

# Pertussis in the Amish community of Maine

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CATEGORY: Epidemiology and Laboratory Capacity (ELC)

During a pertussis outbreak in an Amish community, Maine Center for Disease Control and Prevention leveraged partnerships and staff capacity to adapt outbreak kits to be more culturally informed. The new outbreak kits were distributed to the community and the department was able to develop a connection into the community.

## The “What”

Epidemiology and Laboratory Capacity for the Prevention and Control of Emerging Infectious Diseases (ELC) funding enabled Maine Center for Disease Control and prevention’s (Maine CDC) response to a pertussis outbreak in an Amish community to be culturally informed. During pertussis outbreaks, Maine CDC distributes pertussis outbreak kits which typically include medical masks, hand sanitizer, tissues, and educational fact sheets that explain what pertussis is and steps that can be taken to prevent spread. However, when notified of a pertussis outbreak in an Amish community, the medical provider that was working in the community provided valuable insight regarding how these materials might be received.

The provider noted two main components of the standard outbreak kits that may not be as relevant to, or as well received by, this community. It was noted that English is not the primary language spoken in the community and there is limited proficiency in English, so the existing fact sheet might not be helpful. The provider also noted that the disposable medical masks might not be perceived as helpful due to them being single use products.

Maine CDC made quick changes to outbreak kits in consultation with an ELC funded health educator on staff. The health educator created an image-based fact sheet the same day Maine CDC was notified of the outbreak. Cloth masks were ordered to replace the disposable medical masks. These changes ensured that the community would receive information and materials in a way that aligned with their values and the response could be received more positively than the standard outbreak kit may have been.



This will serve as an example of how to **build trust by listening and responding to their particular cultural beliefs and norms**, which can be used again with other types of community niches within Maine.

### The “So What”

Maine CDC was able to leverage partnerships and staff to more effectively empower this Amish community with culturally relevant resources to help mitigate the outbreak. This adaptation was particularly important to the response as Maine CDC did not have a relationship with the community prior to this outbreak. So, this outreach was a great opportunity to establish a relationship with the community through the medical provider that they trust, and to encourage continued trust in the provider and reporting from the community.

### The “Now What”

Maine CDC’s ability to pivot to meet the needs of a specific group in the state’s population has fostered a relationship with the provider serving the Amish community whereby it can build trust for any further issues that may occur. This will serve as an example of how to build trust by listening and responding to their particular cultural beliefs and norms, which can be used again with other types of community niches within Maine.

ELC funds supported outreach to this specific population, making it more effective and reducing tension around future interactions between Maine CDC and this community. Cuts to funding may inhibit Maine CDC’s ability to provide materials that are culturally relevant and do not help to build relationships with communities. Besides not being able to afford materials, without the health educator position supported through ELC funding, turnaround time for culturally relevant documents would be significantly longer and less helpful to the population and controlling an outbreak.

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Key contributors to this project include Jessica Keller and Maura Lockwood, Maine Center for Disease Control and Prevention.