

Massachusetts Responds to a Measles Outbreak

Global travel may introduce new or unfamiliar diseases and increase the risk of disease outbreaks.



When measles broke out in Boston in 2006, the disease had not had a large-scale presence in the United States for over 5 years. The first case

in this outbreak was an unvaccinated man from India who had arrived in Boston and was confirmed to have measles 2 weeks after his arrival. Boston Public Health Commission (BPHC) and Massachusetts Department of Public Health (MDPH) officials were immediately concerned about the potential of a larger outbreak.

BPHC and MDPH identified people exposed to measles, located immunization histories, and determined the need for quarantine. BPHC used its syndromic surveillance system to help detect measles in emergency rooms. BPHC alerted healthcare providers via factsheets and podcasts and also interacted with the media to educate the public (in multiple languages) about symptoms, prevention strategies, and vaccination. BPHC also used the Incident Command System (ICS) to manage the response and share information throughout the outbreak. By the end of the outbreak, more than 2,500 doses of vaccines were

administered. Over 800 doses of vaccines were administered by BPHC directly, and the remaining were administered through emergency preparedness partnerships with local health centers, occupational health providers, and other healthcare providers. These partnerships for vaccinations were created with support from the Cities Readiness Initiative (funded by the cooperative agreement).

According to the Massachusetts Department of Public Health, the cooperative agreement is valuable because

prior to receiving cooperative agreement funding, the Department did not carry out initiatives to improve preparedness. These funds are critical for an enhanced state laboratory, disease surveillance capabilities, response capacity, and information technology.

Snapshot of Public Health Preparedness

Below are activities conducted by Massachusetts in the area of public health preparedness. They support CDC preparedness goals in the areas of detection and reporting, control, and improvement; crosscutting activities help prepare for all stages of an event. These data are not comprehensive and do not cover all preparedness activities.

Disease Detection and Investigation

The sooner public health professionals can detect diseases or other health threats and investigate their causes and effects in the community, the more quickly they can minimize population exposure.

Detect & Report	Could receive and investigate urgent disease reports 24/7/365 ¹	Yes
	- Primary method for receiving urgent disease reports* ²	Telephone
	Linked state and local health personnel to share information about disease outbreaks across state lines (through the CDC <i>Epi-X</i> system) ³	Yes
	Conducted year-round surveillance for seasonal influenza ⁴	Yes

* Telephone, fax, and electronic reporting are all viable options for urgent disease reporting, as long as the public health department has someone assigned to receive the reports 24/7/365.

¹ CDC, DSLR; 2005; ² CDC, DSLR; 2006; ³ CDC, *Epi-X*; 2007; ⁴ HHS, OIG; 2007



Massachusetts



Public Health Laboratories

Public health laboratories test and confirm agents that can threaten health. For example, advanced DNA “fingerprinting” techniques and subsequent reporting to the CDC database (PulseNet) are critical to recognize nationwide outbreaks from bacteria that can cause severe illness, such as *E. coli* O157:H7 and *Listeria monocytogenes*.

Detect & Report	Number of Massachusetts laboratories in the Laboratory Response Network ¹	2
	Rapidly identified <i>E. coli</i> O157:H7 using advanced DNA “fingerprinting” techniques (PFGE): ²	
	- Number of samples received (partial year, 9/06 – 2/07)	22
	- Percentage of test results submitted to CDC database (PulseNet) within 4 days	64%
	Rapidly identified <i>Listeria monocytogenes</i> using advanced DNA “fingerprinting” techniques (PFGE): ²	
	- Number of samples received (partial year, 9/06 – 2/07)	6
	- Percentage of test results submitted to CDC database (PulseNet) within 4 days	0%
	Had a laboratory information management system that could create, send, and receive messages ³ (8/05 – 8/06)	Yes
	- System complied with CDC information technology standards (PHIN) ³ (8/05 – 8/06)	Yes
Crosscutting	Had a rapid method to send urgent messages to frontline laboratories that perform initial screening of clinical specimens ³ (8/05 – 8/06)	Yes
	Conducted bioterrorism exercise that met CDC criteria ⁴ (8/05 – 8/06)	Yes
	Conducted exercise to test chemical readiness that met CDC criteria ⁴ (8/05 – 8/06)	Yes

¹ CDC, DBPR; 2007; ² CDC, DSLR; 2007; ³ APHL, Public Health Laboratory Issues in Brief: Bioterrorism Capacity; May 2007; ⁴ CDC, DSLR; 2006

Response

Planning provides a framework for how a public health department will respond during an emergency. The plans can be tested through external reviews, exercises, and real events. After-action reports assess what worked well during an exercise or real event and how the department can improve.

Control	Developed a public health response plan, including pandemic influenza response, crisis and emergency risk communication, and Strategic National Stockpile (SNS) ^{1,2}	Yes
	Massachusetts SNS plan reviewed by CDC ²	Yes
	- Score on CDC technical assistance review (1-100)	63
	Number of Massachusetts cities in the Cities Readiness Initiative ³	1
Crosscutting	Developed roles and responsibilities for a multi-jurisdictional response (ICS) with: ¹ (8/05 – 8/06)	
	- Hospitals	Yes
	- Local/regional emergency management agencies	Yes
	- Federal emergency management agencies	No
	Public health department staff participated in training to support cooperative agreement activities ⁴	Yes
	Public health laboratories conducted training for first responders ⁵ (8/05 – 8/06)	Yes
	Activated public health emergency operations center as part of a drill, exercise, or real event* ¹⁶ (partial year, 9/06 – 2/07)	No
Conducted a drill or exercise for key response partners to test communications when power and land lines were unavailable ¹⁶ (partial year, 9/06 – 2/07)	No	
Improve	Finalized at least one after-action report with an improvement plan following an exercise or real event ¹⁶ (partial year, 9/06 – 2/07)	Yes

* Activation means rapidly staffing all eight core ICS functional roles in the public health emergency operations center with one person per position. This capability is critical to maintain in case of large-scale or complex incidents, even though not every incident requires full staffing of the ICS.

† States were expected to perform these activities from 9/1/2006 to 8/30/2007. These data represent results from the first half of this period only.

¹ CDC, DSLR; 2006; ² CDC, DSNS; 2007; ³ CDC, DSNS CRI; 2007; ⁴ CDC, DSLR; 1999-2005; ⁵ APHL, Chemical Terrorism Preparedness; May 2007; ⁶ CDC, DSLR; 2007