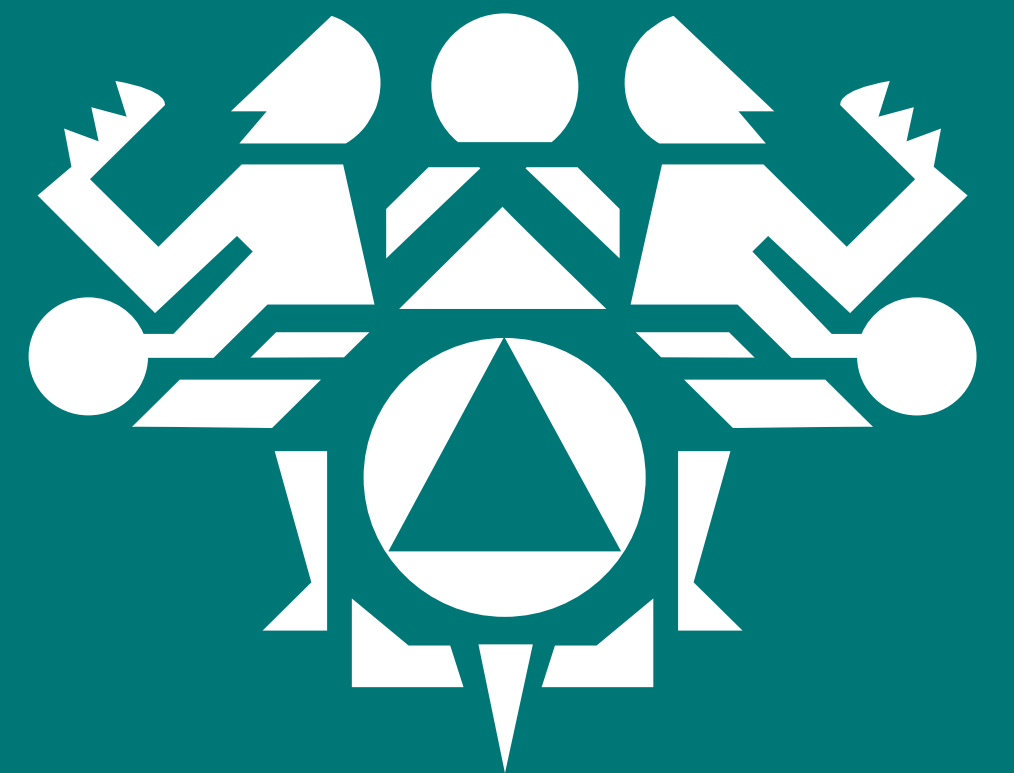


NPAIHB Weekly

Update

May 20, 2025





NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Agenda

- Welcome & Introduction: Bridget Canniff
- Announcements, Events, & Resources
- NW Tribal Elders Project – Promoting Healthy Aging: Chandra Wilson
- IHS, State & Tribal Partner Updates
- Questions & Comments

Please sign in, using the chat box, with your full name and tribe or organization

Upcoming Indian Country ECHO Telehealth Opportunities

- **Dermatology ECHO** – 3rd Tuesday of every month at 3pm PT
 - Tuesday, May 20th at 3pm PT
 - Topic: *Vulvar Dermatitis*
 - To join via Zoom:
<https://echo.zoom.us/j/81553202302?pwd=ZXplMERZSlpSSnJ5Y2VOam10NHpmdz09>
- **Hepatitis C ECHO** – Wednesdays at 11am PT
 - Wednesday, May 21st at 11am PT
 - Topic: *IHS HCV Dashboard*
 - To join via Zoom:
<https://echo.zoom.us/j/537117924?pwd=OEExbERmK2pSUFFsMzV1SmVpb3g3dz09>
- **The Month in Virology ECHO (Form. COVID-19 ECHO)** – 3rd Wednesday monthly at 12pm PT
 - Wednesday, May 21st at 12pm PT
 - Didactic Topic: *The Month in Virology Clinical Updates*
 - To join via Zoom:
<https://echo.zoom.us/j/807187455?pwd=cG1rcGhMVVGtnTGdqSDhKMlhGVFI2QT09>

Upcoming Indian Country ECHO Telehealth Opportunities

- **Dementia Caregiver Support ECHO** – 4th Thursday of every month at 11am PT
 - Thursday, May 22nd at 11am PT
 - To join via Zoom:
<https://echo.zoom.us/j/99454243940?pwd=NG9aWGUvRTdKSmgwTGllcklmVDRWUT09>
- **Journey to Health ECHO** – 2nd & 4th Thursday of every month at 7am/12pm PT
 - Thursday, May 22nd at 12pm PT
 - Didactic Topic: *Leading with Wisdom: Coaching & Indigenous Teachings for Resilient Leadership in Uncertain Times*
 - To join via Zoom:
<https://echo.zoom.us/j/93413601610?pwd=YVhMN1NUNllyWHZUZk1CUhF0TEY5QT09>

NPAIHB Weekly Update Schedule

May 27: Legislative & Policy Updates

Upcoming Featured Presentation:

June 17: Increasing MMR Immunization Rates:
Marc Mason, Warm Springs IHS Service Unit



Healthy Native Youth Community of Practice

Upcoming monthly gatherings:
May 21, 10 – 11 AM Pacific
June 11, 10 – 11 AM Pacific

Zoom Registration Link:

<https://us06web.zoom.us/meeting/register/tZAod-orTosGdNk5F3RvEYH4VMzCXzEHxsi>

COMMUNITY OF PRACTICE

As a community, we share our strengths and experiences about how we can uplift and support our Native youth. Sessions include resources and opportunities to engage with topical experts and caring adults.

WHEN?

60-minute virtual gatherings are held the second Wednesday of April, May, and June 2025.

Start Times:

9:00 AK, 10:00 PST, 11:00 MST,
12:00 CST, 1:00 EST

CONTACT US:

native@npaihb.org

REGISTER VIA THE EVENTS CALENDER

<https://www.npaihb.org/>





**Dementia 101:
Early Warning Signs and Symptoms**

May 21st, 9 am - 10 am

May 21st, 3 pm - 4 pm

May 29nd, 11 am - 12 pm

Registration: <https://www.surveymonkey.com/r/W5YZ8F7>



Registration

Northwest Tribal Dementia Coalition Meeting June 5th, 2025

10:30 am - 12:00 pm PST

A Zoom link will be emailed to you once you are registered.

Registration: <https://www.surveymonkey.com/r/CKR2DS7>

Facilitated by Chandra Wilson, Director, NW Tribal Elders, and Building Our Largest Dementia Projects

Designed for:

Tribal Elder Program staff, Senior Center staff, CHWs, CHRs, Medical and Clinical Providers, Caregivers and Social Workers.

Northwest Tribal Elders Project

Promoting Healthy Aging

Building Our Largest Dementia Infrastructure (BOLD)
Addressing Alzheimer's Disease and Related Dementia's (ADRD)



Presented by
Chandra Wilson, MSW
Project Director



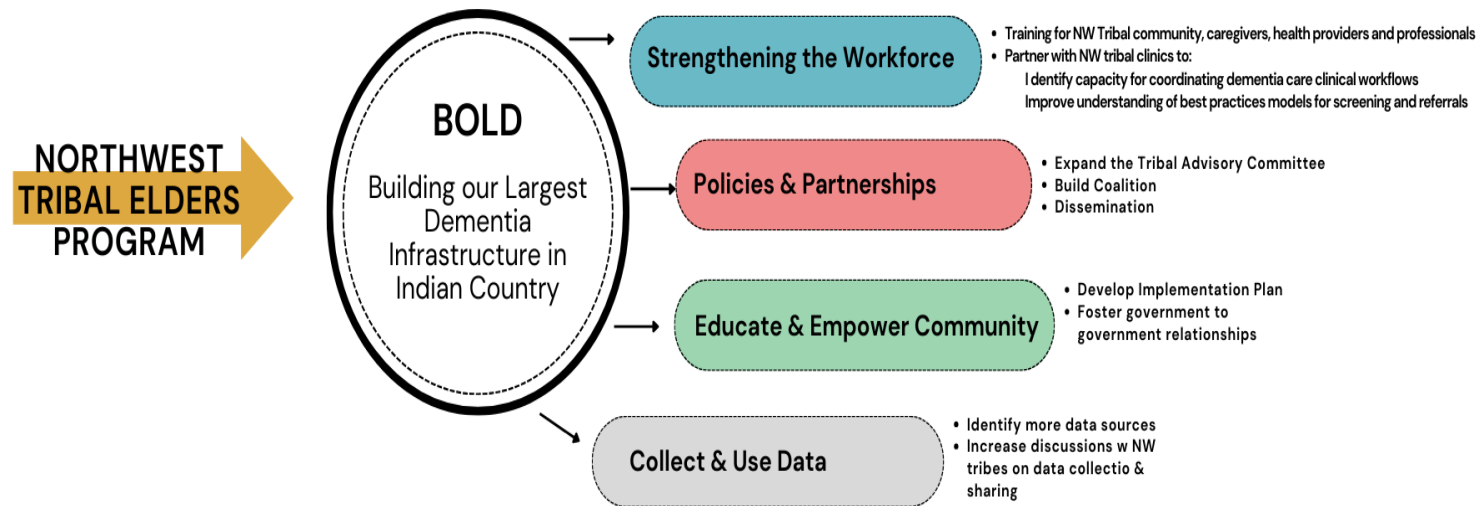
NPAIHB

NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Healthy Aging: Promoting Elder Health

Promoting Elder Health

Addressing Alzheimer's Disease and Related Dementia's



Northwest Portland Area Indian Health Board
NW Tribal Elders Program <https://www.npaihb.org/bold>



**NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD**
Indian Leadership for Indian Health

ADRD Facts

- In 2015-2017, one in six AI/ANs aged 45 and older reported subjective cognitive decline (SCD), which are self-reported difficulties in thinking or remembering. Nearly two-thirds (63%) of those with SCD had to give up some day-to-day activities because of these cognitive problems.
- Of people who are ages 65 and older: 1 in 9 people in the total U.S population may get dementia. However, 1 in 3 AI/AN may get dementia
- The number of older American Indians and Alaska Natives (AI/ANs) is increasing. An estimated 569,000 AI/ANs are aged 65 or older. This number is expected to triple over the next three decades.
- The number of AI/ANs living with dementia is also expected to increase. Between 2014-2060, the number of AI/ANs aged 65 and older living with dementia is projected to grow over five times.



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INDIAN HEALTH BOARD**
Indian Leadership for Indian Health

Component 1

3 years of Capacity Building

- Awarded by
 - CDC's Healthy Brain Initiative for Building our Largest Dementia Infrastructure (BOLD)
 - 3 – year capacity building cooperative agreement (2020-2023)
- Established a Tribal Advisory Committee (TAC)
- Community Needs Assessment
- Disseminated a strategic plan addressing ADRD
- Built community partners through engagement
- Identified culturally relevant support, resources and services
- Identified baseline data through existing and new partners

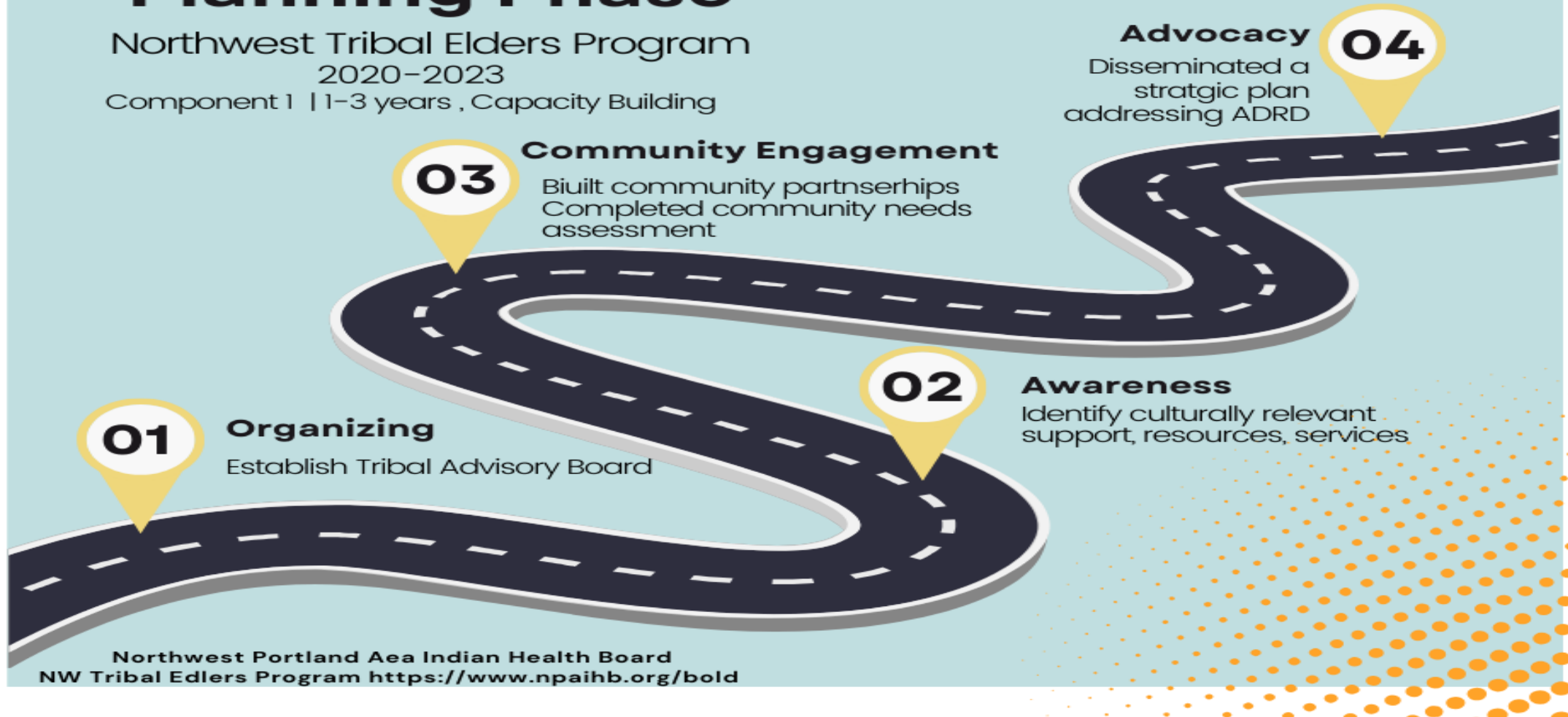


Component 1

3 years of Capacity Building

Planning Phase

Northwest Tribal Elders Program
2020–2023
Component 1 | 1–3 years, Capacity Building



NPAIHB

Component 2

5 years of Implementation

- Identify Policies and Mobilize Partnership
 - Expanding the Tribal Advisory Committee
 - Building a Tribal Brain Health and Dementia Coalition group
 - Training and Technical Assistance
- Education and Empower Community
 - Development Implementation Plan
 - Foster government to government relationships
- Collect and Use Data
 - Identify more data sources
 - Increase discussions with NW Tribes around data collection and sharing
- Strengthening the Workforce
 - Training for NW Tribal community, caregivers, health providers and professionals
 - Partner with NW tribal clinics to:
 - Identify capacity for coordinating dementia care clinical workflows
 - Improve understanding of best practices models for screening and referrals



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**NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD**
Indian Leadership for Indian Health

Component 2

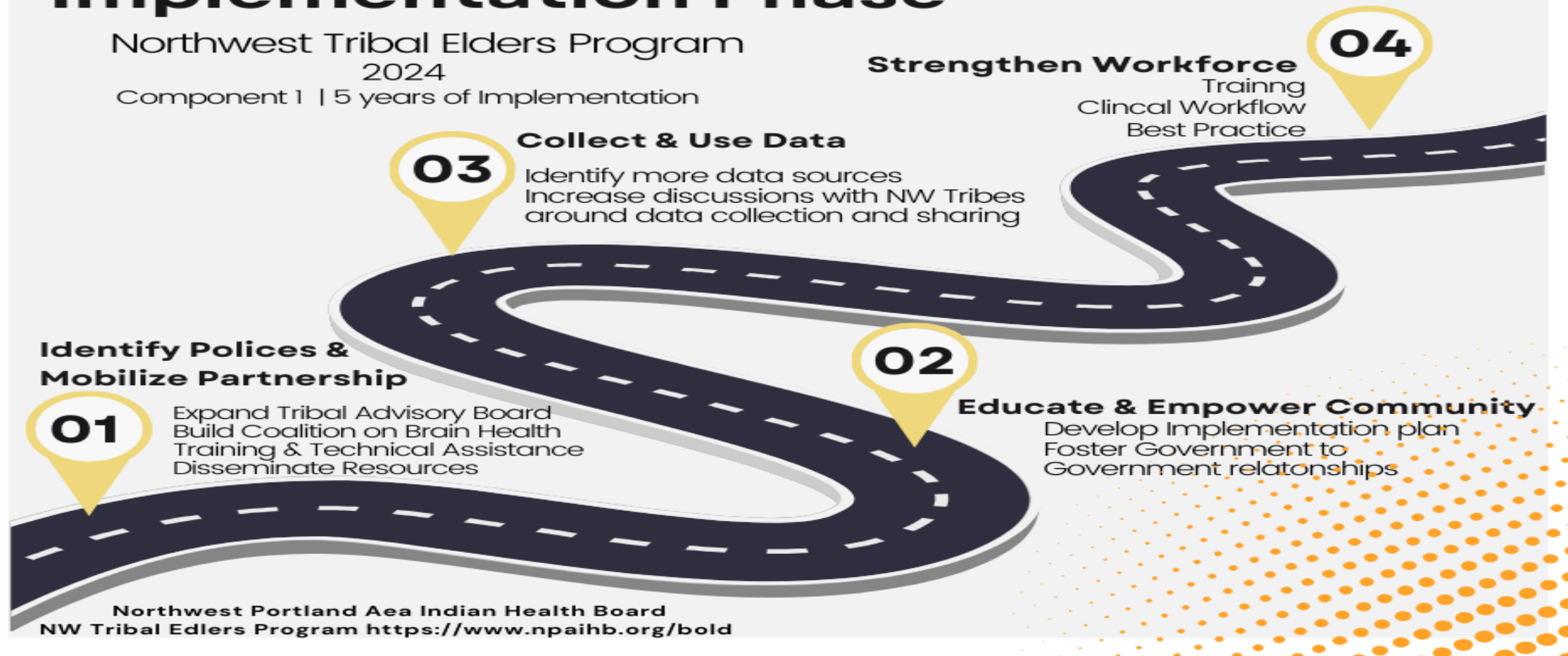
5 years of Implementation

Implementation Phase

Northwest Tribal Elders Program

2024

Component 1 | 5 years of Implementation



NPAIHB

Component 2: Year 1 Focus

5 years of Implementation

- Coalition Building
 - Past, Present, Future
 - Purpose
- Clinical Dementia Care Workflow
 - What are the current best practice models
- Training and Technical Assistance
 - Caregivers, Community Health Representatives
 - Tribal Health Programs and professionals
 - Clinical Providers and Professionals



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INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Component 2: Year 2 Focus

5 years of Implementation

- Active and Engaged Coalition
 - Coordinate and manage work
 - Education and Training
 - Draft Implementation plan to aid strategic plan
- Learning collaborative with NW Tribes on current best practice for clinical dementia care workflow
 - Identify existing clinical workflow
 - Evaluate current clinical workflow
- Providing useful Training and Technical Assistance
 - Caregivers, Community Health Representatives
 - Tribal Health Programs and professionals
 - Clinical Providers and Professionals

Thank you

Questions?

To learn more about the NTEP-BOLD program or to let us know how we can support your programs, you can reach me at

cwilson@npaihb.org



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

This presentation is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$900,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.



Portland Area IHS Communicable Diseases Update

TARA PERTI, MD, MPH
MEDICAL EPIDEMIOLOGIST
OFFICE, PORTLAND AREA IHS
May 20, 2025

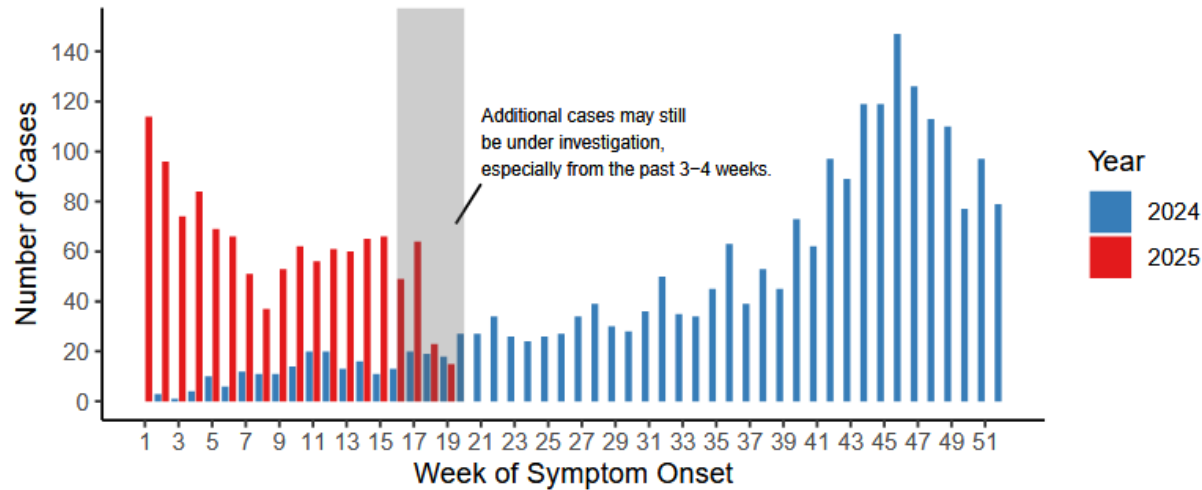


Outline

- Pertussis update
- Measles update
- Summary and Recommendations

Pertussis – Washington, 2025 (through Week 19)

Pertussis – Washington, 2024-2025

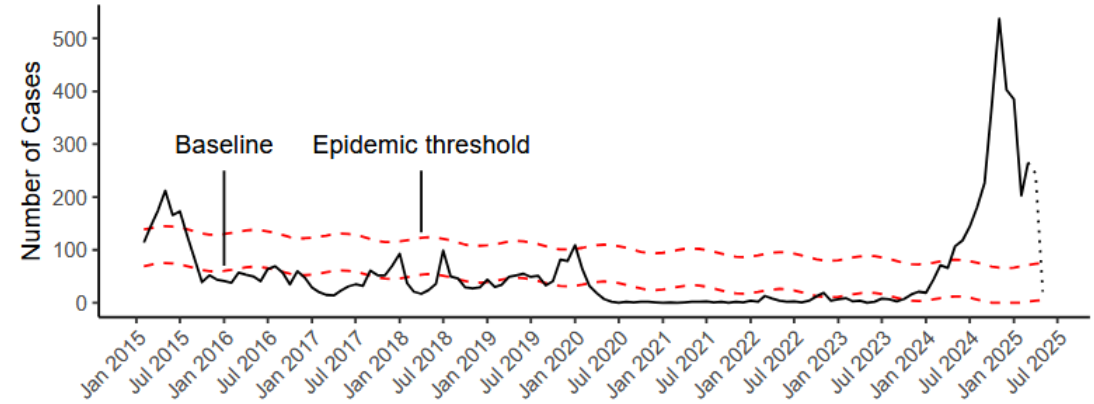


Washington: 1,165 cases reported through week 19 (5/10/25)
(2024 YTD Cases: 229)

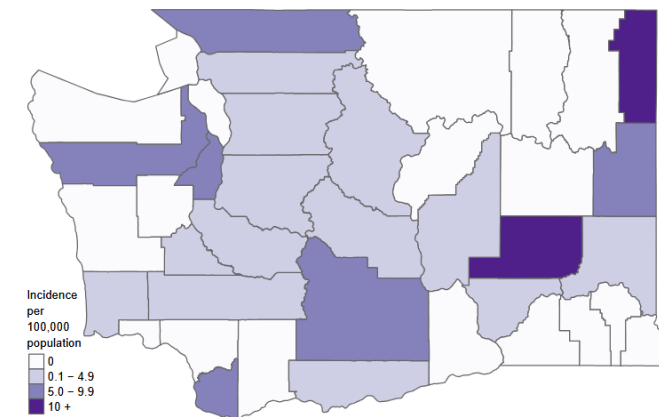
Washington: More cases reported to date in 2025 than any other State

US: 10,771 cases reported through Week 17 (5/10/25)
(2024 YTD Cases: 5,707)

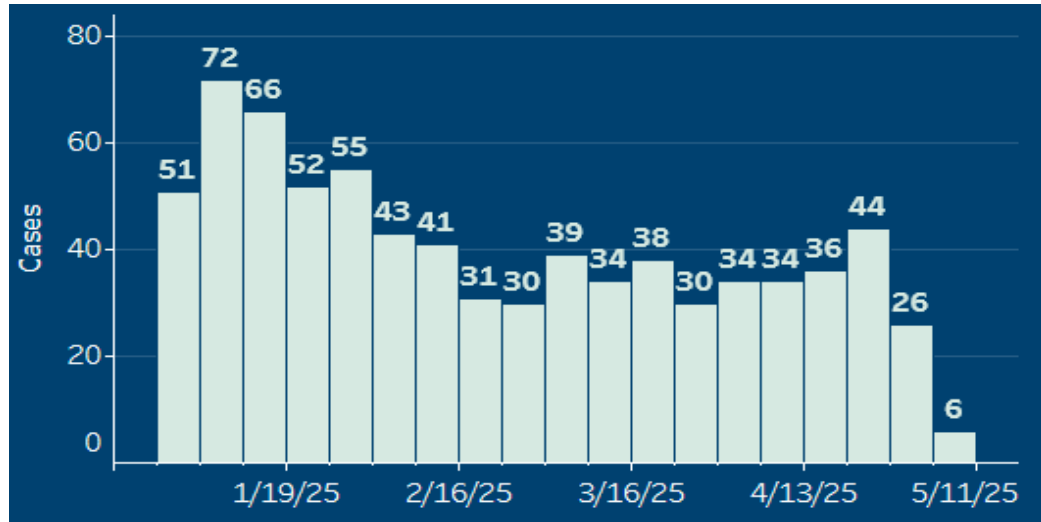
Pertussis – Washington, 2015-2025



Six-Week Pertussis Incidence Rates by County, Washington – 2025 (Week 14-19)



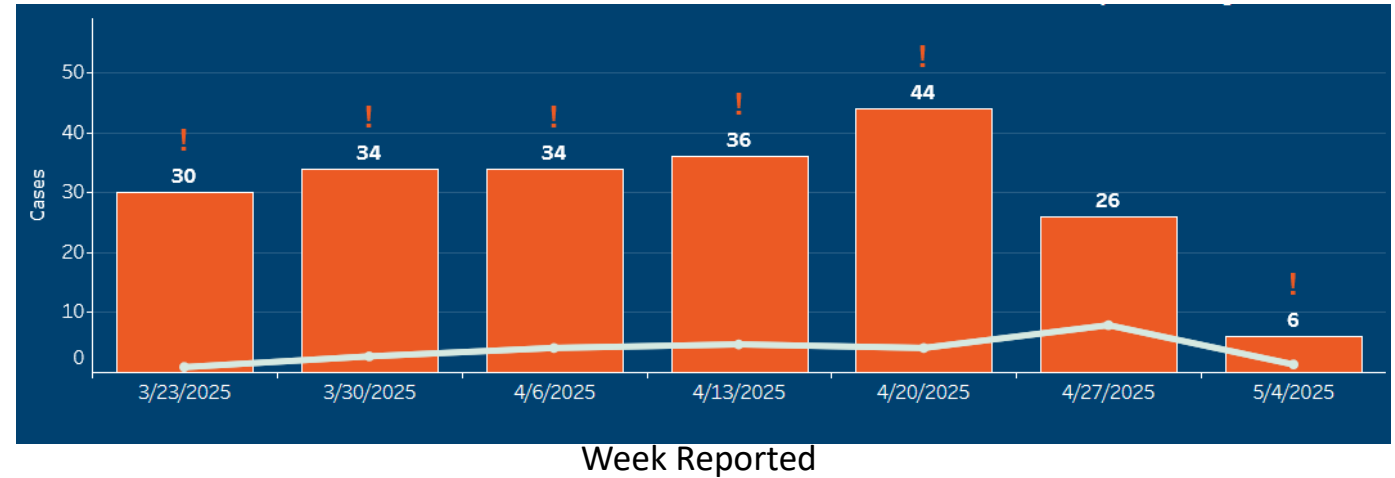
Pertussis – Oregon, 2025 (through Week 19)



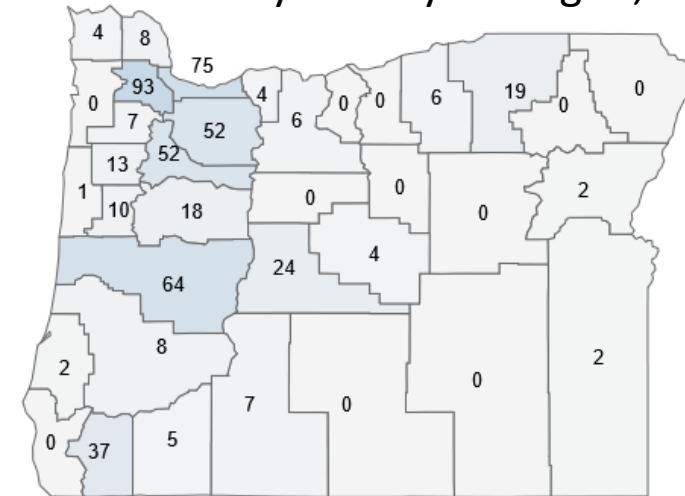
Week Reported

762 cases reported through week 19
(2024 YTD Cases: 180)

Oregon: Second highest number of cases reported in 2025.



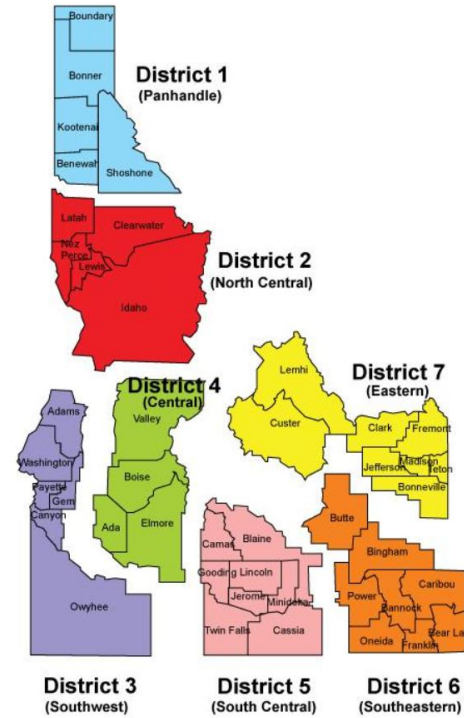
Pertussis Cases by County – Oregon, April 2025



Pertussis – Idaho, 2025

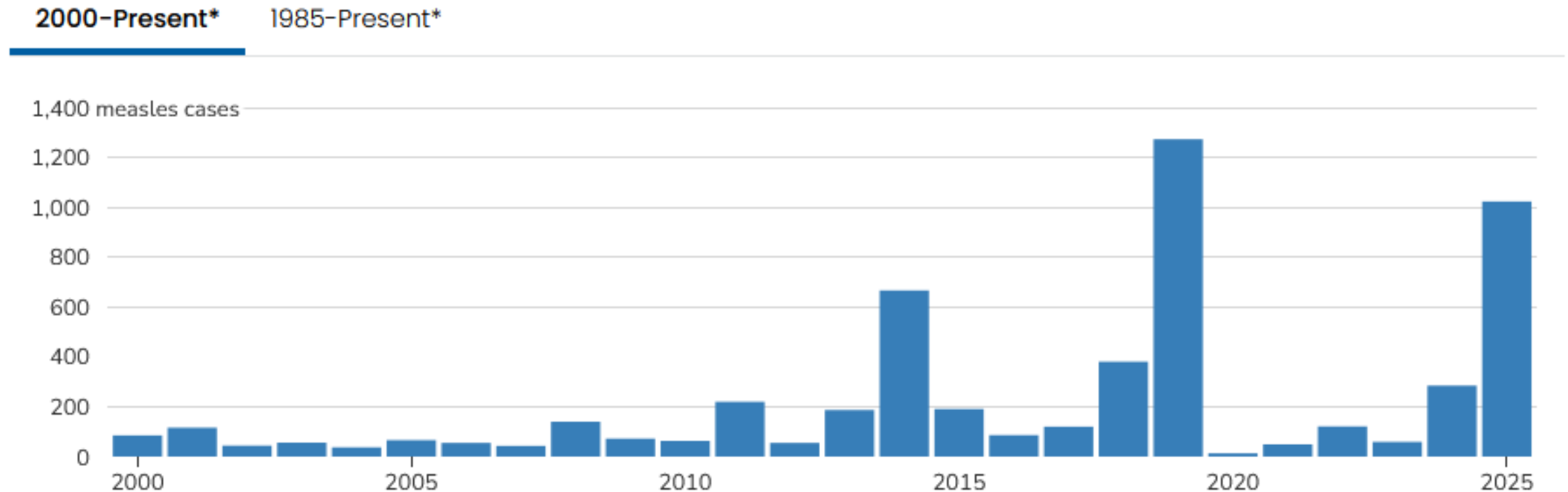
Idaho: 368 cases reported through 5/9.

12th highest number of cases reported in 2025.



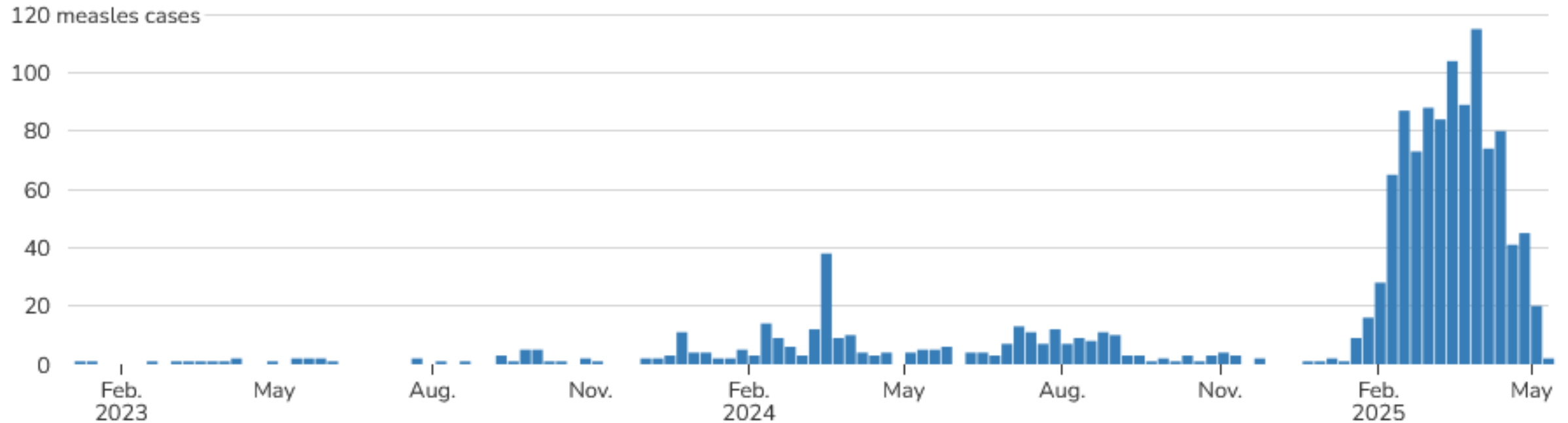
Yearly Measles Cases – United States, 2000-Present

as of May 15, 2025



Measles – United States, 2023-2025 (through 5/15)

2023–2025* (as of May 15, 2025)



Measles — United States, 2025

- Overall, in the U.S., there have been 1024 **confirmed** cases of measles in 30 states through 5/15. 93% of cases are from one of 14 outbreaks (≥ 3 related cases).

- <5 years old: 30%, 5-19 years: 38%, ≥ 20 years: 32% (unknown: 1%).
- 13% hospitalized; 3 deaths among unvaccinated individuals.
- 96% unvaccinated or with unknown vaccination status, 1% with one MMR dose, 2% with two MMR doses.

Ongoing outbreaks:

- Texas: 718 confirmed cases; 2 deaths in a school-aged children (through 5/9) (15 additional cases not associated with the outbreak).

- New Mexico: 74 cases; 1 death

- Michigan: 8 cases
(4 outbreak-associated)

- Kansas: 56 cases
(54 outbreak-associated)

- Indiana: 8 cases

- Ohio: 36 cases

- Montana: 8 cases

- Oklahoma: 14 cases

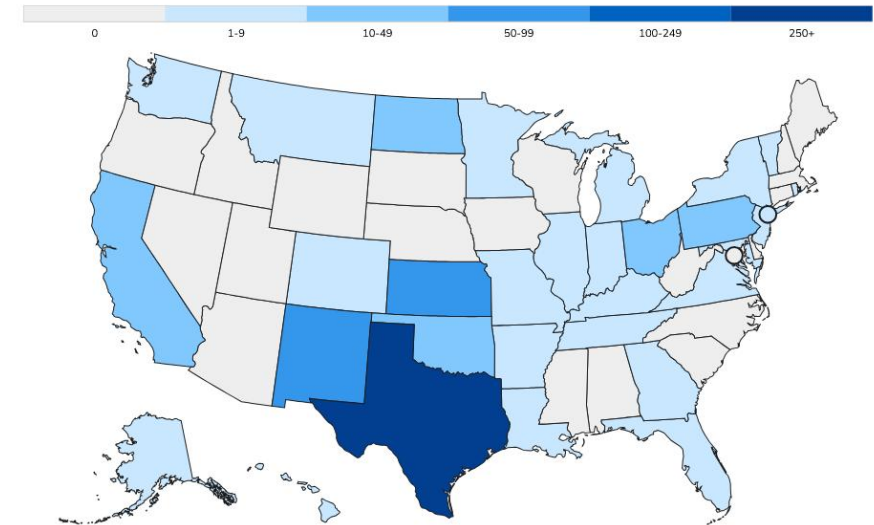
- Illinois: 8 cases

- Pennsylvania: 15 cases

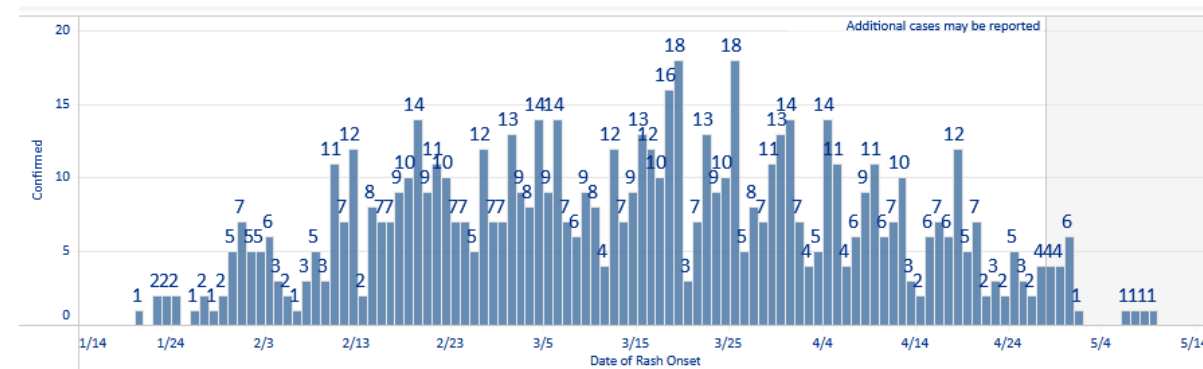
- Tennessee: 6 cases

- North Dakota: 13 cases

(Georgia and New Jersey: 3 cases in February without ongoing transmission)



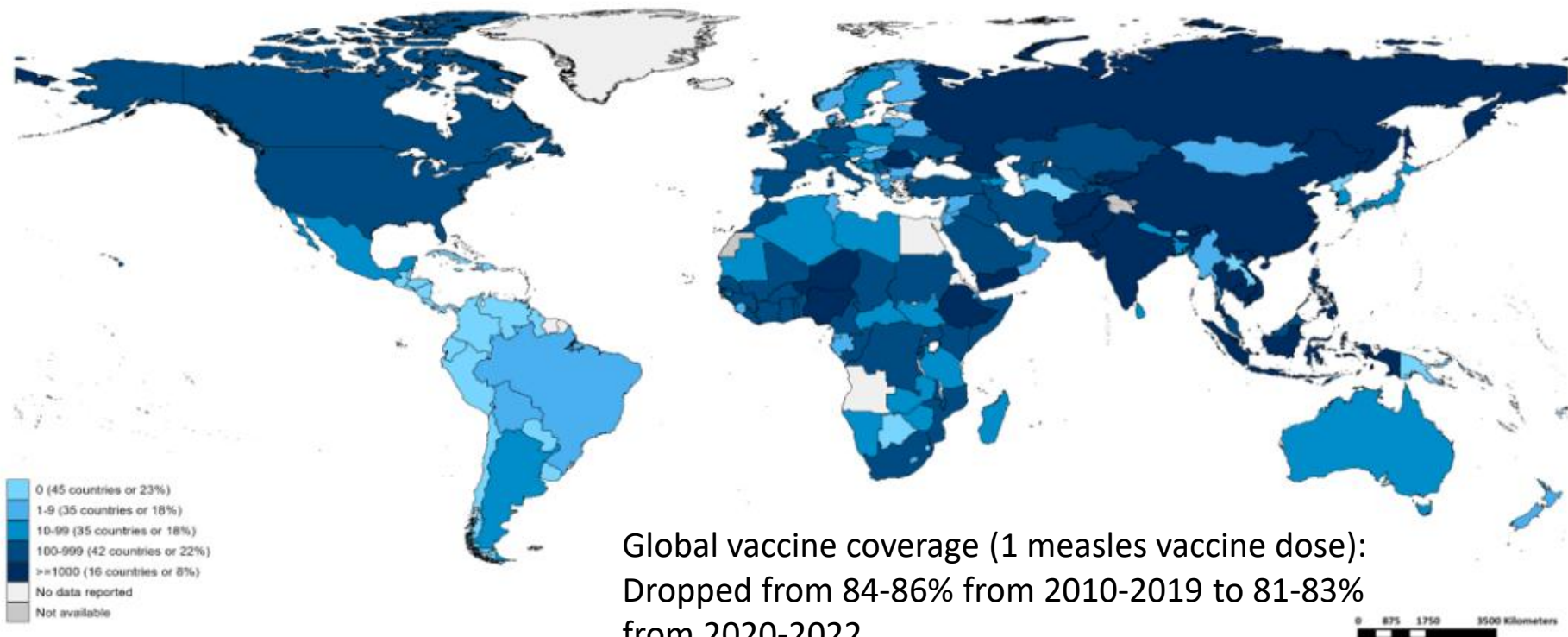
Measles Cases — Texas, 2025 (Through 5/16)



Measles — Washington, 2025 (N=5)

- Unrelated to these outbreaks, on 2/26/25, King County was notified of an infant with measles, likely exposed during international travel. There was a second case of measles in an adult in Snohomish County linked to this case.
- On 4/1, Snohomish County was notified of an infant with measles, unrelated to the other cases, also likely exposed during international travel.
- On 4/4, King County was notified of an adult with measles, unrelated to the other cases, also likely exposed during international travel.
- On 4/22, King County was notified of an infant with measles, unrelated to the other cases, also likely exposed during international travel.
- There have now been 3 additional cases among people who traveled through King County, but are not residents of King County:
 - **Latest case: Canadian resident, exposure sites in King and Snohomish counties between April 30 and May 3, 2025. Additional details available at: <https://publichealthinsider.com/2025/05/13/potential-exposure-to-measles-from-traveler-at-seattle-tacoma-international-airport-and-nearby-hotel-2-2/>**
 - Anyone who was at one of these locations should check their immunization records to see if they are protected from measles and to ensure they get vaccinated if not immune.
 - Anyone at one of these locations should monitor for symptoms until 5/24/25. If symptoms develop they should call the clinic or hospital ahead to notify them of the need for evaluation for measles.

Number of Measles Cases Globally, 9/2024-2/2025



Country	Cases*
Yemen	10,794
India**	7,201
Pakistan	6,217
Ethiopia	5,309
Afghanistan	5,236
Thailand	5,142
Kyrgyzstan	4,502
Romania	4,077
Indonesia	2,751
Nigeria	1,892



Map production: World Health Organization, 2025. All rights reserved
Data source: IVB Database

Disclaimer: The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

CDC: Importations of measles to the U.S. in recent years haven been from travel to the Philippines, Ukraine, Israel, Thailand, Vietnam, England, France, Germany, and India.

WHO. Measles and Rubella Global Update March 2025. Available at: https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fimmunizationdata.who.int%2Fdocs%2Flibrariesprovider21%2Fmeasles-and-rubella%2Fglobal-mr-update.pptx%3Fsfvrsn%3D3547ebab_9&wdOrigin=BROWSELINK
Centers for Disease Control and Prevention. Clinical Overview of Measles. Available at: <https://www.cdc.gov/measles/data-research/index.html>; Filardo TD, Mathis A, Raines K, et al. Measles. In: Manual for the Surveillance of Vaccine Preventable Diseases. 2019. 10 Available at: https://www.cdc.gov/surv-manual/php/table-of-contents/chapter-7-measles.html?CDC_AAref_Val=https://www.cdc.gov/vaccines/pubs/surv-manual/chpt07-measles.html

Summary

- Washington and Oregon have had the first and second highest number of cases reported to date in 2025 than any other State in the U.S. Washington: 1,165; Oregon: 762; Idaho: 368 (Total: 2295; 56% of cases in 2024; over 1/5th of cases in the U.S. this year). Cases remain above baseline.
- Measles: 1024 cases in 30 states (through 5/15) with 3 deaths. 93% associated with one of 14 outbreaks. 96% unvaccinated or with unknown vaccination status.
- There have now been 5 cases of measles among Washington State residents. A visitor from Canada was diagnosed with measles with exposure sites in King and Snohomish counties between April 30 and May 3, 2025. Anyone at one of these locations should monitor for symptoms until 5/24/25.
- $\geq 95\%$ vaccine coverage is needed to prevent measles outbreaks in communities. In 2023-2024, MMR coverage among kindergartners declined: Washington: 91.3%, Oregon: 91.2%, and Idaho: 79.6%. This number is much lower in some communities and schools (e.g. in Washington, 23 (2%) of schools: <50% of students completed MMR immunization).

Recommendations

- Ensure patients at your clinics are up to date on immunizations to protect your patients and the community.
- Consider using multiple strategies to increase vaccination rates (e.g. reminder/recall, electronic prompts, standing orders, increasing patient access, provider audit and feedback with benchmarks, CME on provider communication techniques (e.g. boostoregon.org webinars including on motivational interviewing), vaccine clinics, reviewing/addressing vaccination status with WIC beneficiaries, messaging utilizing trusted messengers).
- **Pertussis:** DTaP (5 doses): 3 dose primary series at 2, 4 and 6 months, followed by a booster dose at 15-18 months and 4-6 years. Tdap: - 1 dose at age 11-12 years, then either Td or Tdap every 10 years. During each pregnancy, in the early part of 27-36 weeks gestation. Anyone who expects to be in close contact with the infant and is not up to date on pertussis immunizations should be immunized at least 2 weeks prior to meeting the infant.
- **Measles:** Children: Dose #1 at 12-15 months; Dose #2 at 4-6 years old, before school entry.
 - For international travelers or those living or traveling to a community with an outbreak: Infants should receive dose #1 early, at ≥ 6 months, prior to international travel. This should also be considered for those living or traveling to a community with an ongoing outbreak. If vaccinated before 12 months, they should be revaccinated with the 2 dose series, starting at 12-15 months. Dose #2 can also be given early, at least 28 days after Dose #1. Those ≥ 12 months old should receive 2 doses at least 28 days apart prior to travel.
 - Adults without presumptive evidence of immunity (i.e. documentation of 1 or 2 doses of MMR vaccine (depending upon risk), laboratory evidence of immunity, laboratory-confirmed disease, or birth before 1957) should also be immunized, with the number of doses depending upon their risk. Those who should receive 2 doses of MMR vaccine (separated by at least 28 days):
 - International travelers (2nd dose at least two weeks prior to travel). This should also be considered for those living or traveling to a community with an outbreak.
 - College students.
 - Household/close contacts of immunosuppressed persons.
 - People with HIV infection with CD4 >200 (live vaccines contraindicated in immunosuppressed persons and pregnant women).
 - Healthcare workers (those born before 1957 and without presumptive immunity should consider 2 doses of MMR vaccine; this is more strongly recommended for communities with outbreaks).
 - Those vaccinated between 1963-1967 and received a killed or unknown type of measles vaccine or a measles vaccine given together with immune globulin should also be immunized (2 doses if above risk factors).

HHS: All individuals should consult with their health care providers to understand their options regarding vaccinations.

Recommendations (cont.)

- **When pertussis is suspected:**
 - **Recommend testing:** Nasopharyngeal swab [polyester (e.g. Dacron), rayon, or nylon-flocked] placed in liquid transport media or nasopharyngeal wash/aspirate for *Bordetella pertussis* PCR within 3-4 weeks of cough onset.
 - **Consider treatment** prior to results for highly suspected cases of pertussis, those at high risk for severe disease (e.g. infants <1 year, immunocompromised, persons with asthma), or those who will have contact with someone at high risk for severe disease (including pregnant women in their third trimester).
 - Symptom severity can be decreased when treatment is provided prior to the onset of a paroxysmal cough.
 - Treatment also given to prevent transmission. Patients are infectious from the onset of their illness to 3 weeks after the start of the paroxysmal cough.
 - CDC recommends initiating treatment for infants < 1 year or pregnant women up to 6 weeks after onset of cough, and for others, up to 3 weeks after onset of cough.
 - First-line treatment: Azithromycin (preferred for newborns <1 month old), erythromycin, or clarithromycin (≥ 1 month old). Trimethoprim-sulfamethoxazole (≥ 2 months old) is an alternative option.
 - **Consider post-exposure prophylaxis** for all household contacts, and other contacts who are either at high risk of severe infection or who will have contact with others at high risk (within 21 days of cough onset for index patient, or for those at high risk, within 21 days of exposure to an infectious pertussis case).
 - **Isolation:** Patients with pertussis need to stay home until 5 days of treatment or, if not treated, until 3 weeks after start of coughing paroxysms (6 weeks for infants < 1 year old).

Recommendations (cont.)

- Prepare for measles:
 - Ensure all health care workers have presumptive evidence of measles immunity.
 - If a measles case is identified in your community, develop signage and a protocol to screen patients for possible measles on triage (e.g. fever and rash, with international travel, travel to a community with a measles outbreak, or known exposure to measles in the past 21 days), providing patients with possible measles a mask to wear and to immediately bring back to a designated room available (e.g. airborne infection isolation room if available).
- Consider measles in anyone with a fever and generalized maculopapular rash with recent international travel or travel to an area with a measles outbreak, or exposure to a measles case.
- Recommend testing performed in collaboration with local health jurisdiction (throat or NP swab for measles PCR in viral transport media, possibly urine for measles PCR, blood for measles IgM and IgG).

Patient Education Resources for Immunizations for Measles and Other Vaccine Preventable Diseases

- IHS: <https://www.ihs.gov/epi/health-surveillance/educational-resources/>; <https://www.ihs.gov/NIPHC/public-health-messaging/>
- NPAIHB: Email vaccinative@npaihb.org to access the vaccine resource folder (while website is down; in the future, resources will be available at indiancountryecho.org).
- Centers for Disease Control and Prevention: <https://www.cdc.gov/measles/resources/index.html>
- Washington State Department of Health: <https://doh.wa.gov/you-and-your-family/illness-and-disease-z/measles>; <https://doh.wa.gov/you-and-your-family/immunization>; <https://doh.wa.gov/sites/default/files/2025-03/820310-MeaslesCommunicationsToolkit.pdf>
- Oregon Health Authority: <https://www.oregon.gov/oha/ph/diseasesconditions/diseasesaz/pages/measles.aspx>; <https://www.oregon.gov/oha/ph/preventionwellness/vaccinesimmunization/gettingimmunized/pages/index.aspx>
- Idaho Department of Health & Welfare: <https://healthandwelfare.idaho.gov/services-programs/children-families/child-and-adolescent-immunization>; <https://healthandwelfare.idaho.gov/services-programs/children-families/adult-immunization>
- Boost Oregon: <https://boostoregon.org>
- Immunize.org: https://www.immunize.org/clinical/a-z/?wpsolr_fq%5B0%5D=audiences_str%3AVaccine%20Recipients&wpsolr_fq%5B1%5D=imm_language_str%3AEnglish
- Vaccine Education Center at Children's Hospital of Philadelphia: <https://www.chop.edu/vaccine-education-center>
<https://www.chop.edu/vaccine-update-healthcare-professionals/resources/vaccine-and-vaccine-safety-related-qa-sheets>
- Indian Country ECHO/UNM Project ECHO: <https://projectecho.app.box.com/s/piod28mg2rv66c7zpbf13u9lr3hzhiup>
“Making a Strong Vaccine Recommendation: Vaccine Communication”; “MMR Vaccine Outreach Strategies”; “Current Measles Response and Clinical and Prevention Best Practices”

Additional Resources

American Academy of Pediatrics. Measles. In: Kimberlin DW, Banerjee R, Barnett ED, Lynfield R, Sawyer MH, Long SS, eds. Red Book: 2024–2027 Report of the Committee on Infectious Diseases. 33rd Edition. Itasca, IL: American Academy of Pediatrics; 2024: 570-585.

American Academy of Pediatrics. Pertussis (Whooping Cough). In: Kimberlin DW, Banerjee R, Barnett ED, Lynfield R, Sawyer MH, eds. Red Book: 2024 Report of the Committee on Infectious Diseases. American Academy of Pediatrics; 2024: 656-667.

Centers for Disease Control and Prevention. Adult Immunization Schedule by Age. Available at: <https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.html>.

Centers for Disease Control and Prevention. Catch-Up Guidance for Children 4 Months through 6 Years of Age. Available at: <https://www.cdc.gov/vaccines/schedules/downloads/child/job-aids/dtap.pdf>

Centers for Disease Control and Prevention. Child and Adolescent Immunization Schedule by Age. Available at: <https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html>

Centers for Disease Control and Prevention. Clinical Overview of Pertussis. Available at: <https://www.cdc.gov/pertussis/hcp/clinical-overview/index.html>.

Centers for Disease Control and Prevention. Guidelines for Environmental Infection Control in Health-Care Facilities. Available at: <https://www.cdc.gov/infection-control/media/pdfs/guideline-environmental-h.pdf>. 2003.

Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings. Available at: <https://www.cdc.gov/infection-control/hcp/measles/index.html>

Centers for Disease Control and Prevention. Measles. In: Hall E., Wodi A.P., Hamborsky J., et al., eds. Epidemiology and Prevention of Vaccine-Preventable Diseases. 14th ed. Washington, D.C.: Public Health Foundation; 2021. Available at: <https://www.cdc.gov/pinkbook/hcp/table-of-contents/chapter-13-measles.html>

Centers for Disease Control and Prevention. Nationally Notifiable Infectious Diseases and Conditions, United States: Weekly Tables. Available at: <https://stacks.cdc.gov/view/cdc/178034>

Centers for Disease Control and Prevention. Routine Measles, Mumps, and Rubella Vaccination. Available at: <https://www.cdc.gov/vaccines/vpd/mmr/hcp/recommendations.html#hcp>

Centers for Disease Control and Prevention. Questions About Measles. Available at: <https://www.cdc.gov/measles/about/questions.html>

Filardo TD, Mathis A, Raines K, et al. Measles. In: Roush SW, Baldy LM, Mulroy J, eds. Manual for the Surveillance of Vaccine Preventable Diseases. Atlanta, GA: Centers for Disease Control and Prevention. Paged last reviewed: 05/13/2019. Available at: https://www.cdc.gov/surv-manual/php/table-of-contents/chapter-7-measles.html?CDC_AAref_Val=https://www.cdc.gov/vaccines/pubs/surv-manual/chpt07-measles.html

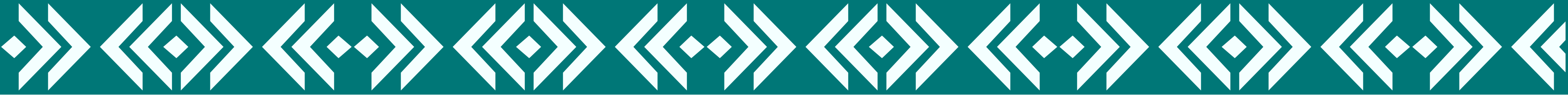
Oregon Health Authority. Measles / Rubeola (vaccine-preventable). Available at: <https://www.oregon.gov/oha/ph/diseasesconditions/diseasesaz/pages/measles.aspx>

Oregon Health Authority. Oregon's Weekly Communicable Disease Report. Available at: <https://public.tableau.com/app/profile/oregon.public.health.division.acute.and.communicable.disease.pre/viz/WeeklyCommunicableDiseaseReport/ACDPWeeklyReport>

Washington State Department of Health. Measles. Available at: <https://doh.wa.gov/public-health-provider-resources/notifiable-conditions/measles>.
MMR Vaccine FAQ for Healthcare Providers and LHJs; Immunization Response Guide; Measles Post-Exposure Prophylaxis (PEP) for Non-Symptomatic Susceptible Contacts

Washington State Department of Health. Pertussis Weekly Update. Available at: <https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/348-254-PertussisUpdate.pdf>





Partner Updates

Questions & Comments