MMR Vaccine Resistance among Minnesota Somalis

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Vaccine Coverage Among Children Age 19-35 Months, U.S. and Minnesota, 2013

- 4+ DTaP
- 3+ Polio
- 1+ MMR
- Full Series Hib
- 3+ HepB
- HepB Birth Dose
- 1+ Varicella
- 4+ PCV
- Vaccine Series
- Complete Rotavirus
- 2+ HepA

*National Immunization Survey
2013 data reported in MMWR, August, 2014.
Conscientious Exemption Rate (All vaccines) by County, 2013-2014 School Year, AISR*

Statewide average: 1.86

*Annual School Immunization Report
MMR Conscientious Exemption – by MN County, 2013-2014 AISR

Statewide average: 2.76

*Annual School Immunization Report
Comparison of MMR Rates at 24 Months in Children of Somali Descent versus Non Somali, 2004-2012, MN

Data derived from Minnesota Immunization Information Connection (MIIC), March 2015
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Gaps: Somali Vaccine Hesitancy

• Summer 2008: Immunization program became aware of MMR concerns
  • Local news story - concern about high numbers of Somali children with autism in Minneapolis special education programs
  • “It’s the vaccines.” claimed a Somali parent.

• MDH study on Early Childhood Special Education enrollment fueled fear of autism and fanned misperception regarding MMR

• 2011 measles outbreak prompted MMR rates assessment
Key Informant Interviews

- **PARENTS (20 interviewed)**
  - 60% reported MMR refusal; 100% stated autism as reason
    - Only 35% could say what autism is
  - 85% named healthcare provider as trusted source of medical information
    - Yet family and community influences contributed significantly to vaccine hesitancy

- **CLINICS (4 interviewed)**
  - “MMR causes autism” belief is entrenched (100%)
  - A deeply rooted oral tradition and the language barrier create difficulty in addressing misinformation

- **MDH SOMALI STAFF**
  - Parents tell the HCP they don’t want “the vaccine that causes autism” - the HCP says “okay”
  - Some interpreters tell parents not to get the MMR
  - Parents don’t understand developmental milestones
MMR Vaccine Refusal

- Address perceived risk – autism
  - “Measles is dangerous” is not an effective message
  - Information should include child growth & development and autism

- Change the script
  - From “we don’t know what causes autism” to “this is what we have learned about autism up to now”

- Leverage social networks
  - Use oral tradition to change the advice
    - Somali-translated fact sheets don’t work
    - Peer to peer training, train influencers
Percent of children 24 months old who are up to date compared to children of Somali descent in a Hennepin County Pediatric Clinic

MIIC analysis conducted March 2013
Tools - For your consideration

- Personalize the encounter to build trust
  - Use the baby’s name
  - Look at the parent, not the translator
  - Learn a couple Somali words
Tools - For your consideration

- De-mystify autism
- Parents want to understand autism and its threat to their child
- Explain why you look at developmental milestones

www.cdc.gov/ActEarly
call: 1-866-693-4769
Tools - For your consideration

• Address parents hesitation –
  • “What triple letter vaccine do you mean?”
  • “What is your concern about this?”
  • “Where did you learn about this concern?”
  • “What do you know about autism?”

• Your credential matters
  • Parents trust the provider for factual medical information
  • If a mother is refusing, invite the father to the next visit
  • Start the conversation early
    • Ask them if they understand what vaccines their baby is receiving
When to Get Vaccines
Birth to 16 Years

- **Hep B**: 1-2 months after first Hep B dose
- **Hep B**: 5-18 months
- **RV**: 2, 4, 6 months
- **DTaP**: 2, 4, 6 months
- **Hib**: 6 months
- **PCV**: 2, 4, 6 months
- **IPV**: 4-6 months
- **MMR**: 12-15 months
- **Varicella**: 12-15 months
- **Hep A**: 2 doses at least 6 months apart
- **HPV**: 3 doses at 0, 1-2 and 6 month intervals

**Required for:**
- **Hep B**: CC, ECP, K-12
- **DTaP/Td**: CC, ECP, K-12
- **Hib**: CC & ECP
- **PCV**: CC & ECP
- **IPV**: CC, ECP, K-12
- **MMR**: CC, ECP
- **Varicella**: CC, ECP
- **Hep A**: CC & ECP

**Influenza** (each fall)

**Pregnant?** Protect yourself and your baby from whooping cough, get a Tdap vaccination between 27 and 36 weeks gestation. Talk to your doctor.

*The number of doses* depends on the product you doctor uses.

For copies of your child's Immunization records, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 1-800-651-3970.

**Key to vaccine abbreviations**

- **DTaP/Td/Tdap**: Diphtheria, pertussis, tetanus
- **Hb**: Haemophilus influenza type b
- **Hep B**: Hepatitis B
- **Hep A**: Hepatitis A
- **IPV**: Polio
- **MCC**: Meningococcal
- **MMR**: Measles, mumps, rubella
- **PCV**: Pneumococcal
- **P2V**: Rotavirus

For more information, visit www.health.state.mn.us/immunize
Tools - For your consideration

• Your interpreters - are an extension of you
  • What is their understanding of developmental milestones, autism, vaccines
  • Does the interpreter have personal concerns about MMR and autism?
  • They may be put in the position of advising
    • Ask them how they would answer a parent’s question, “did you give your children the MMR?” Or “what do you suggest I do?”
Tools - For your consideration

• Clinic staff – How do they support a pro-immunization environment?
  • What is their understanding of MMR and autism?
  • Do staff have other vaccine-related concerns?

• Adopt specific educational outreach activities
  • Use of the milestone checklist
  • Discussing vaccine schedule
  • Post vaccination care - how to treat fever and sore limbs
Tools - For your consideration

- Policies
  - Extra time for well child appointments that require an interpreter
  - Consistent clinician or consistent approach when seeing 0-24 month-old children
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