

PAHO



Measles outbreaks in the Americas: How are we addressing the challenge

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CIM/ PAHO

June 4th, 2025

OUTLINE

1. **Measles** regional situation
2. **Response** to measles outbreaks
3. Ongoing **surveillance** of measles and rubella
4. **Key** messages



OUTLINE

1. Measles regional situation

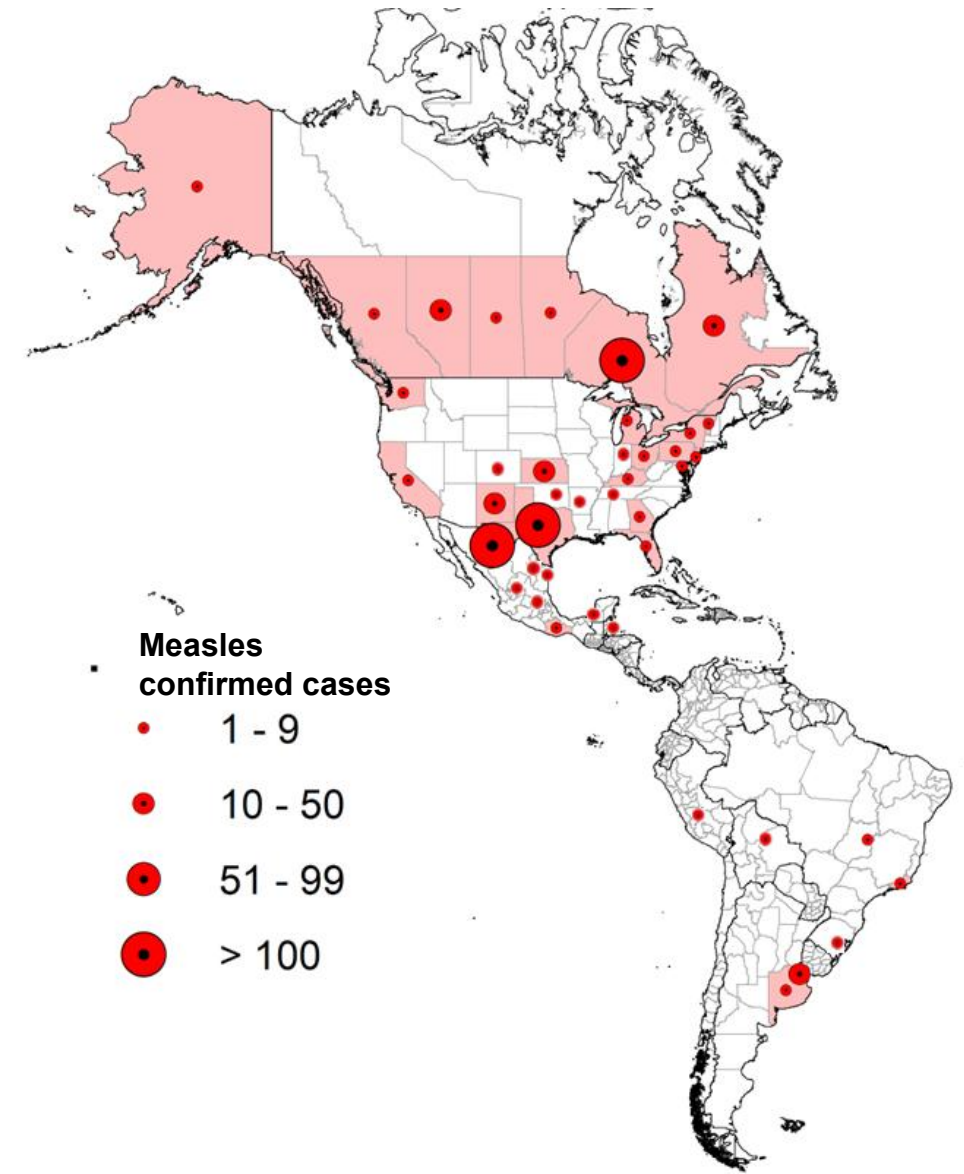
What's happening with **measles** now?



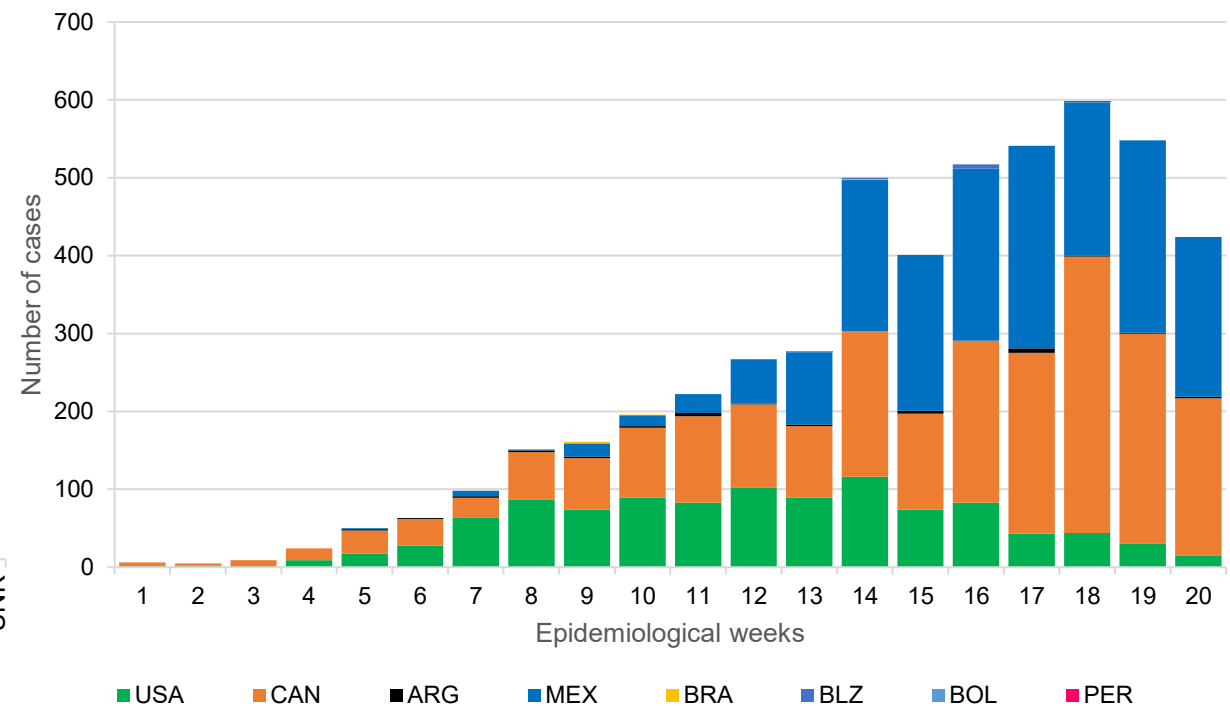
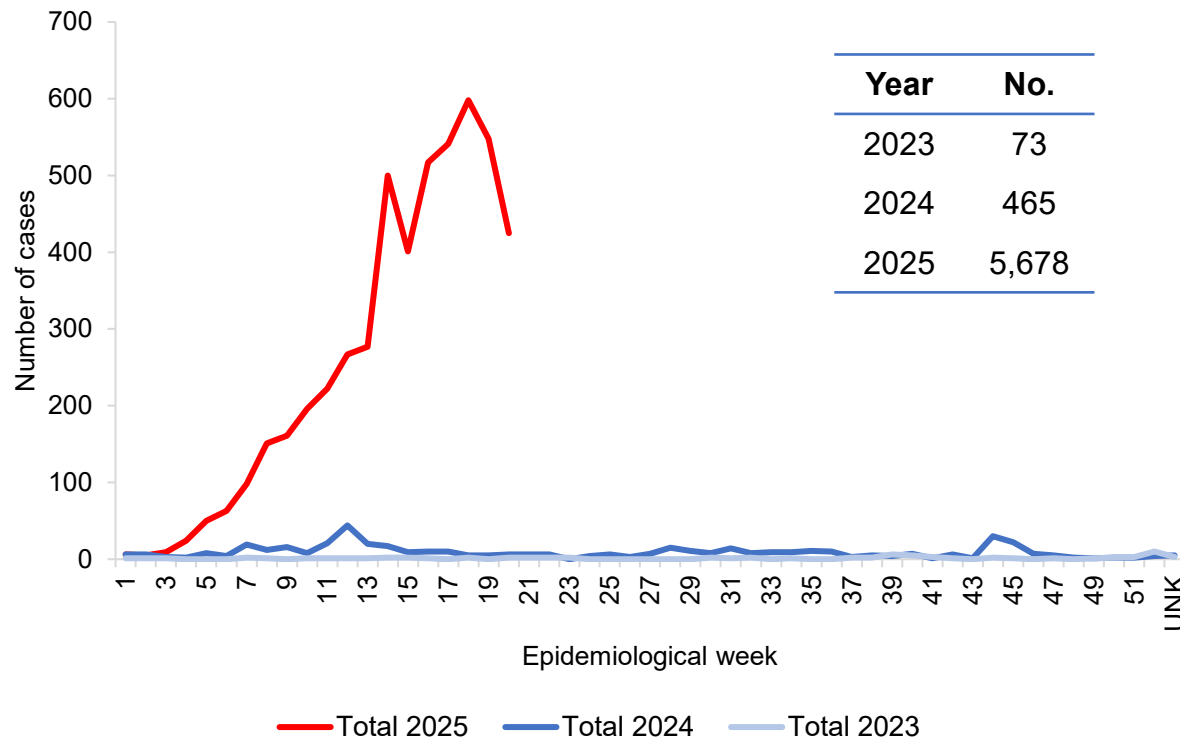
Spatial distribution of confirmed measles cases by country, 2025*

Country	No of cases	Last date of onset**
Argentina	32	17 May 2025
Belize	7	03 Apr 2025
Bolivia	1	24 Mar 2025
Brazil	5	--
Canada	2,755	23 May 2025
Costa Rica	1	13 May 2025
Mexico	1,786	22 May 2025
Peru	3	01 May 2025
United States	1,088	EW 21, 2025
TOTAL	5,678	--

7 deaths: Mexico (4) and the United States (3).



Number of confirmed measles cases by epidemiological week. Region of the Americas, 2023-2025*

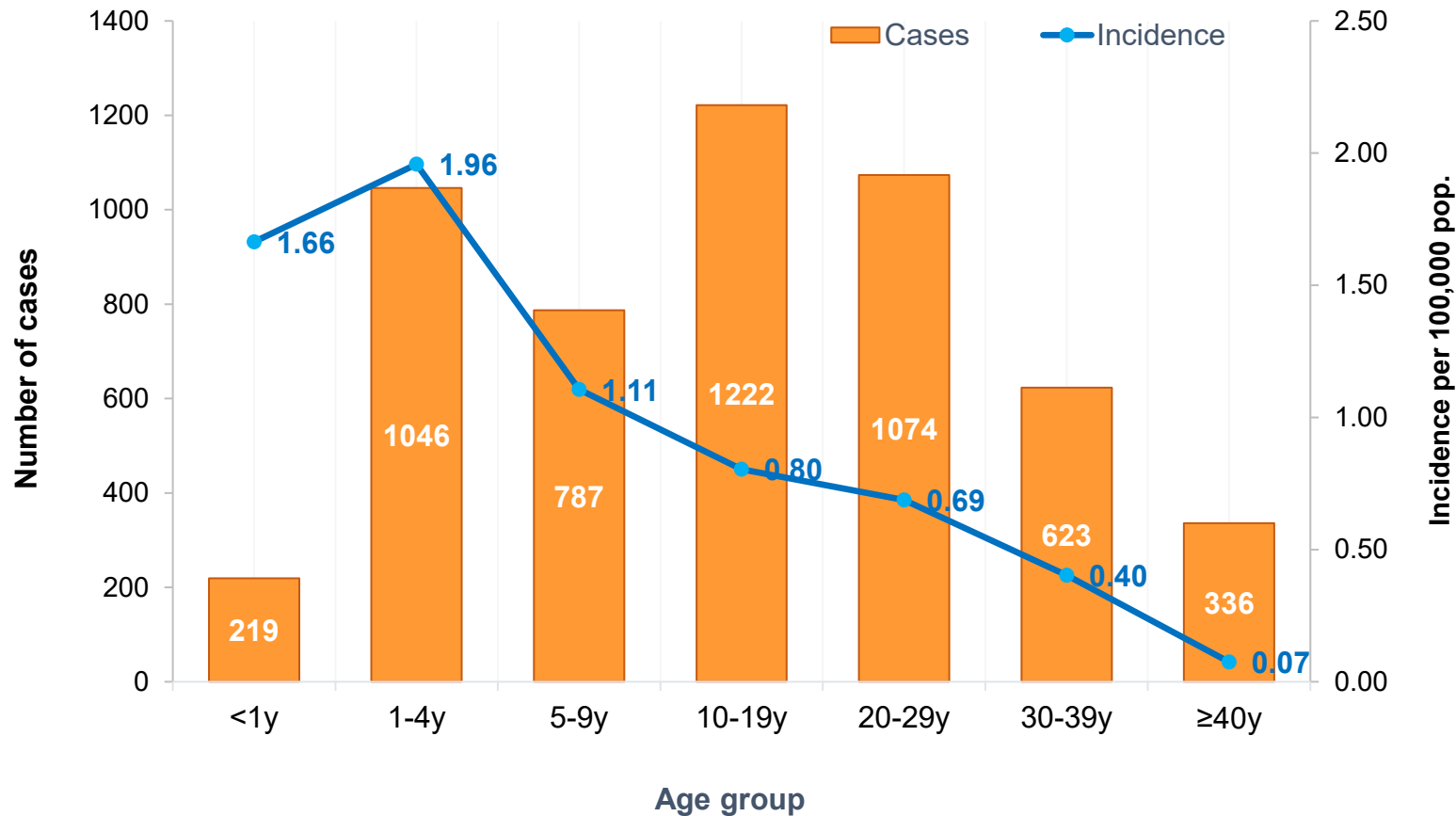


Source: Immunization Data Warehouse and country surveillance reports sent to PAHO

*Data as of epidemiological week 21 of 2025. Canada reported 63 and 141 cases without onset of rash in 2024 and 2025; and 326 aggregate cases in 2025. The epi curve of 2025 goes up to EW 20 to avoid underreporting in the last notified week. **Measles Cases and Outbreaks, CDC website at: <https://www.cdc.gov/measles/cases-outbreaks.html> (data as of 30 May 2025).

Characteristics of measles outbreaks in the Americas, 2025* (N=5,659)

Age-stratified incidence of confirmed cases

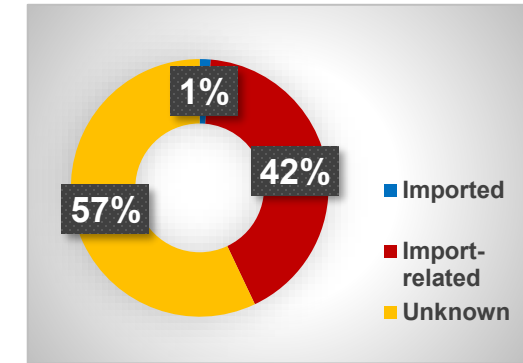


Source: ISIS and country reports and 2025-UN population estimates.

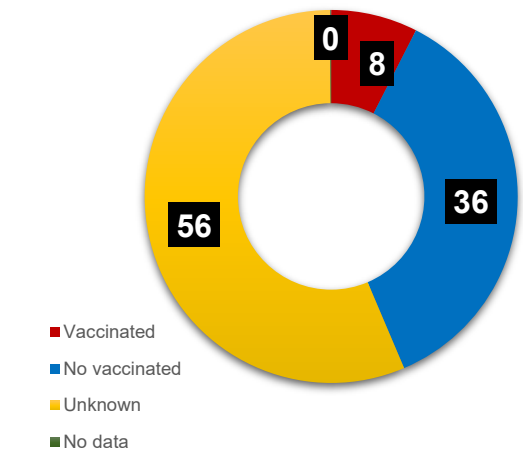
* Data as of epidemiological week 21-2025.

y: year

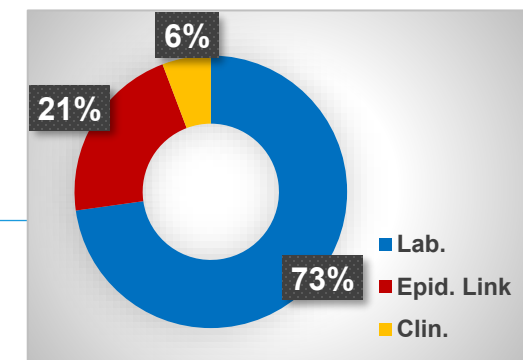
Percentage of cases by source of infection



Percentage of cases by vaccination status

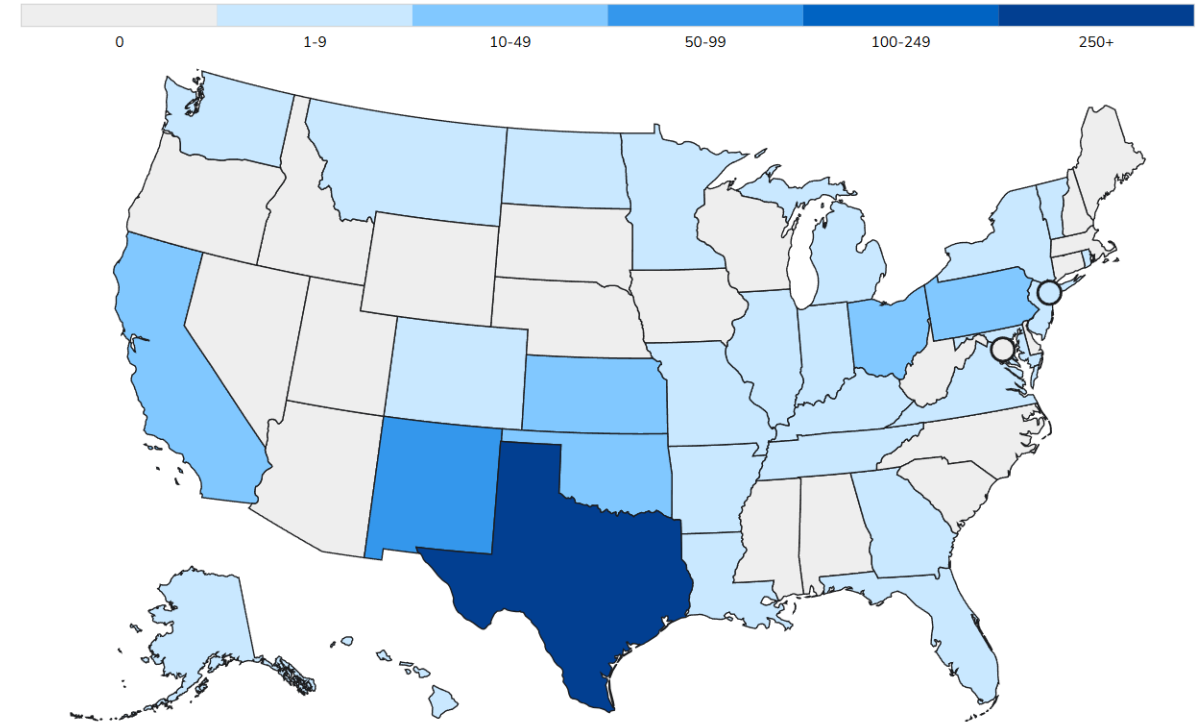
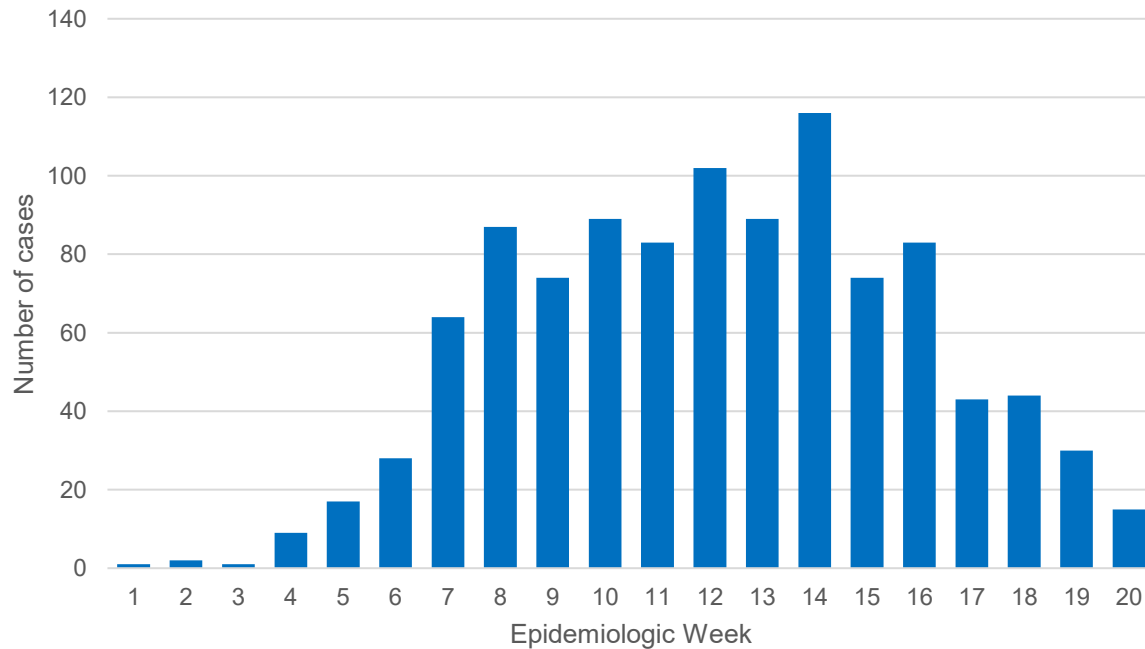


Percentage of cases by final classification



As of May 30, 2025, a total of **1,088 confirmed* measles cases** were reported by 33 (66%) jurisdictions: Alaska, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Missouri, Montana, Nebraska, New Jersey, New Mexico, New York City, New York State, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, Tennessee, Texas, Vermont, Virginia, and Washington.

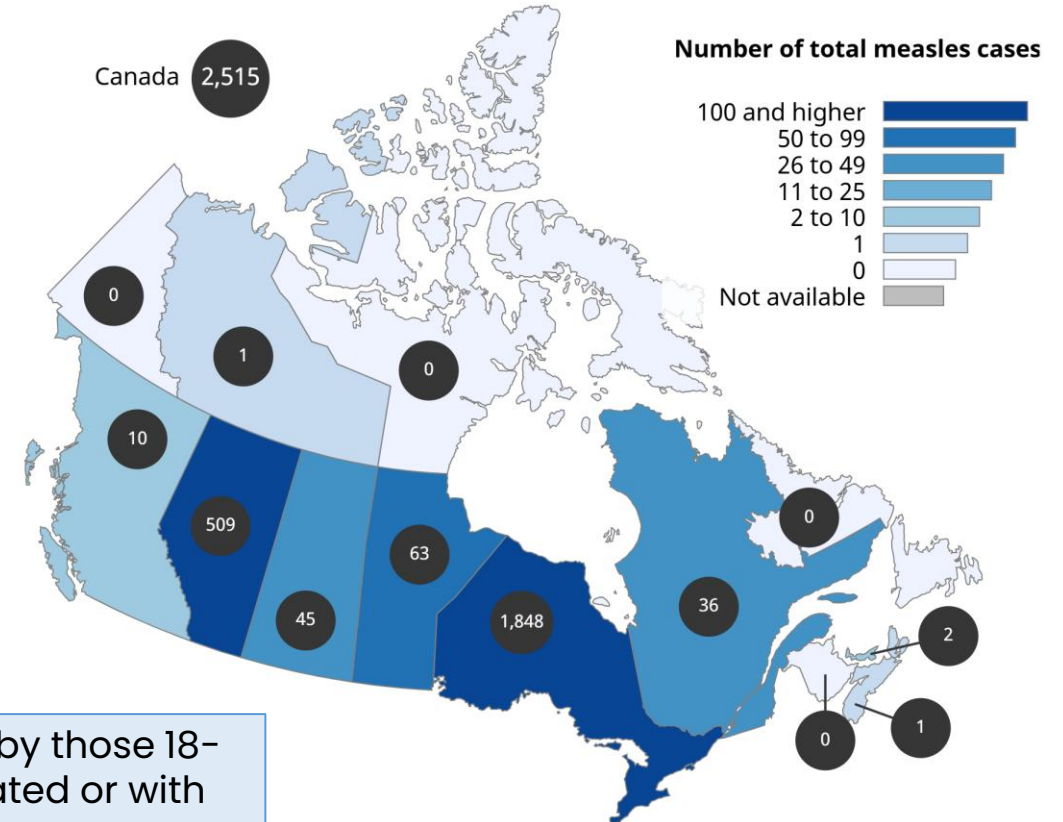
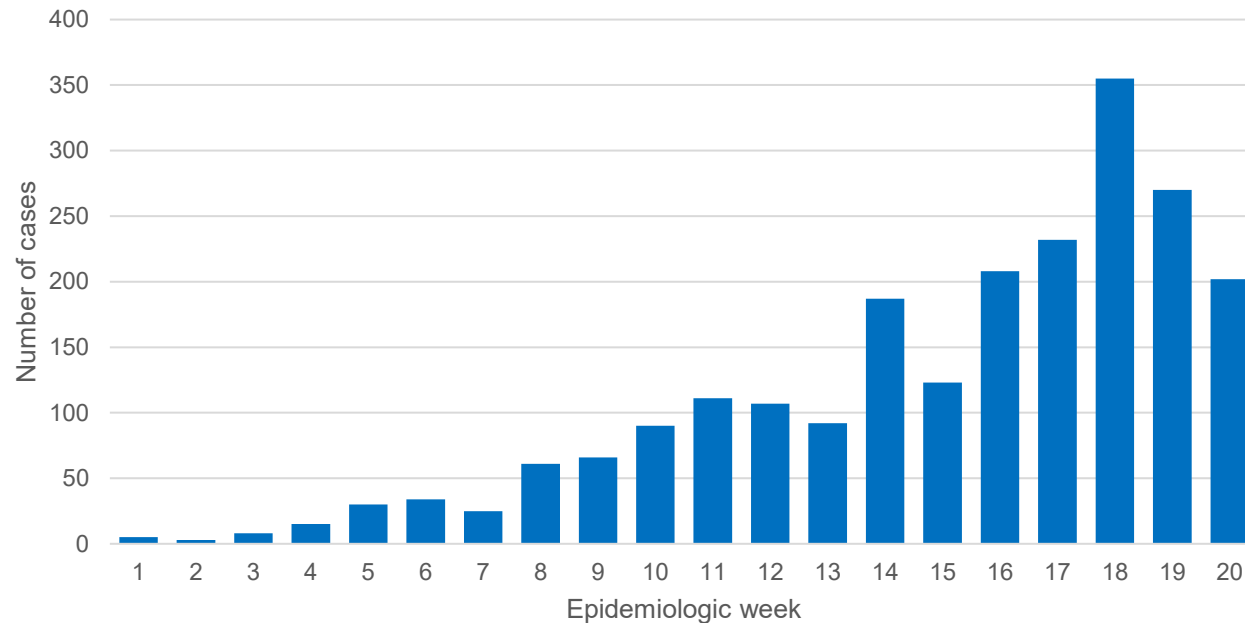
Measles cases, US 2025



37% of the cases are reported in the age group between 5 and 19 years, followed by those ≥ 20 years (32%) and under 5 years of age (30%). 12% of cases have been hospitalized, 22% under 5y, 8% in 5–19y and 8% ≥ 20 years, including 3 deaths. 96% of the cases were unvaccinated or with unknown vaccination status.

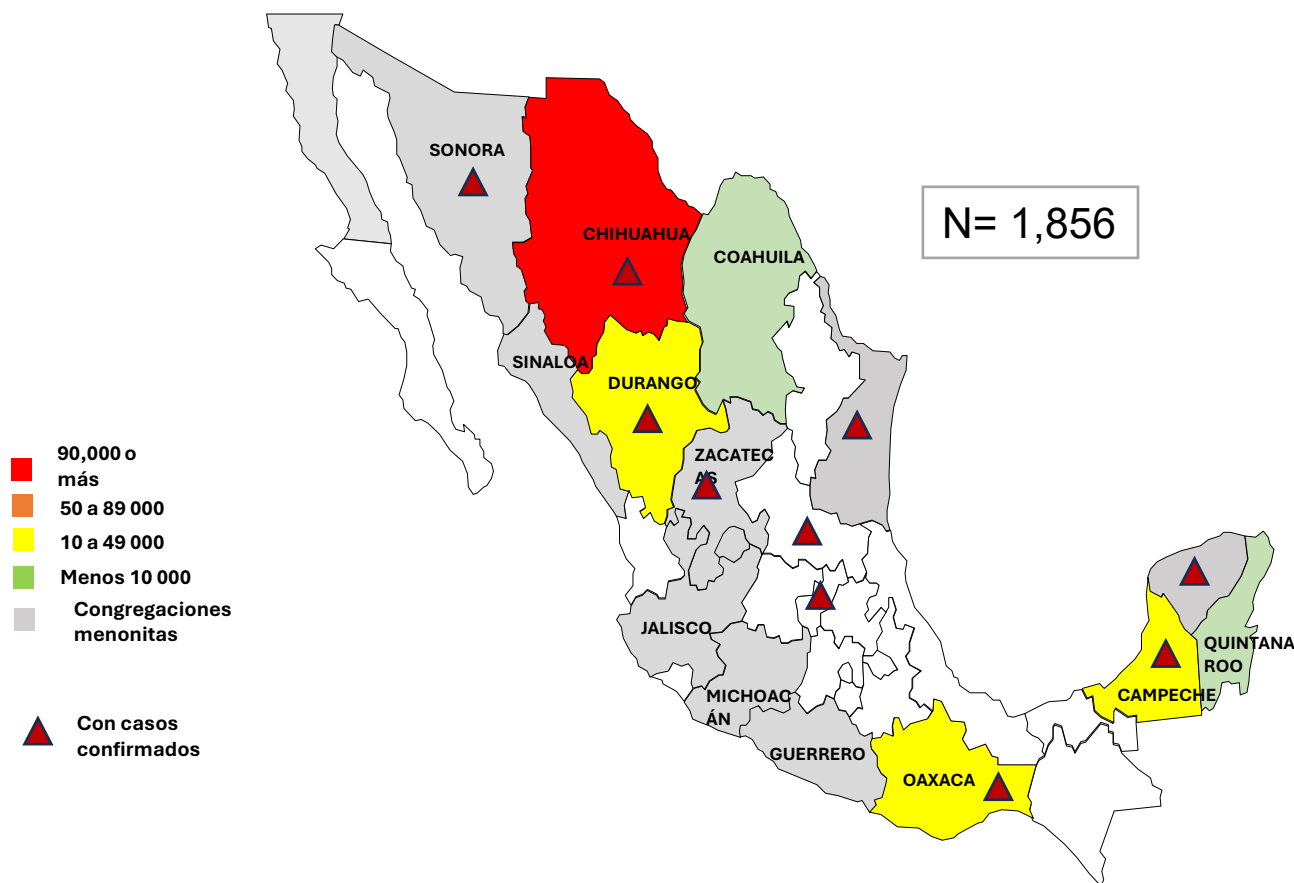
As of May 30, 2025, a total, a total of **2,755 measles cases** were reported by 9 jurisdictions, Alberta, British Columbia, Manitoba, Northwest Territories, Nova Scotia, Ontario, Prince Edward Island, Quebec and Saskatchewan. 71% of the cases are related to the Oct-2024 outbreak in New Brunswick, which began in epidemiological week 42 and spread to Ontario and other 7 Provinces. The onset of exanthema of the last confirmed case was May 23.

Measles cases, Canada 2025



47% of the cases are reported in the age group 5 – 17 years, followed by those 18–54y (26%) and under 5 years (25%). 95% of the cases were unvaccinated or with unknown vaccination status. 7% of cases have been hospitalized.

Distribution of confirmed measles cases by State, Mexico, 2025

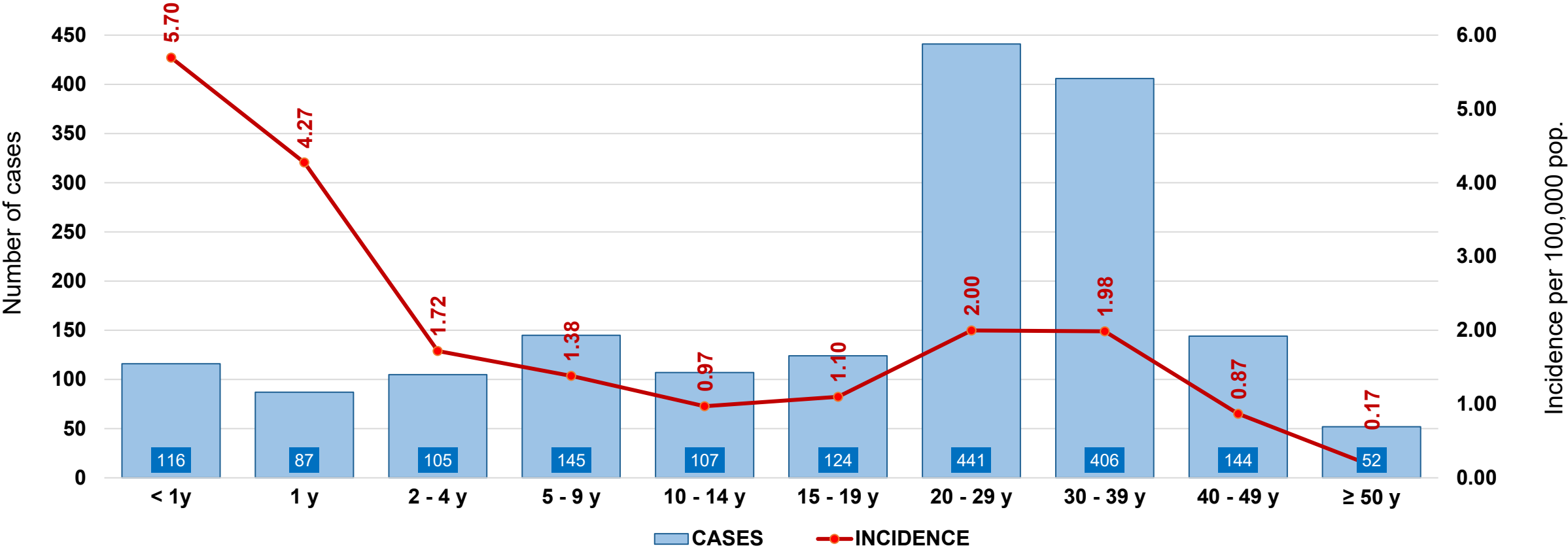


CASOS CONFIRMADOS DÍA 29/05/2025					
Gobierno de México Salud					
EDO NOTIFICANTE	TOTAL	LABORATORIO	DICTAMINACIÓN	TASA DE INCIDENCIA	INGRESOS
CAMPECHE	6	6	0	0.56	0
CHIHUAHUA	1740	1701	39	43.88	23
COAHUILA	10	10	0	0.29	0
DURANGO	8	8	0	0.41	0
GUANAJUATO	2	2	0	0.03	0
GUERRERO	5	5	0	0.13	0
MICHOACAN	3	3	0	0.06	0
OAXACA	4	4	0	0.09	0
QUERETARO	1	1	0	0.04	0
QUINTANA ROO	1	1	0	0.05	0
SAN LUIS POTOSÍ	1	1	0	0.03	0
SINALOA	1	1	0	0.03	0
SONORA	46	46	0	1.42	3
TABASCO	1	1	0	0.04	0
TAMAULIPAS	9	9	0	0.24	0
YUCATAN	1	1	0	0.04	0
ZACATECAS	17	17	0	0.99	0
TOTAL	1856	1817	39	1.39	26

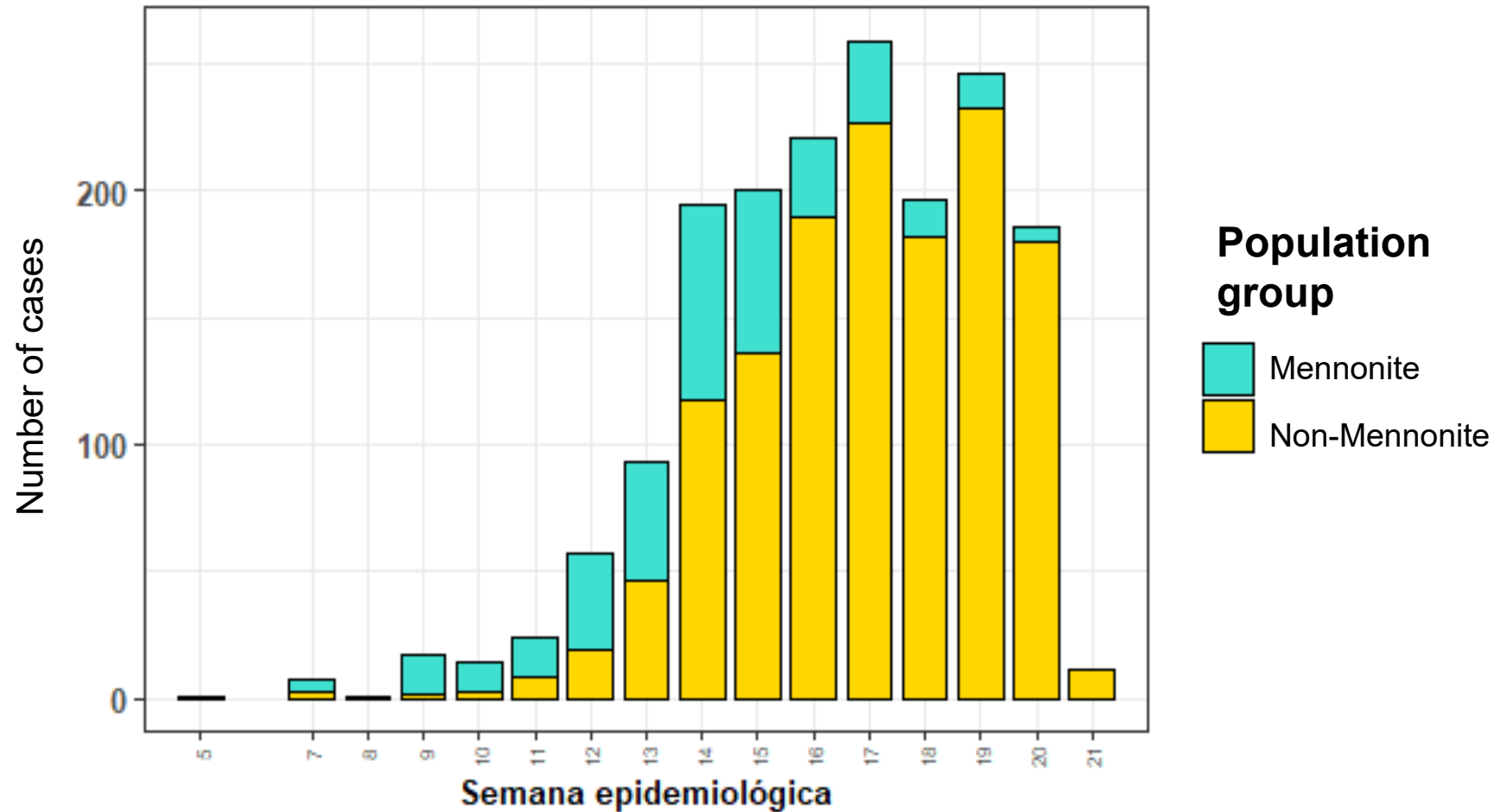
Guanajuato presenta 2 casos confirmados por laboratorio con antecedente vacunal, uno con antecedente de viaje a Texas, en espera de genotipo y linaje por InDRE. Aguascalientes 1 caso confirmado con antecedente vacunal y contacto con personas con mismos síntomas, en espera de genotipo y linaje por InDRE.

Fuente: SSA/SPPS/DGE/DVEET/SINAVE/Sistema Especial de Vigilancia Epidemiológica de Enfermedad Febril Exantemática.

Age-stratified incidence of confirmed cases in Mexico, 2025



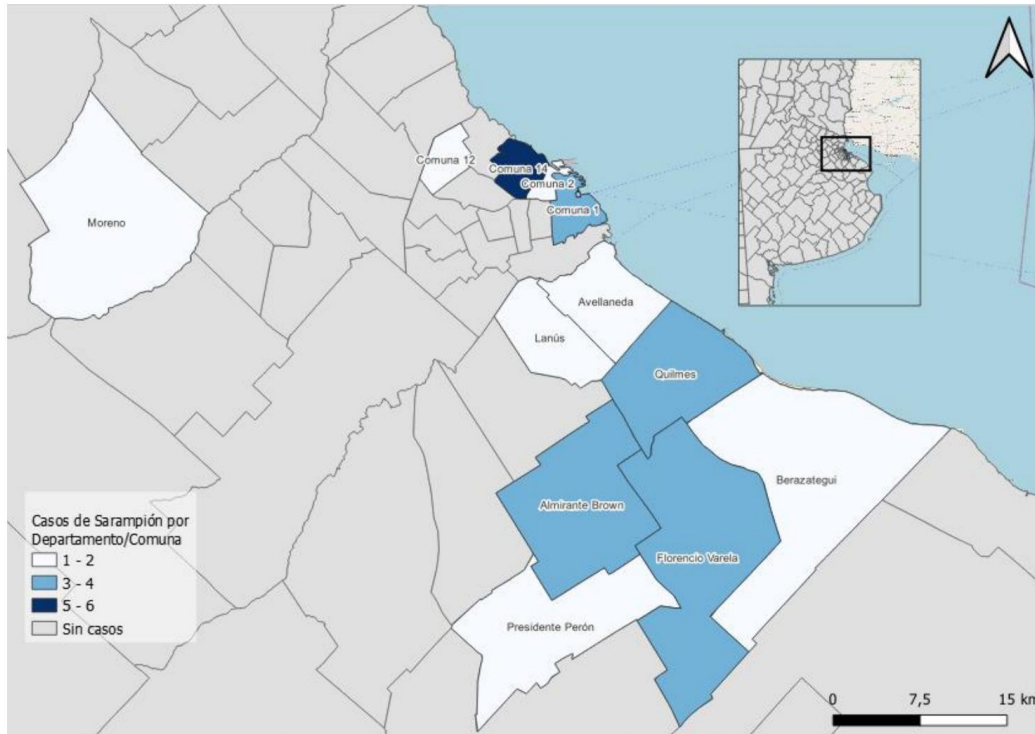
Distribution of confirmed cases by population group, Mexico 2025



79% of cases are reported in non-Mennonite population

Argentina, 2025

Mapa 1. Distribución espacial de los casos confirmados de Sarampión durante el 2025. AMBA. Argentina. N= 30



Fuente: Elaboración propia de la Dirección de Epidemiología en base a información proveniente del Sistema Nacional de Vigilancia de la Salud (SNVS 2.0).

Argentina is facing an active measles outbreak with **32 cases**:

Buenos Aires City

Major urban center with high case count

Buenos Aires Province

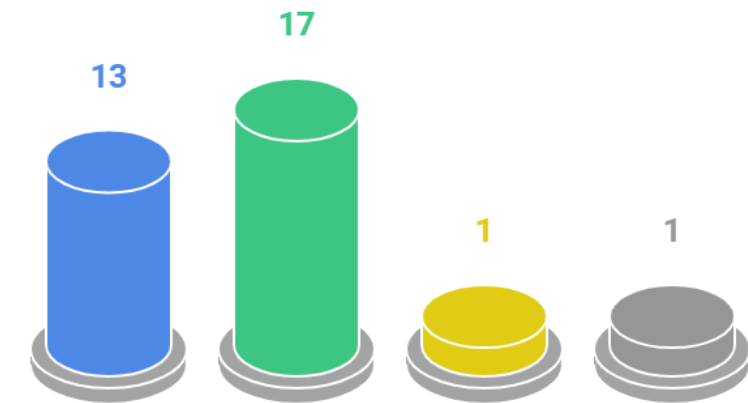
Largest province with most cases

San Luis Province

Isolated case linked to Chihuahua

Under Investigation

Case origin currently unknown

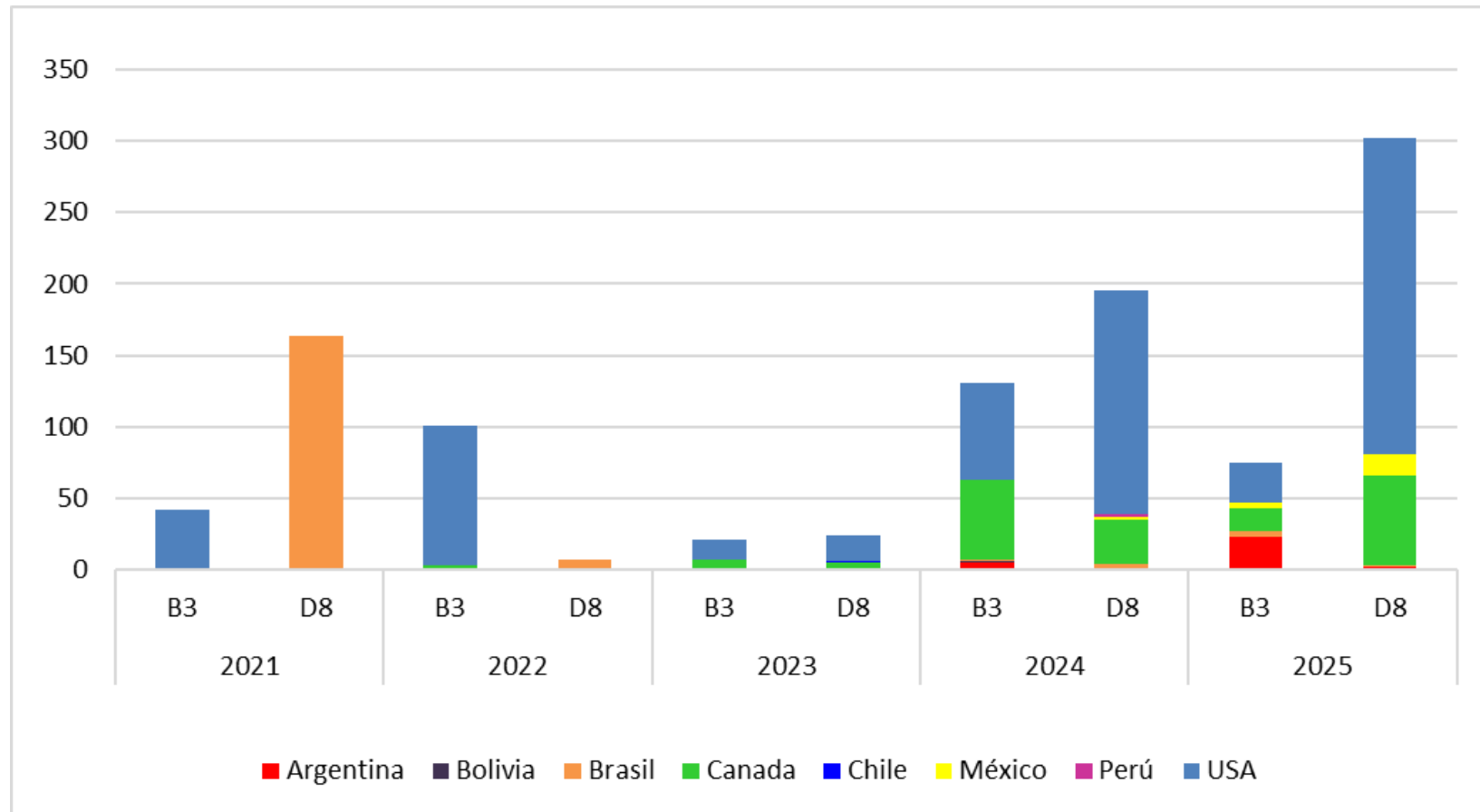


22 cases are linked to a single outbreak originating in Buenos Aires City, where genotype **B3** was identified. One case related to outbreak in Chihuahua.

Data as of epidemiological week 20. | Source: Ministry of Health of Argentina

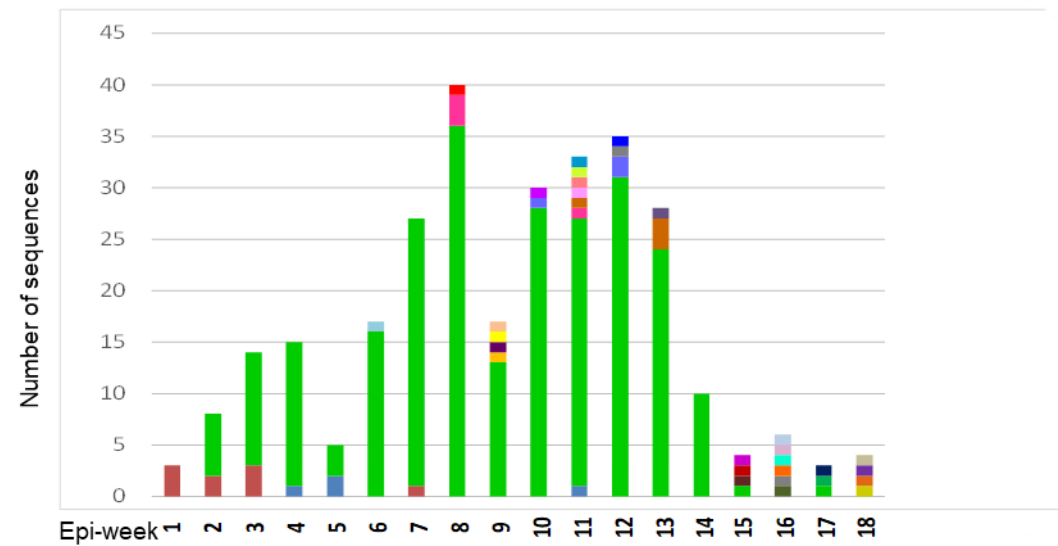
Distribution of measles sequences reported to MeaNS by genotype and year. The Americas, 2021-2025*

**Total: 1061
sequences
reported by 8
countries**



# of sequences*	205	108	45	326	377*
Confirmed cases	730	166	72	464	5143**
% cases with sequences	28%	65%	62.5%	70.3%	7.3%

Distribution of Measles sequences genotype D8 reported by countries of the Region of Americas to MeaNS2 by epi-week, 2025*



DSID: Distinct Sequence Identifier.
When a unique N450 sequence is submitted to MeaNS2, a new and unique number is assigned. That is the DSID.
If a second, **identical sequence** is submitted from anywhere in the world, it **gets the same DSID**.
All exact matches have the same DSID.

Named strain: represent at least **50 identical sequences** reported and must be present in at least three countries.
Just because a sequence matches a named strain, it does **NOT** mean the sequence came from the country associated with the named strain.

		Epi-week																	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
		2025																	
Named strain	DSID																		
MVs/Patan.IND/16.19	5963				1	2						1							
MVs/Bern.CHE/17.24/2	8845	3	2	3				1											
MVs/Ontario.CAN/47.24	9171		6	11	14	3	16	26	36	13	28	26	31	24	10	1		1	
---	9267									1									
---	9274							3				1							
---	9277					1													
---	9304										1		2						
---	9322											1		3					
---	9323												1						
---	9329									1									
---	9330							1											
---	9341											1							
---	9342												1						
---	9344									1									
---	9346									1									
---	9360										1								
---	9373											1							
---	9374											1							
---	9375											1							
---	9377															1			
---	9421																1		
---	9449													1					
---	9450																1		
---	9451															1			
---	9461																		1
---	9467																1		
---	9468															1			
---	9469																1		
---	9474																	1	
---	9475																	1	
---	9485																1		
---	9486																		1
---	9487																		1
---	9515																		1
---	9516																1		

302 measles sequences have been reported by 5 countries

*Source: MeaNS2, N-450 measles sequences by 29th May 2025

OUTLINE

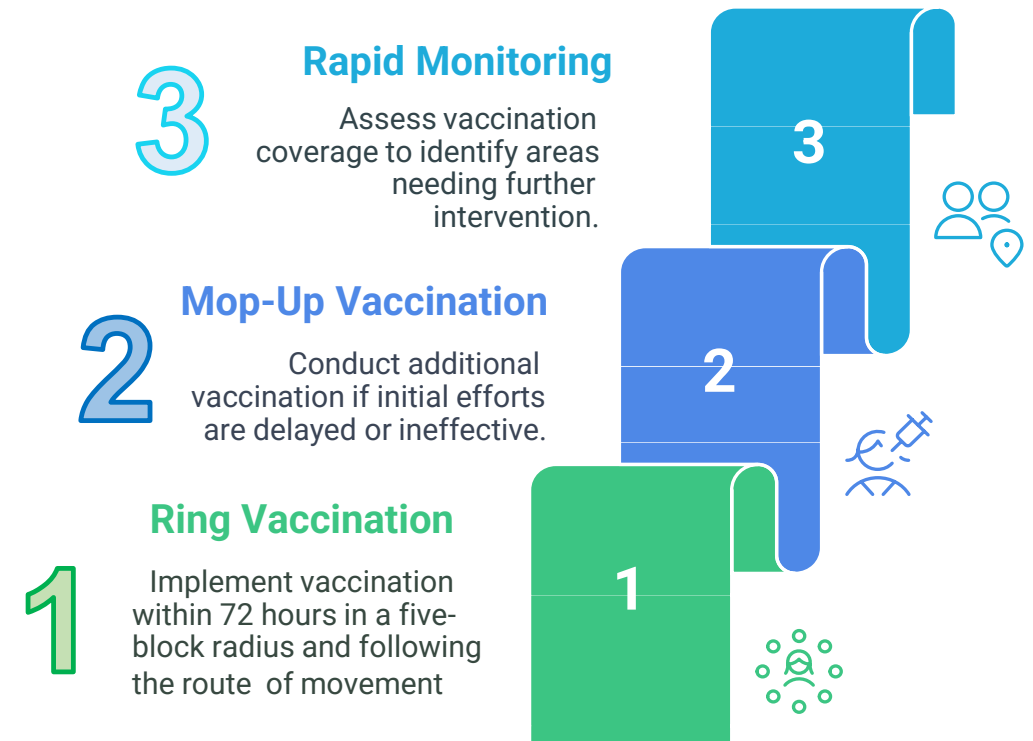
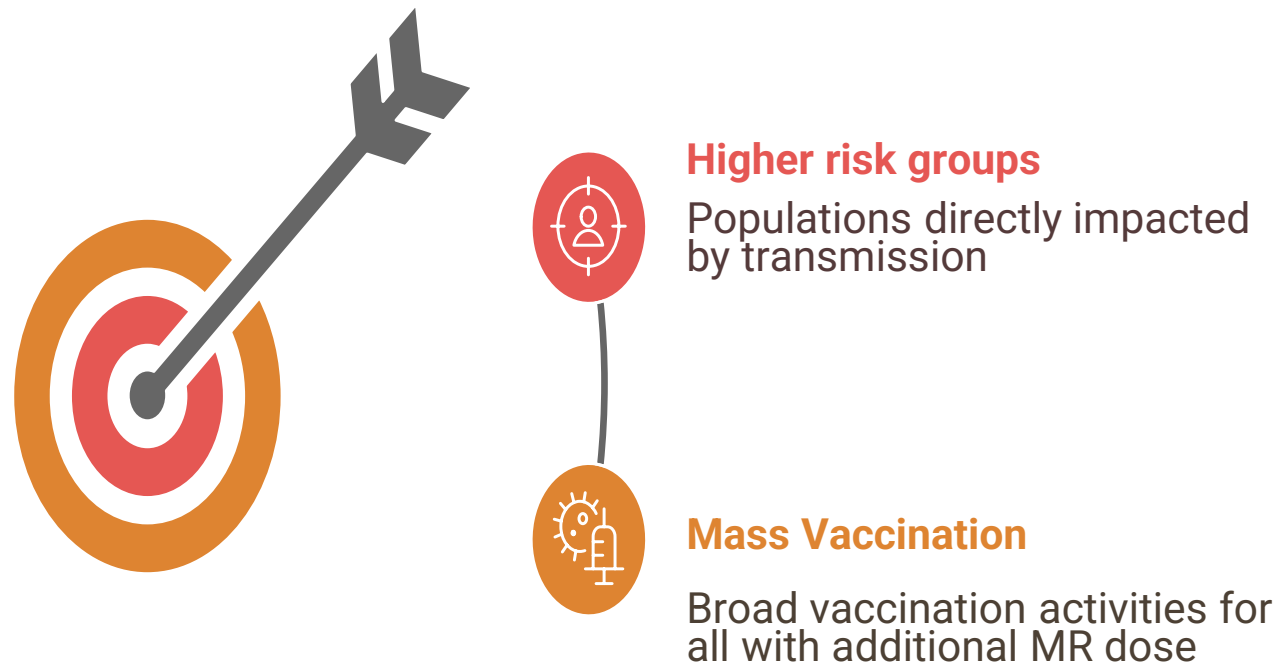
2. Response to measles outbreaks



The vaccination tactics to control Measles outbreaks

Scenario 1: Countries with community transmission and with long chains of transmission.

Scenario 2: Countries with small chains of transmission, limited number of cases in clearly identified geographical areas.



The surveillance response to control Measles

Scenario 1: Countries with active measles outbreaks



Rapid response teams

Activate trained rapid response teams, incorporating all relevant sectors.

Implement a situation room for data analysis and decision-making.

Situation room



Administrative measures

Activate administrative measures that facilitate the targeting of resources.

Use a more specific case definition and document the definition change.

Specific case definition



Epid. link Clinical criteria

Use the classifications of confirmed case by clinical criteria, or epidemiological link

Scenario 2: Countries without measles outbreaks

Classify Cases

Classify suspected cases with positive IgM results using clinical and lab criteria.

4



Collect Samples

Obtain serum, nasopharyngeal swab, and urine samples from suspected cases.

3



Adapt PAHO Guidance

Adopt and adapt PAHO's guidance for effective case finding.

2



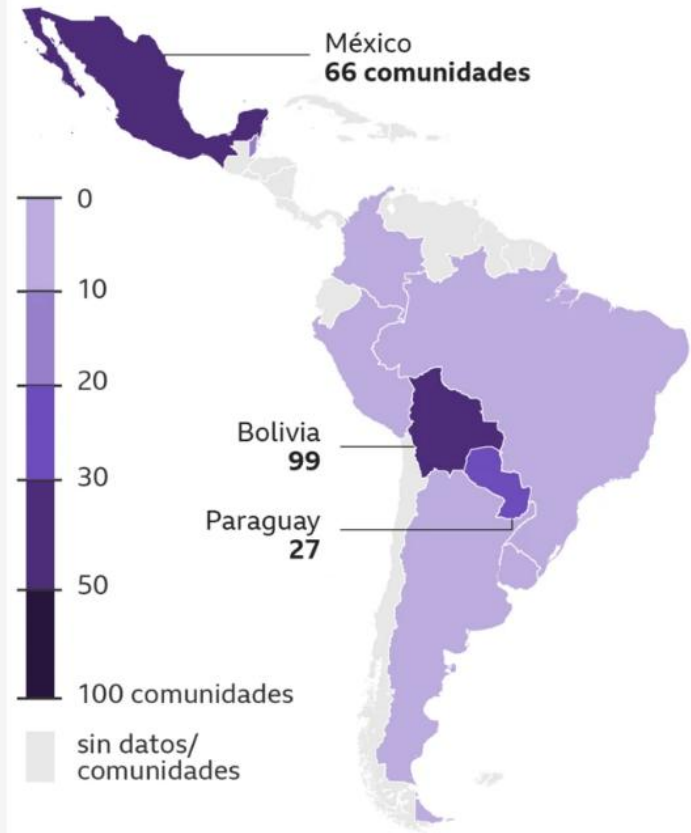
Strengthen Surveillance

Implement active searches in high-risk areas to enhance surveillance.

1



Dónde están las principales comunidades menonitas en América Latina



Fuente: Pioneros piadosos: La expansión de las colonias menonitas en América Latina, Departamento de Geografía, Universidad McGill

BBC

Reaching At-Risk Communities Before Measles Strikes

Tailored Messaging

Tailored messaging for specific target population characteristics.

Monitoring Low Vaccination Coverage

Essential monitoring to prevent measles and rubella outbreaks.

Effective Tools

Effective tools include **micro-planning** and rapid vaccination monitoring.

Engaging Community Leaders

Key engagement to build public trust in vaccination.

Anabaptism@500

Commemoration of 500 years of the Anabaptist movement in Zurich, 29 May 2025 and worldwide throughout the year

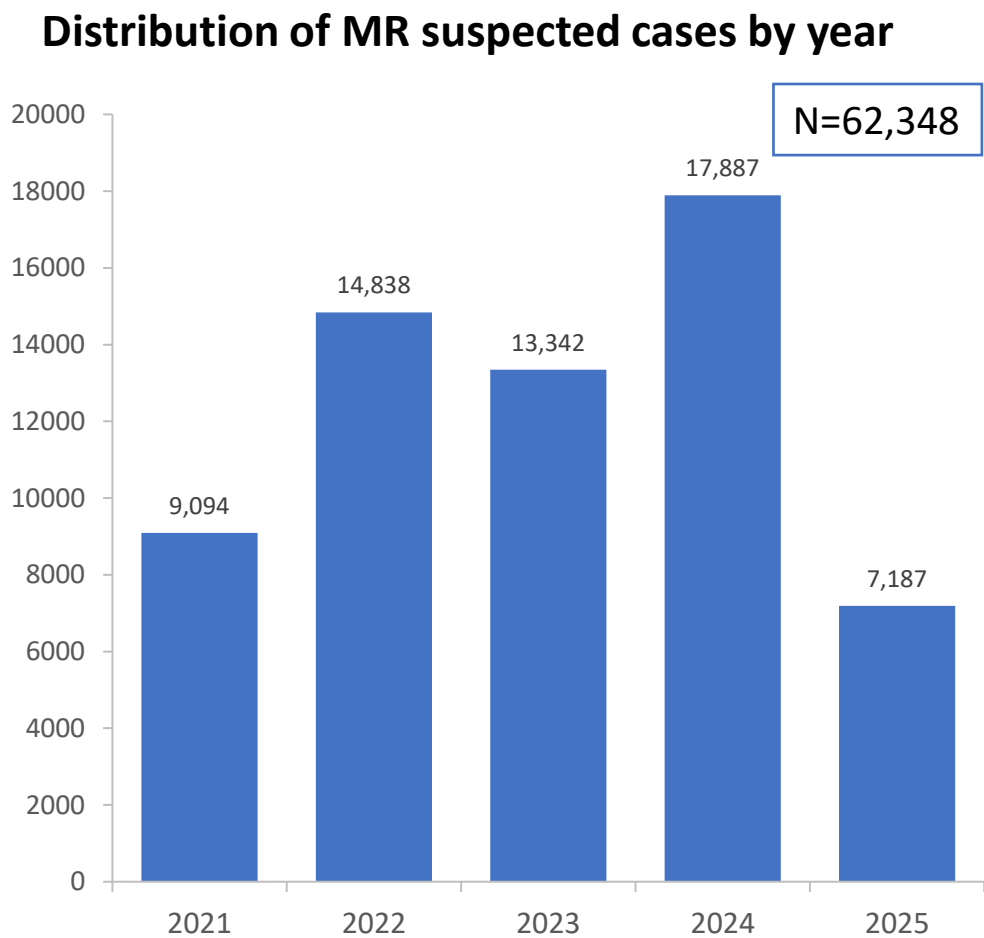
OUTLINE

3. Ongoing **surveillance** of measles and rubella



Regional measles and rubella suspected case notification, 2025*

By EW 20 of 2025, suspected cases were similar to 2024. However, several countries still haven't notified as many suspected cases as expected



Distribution of MR suspected cases by country, 2025

Country	No of cases reported by EW 20	No of cases expected by EW 20	Difference	No of cases expected by EW 52*
Brazil	704	1,665	-961	4,328
Argentina	73	352	-279	915
Chile	32	151	-119	393
Guatemala	50	139	-89	362
Perú	200	264	-64	687
Uruguay	0	26	-26	68
Honduras	60	81	-21	212
Costa Rica	19	40	-21	104
Rep. Dominicana	69	87	-18	227
Colombia	393	401	-8	1,042
Panamá	31	34	-3	89
Haití	89	90	-1	234
Bolivia	101	95	6	248
Nicaragua	64	54	10	141
Ecuador	201	140	61	364
El Salvador	335	49	286	127
Paraguay	378	53	325	137
México	4226	988	3,238	2,569
Venezuela	NR	222	NR	577
Cuba	NR	86	NR	224

Source: Integrated Surveillance Information System (ISIS) and country reports to CIM/PAHO.
*Data as of EW 20,2025

OUTLINE

4. Key messages



Key messages

1. **We are at a critical moment.** The Americas face the real possibility of losing their measles-free status unless we act swiftly and decisively. This would represent an **increased risk of severe disease and disease related complications for the population**. A strong and comprehensive outbreak rapid response strategies across our countries is needed.
2. We know that measles spreads rapidly in close-knit communities with low or no immunity. Communities with vaccine hesitancy are the primary drivers behind the measles outbreaks spreading across the region at this moment.
3. Delays in outbreak response and the slow and heterogeneous recovery of measles and rubella vaccination coverage are increasing the risk of sustained transmission throughout the region.
4. To reverse this trend, we must deepen our engagement with these vaccine hesitant communities. That means working hand-in-hand with trusted local leaders to deliver culturally appropriate education, promote vaccination, and implement essential infection prevention measures—such as isolation.
5. Finally, increasing measles and rubella routine vaccination coverage at both national and local levels is essential, especially in communities where pockets of susceptible individuals remain. This requires ensuring the availability of vaccines, supplies, and the human resources needed to protect our populations and prevent future outbreaks. **The time to act is now.**

PAHO



THANK YOU!

Building Bridges: Culturally-Informed Engagement with Mennonite Communities

Pan-American Health Organization

June 4, 2025

Steven M. Nolt, Ph.D.

Young Center for Anabaptist & Pietist Studies

Elizabethtown College

Outline

- Background and context
 - Similarities, differences, and the perils of generalization
- Broadly-shared cultural values and characteristics that play a role in low immunization rates
 - Collectivist culture/social posture of yielding
 - Individual household discretion in medical decision-making
 - High-context culture
 - Non-Mennonite neighbors as sources of influence
 - Distrust of state intervention in their communities
- Questions, strategies and approaches

Mennonites as a highly diverse population



Mennonites as a highly diverse population

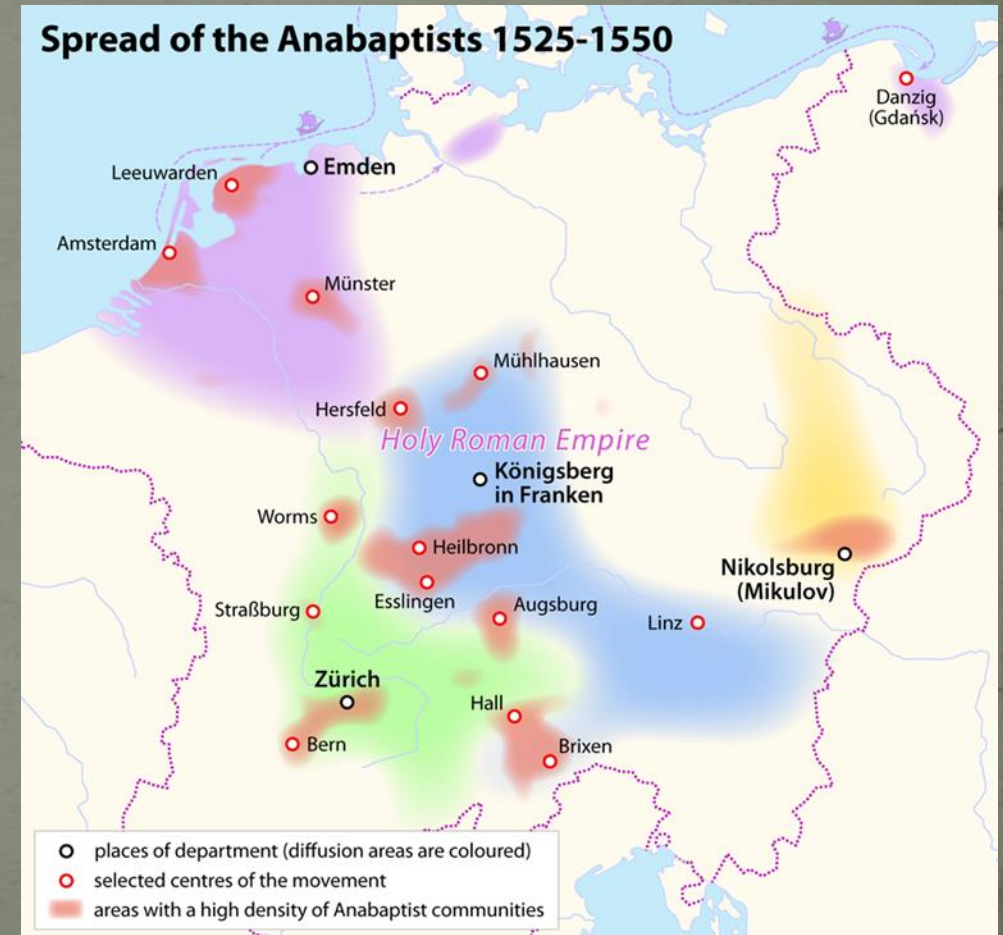
- For our purposes today, a particular Mennonite group is likely of interest
 - Low German-speaking Mennonites who are primarily in Bolivia, Mexico, Belize, and eastern Canada, with smaller numbers in Argentina, Peru, and the United States
- Not all members of the same Mennonite denomination, and variety in degree of cultural conservatism/traditionalism. Groups include:
 - Old Colony Mennonites, Kleine Gemeinde Mennonites, Rhinlaender Mennonites, somewhat more assimilated evangelical Mennonites
- Quite locally organized in terms of church-community life, but transnational in terms of family networks and connections.

Mennonites as a highly diverse population

- One key thing to underscore from a Pan-American perspective, given our subject today:
 - In Latin America: Low-German Mennonite groups are interconnected via family and churchly ties. Likewise, in Canada: a variety of Low-German Mennonite communities, connected to one another and linked to those in Mexico and other parts of Latin America, and to Seminole, Texas
 - In the United States: the Seminole, Texas, Low-German Mennonite community (along with its offshoot in Boley, Oklahoma) are not connected to other Mennonites in the United States. They have very different history, language, church networks, family systems, etc., from those of other U.S. Mennonite communities; instead, linked to Mexico and eastern Canada

Origins and overview

- Anabaptist movement
 - Western Europe, Christian tradition
 - 1500s, Protestant Reformation
 - Latin name *ana-baptist* pointed to practice of adult baptism, which was then illegal
 - No single leader and lack of state sponsorship resulted in a diversity of Anabaptist groups
 - 1536 Menno Simons
nickname Mennonites



Origins and overview

- Persecution: approx. 2,500 Anabaptists killed from 1527-1614
 - Experience encouraged sense of separation from “the world”
 - Re-enforced commitment to separation of church and state



Execution of Anneken Hendriks, 1571
etching by Jan Luyken, 1685

Origins and overview

- Migrations from western Europe
 - *Westward to North America, esp. 1700s, early 1800s*
 - Origin of most Mennonites in the United States today, and some Mennonites in Canada

Origins and overview

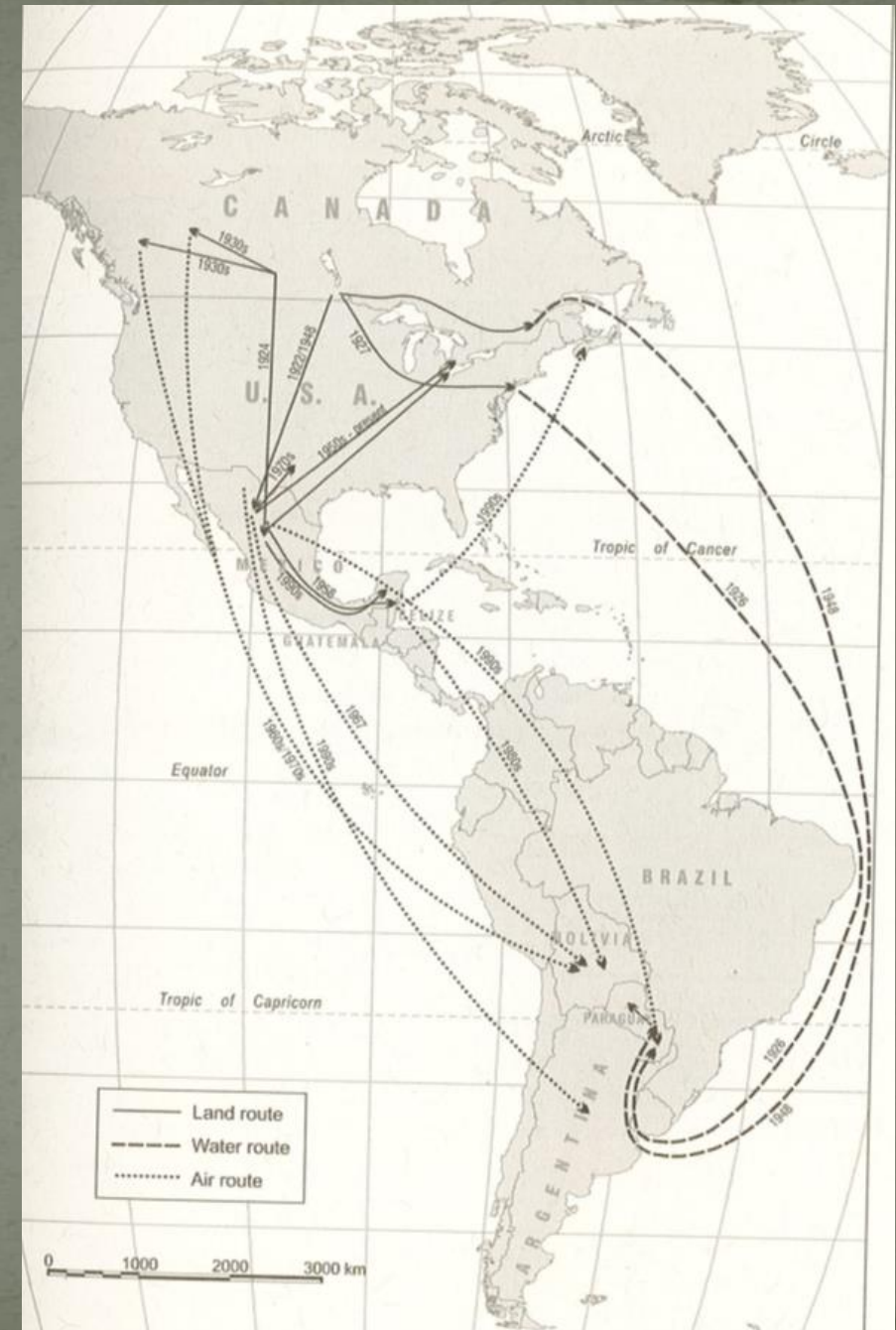
- Migrations from western Europe
 - *Westward* to North America, esp. 1700s, early 1800s
- *Eastward* to what is now Poland (1580s), then into what is now Ukraine (1789-1804), and then to North America (Canada) 1870s
 - Then in the 1920s to northern Mexico (and from there to elsewhere in Latin America)
 - Then in the 1970s from Mexico back to eastern Canada
 - A late 1970s group to Texas instead of Ontario

Origins and overview

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 - Then in the 1920s to northern Mexico (and from there to elsewhere in Latin America)
 - Then in the 1970s from Mexico back to eastern Canada
 - A late 1970s group to Texas instead of Ontario
 - The traditionalist/culturally conservative groups within this migration stream are typically known as **Low German Mennonites**
 - The German dialect they speak
 - Maintaining German was key reason they left the Russian Empire and Canada

Low German Mennonites

Map credit:
R. Loewen, *Village Among Nations: "Canadian"
Mennonites in a Transnational World, 1916-2006*
(U. of Toronto, 2013), p. xiii.



Low German Mennonites

Private Law 96-63
96th Congress

An Act

For the relief of certain aliens.

Oct. 19, 1980
[S. 707]

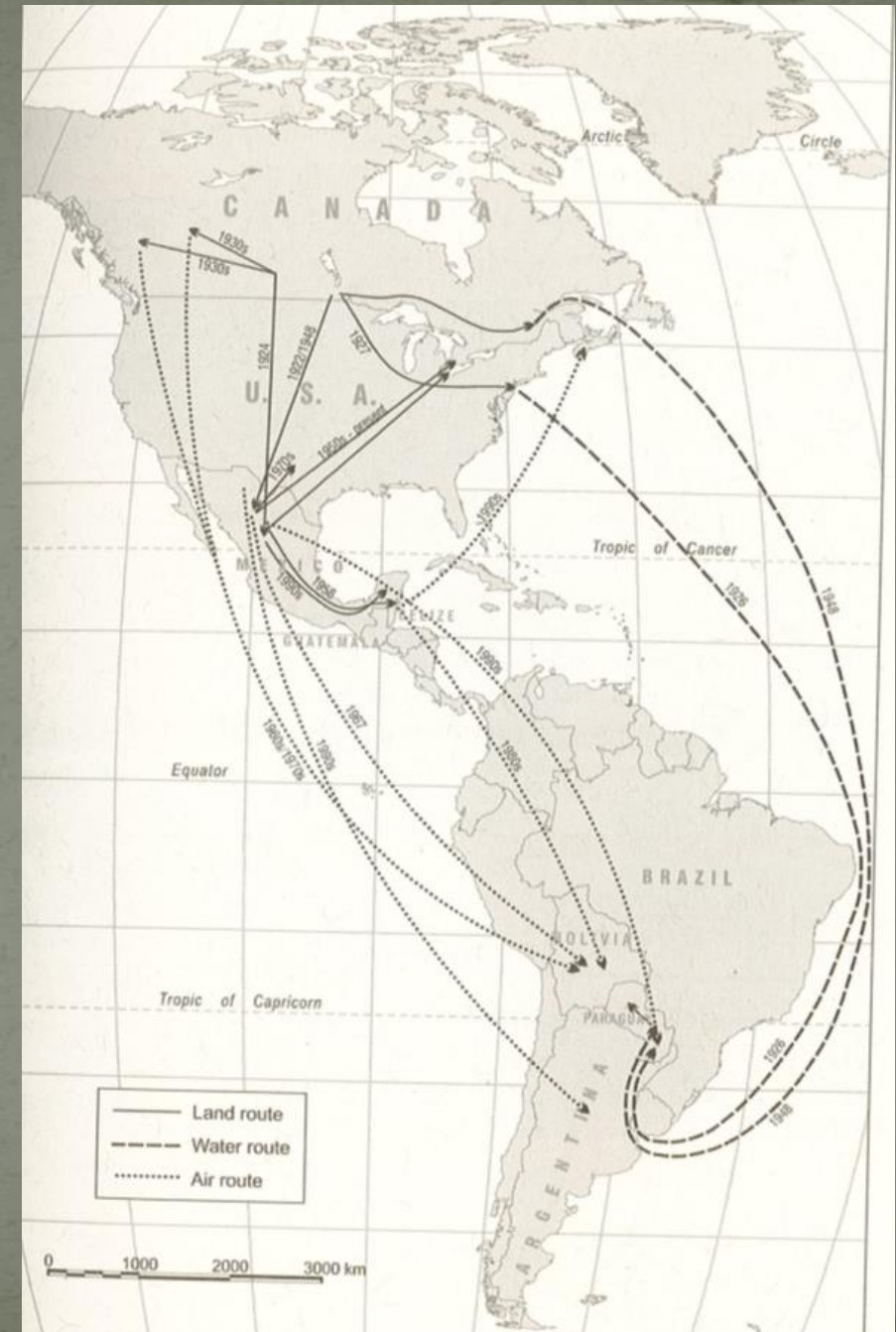
Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That, for the purposes of the Immigration and Nationality Act, the following named aliens shall be held and considered to have been lawfully admitted to the United States for permanent residence as of the date of the enactment of this Act upon payment of the required visa fees. Upon the granting of permanent residence to such aliens as provided for in this Act, the Secretary of State shall instruct the proper officer to reduce by the required numbers, during the current fiscal year or the fiscal year next following, the total number of immigrant visas and conditional entries which are made available to natives of the countries of the aliens' birth upon paragraphs (1) through (8) of section 203(a) of the Immigration and Nationality Act:

BANMAN-Redecop, Diedrich
Banman-Redecop, Aganetha
Banman-Redecop, Agatha
Banman-Redecop, Hallena
Banman-Redecop, Mary
BERGEN-Neudorf, Bernard
Bergen-Guenther, Susana
Bergen-Guenther, Justina
Bergen-Guenther, Helena
Bergen-Guenther, Bernhard
BERGEN-Reddekopp, Bernhard
Bergen-Neudorf, Helena
Bergen-Neudorf, Elizabeth
BERGEN-Neudorf, John
Bergen-Wall, Elisa

Permanent residence for certain aliens.
8 USC 1101 note.

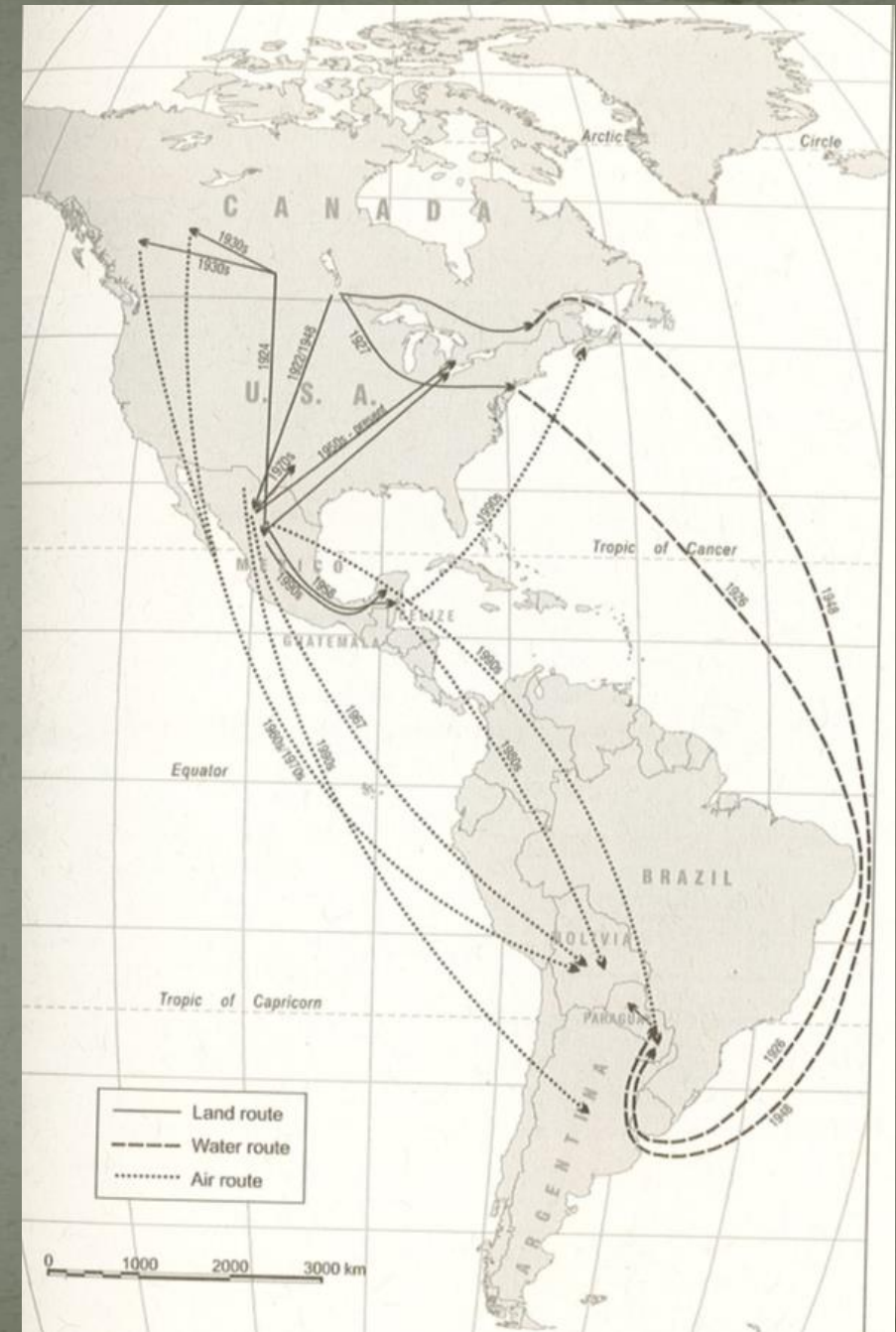
8 USC 1153.

Sen. Lloyd Bentsen's private immigration bill from 1979 that specifically named 653 people, and was signed by President Jimmy Carter in 1980



Low German Mennonites

- Speak Low German, but also English and often Spanish
- Degrees of traditionalism
 - Those in Bolivia, for example, restrict technology use considerably (e.g., horse-and-buggy transport) and dress in very distinctive clothing
 - Others, including in Texas, are culturally conservative, but not highly distinctive in dress or in their use of technology



Low German Mennonites of Gaines Co., TX

- Community at Seminole Texas
 - Later, some families to Boley, Oklahoma and to southwestern Kansas (roughly near Liberal, Kansas)
- A few things to note:
 - Historical and genealogical links are to communities in Canada and Latin America, *not* to other conservative/"plain" Mennonites in the U.S.
 - Story of migration (Ukraine to Canada to Mexico and beyond) understood in terms of fleeing state intervention
 - Were not in the U.S./Canada for the mid-twentieth century immunization campaigns (poli, etc.)

Low German Mennonites of Gaines Co., TX

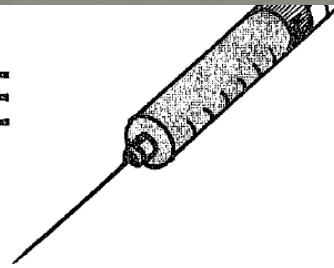
- Community at Seminole Texas
 - Later, some families to Boley, Oklahoma and to southwestern Kansas (roughly near Liberal, Kansas)
- A few things to note:
 - A young population: a 2022 census of Low German Mennonites in Mexico reported 74,122 people
 - A subsample with data on ages: 62% of the population is 20 years old or younger
 - Source: *Die Mennonitische Post*

What are issues related to vaccination hesitancy?

- *First:* The Anabaptist faith tradition has never opposed immunization on theological grounds
 - No religious tradition or religious text opposing immunization
 - Tradition, rather, is to defer medical decision making to households
 - *And yet,* religion is an inseparable part of their life and culture

Amish-published magazine, *Family Life*, November 1992 issue (part 2 appeared in the December 1992 issue)

THE CHOICE IS YOURS



What is immunization?

It is the injection of certain portions of live or killed bacteria or virus into the body.

Why is this done?

To trigger a response in the body, causing it to manufacture natural antibodies against that particular disease.

Why does our body need to make antibodies?

It must have the specific antibody to fight the disease which is invading it. Each disease requires a different, specific antibody.

When a person who has not been immunized comes in contact with a new germ, how long does it take the body to make its own antibodies?

For diseases such as the common cold, measles, mumps and scarlet fever, it takes from three to ten days. For tetanus, it takes from ten days to two weeks. For rabies, it takes much longer. We become sick when the disease works faster than the antibody mechanism.

What happens if the person has been properly immunized?

The body begins making the antibodies immediately. These can destroy the germs before they multiply, and the person does not become sick.

adverse reactions, brain damage or death resulting from vaccinations?

Very few of the *Budget* correspondents knew of anyone in their community that had been hurt by the shots. Of the 250 who responded, only three expressed themselves as being strongly against immunizations, and eleven more as being somewhat against.

REACTIONS AND COURT ACTIONS

Why then are some people so strongly opposed, and why do we sometimes see letters in the *Budget* or *Die Botschaft* condemning the shots?

There is quite a bit of anti-immunization literature being distributed among our people today in the form of books, pamphlets and magazines. Most of these were written as a result of a 1982 TV documentary called "DPT — Vaccine Roulette", which stirred controversy among the public. A book also followed in 1984 entitled *DPT — A Shot In The Dark*, which is widely circulated.

What were the results of the TV show and the book?

One of the book's authors is Barbara Loe Fisher, who helped found an organization called *Dissatisfied Parents Together*.

The article's title underscores the historic Amish practice of deferring medical decisions to individual households. The article does not connect the matter of immunization to Amish theology or doctrine.



We are Wonderfully and Fearfully Made

So far the year 2020 has been a very unusual year. This generation has never seen anything like the Coronavirus pandemic. School terms ended suddenly. We didn't have church services for a month or more. There were no auctions or youth gatherings. And we had to wear masks anytime we went to the store. In the outside world there were no sports or concerts and restaurants and other businesses were closed unless they were very necessary. Important places like grocery stores, hardware stores and gas stations were still open.

Many words and phrases we never heard before were being said. Words like Covid-19 and social distancing (which means staying 6 feet apart). Words that we don't use everyday like pandemic, quarantine, isolation, Coronavirus, antibodies, and epidemic are being heard.

How did all this craziness start, and what do all these words mean? First, before we start I want to point out words from Psalm 139:14 & Matthew 24:6-7; I am fearfully and wonderfully made... And there will be wars and rumors of wars and famines and pestilences...

Pestilence is a sickness and disease like Covid-19.

We marvel when we think how we are made of cells and tissue, muscles, bones, organs, and covered in skin. And when we look at the wonder of how our bodies work: like when we see a tiny, newborn baby, then we think of the wonderfully made part. But when we see sick or crippled people we are reminded of the fearfully made part.

We do live in bodies designed to fail. Someday we will wear out. Such is the nature of life. We come and go. Our life is full of cycles like being born, living, and dying. Planting, harvesting, eating. Spring, summer, fall, and winter. Things must go in a cycle so that other things can flourish.

Everytime we eat meat an animal has to die. This all tells us that before we can live forever we must first die.

So things like Covid-19 are a part of life in this fallen world. Ever since the beginning of time there have been many pandemics, epidemics, and sicknesses. It's just that our gen-

erations have never seen anything quite as widespread. And what frightens doctors is that we have no way of curing Covid-19. No medicines and no vaccines are available. Doctors are not used to that anymore. Many cures for many diseases have been found over time. Cures and vaccines for many types of illnesses have been found in the past 100-200 years. Sicknesses like the Black Death Bubonic Plague, which was caused by bacteria. And vaccines for viruses like Smallpox and Spanish Flu and other strains of influenza. But Covid-19 is a new kind of virus that never existed before and doctors must start over to search for a cure. No wonder people are alarmed. The only cure for it is the body's own immune system which fights off sickness by producing what is called antibodies. We are fearfully and wonderfully made. Even though Covid-19 spreads very easily and quickly, most people's immune systems are strong enough to fight it off.

Covid-19 is a coronavirus. There are different types of coronavirus and they are all called coronaviruses because when you look at them under a microscope they look something like a crown. Corona is Spanish for crown. In fact that sounds a little like the German word for crown - Krone.

So where and how did this craziness start? Researchers think it started in the Wuhan province of China. They are pretty sure that it was in animals first, like bats maybe. Then somehow people became sick from it.

We heard of people going into quarantine sometimes. It was used a lot when fighting smallpox, polio, Spanish Flu, and the Black Death Plague, years ago. Quaranta means 'forty' in Italian, so it referred to being away from other people for a period of forty days. In the 1300's ships coming

from China had to stay out away from the port for 40 days before being unloaded. Today it only means being isolated or away from others because of sickness; not necessarily for forty days but as long as required by law.

As we said earlier, a sickness that doctors have no cure for is something new for this generation. That was not the case in the past. There were many diseases like smallpox which lasted for thousands of years and killed millions of people, including 70% of the Native American Indians. It was finally wiped out for good when a vaccine was created 50 years ago. Ask anyone over the age of 50 years old to show you their vaccine scar on their left arm, close to the shoulder. Everyone over 50 has one as we all had to get vaccinated against smallpox when we were children.

Cholera is another one that still kills 75,000 or more every year; mostly in very warm countries where they do not have enough clean water. But it is treatable with medicine. Another very serious one was The Black Death Bubonic Plague. It

DID YOU KNOW?

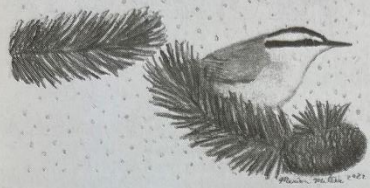
When this virus was only in Wuhan, China, it was called an epidemic. Epi is Latin for 'local' and demic means 'of the people'. Once it spread all over the world it was called a pandemic. Pan means 'everywhere' in Latin.

COVID-19 is an abbreviation for Corona Virus Disease 2019.

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Amish children's magazine, Aug-Sept. 2020 issue
Article by an Amish author, Lancaster County, PA



DIE BLATT

VOLUME FORTY-SEVEN

NUMBER TWENTY-FIVE

DECEMBER 5, 2024

PUBLIC NOTICES

Kosciusko County Immunization Clinic at Hoosier Appliances on November 21st and at Brian & Edna Hochstetler on December 12th. Both locations are from 1:30pm to 3:00pm.

----- 7-21-5 -----

Older Men & Widowers of Nappanee: Come join David Schwartz in his shop on Saturday, Dec. 14, 2024 for brunch at 9:30 AM and to spend the day with visiting and games. Hours: 8:30 AM to 2:00 PM. 9222 W Hepton Rd, Nappanee. RSVP if you can. 574-773-2272

----- 21-5 -----

Countryside Nite Out in Nappanee on Friday, December 13th. See ad under Notices in last issue of Die Blatt (November 21st issue) for more details and a list of participating stores. Also some individual ads in this issue.

Save the date: LaGrange area sewing (knitting comforters for CAM) on Wednesday, December 11th at Mrs. (Elmer) Esther Hochstetler, 2400 W 100 S, LaGrange IN 46761.

----- 24-7-21-5 -----

Nappanee Safety Group will be hosting two CPR classes. First class is on January 13, 2025 from 4-8pm at Amos Bontragers, 2630 Birch Rd, Bremen. Second class is on January 27, 2025 from 4-8pm at Elmer Millers, 7655 W 1050 N, Nappanee. We encourage teachers to take this training - NSG will pay 1/2 of each teacher's share. The CPR classes will be open to the public. The cost per person is \$125. Please RSVP by December 20th to reserve your spot by calling Neal Miller at 574-248-1428. These classes will give you a 2-year certification. Limited spots available... call early!

----- 21-5 -----

Youngfolks! Join us for a night of caroling & fellowship. Meet at The Cove in Shipshewana on Saturday night, December 14th, at 5:00 PM. Guys bring a finger food and girls bring a small gift for the people we sing for. Don't forget your headlamps! Supper will be served after caroling. To reserve, please contact Glen Bontrager 574-825-0928, Matt Lehman 260-768-4405 ext. 2, Andrew Lambright 574-825-0299, Jeana Chupp 260-383-4191, Karl Troyer 260-593-0717 ext. 3, or Annie Bontrager 574-642-4744 ext. 2. Reservation deadline is Thursday, December 12th.

Do you feed birds in the Nappanee/Bremen area? We want your help - on December 14th we will be doing a Christmas Bird Count to try to count all the birds in a 15-mile circle centered on Dogwood Rd and US Hwy 6, and we want your help counting birds coming to feeders. We also need field counters. For more info or to get your papers, contact Neal Miller at 574-248-1428.

----- 21-5 -----

Upcoming Versiti Blood Drives: 11/21/24 at The Community Health Clinic, 730 E North St, Shipshewana from 12-5pm; 12/3/24 at Carling Hands, 1605 S 900 W, Shipshewana from 1-6pm; 12/4/24 at The Garage Community Center, 1111 W Lafayette St, LaGrange from 12-4pm; 12/5/24 at Benton Township Fire Department, 68073 US Hwy 33, Goshen from 1-5pm; 12/10/24 at Claywood Event Center, 13924 N 1100 W, Nappanee from 2-6:30pm; 12/12/24 at Plain Church Group Ministry, 128 Roy St, Topeka from 12-5pm; 12/13/24 at FN Chairs, 2175 W 450 S, LaGrange from 12-4pm; 12/18/24 at Prince of Peace Church, 18548 CR 18, Goshen from 2-6pm; 12/31/24 at Lima Township Community Center, 205 Defiance St, Howe from 10:30am-2:30pm. **Find a blood drive near you and SAVE LIVES by donating blood.** To schedule an appointment, call 1-800-632-4722. WALK-INS ALSO ALWAYS WELCOME. Versiti has been the leading blood provider in Indiana since the 1950's. Every drive on this list is an Amish-run blood drive. We are trying to provide home-cooked food and an inviting atmosphere.

----- 21-5-19 -----

The Shepherds Campfire welcomes you to the Shipshewana Auction Barn on December 9th. Doors open at 5:30. Supper at 6:00. Live market lamb exhibit and producer panel. For questions, call 260-593-2411 ext. 2.

----- 21-5 -----

We cordially invite you to come out and support our individuals with disabilities as they share with you their program "A Christmas to Believe In." The Arc Christmas program will be held on December 9th, Lord willing, at our new location: The Cove, 705 N Morton St, Shipshewana, IN 46565. The Cove will have their kitchen open serving dinner from 4:30pm to 8:00pm, the doors to the gym will open at 5:00pm, and our program will begin at 6:30pm. We hope you can come out and join us for this special night!

Someone dropped off an eggbeater (to be fixed) a few months ago without any name or phone number. Ray Lehman, 5795 S 600 W, Topeka IN 46571 260-593-0313

Would all who have carpet rags here, please come and pick them up? Pick them up in PM or evening. Mrs. Mervin Susie Lambright, 2560 E 150 N, LaGrange IN 46761

Open House: Come join us on Sunday, December 15th from 2-5pm to celebrate **Levi U. Miller Jr.'s 65th birthday** at Rosewood Fellowship, 5705 N 900 W, Shipshewana. Note: He delivers Prized Soaps to many of you, your home door. Your presence is appreciated and is your gift to him.

Small Family Farm Conference to be held on Saturday, January 18, 2025 at Clearspring Produce Auction, 2050 S 300 W, LaGrange IN 46761. Doors open & registration at 7AM, meeting starts at 8AM, dismissal at 2:30PM. This year's topics (**all in Pennsylvania Dutch**) include hi tunnel tomato production, small farm finances, making cheese, yogurt, etc., no-till gardening, caring for your sheep, cut flowers, boys in business, and more. See Trade Express or Empire Express for a full list of topics. Early-bird registration (until January 3rd) is \$20 per adult and \$10 per child (15 and under). Children 3 and under are free. Registration after January 3rd or at the door is \$25 per adult and \$10 per child. Please include all full names of attendees as well as city, state, and phone number. Make checks payable to SFFC and send to Small Family Farm Conference, 3510 S 100 E, LaGrange IN 46761. Questions, call Joe Dean Eash at 260-768-7838 or Devon Hostetler at 260-499-4009. Free coffee & donuts in the morning. Lunch (by donation) is provided by a local school. If you are unable to attend, but would like minutes of the conference, call 260-499-4694 ext. 5.

----- 5-19-2-16 -----

Attention! Amish ladies who went to Westview School and graduated eighth grade in 1999 (class of '03), let's get together at Topeka Pizza for breakfast on Wednesday, December 11th, from 8:30 AM to 12:00 noon. Please RSVP to Carolyn Whetstone at 260-593-0291 ext. 1 or Iva Wingard at 260-593-0117 ext. 2. Hope to see you!

VOLUME FORTY-SEVEN

NUMBER

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Amish-published biweekly newsletter,
northern Indiana, Dec. 5, 2024 issue

What are issues related to vaccination hesitancy?

- *First:* The Anabaptist faith tradition has never opposed immunization on theological grounds
 - No religious tradition or religious text opposing immunization
 - Tradition, rather, is to defer medical decision making to households
 - *And yet,* religion is an inseparable part of their life and culture

So, what are some broadly-shared cultural values and characteristics that play a role in low immunization rates?

Cultural values and characteristics

1. Collectivist culture/social posture of yielding

- Collectivist culture prioritizes the group, often guided by tradition, over the individual
- Yielding to God, to others, to the church, to tradition, to older community members



Cultural values and characteristics

1. Collectivist culture/social posture of yielding

- Expressed in
 - group/community orientation
 - desire to know what the group/community thinks before taking individual action
 - hesitancy to put oneself forward as an example or a model
 - reluctance to call attention to oneself by being named in a publication or posing for a picture
 - patterns of interpersonal communication, such as humble, quiet demeanor or pauses in conversation that reflect a sense of patience

Cultural values and characteristics

1. Collectivist culture/social posture of yielding

- Yielding to others / collectivist culture
- Patience – waiting, not forcing time, waiting to understand
- Divine providence – not fatalism or predestination – but an acceptance of human limitation

All of these militate against a robust embrace of preventative care

Cultural values and characteristics

1. Collectivist culture/social posture of yielding

- Yielding to others / collectivist culture
- Patience – waiting, not forcing time, waiting to understand
- Divine providence – not fatalism or predestination – but an acceptance of human limitation
 - A word about the phrase “*It’s God’s will*”

All of these militate against a robust embrace of preventative care

Cultural values and characteristics

2. Household discretion in medical decision-making

- Influence of family/parents/in-laws
- Shots you received as a child may be a guide for those your children should receive
 - Partial immunization

Cultural values and characteristics

3. High Context culture

- High context culture
 - Relationships with *people* tend to matter more than relationships with *institutions* or *organizations*
 - Trust is invested in a known person rather than expertise alone
 - In a high context culture, trust accrues slowly
 - Much is lost when staff (the local face) of an office, agency, or initiative changes

Cultural values and characteristics

4. Neighbors as sources of influence

- Although conservative Mennonite and Amish have a strong sense of in-group identity, most have many out-group relationships
 - Neighbors, coworkers, customers, drivers
 - Relationships of long-standing and high-context trust
- These rural neighbors have become more vaccine-skeptical

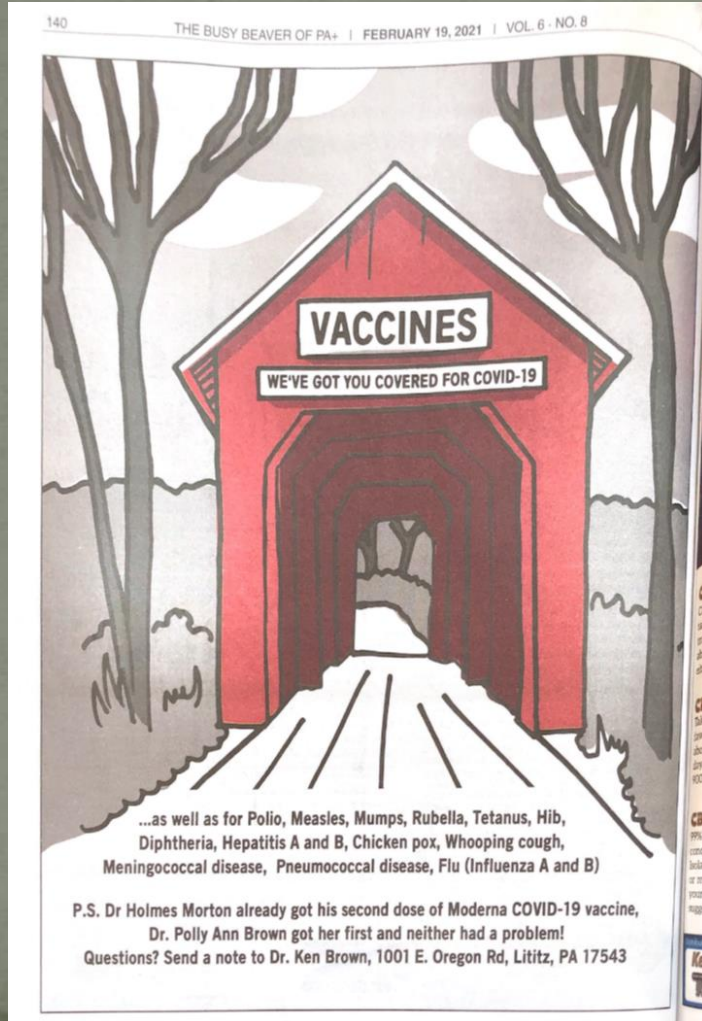
Scott, E. M., Stein, R., Brown, M. F., Hershberger, J., Scott, E. M., & Wenger, O. K. (2021). Vaccination patterns of the northeast Ohio Amish revisited. *Vaccine*, 39(7), 1058–1063. <https://doi.org/10.1016/j.vaccine.2021.01.022>

4. Discussion

We found that the Amish in the Holmes County settlement are more likely to reject all vaccines than accept even some vaccines. This was true even when the ultra-conservative Swartzentruber Amish were removed from the analysis. This is a significant change in vaccine acceptance compared to a similar study, within the same settlement, published only a decade ago [3]. This decline mirrors what has been seen in the US and Europe over the same time, which has only accelerated during the COVID-19 pandemic [31–34]. This increased skepticism of vaccines shared between the Amish and outside world may reflect increasing interaction and exchanging ideas and beliefs [2,16].

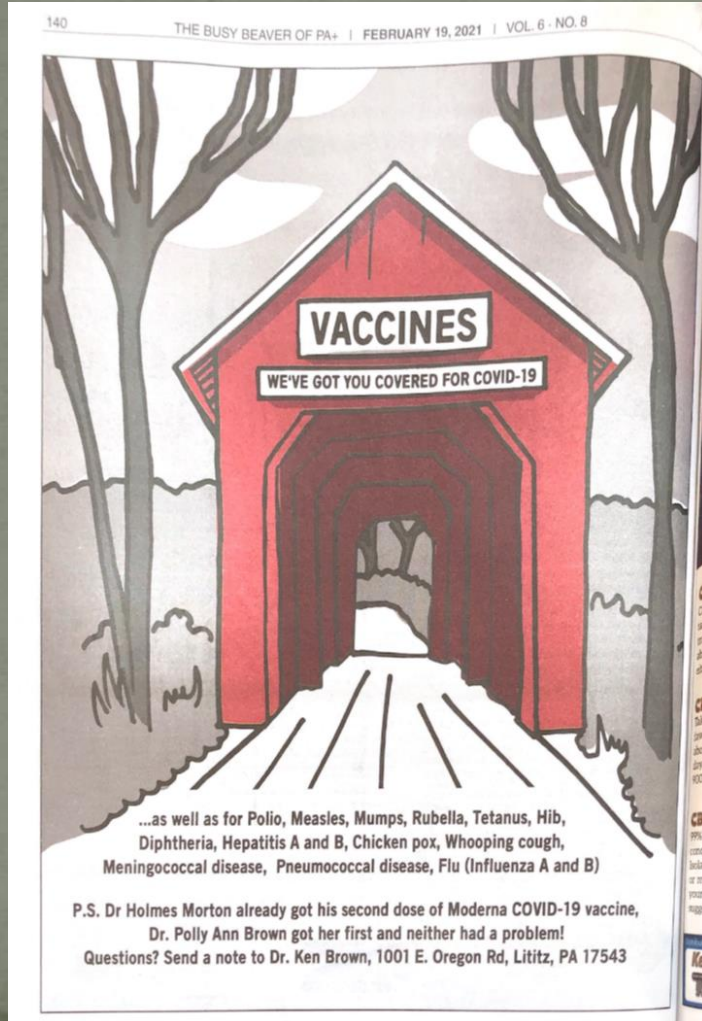
Cultural values and characteristics

4. What is new: Outside groups seeking allies



Cultural values and characteristics

4. What is new: Outside groups seeking allies



Cultural values and characteristics

5. Distrust of state intervention in their communities

- Legacy of persecution
- Keen sense of separation of church and state
- Two-kingdom theology
 - Kingdom of God
 - Its 'calling' is not civic responsibility
 - Kingdom of this world
 - Functions via coercion and even violence
 - Tends to over-reach, claim more for itself



Questions, strategies and approaches

- 1. What are the most common activities that facilitate the movement and interaction of Mennonite communities within and across national borders?
 - Depends on which Mennonites one has in mind, but among Low German Mennonites, it would be family visiting/connections and work/employment-seeking
- 2. Who is responsible for making healthcare and treatment decisions for Mennonite children when they are ill? Who are the key influencers in shaping decisions related to the care and health of Mennonite children?
 - Parents, extended family, within a culture of yieldedness

Questions, strategies and approaches

- Building relationships
 - In the 2021 Ohio Amish study, medical staff *can be* key voices, if and when they have well established relationships

Scott, E. M., Stein, R., Brown, M. F., Hershberger, J., Scott, E. M., & Wenger, O. K. (2021). Vaccination patterns of the northeast Ohio Amish revisited. *Vaccine*, 39(7), 1058–1063. <https://doi.org/10.1016/j.vaccine.2021.01.022>

Table 4. The primary influence on parents' decision to vaccinate.

	Did your child get all the recommended shots n (%)			P
	Yes, all of them	Yes, some of them	No, none of them	
School	1 (1.5)	2 (2.4)	0	0.06
My spouse	31 (44.9)	40 (47.6)	100 (42.7)	0.73
My parents/my spouse's parents	14 (20.3)	19 (22.6)	56 (23.9)	0.83
The Budget, Family Life, or other magazines and papers	0	2 (2.4)	11 (4.7)	0.16
My nurse/doctor	36 (52.2)	24 (28.6)	6 (2.6)	<0.001
My midwife	0	2 (2.4)	13 (5.6)	0.1
My chiropractor	0	2 (2.4)	6 (2.6)	0.53
My minister/bishop	0	0	10 (4.3)	0.03
Personal Opinion	0	8 (9.5)	18 (7.7)	0.04
Alternative Medicine Practitioner or Resource	0	2 (2.4)	14 (5.9)	0.03
Friends	0	0	6 (2.6)	0.10
Story of Adverse Reaction	0	1 (1.1)	6 (2.6)	0.26
Other	0	2 (2.4)	1 (0.4)	NA

Views of science: Things to keep in mind

- Science does not command singular authority
- Frequently, a willingness to accept the fruits of science
 - such as genomic medicine in some cases, livestock breeding, shop technology
- ... without accepting the methods of science
 - such as skepticism, critical inquiry, and empiricism

Communication experiences adapted to different audiences

Beatriz Velasco, Communication Officer CIM/PAHO

*The human being is complex and
lives in a diverse world...*



*...and it is not enough to tell him or her to
get vaccinated...*

- We should not guess why there are low vaccination coverage rates
- Nor do we follow our instincts or prejudices about what they think or feel about vaccination
- We should not repeat general communication campaigns because it is what has always been done...

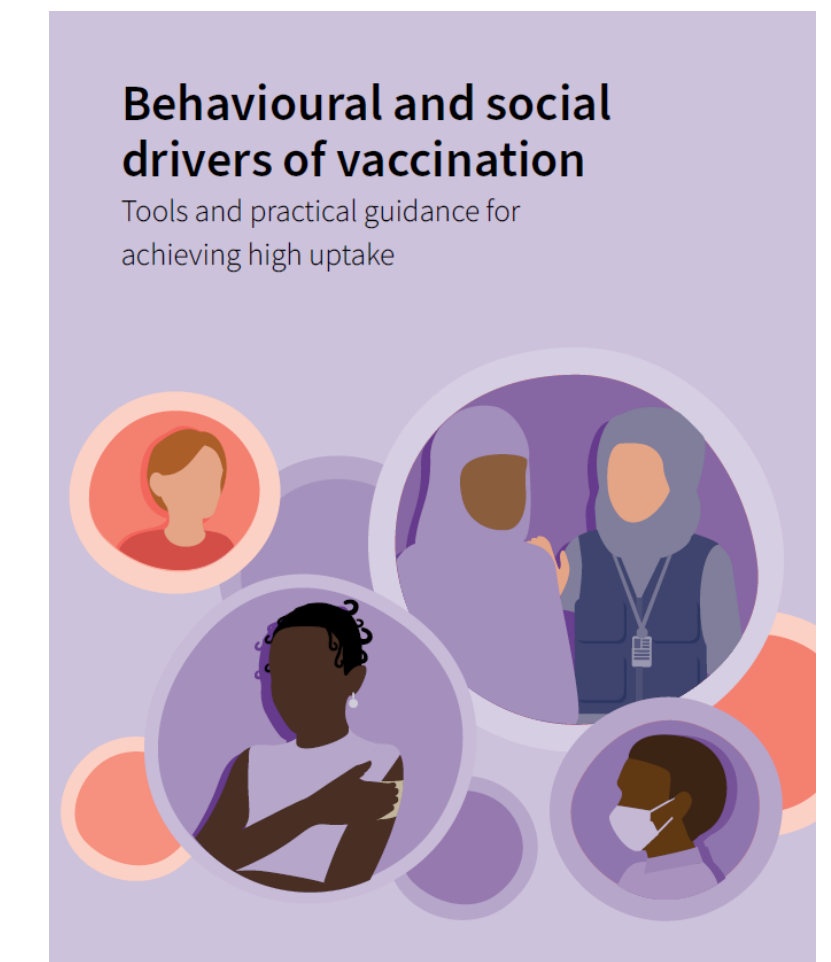
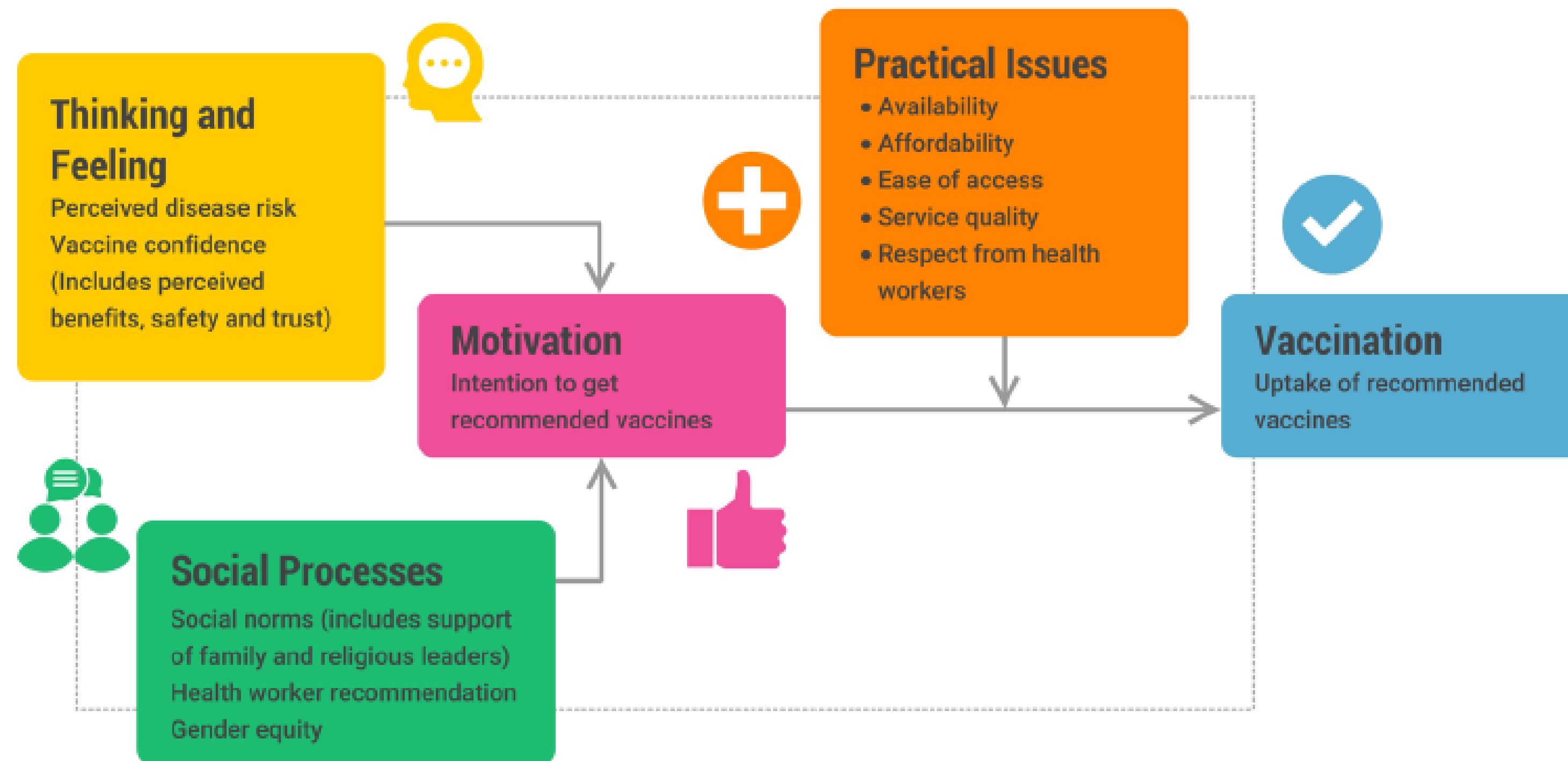
My cat wasn't paying attention to me, so I improvised



We need an evidence-based plan!

What drives vaccine acceptance?

The behavioral and social drivers of vaccination framework



Health workers are the face of EPIs

- **Most reliable sources of information**, according to several studies of behavioral factors in the region.
- Their recommendations have a **major impact** on decision-making and can prevent hesitancy.
- They must receive **technical** and **communication training**.
- They receive specific training **on the communities** they will be supporting.



Interventions that increase vaccination

Domain where problem is identified	Interventions shown to increase vaccination
 Thinking and Feeling	<ul style="list-style-type: none">• Campaigns to inform or educate the public about vaccination, including approaches based in the health facility or community• Dialogue-based interventions, including one-to-one counselling to encourage vaccination
 Social Processes	<ul style="list-style-type: none">• Community engagement• Positive social norm messages• Vaccine champions and advocates• Recommendations to vaccinate from health workers
 Practical Issues	<ul style="list-style-type: none">• Reduced out-of-pocket costs• Service-quality improvements• Reminder for next dose/recall for missed dose• On-site vaccination at work, home and school• Default appointments• Incentives• School and work requirements (mandates)

Risk communication plan

1. WHAT?

Key messages

- Empathy and respect
- Appeal to community values and collective responsibility
- Discuss the risks of measles

2. TO WHOM?

Audiences

- Primary
- Secondary

3. HOW?

Materials

- Printed (brochures)
- Digital (for social media networks and web)
- Audiovisual (videos and podcasts)

4. WHERE?

Channels

- Bi-directional
- Alternative channels for these communities

ACTIVE LISTENING, MONITORING, AND EVALUATION

Knowing your audiences: Person profile



End-user persona

Background

Who is this person? What do they do?
Where do they live and who do they live with? What aspects of their lives might influence their health behaviours?

Current
behaviour



Desired
behaviour

Thinking and Feeling

In their daily life, what does this person spend their time worrying about or celebrating?

How do they feel about vaccination? What kinds of questions or concerns might they have?

Social Processes

Consider relationships within their community. Who does this person trust? Who do they not trust?

Who are they responsible for, and who do they depend on? What is their relationship with the health clinic and staff?

Motivation

What are their needs and wants? What motivates them? What might encourage them to seek vaccination? What frustrates them?

Practical Issues

What does their typical day look like? How do they divide their time? Do they travel between places, and how?

What barriers or limitations might they encounter? What is their experience with vaccination and the health clinic more generally?

Channels

***Bi-directional
channels***

***Dialogues of knowledge/
Participation of
community leaders***

Home visits

***Accessible vaccination
points with trained staff in
these communities***

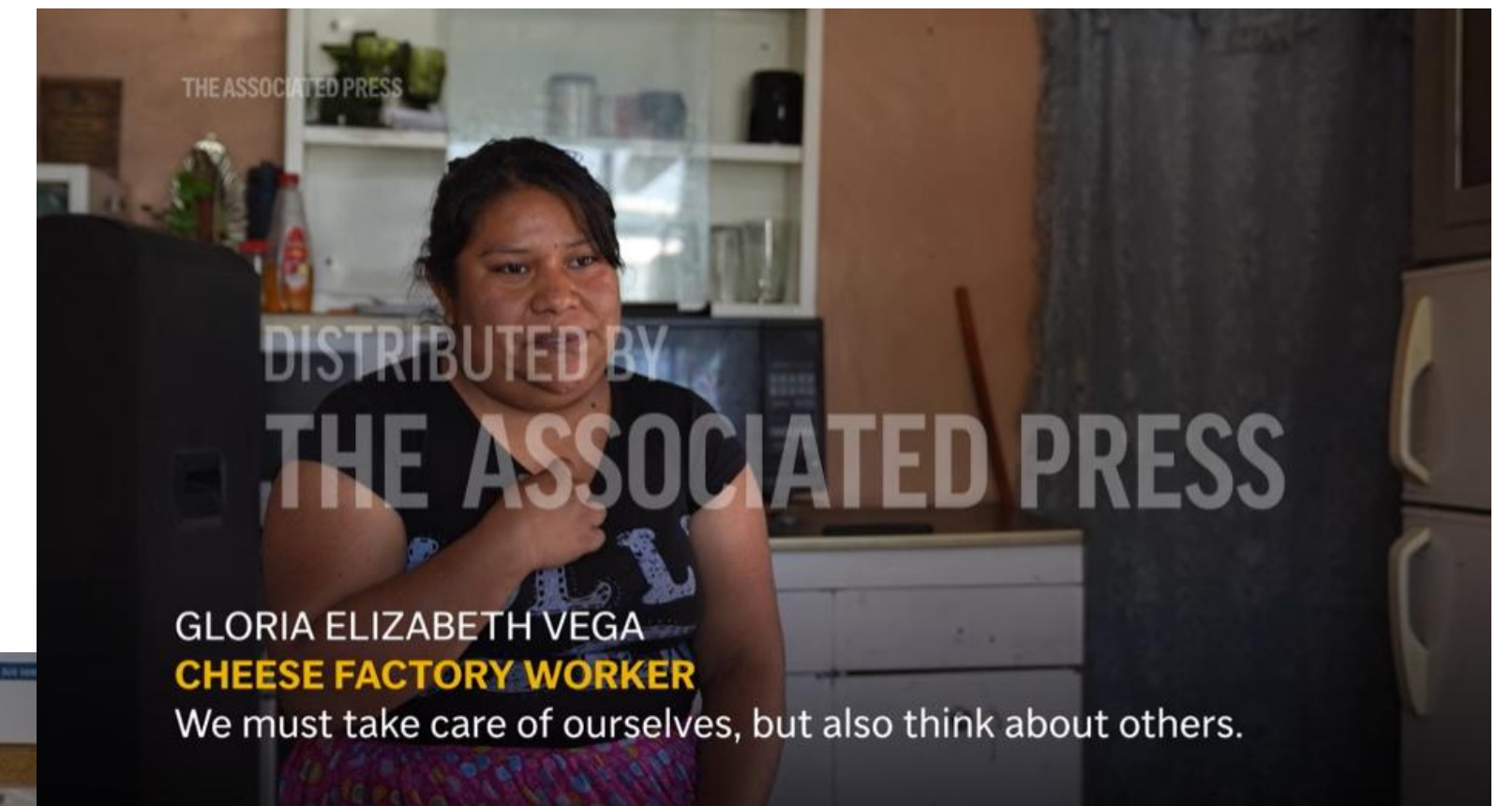
***Informative
sessions in small
groups***

***Alternative
media in these
communities vs.
mass media***

***Identification of
profiles in social
media networks***

In Mexico's measles outbreak, Mennonites face vaccine misinformation

May 9, 2025 1:25 AM | ID: 4574799



Examples

Examples



México aborda prioridades en salud con la implementación de diálogos interculturales

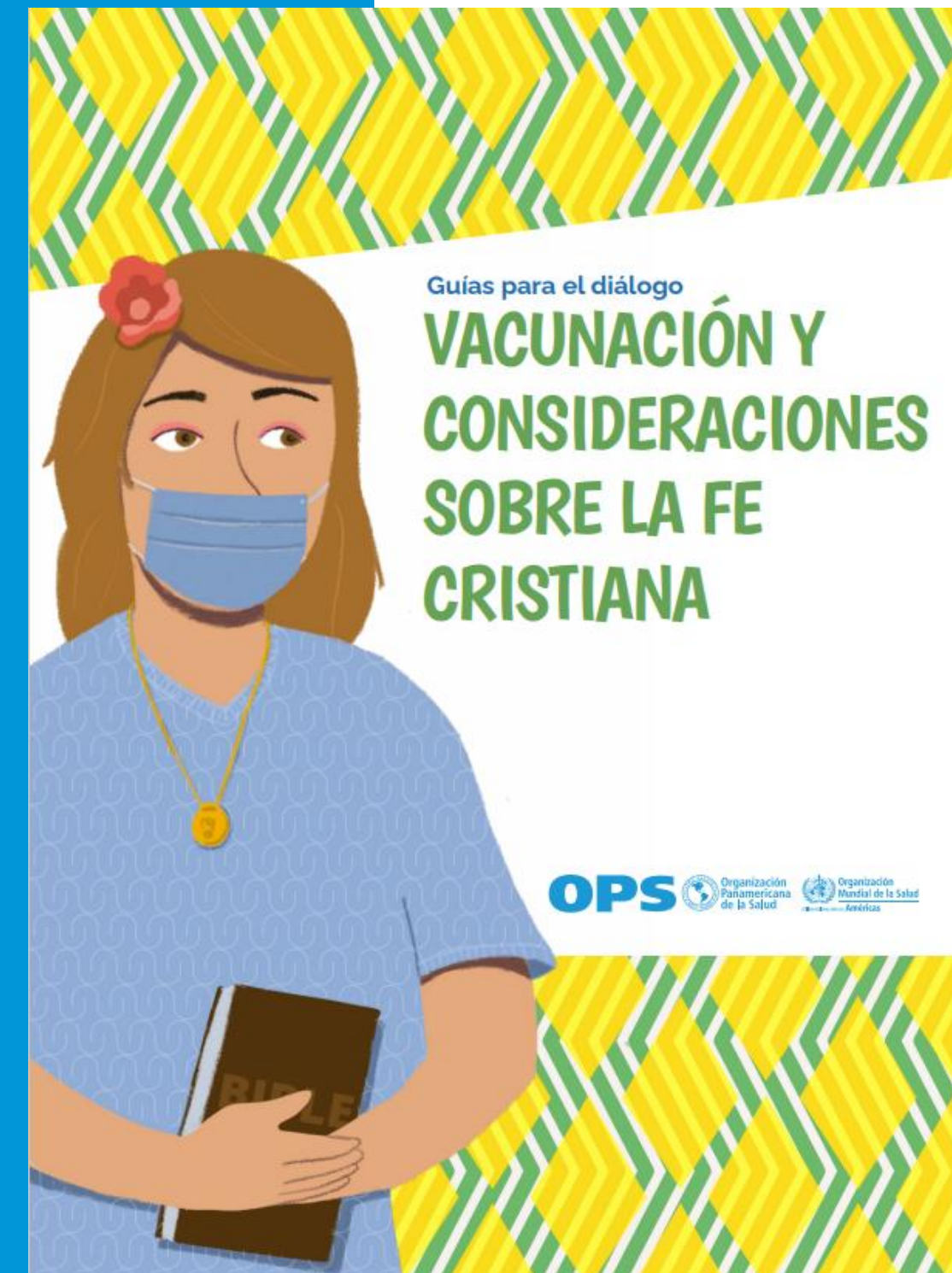


11 Abr 2025



Con ocasión del incremento de casos de sarampión, se organizó una sesión con líderes dirigentes menonitas de Chihuahua para abordar las percepciones sobre la enfermedad, así como sobre la vacunación. Desde la horizontalidad y empoderamiento de la comunidad, se identificaron distintos escenarios para trabajar con algunos grupos dentro de la comunidad en la transmisión de información basada en evidencia y en la desmitificación de algunos temas que han tenido repercusiones en el rechazo a la vacunación por parte de la población.

Examples



Mi cuerpo es un templo, no debo inyectarme algo malo.

OPCIONES DE RESPUESTAS

1

Tu cuerpo es el templo del Espíritu Santo, por eso debes cuidarlo y protegerlo de las enfermedades.

2

Vacunarse es prevenir que el cuerpo enferme de manera grave, por lo que equivale a cuidar tu templo, el que Dios te ha dado.

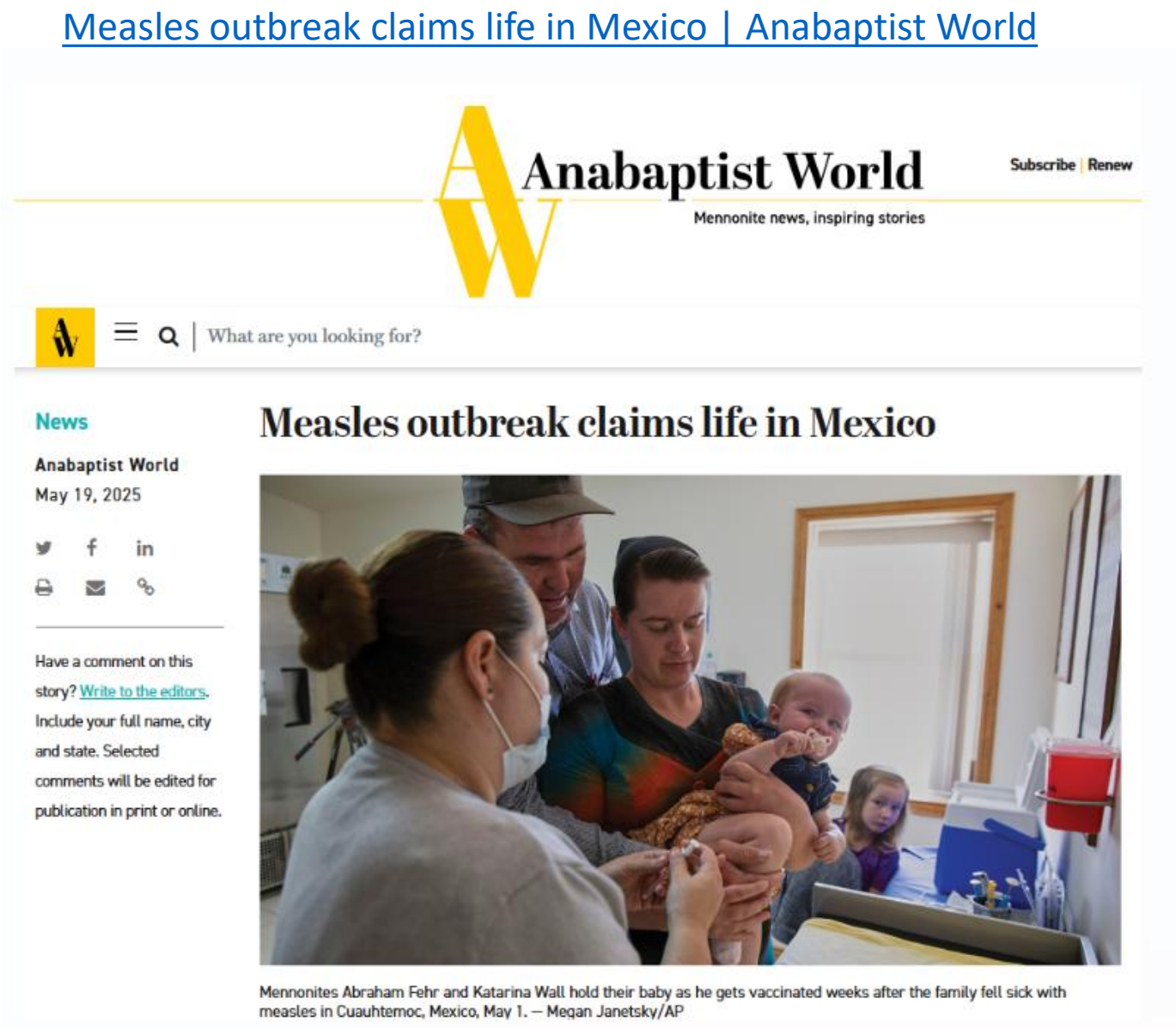
"¿O ignoráis que vuestro cuerpo es templo del Espíritu Santo, el cual está en vosotros, el cual tenéis de Dios y que no sois vuestros?", 1 Corintios 6:19.

3

El cuerpo necesita buena alimentación, actividad física, descanso, revisiones médicas y, si es necesario, tratamientos, como por ejemplo las vacunas. Es la manera de cuidar y agradecer la salud que Dios nos da.



Examples



Mennonite World Conference is calling on its members around the world to love their neighbour in the ongoing coronavirus pandemic by supporting health care around the world.

In 2021, UNICEF distributed more than 1 billion doses of coronavirus vaccines to 144 countries and territories around the world. In 2022, vaccination campaigns shifted to emphasize strengthening health care systems. Vaccination distribution was only part of the need: absorption – the ability of health care systems to administer vaccination through trained practitioners, in suitable locations, and to provide all of life health care became apparent as needs.

[Vaccines and care at MB hospitals - Mennonite World Conference](#)

Marcela Enns: la influencer menonita

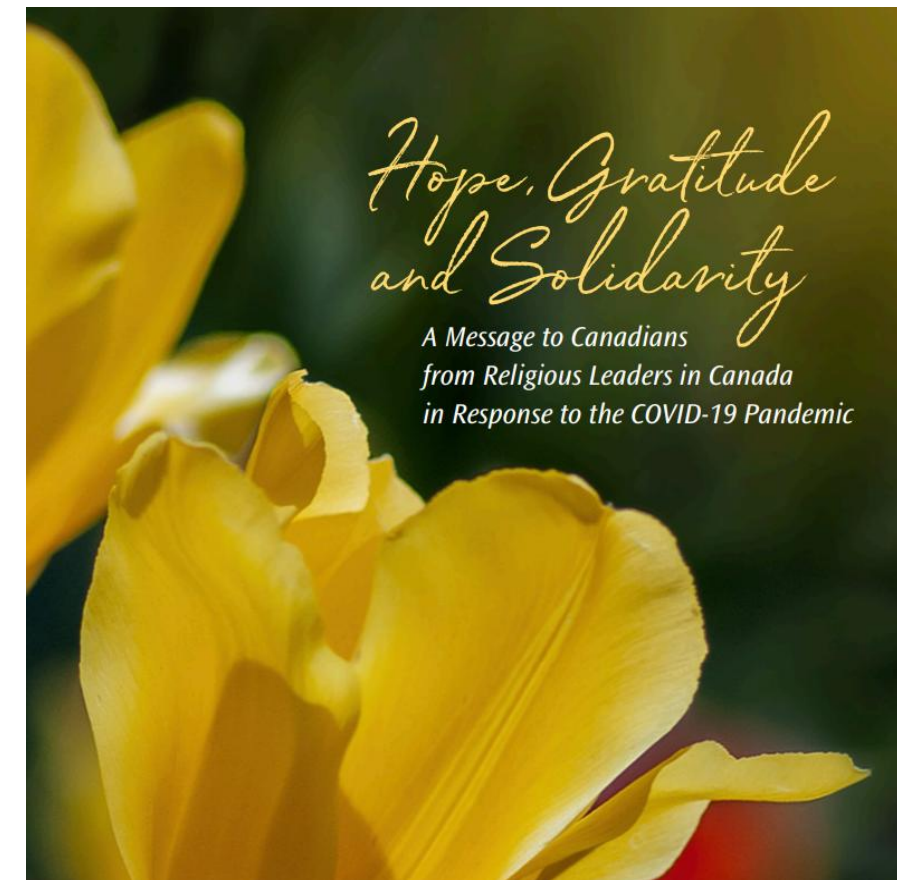
Menonita rompe esquemas para mostrar su mundo tradicional, así como la vida moderna



[Marcela Enns: the Mennonite influencer](#)
350,000 followers

Examples

[Hope, Gratitude and Solidarity \(March 2020\).pdf](#)



This is a time for human solidarity.
We all need to pull together.

neighbour. This includes care and solidarity for the global community who face this crisis with far fewer resources than those accessible to Canada. This is a time for us to draw closer to God.

Religion and spirituality can indeed contribute to building people up, to providing a sense of meaning, inner strength, new horizons and openness of hearts. As religious leaders, we wish to emphasize, especially in times like these, the power and importance of prayer. We earnestly pray for healing, for the continued efforts to relieve human suffering, and for perseverance throughout these challenging times. As history records these moments for our country's future,



the homeless, the incarcerated, the elderly and those already suffering from social isolation. We remember too those people, especially women and children who face abuse and violence, who are not safe at home and may suffer additional abuse and violence as stress increases. We must never overlook or exclude these groups from our planning, preparedness and response to this pandemic. We are particularly mindful of First Nations, Métis and Inuit communities, including isolated Northern communities, who were already facing pre-existing challenges and for whom the COVID-19 outbreak could prove singularly devastating. Likewise, we need to remember the needs and vulnerabilities of the many refugees and migrant workers who have come to Canada seeking safety and security.

Charitable organizations in Canada will face greater challenges during this time of crisis and will need greater assistance from governments so as to continue their vital work. This is a time for human solidarity. We all need to pull together. It is essential to carry out the practical requirements to limit the spread of this virus. It is also important to maintain a posture of attentive caring towards our

let us pray that, in the face of COVID-19, we respond with an abundance of hope, gratitude and solidarity, trusting in the loving and ever merciful God, the source of all hope. 🙏



Hablemos de Salud - Ep. 3:
SARAMPIÓN: ¿Por qué...

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2,3 K visualizaciones
• hace 4 semanas

Subtítulos



**El sarampión
es muy contagioso
y peligroso.**

Puede causar:

- Neumonía
- Daños cerebrales
- Ceguera
- Nacimiento prematuro
- Incluso, la muerte

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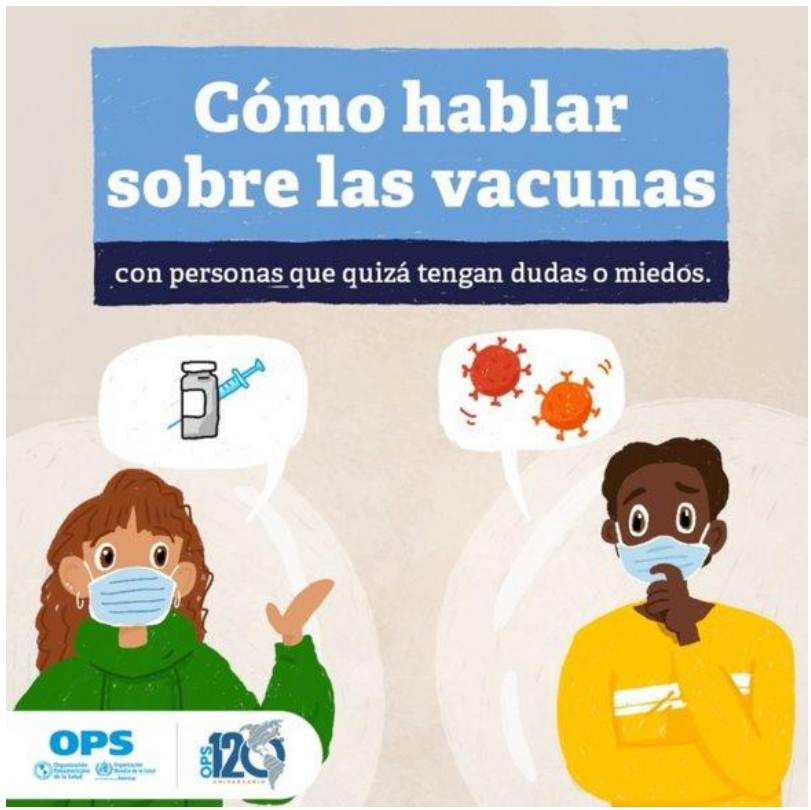
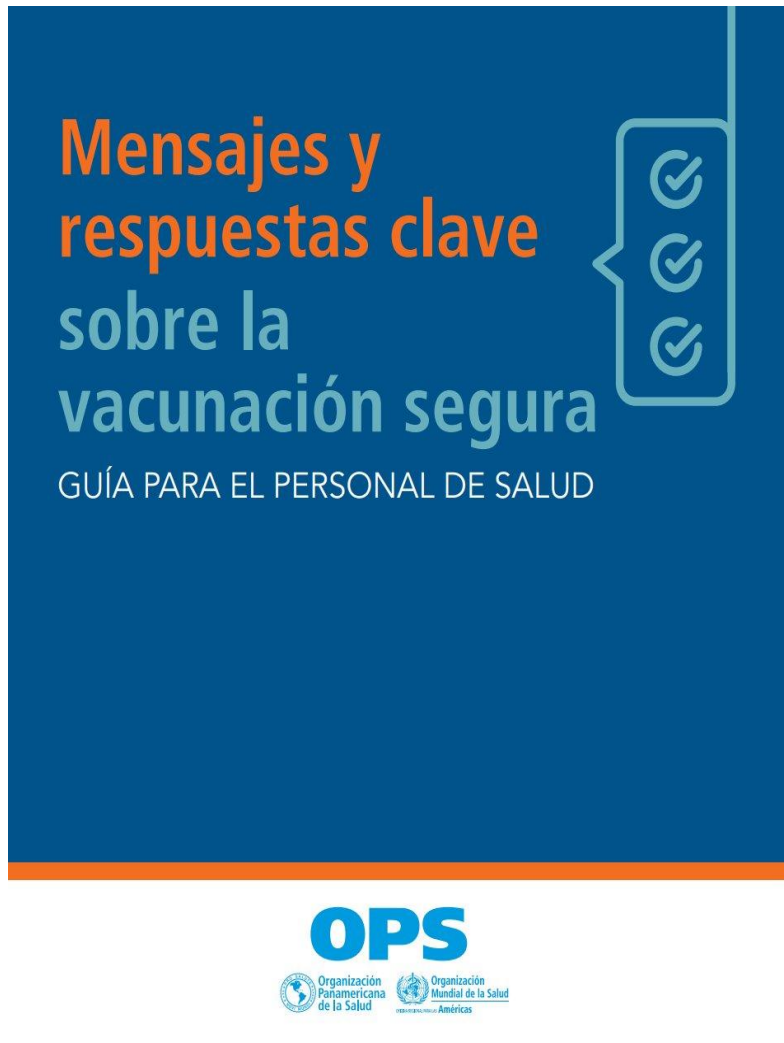
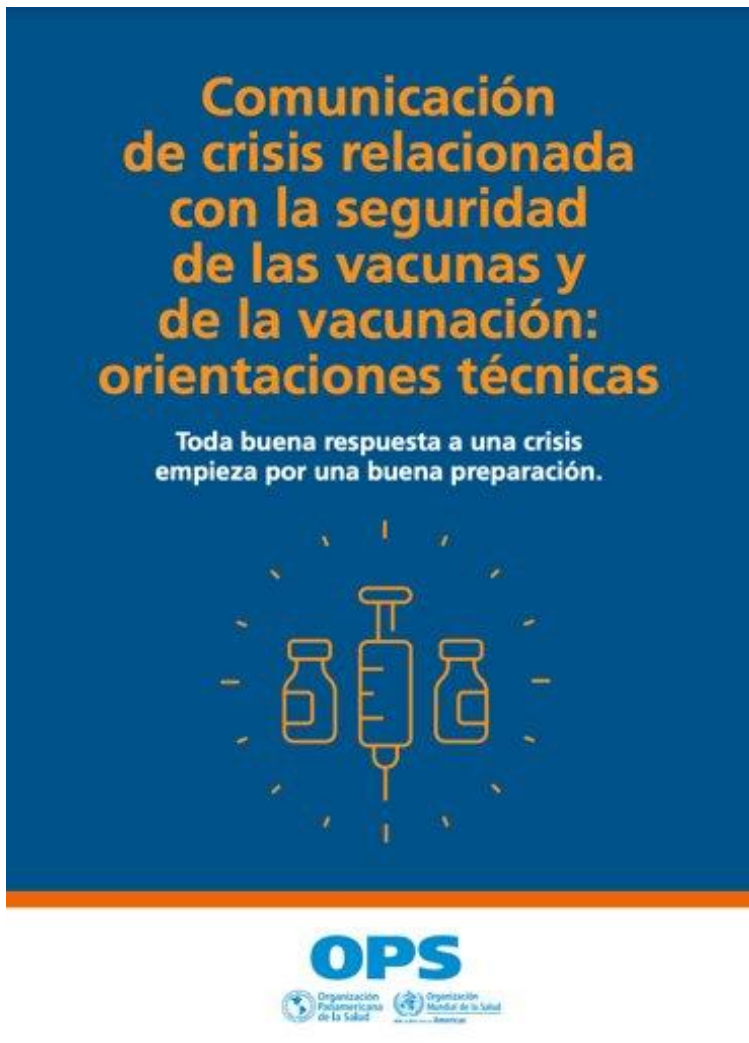
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**Tu decisión
marca
la diferencia**

Immunización para todos Inmunización para todos Inmunización para todos

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**Thank you very
much!**