



The Our American States podcast—produced by the National Conference of State Legislatures—is where you hear compelling conversations that tell the story of America’s state legislatures, the people in them, the politics that compel them, and the important work of democracy.

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### **Measles, Vaccinations and the Role of Government | OAS Episode 66**

Gene: Welcome to “Our American States,” a podcast of meaningful conversations that tell the story of America’s state legislatures, the people in them, the politics that compel them, and the important work of democracy. For the National Conference of State Legislatures, I’m your host, Gene Rose.

U.S. government and health officials have expressed deep concern in recent months due to cases of measles reported in a few areas of the country. It’s a disease that was declared all but eliminated in our borders nearly 20 years ago.

Officials are not only concerned about other outbreaks, but there is unease about a growing population who are hesitant to have their children vaccinated. To get answers about current outbreaks, how the various levels of government have reacted, and to address the concerns about vaccinations, we reached out to the nation’s foremost expert on the subject, Dr. Robert Redfield, who is the Director of the Centers for Disease Control and Prevention. Here’s our conversation with Dr. Redfield.

*Time Marker (TM): 1:11*

Gene: Dr. Redfield, this year we saw the greatest number of cases of measles reported in the United States since 1992 and since the disease was declared eliminated in 2000. Walk us through the measles outbreak this year, specifically what happened and how have the CDC, state and local jurisdictions responded.

Dr. R: Well, what we’ve seen actually, and it started in 2018, is we’ve seen an uptick in measles cases in the United States, particularly in three jurisdictions: New York City, one of the counties in New York State, and then Washington State. And all of these cases really began with individuals who acquired measles overseas, either in the case of New York, Israel, or in the case of Washington State, Ukraine.

And then they came home from their trip and developed symptomatic measles in a population which, unfortunately, was under-vaccinated, and with an increased number of those susceptible to measles, and then once that began then transmission began within those communities.

And overall in the United States, we've had a number of outbreaks as a consequence of importation, largely again from Israel or Ukraine, also in the West Coast from the Philippines. These are the major sources of acquisition of travelers overseas. I think we've had, over the course of the last 2018/2019, we've had approximately 10 outbreaks.

Currently there are really, as I said, three significant outbreaks, two in particular in the New York area that continue largely because of significantly under-vaccinated populations in those communities.

*TM: 3:13*

Gene: Are you worried about the continuation of the recent cases and/or that there will be future outbreaks? If so, what causes your concern?

Dr. R: Well, I think right now we know to date this year since January, we've had 1,022 cases now that have expanded to 28 states. I think if we do continue to get cases in these jurisdictions as we go through the fall, one of the areas that we're at risk for is losing the designation of measles elimination, as you've commented earlier, that if we have ongoing transmission for more than a year, there is that possibility that we could lose that designation, which would be disappointing for our nation to lose that ability to say that we've eliminated measles, which we succeeded in doing almost 20 years ago in the year 2000.

I think right now because of the number of individuals that still remain susceptible, we anticipate that we will continue to see more cases of measles. We are concerned about really two major situations: one is the summer is coming and, as a consequence, more people will travel. We continue to try to reinforce to individuals: please, if you're going to be traveling, please make sure your measles vaccinations for you and your family are up-to-date.

Many people may not realize that a trip to Europe poses a significant risk of getting measles, but the reality is it does.

The second thing is particularly in the New York area where there is significant measles transmission going on, particularly in Rockland County in the State of New York and New York City, we're coming to summer vacations where many people send their children off to camp. So we're again trying to underscore that we want to encourage parents to make sure that their children are up-to-date with their vaccinations, particularly measles, before they go off to these summer camps, because there would be a possibility then if there was more mixing, let's say, of active measles cases in the different populations, that then we could see more outbreaks in more different parts of the United States.

*TM: 5:34*

Gene: I know the CDC works diligently to get information and education into the public's hands, and we know there are sometimes legitimate reasons to exempt a child. How are you trying to reach those who are hesitant to vaccinate their children?

Dr. R: Well, I think this is a critical area that you've raised, is this issue of addressing why people have chosen not to become vaccinated. As you mentioned, there clearly are those that have significant medical exemptions or are not able to be vaccinated because of their medical condition.

The most common one is just newborns under the age of 1. These individuals are not vaccinated, although in light of this outbreak we have recommended that children over the age of six months could actually receive an immunization to help protect them because of the current state of the measles outbreak if they're in one of those areas or if they're planning travel to an area.

We think it's really critical to begin to differentiate between parents that are not vaccinating their children because of being worried; that we encourage them to discuss it with their health care professionals so the healthcare professionals can reassure them that these vaccines are safe, these vaccines do not cause autism, and that the diseases they protect against are in fact dangerous, and that they help them make the appropriate decision to vaccinate themselves and their children for the benefit of that.

Then there's another group that have truly been misinformed, particularly with the disinformation that's out about vaccination. Again, our outreach is to provide accurate information to them directly, but also information to healthcare professionals and requesting that they spend the time to talk to their patients that aren't vaccinated to make sure that they actually have accurate information and they're making these decisions based on accurate information.

So, I think it's really important to target these interventions to the population. The majority of people in this nation that aren't vaccinated are not negative to vaccination; they're not anti-vaxxers. They're basically either worried parents that don't want to make mistakes with their children, or they're individuals that have, in fact, been misinformed about vaccinations through inaccurate information.

So, we're going to continue to get accurate information out and we're going to continue to engage the medical community, encourage them to spend the time to educate their patient population about the importance of vaccination and try to make an effort to win the hearts and minds of people so that they will now embrace vaccination for what it is.

And what it is, is really the most important scientific advancement in modern medicine that allows us the ability to prevent disease and eliminate diseases such as measles. It's actually the only tool we have in modern medicine that allows us to eradicate diseases as we did for smallpox and soon to be polio.

It's going to be a continued campaign to try to counter disinformation and try to put individuals that parents in particular trust to communicate that information that vaccination is the right decision for the health of their children and their families.

*TM: 9:07*

Gene: I'm curious, Doctor, are there lessons to be learned from other countries that have had particular success in addressing hesitancy to vaccines or achieving high rates of immunization?

Dr. R: You know, we're at a very difficult time right now. The World Health Organization just this year listed vaccine hesitancy as one of the ten most important health threats of the world. Sadly, this has become a global situation.

In some parts of the world, it's driven by lack of access. So, when you look at some parts of Africa, we have very significant outbreaks of measles, in the DRC now almost 90,000 cases; Mozambique we're having significant outbreaks. In other places it's not access; when you look at Israel, for example. It's just the individuals have chosen not to get vaccinated.

Other areas like Ukraine and Venezuela, it's dissolution of their effective government that has then led to decreased vaccination rates.

So, I would say at present we don't have the beacon to look to of some country that has really unbelievably successful vaccine rates that I'm aware of. We have a progressive decrease in vaccination rates either because of, as I said, lack of access, or some countries because of a growing complacency towards vaccines.

One of the big problems with measles, for example, and some of the vaccine-preventable diseases in some of the parts of the world that are beginning to see their reemergence is historically they haven't seen these diseases. They don't know what polio looks like. They don't really know the morbidity and mortality that measles can cause. They haven't seen the serious consequences and, as such, have become really complacent about the value of vaccinations.

So, it's our hope that we'll be able to reestablish in individuals, particularly in our nation, that vaccinations are a very important component of advancements in modern medicine and it's an advancement that they don't want to leave on the shelf for themselves or their family, their community. They want to embrace vaccination and once again get us to a point that no one will really know what these diseases look like because we'll eventually eradicate them because we'll have high compliance with vaccination rates.

*TM: 11:30*

Gene: And what about here in the United States—are there certain states that have had greater success in addressing those who refuse vaccinations?

Dr. R: Well, there's a lot of variation. I mean clearly I think the state of Minnesota had had a lot of success in addressing what was initially a fairly significant non-vaccinated Somali population and community, and they were able to get respected community leaders to be, if you will, the spokesperson, the deliverer of the message so that it was accepted, and were able to work with the community to change rates.

Many states in the United States I want to say, and most families in the United States vaccinate their children. The overall vaccination rate, for example, for measles in the United States is probably close to, you know, somewhere close to 94%. It's not like a majority of individuals have turned away from vaccination. They've really embraced vaccination.

The problem is that there are pockets where the vaccination rate falls way below 90%. In some areas actually it falls below 70% where there are large groups of susceptible individuals. And it's in those pockets that we've seen the expansion of these outbreaks where there are communities that have chosen to have high rates of lack of vaccination.

And there's variation from state to state to state to state, and again this is an opportunity, as your colleagues are state legislators that are involved here to become big advocates for the importance of vaccination in their jurisdictions and begin to help their public health communities to once identify these pockets of lower vaccination rates, to be able to develop effective community strategies to reach out to those pockets and to begin to get the vaccination rates to turn around.

We've seen this recently in the State of Washington that had one of the major outbreaks that we had in 2018/2019 in Clark County in the southern part of Washington along the border of Oregon. They were really able to over time get the community more and more engaged in vaccination and as that hit a certain threshold, the outbreak in that area came to an end, because one sure way to prevent measles from spreading in any community is for that community to embrace vaccination and get vaccinated.

Gene: When we come back, we'll ask Dr. Redfield about the role that state legislatures and state legislators can play to help prevent future outbreaks.

MUSIC and Female VO

*TM: 14:50*

Gene: So, to prevent future outbreaks, what federal or CDC resources do you think state legislators need to be made aware of when crafting and deciding on policy related to vaccinations?

Dr. R: Well, as you know, CDC works through our state, our local, our tribal and our territory health departments to work with them. We obviously have a series of information available on the CDC websites that are available to them. We also have certain specific portals that are available to family members and parents to get that information.

And so all of our knowledge base about vaccination would be available to them through [www.cdc.gov/measles](http://www.cdc.gov/measles) related to the measles outbreak. We also have a parent specific portal for parents.

Your state legislators, many of them I'm sure know that of the resources that CDC receives from Congress, that approximately 70% of our budget actually goes directly out to fund the public health capacity of states, tribal territories, tribal regions/territories and the local health departments to be able to have their public health response.

CDC also provides science-based, data-driven guidelines on how vaccines should be used based on the science to date, so there is clear guidance of what our recommendations are for their utilization. CDC also monitors their effectiveness and the safety of vaccine products that are used across the country on an ongoing basis.

*TM: 16:30*

Gene: Are there other policies that state legislatures should be looking at to address or encourage increased rates of vaccination? Does the CDC have recommendations on what state legislatures should do to address hesitancy to vaccines?

Dr. R: Well, I think first and foremost I think the leadership that state legislators ... I mean, they're trusted leaders in their community and I think them in a sense standing shoulder-to-shoulder with their public health officials to affirm the important value of vaccination to their constituencies and communities is really, really important.

Each jurisdiction is different and CDC has always worked and defers to the local state and tribal/territorial health departments to wrestle with what is the best way for them to affect vaccine policy in their jurisdiction. But I do think a clear, resounding message from trusted leaders like state legislators that vaccines are safe and they're effective, that they can support their public health leaders in that they don't cause autism and that they really are important ways to prevent diseases that in and of themselves can cause significant mortality and morbidity.

Obviously those leaders are very powerful along with healthcare providers in reassuring parents about the importance of vaccination and try to lead by example. Many of the state legislators are parents or grandparents—lead by example by letting them know that they embrace and would not want to see their grandchildren or children not take advantage of this important scientific advancement and do their part to help eliminate vaccine-preventable diseases.

So, I think that's really important. The independent policies, those are up to individual local communities to try to understand what's the best way to accomplish the goal line, and the goal line is to see that all people that are eligible for vaccines for vaccine-preventable diseases get vaccinated.

*TM: 18:41*

Gene: Dr. Redfield, I've thrown quite a few questions at you. What else about this topic haven't I asked you about that you believe that state legislators, legislative staff and the general public need to be aware of?

Dr. R: Well, I think you did a very good job in the questions you (asked). I just would like to reinforce how important I believe, as the director of CDC from a public health point of view, the voice of state legislators is in affecting their constituents' decisions about using vaccination and getting vaccination.

I think it's really important as trusted individuals if they articulate, again like I said before, that we have the ability to prevent many different infectious diseases and these vaccine-preventable

diseases. We need to embrace vaccination, whether it's for the measles outbreak that we're talking about right now or whether it's for the role of vaccination in impacting seasonal flu, whether it's the importance ... if I was to tell you we had a vaccine that could prevent cancer, most people would jump at that.

We have a vaccine that can prevent cancer in boys and girls, the human papilloma virus vaccine, but again, many people have not embraced that. I think it's important again to provide that leadership.

We have young people going off to college that haven't been vaccinated against meningococcus, only to develop overwhelming meningococcal infection, lose a limb or die.

And then we have older people like myself that would benefit from vaccination against pneumococcus to prevent one of the significant causes of premature death of the elderly, which is pneumococcal pneumonia.

So I think what I would like to see the state legislators become a really powerful public voice to their constituents about: Resolve your concern about being worried about whether this is the right thing to do; that they can reinforce that it is the right decision to make for the health of themselves and their children and their family; resolve and be a vehicle to help correct misinformation.

For example, when people say that somehow the measles vaccine is associated with autism, that's just not true—this vaccine is safe and efficacious and needs to be employed. And resolve when people aren't sure that their teenaged daughter or son should be vaccinated against human papilloma virus; let them understand that this is a powerful vaccine that can prevent cancer, a very significant cancer that both men and women can get later in life; and to resolve for their attempts to take care of the elderly—that their parents should be able to get pneumococcus vaccine to minimize the impact of pneumococcal disease when they're adults.

That's what I'm really hoping is that the state legislators become that trusted voice in this debate that now is going through our nation, and reinforce the importance of vaccination in their communities.

Gene: We've been talking with Dr. Robert Redfield, the director of the Centers for Disease Control and Prevention. Dr. Redfield, we appreciate the work that you do and thank you for being a guest on "Our American States."

Dr. R: Thank you very much.

Music and Gene VO:

And that concludes this edition of "Our American States." We invite you to subscribe to this podcast on iTunes and Google Play. Until our next episode, this is Gene Rose for the National Conference of State Legislatures. Thanks for listening.