NPAIHB
Weekly Update

June 10, 2025

NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Agenda

- Welcome & Introduction: Bridget Canniff
- NPAIHB Announcements, Events, Resources, & Updates
- IHS Communicable Disease Update: Dr. Tara Perti
- 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

- **NW Elders, Knowledge Holders and Culture Keepers ECHO** – 2nd Tuesday of every month at 12pm PT
  - Tuesday, June 10th 12pm PT
  - Didactic Topic: *Indigenous Inclusion & Intervention: The Flight of Eagles*
  - To join via Zoom: https://echo.zoom.us/j/82466510555?pwd=JPP3b5k9wU2dFHTxyDs7Pn7CWl5Bba.1

- **Trauma Care ECHO** – 2nd Wednesday of every month at 6:30am PT
  - Wednesday, June 11th at 6:30am PT
  - To join via Zoom: https://echo.zoom.us/j/93729666650?pwd=bFhTZnA4NnlqTmR6Ylg4bnM1R1lZQT09

- **Journey to Health ECHO** – 2nd & 4th Thursday of every month at 7am/12pm PT
  - Thursday, June 12th at 12pm PT
  - Didactic Topic: *Overcoming Hardship*
  - To join via Zoom: https://echo.zoom.us/j/93413601610?pwd=YVhMN1NUNllYWHZUZk1CUnF0TEY5QT09

- **Clinical Dementia ECHO** – 2nd Thursday of every month at 11am PT
  - Thursday, June 12th at 11am PT
  - Didactic Topic: *TBI Overlays with Dementia*
  - To join via Zoom: https://echo.zoom.us/j/99454243940?pwd=NG9aWGUvRTdKSmgwTGlldklmVDRWUT09

Upcoming Indian Country ECHO Telehealth Opportunities

- **Diabetes ECHO** – 2nd Thursday of every month at 12pm PT
  - Thursday, June 12th at 11am PT
  - Didactic Topic: *MASLD – Medication Management and Monitoring*
  - To join via Zoom: https://zoom.us/j/91887405371?pwd=ekFJTUJiV2hWQ0ZPZEwrUDQ4eGxTZz09

- **emRIC ECHO** – 3rd Monday of every month at 8:30am PT
  - Monday, June 16th at 8:30 am PT
  - Didactic Topic: *Metabolic Steatotic Liver Disease (MASLD)*
  - To join via Zoom: https://echo.zoom.us/j/89810907975?pwd=d1gydTAvdFUxSU4wb1d2TlNEUTlEQT09

- **Cardiology ECHO** – 3rd Monday of every month at 11am PT
  - Monday, June 16th at 11am PT
  - Didactic Topic: *Afib and ECG Refresher*
  - To join via Zoom: https://echo.zoom.us/j/81476475100?pwd=ZnBsK2xmYnFYRW9tUVdxWDROeWtMQT09

Healthy Native Youth Community of Practice

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

Zoom Registration Link:
https://us06web.zoom.us/meeting/register/tZAod–orTosGdNk5F3RvEYH4VMzCXzEHxsi

Save the Date!

Northwest Tribal Brain Health + Dementia Summit

August 12-14, 2025

Clearwater Resort Casino, Suquamish, WA

More info to come! Please contact wminer@npaihb.org with questions or comments.

NPAIHB Weekly Update Schedule

June 17: Tribal Best Practices:
Improving Immunization Rates

Marc R. Mason, RN
Community Health Nurse, Immunization Coordinator
Confederated Tribes of Warm Springs Community Health Programs

June 24: Legislative & Policy Updates

NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

NPAIHB has a new home!

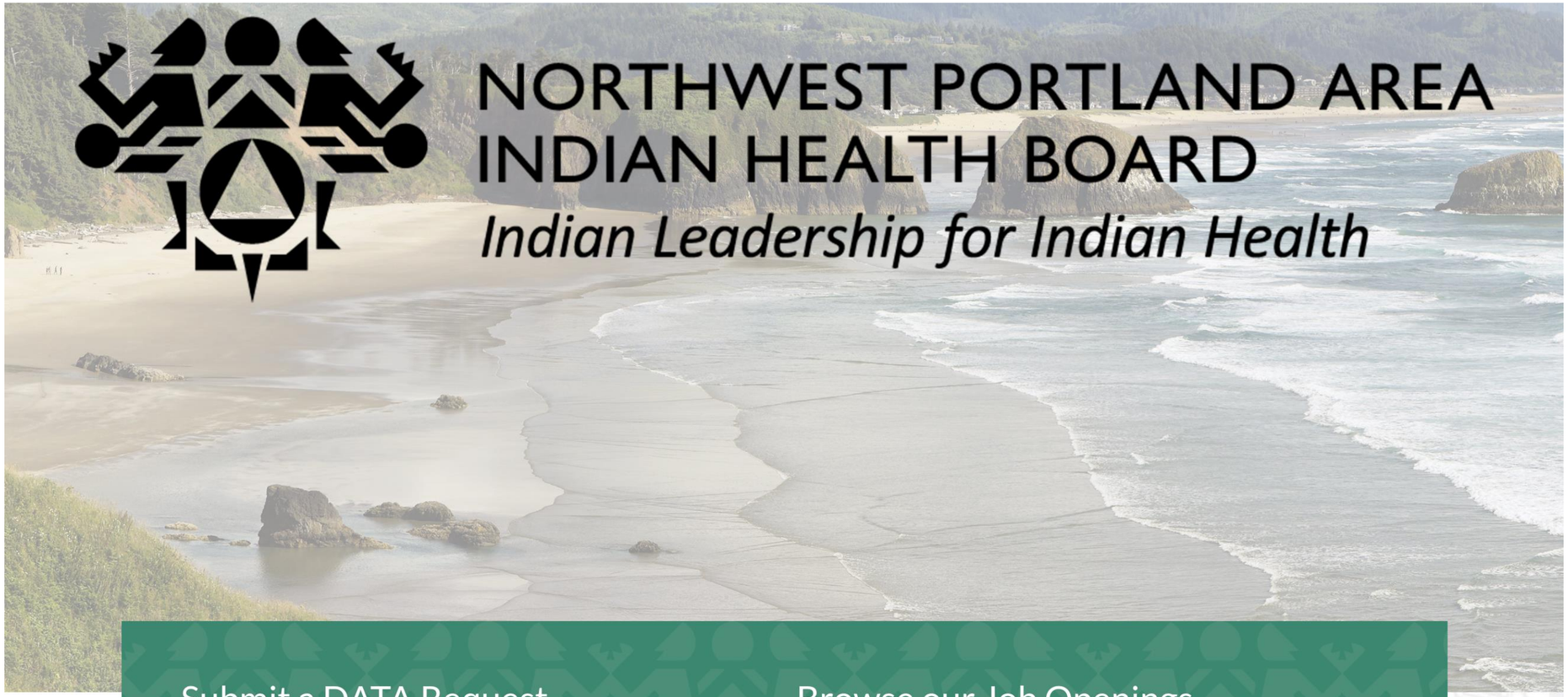
As of May 21, 2025, our new office address is:

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

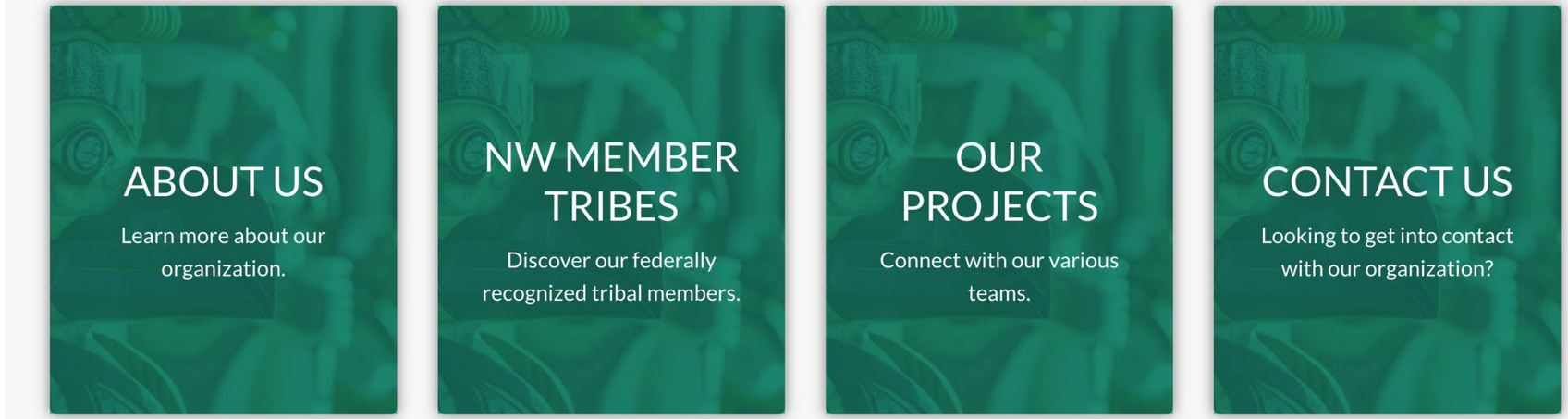
Please update your address books and contact lists. Our phone number and email address remain unchanged.

Questions? Please contact operations@npaihb.org.

Main Website: npaihb.org



Main Website: npaihb.org



Weekly Update

May 27, 2025 Weekly Update: Legislative & Policy Updates / Communicable Disease Update

May 20, 2025 Weekly Update: Northwest Tribal Elders Project / Communicable Disease Update

Upcoming Events

09 - 20 JUN
Monday - Friday, Portland, OR

TRIBAL RESEARCHERS' CANCER CONTROL FELLOWSHIP PROGRAM

EVENT DETAIL

09 - 20 JUN
Monday - Friday, Portland, OR

NW NARCH SUMMER INSTITUTE

EVENT DETAIL

NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Legislative & Policy

Policy Team – **POLICYTEAM@npaihb.org**

General & Admin

Communications – **COMMUNICATIONS@npaihb.org**

NPAIHB – **INFO@npaihb.org**

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Indian Leadership for Indian Health

Clinical Support Services

CLINICAL@npaihb.org

Indian Country ECHO

Northwest Tribal Dental Support Center (NTDSC)

Paths (Re)Membered

Tribal Community Health Provider Program (TCHPP)

Tribal Health: Reaching out InVolves Everyone (THRIVE)

Tribal Opioid Response (TOR)

Environmental Public Health (EPH)

ENVIRONMENTAL@npaihb.org

Environmental Public Health

Northwest Tribal Epidemiology Center (NWTEC)

EPICENTER@npaihb.org

Epidemiology & Surveillance Unit

Healthy Native Youth

IDEA-NW

Native Boost

Northwest Tribal Comprehensive Cancer Project

NW NARCH

NW Tribal Data Hub

Oregon Tribal Tobacco Project

Public Health Improvement & Training (PHIT)

VacciNative

We R Native

WEAVE-NW

Western Tribal Diabetes Project

Portland Area IHS Communicable Diseases Update

TARA PERTI, MD, MPH

MEDICAL EPIDEMIOLOGIST

OFFICE, PORTLAND AREA IHS

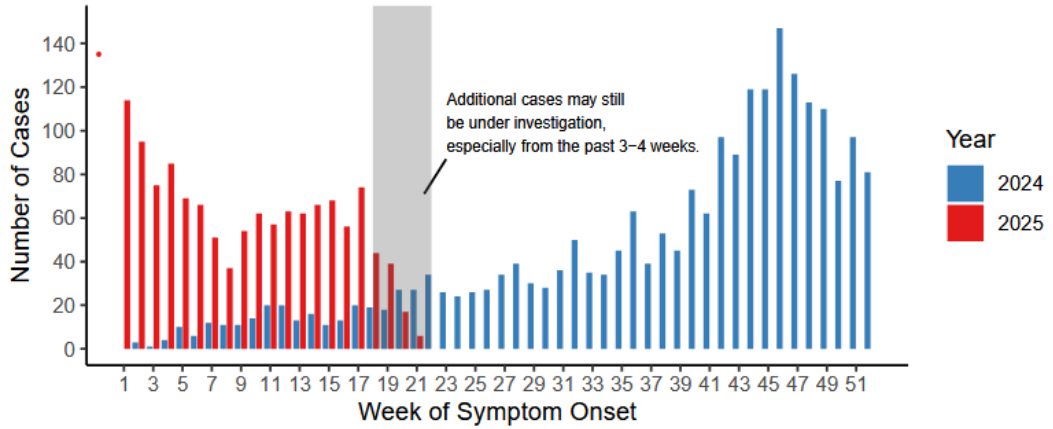
June 10, 2025

Outline

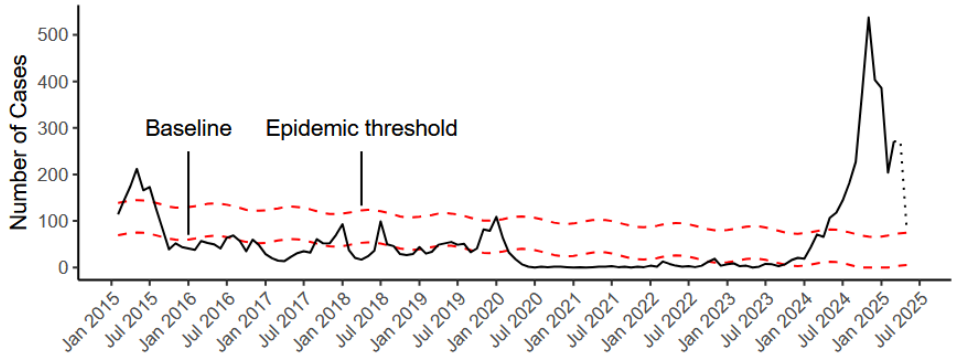
- Pertussis update
- Measles update
- Brief H5 update
- Summary and Recommendations

Pertussis – Washington, 2025 (through Week 22)

Pertussis – Washington, 2024-2025



Pertussis – Washington, 2015-2025



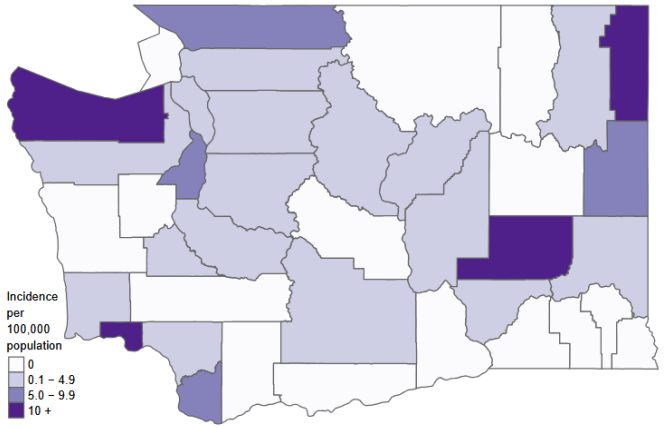
Washington: 1,289 cases reported through week 22 (5/31/25)
(2024 YTD Cases: 318) (CDC)

US (excluding US Territories): 12,513 cases reported through Week 22 (5/31/25)
(2024 YTD Cases: 7,321)

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

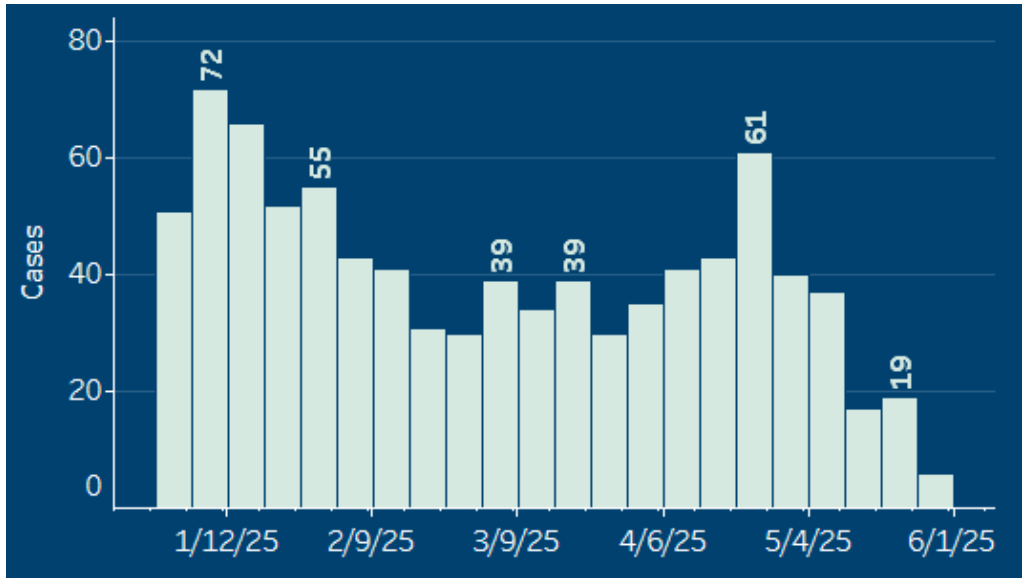
85 cases <1 year old: 76 (89%) were old enough to have received a dose of pertussis containing vaccine, but only 22% had received at least 1 dose (primary series of DTaP recommended at 2,4 and 6 months).

Six-Week Pertussis Incidence Rates by County, Washington – 2025 (Week 16-21)



Washington State Department of Health. Pertussis Weekly Update. Available at: https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/348-254-PertussisUpdate.pdf.
Centers for Disease Control and Prevention. National Notifiable Diseases Surveillance System, Weekly Tables of Infectious Disease Data. Atlanta, GA.
Office of Public Health Data, Surveillance, and Technology. Available at: https://stacks.cdc.gov/view/cdc/182012

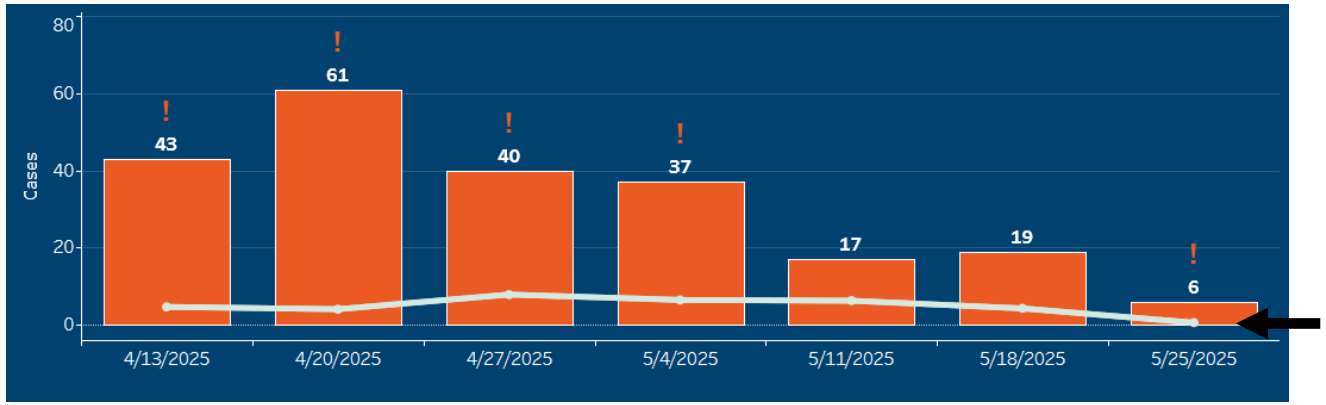
Pertussis – Oregon, 2025 (through Week 22)



Week Reported

882 cases reported through week 22
(2024 YTD Cases: 257)

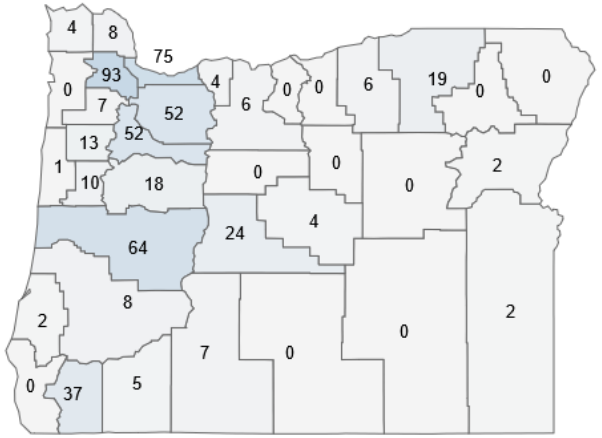
<u>Oregon: Second highest number of cases reported in 2025.</u>



! : More than 2 standard deviations above the 5 year average.

Week Reported

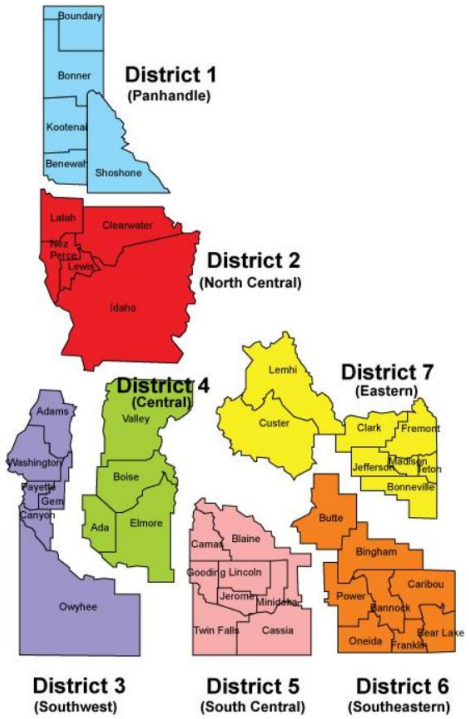
Pertussis Cases by County – Oregon, April 2025



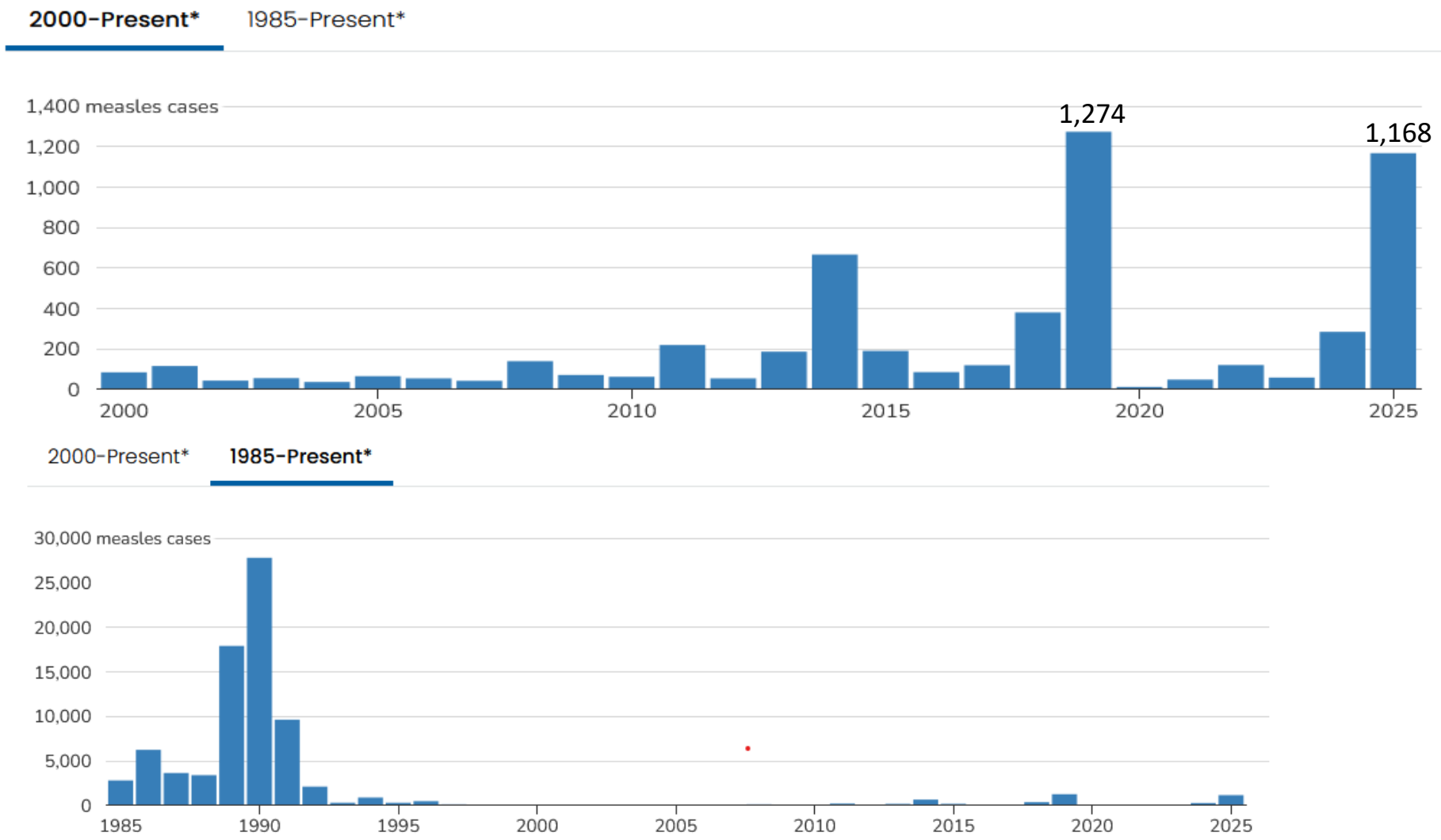
Oregon Health Authority. Oregon's Weekly Communicable Disease Report. Available at:
https://public.tableau.com/app/profile/oregon.public.health.division.acute.and.communicable.disease.pre/viz/WeeklyCommunicableDiseaseReport/ACDPWeeklyReport
Oregon Health Authority. Monthly Communicable Disease Surveillance 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: 397 cases reported through 5/31.



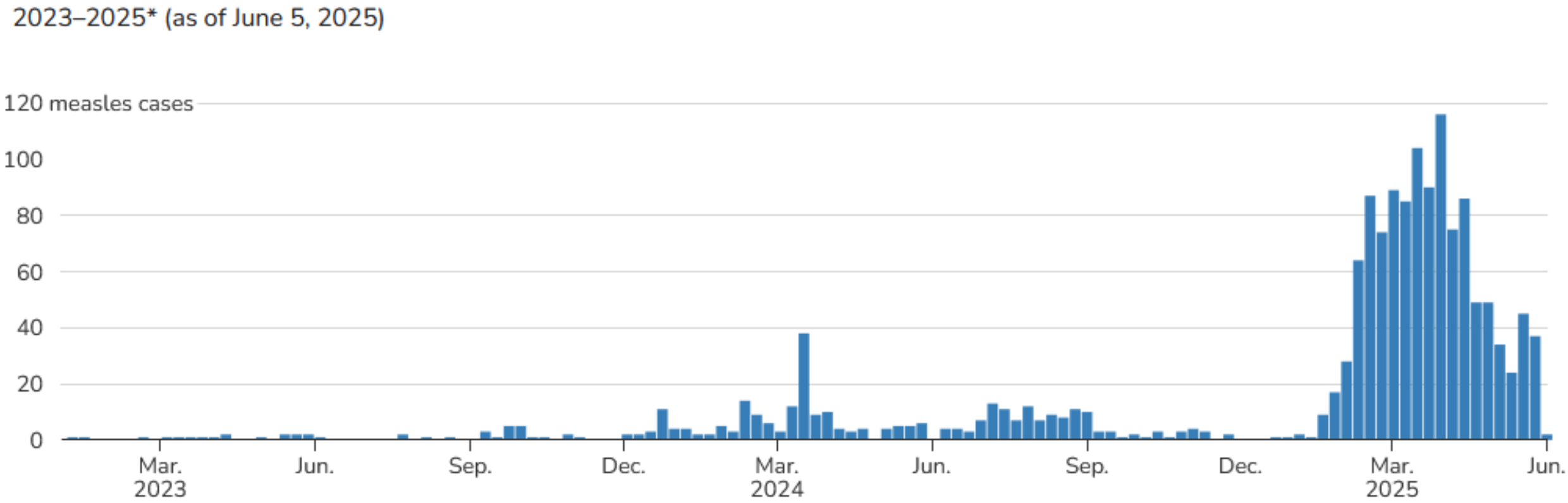
Yearly Measles Cases – United States, 2000-Present



Centers for Disease Control and Prevention. Measles Cases and Outbreaks. 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. 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

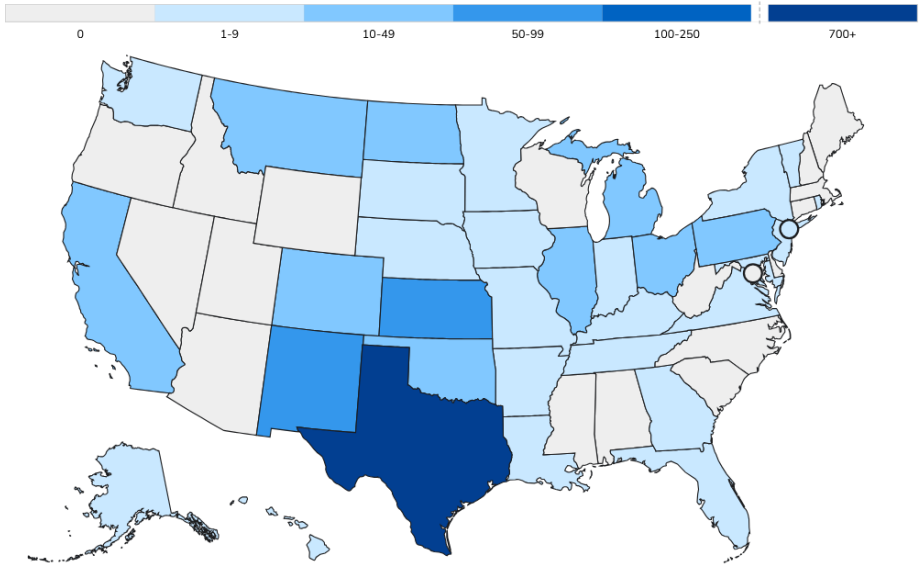
Measles – United States, 2023-2025 (through 6/5)



Centers for Disease Control and Prevention. Measles Cases and Outbreaks. Available at: https://www.cdc.gov/measles/data-research/index.html

Measles — United States, 2025

- Overall, in the U.S., there have been 1168 **confirmed** cases of measles in 33 states through 6/5. 89% of cases are from one of 17 outbreaks (≥3 related cases).
  - <5 years old: 29%, 5-19 years: 38%, ≥ 20 years: 32% (unknown: 1%).
  - 12% hospitalized overall (21% of those <5 years-old hospitalized); 3 deaths among unvaccinated individuals; 2 in healthy school-aged children.
  - 95% unvaccinated or with unknown vaccination status, 2% with one MMR dose, 3% with two MMR doses.



<u>Southwest Outbreak</u>:

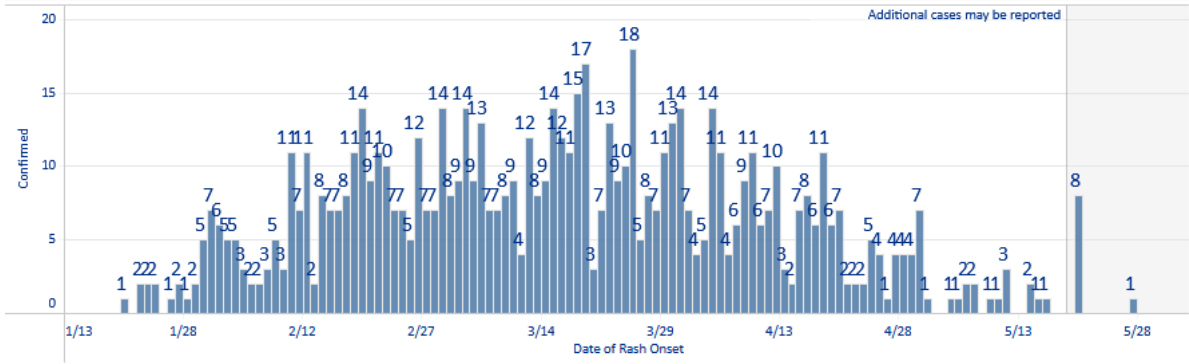
- Texas: 742 confirmed cases; 2 deaths in a school-aged children (33 additional cases not associated with the W. Texas outbreak).
- New Mexico: 81 cases; 1 death
- Oklahoma: 16 cases

<u>Some of Other States with Ongoing Outbreaks:</u>

- Kansas: 72 cases (70 associated with an outbreak there)
- Ohio: 35 cases
- North Dakota: 34 cases
- Montana: 19 cases
- Colorado: 12 cases (outbreak: 7)
- Illinois: 10 cases
- Michigan: 10 cases (outbreak: 4)
- Arkansas: 7 cases

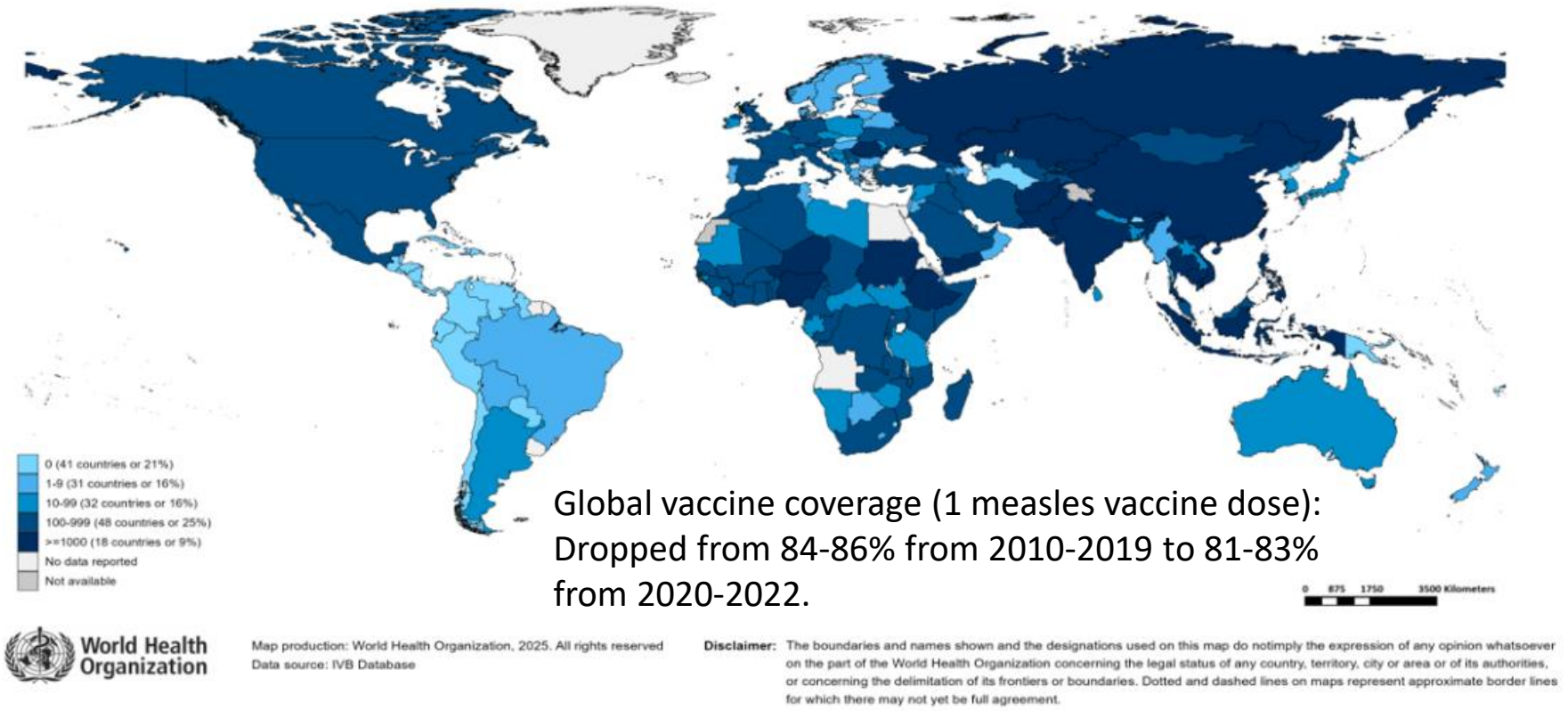
Prior: Pennsylvania:15 cases in April. Indiana: 8 cases in April. Tennessee: 6 cases in May. Georgia: 3 cases in Feb (2 new cases in May-June). New Jersey: 3 cases in February.

Measles Outbreak Cases — Texas, 2025



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/erd/ideb/mog/
Kansas Department of Health and Environment. Measles Data. Available at: https://www.kdhe.ks.gov/2314/Measles-Data
Ohio Department of Health. Summary of Infectious Diseases in Ohio. Available at: https://data.ohio.gov/wps/portal/gov/data/view/summary-of-infectious-diseases-in-ohio
Oklahoma State Department of Health. Measles. Available at: https://oklahoma.gov/health/health-education/acute-disease-service/rash-illness/measles.html
Michigan Department of Health and Human Services. Measles Updates. Available at: https://www.michigan.gov/mdhhs/adult-child-serv/childrenfamilies/immunizations/measlesupdates
Indiana Department of Health. Measles. Available at: https://www.in.gov/health/idepd/diseases-and-conditions-resource-page/measles/
Montana Department of Health and Human Services. Measles Cases and Outbreaks. Available at: https://dphhs.mt.gov/publichealth/cdepi/diseases/Measles
North Dakota Department of Health and Human Services. Data. Available at: https://www.hhs.nd.gov/health/data

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



Global vaccine coverage (1 measles vaccine dose):
Dropped from 84-86% from 2010-2019 to 81-83% from 2020-2022.

Country	Cases*
Yemen	10,487
Pakistan	8,895
India**	8,397
Afghanistan	6,255
Ethiopia	6,188
Kyrgyzstan	5,849
Romania	5,583
Thailand	3,675
Indonesia	3,322
Nigeria	2,482

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. 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

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 1st Case
4/1/25	Snohomish	Adult	International Travel
4/4/25	King	Adult	International Travel
4/20/25	King	Infant	International Travel
5/20/25	King	Adult	International Travel

There have also been 3 additional cases among travelers to Washington State, who are not residents of Washington State.

Washington State Department of Health Measles. Available at: https://doh.wa.gov/you-and-your-family/illness-and-disease-z/measles

Potential Measles Exposures in Idaho

Out-of-state visitor:

Monday, 5/19 7 PM-11 PM: EdgeWater Dining and Spirits

Tuesday, May 20, 8:30 AM-12:30 PM: Urgent Care of Idaho – Burley Clinic at 382 Overland Ave. This location shares a waiting room with two other businesses: Canyon Foot & Ankle Specialists; Smithson Counseling & MindWire Neurofeedback

Tuesday, May 20, 10:00 AM-12:30 PM: Intermountain Health Cassia Regional Hospital

- 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 6/14/25. If symptoms develop they should call the clinic or hospital ahead to notify them of the need for evaluation for measles.

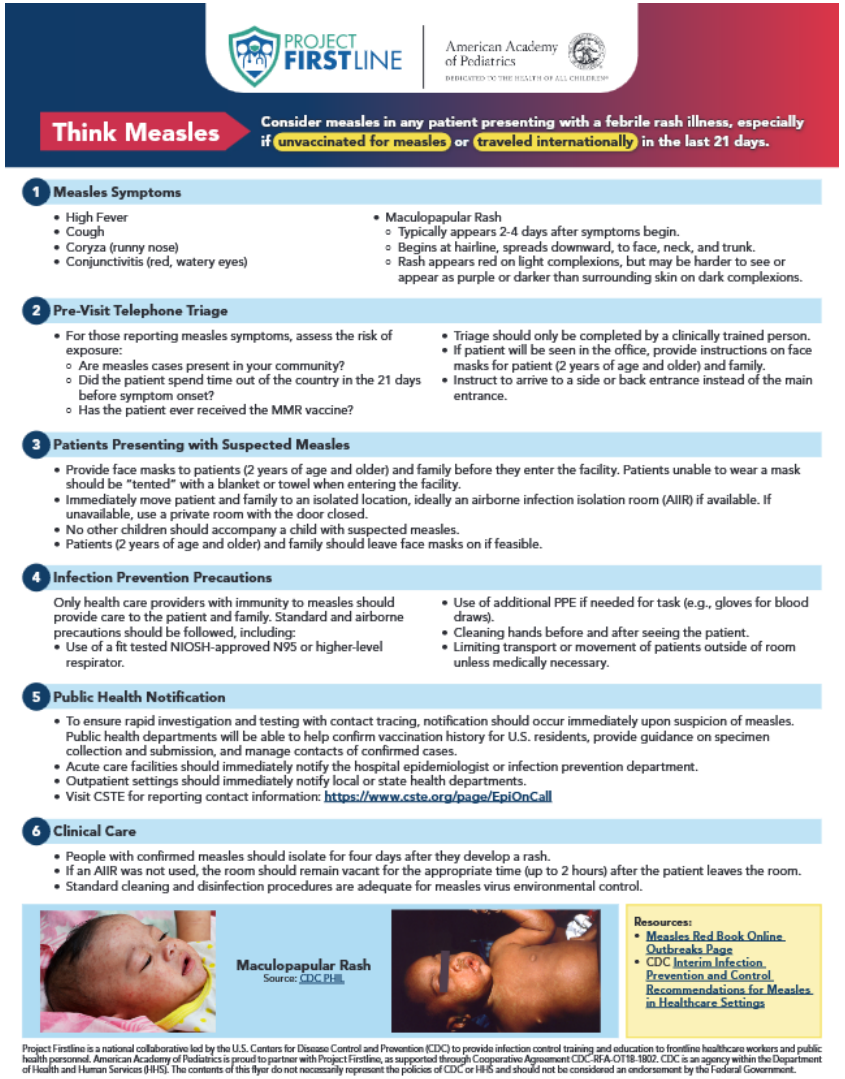
Press Release: https://phd5.idaho.gov/Documents/Press-Releases/2025/SCPHD_May_23_2025_Measles_Exposure_Eng.pdf

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)

Washington State Department of Health Public Health Laboratory. Measles Specimen Shipping Guide. Available at: https://www.medialab.com/dv/dl.aspx?d=1932777&dh=3b5fa&u=69790&uh=0e2a1

American Academy of Pediatrics Project Firstline Poster



PROJECT FIRSTLINE | American Academy of Pediatrics

Think Measles

Consider measles in any patient presenting with a febrile rash illness, especially if unvaccinated for measles or traveled internationally in the last 21 days.

1 Measles Symptoms

- High Fever
- Cough
- Coryza (runny nose)
- Conjunctivitis (red, watery eyes)
- Maculopapular Rash
  - Typically appears 2-4 days after symptoms begin.
  - Begins at hairline, spreads downward, to face, neck, and trunk.
  - Rash appears red on light complexions, but may be harder to see or appear as purple or darker than surrounding skin on dark complexions.

2 Pre-Visit Telephone Triage

- For those reporting measles symptoms, assess the risk of exposure:
  - Are measles cases present in your community?
  - Did the patient spend time out of the country in the 21 days before symptom onset?
  - Has the patient ever received the MMR vaccine?
- Triage should only be completed by a clinically trained person.
- If patient will be seen in the office, provide instructions on face masks for patient (2 years of age and older) and family.
- Instruct to arrive to a side or back entrance instead of the main entrance.

3 Patients Presenting with Suspected Measles

- Provide face masks to patients (2 years of age and older) and family before they enter the facility. Patients unable to wear a mask should be "tented" with a blanket or towel when entering the facility.
- Immediately move patient and family to an isolated location, ideally an airborne infection isolation room (AIIR) if available. If unavailable, use a private room with the door closed.
- No other children should accompany a child with suspected measles.
- Patients (2 years of age and older) and family should leave face masks on if feasible.

4 Infection Prevention Precautions

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.g., gloves for blood draws).
- Cleaning hands before and after seeing the patient.
- Limiting transport or movement of patients outside of room unless medically necessary.

5 Public Health Notification

- To ensure rapid investigation and testing with contact tracing, notification should occur immediately upon suspicion of measles. Public health departments will be able to help confirm vaccination history for U.S. residents, provide guidance on specimen collection and submission, and manage contacts of confirmed cases.
- Acute care facilities should immediately notify the hospital epidemiologist or infection prevention department.
- Outpatient settings should immediately notify local or state health departments.
- Visit CSTE for reporting contact information: https://www.cste.org/page/EpiOnCall

6 Clinical Care

- People with confirmed measles should isolate for four days after they develop a rash.
- If an AIIR was not used, the room should remain vacant for the appropriate time (up to 2 hours) after the patient leaves the room.
- Standard cleaning and disinfection procedures are adequate for measles virus environmental control.

Maculopapular Rash
Source: CDC PHIL

Resources:
- Measles Red Book Online Outbreaks Page
- CDC Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings

Project Firstline is a national collaborative led by the U.S. Centers for Disease Control and Prevention (CDC) to provide infection control training and education to frontline healthcare workers and public health personnel. American Academy of Pediatrics is proud to partner with Project Firstline, as supported through Cooperative Agreement CDC-RFA-OT18-1802. CDC is an agency within the Department of Health and Human Services (HHS). The contents of this flyer do not necessarily represent the policies of CDC or HHS and should not be considered an endorsement by the Federal Government.

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

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: https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6007a1.htm
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. Guidelines for Environmental Infection Control in Health-Care Facilities. Available at: https://www.cdc.gov/infection-control/media/pdfs/guideline-environmental-h.pdf. 2003.

Project Firstline Measles Infection Control Micro-Learn

Infection Control Micro-Learns
User Guide

PROJECT FIRSTLINE

About the Micro-Learns

The Project Firstline Infection Control Micro-Learns are a series of guided infection control discussions that provide brief, on-the-job educational opportunities. Each micro-learn focuses on a single infection control topic and connects infection control concepts to immediate, practical value. Healthcare workers can easily apply the key points to their daily work and perform the recommended actions to keep germs from spreading.

Using the Micro-Learns

The micro-learns can be incorporated into existing opportunities where groups of healthcare workers gather, such as pre-shift "huddles" or team meetings. The sessions should be led or facilitated by an experienced team member with infection control expertise.

Each micro-learn package includes an adaptable discussion guide for the facilitator and one job aid, which facilitators are encouraged to review prior to presenting.

Discussion Guide. The discussion guide is not a script. Facilitators are encouraged to adapt the guide for their audience by incorporating relevant and practical questions and ideas. For instance, facilitators can connect the content to the audience's job duties, facility-specific cases or issues, resources and points of contact, or other information.

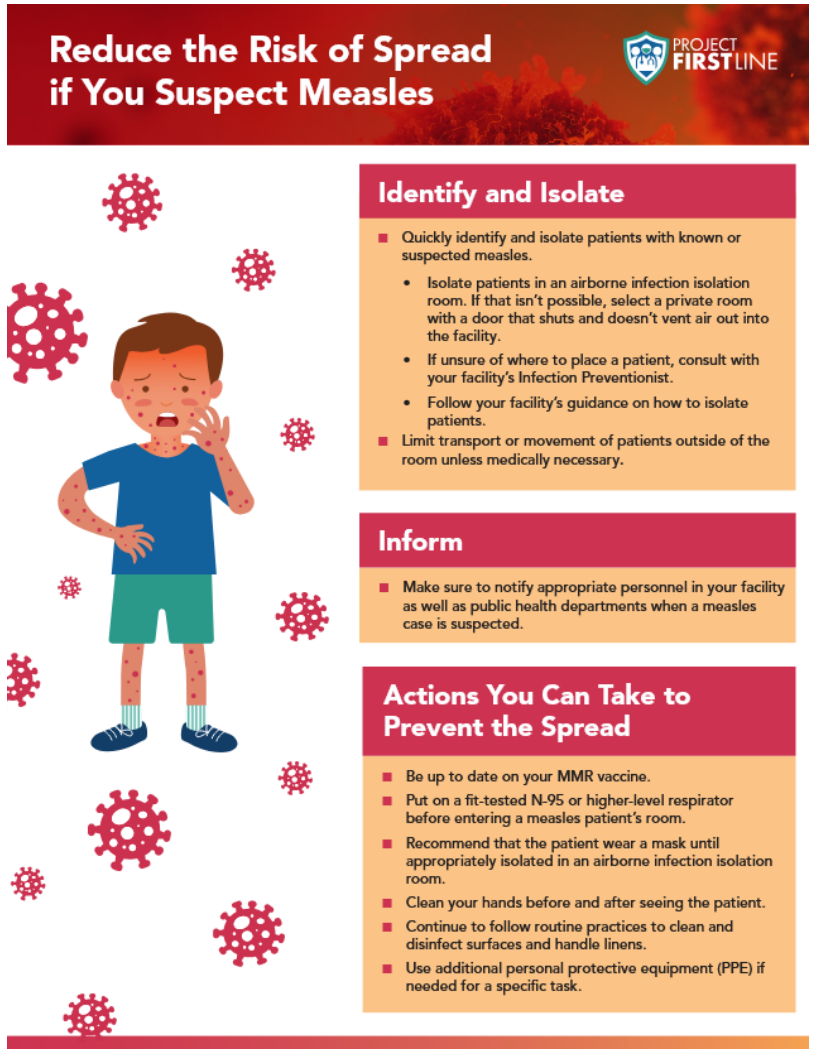
Job Aid. The one-page, visual job aid helps to reinforce the key messages of the micro-learn. Facilitators are encouraged to make the job aid available after the micro-learn session, such as in digital or hard copy form.

Notes for Facilitators

- Before presenting a micro-learn, check the policies and protocols at your facility and adapt the content accordingly.
- Build on your knowledge, experience, and awareness to connect the content to local context or relevant recent events so that your audience can apply the concepts confidently.
- The micro-learns reinforce infection control concepts when risks are observed in patients or in the patient environment, not necessarily in visitors or other staff members.

www.cdc.gov/ProjectFirstline

CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION



Reduce the Risk of Spread if You Suspect Measles

PROJECT FIRSTLINE

Identify and Isolate

- Quickly identify and isolate patients with known or suspected measles.
  - Isolate patients in an airborne infection isolation room. If that isn't possible, select a private room with a door that shuts and doesn't vent air out into the facility.
  - If unsure of where to place a patient, consult with your facility's Infection Preventionist.
  - Follow your facility's guidance on how to isolate patients.
- Limit transport or movement of patients outside of the room unless medically necessary.

Inform

- Make sure to notify appropriate personnel in your facility as well as public health departments when a measles case is suspected.

Actions You Can Take to Prevent the Spread

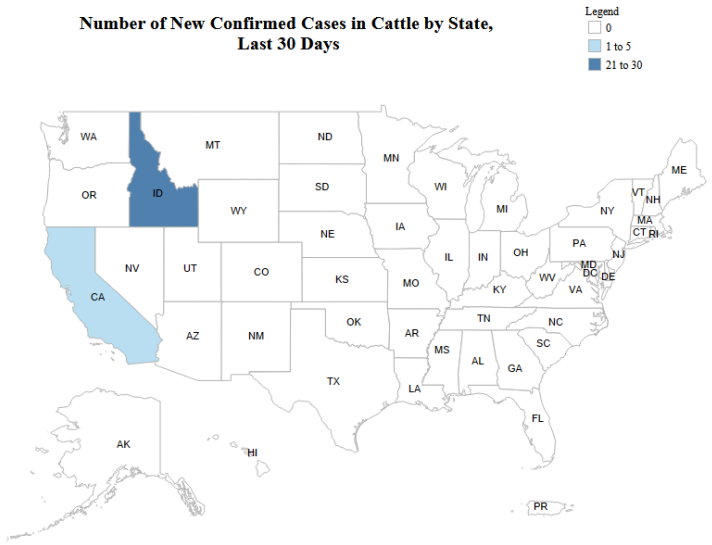
- Be up to date on your MMR vaccine.
- Put on a fit-tested N-95 or higher-level respirator before entering a measles patient's room.
- Recommend that the patient wear a mask until appropriately isolated in an airborne infection isolation room.
- Clean your hands before and after seeing the patient.
- Continue to follow routine practices to clean and disinfect surfaces and handle linens.
- Use additional personal protective equipment (PPE) if needed for a specific task.

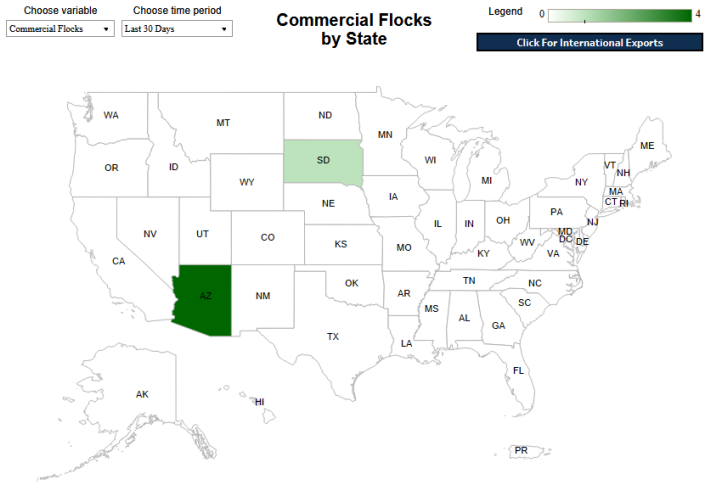
https://www.cdc.gov/project-firstline/media/pdfs/PFL-MeaslesMicroLearn.pdf

Brief H5N1 Update

	Exposure Sources of Cases				
	Total Number of Cases	Dairy Herds	Poultry Farms/ Culling Operations	Other (backyard flocks, wild birds, other mammals)	Unknown
U.S.	70 confirmed 7 probable	41 confirmed 1 probable	24 confirmed 5 probable	2 confirmed	3 confirmed 1 probable
Washington	11 confirmed 3 probable	0	11 confirmed 3 probable	0	0
Oregon	1 confirmed	0	1 confirmed	0	0
Idaho	0	0	0	0	0

No human cases in the U.S. since Feb. 2025



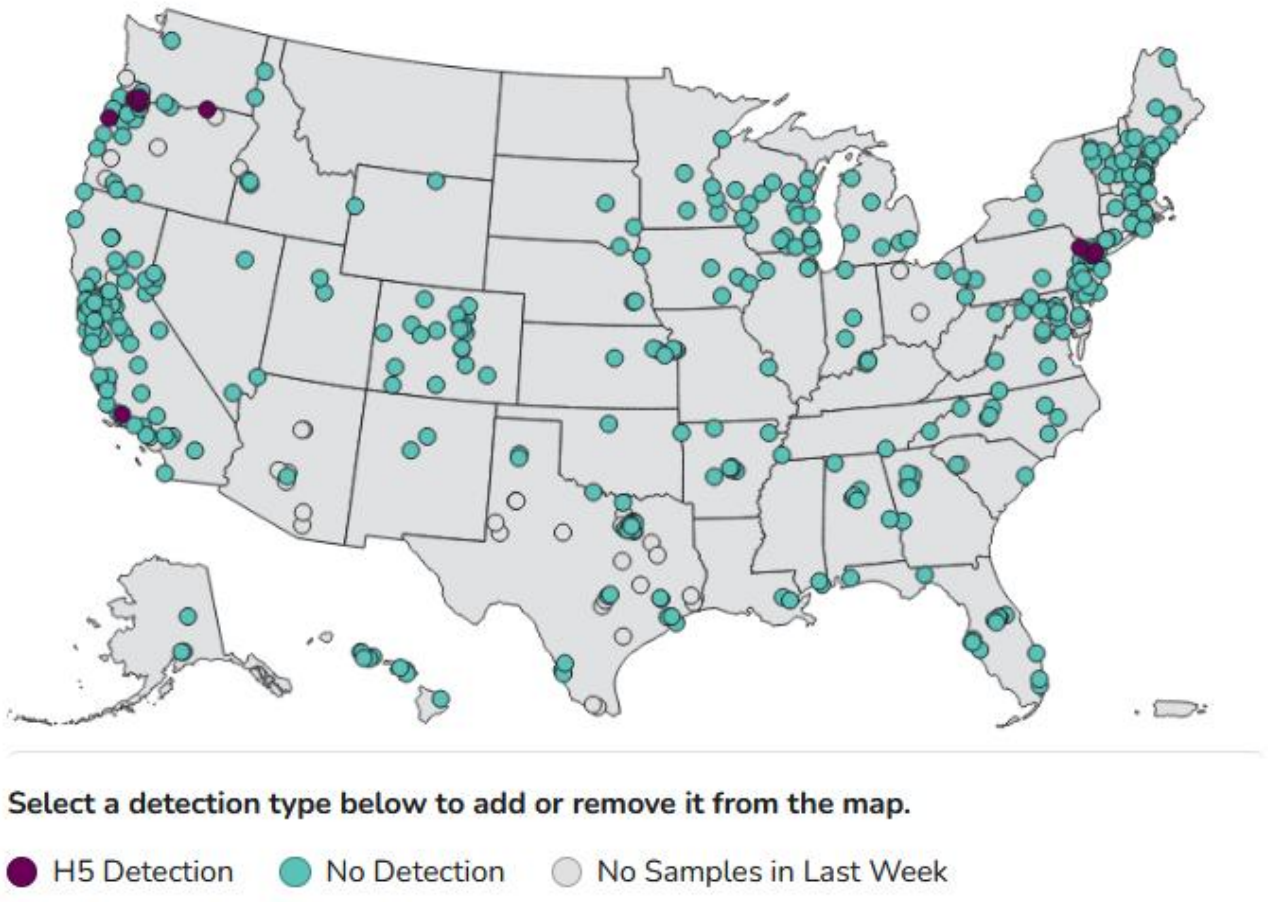


CDC. H5 Bird Flu: Current Situation. Available at: https://www.cdc.gov/bird-flu/situation-summary/index.html

USDA. HPAI Confirmed Cases in Livestock. Available at: https://www.aphis.usda.gov/livestock-poultry-disease/avian/avian-influenza/hpai-detections/hpai-confirmed-cases-livestock

USDA. Confirmations of Highly Pathogenic Avian Influenza in Commercial and Backyard Flocks. Available at: https://www.aphis.usda.gov/livestock-poultry-disease/avian/avian-influenza/hpai-detections/commercial-backyard-flocks

H5 Wastewater Detections, May 25, 2025 - May 31, 2025



Sewershed	State/ Territory	County	05/31/2025	05/24/2025	05/17/2025	05/10/2025
ID:1747	Oregon	Umatilla	+	+	+	-
ID:1738	Oregon	Linn	+	+	-	-
ID:1755	Oregon	Washington	+	No Data	+	-
ID:1752	Oregon	Washington	+	No Data	+	-
ID:1753	Oregon	Washington	+	No Data	+	-
ID:1736	Oregon	Lincoln	+	No Data	-	+
ID:1751	Oregon	Wasco	-	+	+	+
ID:1734	Oregon	Lane	-	+	+	-
ID:1717	Oregon	Clackamas	-	+	+	-
ID:1721	Oregon	Columbia	-	+	+	-
ID:1722	Oregon	Coos	-	+	+	-
ID:1723	Oregon	Deschutes	No Data	+	+	-
ID:1726	Oregon	Douglas	No Data	+	+	-
ID:1733	Oregon	Lane	-	+	+	-
ID:1735	Oregon	Lincoln	-	+	+	-
ID:1743	Oregon	Marion	-	+	+	-
ID:1741	Oregon	Marion	-	+	-	+
ID:1729	Oregon	Jackson	-	+	-	-
ID:1732	Oregon	Klamath	-	+	No Data	-
ID:1746	Oregon	Polk	-	+	-	No Data
ID:1716	Oregon	Benton	-	+	-	-
ID:1720	Oregon	Clatsop	No Data	+	-	-
ID:1739	Oregon	Malheur	No Data	+	No Data	No Data
ID:1740	Oregon	Marion	No Data	+	-	-
ID:1748	Oregon	Umatilla	No Data	+	-	-
ID:1719	Oregon	Clackamas	-	-	+	-
ID:1728	Oregon	Hood River	-	-	+	-
ID:1731	Oregon	Josephine	No Data	-	+	-
ID:1754	Oregon	Washington	-	No Data	+	-
ID:1757	Oregon	Yamhill	-	-	-	-

CDC. Wastewater Data for Avian Influenza A(H5). Available at: https://www.cdc.gov/nwss/rv/wwd-h5.html

Resources for H5 Prevention

Centers for Disease Control and Prevention. Reducing Exposure for Workers to Avian Influenza A Viruses. Available at: https://www.cdc.gov/bird-flu/worker-safety/index.html

Idaho State Department of Agriculture. Avian Influenza. Available at: https://agri.idaho.gov/animals/animal-disease/avian-influenza/

Oregon Department of Agriculture. Avian Influenza. Available at: https://www.oregon.gov/oda/animal-health-feeds-livestock-id/animal-diseases/avian-influenza/Pages/default.aspx

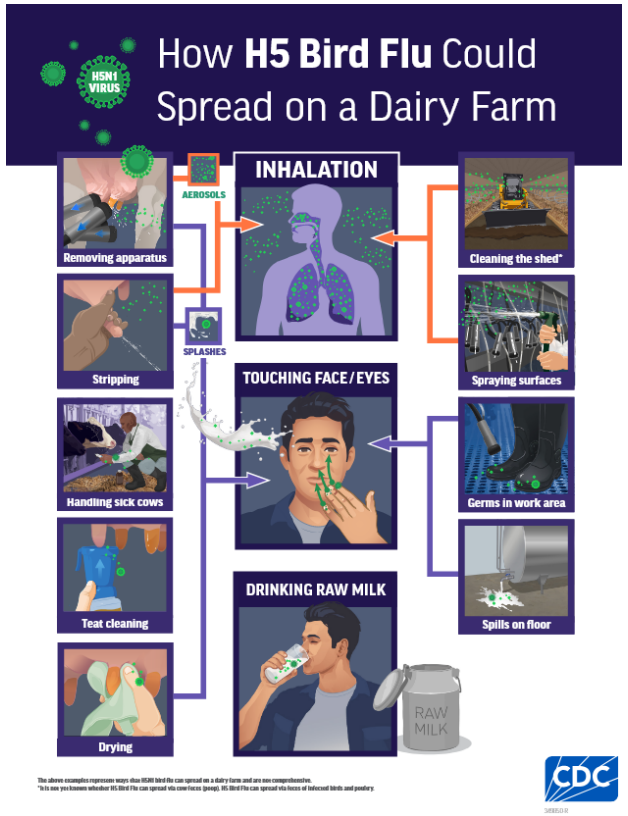
Oregon Department of Fish and Wildlife. Wildlife and Fish Health - Avian Flu. Available at: https://www.dfw.state.or.us/wildlife/health_program/avian-flu/index.asp

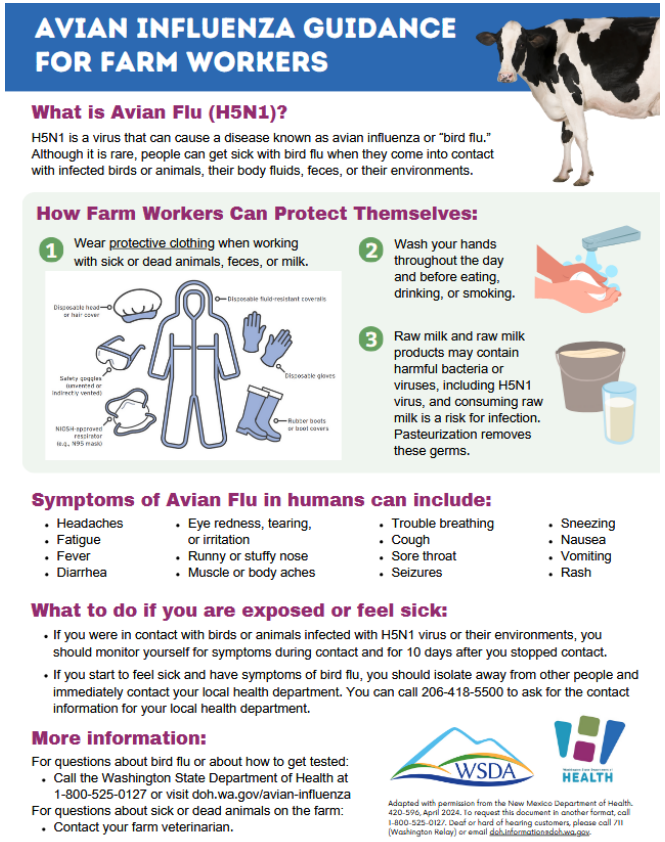
Washington Department of Health. Avian Influenza. Available at: https://doh.wa.gov/you-and-your-family/illness-and-disease-z/avian-influenza

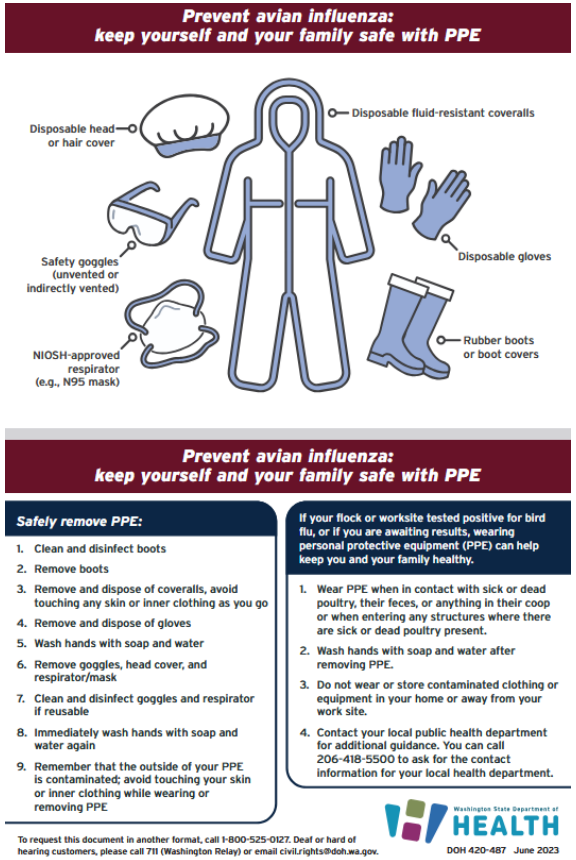
Washington State Department of Agriculture. Available at: https://agr.wa.gov/departments/animals-livestock-and-pets/avian-health/avian-influenza

Washington Department of Fish and Wildlife. Wildlife and Fish Health - Avian Flu. Available at: https://wdfw.wa.gov/species-habitats/diseases/bird-flu#human-hpai

Examples of Flyers on PPE for Workers







https://www.cdc.gov/bird-flu/media/pdfs/2024/11/Bird-Flu-Could-Spread-Handout.pdf
https://doh.wa.gov/you-and-your-family/illness-and-disease-z/avian-influenza
https://doh.wa.gov/sites/default/files/2024-04/420596-AvianFluGuidanceforFarmWorkers.pdf

Handouts for Hunters

USDA Animal and Plant Health Inspection Service
U.S. DEPARTMENT OF AGRICULTURE

Highly Pathogenic Avian Influenza (HPAI)

Hunters—Protect Your Poultry and Pet Birds From Avian Influenza

Avian influenza, or "bird flu," is a respiratory disease of birds caused by influenza A viruses. Wild birds, such as ducks, gulls, and shorebirds, can carry and spread these viruses but may show no signs of illness. However, avian influenza can kill domestic poultry (such as chickens, turkeys, ducks, and geese).

Avian influenza spreads quickly through direct, bird-to-bird contact. It can also spread to birds via contaminated surfaces and materials, including people's clothing, shoes, or hands.

If you raise poultry or keep pet birds, follow the recommendations below to make sure you don't spread avian influenza to your birds.

When Hunting

- Do not harvest or handle wild birds that are obviously sick or found dead.
- Wash your hands with soap and water immediately after handling game. If soap and water are not available, use an alcohol-based hand sanitizer.

When Dressing Game Birds

- Always wear disposable gloves when handling or cleaning game and wash hands with soap and water immediately afterward. If soap and water are not available, use an alcohol-based hand sanitizer.
- Dress game birds in the field whenever possible.
- If you can't dress birds in the field, clean them in a location away from poultry and other birds.
- Keep a separate pair of shoes to wear only in your game cleaning area. If this is not possible, wear rubber footwear and clean and disinfect your shoes before entering or leaving the area.
- Use dedicated tools for cleaning game, whether in the field or at home. Do not use those tools around poultry or pet birds.
- Double bag the offal and feathers. Tie the inner bag, take off your gloves, and leave them in the outer bag before tying it closed. Then wash your hands or use hand sanitizer.
- Place the bag in a trash can that poultry and pet birds cannot access. Make sure the trash can is covered and children, pets, or other animals can't get into it.
- Wash all tools and work surfaces with soap and water. Then, disinfect them using a freshly mixed chlorine solution consisting of 1/3 cup of household bleach per 1 gallon of water.

After Coming in Contact With Wild Birds on Your Property

- Do not handle wild birds that are obviously sick or found dead.
- Wear disposable gloves while cleaning bird feeders and wash hands with soap and water immediately afterward. If soap and water are not available, use an alcohol-based hand sanitizer.

Protecting Yourself

Although avian influenza viruses rarely infect people, you should still protect yourself. To reduce your risk:

- Do not eat, drink, or put anything in your mouth while cleaning or handling game.
- Avoid cross-contamination. Keep uncooked game in a separate container, away from cooked or ready-to-eat foods.
- Cook game meat thoroughly. Poultry should reach an internal temperature of 165 °F to kill disease organisms and parasites.

About Avian Influenza

Avian influenza viruses are classified based on a combination of two groups of proteins: the hemagglutinin or "H" proteins, of which there are 16 (H1–H16), and neuraminidase or "N" proteins, of which there are 9 (N1–N9). These viruses are further categorized as either low or high pathogenicity, indicating their ability to produce disease in poultry.

Low pathogenicity avian influenza is common in wild birds in the United States and around the world. In most cases, it causes few or no signs of infection. However, some strains can become highly pathogenic in poultry.

Highly pathogenic avian influenza is extremely contagious and deadly to domestic poultry. If we find it in the United States, we must quickly eradicate the disease to protect our Nation's flocks and economy.

Questions?

For more information about avian influenza in domestic and wild birds, go to **www.aphis.usda.gov** and search "avian influenza."

For more information about avian influenza and human health, visit the Centers for Disease Control and Prevention (**www.cdc.gov**) and search "avian influenza."

APHIS 91-55-098 | Revised February 2022

Avian Influenza and Your Health
Hunters and Hunting FAQs

Avian influenza is a virus that is easily spread from bird to bird. This virus is causing significant illness and death in wild bird populations worldwide, including here in Washington state.

Birds infected with avian influenza spread the virus through their saliva, mucous and feces. **You can become infected if the virus gets into your eyes, nose, or mouth, or if you breathe it in.** Bird flu infections in people are rare and usually happen after a long period of contact with infected birds while not wearing appropriate personal protective equipment (also called PPE).

Avian influenza rarely causes illness in humans, but it is possible. Follow these guidelines to stay healthy:

Before the hunt:

- Pack the supplies you'll need to safely dress game, including:
  - ☐ Rubber or disposable gloves
  - ☐ An N95 respirator or well-fitting facemask
  - ☐ Eye protection (such as safety glasses or goggles)
  - ☐ A spray bottle with 10% bleach solution (mix 1 cup of bleach with 1 gallon of water)
  - ☐ Soap
  - ☐ Water

While in the field:

- Do not harvest or handle wild birds that are obviously sick or found dead.
- Prevent dogs from having contact with or eating sick or dead wild birds.
- Dress game birds in a well-ventilated area.
- Wear rubber or disposable gloves, an N95 respirator or well-fitting facemask, and eye protection when dressing birds.
- Do not eat, drink, or smoke while cleaning game.
- When done handling game, immediately wash hands thoroughly with soap and water.
- Clean equipment used for dressing with 10% bleach solution.
- Talk to your healthcare provider about getting the seasonal flu vaccine. It is especially important that people who may have exposure to sick birds get a seasonal flu vaccine. The seasonal flu vaccine will not prevent you from getting the bird flu, but it will reduce the chance you'll get sick with human and bird flu viruses at the same time.

Washington State Department of HEALTH

doh.wa.gov/avian-influenza

DOH 420-482 May 2023
To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

Returning home:

- Clean all shoes, equipment and surfaces that have been in contact with birds with soap and water and then disinfect with a 10% bleach solution. Wash all clothes in contact with birds in hot water with detergent and dry on high heat.
- All game should be thoroughly cooked to an internal temperature of 165 degrees Fahrenheit.
- Do not feed raw meat or other parts of the carcass to dogs or other animals.
- Check yourself for symptoms of illness for 10 days after the last day of exposure to potentially infected birds or contaminated surfaces or equipment. Contact your local health jurisdiction and health-care provider if you start to feel sick.
- Pets that have contact with wild birds, such as hunting dogs, may be at higher risk of exposure to avian flu. Seek veterinary care immediately if your pet becomes sick.

What are the symptoms of avian influenza in humans?

The reported signs and symptoms of avian influenza infections in humans include:

- Fever or feeling feverish/chills
- Cough
- Runny or stuffy nose
- Eye tearing, redness, irritation
- Sneezing
- Sore throat
- Trouble breathing
- Short of breath
- Fatigue (very tired)
- Muscle or body aches
- Headaches
- Nausea
- Vomiting
- Diarrhea (the runs)
- Seizures
- Rash

What should I do if I feel sick and I might have been exposed to avian influenza?

Contact your local health department and let them know about your contact with birds. You can look up the contact information for your local health department here: **doh.wa.gov-/about-us/washingtons-public-health-system/washington-state-local-health-jurisdictions** or call 206-418-5500 and ask for the contact information for your local health department.

If you need medical treatment, before you arrive in person first call your healthcare provider to let them know about your possible exposure to avian influenza.

Mental Health Resources

Animal health emergencies can cause stress in affected communities. If you notice changes in your emotions or thinking, or if a situation could be life-threatening, get immediate emergency help by dialing **911**. If you have depression, suicidal thoughts, or just need to talk to someone, contact one of these groups:

Washington County Crisis Line
Call your local county crisis line to request assistance (24/7/365) for you, a friend, or family member. **www.hca.wa.gov/health-care-services-supports/behavioral-health-recovery/mental-health-crisis-lines**

Washington Listens
Washington Listens is a free, anonymous service for anyone in the state, providing support to people who feel sad, anxious, or stressed. **(1-833-681-0211)**

National Suicide Prevention Lifeline
24/7, free and confidential crisis resources for you or your loved ones: Dial **988** or **1-800-273-TALK (1-800-273-8255)**.

CDC. Hunters and Bird Flu. Available at: https://www.cdc.gov/bird-flu/risk-factors/hunters-and-bird-flu.html
USDA. Highly Pathogenic Avian Influenza (HPAI) Hunters—Protect Your Poultry and Pet Birds From Avian Influenza. Available at: https://www.aphis.usda.gov/sites/default/files/fsc_hpai_hunters.pdf
U.S. Fish & Wildlife Service. Highly Pathogenic Avian Influenza (HPAI). Available at: https://www.fws.gov/avian-influenza?utm_campaign=&utm_content=&utm_medium=email&utm_source=govdelivery&utm_term=

Handouts for Those with Backyard Flocks

How to Prepare for a Healthy Family and Flock

Your new chicks, ducklings, and other birds can carry germs like *Salmonella* or bird flu that may make them – and you – sick. Follow these tips to keep your family and your birds safe.

Wash your hands after touching or caring for birds.

You can get sick if you touch your birds, or bird supplies, and then touch your eyes, nose, mouth, or face.

- Don't touch your face while handling or caring for your birds.
- Always wash your hands with soap and water after touching or caring for your birds.
- Supervise children when they are interacting with birds.

While chicks and ducklings may seem like the perfect size for your child to hold, children have a higher risk for severe illness. Children under the age of five should not touch or hold birds because of this.

Keep your birds outside.

Although it may be tempting, do not bring new birds inside your home. The best way to keep their germs outside, is to keep them outside.

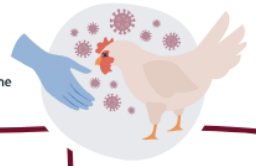
- Keep a separate pair of shoes and other supplies you use when caring for birds outside your home.
- Clean your birds' supplies, such as water or food containers, outside.

Don't let your birds have contact with wild birds.

Bird flu spreads from wild birds, especially wild ducks or geese, to backyard poultry. Don't let your birds have contact with other birds or wild animals. This includes having a cover over the top of the area where they live and roam.

Don't touch sick or dead birds.

If your birds are sick or dying, wear gloves and an N95 mask when caring for them. **Report sick or dead birds** to your veterinarian and the Washington State Department of Agriculture at 1-800-606-3056.



Department of Health's Backyard Poultry page

CDC's Healthy Pets, Healthy People backyard poultry page

For questions, call Washington State Department of Health at 1-800-525-0127.

Washington State Department of HEALTH

DOH 420-467 March 2023

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Avian Influenza in Idaho

Information for bird owners

Avian influenza (AI) is a virus which can infect all birds. Domesticated birds may become infected through direct contact with infected waterfowl or other infected poultry, or through contact with surfaces that have been contaminated with the viruses.

Two different strains:

*Both strains can occur naturally in wild migratory waterfowl.

- **Highly pathogenic avian influenza (HPAI)** – these virus strains are deadly to domestic poultry and can spread rapidly from flock to flock. This is a **reportable** disease. Disease can be slow and mild in waterfowl.
- **Low pathogenicity avian influenza (LPAI)** – these virus strains are most likely to be carried by wild migratory waterfowl and shorebirds without causing illness. LPAI can infect domestic poultry. Symptoms are usually milder.

How is HPAI Spread?

- HPAI is spread by direct contact between birds, by coughing and sneezing and through poop.
- People can spread HPAI by moving infected birds, moving contaminated equipment and feed, and by wearing clothing and shoes that have been in contact with infected birds.

Symptoms Include:

- Sudden death without clinical signs
- Lack of energy and appetite
- Decreased egg production or soft-shelled or misshapen eggs
- Swelling of head, comb, eyelid, wattles and hocks
- Purple discoloration of wattles, comb and legs
- Nasal discharge, coughing and sneezing
- Incoordination

Report Sick Birds

- If you have multiple sick or dying birds, call a local veterinarian, or refer to ISDA's avian influenza flow chart for reporting guidance.
- The avian influenza flow chart and bird owner reporting form can be found at agri.idaho.gov.

Poultry owners and growers are encouraged to always practice good biosecurity to prevent the spread of AI. Visit agri.idaho.gov for more information.

Source: *USDA APHIS Defend the Flock*

https://doh.wa.gov/sites/default/files/2023-03/420467-PrepareHealthyFamilyFlock.pdf
https://agri.idaho.gov/wp-content/uploads/animal-industries/hpai-bird-owner-info.pdf
https://www.aphis.usda.gov/sites/default/files/bro-protect-poultry-from-ai.pdf

Summary

- 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: 1,289 (CDC); Oregon: 882; Idaho: 397 (Total: 2568; 62% of cases in 2024; over 1/5th of cases in the U.S. this year).
- Measles: 1168 cases in 33 states (through 6/5) with 3 deaths. 89% associated with one of 17 outbreaks. 95% unvaccinated or with unknown vaccination status.
- There have been 6 cases of measles among Washington State residents (King and Snohomish Counties) with no outbreak (≥3 related cases); all but one related to international travel. Last case reported on 5/20.
- Measles diagnosed in an out-of-state visitor to Burley, Idaho in South Central Idaho. Potential exposure locations on 5/19 and 5/20. South Central Health District has advised that anyone at one of these locations should monitor for symptoms until 6/14/25.
- Idaho continues to have cases of H5 in dairy cows; Oregon continues to have H5 detected in wastewater surveillance. No human cases in the U.S. since February 2025. No cases of human to human transmission in the U.S.

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:**
  - **<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).
- **H5:** Precautions for farm workers, hunters, backyard flock owners, and others who work with animals. Avoid raw dairy products and undercooked poultry/eggs. Avoid raw pet food; prevent cats from hunting birds. Don't handle sick wildlife without PPE.

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

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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

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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/you-and-your-family/illness-and-disease-z/measles; https://doh.wa.gov/public-health-provider-resources/notifiable-conditions/measles

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


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