NPAIHB Weekly Update May 27, 2025





NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD Indian Leadership for Indian Health

Agenda

- Welcome & Introduction: Bridget Canniff
- Announcements, Events, & Resources
- Legislative & Policy Updates: NPAIHB Health Policy Team
- 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

- Care and Access for Pregnant People ECHO 4th Tuesday of every month at 11am PT
 - Tuesday, May 27th at 11am PT
 - Didactic Topic: Congenital Syphilis
 - To join via Zoom: • https://echo.zoom.us/j/87128078680?pwd=c2hMOEFnWU9QWVZMd2dpL0J0ODNidz09
- Hepatitis C ECHO Wednesdays at 11am PT
 - Wednesday, May 28th at 11am PT
 - Didactic Topic: Providing Methadone and Holistic OUD Care in Indian Country •
 - To join via Zoom: ۰ https://echo.zoom.us/j/537117924?pwd=OEExbERmK2pSUFFsMzV1SmVpb3g3dz09
- Early Relational Health (ERH) ECHO Formerly MCH ECHO 4th Wednesday of every month at 12pm PT ۰.
 - Wednesday, May 28th at 12pm PT
 - Didactic Topic: Why Timing Matters: A Story of SMA & the Transformative Role of Gene Therapy •
 - To join via Zoom: • https://echo.zoom.us/j/86327376612?pwd=YVRiY0dxeXV1Ukl2ZE9objU2U2hrZz09









NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD Indian Leadership for Indian Health

NPAIHB has a new home!

As of May 21, 2025, our new office address is:

Please update your address books and contact lists. Our phone number and email address remain unchanged.

Northwest Portland Area Indian Health Board 920 NW 17th Ave Portland, OR 97209

Questions? Please contact operations@npaihb.org.





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

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

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.

Healthy Native Youth Community of Practice

Next monthly gathering: June 11, 10 – 11 AM Pacific

Zoom Registration Link: https://us06web.zoom.us/meeting/register/tZAo d-orTosGdNk5F3RvEYH4VMzCXzEHxsi

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



$((\prec \bullet \succ))((\prec \bullet \succ))((\prec \bullet \succ))((\prec \bullet \succ))$ **COMMUNITY OF PRACTICE**

CONTACT US: native@npaihb.org

REGISTER VIA THE EVENTS CALENDER https://www.npaihb.org/





Legislative & Policy Update

NPAIHB Weekly Update May 27, 2025











House Passes Budget Reconciliation



pass the One Big Beautiful Bill Act (H.R. 1) • One member voting "present" Two members not voting the passage of the bill • House Rules Committee

• Combined Text of the Revised Bill



• The House of Representatives voted 215 to 214 to

- This link shares how your House member voted on

House Energy and Commerce Committee - Subtitle D: Health

Highlights:

- Section 44141. Medicaid community engagement (or work) requirements for certain individuals
 - AI/AN individuals are excluded
 - Medicaid work requirements moved to go into effect on December 31, 2026
 - ~13.7M citizens are expected to lose their health care coverage under Medicaid





House Energy and Commerce Committee -Subtitle D: Health

Highlights:

- Supplemental Nutrition Assistance Program (SNAP). Under the bill, states would be required to cover at least 5% of the costs of SNAP
 - This would be estimated to be the biggest cut in SNAP's history
- **Tax cuts**. The House-passed H.R. 1 would add \$2.3 trillion over ten (10) years to the nation's existing \$36 trillion deficit







Next Steps:

- Senate
- version of the bill





• The House-passed bill now moves on to the

• Senate can only lose three (3) votes to pass their

Upcoming National & Regional Meetings





National & Regional Meetings

June 9-12

NCAI: 2025 MidYear Convention

Mashantucket, CT

June 17-18

Tribal Leaders Diabetes Committee

Virtual





June 24-25

Purchased/ **Referred Care** Workgroup



NPAIHB Policy Resources



WEEKLY

- Legislative & Policy Update Email
- Cindy Darcy's D.C. Legislative Update
- Coalition for Tribal Sovereignty

O2 MONTHLY

> NPAIHB Weekly Update (4th Thursday)







QUARTERLY

- NPAIHB QBM
- ATNI Health Committee

NPAIHB POLICY TEAM



HILARY EDWARDS, JD

SWINOMISH INDIAN TRIBAL COMMUNITY **Director of Legal & Government** Affairs hedwards@npaihb.org

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Portland Area IHS Communicable Diseases Update

TARA PERTI, MD, MPH MEDICAL EPIDEMIOLOGIST

OFFICE, PORTLAND AREA IHS

May 27, 2025



Outline

- Pertussis update
- Measles update
- Summary and Recommendations

Pertussis – Washington, 2025 (through Week 20)



Washington: <u>1,217 cases</u> reported through week 20 (5/17/25) (2024 YTD Cases: 256)

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

US: 10,785 cases reported through Week 19 (5/10/25) (2024 YTD Cases: 5,726)

Pertussis – Washington, 2015-2025



Six-Week Pertussis Incidence Rates by County, Washington – 2025 (Week 15-20)



Pertussis – Oregon, 2025 (through Week 20)



814 cases reported through week 20 (2024 YTD Cases: 207) Oregon: Second highest number of cases reported in 2025.



Week Reported

Pertussis Cases by County – Oregon, April 2025



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

https://public.tableau.com/app/profile/oregon.public.health.division.acute.and.communicable.disease.pre/viz/MonthlyReportDashboard_EXTERNAL_AGGREGATED/MonthlyReportDashboard

Pertussis – Idaho, 2025



Idaho: 385 cases reported through 5/16.

Yearly Measles Cases – United States, 2000-Present



Centers for Disease Control and Prevention. Measles Cases and Outbreaks. Available at: <u>https://www.cdc.gov/measles/data-research/index.html</u> Filardo TD, Mathis A, Raines K, et al. Measles. In: Manual for the Surveillance of Vaccine Preventable Diseases. 2019. Available at: https://www.cdc.gov/surv-manual/php/table-ofcontents/chapter-7-measles.html?CDC_AAref_Val=https://www.cdc.gov/vaccines/pubs/surv-manual/chpt07-measles.html

Measles – United States, 2023-2025 (through 5/22)

2023-2025* (as of May 22, 2025)



Measles — United States, 2025

- Overall, in the U.S., there have been 1046 **confirmed** cases of measles in 30 states through 5/22. 92% of cases are from one of 14 outbreaks (≥3 related cases).
 - <5 years old: 30%, 5-19 years: 37%, ≥ 20 years: 32% (unknown: 1%).
 - 12% hospitalized overall (22% of those <5 years-old 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: 728 confirmed cases; 2 deaths in a school-aged children (22 additional cases not associated with the outbreak).
- New Mexico: 78 cases; 1 death
- Montana: 10 cases

- Kansas: 58 cases (56 outbreak-associated)
- Ohio: 36 cases
- North Dakota: 21 cases
- Pennsylvania: 15 cases
- Oklahoma: 14 cases

- Illinois: 10 cases
- Michigan: 8 cases (4 outbreak-associated)
- Indiana: 8 cases
- •Tennessee: 6 cases
- (Georgia and New Jersey: 3 cases in February without ongoing transmission)

Centers for Disease Control and Prevention. Measles Cases and Outbreaks. Available at: https://www.cdc.gov/measles/data-research/index.html Texas Health and Human Services. Measles Outbreak – March 14, 2025. Available at: https://www.dshs.texas.gov/news-alerts/measles-outbreak-2025 New Mexico Department of Health. 2025 Measles Outbreak Guidance. Available at: https://www.nmhealth.org/about/er/ideb/mog/ Kansas Department of Health and Environment. Measles Data. Available at: https://www.nmhealth.org/about/er/ideb/mog/ Ohio Department of Health. Summary of Infectious Diseases in Ohio. Available at: <a href="https://www.kdhe.ks.gov/ws/portal/gov/data/view/summary-of-infectious-centers/light/data.shio.gov/ws/portal/gov/data/view/summary-of-infectious-centers/light/data.shio.gov/ws/portal/gov/data/view/summary-of-infectious-centers/light/data.shio.gov/ws/portal/gov/data/view/summary-of-infectious-centers/light/data.shio.gov/ws/portal/gov/data/view/summary-of-infectious-centers/light/data.shio.gov/ws/portal/gov/data/view/summary-of-infectious-centers/light/sum







Oklahoma State Department of Health. Measles. Available at: <u>https://oklahoma.gov/health/health-education/acute-disease-service/rash-illness/measles.htm</u> Michigan Department of Health and Human Services. Measles Updates. Available at: <u>https://www.michigan.gov/mdhhs/adult-child-serv/childrenfamilies/immunizations/measlesupdates</u> Indiana Department of Health. Measles. Available at: <u>https://www.in.gov/health/idepd/diseases-and-conditions-resource-page/measles/</u> Montana Department of Health and Human Services. Measles Cases and Outbreaks. Available at: <u>https://dphhs.mt.gov/publichealth/cdepi/diseases/Measles</u>

Measles — Washington State Residents, 2025 (N=6)

Date Reported	County	Age	Exposure
2/26/25	King	Infant	International Travel
3/17/25	Snohomish	Adult	Linked to 1 st Case
4/1/25	Snohomish	Adult	International Travel
4/4/25	King	Adult	International Travel
4/22/25	King	Infant	International Travel
5/20/25 (press release)	King	Adult	International Travel

6th Case: Potential exposure locations: 5/17 Sea-Tac Airport and 5/18 Overlake Medical Center ER. Additional details regarding locations and times: <u>https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/news/news-archive-2025/05-20-measles</u>

- 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 <u>until 6/8/25</u>. If symptoms develop they should call the clinic or hospital ahead to notify them of the need for evaluation for measles.

There have also been 3 additional cases among people who traveled through King County, but are not residents of King County.

Number of Measles Cases Globally, 10/2024-3/2025



The boundaries and names shown and the designations used on this map do notimply 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-mrupdate.pptx%3Fsfvrsn%3D3547ebab 9&wdOrigin=BROWSELINK

Organization

Data source: IVB Database

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 ailable 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

Strategies to Increase Vaccination Rates

- Clinic processes
 - Reminder/recall: Contacting patients when due/overdue via their preferred communication method
 - Electronic prompts to remind the provider and patient when vaccines are overdue
 - Standing orders to allow immunizations by others without direct provider involvement (e.g. nurses, medical assistants, or pharmacists)
 - Access: Extended hours, walk-in vaccinations, transportation
 - Provider audit and feedback with benchmarks
- Provider communication
 - Presumptive (assume that the patient is going to receive due vaccines today) recommendations (e.g. Tommy is due for his 12 month shots today)
 - Provide clear, strong recommendations
 - CASE Method: Corroborate, About me, Science, Explain (see Indian Country ECHO/UNM Project ECHO)
 - Motivational interviewing (e.g. elicit-provide-elicit; asking about their reasons FOR vaccination to help reinforce)

Strategies to Increase Vaccination Rates (cont.)

- •Public Health
 - Vaccine clinics
 - Reviewing/addressing vaccination status with WIC beneficiaries
 - Messaging utilizing trusted messengers
- Schools
 - Vaccination or referral for vaccination
 - Education
- Laws

Vaccine requirements for school entry: removal of non-medical exemptions

Cataldi JR, Kerns ME, O'Leary ST. Evidence-based strategies to increase vaccination uptake: a review. Curr Opin Pediatr. 2020;32:151-159. Kettering C. Indian Country ECHO/UNM Project ECHO Project ECHO "Making a Strong Vaccine Recommendation: Vaccine Communication." Available at: https://projectecho.app.box.com/s/piod28mg2rv66c7zpbf13u9lr3hzhiup) Centers for Disease Control and Prevention. Coverage with Selected Vaccines and Exemption Rates Among Children in Kindergarten — United States, 2023–24 School Year. Available at: https://www.cdc.gov/mmwr/volumes/73/wr/mm7341a3.htm#contribAff 12

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

- IHS: <u>https://www.ihs.gov/epi/health-surveillance/educational-resources/;</u> <u>https://www.ihs.gov/NIPHC/public-health-messaging/</u>
- 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: <u>https://www.cdc.gov/measles/resources/index.html</u>
- Washington State Department of Health: <u>https://doh.wa.gov/you-and-your-family/illness-and-disease-z/measles</u>; <u>https://doh.wa.gov/you-and-your-family/immunization</u>; <u>https://doh.wa.gov/sites/default/files/2025-03/820310-MeaslesCommunicationsToolkit.pdf</u>
- Oregon Health Authority: <u>https://www.oregon.gov/oha/ph/diseasesconditions/diseasesaz/pages/measles.aspx;</u> <u>https://www.oregon.gov/oha/ph/preventionwellness/vaccinesimmunization/gettingimmunized/pages/index.aspx</u>
- Idaho Department of Health & Welfare: <u>https://healthandwelfare.idaho.gov/services-programs/children-families/child-and-adolescent-immunization;</u> <u>https://healthandwelfare.idaho.gov/services-programs/children-families/adult-immunization</u>
- Boost Oregon: <u>https://boostoregon.org</u>
- 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: <u>https://www.chop.edu/vaccine-education-center</u>
 <u>https://www.chop.edu/vaccine-update-healthcare-professionals/resources/vaccine-and-vaccine-safety-related-ga-sheets</u>
- Indian Country ECHO/UNM Project ECHO: <u>https://projectecho.app.box.com/s/piod28mg2rv66c7zpbf13u9lr3hzhiup</u>

"Making a Strong Vaccine Recommendation: Vaccine Communication"; "MMR Vaccine Outreach Strategies; "Current Measles Response and Clinical and Prevention Best Practices"

Examples of Flyers



The MMR vaccine can prevent measles, mumps and rubella. Nearly all people who get the MMR vaccine are protected for life.

The MMR Vaccine

What is Measles? Measles causes high fever, cough, runny nose, and watery, red eyes, followed by a rash. Measles spreads easily and can cause hospitalization. pneumonia, and death.

What is Mumps? What is Rubella? Mumps causes fever, muscle Rubella may cause mild aches, tiredness, and swelling of fever, sore throat, the saliva glands in the cheek headache, and a rash. Some and jaw. Mumps can cause people have no symptoms, arthritis, ovary or testicle and women may have joint swelling, deafness, brain pain. Rubella is very swelling, and, rarely, death. dangerous for unborn babies and can cause miscarriage or birth defects.



Who Can Get Vaccinated?

Children need two doses of the MMR vaccine: · First dose: 12-15 months of age • Second dose: 4-6 years of age Most adults need 1 or 2 doses of MMR vaccine in a lifetime, depending on risk factors.



All individuals should consult with their health care providers to understand their options to get the MMR vaccine.







Measles can be dangerous, especially

for babies and young children.

Measles symptoms typically include:

High feve (may spike to more than 104°F)

Red and/or watery eyes (breaks out 3-5 days after symptoms begin

.....

Measles can be serious.

Measles can cause severe health complications, including pneumonia, swelling of the brain (encephalitis) and death.



1 out of 5 people who get measles

.........



1 out of every 1,000 people with measles will develop brain swelling, which may lead to brain damage.



You have the power to protect your child.

1 out of every 20 children with measles

will get pneumonia, the most common cause

of death from measles in young children.

Provide your children with safe and long-lasting protection against measles by making sure they get the measles-mumpsrubella (MMR) vaccine. Talk to your healthcare provider.



......

Long-term complications

A very rare, but deadly disease

panencephalitis can develop 7

CDC

www.cdc.gov/measles

to 10 years after a person has

called subacute sclerosing

recovered from measles.

Infection Prevention in Healthcare Settings

- All health care workers should have presumptive evidence of immunity.
 - Documentation of 2 doses of measles vaccination at least 28 days apart (those who received a killed or unknown type of vaccine or a measles vaccine given together with immune globulin from 1963-1967 should be revaccinated with 2 doses of MMR vaccine)
 - Laboratory evidence of immunity
 - Prior laboratory-confirmed disease
 - Those born before 1957: Consider 2 doses of MMR vaccine (this is more strongly recommended for communities with outbreaks)
- Any health care workers who are not immune should not enter the room of any patient being evaluated for measles or for 2 hours after they leave.
- 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.
- Having 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) can help minimize exposure to other patients. Patients with possible measles should be provided with a surgical mask to wear and immediately isolated. They should not be waiting in the waiting room.
- If a patient calls due to symptoms after an exposure or international travel, advise them regarding which entrance to use, to wear a face mask and who to notify of their arrival.
- Use an airborne infection isolation room if possible; otherwise place in a private room (one with HEPA filtration of exhaust from room if available) with the door closed, with no other patients entering the room for 2 hours (or based on air changes per hour (ACH), the time for 99.9% of airborne contaminants to be removed). The room can be cleaned with standard procedures after 2 hours. Facilities can also set-up an area for evaluation outside as needed.
- Anyone entering this room should wear an N-95 mask (or PAPR).
- If transport is required to another facility, notify EMS and hospital regarding suspected measles and need for airborne precautions.

Centers for Disease Control and Prevention. Immunization of health-care personnel: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR Recomm Rep. 2011;60(RR-7):1-45. Available at: <u>https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6007a1.htm</u> Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings. Available at: <u>https://www.cdc.gov/infection-control/hcp/measles/index.html</u> 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.

Clinical Evaluation

- Symptoms/signs: Fever, descending maculopapular rash (no vesicles), and cough, coryza, or conjunctivitis.
- Epidemiologic risk factors in the past 21 days (international travel, travel to community in the U.S. with an outbreak, contact with a known measles case).
- Vaccination history (prior vaccination does not rule-out; modified measles is milder and less contagious).
- Contact local health department immediately if measles is suspected.
- Recommend testing in collaboration with local health jurisdiction and sending specimens to the State Public Health Laboratory (PHL).
- When sending testing to the State PHL, the local health jurisdiction needs to approve testing being sent.
- Specimens to be sent:
 - Throat or nasopharyngeal swab for measles PCR in viral transport media
 - Urine for measles PCR (testing according to State Health Department)
 - Blood for measles antibodies (IgM and IgG)

American Academy of Pediatrics Project Firstline Poster

• Maculo, o Typic o Begir y eyes) o Rash appe	papular Rash ally appears 2-4 days after symptoms b is at hairline, spreads downward, to fac appears red on light complexions, but i ar as purple or darker than surrounding	egin. e, neck, and trunk. nay be harder to see or skin on dark complexions.
ge		
iles symptoms, assess the risk of eent in your community? ime out of the country in the 21 days ceived the MMR vaccine?	 Triage should only be completed b If patient will be seen in the office, masks for patient (2 years of age a Instruct to arrive to a side or back of entrance. 	y a clinically trained person. provide instructions on face rd older) and family. antrance instead of the mair
h Suspected Measles		
tients (2 years of age and older) and fa a blanket or towel when entering the fa it and family to an isolated location, ide room with the door closed. accompany a child with suspected me nd older) and family should leave face	mily before they enter the facility. Patie sclity. sally an airborne infection isolation roor asles. masks on if feasible.	nts unable to wear a mask n (AIIR) if available. If
ecautions		
Only health care providers with immunity to measles should provide care to the patient and family. Standard and airborne precautions should be followed, including: • Use of a fit tested NIOSH-approved N95 or higher-level respirator. • Use of additional PPE if needed for task (e draws). • Cleaning hands before and after seeing th Limiting transport or movement of patient unless medically necessary.		task (e.g., gloves for blood eeing the patient. patients outside of room
on		
tion and testing with contact tracing, n is will be able to help confirm vaccinati n, and manage contacts of confirmed c ld immediately notify the hospital epid ld immediately notify local or state hea contact information: <u>https://www.cste</u>	notification should occur immediately uj on history for U.S. residents, provide gu ases. emiologist or infection prevention dep: ilth departments. .org/page/EpiOnCall	oon suspicion of measles. uidance on specimen artment.
		 Macuopapular kasm Typically appears 2-4 days after symptoms b Begins at hairline, spreads downward, to fao Triage should only be completed b Triage should only be completed b Batewith of the country in the 21 days Instruct to arrive to a side or back or entrance. Itents (2 years of age and older) and family before they enter the facility. Patie a blanket or towel when entering the facility. It and family to an isolated location, ideally an airborne infection isolation roor room with the door closed. accompany a child with suspected measles. Ind older) and family should leave face masks on if feasible. ecautions Use of additional PPE if needed for draws). Cleaning hands before and after se semetically necessary. intiming transport or movement of unless medically necessary. into an anage contacts of confirmed cases. into the porting with contact tracing, notification should occur immediately notify local or state health departments. contact information: https://www.stee.org/bage/EpiOnCall

Project Firstline is a national collaborative led by the U.S. Canters for Disease Control and Provention (DC) to provide infection control training and education to frontline healthcare workers and public health parsonnel. American Academy of Prolatives is proud to partner with Project Firstline, as supported through Cooperative Agroument CD. CH AO 118-1002. CDC is an agency within the Dopartment of Health and Human Sorvices (H-S). In contents of the Hyper do not necessarily programs that policies of CDC or HE and a build not be considered an endosement by the Inclusion Technol.

https://downloads.aap.org/AAP/ PDF/ThinkMeasles-final.pdf

- Specimens preferentially sent to Public Health Laboratories for testing for measles.
- Persons with measles are infectious from 4 days prior to rash onset to 4 days after rash onset (for severely immunocompromised, through illness duration).
 - Suspected and confirmed cases need to be isolated at home during their infectious period and away from anyone within the household who has not been immunized.
 - Highly suspected or confirmed cases are interviewed to determine a possible source (e.g. international travel, known exposure to another person with measles, travel to an area in the U.S. with an outbreak).
 - Highly suspected or confirmed cases are interviewed to determine other specific exposed people (contacts) who shared the same airspace with the individual while they were infectious or who were in the same room for up to 2 hours after the person left, and exposure locations.
 - A list of contacts are obtained from exposure sites (e.g. schools, daycares, churches, etc).
 - Contacts at healthcare facilities are identified and evaluated with the assistance of the Infection Preventionist for the facility.

Measles: Public Health Response

- Contacts are assessed for presumptive evidence of immunity (based on age, immunization history, and measles serology, which is collected for those without other presumptive evidence of immunity).
 - Post-exposure prophylaxis for those without presumptive evidence of immunity:
 - MMR vaccine: Given to those ≥ 6 months old (if no contraindications) with 0-1 doses. If given <72 hours after first exposure, these individuals do not need to be quarantined during incubation period (except healthcare workers are still excluded from work). The vaccine is still recommended to give after this period to protect against future exposures.

-OR- (Do not administer both)

- Immune globulin (if MMR vaccine cannot be given): Given intramuscularly to infants < 6 months old; 6-11 months (4-6 days after exposure), and intravenously to severely immunosuppressed individuals, and non-immune pregnant women ≤ 6 days after *last* exposure. If given ≤ 6 days after *first* exposure, these individuals do not need to be quarantined (unless < 6 months old) but they need to be excluded from high-risk settings for 21-28 days from last exposure, with monitoring for 28 days.
- Collection of blood to assess for immunity to measles, and provision of post-exposure prophylaxis can be done in the field, or a designated location at the facility can be established.
- Those without presumptive evidence of immunity need to be quarantined from day 7 after first exposure (day 5 for healthcare workers) to day 21 after last exposure with active symptom monitoring. [Incubation period (average) from exposure to rash: 14 days (range, 7-21 days)]. Any contact developing symptoms needs to be tested.

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. Centers for Disease Control and Prevention. Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013: Summary Recommendations of the Advisory Committee on Immunization Practices (ACIP). Available at: https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm

- Health alerts are issued to providers, infection preventionists, and leadership at local health care facilities [e.g., situational awareness and provision of recommendations for facility preparation (signage, triage, isolation), ensuring immunization of patients and staff, recognition (symptoms, travel/exposure history in past 21 days, immunization status), immediate public health reporting, and testing].
- Locations and times of public exposure in the community are provided to the media to notify the public.
- Possible cases reviewed with providers in the community to determine if testing through the Public Health Laboratory is needed.

• To help organize the public health response, an incident command system is often utilized at the local health jurisdiction.



- Close collaboration is essential with contact persons identified for each partner (Tribe, Local health jurisdiction, Health care facilities, etc.)
- Median cost per case of measles responses: \$32,805

Measles Resources for Public Health Departments

CDC:

- Be Ready for Measles Toolkit
 - Measles Case and Susceptible Contacts Line List Template
 - Measles Investigation Form with Script
 - Public Health Preparedness Checklist: Measles Clusters and Outbreaks
 - Information for the public: Letter, fact sheets, social media graphics, videos

Manual for the Surveillance of Vaccine-Preventable Diseases

Clinical Provider Flowsheet

Healthcare systems Schools/daycares

Recommendations for:

Health departments

Johns Hopkins Bloomberg School of Public Health: Center for Outbreak Response and Innovation

Templates:

Isolation Letter

Quarantine Letter

Press Release

response

Health Alert for Clinicians

Letter for schools to notify parents about an exposure

CDC. For Public Health Professionals. Available at: https://www.cdc.gov/measles/php/guidance/index.html

CDC. Be Ready for Measles Toolkit. Available at: https://www.cdc.gov/measles/php/toolkit/index.html

Johns Hopkins Bloomberg School of Public Health: Center for Outbreak Response and Innovation. Empowering Outbreak Response: Optimizing Strategies for Measles Outbreaks. Available at: https://cori.centerforhealthsecurity.org/resources/measles-outbr22k

Centers for Disease Control and Prevention

Public Health Preparedness Checklist: Measles Clusters and Outbreaks

Purpose

Measles is a highly contagious infectious disease that can cause serious complications such as pneumonia and encephalitis. An estimated 136,000 people, predominantly children under 5 years of age, died from measles worldwide in 2022. Additionally, about 1 out of every 5 unvaccinated persons with measles are hospitalized in the U.S. Measles remains in elimination status in the U.S. due to high population immunity from measlesmumps-rubella (MMR) vaccination and rapid deployment of mitigation measures by public health officials to every case of measles. However, increased global measles activity and decreased domestic and global vaccination rates put the U.S. at increased risk for measles outbreaks and potential loss of elimination status.

Measles cases and outbreaks¹ are highly disruptive and resource intensive. The purpose of this document is to provide a checklist of key activities that state, tribal, local, and territorial jurisdictions should consider to be prepared for a potential measles cluster or outbreak. If all these activities are not feasible to complete prior to the identification of a measles case or outbreak detection for preparedness purposes, they will still be valuable to consider after a measles case or outbreak is identified.

Preparedness Checklist for Public Health: Measles

Prepare your health department for measles, in the short-term

- Review the Incident Management System (IMS)/Incident Command System (ICS) structure in the event of a measles outbreak
 - ✓ Be sure to have a specific set of criteria for activation and deactivation (e.g., benchmarks for containment) based on risk stratification
 - Review and, as needed, update IMS/ICS organizational chart considering the breadth of response activities needed for a measles cluster or outbreak (e.g., community engagement, surveillance, laboratory, communications)
 - Pre-identify key personnel required for infectious disease emergency response across health systems and governmental agencies
- Review and, as needed, update protocols and procedures for:
 - epidemiologic investigation and surge staffing for investigation and monitoring of contacts in
 - large exposure settings or settings with limited resources ✓ isolation and quarantine protocols and resources
 - resolution and quarantine protocols and resources
 measles laboratory testing (including ensuring sufficient supplies)
 - obtaining vaccine records from immunization registries
 - ✓ obtaining and administering MMR vaccine and immune globulin (IM and IV)
- ¹ An outbreak is defined as a chain of transmission including 3 or more cases linked in time and space.

- Pertussis: 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: 1,217; Oregon: 814; Idaho: 385 (Total: 2416; 59% of cases in 2024; over 1/5th of cases in the U.S. this year). Cases remain above baseline and began increasing again in Washington and Oregon in March and April.
- Measles: 1046 cases in 30 states (through 5/22) with 3 deaths. 92% associated with one of 14 outbreaks. 96% unvaccinated or with unknown vaccination status.
- There have now been 6 cases of measles among Washington State residents (King and Snohomish Counties). The last case was reported in King County on 5/20 with exposure sites on 5/17 at Sea-Tac Airport and on 5/18 at Overlake Medical Center. Anyone at one of the specific locations and times in the press release should monitor for symptoms until 6/8/25.

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. <u>Those who should receive 2 doses of MMR vaccine (separated by at least 28 days)</u>:
 - 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:
 - <u>Recommend testing</u>: Nasopharyngeal swab [polyester (e.g. Dacron), rayon, or nylon-flocked] placed in liquid transport media or nasopharyngeal wash/aspirate for Bordatella 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).

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.

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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.

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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: <u>https://www.oregon.gov/oha/ph/diseasesconditions/diseasesaz/pages/measles.aspx</u>

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: <u>https://doh.wa.gov/public-health-provider-resources/notifiable-conditions/measles</u>. 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