**Measles\_cases\_DHS\_avail\_20250804.mp3**

[00:02:31] **Speaker 1** Recording in progress. Everyone, we will get started in just one moment. We want to make sure that I think that everybody is in and has record capability. So we will get going right now. And we want to thank you for joining you know, on back to school immunizations and keeping Wisconsin's kids healthy. I know you all saw this morning's news release, new DHS data shows school year vaccination rates held steady for 2024, 2025 school year. And the one we published on Saturday, DHS confirms first cases of measles in Wisconsin this year. We have links to both of those in the chat. Dr. Ryan Westergaard, Chief Medical Officer in the DHS Bureau of Communicable Diseases is here to answer your questions. We do only have a half hour with him. So we're going to start with one question. If we can get through everyone and we have time, we'll go around again for follow-ups. But we'll start right now with brief remarks from Dr. Westergard.

[00:03:56] **Speaker 2** Good afternoon. Thank you for joining us today as we talk about the very important topic of childhood immunizations. This topic is especially timely this week for two reasons. The first is that Wisconsin DHS has released school vaccination data for the 2024-25 school year, which provides an opportunity to highlight and discuss the importance of getting our kids all of the recommended vaccines before they go back to school this fall. The second reason we're speaking today is that Wisconsin is reporting that our first cases of measles in 2025 were confirmed over the weekend. There have been nine cases among Wisconsin residents, all of whom live in Oconto County. We're not going to report, and we're not reporting any hospitalizations or deaths among cases. And to respect the privacy of individuals, We're not sharing any additional individual information about the cases. Thanks to childhood vaccines, many illnesses like measles and pertussis that were once very common in childhood are now much less common. However, when vaccination rates decline, then cases of vaccine preventable illnesses can surge. As of last week, the CDC was reporting 1,333 measles cases confirmed across the U.S. In 2025. This is more than 1,000 cases higher than the level was in 2024, which was 285. The Wisconsin school vaccination data show that during the 2024-25 school year, 86.4% of Wisconsin students met the minimum immunization requirements. This tells us that most Wisconsin families are protecting their children with vaccines, but unfortunately, this level is below where we need to be to protect our state against outbreaks of vaccine-preventable diseases. As we head into the new school year as a physician and as a father of kids who attend public schools, I want to encourage all caregivers to reach out to a trusted health care provider with any questions or concerns that you have to concern, to ensure that students are up to date on their vaccines this year. Thanks, and I'll be happy to take your questions now.

[00:06:09] **Speaker 1** That, Dr. West regard. We will questions beginning with Sean Kirkby at Wisconsin Health News. Sean Kirkby.

[00:06:16] **Speaker 3** Hi, thanks for holding this. I was wondering, Dr. Westergaard, is the state taking any additional actions such as acquiring more MMR vaccine or planning search teams in case there is an outbreak of measles in the state? Thank you.

[00:06:31] **Speaker 2** Yes, we've been preparing for case investigations and outbreak response for months. As I mentioned, there's been more measles than there have been in quite a few years across the country. So, while we weren't surprised that we had our first cases this past week, we were prepared and we've then making sure that we have adequate MMR vaccine in stock and have worked in with all of our local and tribal health departments to make sure that we have a solid response that everyone is aware of in so far for this case and things have gone well. These cases, things have going well and we feel confident that we're prepared for any additional cases if they should arise.

[00:07:17] **Speaker 4** Um, yes, Jeremy wall from action two news in Green Bay to the people infected. Did they visit any place?

[00:07:28] **Speaker 1** Calling on reporters in the order RSVP. So we appreciate that, but we're going to go now to Scott that are the associated.

[00:07:34] **Speaker 5** Okay, Scott.

[00:07:35] **Speaker 1** Just one moment.

[00:07:37] **Speaker 5** Yeah, hey, doctor, thanks for doing this. What, what is the message you want to give to parents who have not vaccinated their children for whatever reason? What? What do you think is an effective message to get through to those people that hasn't worked so far? All right.

[00:07:56] **Speaker 2** I think the best way for parents to get information is from a healthcare professional that knows their family and whom they have a trusted relationship. So for many families. Childhood immunizations are a fact of life and they've accepted them when they're recommended. But we know other families have questions and concerns, and my recommendation as a public health physician and as a physician who sees individual patients is bring on your questions. If there are questions you have, if there are information that you've seen online or heard that makes you question the safety or the effectiveness, let's talk about them. We need listen to each other. There are no bad questions. What we want is that people can have the conversations that they need with trusted health care providers, so they can make the right decisions. There's near unanimity. Among people who have seriously reviewed. MMR safety data and other childhood vaccine data that they are on balance, very safe and very effective and continually monitored for safety for an adverse events. So the recommendation is to ask your questions and make the decision that we think is that you think is in the right to protect the health of your children.

[00:09:22] **Speaker 1** Thank you, Dr. Westergaard. Now to Sarah Volpenheim, Milwaukee Journal Sentinel.

[00:09:27] **Speaker 6** Hi, thanks for taking my question were any of the 9 cases vaccinated against measles.

[00:09:35] **Speaker 2** Yeah, thanks for the question. As I said, you know, we in public health have to balance individual privacy for what the public needs to know about our location. And so individual questions about individual's medical history, and that includes whether they were vaccinated, are things we're not releasing because to protect personal protected health information. So we're really only releasing information about the county of residence and the number of cases.

[00:10:04] **Speaker 1** Are you able to say anything about it? We're gonna go now to Baylor Spears, Wisconsin examiner, Baylor. Hey, thanks for taking my question.

[00:10:15] **Speaker 7** The cases and sort of your push for, you know, parents to vaccinate their kids comes as there are some Republican lawmakers who are pushing to increase awareness around Wisconsin's exemptions. I guess, you, know, how well publicized would you say Wisconsin's exemptions currently are? And what do you make of that push as we're seeing cases of measles? Yeah.

[00:10:42] **Speaker 2** Yeah, yeah, thanks for that question. So in the report that we shared about our school vaccination levels for 2024-25, we indicated the number of families that have requested at least one exemption for school vaccines requirements, and it was about 6.7. So this is higher than most states. In fact, we're one of only 13 states that has the personal conviction waiver. Many states do not allow that. It's only for health reasons or for religious reasons. So I also know that in the forums that schools share with families about vaccines, there's a notice about the availability of vaccine waivers for the requirements. So we feel in public health that knowledge of the exemptions of the waivers is commonplace, we don't hide them, but our recommendation is that people get their kids vaccinated because we as a public health entity feel that any risks are far outweighed by the benefit both to individual health and to our community health.

[00:11:58] **Speaker 1** Thank you. Now to Jennifer at Southern Lakes newspapers, Jennifer. Jennifer at Southern Lakes. All right, we'll try to get back to her. We'll go now to CBS 58 in Milwaukee. CBS 58. All right, what about Nina, NBC 26? Nina at NBC 26.

[00:12:31] **Speaker 8** What constitutes an outbreak and is this technically or not an outbreak here in Wisconsin?

[00:12:37] **Speaker 2** Yeah, that's a good question. So there's a. Formal definition, CDC uses for an outbreak which is, I believe, three. I'll double-check that it's not two. But when I looked at this recently, I think it's three cases occurring in a community that represent transmission within a community, not a single exposure to a known case. So this, we are not considering these cases to be an outbreak because the investigation demonstrated a single known source of exposure to the nine individuals out of state. So that's to say that we don't believe there's a high risk of ongoing community spread. The cases had a common exposure to a place out of state but in the U.S. Where they were believed to contract the virus and there has not been evidence that others have been exposed and or that others outside of this linked exposure group have been symptomatic.

[00:13:51] **Speaker 1** Thank you. Now to Anna Marie at Wisconsin Public Radio.

[00:13:55] **Speaker 9** Hi there, thanks for hosting us. I just wanted to ask, not just looking at the past year, but looking back many years, how do this year's school vaccination rates compare? What are the trends?

[00:14:10] **Speaker 2** Yeah, that's a good question. We have an infographic that I believe we shared. There is a link to it in the news release. The one figure shows from 2004 to 2005. The number that are in, that are behind schedule or in process. And for about the past 10 years, there has been an increase in those categories. So it states from the, you have to, the axes aren't labeled precisely. But if you can, if you look at that, if you look that figure that shows the number of that are behind schedule from about 2019, it goes up pretty significantly. And the number behind schedule now where it was 3.8% in 2024-25. So hopefully that set of infographics can answer your question.

[00:15:07] **Speaker 1** Thanks. Thank you, Rhonda Fox, Specter News, Rhondda. What's.

[00:15:13] **Speaker 10** At Oconto County, did these measles cases happen and what date did the patient report measles exposure?

[00:15:22] **Speaker 2** Okay, thanks. Again, we sort of release this information according to a standard that we use for every case and every outbreak that includes identifying where people lived at the county level only and not more granular, not at the locality level because of privacy concerns.

[00:15:42] **Speaker 1** Thank you now to Jason at Fox 6 in Milwaukee.

[00:15:47] **Speaker 11** Thank you for your time when you talk to people that have used the religious exemption, they'll talk about the vaccine and talk about rebella in particular, derived from aborted fetuses. What is the state doing to maybe urge manufacturers to separate the measles vaccine from the other components of that?

[00:16:08] **Speaker 2** To my knowledge, the state has not engaged with any manufacturers on that issue.

[00:16:15] **Speaker 1** For that. Now to Jeremy Wong.

[00:16:19] **Speaker 4** Hi, did the people infected visit any place where they would infect others?

[00:16:25] **Speaker 2** Good question. The answer is that the investigation that's been driven by our colleagues at the local health department has not identified a public source where we need to do public notification. The way this typically works is that if an individual is exposed to someone with a communicable disease, they will be notified individually, and we don't share that information publicly about those interactions. But if there is a public exposure, for example, a person who's in their infectious period goes to a grocery store or is in church, and don't we can't identify all the people who may have been that may have exposed, we will do a public notification of a possible source of exposure. And we are not doing that. We have not identified any such potential exposures from these cases. So thanks for that question.

[00:17:22] **Speaker 1** And thank you for that, Doctor Westergaard now to Emily at Fox 21, Emily at Fox 21.

[00:17:31] **Speaker 10** So I was just curious, going forward, just because the Wisconsin vaccination rate is just a little, is still behind from the national average, what are things that you guys are going to do going forward to kind of maybe increase that? And I know you said as much as you can, like people need to go to their local health care provider, but is there anything outside of that?

[00:17:58] **Speaker 2** Yes, another important resource to know that has been in place for many years, but we want to keep strengthening and drawing attention to it, is that for people that don't have easy or ready access to a source of primary care. Many of our health departments participate in the Vaccines for Children program and can administer vaccines either at the health department or at satellite locations. Pharmacies are now an increasingly used source of places to get vaccinated as well. Between these sources, our strategy for increasing vaccinations is that there's no wrong door. We want the recommendations to be understood in a widespread way and we want to have multiple points where parents can interact with a vaccinator, whether it be their primary care clinic where they go to see their general pediatrician or one of these public health locations such as a health department or a pharmacy. So there should be multiple options if it's not easy to get into a primary care physician or primary care pediatrics practice.

[00:19:20] **Speaker 1** Thank you. Now to Blake at WISN.

[00:19:28] **Speaker 12** Dr. Westergaard, thanks so much for taking some time out to answer some questions. Mine is kind of a two-parter just based on symptoms alone. We know it takes about 10 to 21 days for symptoms to show after coming in contact with someone with measles. Is there a concern that more people could be infected and their symptoms just haven't started to be shown yet? And then also you say the risk is low right now. Where do you base that information on to say the risks are low?

[00:19:55] **Speaker 2** Yeah, yeah, both both good questions. So. The local investigation, as I mentioned, did not identify specific individuals or groups of individuals that we think have been exposed to individuals. If those occur, those outreach events happen privately between a local health official and the family or the person who's in contact with them. So you're right. When we have any case, there is a period of time where we can't say 100% certainty that additional cases will not present. So that's why we always remain vigilant for the full two incubation periods after cases. So even after the cases are resolved, after the symptoms go away, and after people are no longer considered infectious with measles or another communicable disease, we maintain vigilance. People who have been potentially exposed are notified, are reminded to monitor for symptoms and report if they develop any symptoms and are given information about how to get tested if necessary. So we don't consider our community or in an outbreak setting, the outbreak to be over until enough time has passed that would anyone be in the incubation period that those symptoms would have happened by now. So I hope that's helpful.

[00:21:26] **Speaker 1** Thank you for that. Dr. West regard Alex Mo with business. Alex, are you on the call?

[00:21:36] **Speaker 13** Yes, thank you for taking my question. I wanted to ask about the typical pattern for the measles spreading in the state. For example, is it likely to see other cases in the surrounding area typically order clusters of cases like this kind of pop up independently. Yeah, thanks. That's it.

[00:21:52] **Speaker 2** A good question. So in recent years in Wisconsin, I think last year there was a single, there was one case last year in the decade before the COVID pandemic, most years had zero cases. So the way these typically go is If an unvaccinated person is exposed to someone with measles, it usually occurs out of the country or out of this state. And when they get sick in Wisconsin, it is the. The role of local public health, state public health and clinicians to do everything that we know how to do to prevent it from spreading. We've been generally pretty successful with that over the past couple of decades. Meaning, if you look at our numbers of cases of measles over the past 20 years that you'll see a lot of zeros, ones, and twos. Meaning most of the time when we have a case, it is imported, it's a returning traveler, or someone who was exposed in a place where measles is is is actively spreading. And, you know, and then through isolation, notification of people who are exposed through vaccination of people in the in the area who have been exposed who have not been vaccinated. There's a number of things we can do to minimize the risk that it spreads further than the single the single new case. We're doing all those things now. We are optimistic that We know how to address these cases. Is it always 100%? No. Sometimes additional transmission can occur, and there's a lot of examples around the United States right now where individual or small clusters of cases have continued to spread onward in the community. So that's why our partners in the local and tribal health departments, that's what they train for. It's why we have protocols. It's why we have systems to distribute vaccines for prevention and for post-exposure prophylaxis, and all those things are being done for these cases to make the risk that additional cases will pop up as low as it possibly can be.

[00:24:09] **Speaker 1** Thank you. Thank you Benita. Matthew Green Bay. Press. Gazette Anita.

[00:24:18] **Speaker 14** Hey, thanks for taking my question. So I was wondering like what the threshold is for school when you talk about school of vaccinations, what the Threshold is for like a dangerous vaccination level and like what percentage of kids need to be vaccinated to prevent sickness from really dramatically spreading.

[00:24:38] **Speaker 2** Good. Okay. Good. Good questions. So there is, you know, transmission can occur anytime that a person who has measles, who is in their infectious period comes in contact with someone who is not protected through vaccination. So, so some transmission can happen. You know, anytime there are people who are unvaccinated. On a population level, there is a rule of thumb that we aim for, whereby if we do have an introduction of a case, that it's very unlikely to cause an outbreak. And that rule of them is 95 percent. It's higher than in measles than it is for many conditions, because measles is so extraordinarily transmissible, one of the most contagious viruses that we know about. So, but the classical teaching in public health circles is that if a, if, if a vaccination coverage is at 95%, it makes the likelihood that any single introduction, a new measles case, it will just be very unlikely to, to be able to, for that spark to essentially, you know, create a fire that will start to spread in the community. So that's, that's why we pay a lot of attention and we want to do a lot, you, know, public education about the fact that we are below 95% and that our school's vaccination rate is below 90% actually. So it's a target that we all want to aim for to try to get our vaccination rate up to that level.

[00:26:09] **Speaker 1** Thank you. Desiree Fisher, WSAW. Desirae. WSAW, are you on the call? All right, we will try to get back to her if there is time. Deborah Fitzgerald, Deborah Peninsula Pulse. Alright, moving on to WDIO, Michael at WDIO. Ed at WFRV. WFRV. Erica Edwards, did you have a question? All right, and Deirdre, do you have a question?

[00:27:13] **Speaker 15** Hi, yes, thanks for hosting this. I was just wondering if you could talk a little bit more about the point of exposure. I understand balancing, you know, personal information with public interest, but I, with all of the outbreaks that are happening across the country right now, I'm wondering if we could share a little more information about where these cases stemmed from.

[00:27:36] **Speaker 2** Oh, sure, about the source of exposure. So, as I said before, we're only disclosing that it was exposure to a common, to a source of exposure in the US in a different state where measles cases where they've been active. And there are there are 40 as of last week on this from the CDC data aggregator, there have been 40 states where measles cases have occurred this this year. So far, not to say that they all currently have active active cases. But again, for privacy reasons, we're not disclosing the specific location of travel.

[00:28:19] **Speaker 1** Thank you for that. And we do have just a few moments left. We've gotten through our list. We do have time for just a couple of follow ups. So I'm going to start at the top. I apologize for not getting to everyone. But Sean, do you have a follow up?

[00:28:34] **Speaker 3** Yeah, can you just sort of talk a little bit about what's being done to control the outbreak in Conno County? I mean, is there any indication that there could be spread beyond the nine cases right now?

[00:28:45] **Speaker 2** Yeah, thank you, Sean. So, as I think I've described already, the core activities in the local public health response is Case investigation and contact tracing. So when we have people who have tested positive or have been close contact in our confirmed cases, we do a detailed history investigating the places that they've been and people that they have been in contact with. If through that investigation people are identified as being potentially exposed, those individuals work with public health to identify their vaccination status, not vaccinated, are they eligible to get vaccinated to become vaccinated. And if there are any public locations where people may have been during their infectious period, we do a public notification. So all of those things have been going on now. The risk that secondary cases occur in that region is not zero, but because of our discussions with local health department, we feel that the risk is low because the cases, through that investigation, we have not identified significant exposure to other people in the community.

[00:30:06] **Speaker 1** Thank you for that. Scott Bauer, do you have a follow up?

[00:30:11] **Speaker 5** No, I'll pass.

[00:30:13] **Speaker 6** Thank you. Sarah Volpenheim. Yeah. Thanks. I'm wondering, Dr. Westergaard, if you could talk about what it tells you that the school immunization rates for diseases other than meningitis seem to have remained steady from the 23-24 school year to this past one.

[00:30:29] **Speaker 2** Yeah, it tells us that we still have work to do the meningitis is the newest one and that is I think there's reasons to that are understandable why the meningococcal vaccine that there are more people who are who are not up to date with with that one because it was recently added. But for the other ones, the fact that the levels have remained more or less stable, tells us that we need to keep doing the strategies of education and encouragement and championing evidence-based practice so that people have the right information about the importance of getting their kids vaccinated and also make sure that we have good access through all the way, the slice locations that we discussed before through primary care visits, local health departments and pharmacies. We will continue to do more of the same to try to get that number up in the years ahead.

[00:31:33] **Speaker 1** And we will have to leave it there. A good note to leave on. Thank you, Dr. Westergaard. Thanks to all of you for participating. If you need any additional information, if you have additional questions, just reach out to DHS Media. Have a good afternoon.

[00:31:48] **Speaker 2** Okay, thanks.