



Measles: High Priority Populations

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Overview

- Background on priority populations
- Strategies/considerations to improve vaccine confidence and uptake

Priority Populations

Four priority populations were identified by CDC for increased risk of transmission and outbreak:

Religious groups:

- Amish/Mennonite: Christian; Anabaptist origins
- Haredi: Sect of Orthodox Judaism

Ethnic groups:

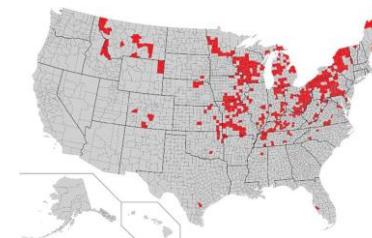
- Somali: originating from Somalia and parts of neighboring countries in Africa
- Ukrainian: originating from Ukraine

Amish and Mennonite “Plain” Community



Background

- Amish and Mennonite are very similar faiths
 - “old order” vs “new order”
 - practice of belief differs
 - variation in customs and appearances
- Old Order Amish groups:
 - Refrain from using technology and involvement with other populations
 - “plain” dress
 - Modes of transportation are bicycles and horse-drawn buggies
 - Religious gatherings rotate among households within their settlement (decentralized)
- Mennonites:
 - Embrace some technologies – can use motorized vehicles; electricity and telephones in their homes.
 - Typically hold worship in traditional church buildings.
 - As of 2020 in LA County: 26 congregations; 2,360 adherents
 - Largest congregations:
 - Mennonite Brethren Churches
 - Mennonite Church, USA



Map of Amish Settlements: Counties in red were home to at least one Amish settlement in 2022. *Source:* Young Center for Anabaptist and Pietist Studies; map by Dale Jones

Largest congregations:

Mennonite Brethren Churches:

Blessing Mission Church

Pasadena Mennonite Church

Mountain View Mennonite Church

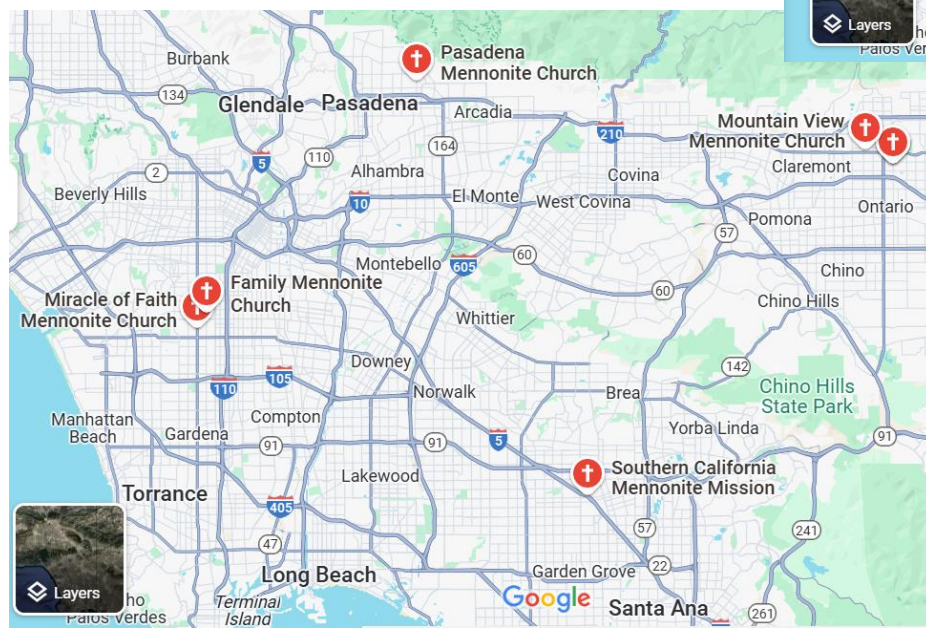
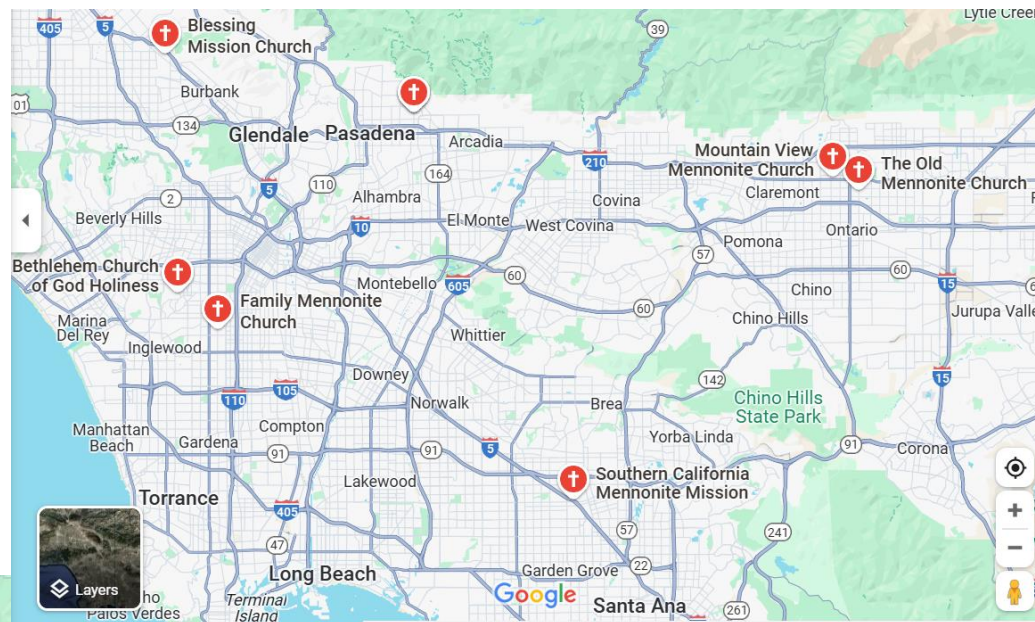
The Old Mennonite Church

Bethlehem Church of God Holiness

Family Mennonite Church

Abundant Hope Christian Center

Southern California Mennonite Mission



Mennonite Church, USA (largest Mennonite denomination in the US)

Miracle of Faith Mennonite Church

Family Mennonite Church

Pasadena Mennonite Church

Mountain View Mennonite Church

The Old Mennonite Church

Southern California Mennonite Mission

Strategies and Considerations

- No religious text or tradition opposing immunizations; however, religion is an inseparable part of culture
 - Yielding to God, to others, to the church, to tradition, to older community members
 - Collectivist culture
- Relationships with people matter more than with institutions
 - Big influence of spouse, parents, and spouse's parents – immunizations received as a child themselves influence what their children receive
 - Medical staff are key voices as well
 - Home remedies, allopathic/osteopathic doctors, chiropractors, herbalists, homeopathic practitioners, midwives (licensed and not), iridologists, reflexology, medical tourism (esp. to Tijuana, Mexico), etc.
- Primary language is German dialect (Pennsylvania Dutch); fluent in English.
 - Printed material in English preferred.
 - 8th grade education (Mennonites typically pursue higher education)
 - Community newsletters (possible but challenging)

Strategies and Considerations

Church blogs/newsletters

Mennonite Church USA encourages health and well-being and the respect of medical and science professions and standards:

- All human life is a gift of God and of immeasurable worth in God's sight.
- God calls us to act in the best interests of our neighbor (Matthew 5-7 and 22:39 – 40; John 15:17; 1 Corinthians 10:24).
- We believe that the invitation of discipleship is to be accepted voluntarily, not imposed legally upon everyone regardless of conviction.
- The faith community should be a place for discernment for difficult medical decisions.

Be aware of local, state, and federal health guidelines.

Exercise careful decision-making and interest in the needs of others.



Mennonite Church USA

ABOUT ▼

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AGENCIES ▼

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Mennonites, Measles and Vaccines

Duncan Smith addresses the measles outbreak and MC USA's position on vaccines and medical exemptions.

Duncan Smith has been director of The Corinthian Plan, MC USA's healthcare plan for pastors and church workers, since 2014. Previously, he served as a conference minister and several pastorates, including transitional interim positions. Smith's pastoral experience spans both urban and rural settings.



By now, you have likely heard [reports of a measles outbreak](#), which has killed at least one person to date and sickened more than 290 others in Texas, New Mexico and Oklahoma. It has been determined that the epicenter of this outbreak is a Mennonite community in Gaines County, Texas.

Who are the Mennonites at the center of the measles outbreak?

Mennonite Church USA is one of more than [40 distinct Anabaptist and Mennonite groups](#) across the United States. The Mennonites in Gaines County are separate from Mennonite Church USA. They are part of a group referred to as [Old Colony Mennonites](#). They originated in Russia, eventually emigrating to the United States in 1977 through Canada and Mexico and settled in Gaines County. They are borne of the 16th Century Radical Reformation like all Anabaptists, but, similar to the Amish, they have maintained their traditional old-world lifestyles and conservative practices. The group in Texas primarily speaks, Plautdietsch, a Low German dialect, dresses plainly and generally sends their children to their own schools. Vaccination rates in this community have been historically low.

What do Mennonites believe about vaccines?

Mennonite Church USA is the largest Mennonite denomination in the U.S. We share many similarities with these other Anabaptist groups in terms of our faith beliefs around baptism, peacemaking, community discernment and the centrality of Jesus. However, the ways in which we live into these principles varies.

<https://www.mennoniteusa.org/menno-snapshots/measles/>

Resources from Pennsylvania Health Department

From Field Staff regarding the intricacies of this population:

1. Trusted information from non-government agencies (CHOP materials)
 2. Critical time to address vaccines is when there is an issue/outbreak, so this is an optimal time to provide information
 3. Typically 8th grade reading level; be sure any information is provided at that level
 4. If they feel any kind of judgement, they will not return. Accept them where they are and don't be pushy, respect individual decisions. If they are only willing to get the MMR, give them that!
 5. Trusted messengers often include Nurse mid-wives, chiropractor's, holistic practitioners, and doctors that service this population but most medical decisions are made by the family.
 6. Its important to meet them where they are at- many have transportation limitations. Our best clinics were held at Amish homes but we have found success with using local churches for clinics as well as fire halls since many Amish men volunteer for our fire squads.
 7. Once you have established a relationship with this community...Don't get out! It is very hard to re-establish relationships once you have left.
- [Vaccine Ingredients: What You Should Know | Vaccine Education Center at Children's Hospital of Philadelphia](#)
 - [Vaccine-education-center-dna-fetal-cells-vaccines.pdf](#)
 - [Position Statements – Christian Medical & Dental Associations® \(CMDA\):](#)
Scroll to the bottom and click Vaccines and Immunizations, then Download this Position Statement. Heritage Family Health (a large part of their medical practice's population is Amish / Mennonite) references this organization and their position statements a lot in their literature.

Haredi



Background

- The Ultra-Orthodox (UO) are a distinct segment of Jewish society that stringently follows Jewish law and rabbinical leaders, opposing modern values.
- Described as “isolationist,” ultra-Orthodox neighborhoods are generally composed of only Haredi Jewish families. Such communities are highly family-oriented with a high birth rate and a near absence of interfaith marriage. They have their own synagogues and schools.
- The largest UO population is in Israel, with sizeable communities in the United States, the United Kingdom and Belgium. These populations are largely inter-connected with a high volume of travel and communication between them, often leading to vaccine-preventable disease (VPD) outbreaks spreading from one community to others.
- The Haredi Jewish population in Los Angeles County is estimated to be around 53,000, approximately 10% of the total Jewish population in LA County (530,000). The Pico-Robertson and Fairfax areas are known as major hubs for Haredi Jews in Los Angeles.

Strategies and considerations

- ❖ Barriers to vaccination among the UO were mainly logistical, with little religious framing.
- ❖ Tailored interventions are required to protect the community and wider society against future VPD outbreaks.
- Access barriers included scheduling difficulties, inconvenient opening hours, and logistical difficulties related to having multiple young children.
- Competing priorities, such as work and housework, were the main affordability barriers.
- Acceptance barriers included safety concerns.
- Awareness barriers:
 - Insufficient knowledge about the importance of vaccine and timely vaccination
 - Perception of being shielded from infections because of seclusion from wider society
- Mainstream religious leadership's support for vaccination was an enabler; recent studies suggest influence on vaccination behavior is decreasing and influence of anti-vaccination messages is growing.



► Front Public Health. 2023 Oct 12;11:1244368. doi: [10.3389/fpubh.2023.1244368](https://doi.org/10.3389/fpubh.2023.1244368) 

Barriers and enablers to vaccination in the ultra-orthodox Jewish population: a systematic review

[Avraham Jacobson](#)^{1,*}, [Sivan Spitzer](#)¹, [Yanay Gorelik](#)¹, [Michael Edelstein](#)¹

► Author information ► Article notes ► Copyright and License information

PMCID: PMC10602685 PMID: [37900036](https://pubmed.ncbi.nlm.nih.gov/37900036/)

Abstract

Background

The Jewish Ultra-Orthodox (UO) population is an under-vaccinated minority been disproportionally affected by outbreaks of vaccine-preventable disease measles and polio. Underlying reasons remain poorly characterized. We aim vaccination barriers and enablers in this population.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC10602685/>

Somali



Background

- Universal language in Somalia is Somali
- Majority of population is Muslim; Arabic second common language
- The focus of Somali culture is on the family; family is more important than the individual in all aspects of life
- Largest Somali population in the US is in Minnesota (~20,000)
- Population in LA County is estimated to be a few hundred
- San Diego County is home to about 10,000 Somali residents: 2nd largest population in the US

Historical Context

- Concerns about autism arose in the Somali community in Minnesota when, in 2008, parents noticed that there was a disproportionate number of Somali preschoolers who were receiving special education services for autism. Around the same time, Andrew Wakefield, discredited medical researcher whose fraudulent paper linked MMR vaccine and autism (Wakefield, 1998) (Rao, 2011), visited Minnesota and anti-vaccine groups targeted the Somali community's new concerns and fears by spreading misinformation about the link between MMR and autism.
- In April 2017, a measles outbreak occurred in Minneapolis, Minnesota.
 - Outbreak ended in August 2017 with 79 confirmed cases, 65 of these cases were children of Somali descent.
 - Result of a slow decline in MMR vaccination in the Somali community due to vaccine hesitancy, fears that the MMR vaccine causes autism, and targeting of the community by anti-vaccine activists.

Strategies and Considerations

- **Don't shy away from the discussion:** Providers are seen as an authority figure. State your recommendations with confidence. Although shared decision making is important, having an unclear stance on vaccines only hurts your message.
- **Don't make the issue a contentious one:** Parents will avoid having conversations that they believe upset the physician. Trust can be eroded if the parents feel that the physician only wants to change their minds, or they become concerned that the physician is being paid to promote vaccines. Focus on what is important to both you and the parent: the health and well-being of the child. Agree to discuss further at the next visit or another time.
- **Address the elephant in the room:** Whether parents in the Somali community freely bring up this topic or not, autism is the elephant in the room when MMR is being discussed. Be ready to discuss this issue. When autism comes up, do not say "we don't know what causes autism"; this leaves vaccines as an easy target. Instead mention what we have learned through research. Reinforce the fact that vaccines have not been linked to autism.
- **Focus on an education campaign not a vaccination campaign:** Although physicians are encouraged to make strong recommendations in support of vaccines, an attack on the parents' point of view can have negative consequences. Parents have voiced concerns that physicians who are not open to conversations about vaccines are running a strict vaccine campaign and wonder if they have ulterior motives. In a community where messages are spread rapidly through oral tradition, a few negative interactions can have a rippling effect.

Ukrainian



Background

- Majority of people from Ukraine speak Ukrainian; second most common language is Russian
- California has the 2nd highest population of Ukrainian immigrants in the country estimated at ~60,000; Los Angeles County: ~17,000 (ACS 2016-2020)
- Uniting for Ukraine (U4U) program was enacted following Russia's invasion of Ukraine in February 2022
 - Temporary entry into US for 2-year period
 - California has taken in one of the largest Ukrainian communities in the U.S. (~20,000)
 - 32% (6,000) in LA County (more than any other county)



- New arrivals to the U.S. must receive or provide proof of required immunizations within 90 days of arrival:
 - Polio, Measles, & COVID-19 vaccinations
 - Tuberculosis (TB) IGRA blood test (Ages 2+)
- Vaccination rates in Ukraine among the lowest in Europe
- Ukraine does not issue national immunization cards. Records vary by location, administration timeframe, and provider. Immunization records can be in different formats, including vaccines recorded in a medical book or in an immunization form from a hospital or clinic.

Strategies and Considerations

- Fear of adverse events connected to vaccine
- General mistrust of government
 - Stemming from historic trauma and injustices
- Myths and misconceptions spread from messengers trusted within the community such as churches and political groups
 - Russian-led social media mis-disinformation campaign before the war
 - Common misconception that vaccines use fetal tissue derived from abortions, so belief that it is “unchristian” to be vaccinated
- Language and cultural barriers
 - Limited English Proficiency
 - Not enough Ukrainian providers or timely interpretation – not wanting to speak Russian
 - Not enough materials in Ukrainian
- Dissatisfaction with, and mistrust of, healthcare providers
- Feeling judged or misunderstood
- Trauma



Resources





- Association of Immunization Managers (AIM) webinar on 4/15:
Responding to Measles Outbreaks in High Priority Populations

Recording and materials:

<https://www.immunizationmanagers.org/resources/responding-to-measles-outbreaks-in-high-priority-populations/>

ph.lacounty.gov/measles

Additional Resources

- [Measles Toolkit](#) (LAC DPH) - includes social media materials, videos, and posters.
- [Measles](#) (CDC)
- [Measles Vaccination](#) (CDC)
- [Measles: It Isn't Just a Little Rash](#) (CDC)
- [Paying for Vaccines](#) (LACDPH)
- [Measles Resources](#) (CDPH)

Posters in multiple languages (CDPH)

- *Visiting Another Country? Think Measles (before + after)*
 - [English](#) | [Spanish](#) | [Russian](#) | [Tagalog](#) | [Ukrainian](#) | [Vietnamese](#) | [Addit](#)
- *Traveled Recently? (fever + travel)*
 - [English](#) | [Spanish](#) | [Russian](#) | [Tagalog](#) | [Ukrainian](#)

Signage and Flyers (LACDPH)

Measles FAQ



[English](#) | [Español](#) | [հայերեն](#) | [简体中文](#) | [繁體中文](#) | [한국어](#) | [Tiếng Việt](#)

For Parents: Addressing Concerns about Measles Vaccination



[English](#) | [Español](#) | [հայերեն](#) | [简体中文](#) | [繁體中文](#) | [فارسی](#) | [한국어](#) | [Русский](#) | [Tagalog](#)

Exposure Notification Flyer



[English](#) | [Español](#) | [հայերեն](#) | [简体中文](#) | [繁體中文](#) | [Tiếng Việt](#)

A Measles Reference for Schools and Child Cares



[English](#) | [Español](#) | [հայերեն](#) | [简体中文](#) | [繁體中文](#) | [فارسی](#) | [한국어](#) | [Русский](#) | [Tagalog](#) | [Tiếng Việt](#)

FAQ: Receiving A Health Officer Order During a Measles Outbreak



[English](#) | [Español](#) | [հայերեն](#) | [简体中文](#) | [繁體中文](#) | [فارسی](#) | [한국어](#) | [Русский](#) | [Tagalog](#)

Measles Toolkit

[View the toolkit here](#)

The Los Angeles County Department of Public Health created this digital toolkit to assist partners in communicating about measles prevention and to inform the residents of Los Angeles County about measles and how it can be prevented.

Vaccine Confidence webpage

<http://ph.lacounty.gov/vaccineconfidence>

The screenshot shows the 'Vaccine Preventable Disease Control Program' webpage. The main heading is 'Addressing False Information & Building Vaccine Confidence'. A sidebar on the left lists navigation options: Introduction, Vaccines Overview, Health Media Literacy, False Information, We want to hear from you, Additional Resources, and Information for Providers. A red arrow points to the 'We want to hear from you' link. The main content area features an 'Introduction' section with a bulleted list of points about false information and a call to action to submit questions or share false information encountered. Below this is a 'Vaccines Overview' section explaining the importance of vaccines and a 'How Vaccines Work' section with a list of points. At the bottom, there are expandable sections for 'American Academy of Pediatrics' and 'CDC'.

ON THIS PAGE

- Introduction
- Vaccines Overview
- Health Media Literacy
- False Information
- We want to hear from you
- Additional Resources
- Information for Providers

Addressing False Information & Building Vaccine Confidence

Introduction Updated 4-11-25

- False information poses a serious threat to public health and well-being.
- False information can lead people to believe things that aren't true, influencing them to make decisions that may put their health or their loved one's health at risk.
- False information can create unnecessary fear and hesitation about **life-saving** vaccines.
- Unverified health claims and rumors spread rapidly, fueling distrust in medical experts and public health institutions.
- Staying informed with accurate information is essential for protecting yourself, your family, and your community from preventable diseases.

This webpage is designed for the public and [healthcare professionals](#) to share information and resources addressing false information and to help build trust and confidence in life saving vaccines.

We want to hear from you! [Click here](#) to submit vaccine questions you have or to share false information you may have encountered. A staff member of the LAC DPH vaccine preventable disease control program will address your feedback.

Vaccines Overview

Vaccines are a **safe and effective** way to protect you and your loved ones from serious, preventable diseases. By following the [recommended vaccination schedule](#), you ensure that you receive protection at the right time, based on your age and health status, before being exposed to harmful infections.

How Vaccines Work

- Vaccines work by mimicking a virus or bacteria and teach the immune system to recognize the infection and fight the germ.
- This teaches the body how to protect itself from a disease *without* experiencing an infection or severe disease.
- To learn more about how vaccines work, view the educational videos from trusted resources below.

American Academy of Pediatrics +

CDC +

We want to hear from you!
Submit questions or share what
types of false information you have
encountered recently.

References

- Amish and Mennonite:
<https://www.thearda.com/us-religion/census/congregational-membership?v=2020&t=0&c=06037>
<https://www.britannica.com/topic/Amish>
<https://plainanabaptistjournal.org/index.php/JPAC/article/view/7803>
<https://www.etown.edu/centers/young-center/>
Nolt, Steven M. "Cultural Humility: Lessons from Amish Country". CDC FOCUS Learning Collaborative. 8 January 2025.
- Haredi:
<https://www.britannica.com/topic/ultra-Orthodox-Judaism>
<https://pmc.ncbi.nlm.nih.gov/articles/PMC10602685/>
<https://ajpp.brandeis.edu/documents/2020/JewishPopulationDataBrief2020.pdf>
<https://www.tabletmag.com/sections/news/articles/los-angeles-as-the-center-of-american-jewish-life>
- Somali:
<https://ethnomed.org/culture/somali/>
<https://ethnomed.org/resource/discussing-measles-and-mmr-vaccine-with-your-somali-patients/>
<https://www.minnpost.com/fact-briefs/2023/07/is-minnesota-home-to-the-largest-number-of-somali-americans-in-the-country/>
<https://www.kpbs.org/news/evening-edition/2020/03/26/san-diegos-somali-community-desperate-help-coronav>
https://data.census.gov/table/ACSDT5Y2021.B04004?g=050XX00US06037_06073&d=ACS+5-Year+Estimates+Detailed+Tables
- Ukrainian:
<https://www.britannica.com/place/Ukraine/People>
<https://eziz.org/assets/docs/COVID19/VaccineHesitancyAmongUkrainianNewArrivals.pdf>
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/IMM-1470.pdf>
<https://www.npr.org/2025/03/28/nx-s1-5318049/as-protections-expire-ukrainians-war-uncertain-future-uniting-for-ukraine>



Thank you!

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