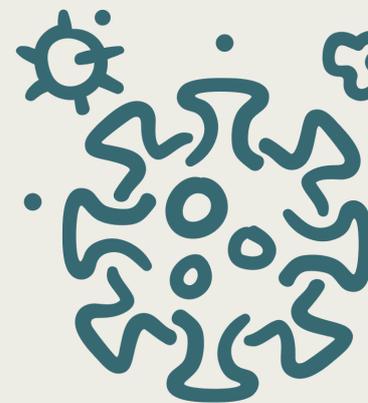


Infectious Disease Preparedness and Response Plan

Bastrop County Public Health Department

MEASLES RESPONSE GUIDE

Last Updated: May 2025



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Executive summary

The emergence and subsequent spread of SARS-Cov-2 illustrated the significant risk posed by highly contagious viral infections. The impact of the pandemic was felt worldwide, exacting a heavy toll not only on public health systems but also on individuals and communities. The lives lost and the economic impact reached every aspect of societal life. With this past experience, new responses have been created and new action plans have been put together. This plan details the necessary steps to protect individuals in our county. Key actions have been captured to ensure that guidance is available for future public health emergencies, to guide the preparation, response, and recovery from future threats. Currently, the reemergence of vaccine-preventable diseases, such as measles, is presenting new concerns. Cases of measles have been on the rise in recent years, highlighting the ongoing need for vigilance and proactive measures.

<i>Goals</i>	<i>Objectives</i>
<p>It is impossible for a pandemic to have no impact on a community. The goal is to minimize the impact. Therefore, the Pandemic Response Plan aims to provide a guide for The County on how to respond before, during and after a pandemic.</p> <p>The Response Plan has five main goals:</p> <ul style="list-style-type: none"> a. Contain and control disease outbreaks. b. Limit the number of illnesses and deaths. c. Preserve continuity of critical government functions. d. Minimize social disruption e. Minimize economic losses. f. Ensure timely, accurate, and transparent communication with the public to build trust, reduce misinformation, and support community engagement throughout the pandemic. 	<p>The objectives which contribute to the achievement of the goals are to:</p> <ul style="list-style-type: none"> a. Define preparedness activities that should be undertaken before a pandemic occurs that will enhance the effectiveness of response measures. b. Define roles and responsibilities for the health department, local health care partners, local response agencies, businesses and the public during all phases of a pandemic. c. Provide technical support and information on which preparedness and response actions are based. d. Determine the communication strategy, for both internal and external sources, to communicate information to County agencies, the public, public health partners, other jurisdictions and authorities during a pandemic that are critical to an effective emergency response. e. Identify governmental functions, services, or operations that address critical health, safety and welfare needs of the public that must be maintained.

Purpose

This response plan represents policies and actions that are specific to measles. To guide emergency plans to protect the wellbeing of the community, continue to deliver essential county and public health services, ensure the needs of patients are met, and respond to community needs resulting from a pandemic, as resources permit. The procedures outlined in this plan can be extrapolated, where appropriate.

Scope

This document is concerned with specific actions to prepare for, respond to, and recover from a pandemic caused by measles. Long-term preparedness actions are not covered in this document.

Background

Definition of a Pandemic

A pandemic is the worldwide spread of a infectious disease, most commonly a virus.

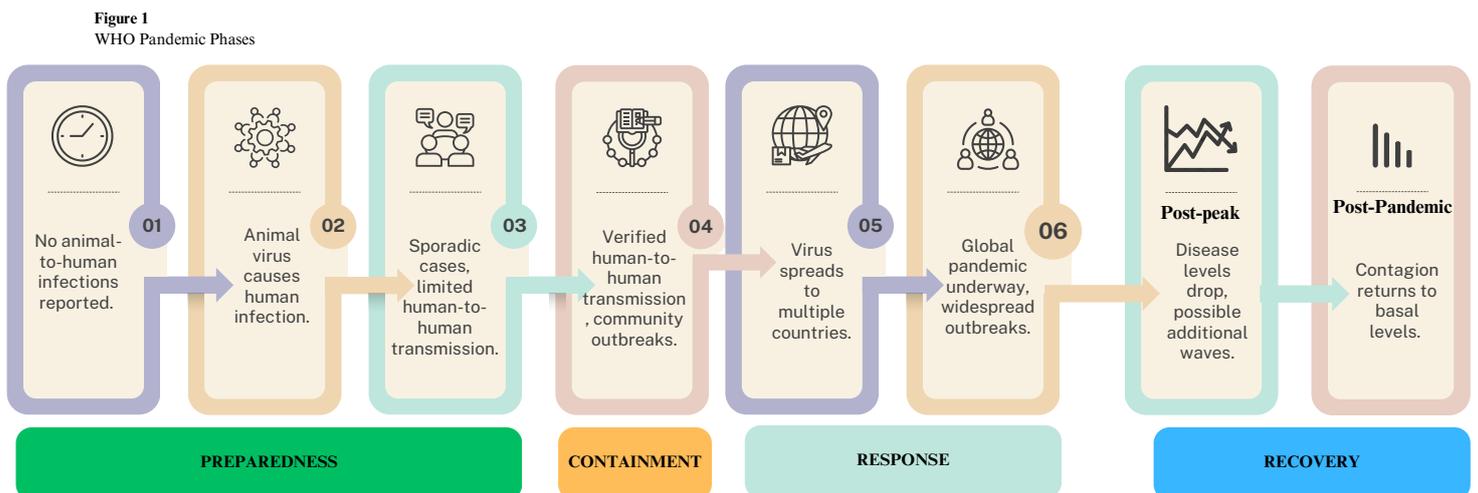
Pandemics are unpredictable and may pose a significant threat to public health.

- a. They have the potential to cause a great deal of illness and death.
- b. They strike not only vulnerable populations but the young and healthy as well.
- c. They often reoccur in subsequent waves.

Pandemics can occur when a new and highly contagious strain of a virus emerges that has the ability to infect humans and be passed easily from person-to-person because most of the world's population has not been exposed to the new virus strain, little or no immunity exists, and the rate of illness increases significantly over the baseline expected level.

Pandemic Phases

Pandemics progress in a series of phases (Figure 1), each phase is triggered by different events and actions happening in real-time. The phases provide a global framework to aid in pandemic preparedness and response planning (WHO, 2009).



Note. This model was produced by the WHO in 2009, summarizing the influenza pandemic phases. Adapted from "Pandemic Influenza Preparedness and Response: A WHO Guidance Document" by World Health Organization, 2009

Federal Pandemic Response Stages

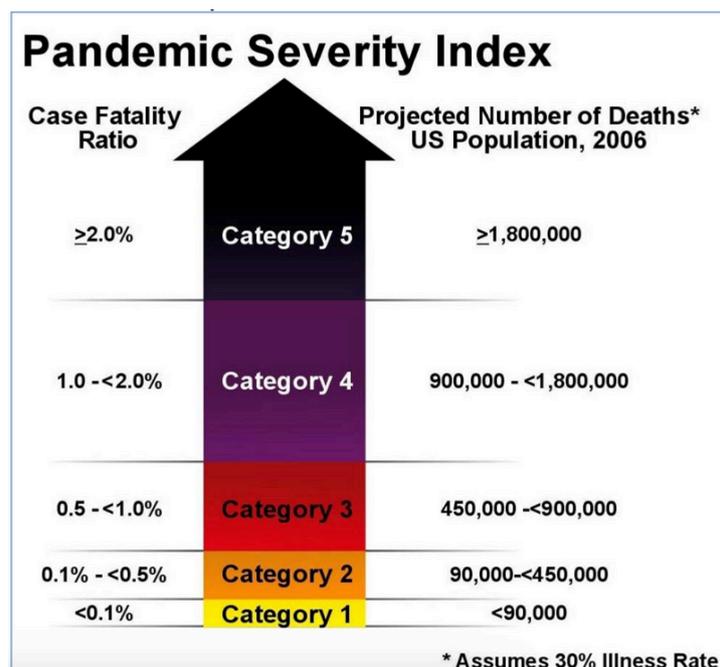
The Department of Health and Human Services (DHHS) has outlined seven stages of pandemic response (from 0-6). The following table represents the description of each stage and the federal goals

for that specific time. The stages are also aligned with the WHO phases, the goal is for community clinics to use this chart to identify and pre-plan decision making.

Table 1. Federal Pandemic Stages

<i>Federal Stage</i>	<i>Description</i>	<i>Goals</i>	<i>Functions</i>
0	New Domestic Animal Outbreak in At-Risk Country (WHO Phase 1 or 2) Inter-pandemic Period.	<ul style="list-style-type: none"> • Provide coordination, support, technical guidance. • Track outbreaks to resolution. • Monitor for reoccurrence of disease. 	Planning
1	Suspected Human Outbreak Overseas (WHO Phase 3) Pandemic Alert Phase.	<ul style="list-style-type: none"> • Rapidly investigate and confirm or refute. • Coordination and logistical support. 	Preparedness
2	Confirmed Human Outbreak Overseas (WHO Phase 4 or 5) Pandemic Alert Phase.	<ul style="list-style-type: none"> • Contain outbreak and limit potential for spread. • Activate domestic medical response. 	Response
3	Widespread Outbreaks Overseas (WHO Phase 6) Pandemic Phase.	<ul style="list-style-type: none"> • Delay emergency in North America. • Ensure earliest warning of first case(s). • Prepare domestic containment and response mechanism. 	Response
4	First Human Cases in North America (WHO Phase 6) Pandemic Phase.	<ul style="list-style-type: none"> • Contain first cases in North America. • Antiviral treatment and prophylaxis. • Implement national response. 	Response
5	Spread throughout United States (WHO Phase 6) Pandemic Phase.	<ul style="list-style-type: none"> • Support community response. • Preserve critical infrastructure. • Mitigate illness, suffering, and death. • Mitigate impact to economy and society. 	Response
6		Recover and preparation for subsequent waves.	Recovery

Pandemic Severity Index



PANDEMIC TRIGGERS

When to investigate

The U.S. Centers for Disease Control and Prevention (CDC) lists occurrences that should arouse suspicion about the nature and severity of an infectious outbreak, whether naturally occurring or intentionally caused. These events require further epidemiological investigation and may frequently lead to activation of the risk communication plan.

- Large number of ill persons with similar disease or syndrome;
- Large numbers of unexplained disease, syndrome, or deaths;
- Unusual illness in a population (e.g., an increase in influenza-like illness that may be anthrax in disguise or an increase in pox-like illness that may signal smallpox);
- Higher morbidity and mortality in association with a common disease or syndrome or failure to respond to usual therapy;
- Single case of disease caused by an uncommon agent (e.g., *Burkholderia mallei* or *pseudomallei*, smallpox, viral hemorrhagic fever, pulmonary anthrax);
- Multiple unusual or unexplained disease entities coexisting in the same patient without other explanation;
- Disease with an unusual geographic or seasonal distribution (e.g., tularemia in non-endemic area, influenza in the summer);
- Unusual "typical patient" distribution (e.g., several adults with unexplained rash);
- Unusual disease presentation (e.g., pulmonary versus cutaneous anthrax);
- Similar genetic type among agents isolated from temporally or spatially distinct sources;

- Unusual, atypical, genetically engineered, or antiquated strain of agent (includes antibiotic resistance pattern);
- Endemic disease with unexplained increase in incidence (e.g., tularemia, plague);
- Simultaneous clusters of similar illness in non-contiguous areas, domestic or foreign;
- Disease transmitted through aerosol, food or water suggestive of sabotage;
- Ill persons presenting near the same time (point source with compressed epidemic curve);
- No illness in persons not exposed to common ventilation systems (have separate closed ventilation systems) where illness is seen in those persons in close proximity;
- Death or illness among animals, which may be unexplained or attributed to a bio terrorist agent that precedes or accompanies illness or death in humans.

Urgency must be balanced with an appropriate response and the need for an investigation. The response and decision to investigate should be guided by the key principles of setting, severity, and timing.



- Setting: Is the outbreak taking place in an environment with a high-risk population, or individuals with significant comorbidities?
- Severity: an unusually high number of ill individuals, are the symptoms severe? are individuals being hospitalized or dying?
- Timing: are cases occurring during an unusual time for a seasonal disease?

Outbreaks vs clusters:

Clusters and outbreaks both refer to a rise in cases within a specific location and time frame. Clusters occur when prior data collection for cases in that time/location frame is unavailable or unfeasible. According to the CDC, an aggregation of cases of a disease or other health-related condition, which are closely grouped in time and place. The number of cases may or may not exceed the expected number; frequently the expected number is not known. In contrast, an outbreak is considered a cluster where prior data indicates that the number of cases has surpassed the usual or expected levels. [🌐 Outbreak and Case Definitions](#)

Initiating the outbreak investigation

Local Health Departments are often the first point of contact for potential outbreak cases.

When a suspected case is reported, the Initial Provider Disease Report EPI-2 (Appendix D) should be used and be easily accessible to ensure that all relevant information is collected.

Basic information to be gathered should include:

- Location/setting of the outbreak
- Number of ill cases and susceptible cases (if known): contact tracing
- Illness onset date (s) of cases (s)
- Date(s) of exposure at the outbreak setting
- Disease etiology suspected
 - Common symptoms
 - Recent travel history
- Date the outbreak was reported to the LHD
- Investigator contact information

Context and Assumptions

Measles

Measles is a highly contagious viral disease caused by the measles virus, which belongs to the Paramyxoviridae family of the Morbillivirus genus. Humans are the only reservoir of the virus. It is transmitted by the spread of airborne droplets or by direct contact with nasal or pharyngeal secretions of infected individuals. Communicability occurs four days before and four days after the onset of the rash (Gastanaduy & Goodson, 2024).

Incubation period: 7 to 21 days, average 14 days.

Clinical presentation: characterized by fever, conjunctivitis, runny nose, cough, and small spots with a white or bluish-white center on an erythematous base on the mucosa of the oral vestibule (Koplik spots). The maculopapular rash, cephalocaudal, appears around day 14 after exposure to the virus, lasts four to seven days, and is followed by furfuraceous desquamation (Gastanaduy & Goodson, 2024).

Severe cases are especially common in malnourished young children, especially those with weakened immune systems. In populations with high levels of malnutrition and lack of adequate healthcare, the case fatality rate from measles can reach 10%. The most common complications are otitis media, pneumonia, laryngotracheobronchitis, and encephalitis, resulting from viral replication itself or from an additional bacterial infection (Gastanaduy & Goodson, 2024).

According to the National Institutes of Health (NIH), measles is transmitted through the air or via droplets from coughing or sneezing, making it highly contagious. Given the rapid spread, early detection of outbreaks is critical to ensuring timely and effective response measures, preventing further transmission, and minimizing public health impact.

Measles outbreaks can spread quickly, especially in communities with low vaccination coverage, leading to a high risk of widespread illness and complications such as pneumonia, encephalitis, and even death. Acknowledging the ease of transmission, it is vital to employ proper prevention strategies, such as vaccination, to effectively control and reduce the impact of measles outbreaks.

Measles, like other epidemic-prone diseases, can be exacerbated by factors such as lack of immunity in the population, which allow the virus to spread rapidly from person to person. To tackle these issues, networks of experts and surveillance and response interventions are essential, encompassing epidemiology and modeling, laboratory work, clinical management, and infection control and prevention.

It is assumed that the responsibility for preparing for and responding to a pandemic spans all levels and sectors. In addition to government entities, healthcare, business, faith-based organizations,

schools and universities, volunteer and other groups, and individuals have critical roles to play in pandemic preparedness.

Measles is a highly contagious viral disease, and its potential for widespread outbreaks, especially under-vaccinated populations, can pose a significant public health threat. While measles is preventable through vaccination, outbreaks still occur when vaccination rates fall below herd community thresholds. The magnitude of a potential measles epidemic depends on vaccination coverage, the presence of susceptible individuals, and the virulence of the circulating strain.

Assumptions for planning:

1. Universal Susceptibility

Measles immunity is primarily acquired through vaccination or prior infection. If vaccination rates are suboptimal or if there is a cohort of individuals who have never been vaccinated a significant portion of the population will be susceptible.

According to the WHO, 95 percent immunity is required to prevent measles epidemics. Every year, the Texas Department of State Health Services releases vaccination information for kindergarten and seventh graders in districts across the state. As of 2025, Bastrop County Smithville ISD has a 95.59% MMR Vaccination Rate, McDade ISD 100%, Elgin ISD 98.53%, and Bastrop ISD 97.91% (Fullerton, A., 2025).

2. Clinical Attack Rate

The clinical disease attack rate is expected to be high among unvaccinated populations. The overall attack rate in unvaccinated individuals may be near 90%, but less than 1% in vaccinated individuals (Gastanaduy & Goodson, 2024).

Children under 5 years old and adults who have not been vaccinated or previously infected are particularly at risk. School-aged children would likely experience the highest rates of illness (possible 80-90% attack rate), and adults who have missed vaccination may experience attack rates around 10-20% (Gastanaduy & Goodson, 2024).

3. Vaccination

Measles vaccine contains live, attenuated measles virus, which in the United States is available only in combination formulations (e.g., MMR and MMRV vaccines). MMRV vaccine is licensed for children aged 12 months–12 years and can be used in place of MMR vaccine if vaccination for measles, mumps, rubella, and varicella is needed.

International travelers, including people traveling to countries with a higher incidence of measles, who do not have presumptive evidence of measles immunity and who have no contraindications to MMR or MMRV, should receive MMR or MMRV before travel per the following schedule.

Infants (6 months old and older, but younger than 12 months): 1 MMR dose. Infants vaccinated before age 12 months must be revaccinated on or after the first birthday with 2 doses of MMR or MMRV separated by ≥ 28 days. MMRV is not licensed for children aged < 12 months.

Children (aged ≥ 12 months): 2 doses of MMR or MMRV separated by ≥ 28 days.

Adults born in or after 1957: 2 doses of MMR separated by ≥ 28 days.

One dose of MMR is $\approx 85\%$ effective when administered at age 9 months; MMR and MMRV are 93% effective when administered at age ≥ 1 year. Vaccine effectiveness of 2 doses is 97%

4. Seeking Medical Care

Approximately 30%-50% of those infected with measles will seek outpatient medical care. Given that measles can cause severe complications (e.g., pneumonia, encephalitis), more severe cases may require hospitalization. In high-risk groups (infants, pregnant women, immunocompromised individuals), the hospitalization rate could be higher.

5. Hospitalizations and Death

The severity of disease is variable, measles generally causes mild symptoms to healthy individuals but severe outcomes may be expected in high-risk groups.

Fatality rates can vary depending on healthcare access and the presence of complications and comorbidities. Worldwide, the mortality rate in unvaccinated populations can be up to 1 in 1,000 cases, higher in infants and immunocompromised individuals.

6. Risk Groups

- Infants and children under the age of 5.
- Adults who have never been vaccinated or previously infected.
- Immunocompromised individuals.
- Pregnant women.

7. Incubation Period

The measles incubation period is typically 11 -12 days from exposure to measles virus until the first symptoms appear (prodromal symptoms). A rash follows the prodromal symptoms 2-4 days later and usually lasts 5 -6 days. Measles is infectious 4 days before and 4 days after rash onset.

8. Geographical Spread

Measles is extremely contagious, with an R_0 (basic reproduction number) of 12-18, meaning that one person infected with measles can potentially infect 12-18 others in a population that is not vaccinated, leading to rapid geographic spread.

Outbreaks can occur in schools, daycare centers, and communities with low vaccination rates.

Key Planning Considerations

- **Vaccination Coverage and Hesitancy**

To prevent the spread of measles, a high level of vaccination coverage (>95% for MMR vaccination) is essential.

Monitoring vaccine hesitancy and providing education on the importance of vaccination is critical.

- **Response to Outbreaks**

Early identification and isolation of cases are crucial for containment.

Outreach vaccination campaigns in areas with low vaccine coverage or in at-risk populations.



Provide special attention to non-traditional settings (e.g. international travelers, refugee populations) where measles outbreaks can start.

- **Healthcare System Capacity**

Hospitals and healthcare facilities may face challenges in managing an outbreak, and additional resources may be needed for pediatric care.

- **Public Health Communication**

Addressing vaccine misinformation will be crucial to avoid unnecessary hesitancy during a measles epidemic.

Potential Impact

- **Social impact**

Epidemics do not directly affect the physical elements of society, such as infrastructure, however, their impact on humans usually result in significant social disruption. Illness and death related directly or indirectly to the pandemic will create labor shortages, affecting multiple sectors, including healthcare, education, and business. This disruption can lead to further complications in daily life, including the economic impacts of lost wages and benefits for individuals and families subject to isolation or quarantine. Additionally, children and adolescents experiencing school absences due to illness may face educational setbacks, further contributing to long-term societal challenges.

The negative consequences of a widespread public health crisis may also affect those who experience the disaster either firsthand or as observers. The effects can include anxiety, depression,

family disruption and violence, substance abuse, absenteeism, and other related physical and mental health symptoms. These consequences can adversely affect public health, and Bastrop County Public Health Department (BCPHD) should be a leader in helping to educate the public and allay people's anxiety and fear to help prevent such negative health outcomes following large-scale public health threats and emergencies, especially ones that include numerous casualties.

- ***Impact on Acute Care Hospitals and Emergency Medical Systems***

A measles outbreak or epidemic can overwhelm acute care hospitals and emergency medical systems with a surge in patients requiring treatment, both for measles-related complications and for other health conditions exacerbated by the crisis. These can result in longer wait times, shortages of medical staff, and a scarcity of resources. Crisis care protocols and contingency plans will be needed to effectively manage the influx of patients and prioritize resources.

- ***Impact on Clinic patients:***

Availability of clinical services at BCPHD will be reduced or delayed due to staff illnesses and work absences. As clinic staff are redirected to focus on pandemic response efforts, access to routine services—such as sexually transmitted disease (STD) and tuberculosis (TB) infection screenings—may be reduced. Additionally, BCPHD personnel will be directly engaged in planning and supporting community vaccination events, further limiting routine public health clinic operations. Clinical staff may also need to dedicate substantial time to addressing external inquiries related to disease prevention, treatment, and public health guidelines, potentially straining resources and delaying non-urgent services.

Coordination and decision making

BCPHD will work directly with DSHS PHR 7, the DSHS central office, and other local health departments to coordinate efforts related to epidemiology/surveillance, preparedness, and medical/clinical responses to the pandemic, and promote consistent activities, messages, and responses. While this plan provides guidance for specific interventions, the health department leadership may adjust the strategies based on the specific pathogen.

During a pandemic, the CDC, under the direction of DHHS, will provide guidance on vaccine availability and distribution.

If the vaccine supply is limited, the CDC, along with advisory committees, will offer guidance on prioritizing risk groups for vaccination.

Authority

Pandemic planning, preparedness, and response actions occur at all levels, requiring coordination, communication, and cooperation between the local, state, and federal authorities.

The responsibility for implementing the Pandemic Response Plan in *Bastrop County* rests with the **Bastrop County Public Health Department Director**, upon notification from the **State Health Department/CDC**.

The plan will be activated based on the pandemic phase, severity, and presence of measles cases within Bastrop County. The severity of the outbreak will determine the scale of the response, including the deployment of public health resources, vaccination campaigns, and public health advisories.

The roles of relevant authorities are detailed in Table 2.

Table 2. Summary of authorities

<i>Authority</i>	<i>Activity</i>
Governor of Texas	<ul style="list-style-type: none"> ● The Governor can declare a state of emergency if a disaster threatens life, health, property, or public peace. ● The Governor may take control of local emergency management if the disaster is beyond local control. ● Can restrict public assembly, enforce curfews, and prohibit activities to protect life and health.
Texas Department of State Health Services (DSHS)	<ul style="list-style-type: none"> ● DSHS can adopt rules to protect public health, including isolation, quarantine, and disease control. ● Health and law enforcement officials are responsible for enforcing these rules.
State Health Commissioner	<ul style="list-style-type: none"> ● The State Health Commissioner enforces public health laws and DSHS regulations. ● Investigates disease outbreaks and advises local health authorities on prevention and control.
Bastrop County Commissioners Court	<ul style="list-style-type: none"> ● The County Commissioners Court oversees the health and safety of the community ● Can create local rules and regulations to protect public health and enforce them.
Bastrop County Health Authority/ Director	<ul style="list-style-type: none"> ● Enforces state and local public health laws, including isolation and quarantine. ● Implements evidence-based measures such as testing, vaccination, and facility closures to help reduce the spread of infectious diseases. ● Can order isolation or quarantine of individuals if needed. ● Works with local healthcare providers, law enforcement, and emergency management to establish plans for disease control.

Communications plan

Key communication activities

In all phases of a pandemic, up-to-date communication and information is essential to preserve the health and well-being of the community, individuals and organizations. To foster trust and credibility, the Centers for Disease Control and Prevention (CDC) created guidelines for Crisis and Emergency Risk Communications (CERC). These guidelines help health communicators and emergency responders to communicate effectively during crises. In the event of a pandemic, CERC outlines six principles that organizations can follow to provide necessary information for making informed decisions.

- Principle 1: Be First. Crises are time sensitive. Rapidly share information to prevent disease spread and reduce impact. Initial facts help control rumors.
- Principle 2: Be Right. Provide accurate and transparent information. Incorrect information is worse than no information and incorrect information invalidates credibility.
- Principle 3: Be Credible. Maintain honesty and truthfulness. Acknowledge unknowns and consult expert for answers.
- Principle 4: Express Empathy. Recognize and address fear and suffering. Building trust through empathy improves acceptance of recommendations.
- Principle 5: Promote Action. Offer simple, actionable steps to control the spread. Clear messages reduce anxiety and promote safety.
- Principle 6: Show respect. Use respectful communication to foster cooperation. Adapt messages to diverse cultural beliefs and practices.

Key messages

1. Information about the pandemic.
2. Guidance on how to prepare for a pandemic.
3. How to prevent the spread of the disease.
4. Instructions on how to care for sick family members.
5. Explanation of isolation and quarantine (voluntary vs. mandatory).
6. Proper use of personal protective equipment (such as face masks).
7. Information on the availability of antiviral medications and/or vaccines, eligibility criteria, how and where to obtain them.
8. Guidance on resuming regular activities once the pandemic event resolves.

Message development

General communication messages will be issued nationally by DHHS and CDC. Messages specific to BCPHD will be tailored to local communication needs, the current local situation and use of evidence-based approaches (Appendix A).

Message dissemination

Different methods will be employed to share information targeting different audiences. Methods will include, but not be limited to, social media (e.g., Facebook, X, Instagram), mailings to residents, school letters, e-mails, newsletters, broadcasting. The method of dissemination will be chosen according to the nature of the message and the target audience. Special care will be taken to address the communication needs of those who cannot read, hear, or understand English.

The initial efforts during Phases 1 and 2 focus only on monitoring potential global outbreaks and sharing health and emergency information as needed. The communications plan is set to be activated in Phase 3.

Pandemic Response

The county's approach to managing a pandemic outbreak will be guided utilizing strategies and best organizational practices. All actions and activities will be overseen by trained county personnel.

The county will oversee the response to the emergency through a comprehensive, integrated emergency management system. The system, referred to as the County's Emergency Management System, includes the Emergency Preparedness and Response Department and is coordinated by the Emergency Preparedness and Response Coordinator, who will be designated or operate as part of that department. The system brings together decision-makers from the county and partner agencies, enabling situational awareness and collaborate to ensure well-coordinated and effective response.

The key principle guiding the response to a pandemic emergency will be coordination. While Public Health will lead, the county, its nonprofit partners, and the private sector will all play essential roles in addressing the situation to be better positioned to handle the crisis and minimize its impact.

The actions and activities described thought this section are based on the assumption that a pandemic event has been declared. The listing and actions will experience dynamic changes based on situational changes throughout the public health emergency.

Triggers

SINGLE LABORATORY- CONFIRMED CASE

- Trigger: A single laboratory-confirmed measles case should trigger an immediate public health response, especially in a setting where measles elimination is the goal (as in Texas).
- Action: Initiate a public health investigation, confirm the case, and assess the need for targeted immunization efforts, especially in high-risk areas.

THRESHOLD FOR SUSPECTED OUTBREAK

- Trigger: If five or more clinically suspected measles cases are reported within a 30-day period in a defined geographic area (e.g., school, neighborhood, health facility), it triggers the need for an outbreak investigation.
- Action: Verify cases through laboratory testing, assess the spread, and evaluate vaccination coverage in the affected community.

ONGOING EPIDEMIOLOGICAL SURVEILLANCE

- Trigger: Any significant rise in the number of suspected measles or rubella cases (even if below the threshold) warrants closer surveillance and potential targeted intervention, particularly in communities with high-risk populations (e.g., schools, healthcare settings, or refugee populations).
- Action: Conduct active case finding, and engage with healthcare providers to enhance early detection and response.

Case definitions

CLASSIFICATION OF MEASLES CASES

Case definitions for case finding:

<i>Suspected measles case</i>	An illness in a patient with fever and generalized maculopapular (non-vesicular) rash, or in a patient whom a health care worker suspects has measles.
<i>Clinical measles case</i>	Any person in whom a clinician suspects measles infection; or Any person with fever and maculopapular rash (i.e. non-vesicular) and: <ul style="list-style-type: none">– cough, or– coryza (i.e. runny nose) or– conjunctivitis (i.e. red eyes)

Since the measles case definition is sensitive but not very specific, the need for quantifying the degree of certainty in the diagnosis of measles becomes increasingly important as cases become fewer. Cases are to be classified as:

Final Case classifications

<i>Laboratory-confirmed measles case</i>	A suspected case of measles that has been confirmed positive by testing in a proficient laboratory, and vaccine-associated illness has been ruled out.
<i>Epidemiologically linked measles case</i>	A clinical case of measles that has not been confirmed by a laboratory, but was geographically and temporally related, with dates of rash onset occurring 7–21 days apart from a laboratory-confirmed case or another epidemiologically linked measles case.
<i>Clinical compatible measles case</i>	A clinical case of measles, but no adequate clinical specimen was taken and the case has not been linked epidemiologically to a laboratory-confirmed or epidemiologically linked case of measles or other communicable disease
<i>Discarded Case</i>	<p>A suspected measles case that has been investigated and discarded as non-measles through:</p> <ul style="list-style-type: none"> -negative laboratory testing in a proficient laboratory on an adequate specimen collected during the proper time after rash onset; or -epidemiological linkage to a laboratory-confirmed outbreak of another communicable disease that is not measles; or -confirmation of another etiology; or -failure to meet the clinically compatible measles case definition.

(WHO, 2022)

By epidemiological or virological association, confirmed cases are classified as:

- a. Endemic case: Any confirmed case of measles that is part of a local transmission chain, which has been maintained for more than twelve months by the same genotype.
- b. Imported case: A confirmed case that, according to epidemiological and virological evidence, was exposed to the virus outside the country in the 7 to 21 days prior to the onset of the rash.
- c. Importation-associated case: Part of a local transmission chain, originating from an imported case, or the viral genotype involved has been identified in another area with transmission outside the country.
- d. Discarded case with a positive result for measles or rubella related to the vaccine: A probable case with a history of MMR or MR vaccination within 30 days prior to the date of the onset of the rash.

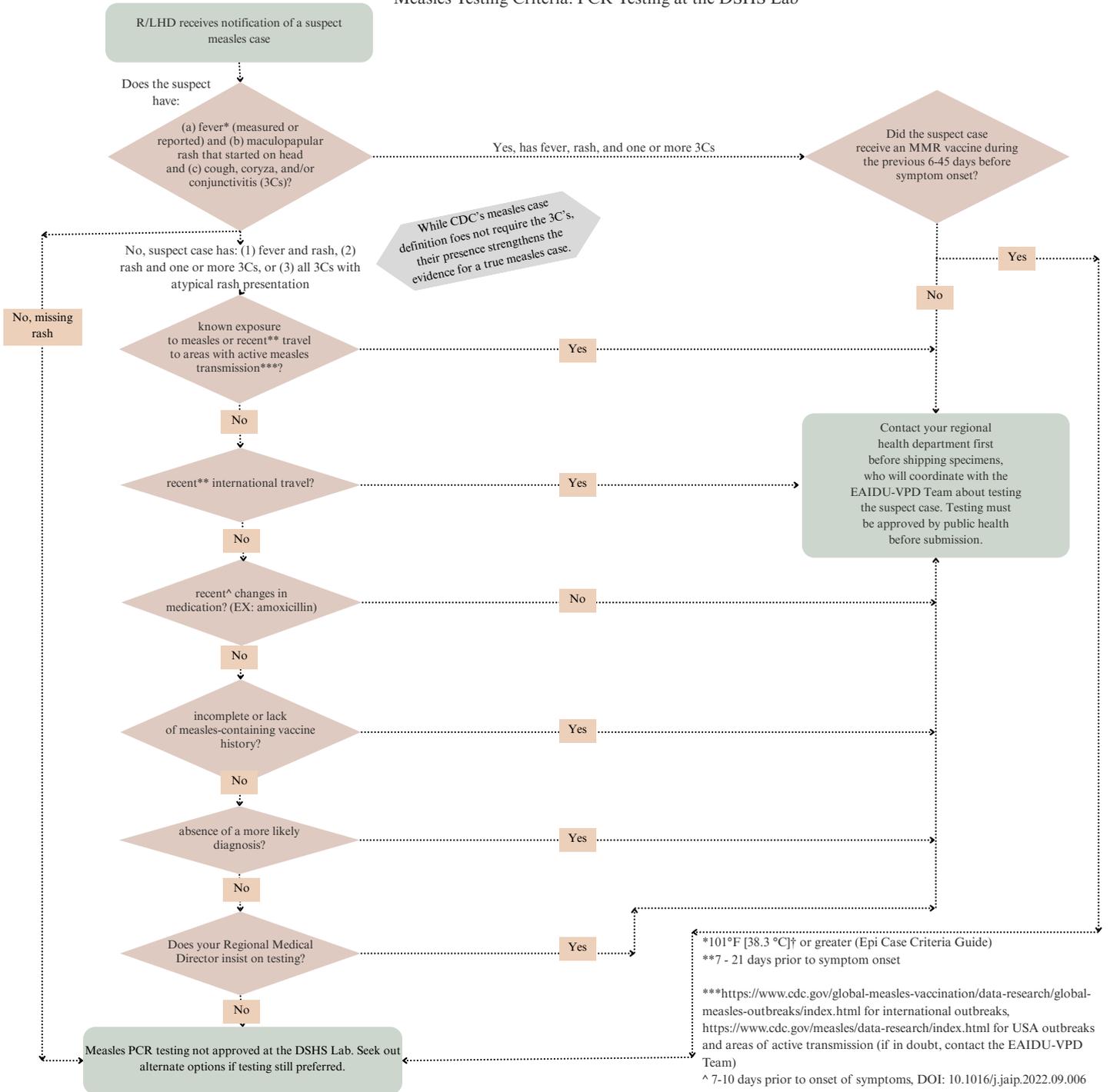
Other definitions

<i>Acute measles-related death</i>	A measles-related death is a death in an individual with confirmed (clinically, laboratory or epidemiologically) measles in which death occurs within 30 days of rash onset and is not due to other unrelated causes, e.g. a trauma.
<i>Suspected measles outbreak</i>	Five or more measles cases (with dates of rash onset occurring 7–21 days apart) that are epidemiologically linked.
<i>Laboratory-confirmed measles outbreak</i>	Two or more laboratory-confirmed measles cases that are temporally related (with dates of rash onset occurring 7–21 days apart) and epidemiologically or virologically linked, or both.

Figure 2

Measles Testing Criteria

Measles Testing Criteria: PCR Testing at the DSHS Lab



Agency roles

1. Public Health

A pandemic is inherently a public health emergency. The Bastrop County Public Health Department holds primary responsibility for guiding the county through such an event. Below are the key roles and responsibilities during the response phase:

- a. Lead and coordinate the county's emergency public health response.
- b. Strengthen local surveillance efforts and implement active surveillance to detect new cases.
- c. Collaborate with the Office of Emergency Management (OEM), and DSHS to coordinate the distribution and administration of vaccines and/or medications, following national guidelines and regional plans.
- d. Administer vaccines and/or medications in accordance with standing delegation orders approved by the BCPHD chief medical officer, utilizing FDA-approved or authorized vaccines and medications, and adhering to CDC clinical practice guidelines, once these vaccines and/or medications are widely accessible. Coordination with vendors, the Office of Emergency Management (OEM), and DSHS is essential for the distribution and administration efforts. Special attention should be given to high-risk individuals and target populations (e.g., healthcare workers), as identified by DSHS or other relevant authorities. These efforts should ensure equitable access for all Bastrop County residents, aligning with national guidelines and regional plans.
- e. Evaluate the effectiveness of vaccines and medical treatments in collaboration with epidemiological teams and other appropriate health authorities. While the BCPHD may not have the resources to independently monitor all aspects of effectiveness, epidemiology staff will track data and collaborate with state and federal agencies to assess treatment outcomes.
- f. Implement and oversee non-medical infection control measures, such as isolation, quarantine, and social distancing.
- g. Identify and track diseases that pose a public health threat.
- h. Provide continuous technical support to the healthcare system.
- i. Coordinate laboratory testing with the guidance of the DSHS lab.
- j. Collaborate and coordinate with regional partners.
- k. Establish relevant advisory committees early in the event.
- l. Maintain effective communication with the public, media, elected officials, healthcare providers, and community leaders throughout the entire pandemic event.

- m. Set up a Public Information Center and/or dedicated call center to address medical inquiries, schedule appointments, and offer support services.
- n. Provide consistent, accurate, and timely briefings to government and community leaders.
- o. Provide medical and clinical consultation to healthcare providers, facilities, and community members regarding disease prevention, diagnosis, and treatment, including responding to inquiries related to vaccine and treatment strategies.

2.Public Information

Communication is an integral component for success. The Bastrop County Health Department is responsible for providing timely, accurate information to the public during the response.

3.Emergency Management

During a pandemic emergency, the county’s emergency management system will coordinate all response activities.

- a.Coordinate the county’s response to adequately manage the emergency.
- b.Coordinate and facilitate conference calls and briefings with leadership and staff on daily basis.
- c.Declare a Local Emergency if needed.
- d.Re-deploy county staff and available resources as needed.
- e.Activate, assign and coordinate volunteers as necessary.
- f.Act as the primary liaison with the state and federal agencies.

Response Activities by Pandemic Phase

Table 3. Response by Pandemic Phase

<i>Phase</i>	<i>Task Owner</i>	<i>Activity</i>	<i>Due Date</i>
Phase I and II inter-pandemic	Surveillance and epidemiology	<ul style="list-style-type: none"> ● Conduct baseline surveillance 	TBD
	Community Disease Control and Prevention	<ul style="list-style-type: none"> ● Train and educate public health staff and volunteers on outbreak and emergency response 	TBD
Phase III Pandemic Alert	Surveillance and Epidemiology	<ul style="list-style-type: none"> ● Maintain baseline surveillance mechanism ● Investigate and monitor suspected cases and trace contact 	TBD
	Community Disease Control and Prevention	<ul style="list-style-type: none"> ● Implement disease control measures as appropriate. ● Communicate updated information to community healthcare providers and the public. ● If necessary, implement travel-related control measures. 	TBD
	Vaccine/ Medication Distribution	<ul style="list-style-type: none"> ● Follow CDC and DSHS central office recommendations for priority groups to receive vaccine first. 	TBD
	Health Care Surge Capacity	<ul style="list-style-type: none"> ● Prepare healthcare facilities for increased patient load and resource allocation. ● Develop a plan for fatality management ● Develop protocols for patient transportation. 	TBD
Phases IV and V Pandemic Alert	Surveillance and epidemiology	<ul style="list-style-type: none"> ● Investigate and monitor suspected cases. ● Enhance surveillance mechanism. ● Implement protocols for case and outbreak management. 	TBD
	Community Disease Control and Prevention	<ul style="list-style-type: none"> ● Provide guidance on infection control measures and self-care at home. ● Implement restrictions as necessary. ● Implement isolation and quarantine measures as necessary. 	TBD
	Vaccine/ Medication	<ul style="list-style-type: none"> ● Provide “just in time training” to ensure 	TBD

	Distribution	<p>initial training is refreshed and provide updated information to carry out tasks effectively and safely.</p> <ul style="list-style-type: none"> ● Distribute vaccine and medication, if available and applicable, for local containment as recommended. 	
Phase VI Pandemic Period	Surveillance and epidemiology	<ul style="list-style-type: none"> ● Monitor disease spread within the community. ● Maintain use of enhanced surveillance measures. 	TBD
	Community Disease Control and Prevention	<ul style="list-style-type: none"> ● Provide guidance and protocols on disease control to community partners. ● Evaluate social distancing measures ● Activate and assign volunteers as necessary to implement public protective actions 	TBD
	Vaccine/ Medication Distribution	<ul style="list-style-type: none"> ● Monitor vaccine use, distribution, safety and effectiveness. ● Assure vaccine/medication availability (emphasis on vulnerable groups) 	TBD
	Health Care Surge Capacity	<ul style="list-style-type: none"> ● Begin implementation and provide guidance on fatality management program 	TBD

Roles and responsibilities

Organization and Assignment of responsibilities

During major or catastrophic events when the Bastrop County Emergency Management Plan and its associated annexes and appendices are activated, the BCPHD serves as the lead agency for all public health-related activities. The BCPHD Director, or their designee, is responsible for initiating and overseeing public health emergency response and recovery operations. It is recommended that the planning and coordination efforts specifically include leadership from Public Health Region 7 (PHR 7),

All public health emergency management efforts will be coordinated with the Bastrop County Emergency Management Coordinator, PHR 7, the DSHS Division of Emergency Preparedness, the Federal Emergency Management Agency, the Department of Homeland Security, and the Centers for Disease Control and Prevention, as necessary.

The Public Information Officer is primarily responsible for managing the dissemination of information through the media during event operations, including rumor control. Support will be

provided by relevant BCPHD programs and activities that are in charge of specific aspects of the response.

The BCPHD Health Authority serves as the primary spokesperson for public health and medical matters.

In certain situations, and in coordination with the BCPHD Director and Public Information Officer, a program manager or another department subject matter expert may act as the primary spokesperson for specific, clearly defined topics.

Department heads will determine which personnel are needed for information dissemination, which will vary depending on the incident.

The Emergency Preparedness and Response Coordinator will ensure that arrangements are made for emergency equipment repairs on a 24-hour basis.

All other duties will be carried out as decided by the emergency operations center.

BCPHD Staff Involved in Communications Response

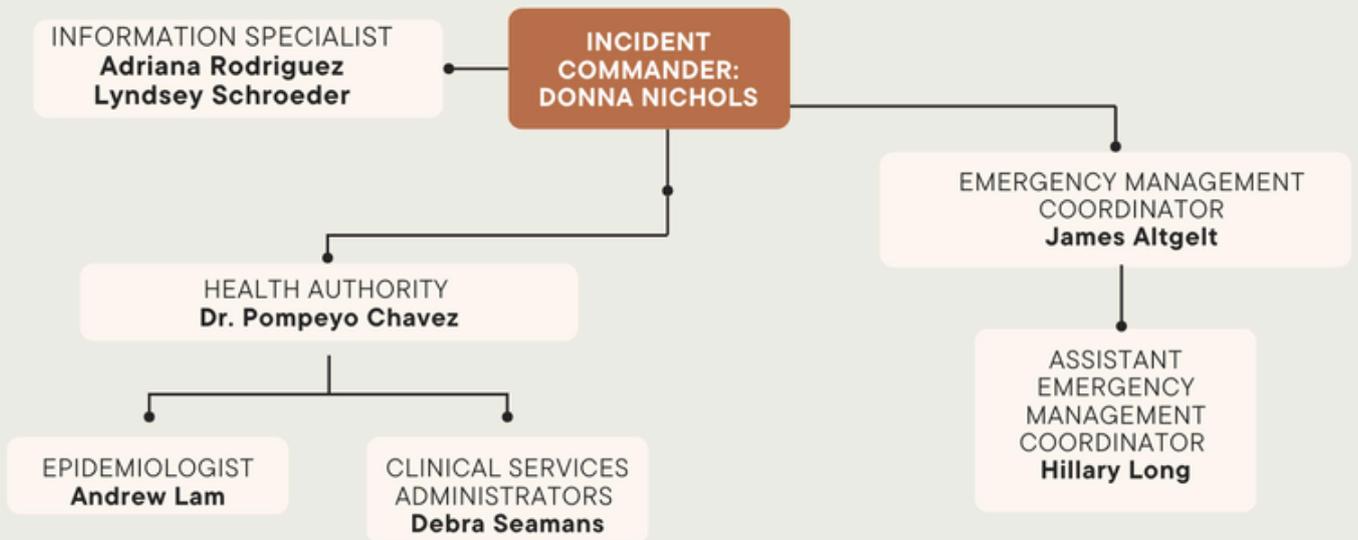
- BCPHD Public Information Officer
- BCPHD Chief Medical Officer

- BCPHD Emergency Preparedness and Response Department
- BCPHD Environmental Health Services Department
- BCPHD Health Education Department
- Support Personnel

Organization Chart

Figure 3. ICS 207: Incident Organization Chart

Incident Organization Chart



The following staff and committee members are assigned with specific additional emergency roles and responsibilities related to pandemic response.

1. Medical director
2. Pandemic Planning Committee

<i>Planning Committee Membership</i>	<i>Position</i>	<i>Responsibilities</i>
Administration		
Medical Staff		
Epidemiology		
Infection Control Officer or Coordinator		
Nursing		
Environmental/ Safety services		
Clinic laboratory personnel		
other staff:		

The investigation

Case Investigation Checklist

Measles investigations are high priority and time sensitive. The investigation steps below describe public health activities that should be completed when a suspect measles case is reported. These steps should be completed even if the suspect measles case does not meet all clinical criteria, but they have other risk factors, like travel to an outbreak area, not vaccinated, contact with known case, etc.

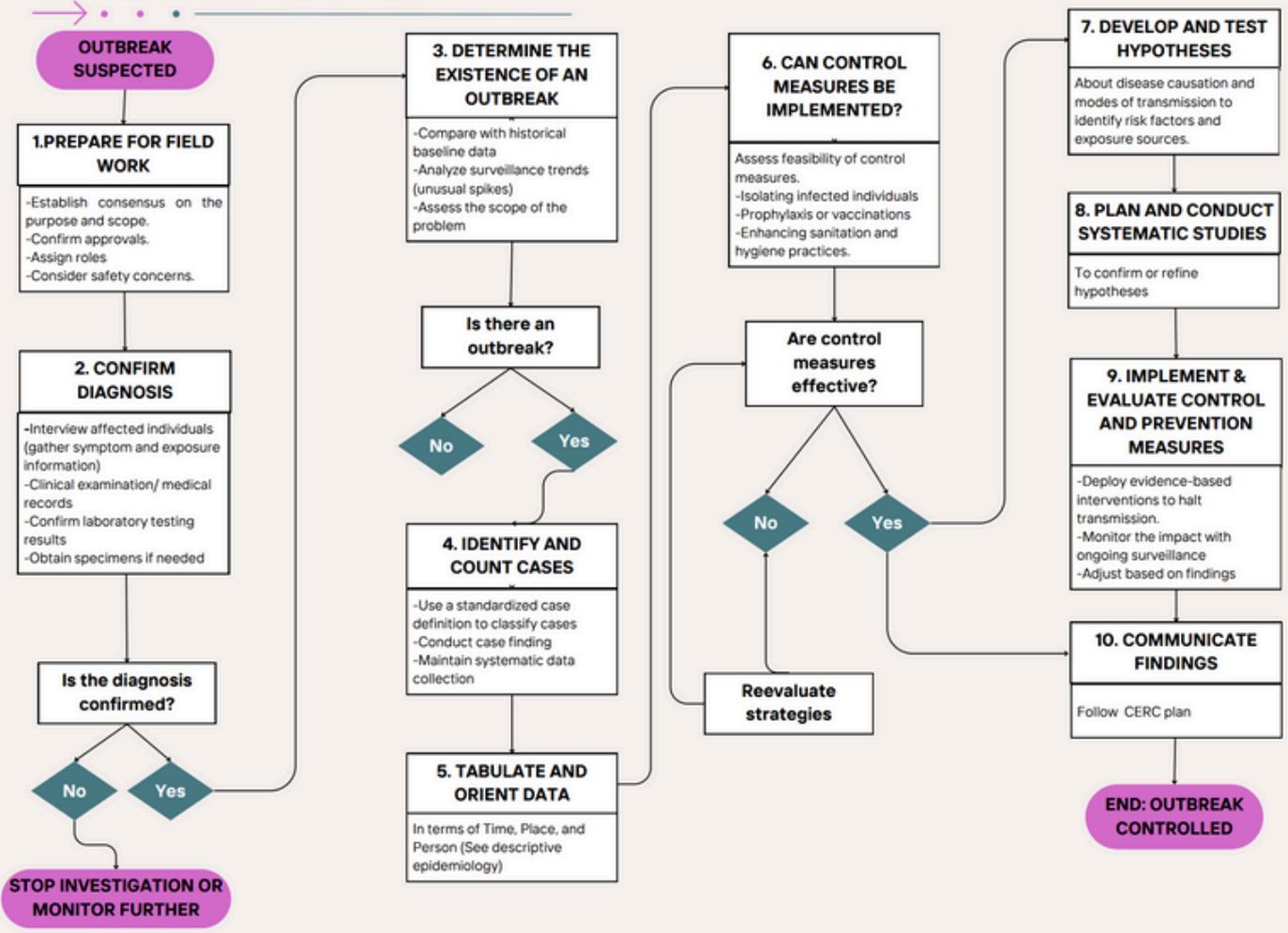
	Immediately isolate anyone with suspected measles	01
<input type="checkbox"/>	If at home: isolate in a room	
<input type="checkbox"/>	If in a hospital: ensure airborne precautions (respiratory isolation in negative air pressure room, if possible)	
	Contact the provider (speak to an infection preventionist or physician) and confirm that clinical presentation and laboratory results meet the case definition and to request medical records	02
<input type="checkbox"/>	Clinical presentation notes	
	<input type="checkbox"/> If the suspect case was reported ≤ 3 days of rash onset, follow-up to establish a rash duration of ≥ 3 days	
	<input type="checkbox"/> Someone with known exposure and prodromal symptoms without a rash should be considered a measles suspect.	
<input type="checkbox"/>	Laboratory notes	
	<input type="checkbox"/> Collection of throat (preferred), NP, and/or urine specimens for PCR are strongly encouraged ASAP	
	<input type="checkbox"/> Serum tested at commercial labs should be forwarded to the DSHS Lab for confirmatory testing – notify EAIDU to facilitate this process	
	<input type="checkbox"/> If laboratory specimens have not been collected, make arrangements to have them collected ASAP	
	<input type="checkbox"/> If a private provider/hospital cannot or will not collect specimens, public health staff should make every arrangement to collect specimens instead	
<input type="checkbox"/>	Medical records	
	<input type="checkbox"/> Verify case exposure, underlying health conditions, course of illness, vaccination status, and travel history	
	<input type="checkbox"/> Request copies of admission and discharge summaries and laboratory results	
	Notify DSHS EAIDU and/or your regional office immediately	03

	Contact the case patient (or proxy) the same day the report is received for an interview	04
	<input type="checkbox"/> Determine vaccination status of the case <input type="checkbox"/> Determine possible risk factors and timeframes (within 3 weeks prior to rash onset): <ul style="list-style-type: none"> <input type="checkbox"/> Exposure to a confirmed measles case <input type="checkbox"/> Travel to a measles endemic/outbreak area or contact with a traveler from a measles endemic/outbreak area <input type="checkbox"/> Transit through an international airport <input type="checkbox"/> Exposure to international visitors or venues that may attract international visitors (tourist venues, international sports competitions, conference, etc.) <input type="checkbox"/> Use of public transit in a major U.S. city 	
	Alert other health departments of exposures that may have occurred in their jurisdictions ASAP (CC: VPDTexas@dshs.texas.gov)	05
	<ul style="list-style-type: none"> <input type="checkbox"/> Notify EAIDU if other states need to be notified 	
	Distribute communications to healthcare providers (health alerts, etc.) and the public (press releases, etc.)	06
	Identify possible all close contacts and prioritize based on risk level and susceptibility	07
	Provide post exposure prophylaxis for susceptible contacts	08
	Monitor measles contacts	09
	If more than one case is identified or an outbreak occurs, see Managing an Outbreak	10

Outbreak investigation

Figure 3. Ten Steps of a Field Investigation

TEN STEPS OF A FIELD INVESTIGATION



For a comprehensive review of this topic, please visit

🌐 Conducting a Field Investigation for further details.

Additional resources

Measles/Rubella Case Track Record

https://www.dshs.texas.gov/sites/default/files/IDCU/investigation/forms/Measles_Rubella%20Case%20Report%20Form%20Feb%202025_Final.pdf



Measles/Rubella Contact Tracing Form:

<https://www.dshs.texas.gov/sites/default/files/IDCU/investigation/forms/Measles-Rubella2-Contact-Tracing-Form2022.pdf>

PHEP Surveillance Control Measure Tracking Form - Measles:

<https://www.dshs.texas.gov/sites/default/files/IDCU/investigation/forms/ControlMeasureTrackingFormMeasles.pdf>

Timelines

Table 4. Investigation timelines

<i>Phase</i>	<i>Task</i>	<i>Description of task</i>	<i>Task owner</i>
Prepare investigation	Assembling rapid response team (RRT)	Form a team with defined roles including a team leader, epidemiologist, clinician, immunization expert, and other specialists (e.g., communication specialist, logistician, data manager).	BCPHD, Local Health Authorities, Public Health Officials
	Materials and Documents	Prepare all necessary documentation (case list, health facility information, case details), and logistical resources (transportation, communication tools, PPE, treatment kits, etc.).	RRT Team
	National Level Data	Gather and review surveillance data from the past 5 years, including epidemic curves, attack rates, and vaccination coverage from national immunization programs.	RRT team
Outbreak Investigation	Initial field investigation	Collect data from suspected cases (completed CIFs), analyze epidemiological, clinical, and laboratory evidence, and assess vaccination status and case severity.	RRT team, Local Health Authorities
	Gather initial evidence	Analyze surveillance data, assess epidemiological links to health facilities, and identify external risk factors (e.g., migration, high-traffic areas, large gatherings).	RRT, Epidemiologist
	Community Feedback & Key informants	Gather feedback on immunization participation, facility performance, and barriers to vaccination (e.g., supply issues, service delivery problems, demand barriers)	RRT, Community Health Workers (promotoras)
Confirming Cases	Laboratory testing	Collect specimens from suspected cases for laboratory confirmation. Ensure health	Health facilities, Laboratory,

facilities have necessary specimen collection kits.

RRT
(BCPHD)

Additional
Case Finding

Actively search for additional suspected measles cases within the affected community and neighboring areas. Strengthen surveillance systems and capacity for ongoing response

RRT, Health
Authorities

Additional support during large outbreak

Bastrop County Sustainability Agreement from NACCHO

“

Our Health Department wants to sustain our capacity to be community-driven and data informed to reach populations that are disproportionately affected by infectious disease. As a start-up, our local health department is focused on accountability, transparency, and sustainability in all that we do, and we center equity as our guiding principle when we add new services and programs. Our primary goal with this work is to mobilize organizational partners to assure we have alignment of resources and interagency cooperation should we have a significant infectious disease outbreak, epidemic or pandemic.

”

Community partners

Responsibilities

-contact information-

Internal County/ Office of
Emergency Management

Mobilize first responders, emergency management coordinators, law enforcement, and independent school district coordinators.

External NGOs

Provide outreach and access to population most affected

Business Community

Effective communication and messaging

Faith Community

Effective communication and messaging

Healthcare Organizations and
Medical Community

Access to health care facilities and information critical to infectious disease control

Civic organizations

Access to funds to contribute to disaster relief effort.
Access to possible volunteer workers.

The new Bastrop County Public Health Department has been tasked with assuring equity is centered in all its future programs and efforts. Infectious disease prevention and control is one of five pillars of the new public health department. This department will need to harness resources that organizations can bring to the table to mitigate infectious disease risks regardless of an outbreak, epidemic, and pandemic threat. Through this funding cross-sectoral organizational partners will be engaged to develop a mutual aid or cooperative agreement which delineates roles and responsibilities. The new public health department is the local governmental agency to lead this effort and sound the call to action. Without such a plan the county will have to scramble to stand up a herculean effort to make sure our county residents are protected.

Descriptive epidemiology

<p><i>1. Time Analysis (Epidemic Curve)</i></p>	<p>Action: Collect data on the date of rash onset or date of facility presentation (if rash onset is unavailable).</p> <p>Objective: Create an epidemic curve to track the evolution of the outbreak over time.</p> <p>Purpose: Determine how quickly the number of cases is increasing or decreasing and assess the impact of control efforts.</p>
<p><i>2. Place Analysis (Geographic Distribution)</i></p>	<ul style="list-style-type: none"> ● Action: Map the geographic distribution of cases and calculate attack rates by area. ● Objective: Visualize the geographic extent of the outbreak. ● Tools: <ul style="list-style-type: none"> ○ Spot maps or Choropleth maps (color-coded maps to represent case numbers or attack rates by area). ○ Alternative visualizations: Use circles of varying sizes on maps, proportional to the number of cases. ● Purpose: Identify areas with high case concentrations, clusters, and potential spread patterns.
<p><i>3. Person Analysis (Case Characteristics)</i></p>	<ul style="list-style-type: none"> ● Action: Collect and analyze personal characteristics of cases (age, vaccination status, sex, occupation, etc.). ● Objective: Identify potential risk factors and define the target population for further interventions. ● Minimum Data to Collect: <ol style="list-style-type: none"> 1. Age Distribution: Analyze age by year or by vaccination milestones (MCV1 and MCV2). 2. Vaccination Status: Record the number of vaccine doses received. 3. Sex: Identify any sex-based patterns in cases. 4. Occupation: Include students, preschoolers, and other occupations. 5. Exposure History (7-21 days before rash onset and 4 days before to 4 days after rash onset): <ul style="list-style-type: none"> ■ Travel history ■ Exposure to guests or other possible cases ■ Exposure to health facilities 6. Outcomes: Record hospitalization or death data. 7. Risk Groups: Identify groups at higher risk (e.g., IDPs, refugees, nomads). ● Purpose: Tailor interventions and vaccination strategies based on demographic and risk factors.

Reporting and Case Notification

Report Measles Immediately at 1-800-705-8868



Several Texas laws (Tex. Health & Safety Code, Chapters 81, 84 and 87) require specific information regarding notifiable conditions be provided to the Texas Department of State Health Services (DSHS). Health care providers, hospitals, laboratories, schools, and others are required to report patients who are suspected of having a [notifiable condition](#) ([25 Tex. Admin. Code §97.2](#)).

1. **Case Identification and Initial Reporting** (See Appendix B : Texas Notifiable Conditions 2025)

Communicable Disease Reporting Forms:

Initial Provider Disease Report EPI-2

- Purpose: this form is used to report most communicable diseases. It tracks essential information to classify the case (confirmed, probable, suspected, or dropped)
- The form is to be filled out by healthcare providers when reporting individual cases.

Confidential Disease Report EPI-1

- Purpose: this form is used to report multiple cases on a single sheet when appropriate. However, it is not intended for disease case reports from multiple reporters on the same form.
- Ensure that each case is properly documented, do not mix reports from different sources.

a. Healthcare provider's responsibility

Measles Reporting Instructions

WHAT: Measles is a notifiable condition in Texas. Report cases or suspected cases immediately, including outbreaks. Provide the following information: name, age, sex, race/ethnicity, DOB, address, phone number, disease, onset date, diagnosis method, and physician's contact info.

WHEN: Report measles immediately to the local health department (BCPHD) or DSHS. It is considered a public health emergency and requires immediate attention.

HOW: Report to the local health department or health service region.



Reporting Method: Submit reports to the local health department or the appropriate health service region.

Form Availability: Paper forms (**Confidential Disease Report EPI-1, Appendix C; Initial Provider Disease Report EPI-2, Appendix D**) are available by calling your local health department or downloading in PDF. In emergencies, reports can be made by calling 888-963-7111 (after hours: physician/epidemiologist on-call).***

 Reporting Forms | Texas DSHS

b. Local Health department role:

Bastrop County Disease Reporting Contacts

When to Report:	<p style="text-align: center;"><u>Measles is reported immediately.</u></p> <p style="text-align: center;"><u>Call immediately: please phone report</u></p>
Type and name of Public Health Entity	DSHS Public Health Region 7
Lead Epidemiology Contact	<p>Conner Kelly, MPH, CPH, CIC. Epidemiologist III/ Team Lead</p> <p>Conner.Kelly@dshs.texas.gov</p> <p>Epidemiology main phone: (254) 771-6729</p> <p>Work cell number: (254) 228-6047</p> <p>Fax: (254) 899-0405</p> <p>Mailing Address: 2408 South 37th Street, Temple, Texas 76504</p> <p> Bastrop County Disease Reporting Contacts Texas DSHS</p>

Local and Regional Reporting and Follow-up Responsibilities

Local and regional health departments should:

■ Enter the case into **NBS***** and submit an NBS notification on all confirmed cases to DSHS within 30 days of receiving a report of a confirmed case.

- Please refer to the NBS Data Entry Guidelines for disease-specific entry rules.
- A notification can be sent as soon as the case criteria have been met. Additional information from the investigation may be entered upon completing the investigation.

■ Fax, send a secure email, or mail a completed investigation form within 30 days of completing the investigation.

In the event of a death, copies of the hospital discharge summary, death certificate, autopsy report, and death investigation form should also be sent to DSHS EAIDU.



- Investigation forms may be faxed to 512-776-7616, securely emailed to VPDTexas@dshs.texas.gov, or mailed to: Infectious Disease Control Unit Texas Department of State Health Services Mail Code: 1960 PO Box 149347 Austin, TX 78714-9347

<https://www.dshs.texas.gov/sites/default/files/IDCU/investigation/electronic/EAIDG/2025/EAIDG-2025-03-10-2025.pdf>

Vaccine Preventable Diseases | Texas DSHS

<https://www.cdc.gov/measles/downloads/2024-dvd-measles-investigation-form.pdf>

c.State Health department role: Notifiable Conditions | Texas DSHS

Key Reporting Timelines and Responsibilities

- Within 24 hours: Healthcare providers must notify the local health department about suspected or confirmed cases.



-Immediate notification: The local health department should immediately inform the state health department about confirmed cases

-Timely updates: local and state authorities must continue to report new cases to the CDC, updating national surveillance systems for tracking and response coordination.

Infection control recommendation

Measles information for public inquiries.

Measles is a highly contagious respiratory disease caused by a virus.

A sick person can infect more than 90% of their contacts, 4 days before up to 4 days after the onset of rashes. Measles is spread from person to person by direct contact with or inhalation of droplets from an infected person when talking, coughing, or sneezing.

These droplets remain infective in the air and on surfaces for up to two hours.

SYMPTOMS

- Fever (up to 1050F), cough, runny nose, red eyes, and sore throat (about 7 to 10 days after exposure, but can occur up to 21 days later).
- Rashes start on the face and upper neck, and spread down the body to the feet 2-4 days after the onset of fever.
- Rarely, measles can lead to pneumonia, swelling of the brain, and death.



PREVENTION AND CONTROL

- The most effective preventive measure is the MMR vaccine (which also protects against mumps and rubella). The MMR vaccine is very safe and effective (97%)
- Two doses of MMR vaccine are required - the first dose at 12 - 15 months of age, and the second dose at 4 - 6 years of age.
- Teens and adults should also be up to date on their MMR vaccination.
- Individuals born before 1957 are presumed to be immune to measles.

IF YOU ARE EXPOSED OR DEVELOP SYMPTOMS OF MEASLES

- Stay home and away from others, especially unvaccinated infants, people with medical conditions, the immunocompromised, and pregnant women.
- Call your healthcare provider before going to the doctor's office.
- Review your vaccination records, describe your symptoms, and inform your doctor if you have been in contact with an infected person or have traveled.

SCHOOL EXCLUSION POLICY

- Children with suspected or confirmed measles should be kept out of school or childcare until 4 days after the onset of rash.

- Build community capacity to reach populations that are disproportionately affected with effective culturally and linguistically tailored programs and practices.
- Build and Implement cross-sectoral partnership to align public health, healthcare, and non-health (e.g. housing, transportation, social services) interventions.
- Build community capacity that includes traditional organizations (public health, healthcare) and non-traditional partners.

Message for Partners/ Healthcare Providers

Measures for measles outbreak response

· Healthcare facilities are responsible for implementing local measures to reduce the risk of transmission of measles in their respective facilities following measles prevention and control guidelines. https://www.cdc.gov/infection-control/hcp/measles/?CDC_AAref_Val=https://www.cdc.gov/infectioncontrol/guidelines/measles/index.html.

Suggestions include:

- a) Telemedicine consultations if appropriate
- b) Designation of a specific section of the ER for handling respiratory diseases
- c) Specimen collection from patients in their cars in the parking lot.



- Healthcare facilities should give preference to their already established protocol in testing specimens for measles at institutional or commercial laboratories capable of doing IgM or PCR.
- In the context of the current measles outbreak in Texas, Measles PCR testing at the state level, which has a TAT of 24-48 hours, may be facilitated by the Health Department. For this purpose, the healthcare professional needs to inform the health department as early as possible of necessary assistance, including specimen collection, handling, and shipping.
- The BCPHD will be responsible for contact tracing, screening, specimen collection, and testing of contacts who are not established patients of any healthcare facility.
- Post-Exposure Prophylaxis of contacts will be administered by healthcare professionals or the DSHS PHR 7 and/or BCPHD teams, as appropriate.
- Advocacy for MMR vaccination for eligible children cannot be overemphasized. Several healthcare providers in Bastrop County can provide free vaccines as part of the Texas Vaccines for Children program. Visit the Texas DSHS site to find the provider closest to you.

Information for Schools & Groups



This checklist outlines proactive steps schools can take to help prevent the spread of measles and provides guidance on responding if a case occurs within the school community. Measles is a serious illness that can cause significant disruptions to learning due to student absences and school exclusions. Vaccination remains the most effective way to protect against measles.

-These guidelines apply to the ongoing 2025 Texas measles outbreak and are subject to change.

PREVENTIBLE ACTIONS

1. Identify and Notify At-Risk Individuals

- Compile and maintain an updated list of students who:
 - Lack documentation for 2 doses of the MMR vaccine.
 - Have medical, religious, or philosophical exemptions.
- Notify these families of potential measles cases in the community.
- Emphasize the importance of vaccination in all communications.

2. Promote Vaccination

- Send regular communications to families and staff about:
 - The benefits and importance of the MMR vaccine.
 - The fact that two MMR doses are 97% effective in preventing measles.
- Organize or partner with local health providers to host a school-based vaccination clinic.

3. Strengthen General Health Messaging

- Share reminders through school channels (email, posters, announcements) to:
 - Cover coughs and sneezes properly.
 - Wash hands frequently or use hand sanitizer when necessary.
 - Keep students and staff at home when they are feeling sick.

4. Enhance Cleaning Protocols

- Schedule and carry out regular disinfection of:
 - High-touch surfaces such as doorknobs, light switches, tables, desks, and counters.
- Ensure custodial staff follow enhanced cleaning procedures during any outbreak or heightened concern.

5. Monitor for Symptoms and Prepare for Action

- Train staff to recognize measles symptoms:
 - Fever, cough, runny nose, red eyes, and rash.
- Designate a private, well-ventilated room where symptomatic students can wait for pickup.
- Establish a communication protocol to:
 - Inform families if symptoms are observed.
 - Advise families to call ahead before visiting any medical facility if measles is suspected.

ACTIONS TO TAKE IF A STUDENT OR STAFF MEMBER HAS MEASLES

- 1. Isolate the Suspected Case Immediately**
 - Move the individual (student or staff) to a designated private room.
 - Minimize contact with others while awaiting pickup.
- 2. Notify the Local Health Department**
 - Contact your local public health office as soon as a measles case is suspected or confirmed.
 - Work with public health officials to:
 - Confirm the case.
 - Identify and notify individuals who may have been exposed.
- 3. Ensure Full Isolation of the Infected Individual**
 - The infected person must:
 - Stay home and avoid all public settings (school, daycare, work, events, etc.).
 - Remain isolated for at least 4 days after the appearance of the rash, or as directed by public health.
- 4. Identify and Exclude Unvaccinated, Exposed Individuals**
 - Determine which students or staff may have shared airspace with the infected individual, or entered the space within 2 hours of their departure.
 - Exclude all exposed individuals who lack proof of full MMR vaccination (two documented doses).
 - Excluded individuals may not attend school, sports, clubs, or any related activities during the exclusion period.
- 5. Apply Post-Exposure Prophylaxis Guidelines**
 - **If the exposed individual has 0 documented MMR doses:**
 - They may return to school if they receive their first dose within 72 hours of exposure.
 - A second dose is recommended 28 days later.
 - **If the exposed individual has 1 documented MMR dose:**
 - They may remain in school.
 - A second dose is still strongly recommended after 28 days.
 - These guidelines apply to both students and staff.
- 6. Monitor the School Community**
 - Instruct all students and staff to watch for measles symptoms (fever, cough, runny nose, red eyes, and rash) for 21 days after the last possible exposure.
 - Reinforce the importance of early symptom recognition to prevent further spread.

When can unvaccinated people return to school or child care?

Exposed people who are not vaccinated or have other proof of immunity should be excluded from the school, child care, or other institutions until 21 days after rash onset in the last case of measles to prevent them from getting measles.

EXCLUSION SCENARIOS

Exclusion Scenarios	Recommendations
Isolation of <i>Measles Positive</i> Individuals	<ul style="list-style-type: none"> • Infected individuals must stay at home and avoid all public places (school, daycare, work, social activities, etc.) until 4 days after the rash begins.
Students with <i>Zero</i> Doses of MMR Vaccine	<ul style="list-style-type: none"> • Exclusion continues until they receive 1 dose of MMR vaccine within 72 hours after exposure. • If 1 dose of MMR vaccine is received within 72 hours, individuals can return to school immediately. • A second dose of MMR vaccine is strongly recommended, at minimum 28 days after the first dose.
Students with Zero Doses <i>Refusing/Unable</i> to Receive MMR Vaccine	<ul style="list-style-type: none"> • Exclusion continues for 21 days after the last date the unimmunized child was exposed. • Exclusion period may be extended if the unimmunized child is exposed to another measles case.
Students with <i>1 Dose</i> of MMR Vaccine	<ul style="list-style-type: none"> • Exposed individuals/contacts can remain in school and no exclusion is recommended at this time. • However, individuals are strongly recommended to receive their second dose of MMR vaccine immediately, at minimum 28 days after the first dose.
Exposed Students and Staff (Monitoring Symptoms)	<ul style="list-style-type: none"> • Monitor symptoms (fever, cough, rash, etc.) for 21 days after exposure.

Post pandemic recovery

Recovery involves actions to repair and restore communities after an emergency, focusing on both physical and psychosocial effects. In a pandemic, the primary impact is on people. Various resources have to be available to help individuals to adjust after an emergency experience including: health care professionals, wellness programs, grief counselors, assistance programs, and volunteer agencies (e.g. Red Cross).

Recovery will begin when it is determined by county officials.

The BCPHD will assess the impact of the pandemic on the community's health as measured by morbidity, mortality and report findings to all responses partners.

An after-action evaluation of the pandemic/ outbreak response will be conducted. The evaluation will include recommendation for amendments to the Response Plan.

Recovery Challenges

Action	Issues to Consider	Supporting Actions
<p>Prepare for next pandemic waves</p>	<p>A pandemic could linger for more than a year with multiple outbreaks.</p>	<ul style="list-style-type: none"> ● Monitor international, national and local health information sources for any updates on next pandemic waves. ● Balance recovery actions with essential preparedness for next wave actions.
<p>Address human impacts from disease related illness and deaths</p>	<p>Overcoming effects from worker and worker family illness and death will be a significant challenge for all businesses.</p> <p>Widespread fear and grief will potentially cause long-term psychological trauma</p>	<ul style="list-style-type: none"> ● Partner with mental health professionals to provide virtual counseling and trauma-informed care. <ul style="list-style-type: none"> ● Train managers in psychological first aid and how to support employees dealing with loss or trauma.
<p>Maintain public and media relations</p>	<p>Information sharing within the government, between the government and businesses, with Federal and state government entities and for public and media relation will remain essential to control misinformation and rumors.</p>	<ul style="list-style-type: none"> ● Re-affirm contacts and planned actions with public and media points of contact. ● Assess pre-planned messages and adjust as necessary. ● Monitor and forecast potential public/media relations issues. ● Keep all internal and external stakeholders informed in a timely, consistent manner.
<p>Measure, monitor and adjust</p>	<p>Implementing and measuring recovery actions and monitoring to adjust these based on observed and anticipated changes and impacts will continue to be the</p>	<ul style="list-style-type: none"> ● Continuously monitor recovery actions and costs and prepare action in advance of the next wave. ● Adjust actions to restore essential functions and

	hallmark of the business or government entity that successfully copes with the effects of a pandemic	ensure success for the next pandemic wave using evidence based approaches.
Update emergency plans	Making note of successful (and unsuccessful) activities during a pandemic response and modifying emergency preparedness plans appropriately may result in more effective planning for the next wave/disaste	<ul style="list-style-type: none"> ● Assign responsibility within the organization for recording response actions and outcome. ● Review actions and outcomes during recovery and appropriately modify preparedness and response emergency plan prior to next wave/disaster.

Plan Maintenance

A. This plan will be reviewed at least annually and revised as needed.

Resources

• Appendix A: Crisis Communication Plan

Crisis Communication Team

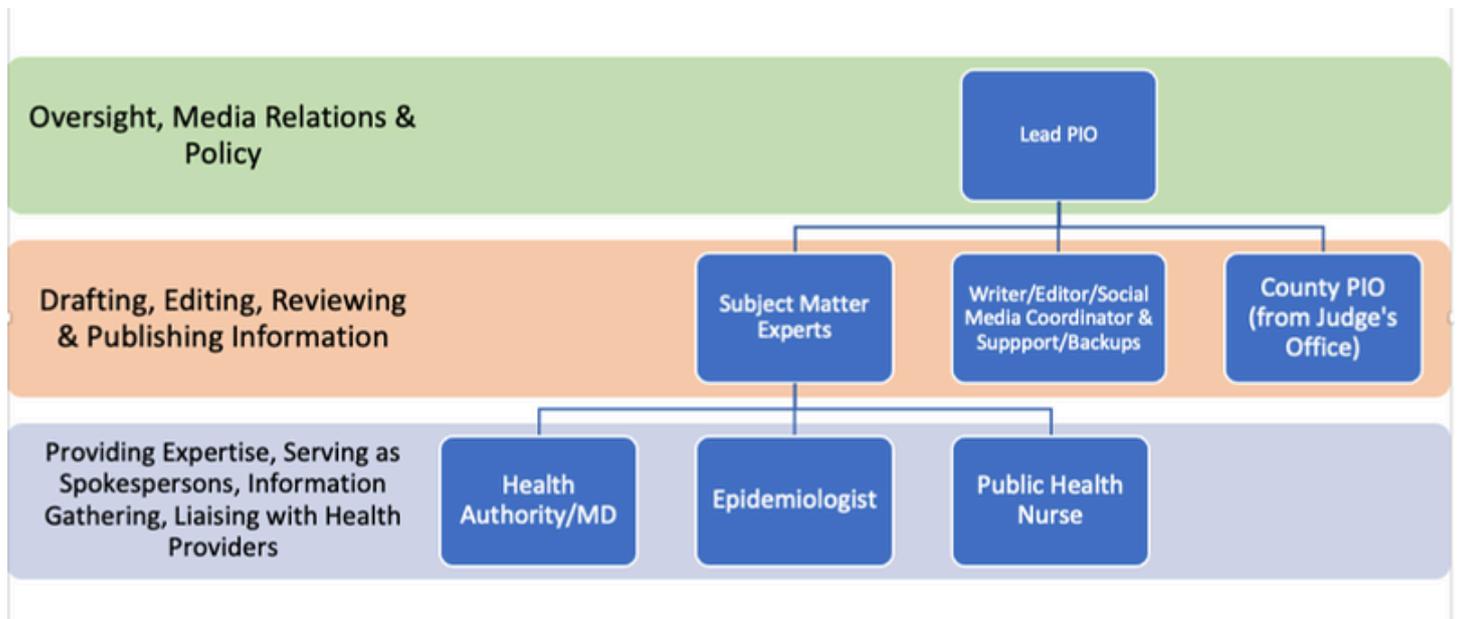
In the event of a confirmed Measles case in Bastrop County, the Bastrop County Public Health Department and the County Judge's Office (which serves as the public information office of the County), will come together to form one single crisis communications team, to ensure that Bastrop County is speaking to all residents with "one voice" and that all communications follow CERC Principles. Bastrop County is a very small, rural county, and the Public Health Department has fewer than 4 FTEs. As a result, many of the typical roles and responsibilities from a larger crisis communication team have been reduced and/or combined to align with the capacities and resources available and to allow the team to focus on communication priorities.

<i>Role on the Crisis Communicatio</i>	<i>Summary of Duties & Responsibilities</i>	<i>Who will serve in this role?</i>	<i>What is their usual Job Title & Department assignment?</i>
Lead PIO	<ul style="list-style-type: none"> · Activates the crisis communications plan. · Oversees and directs the work of the crisis communications team overall · Ensures all messages follow CERC principles · Serves as the overall spokesperson and media liaison: will coordinate media interviews, determine who will represent the County during interviews, and serve as lead/convener on all press conferences. · Communicates directly with the County Judge and Legal Counsel as needed · Communicates directly with Texas DSHS Region 7 Office to ensure alignment on communications and messaging · Leads the Review Team that will review all communications that go out as a part of this plan 	Donna Nichols	<i>Executive Director, Bastrop County Public Health Department</i>
Writer/Editor & Web/Social Media Coordinator	<ul style="list-style-type: none"> · Drafts and edits all written communications and disseminates information once approved, as directed by the PIO · Updates social media and web site directly with approved messages and images · Monitors social media for misinformation, rumors, and questions to share back with the Lead PIO and subject matter experts to form responses 	Adriana Rodriguez	<i>Information Specialist, Bastrop County Public Health Department</i>
County Health Authority & Subject Matter Expert	<ul style="list-style-type: none"> · Has the authority to enact policies to protect public health for the County · Serves as a subject matter expert on medical and public health risks associated with Measles · Serves as the primary “medical expert” voice during media interviews and press conferences · Serves as the primary contact/liaison with community medical providers 	Dr. Pompeyo Chavez, M.D.	<i>County Health Authority, Bastrop County Public Health Department</i>

	<ul style="list-style-type: none"> · Serves as a member of the review team reviewing all communications that go out as 		
Assistant PIO & Policy Guidance	<ul style="list-style-type: none"> · Serves as liaison between the Lead PIO and the County Judge · Ensures that all communications meet the County's overall communications guidelines/policies · Serves as a member of the review team reviewing all communications that go out as a part of this plan 	Lyndsey Schroeder	<i>Public Information Officer, Bastrop County</i>
Subject Matter Expert (Epidemiology)	<ul style="list-style-type: none"> · Serves as a subject matter expert on the epidemiology of measles (in general and in the current Texas outbreak) · Gathers information from the other Epidemiologists in the state to monitor the status of the outbreaking surrounding counties and to share back information with this team · Goes through media training to be ready to speak to media/during press conferences as directed by the PIO · Serves as a member of the review team reviewing all communications that go out as a part of this plan 	Andrew Lam	<i>Epidemiologist, Bastrop County Public Health Department</i>
Subject Matter Expert & Community Liaison	<ul style="list-style-type: none"> · Serves as a subject matter expert on prevention of Measles · Serves as a secondary contact/liaison with community medical providers (backup to Dr. Chavez) · Gathers information from vaccine clinic staff and patients and shares back findings with the team to help shape communications such as FAQs · Gathers information from the State of Texas' public health communications' teams to share back with this team · Serves as a member of the review team reviewing all communications that go out as a part of this plan 	Debra Seamans	<i>Public Health Nurse, Bastrop County Public Health Department</i>
Support/Backup Writer/Editor	<ul style="list-style-type: none"> · Supports the Writer/Editor in creating communications materials as needed/as directed by the Lead PIO · Supports the Writer/Editor in creating distribution lists, building email contact lists, 	Amy Mills & Ruby Hernandez	<i>Part time Contractors, Bastrop County Public Health Department</i>

etc.

· Serves as backup to post/distribute information, communications, emails, social media posts if the Writer/Editor is unable to fulfill those duties for any reason



Review process, Release schedule, and Process for updating webpages

Release Schedule:

- This Crisis Communication Team's Goal is to provide medical providers, community leaders, and the public with timely information and breaking news, but also to have a standing time each week for updates to provide some predictability and build credibility (as a new department this is especially important).
- The Texas Department of State Health Services updates their Measles Outbreak web page every Tuesday and Friday morning with new case counts and locations by county. We will plan to follow that cadence as follows:
 - The Lead PIO (Donna) and the Writer/Editor/Social Media Coordinator (Adriana) or her backups (Amy or Ruby) will confirm the state and local data to be posted. The Review Team will not be asked to review each of these data-driven posts.
 - The Writer/Editor/Social Media Coordinator (Adriana) will post to the Bastrop County Public Health Department's web page every Tuesday and Friday by 3 pm, whether there are new cases or not, with the following data and links:
 - o the date (new posts will replace the last post)
 - o the current case count in Bastrop County (and details if there are new cases such as age range and vaccination status, following the State's reporting format),
 - o the current case count in all counties that border Bastrop: Travis, Caldwell, Fayette, Gonzales, Lee, and Williamson (and details if there are new cases such as age range

and vaccination status, following the State's reporting format),

o and a link to the State's web page.

· This exact same information, in the same format, will be e-mailed by the Writer/Editor/Social Media Coordinator (Adriana) to the Health Care Providers Audience List, immediately following posting it on the County web page (no later than 4 pm Tuesdays and Fridays), even if there are no new cases to report. This email will go out under the signature of the County Health Authority (Dr. Chavez), but from the public.health@co.bastrop.tx.us email address (as will be the protocol for all e-mails directed towards Health Care Providers).

· In addition to these twice-weekly updates on the Public Health Department's web page, there will be additional communications needed throughout the duration of this crisis. For those, we will follow the Review and Posting Process outlined below:

Review Process:

· The Lead PIO (Donna) will work directly with the Writer/Editor/Social Media Coordinator (Adriana) to guide the creation of all communications materials (messages, emails, press releases, images, infographics, social media posts, etc).

· Once the Lead PIO (Donna) signs off on a communications instrument, the Writer/Editor/Social Media Coordinator (Adriana) or one of her backups (Amy or Ruby) will e-mail the communication to the Review Team, who are expected to review all materials before they go out. The Review Team includes:

o County Health Authority (Dr. Chavez)

o Subject Matter Expert: Epidemiologist (Andrew)

o Subject Matter Expert: Public Health Nurse (Debra)

o Assistant PIO (Lyndsey)

· For most communications, requests for a review by the Review Team will be sent out by e-mail before 2 pm, Monday – Thursday, and members of the Review Team agree to review and respond no later than 12 pm the following workday.

· In the event of a more urgent communication that needs to go out over a weekend, evening, or holiday or on a faster timeline, the subject line of the e-mail will include "Timeline: Urgent" and the Writer/Editor/Social Media Coordinator (Adriana) or her backups (Amy/Ruby) will also text all members of the Review Team to alert them to the e-mail. In the event of these more urgent communications, the members of the Review Team agree to review and respond within 2 hours. A lack of response will be interpreted as approval.

Process for Message/Communications Distribution/Updating Web pages:

· Once a message or communication instrument is approved by the Review Team, the Writer/Editor/Social Media Coordinator (Adriana) will distribute the information as directed by the Lead PIO (Donna). The options for information distribution are:

o Post to the Public Health Department and Office of Emergency Management Facebook pages

o Send as an e-mail to a specific audience/audiences

o Send through the Warn Central Texas text alert system

o Post to the Public Health Department web page on the Bastrop County web site

o Send as a press release or media advisory to the local media contact list

- If the Writer/Editor/Social Media Coordinator (Adriana) is unavailable or unable to distribute the approved information, one of the two backups (Amy/Ruby) will do so.
- When we are sending e-mails directly to medical providers in the community, all will go out under the signature of the County Health Authority (Dr. Pompeyo Chavez) but sent from the public.health@co.bastrop.tx.us email address. E-mails to other audiences will go out under the general branding of the Public Health Department without an individual signature. The Lead PIO (Donna) may choose to make exceptions to this based on the nature of the communication.
- When we are sending press releases or media advisories, all should include contact information for the Lead PIO (Donna) as the primary spokesperson listed at the top of each.

Audiences, Stakeholders & Partners

Partners: Partners are agencies that contribute personnel, equipment, knowledge, technology, or other resources to help with the crisis response. Partners for this crisis communications plan include:

- State of Texas: Department of State Health Services Region 7
- Bastrop County Office of Emergency Management
- Bastrop County Indigent Care
- County Judge Klaus and staff
- Public Health Departments of neighboring counties:
 - Austin Public Health

Stakeholders: Stakeholders are groups (businesses, nonprofits, governments, school districts, etc) that are likely to be impacted by the crisis and need to receive messages throughout the Measles outbreak so they can adjust their operations or communications accordingly. In the event of a Measles Outbreak in Bastrop County, these stakeholder groups should be included in communications tailored to their needs:

- City Governments:
 - City of Bastrop: Mayor, City Council Members & City Manager
 - City of Elgin: Mayor, City Council Members & City Manager
 - City of Smithville: Mayor, City Council Members & City Manager
- Bastrop County First Responders Association
- Bastrop County Emergency Services Districts (ESDs)
- Bastrop County Cares Community Hotline/211
- School Districts: Public Schools:
 - Bastrop Independent School District: Superintendent & PIO
 - Elgin Independent School District: Superintendent & PIO
 - Smithville Independent School District: Superintendent
 - McDade Independent School District: Superintendent
- Private Schools:
 - Calvary Episcopal School: Principal
 - Founders Classical Academy School: Principal
 - Compass Rose Charter School: Principal
 - Good Shepherd Lutheran School: Principal
 - Bastrop Montessori: Owner
 - Colorado River Collegiate Academy: Principal
- Home School Association of Bastrop County
- Daycare operators

· Medical Providers, Hospitals, and Pharmacies

- Care Now Urgent Care
- Ascension Seton Bastrop
- Ascension Seton Elgin
- Ascension Seton Smithville
- St. David's Emergency Center
- Lone Star Circle of Care FQHC
- Bastrop Community Clinic by Community Health Centers of South Central Texas
- Private medical clinics and offices including all forms of medicine (dental, dermatology, chiropractic, etc)
- Pharmacies at HEB, CVS, Walgreens, and independent pharmacies

· Businesses

- HEB
- Wal-Mart
- Tractor Supply
- Buc-ees
- Chamber of Commerce

Audience Segments: In addition to the stakeholders and partners listed above, the general public will need to receive communications to support them in making decisions to keep themselves, their loved ones, and the larger community healthy and safe. These are the segments of the general public that may need to receive customized communications during the crisis period:

· Adults who are fully vaccinated against Measles

· Adults born before 1957 who are considered to have natural immunity

· Adults who are under-vaccinated and/or uncertain of their vaccination status:

- Adults who were born after 1957 and received the vaccine before 1968 (need another dose)
- Adults who received only one dose and were vaccinated between 1968 - 1989 (likely do not need another dose)
- Adults who do not know their vaccine status
- Adults who have chosen not to be vaccinated/are vaccine hesitant

· Parents with fully vaccinated children

· Parents with unvaccinated or under-vaccinated children

- Parents with infants under 1 who have not yet received the first dose of the vaccine
- Parents with children under 4 who have only received one vaccine but not yet the second vaccine
- Parents who have chosen not to vaccinate their children/are vaccine hesitant

· People with underlying health conditions that impact the lungs, which could create more complications from Measles, such as COPD, asthma, etc.

· People who are caretakers for someone who is elderly or has an underlying health condition that puts them at greater risk

· People who live or work in environments where large groups gather such as schools, universities, daycares, or group housing environments like dorms, assisted living facilities, nursing homes, etc.

- School District staff including teachers and administrators
- Staff at assisted living, nursing homes
- Daycare center owners and staff

· People who do not have high speed internet at home (may need different forms of outreach) (20% of the County's households do not have internet at home)

- Health care workers and administrators at health care facilities
- People who speak only Spanish at home (will need translated materials)
- People who do not use Facebook

CERC PHASE 2: INITIAL MESSAGES

General talking points

Initial Message Components: Uncertainty

Describe the first measles case using descriptive facts and statistics about the case without revealing any confidential information about the patient. Include patient's age range, vaccination status, and any underlying health issues; how/where it was contracted; if others may have been exposed with when/where details; and what the patient and/or their family is doing to prevent further spread. If any of these stats or facts are not known, explain what we are doing as a department to get the answers and when/how we will share them. Example:

Yesterday, a resident of our County tested positive for Measles. This is the first positive case of Measles that we have seen in our County in over a decade, and because this is such a highly contagious disease, it is important to share this information quickly to help everyone in our community make decisions about your and your families' health.

The patient who tested positive is a pre-school aged child who has received one dose of the vaccine, but has not yet received the second booster. The child does not have any underlying health conditions and is otherwise healthy. They are being treated by their family physician and is at home resting. The family is voluntarily quarantining at home.

The child was exposed to Measles during a recent overseas trip. They began to show symptoms 5 days after returning home from the trip, and was diagnosed two days later. During the window where the child was potentially contagious, the child was only at home. The immediate family are the only individuals directly exposed. All other members of the family are fully vaccinated and none have developed symptoms or tested positive for Measles. The only people who were exposed to the child were the health care workers treating the child at their physician's office, and all members of the staff have been informed.

Our public health department has communicated this information to all area health care providers, and has provided them with information about how to report suspected or confirmed cases of Measles. At this time, there are no other suspected cases or tests awaiting results anywhere in the County.

Initial Message Components: Self-Efficacy

Highlight that two doses of the MMR vaccine are the most effective way to prevent Measles and share information about where to access the vaccine locally, including how to get help covering the cost of the vaccine. Example:

Measles is a highly contagious, but preventable infectious disease. Almost everyone without immunity will get measles if exposed to the virus. The best way to protect yourself and your families from Measles is to get vaccinated with two doses of the MMR vaccine which protects against Measles, Mumps, and Rubella. This vaccine is safe and has been in use since the late 1960s. Two doses prevents more than 97% of Measles infections.

The vaccine is available at your primary care doctor's office, most health care clinics, and at the H-E-B, CVS, and Walgreens Pharmacies here in Bastrop. Pharmacists can provide the vaccine to children 13 and under with a prescription and can provide it to children over 14 and adults without a prescription.

If you need help with the cost of the vaccine for your children, the state of Texas provides free MMR vaccines through the Texas Vaccines for Children Program. You can access these no cost vaccines here in Bastrop County at the Bastrop ISD Health Center, Ascension Seton Bastrop, Premier Family Physicians, DSHS Bastrop, Sai Medical Group, Lone Star Circle of Care Bastrop, and Austin Regional Clinic Bastrop, and Ascension Seton Family Doctors Smithville. Contact the vaccine provider to see if your child is eligible to receive no cost measles vaccine through the Texas Vaccines for Children Program.

Initial Message Components: Commitment

Demonstrate that the Bastrop County Public Health Department is committed to keeping the community informed about this crisis for as long as it lasts, and to helping to prevent future infections. Example:

The Bastrop County Public Health Department, in partnership with the State of Texas Department of State Health Services, is committed to doing everything we can to keep our community as healthy as possible. We are monitoring this situation around the clock, and are preparing for the potential of future cases. We are committed to bringing information about Measles in our community to the public quickly and accurately. For this situation, the primary place where we will post new information for the public is the Bastrop County Public Health Department web page. We will update this page every Tuesday and Friday afternoon with information about current local cases, cases from neighboring counties, and statewide information. We will continue to do this until it has been 12 weeks since any new case in our own or a neighboring county.

Initial Message Components: Compassionate Empathy

Express empathy for the first patient, their family, their health care providers, and all who may be feeling worry or anxiety in our community. Example:

We want to express our very best wishes for a speedy recovery to the child who has Measles. This is something no parent would want their child to experience, and we all pray that this sweet child in our community recovers quickly and completely. We also want to thank the child's health care providers for their cooperation and care. We pray that they and the child's family will continue to stay healthy. We understand that many of you are worried about Measles and what it might mean for you and your loved ones if we have more cases. Watching the situation worsen in west Texas certainly creates understandable concern for many people, especially parents of young children. Please know that we are in this together. We will continue to work to contain and prevent Measles in our community, and we are committed to keeping you informed to support you in your decision making.

Webpage copy

This will be posted on the Bastrop County Public Health Department Web page

Health Alert: Measles in Bastrop County

On [DATE] a pre-school aged child in Bastrop County tested positive for Measles after contracting it during a recent overseas trip. The family of the child has been quarantining at home and no other member of the family has contracted Measles. There are no other suspected or confirmed cases of Measles anywhere in the County.

Measles is a highly contagious but preventable infectious disease. The most important thing you can do to protect yourself and your family from Measles is to get vaccinated. We encourage everyone in the County to confirm that you are up to date on your vaccinations by checking with your health care provider. If you are not up to date on your MMR vaccine, we encourage you to get vaccinated. The vaccine is safe and over 97% effective at preventing Measles infection. You can get vaccinated at your doctors' office, at the H-E-B Pharmacy on Hasler in Bastrop or on 290 in Elgin, or at the CVS in Bastrop on 71.

Images: Consider posting this same infographic we already created at the County, to share basic information and to provide both English and Spanish information.

Bastrop County Public Health Department

Measles

What is measles?

Measles is a highly contagious disease that affects the lungs and can be serious or life-threatening for anyone not protected by a vaccine. Vulnerable groups such as babies and young children are in particular danger of this disease.

How Measles spreads



Cough & Sneezes **Tiny droplets in the air** **Can live for up to 2 hours in an airspace after an infected person leaves an area**

Measles Information:

<p>Symptoms May Include</p> <ul style="list-style-type: none"> • Fever • Cough • Runny Nose • Red, watery eyes • Tiny white spots inside the mouth • Red, spotty rash starting on the face 	<p>Possible Complications</p> <ul style="list-style-type: none"> • Hospitalization • Pneumonia • Brain inflammation • Death • Premature birth
<p>What To Do If Infected</p> <ul style="list-style-type: none"> • If sick, avoid contact with others to prevent spreading the virus. • Call your healthcare provider before going to get tested. 	<p>How to Stay Protected</p> <ul style="list-style-type: none"> • Get vaccinated (MMR Vaccine) <ul style="list-style-type: none"> ◦ Contact your healthcare provider for more information • 2 doses of the MMR vaccine prevent more than 97% of measles infections

Sources:
CDC <https://www.cdc.gov/measles/hcp/clinical-overview/index.html>
Texas DSHS <https://www.dshs.texas.gov/news-alerts/health-alert-measles-outbreak-gaines-county-texas>

Bastrop County Public Health Department

Sarampión

¿Qué es el sarampión?

El sarampión es una enfermedad muy contagiosa que afecta a los pulmones y puede ser grave o poner en peligro la vida de cualquier persona que no esté protegida por una vacuna. Los grupos vulnerables, como los bebés y los niños pequeños, corren especial peligro de contraer esta enfermedad.

Cómo se transmite el sarampión



Tos y estornudos **Pequeñas gotas en el aire** **Puede vivir hasta 2 horas en el aire después de que una persona infectada salga de una área**

Información sobre el sarampión:

<p>Los síntomas pueden incluir</p> <ul style="list-style-type: none"> • Fiebre • Tos • Escorrimento nasal • Ojos rojos y llorosos • Pequeñas manchas blancas en el interior de la boca • Erupción cutánea roja y con manchas que comienza en la cara 	<p>Posibles complicaciones</p> <ul style="list-style-type: none"> • Hospitalización • Neumonía • Inflamación cerebral • Muerte • Nacimiento prematuro
<p>Qué hacer si se infecta</p> <ul style="list-style-type: none"> • Si está enfermo, evite el contacto con otras personas para evitar la propagación del virus. • Llame a su proveedor de atención médica antes de ir a hacerse la prueba. 	<p>Cómo mantenerse protegido</p> <ul style="list-style-type: none"> • Vacúnese (vacuna MMR) <ul style="list-style-type: none"> ◦ Póngase en contacto con su médico para obtener más información • 2 dosis de la vacuna MMR previenen más del 97% de las infecciones por sarampión

Referencias:
CDC <https://www.cdc.gov/measles/hcp/clinical-overview/index.html>
Texas DSHS <https://www.dshs.texas.gov/news-alerts/health-alert-measles-outbreak-gaines-county-texas>

Note: under these images, post the first of the data updates, on the next Tuesday or Friday, per the schedule described above.

INITIAL Phase Social Media Messages

All social media messages will be on Facebook: For the purposes of this Crisis Communications Plan, we will utilize the Facebook page of the Bastrop County Office of Emergency Management Department because the County does not have one unified page for all departments, and create a new Public Health Department Facebook Page. The OEM's page is the largest following on Facebook of any County department so it provides the best opportunity to get the word out to the largest number of residents. We will also use this opportunity to build a following for the new Facebook page of the Public Health Department so will post all to both the OEM and the new PHD pages simultaneously.

Initial Phase Facebook Message 1 of 2: Focus on Empathy & simple risk explanation:

Health Alert from the Bastrop County Public Health Department: First case of confirmed Measles

On DATE pre-school aged child in Bastrop County tested positive for Measles after contracting it during a recent overseas trip. This case was not connected to the outbreak of Measles in West Texas. The family of the child has been quarantining at home and no other member of the family has contracted Measles. The child's doctor believes they are recovering well, and we are all sending our prayers and best wishes to the family.

We are committed to providing transparent and timely information about any cases that do emerge in our community and sharing information about the risks of this disease.

Measles is a highly contagious, viral disease that causes symptoms such as fever, cough, and a rash. Those who have not yet received two doses of the vaccine are likely to contract Measles if they are exposed to it. The best way to prevent you or your family from getting Measles is to get two doses of the MMR vaccine. For more information visit the [Bastrop County Public Health Department Web site](#).

Images: Consider using an image like this one from the CDC, American Academy of Pediatrics, and the American Academy of Family Physicians, to get a lot of info across quickly and to build our credibility by aligning with larger, more credible organizations.

Tagged FB Accounts: Bastrop County Indigent Health Care Department, Bastrop County Public Health Department / Bastrop County OEM, Bastrop County, CDC, American Academy of Pediatrics, American Academy of Family Physicians, Source of any images you choose to use if not this one.

Measles
IT ISN'T JUST A LITTLE RASH

Measles can be dangerous, especially for babies and young children.

MEASLES SYMPTOMS TYPICALLY INCLUDE

- High fever (may spike to more than 104° F)
- Cough
- Runny nose
- Red, watery eyes
- Rash breaks out 3-5 days after symptoms begin

Measles Can Be Serious

- About 1 out of 5 people who get measles will be hospitalized.
- 1 out of every 1,000 people with measles will develop brain swelling due to infection (encephalitis), which may lead to brain damage.
- 1 to 3 out of 1,000 people with measles will die, even with the best care.

You have the power to protect your child.

Provide your children with safe and long-lasting protection against measles by making sure they get the measles-mumps-rubella (MMR) vaccine according to CDC's recommended immunization schedule.

WWW.CDC.GOV/MEASLES

CDC
American Academy of Pediatrics
AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

Initial Phase Facebook Message 2 of 3: Self-efficacy/vaccination focused message

Bastrop County has had our first confirmed case of Measles in over a decade. Measles is a very contagious but preventable infectious disease. Measles spreads when an infected person breathes, coughs or sneezes, leaving tiny invisible droplets in the air that others may inhale. These droplets can live in the air for up to two hours after the infected person leaves the area. The good news is that two doses of the MMR (Measles, Mumps & Rubella) vaccine prevents you from getting sick and is over 97% effective with two doses. This also stops the disease from spreading.

Here's what you can do to protect yourself and your family and stop the disease from spreading in our community:

1. Check with your health care provider to confirm that you and your family members are fully vaccinated. Have you had both doses?

2. Get vaccinated if you are not up to date. You can get vaccinated at any doctor or healthcare provider's office, or at several area pharmacies including the [HEB Pharmacy in Bastrop](#) or in [Elgin](#), at the [CVS in Bastrop](#).

3. If you or someone you know needs help with the cost of this vaccination, there are several healthcare providers in Bastrop County who can provide free vaccines as part of the Texas Vaccines for Children program. Visit the [Texas DSHS site](#) to find the provider closest to you.

4. Share this information with your friends, family, and neighbors. It takes a vaccination rate of over 95% to stop the spread of Measles in our community because it is so contagious.



Images: Consider using an image like this one from the World Health Organization to highlight that the Measles vaccine is safe and effective (with a long, 50 year track record of safety)!

Tagged FB Accounts: Bastrop County Indigent Health Care Department, Bastrop County Public Health Department / Bastrop County OEM, Bastrop County, Texas Department of State Health Services, World Health Organization, Source of any images if you choose to use a different one

Initial Phase Facebook Message 3 of 3: Focus on establishing credibility of the new Public Health Department

Bastrop County Public Health Department is the newest department in the County, established in October 2023. Our mission is to prevent disease and promote good health for everyone in Bastrop County. Since the first positive Measles case was identified on DATE, we have been closely monitoring the situation and sharing information about how you can keep yourself and your loved ones safe. Today we're sharing more about who we are, and what our work looks like behind the scenes.

- Our Bastrop County Health Authority is Dr. Pompeyo Chavez, M.D. He has been working with the health care providers in our area to help them prevent and prepare to treat Measles cases.
- Our Bastrop County Epidemiologist is Andrew Lam. He works closely with the other epidemiologists in the state to monitor the spread of Measles and identify trends that may impact our County.
- Our Bastrop County Public Health Nurse is Debra Seamans, R.N. She works closely with the Texas Department of State Health Services clinical providers to stay on top of the best practices for how to prevent the spread of Measles and how to communicate effectively about Measles to those who may have never seen the disease in their lifetimes.

These and other members of our team have a combined 68 years of experience working to protect public health, and are working to keep us all safe, healthy and informed. If you have questions for us, please let us know in the comments. We're happy to answer your questions about Measles.

Images: Consider adding photos of each of the members of the Public Health team mentioned in the post, to help humanize the team and show their expertise.

Tagged FB Accounts: Bastrop County Indigent Health Care Department, Bastrop County Public Health Department / Bastrop County OEM, Bastrop County, Texas Department of State Health Services

CERC PHASE 3: MAINTENANCE MESSAGES

General talking points

Maintenance Message Component: Deeper risk explanations

As we continue to monitor Measles cases in our county and surrounding counties, we would like to share more information about the risks posed by Measles. Measles usually starts with a cough, runny nose, and red eyes, and can lead to a rash and fever of over 101. These symptoms can get worse over time, and can cause serious complications especially in young children under the age of five, and in adults over age 20, pregnant people, and people with weakened immune systems such as those with leukemia or HIV.

Common complications can include having trouble breathing, diarrhea, ear infections, and lung infections/pneumonia, and more serious conditions such as brain swelling, a rare but fatal brain disease, and even death resulting from respiratory or neurological complications. One school aged child and one adult have died of Measles in the area around Gaines County, Texas where the outbreak originated.

Maintenance Message Component: Interventions

Non-pharmaceutical

If you are sick and test positive for Measles, it is important to avoid contact with others to help prevent the spread of the virus. You should stay home for four days after the rash appears, and ask your health care provider when it is safe to be around other people again. To keep those you live with safe, cover your mouth when you cough or sneeze, and put used tissues directly into the trash can. Wash your hands often with soap and water, and avoid sharing any utensils, cups, or plates. Regular household disinfectants will kill the Measles virus, so you should regularly disinfect things you touch frequently such as countertops, doorknobs, tables, toys and other objects like your phone.

Pharmaceutical

There is no treatment for Measles, so if you are sick and test positive, your health care provider will encourage you to rest and give your body a chance to fight the virus. You should carefully monitor for signs of complications such as difficulty breathing, diarrhea, ear infections, or confusion. The best pharmaceutical intervention we have to prevent Measles is the MMR vaccine. Two doses are safe and effective and can prevent 97% of Measles infections. If you are not vaccinated and have been exposed to Measles within the last six days, your health care provider can evaluate the use of immune globulin as a post exposure therapy to provide some short-term protection.

Maintenance Message Component: Commitment

It has been some time since we had a new case of the Measles, and this is cause for great hope. However, it is important to remember that Measles has a fairly long incubation period of up to 14 days, and the outbreak around us continues to grow. This means that we are not yet out of the woods. It is important that we all continue to be aware of the symptoms of Measles, get our children and ourselves vaccinated with two doses of the MMR vaccine, and share information about these safe vaccines with our loved ones.

At the Public Health Department, we continue our work of monitoring cases around the state and working with our local health care providers behind the scenes to prevent more cases. While we are very encouraged that we have had several weeks without a new case, we are still here and still very much committed to our pledge of keeping you informed.

While most of our community has been vaccinated, we are still below the 95% vaccination rate that is needed to prevent Measles outbreaks from occurring. We know the spirit of community and togetherness are strong here in Bastrop County, and we encourage everyone to get vaccinated to help protect all in our community.

Maintenance Message Component: Address rumors or misinformation

There has been some misinformation and confusion about the use of Vitamin A to prevent or treat Measles. Vitamin A cannot prevent or treat Measles. The only thing that can prevent Measles is the MMR vaccine. There is no treatment for Measles, including Vitamin A. Vitamin A is a vitamin found in foods such as chicken, red bell peppers, fish, broccoli, and leafy greens. Most people get plenty of Vitamin A from their diet, and only those with extremely low Vitamin A and under treatment from a doctor should supplement. This is because Vitamin A builds up in the body over time, so there is some risk of vitamin toxicity from supplementing with Vitamin A. Ask your doctor if you have questions about Vitamin A.

We also wanted to address the concept of having “measles parties” to intentionally infect children with Measles. We cannot say strongly enough that we do NOT recommend this. Measles is a very contagious and potentially very serious disease that can cause major, lifelong complications and even death, even in otherwise healthy people. Exposing children intentionally puts these children at risk and any of the unvaccinated and people with weakened immune systems in their lives. The only safe way to gain immunity from Measles is through the MMR vaccine.

Maintenance Phase Webpage copy

We will continue the Tuesday and Friday data updates on the web page during this time. Once we enter the maintenance phase, we will add additional copy below the data updates, that include Maintenance Phase messaging components, such as:

If you are sick and test positive for Measles, it is important to avoid contact with others to help prevent the spread of the virus. You should stay home for four days after the rash appears, and ask your health care provider when it is safe to be around other people again. To keep those you live with safe, cover your mouth when you cough or sneeze, and put used tissues directly into the trash can. Wash your hands often with soap and water, and avoid sharing any utensils, cups, or plates. Regular household disinfectants will kill the Measles virus, so you should regularly disinfect things you touch frequently such as countertops, doorknobs, tables, toys and other objects like your phone.

There has been some misinformation and confusion about the use of Vitamin A to prevent or treat Measles. Vitamin A cannot prevent or treat Measles. The only thing that can prevent Measles is the MMR vaccine. There is no treatment for Measles, including Vitamin A. Vitamin A is a vitamin found in foods such as chicken, red bell peppers, fish, broccoli, and leafy greens. Most people get plenty of Vitamin A from their diet, and only those with extremely low Vitamin A and under treatment from a doctor should supplement. This is because Vitamin A builds up in the body over time, so there is some risk of vitamin toxicity from supplementing with Vitamin A. Ask your doctor if you have questions about Vitamin A.



Questions? Here's how to contact your Public Health department:

Email: public.health@co.bastrop.tx.us

Maintenance Phase Social media messages

All Maintenance Phase social media messages will be on Facebook, just as was the case in the Initial Phase. We will utilize the Facebook page of the Bastrop County Office of Emergency Management Department because the County does not have one unified page for all departments, and the Public Health Department Facebook Page will still be very new and have limited reach, so we will post all to both the OEM and the new PHD Facebook pages simultaneously.

Maintenance Phase Facebook Message 1 of 3: Focus on Deeper risk explanations

Measles is still present in our county. Measles is a highly contagious infectious disease and is dangerous because of the higher rates of complications and death that result from Measles infection.

These serious complications and death can happen even to otherwise healthy people, but some people have greater risk. Who in our community is at the greatest risk of experiencing serious complications, hospitalization, and death from Measles infections?

- People with respiratory disease such as asthma, COPD, or lung cancer.
- Children under 5 who are not vaccinated
- Adults over 20 who are not vaccinated
- Remember that people who are pregnant or immunocompromised are not able to get the vaccine, so they are at higher risk and rely on those around them to be vaccinated to protect them.

The best way to prevent these dangerous complications is to not get Measles in the first place. The only way to prevent Measles infection is with two doses of the MMR vaccine.

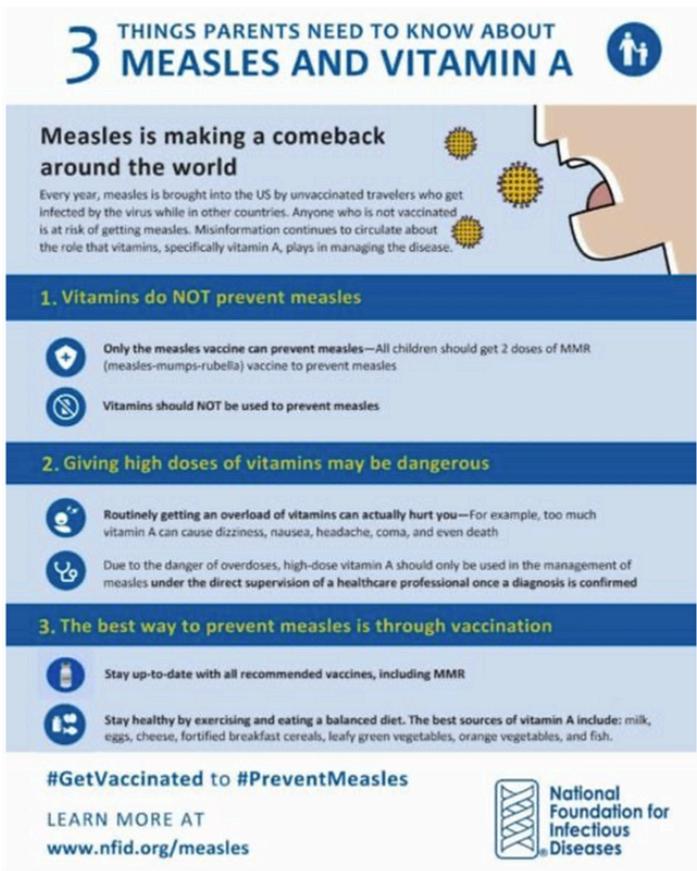
Images: consider an image like this one from the CDC that highlights the seriousness of complications, the higher risk for babies/young children, and conveys the authority/credibility of the CDC.

Tagged FB Accounts: Bastrop County Indigent Health Care Department, Bastrop County Public Health Department / Bastrop County OEM, Bastrop County, Texas Department of State Health Services, CDC, Source of the Image you choose to use if not this one



Maintenance Phase Facebook Message 2 of 3: Focus on addressing rumors and misinformation

There has been some misinformation and confusion about the use of Vitamin A to prevent or treat Measles. Vitamin A cannot prevent or treat Measles. The only thing that can prevent Measles is the MMR vaccine. There is no treatment for Measles, including Vitamin A. Vitamin A is a vitamin found in foods such as chicken, red bell peppers, fish, broccoli, and leafy greens. Most people get plenty of Vitamin A from their diet, and only those with extremely low Vitamin A and under treatment from a doctor should supplement. This is because Vitamin A builds up in the body over time, so there is some risk of vitamin toxicity from supplementing with Vitamin A. Ask your doctor if you have questions about Vitamin A.

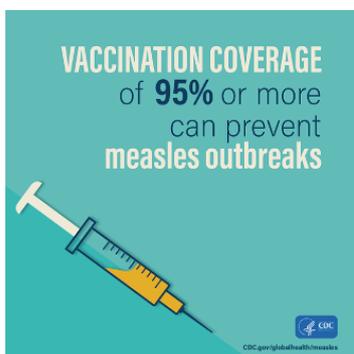


Images: consider an image like this one from the National Foundation for Infectious Diseases that directly addresses the Vitamin A misinformation and conveys credibility/authority of the NFID.

Tagged FB Accounts: Bastrop County Indigent Health Care Department, Bastrop County Public Health Department / Bastrop County OEM, Bastrop County, Texas Department of State Health Services, NFID, Source of the image you choose to use if not this one

Maintenance Phase Facebook Message 3 of 3: Focus on commitment: long term vaccination status needs

While most of our community has been vaccinated, we are still below the 95% vaccination rate among Kindergarteners that is needed to prevent Measles outbreaks from occurring. We know the spirit of community and togetherness are strong here in Bastrop County, and we encourage everyone to get vaccinated to help protect all in our community. This is going to take a long term commitment to keep our community safe. As long as we remain below the 95% threshold, there will always be a risk of Measles infections occurring in our community. You can see our current vaccination rates for our Kindergarten age and Seventh-grade students enrolled in public school at the Texas Department of State Health Services web site here.



Images: consider an image like this one from the CDC that catches the eye for those who won't read a longer post, and conveys credibility/authority of the CDC.

Tagged FB Accounts: Bastrop County Indigent Health Care Department, Bastrop County Public Health Department / Bastrop County OEM, Bastrop County, Texas Department of State Health Services, CDC, Source of the image you choose to use if not this one

Maintenance Messages - Health Communication Campaign

Bastrop Thrives at 95! A campaign to encourage 95% of all people to get vaccinated with two doses of the MMR vaccine



Bastrop Thrives at 95! is a campaign to educate the community that we need a 95% vaccination rate to keep Measles at bay, not just during this active outbreak, but all the time. This campaign was inspired by the fact that when vaccination rates dropped below 95%, Measles was able to break through and create a large outbreak that spread throughout the state of Texas and resulted in illness and death. The **objective of the campaign** is to get unvaccinated adults and parents of unvaccinated children to get the MMR vaccine.

The primary target audience is adults who are unvaccinated or who have children who are unvaccinated, and who are likely to be either vaccine hesitant or who have low knowledge about the vaccine and about Measles risk. Because we will frame this as a community-level health message, the secondary target audience is people who are vaccinated but who know people who fit in the primary target audience profile. The objective for this secondary audience is to encourage them to talk with their unvaccinated friends and family in a supportive but encouraging way to promote the MMR vaccine.

Key message for primary target audience: Measles is spreading in Bastrop County! Our whole community can't stay safe unless everyone who can get vaccinated, gets the MMR vaccine. If you have not yet been vaccinated, talk to your pharmacist or doctor right away! The MMR vaccine is safe, and protects you and everyone around you from Measles. We're in this together!

Key message for secondary target audience: Measles is spreading in Bastrop County! Our whole community can't stay safe unless everyone who can get vaccinated, gets the MMR vaccine. Do you know someone who has not yet been vaccinated? They may need your support or encouragement. Sometimes, hearing your reasons for why you chose to get vaccinated can help! Be a friend and share your MMR vaccination story! Be sure to use #BastropThrivesat95 when posting or sharing on social media!

We will use a hashtag: #BastropThrivesat95 across Instagram and Facebook to track the campaign and mentions throughout the campaign. During this long-term maintenance phase, our Writer/Editor/Social Media Coordinator (Adriana) will be responsible for watching for this hashtag and it's use across social media.

Maintenance Phase Medical Community Talking Points

Medical Community Maintenance Message Components: Deeper risk explanations - Explain what groups in the community are at risk

- We need to achieve at least a 95% vaccination rate across Bastrop County to prevent a Measles outbreak. Encourage all eligible children and adults to get two doses of the MMR vaccine.
 - There are some groups who should not be vaccinated due to excess risk: Pregnant people and people who are immunocompromised such as those with Leukemia or HIV should not be vaccinated
- The greatest risk for severe illness and complications with Measles is among children under 5 and adults over 20 who are not vaccinated, as well as those with underlying health conditions especially those that impact the respiratory system such as asthma, COPD, and lung cancer
- For your staff to stay safe, when treating patients with Measles, a properly fitted KN 95 mask is the best way to prevent infection. You can get fitted at...

Medical Community Maintenance Message Components: Interventions

- Patients who have tested positive for Measles are likely to be contagious for four days after the rash appears and should avoid being near other people.

- For those who live with other people, best practices to prevent infecting others are similar to other infectious diseases and include covering one's mouth when coughing or sneezing, putting used tissues directly into the trash can, washing hands often with soap and water, and avoiding sharing any utensils, cups, or plates. Regular household disinfectants will kill the Measles virus, and can be used to disinfect countertops, doorknobs, tables, toys, phones, etc.
- There is no treatment for Measles. Monitor for signs of complications such as difficulty breathing, diarrhea, ear infections, or confusion.
- Patients who are not vaccinated and have been exposed to Measles within the last six days, may benefit from treatment with immune globulin as a post exposure therapy to provide some short-term protection.

Medical Community Maintenance Message Components: Commitment

- It has been some time since we had a new case of the Measles, and this is cause for great hope. However, Measles has a long incubation period of up to 14 days, and the outbreak around us continues to grow. We are not yet out of the woods.
- At the Public Health Department, we are continuing monitoring case counts around the state and will continue to send you our Tuesday and Friday updates, even when there are no new cases to report.
- We encourage you to reach out to our County Health Authority or our general email address: public.health@co.bastrop.tx.us with any questions or concerns, or to share information about what you are seeing in your practices.
- We are still below the 95% vaccination rate among kindergarten age children that is needed to prevent Measles outbreaks. Continued encouragement and patient education around the safety and efficacy of the MMR vaccine is working and should be continued.

Medical Community Maintenance Message Components: Address rumors or misinformation

- There is misinformation circulating in the community about the use of Vitamin A to prevent or treat Measles. Vitamin A cannot prevent or treat Measles. The only thing that can prevent Measles is the MMR vaccine and there is no treatment for Measles, including Vitamin A.
- There is risk of supplementing Vitamin A unless under treatment/supervision of a doctor due to risk of vitamin toxicity from over-supplementing with Vitamin A.
- There is also misinformation circulating in the community about "measles parties" to gain immunity as an alternative to getting the vaccine. We actively discourage this dangerous behavior due to the risks of serious complications from Measles infection. The only safe way to gain immunity from Measles is the MMR vaccine.

CERC PHASE 4: RESOLUTION/RECOVERY MESSAGES

Recovery Phase General talking points

Recovery Message Components: Signal move toward "new normal"

It has now been over 12 weeks without a new case of Measles here in Bastrop County or in any of the counties bordering Bastrop. We consider this to be the end of the "outbreak" and a return to a "new normal." This Friday's case report will be our last one posted to our web page and emailed to healthcare providers, though we will continue to share information about Measles and other infectious diseases as part of our regular communications.

Recovery Message Components: Explain how the health threat has been mitigated

We were finally able to bring this outbreak to a close because of the increase in vaccinations of school-aged children immediately following the first case of Measles back on DATE. So many of you got yourselves and your children vaccinated after that first case, and after a few weeks we started to feel the impact of that in the form of fewer cases, eventually tapering off. This was a powerful reminder of the importance of vaccines for all infectious disease, but especially those that are most contagious, like Measles.

We want to thank our community for taking proactive steps to get yourselves and your children vaccinated during this outbreak, your actions helped reduce the risk of Measles for yourselves, your families, and our entire community. We also know that the vigilance of our health care providers, especially our school nurses here in the county, helped to get symptomatic children identified and out of school quickly, preventing further spread. They do heroic work every day, and their efforts during this outbreak were commendable.

Recovery Message Components: Highlight public education campaign and highlight what the organization has learned

Even though we are closing the chapter on this current outbreak of Measles, we are aware that we have work to do as a community to ensure that we don't experience another outbreak in the future. Prior to this outbreak, we had not seen a case of Measles in Bastrop County in over a decade. We had maintained a vaccination rate of over 95% for years, which is what gave us that protection for so long. That's why we launched our 95% Campaign a few months ago, to promote the idea that we need 95% of all people to be vaccinated against Measles to keep everyone safe. Because pregnant people and those who are immunocompromised should not get the vaccine, that means almost every other child and adult in our community does need to get two doses of the MMR vaccine in order for us to achieve the 95% vaccination rate needed.

We achieved this goal, but it is critical that we continue to keep our 95% vaccination rate into the future. Even as the memory of this outbreak fades, our commitment to keeping our community at a 95% MMR vaccination rate will be just as important as it is today. We learned during our campaign that our community trusts our doctors and healthcare workers, and that the messages they shared about the safety and efficacy of this vaccine helped people make the decision to get vaccinated. But we also learned that hearing from neighbors, friends, and peers about their reasons for getting vaccinated and getting their children vaccinated also really helped encourage those who had not yet gotten the vaccine to do so.

Recovery Phase Webpage copy (1 message)

Notice: End of Tuesday & Friday Data Updates

It has now been over 12 weeks without a new case of Measles here in Bastrop County or in any of the counties bordering Bastrop. We consider this to be the end of the "outbreak" and a return to a "new normal." This Friday's case report (below) will be our last one posted to this web page and emailed to healthcare providers, though we will continue to share information about Measles and other infectious diseases as part of our regular communications. We thank the entire community for your cooperation and support throughout this outbreak. We wish you and your family the best of health. For more information about Measles, or any other public health topic, please reach out to us at public.health@co.bastrop.tx.us

Recovery Phase Social Media messages

All Recovery Phase social media messages will be on Facebook, just as was the case in the Initial Phase. We will utilize the Facebook page of the Bastrop County Office of Emergency Management Department because the County does not have one unified page for all departments, and the Public Health Department Facebook Page will still be very new and have limited reach, so we will post all to both the OEM and the new PHD Facebook pages simultaneously.

Facebook Recovery Message 1 of 3: Promote community preparedness for future crises

Being prepared for crises is something we know a lot about in Bastrop. Between wildfires and outbreaks, we've seen our share of crises that impact all of us. As we end the active crisis phase of the Measles outbreak, now is a great time remember what it takes to be prepared. Here's things you can do today to make sure we're ready next time disaster strikes:

[Sign up for WARN Central Texas/Everbridge](#) to get text and phone call alerts

- Follow the Bastrop County Public Health Department and the Office of Emergency Management on Facebook
- Check on your and your families' vaccination status for all infectious diseases and get boosters if needed now, before there's another outbreak
- Make a point to know your neighbors – get their cell phone numbers and names so you can be a resource to each other in an emergency
- If you know of someone who might not get this message, reach out to them and share this information
- [Pack and keep a go bag ready](#)

Images: Consider an image like this one, promoting Warn Central Texas/Everbridge

Tagged FB Accounts: Bastrop County Indigent Health Care Department, Bastrop County Public Health Department / Bastrop County OEM, Bastrop County, Texas Department of State Health Services, Ready.gov, Everbridge



Facebook Recovery Message 2 of 3: Motivate continued childhood vaccinations

We have now exited the active outbreak of Measles in Bastrop County. This happened because of the increase in vaccinations of school-aged children immediately following the first case of Measles back on DATE. So many of you got yourselves and your children vaccinated after that first case, and after a few weeks we started to feel the impact of that in the form of fewer cases, eventually tapering off. This was a powerful reminder of the importance of vaccines for all infectious disease, but especially those that are most contagious, like Measles.

Even though we are closing the chapter on this current outbreak of Measles, we have work to do as a community to ensure that we don't experience another outbreak in the future. Prior to this outbreak, we had not seen a case of Measles in Bastrop County in over a decade. We had maintained a vaccination rate of over 95% for years, which is what gave us that protection for so long. That's why we launched our 95% Campaign a few months ago, to promote the idea that we need 95% of all people to be vaccinated against Measles to keep everyone safe.

We achieved this goal, but it is critical that we continue to keep our 95% vaccination rate into the future. Even as the memory of this outbreak fades, our commitment to keeping our community at a 95% MMR vaccination rate will be just as important as it is today. And, the MMR is just one of the important recommended vaccines for children. Let's prevent the next outbreak before it starts, and get all our Bastrop kiddos vaccinated on time!

Images: Consider an image like this one from the Texas Medical Association, showing the timing for Texas required childhood vaccines (confirm that this is still the law, given changes in vaccine rules at the state level).

Tagged FB Accounts: Bastrop County Indigent Health Care Department, Bastrop County Public Health Department / Bastrop County OEM, Bastrop County, Texas Department of State Health Services, Texas Medical Association, CDC

TEXAS SCHOOL VACCINATIONS

School is an easy place for kids to get sick. To keep them healthy, children should receive many important vaccinations before they reach school age. More are needed to start kindergarten, 7th grade, and college. Health officials recommend some shots, but most are required. All are vital for keeping a child healthy — now and for years to come. Check with your doctor to make sure your child's vaccinations are up to date.

Below are the minimum requirements in Texas. For the full vaccination schedule, visit tma.tips/USVaccineSchedule.

	REQUIRED	RECOMMENDED
Kindergarten-6th Grade	<ul style="list-style-type: none"> Diphtheria-tetanus-pertussis (whooping cough) Polio Measles-mumps-rubella Hepatitis A Hepatitis B Varicella (chickenpox) 	<ul style="list-style-type: none"> Flu (yearly, starting at 6 months)
7th-8th Grade	<ul style="list-style-type: none"> Meningococcal Diphtheria-tetanus-pertussis 	<ul style="list-style-type: none"> Human papillomavirus (HPV) Flu
9th Grade-College	<ul style="list-style-type: none"> Meningococcal (for admission to Texas colleges) Ask your doctor if you also need meningitis B shots. 	<ul style="list-style-type: none"> HPV Flu

TEXAS MEDICAL ASSOCIATION
Be Wise — Immunize™
Physicians Caring for Texans

Sources: Centers for Disease Control and Prevention; Texas Department of State Health Services; Immunization Action Coalition

Be Wise — Immunize™ is a joint initiative led by TMA physicians and medical students, and the TMA Alliance. It is funded by the TMA Foundation thanks to major gifts from H-E-B, TMA Health Quality Institute, Pfizer Inc., and contributions from physicians and their families.

Be Wise — Immunize is a service mark of the Texas Medical Association. www.texmed.org/bewise

Facebook Recovery Message 3 of 3: Lessons Learned

We want to thank our community for taking proactive steps to get yourselves and your children vaccinated during the early days of the Measles outbreak. Your actions helped reduce the risk of Measles for yourselves, your families, and our entire community. We learned during our campaign that our community trusts our doctors and healthcare workers, and that the messages they shared about the safety and efficacy of this vaccine helped people make the decision to get vaccinated. But we also learned that hearing from neighbors, friends, and peers about their reasons for getting vaccinated and getting their children vaccinated also really helped encourage those who had not yet gotten the vaccine to do so.

What does this mean? It means we need to talk more with each other about vaccines. We know there is a lot of scary and confusing information about vaccines out there, and it can feel intimidating to bring up a controversial topic. But sharing your story about why you got vaccinated and why you got your kids vaccinated, in a nonjudgemental way, saved lives during this outbreak. We all have the power to share the facts: that vaccines like the MMR vaccine are safe, effective, and essential to keeping our community healthy. After all, we're all in this together.

Images: Consider sharing images like these from the World Health Organization, designed to help people feel more confident talking to others about the importance and safety of vaccines.

Tagged FB Accounts: Bastrop County Indigent Health Care Department, Bastrop County Public Health Department / Bastrop County OEM, Bastrop County, Texas Department of State Health Services, World Health Organization, source of images if you choose to use others



Appendix B: Texas Notifiable Conditions 2025

<https://www.dshs.texas.gov/sites/default/files/IDCU/investigation/Reporting-forms/notifiable-conditions-2025-bw.pdf>

TEXAS
Health and Human Services | Texas Department of State Health Services

Texas Notifiable Conditions - 2025

Report all Confirmed and Suspected cases
24/7 Number for Immediately Reportable – 1-800-705-8868

Unless noted by*, report to your local or regional health department using number above or find contact information at <http://www.dshs.texas.gov/idcu/investigation/conditions/contacts/>

A – L	When to Report	L – Y	When to Report
*Acquired immune deficiency syndrome (AIDS) ¹	Within 1 week	Legionellosis ²	Within 1 week
Amebic meningitis and encephalitis ²	Within 1 week	Leishmaniasis ²	Within 1 week
Anaplasmosis ²	Within 1 week	Listeriosis ^{2,3}	Within 1 week
Anthrax ^{2,3,4}	Call Immediately	Lyme disease ²	Within 1 week
Arboviral infections ^{2,3,5,6}	Within 1 week	Malaria ²	Within 1 week
*Asbestosis ⁷	Within 1 week	Measles (rubeola) ²	Call Immediately
Ascariasis ²	Within 1 week	Melioidosis ^{2,4}	Call Immediately
Babesiosis ^{2,6}	Within 1 week	Meningococcal infection, invasive (Neisseria meningitidis) ^{2,3}	Call Immediately
Botulism (adult and infant) ^{2,3,4,9}	Call Immediately ³	Mumps ²	Within 1 work day
Brucellosis ^{2,3,4}	Within 1 work day	Paragonimiasis ²	Within 1 week
Campylobacteriosis ²	Within 1 week	Pertussis ²	Within 1 work day
*Cancer ⁸	See rules ⁸	*Pesticide poisoning, acute occupational ¹⁰	Within 1 week
Candida auris ^{2,3}	Within 1 work day	Plague (Yersinia pestis) ^{2,3,4}	Call Immediately
Carbapenem-resistant Enterobacteriales (CRE) ^{2,11}	Within 1 work day	Poliovirus infection, acute paralytic ²	Call Immediately
Chagas disease ^{2,6}	Within 1 week	Poliovirus infection, non-paralytic ²	Within 1 work day
*Chancroid ¹	Within 1 week	Prion diseases, such as Creutzfeldt-Jakob disease (CJD) ^{2,12}	Within 1 week
*Chickenpox (varicella) ¹³	Within 1 week	Q fever ²	Within 1 work day
*Chlamydia trachomatis infection ¹	Within 1 week	Rabies, human ²	Call Immediately
*Contaminated sharps injury ¹⁴	Within 1 month	Rubella (including congenital) ²	Within 1 work day
*Controlled substance overdose ¹⁵	Report Immediately	Salmonellosis, including typhoid fever ^{2,3}	Within 1 week
Coronavirus, novel ^{2,16}	Call Immediately	Shiga toxin-producing Escherichia coli ^{2,3}	Within 1 week
Cronobacter spp. in infants, invasive ²	Within 1 week	Shigellosis ²	Within 1 week
Cryptosporidiosis ²	Within 1 week	Smallpox ^{2,4}	Call Immediately
Cyclosporiasis ²	Within 1 week	*Spinal cord injury ¹⁷	Within 10 work days
Cysticercosis ²	Within 1 week	Spotted fever rickettsiosis ²	Within 1 week
Diphtheria ^{2,3}	Call Immediately	Streptococcal disease (S.pneumo), invasive ^{2,3}	Within 1 week
*Drowning/near drowning ¹³	Within 10 work days	*Syphilis – primary and secondary stages ^{1,18}	Within 1 work day
Echinococcosis ²	Within 1 week	*Syphilis – all other stages including congenital syphilis ^{1,18}	Within 1 work day
Ehrlichiosis ²	Within 1 week	Taenia solium and undifferentiated Taenia infection ²	Within 1 week
Fascioliasis ²	Within 1 week	Tetanus ²	Within 1 week
*Gonorrhea ¹	Within 1 week	Tick-borne relapsing fever (TBRF) ²	Within 1 week
Haemophilus influenzae, invasive ^{2,3}	Within 1 week	*Traumatic brain injury ¹⁷	Within 10 work days
Hansen's disease (leprosy) ¹⁹	Within 1 week	Trichinosis ²	Within 1 week
Hantavirus infection ²	Within 1 week	Trichuriasis ²	Within 1 week
Hemolytic uremic syndrome (HUS) ²	Within 1 week	Tuberculosis (Mycobacterium tuberculosis complex) ^{1,20}	Within 1 work day
Hepatitis A ²	Within 1 work day	Tuberculosis infection ²¹	Within 1 week
Hepatitis B, C, and E (acute) ²	Within 1 week	Tularemia ^{2,3,4}	Call Immediately
Hepatitis B infection identified prenatally or at delivery (mother) ²	Within 1 week	Typhus ²	Within 1 week
Hepatitis B, perinatal (HBsAg < 24 months old) (child) ²	Within 1 work day	Vancomycin-intermediate Staph aureus (VISA) ^{2,3}	Call Immediately
Hookworm (ancylostomiasis) ²	Within 1 week	Vancomycin-resistant Staph aureus (VISA) ^{2,3}	Call Immediately
*Human immunodeficiency virus (HIV), acute infection ^{1,22}	Within 1 work day	Vibrio infection, including cholera ^{2,3}	Within 1 work day
*Human immunodeficiency virus (HIV), non-acute infection ^{1,22}	Within 1 week	Viral hemorrhagic fever (including Ebola) ^{2,4}	Call Immediately
Influenza-associated pediatric mortality ²	Within 1 work day	Yellow fever ²	Call Immediately
Influenza, novel ²	Call Immediately	Yersiniosis ²	Within 1 week
*Lead, child blood, any level & adult blood, any level ²³	Call/Fax Immediately		

In addition to specified reportable conditions, any outbreak, exotic disease, or unusual group expression of disease that may be of public health concern should be reported by the most expeditious means available.²⁴ This includes any case of a select agent.⁵ See select agent list at <https://www.selectagents.gov/selectagentsandtoxinslist.html>

*See condition-specific footnotes for reporting contact information

E59-11364 (Rev. 09/18/24) Expires 12/31/25 – Go to <https://www.dshs.texas.gov/notifiable-conditions/investigation-guidance> or call your local or regional health

The “Texas Notifiable Conditions” table is updated annually in January by the Texas Department of State Health Services. The Measles Plan will be updated to include the current version of the “Texas Notifiable Conditions” table.

Appendix D: Initial Provider Disease Report EPI-2

<https://www.dshs.texas.gov/sites/default/files/IDCU/investigation/Reporting-forms/2017-EPI-2.pdf>



TEXAS
Department of
State Health Services

Infectious Disease Report

Form is published at
<http://www.dshs.state.tx.us/idcu/investigation/conditions/>

General Instructions
This form may be used to report suspected cases and cases of notifiable conditions in Texas, listed with their reporting timeframes on the current Texas Notifiable Conditions List available at <http://www.dshs.state.tx.us/idcu/investigation/conditions/>. In addition to specified reportable conditions, any outbreak, exotic disease, or unusual group expression of disease that may be of public health concern should be reported by the most expeditious means available. A health department epidemiologist may contact you to further investigate this Infectious Disease Report.

Suspected cases and cases should be reported to your local or regional health department.

Contact information for your local or regional health department can be found at:
<http://www.dshs.state.tx.us/idcu/investigation/conditions/contacts/>

As needed, cases may be reported to the Department of State Health Services by calling 1-800-252-8239

Disease or Condition		Date: _____ (Check type) <small>(Please fill in onset or closest known date)</small>		<input type="checkbox"/> Onset	<input type="checkbox"/> Specimen collection
Practitioner Name		Practitioner Address: See Facility address below		<input type="checkbox"/> Absence	<input type="checkbox"/> Office visit
Practitioner Phone: See Facility phone below		Practitioner Phone: See Facility phone below			
Diagnostic Criteria (Diagnostic Lab Test Type, Result, and Specimen Source if applicable and/or Clinical Indicators)					
Patient Name (Last)		(First)	(MI)	Phone Number: (____) ____ - ____	
Address (Street)		City	State	Zip Code	County
Date of Birth (mm/dd/yyyy)	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
Notes, comments, additional information such as other lab tests/results, clinical info, pregnancy status, occupation (food handler), school name/grade, travel history					
Name of Reporting Facility			Address		
Name of Person Reporting		Title	Phone Number (____) ____ - ____ extension ____		
Date of Report (mm/dd/yyyy)		E-mail			
Health Department (local, regional, or state) use only					
<input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Suspected <input type="checkbox"/> Dropped <input type="checkbox"/> Duplicate, with new information					

Above Information is CONFIDENTIAL. Please notify sender if received in error and return or destroy. EPI-2 (Rev. 1/17)

Appendix E: Surveillance Control Measure Tracking Form

<https://www.dshs.texas.gov/sites/default/files/IDCU/investigation/forms/ControlMeasureTrackingFormMeasles.pdf>

PHEP Surveillance Control Measure Tracking Form - Measles

Patient Name: _____ Case Status: _____ Date Reported: ___/___/___ Date Reported to Central Office: ___/___/___
 Onset Date: ___/___/___ Day care worker/attendee: Yes No School attendee: Yes No Institutional resident: Yes No Health Care worker: Yes No

Action	Public Health Control Measure Initiated	Date Initiated	Within 1 day of Report?
1. Contact medical provider. Obtain clinical data, lab reports, verify diagnosis, and provide recommendations.	<input type="checkbox"/> Provide medical provider with isolation precautions for suspected cases and recommendation that they determine vaccine history of exposed staff and patients (during and up to 2 hours after infectious case patient was present) and provide appropriate vaccine or IG prophylaxis.	1. ___/___/___	1. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:
2. Assure appropriate diagnostic testing is performed including virus isolation.	<input type="checkbox"/> Collect or arrange for collection of specimens and photos of rash. <input type="checkbox"/> Assure appropriate shipping conditions and properly filled out submission forms. <input type="checkbox"/> Notify lab (via central office) of expected arrival time and tracking number.	2. ___/___/___	2. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:
3. Interview case patient. Complete patient history and identify potential source of exposure, close contacts and activities during period of communicability.	<input type="checkbox"/> Educate case patient on measures to avoid disease transmission, especially isolation. <input type="checkbox"/> Identify potential source or locale of infection. <input type="checkbox"/> Identify potential transmission settings. <input type="checkbox"/> Identify close contacts. Contacts: # Identified _____ # Contacted _____	3. ___/___/___	3. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:
4. Consult with day care, school, or residential facility to initiate preventative measures.	<input type="checkbox"/> Contact school, day care, or residential facility attended by case patient, and have them review vaccination histories and vaccinate, exclude, or quarantine susceptible contacts. <input type="checkbox"/> Initiate letter to parents as needed.	4. ___/___/___	4. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:
5. Contact exposed persons, determine immune status, inform about risk of disease, educate on transmission, advise them to seek immediate medical attention if signs/symptoms develop (but contact medical provider prior to visit to arrange for isolation upon arrival), and request notification of illness. Recommend or administer chemoprophylaxis as indicated. Complete case investigation of symptomatic contacts.	<input type="checkbox"/> Educate contacts on measures to avoid disease transmission. <input type="checkbox"/> Quarantine if necessary. <input type="checkbox"/> Recommend or administer chemoprophylaxis as indicated. Ensure prophylaxis is given to susceptible contacts as soon as possible—either a single dose of measles vaccine within 72 hours of exposure or immune globulin within 6 days. <input type="checkbox"/> A. Refer contact to own physician for prophylaxis, or <input type="checkbox"/> B. Provide measles vaccine and/or IG directly to contacts Prophylaxis: # Recommended _____ # Completed _____	5. ___/___/___	5. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:
6. If case patient used a common conveyance for transportation during communicable period, obtain detailed itinerary information, including seat number.	<input type="checkbox"/> Collect detailed travel history and communicate immediately to central office who will communicate with other jurisdictions regarding exposed persons within Texas and with CDC on any conveyance that was international or multi-state. <input type="checkbox"/> Contact exposed passengers in jurisdiction, inform of exposure, determine immune status of passenger and others sitting with them, recommend and arrange for prophylaxis as needed, educate on symptoms and early detection, instruct them to seek immediate medical attention if signs/symptoms develop (but contact medical provider prior to visit to arrange for isolation upon arrival), and request notification of illness.	6. ___/___/___	6. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:
7. Identify and contact key persons at venues where exposures may have occurred such as sports teams, work place, and parties to acquire rosters and contact information of attendees.	<input type="checkbox"/> Initiate active surveillance and prophylaxis in exposed populations as needed. <input type="checkbox"/> Initiate press release as needed.	7. ___/___/___	7. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:

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