare Facilities, and Camps

- WA DOH School and childcare immunization requirements
- WA State Certificate of Immunization Status (CIS) and Certificate of Exemption form
- WA DOH Measles in childcare facilities and schools
- Immunize.org School requirements for other states

MMR Vaccine Uptake Strategies

Adults

- CDC Strategies for Increasing Adult Vaccination Rates
- CDC Standards for Adult Immunization Practices

Travelers

- CDC Plan for Travel: Measles

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To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.