**Scenario**

A local pediatrician contacts the CD line regarding a suspect measles case in an unvaccinated five-year-old child who recently traveled to Germany with his parents and started showing symptoms after returning home. The pediatrician doesn’t know where the labs can be processed. Of note, the parents do not know their own vaccination status and don’t have proof of receiving vaccine in the past.

The pediatrician explains that upon return from the trip, the child went back to school and after a few days, began experiencing a fever and a cough. The parents, assuming it is just a bug caught while traveling and being run down, continued to send their child to school because they had to get back to work. When the mom noticed that the child had a rash on his forehead and red, watery eyes, she made an appointment to see if something more was going on. The family had to wait two days to get an appointment at the pediatrician’s office and in the meantime, a grandparent stayed with the child so mom and dad could continue to work. The clinic exam was notable for conjunctivitis, cough, fever, and few light-colored spots on buccal mucosa.

Three days later, [Health Department Name] receives the report for the child that shows results from the PCR and IgM are positive for measles. The [appropriate job role – CD nurse, clerk, Epi, etc.] contacts the mom and begins an interview. Dad is a nurse at [local hospital name] and has been working with mild symptoms (cough and fatigue) assuming it was allergies and feeling run down from traveling and adjusting to the jetlag. Mom works at a daycare in [city within the county] but is not experiencing any symptoms. Further investigation finds that the family had traveled with extended family members who also live in [county name] (vaccination status unknown). One of the travelers, a seven-year-old niece, also has mild symptoms.

**Intended Audience**

[Change titles as appropriate] Health Officer, Medical Director, PPHS Director, Nursing Supervisor, CD Nurse, Imms. Nurse, Epidemiology, EPC, Health Promotions Coordinator.

**Objectives and Tasks**

1. Ensure participating staff understand the role they might fill during this type of response as well as the role/responsibilities of [agency name] as we fit into the “bigger picture” of the response.
2. Identify if there is a need for [enter name of your public health EOC/command center: ex., PHECC, EOC, etc.] activation. Determine thresholds that would warrant [enter name of your public health EOC/command center: ex., PHECC, EOC, etc.] activation (partial or full) and identify possible triggers for changes in activation (ex., scaling up or down).
3. Understand the process for activating the [enter name of your public health EOC/command center: ex., PHECC, EOC, etc.] and the steps taken for notification, alerting key partners, initial meeting, etc.
4. Identify pre-event incident action planning items (i.e., things we need to accomplish or develop now prior to this type of incident occurring – materials for the [enter name of your public health EOC/command center: ex., PHECC, EOC, etc.] activation process, templates, etc.).
5. Identify potential communication and/or print/digital materials needs.
6. Identify who is at highest risk for this type of incident. What additional needs should we consider for our Access and Functional Needs population?

**Possible Reference Materials**

* [MDHHS A-Z Page](https://bit.ly/3R5Y2x8) – Measles, Pg. 16
* The “Pink Book” – [Measles](https://www.cdc.gov/vaccines/pubs/pinkbook/meas.html)
* The “Purple Book”
* "[Control of Communicable Diseases Manual](https://www.apha.org/Publications/Published-Books/CCDM)"- 21st edition
* [Agency] CD Manual – [Include internal link to your CD plan]