NPAIHB
Weekly Update

July 1, 2025

NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Agenda

- Welcome & Introduction: Nancy Bennett
- NPAIHB Announcements, Events, & Resources
- Data Hub Updates and Tour – Sunny Stone
- IHS Updates – Dr Tara Perti
- Tribal Partner Updates
- Questions & Comments

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

Weekly Update

June 24, 2025 Weekly Update: Legislative & Policy Update

June 17, 2025 Weekly Update: Public Health Infrastructure Grant Partner Opportunity

June 10, 2025 Weekly Update: Communicable Disease 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

12 - 14
AUG

Tuesday - Thursday,
Clearwater Resort
Casino

NW TRIBAL BRAIN HEALTH + DEMENTIA SUMMIT

EVENT DETAIL

View All Events

Upcoming Indian Country ECHO Telehealth Opportunities

- **Harm Reduction ECHO -** 1st Tuesday of every month at 12pm PT
  - Tuesday, July 1st at 12pm PT
  - To Join via Zoom: https://echo.zoom.us/j/99009428799?pwd=TFVRa1FPSDU5M2IvTTNwbGo3ZjdyZz09

- **EMS ECHO -** 1st Tuesday & 3rd Thursday of every month at 5pm PT
  - Tuesday, July 1st at 5pm PT
  - Didactic Topic: *Crush Syndrome*
  - To Join via Zoom: https://echo.zoom.us/j/84832881641?pwd=SXllNlpJa0Vta1R1c28xcUh5V1dlUT09

- **Hepatitis C ECHO** – Wednesdays at 11am PT
  - Wednesday, July 2nd at 11am PT
  - Didactic Topic: *HBV Vaccines*
  - To Join via Zoom: https://echo.zoom.us/j/537117924?pwd=OEExbERmK2pSUFFsMzV1SmVpb3g3dz09

- **SUD ECHO** – 1st Thursday of every month at 11am PT
  - Thursday, July 3rd at 11am PT
  - Didactic Topic: *SUD in Adolescents*
  - To Join via Zoom: https://echo.zoom.us/j/806554798?pwd=WVQyUFJnYkR3SXBjcUdIemRnNmZ6Zz09

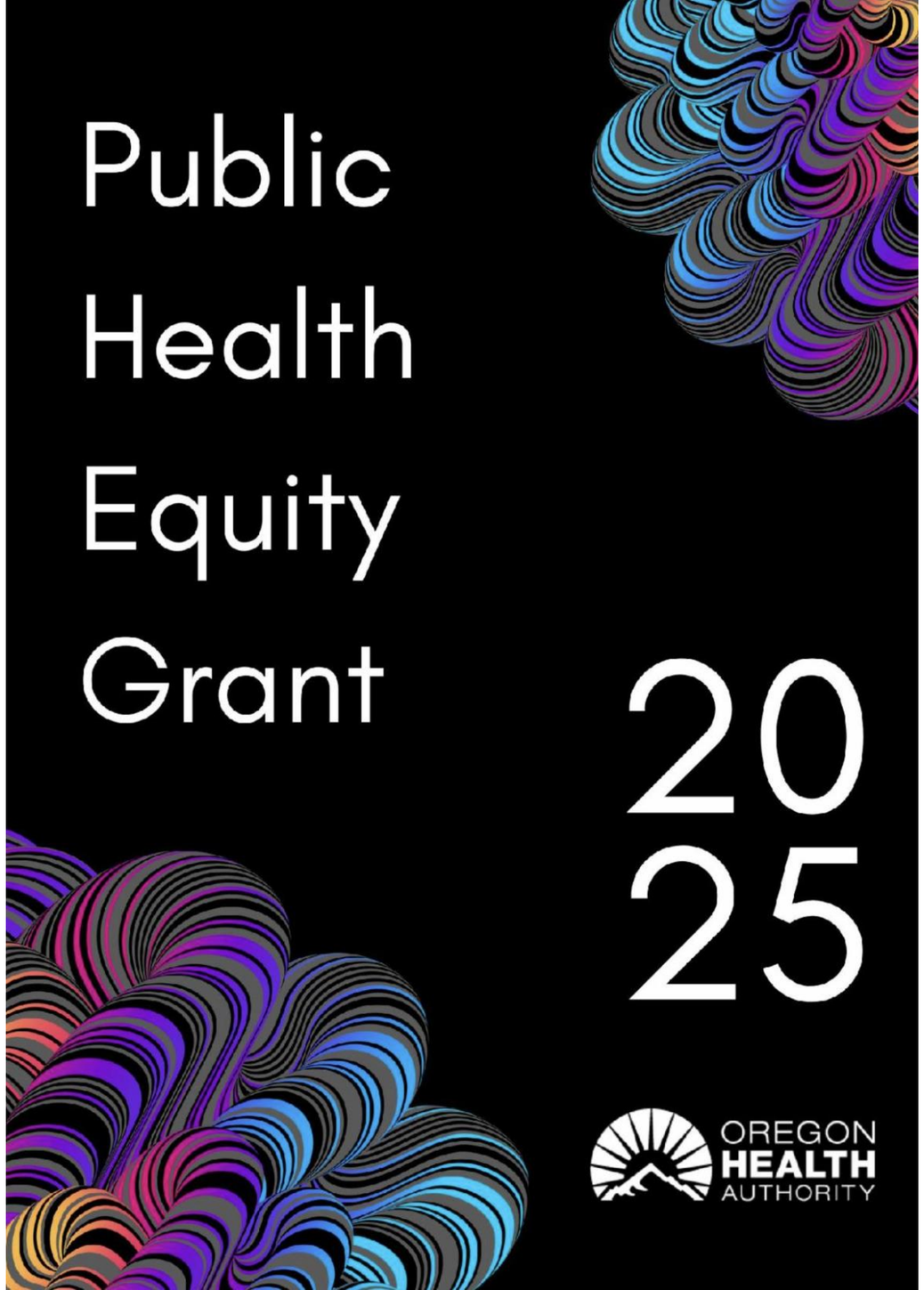
Save the Date!

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.



Areas for Funding

- Environmental Public Health
- Lower Umatilla Basin Ground Water Management Area/Domestic Wells
- Preventing Environmental Exposures for Children's Health
- Commercial Tobacco Prevention
- Adolescent and School Health
- Overdose Prevention
- Community Resilience: Community Connection and Empowerment
- Community Resilience: Emergency Preparedness and Response
- Communicable Disease: Sexual Health and Prevention of Sexually Transmitted Infections
- Communicable Disease: Immunization

Info sessions:

07/02/25
2:00pm - 4:00pm PST
Registration link

07/09/25
1:00pm - 3:00pm PST
Registration link

07/08/25
11:00am - 1:00pm PST
Registration link

07/15/25
12:00pm - 2:00pm PST
Registration link

NPAIHB Weekly Update Schedule

July 8: NO Update, QBM, Portland, OR

July 15: Marc Mason, Warm Springs, Increasing MMR Immunization Rates

July 22: Sujata Joshi, NPAIHB, Tribal Data Sovereignty

July 29: Legislative and Policy Updates

Northwest Tribal Data Hub
Sunny Stone

IHS Updates

Dr. Tara Perti

Partner Updates

Questions & Comments

NW Tribal Data Hub

Connecting Northwest Tribal communities with accurate and relevant data, on-demand.

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Indian Leadership for Indian Health

NW TRIBAL DATA HUB

NPAIHB

Data Hub Team

Sujata Joshi, MSPH

IDEA-NW Project Director

Heidi Lovejoy, MSc

Data Hub Lead Epi/Informatician

Meena Patil, MPH, CPH

Data Hub Epidemiologist

Marches Armstrong, MSIS

IT Director

Jason Arnold

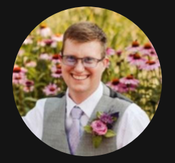
Systems Analyst

Sunny Stone, MPH, MCHES

Data Hub Outreach Manager

Pakak Sophie Boerner, BA, MA(c)

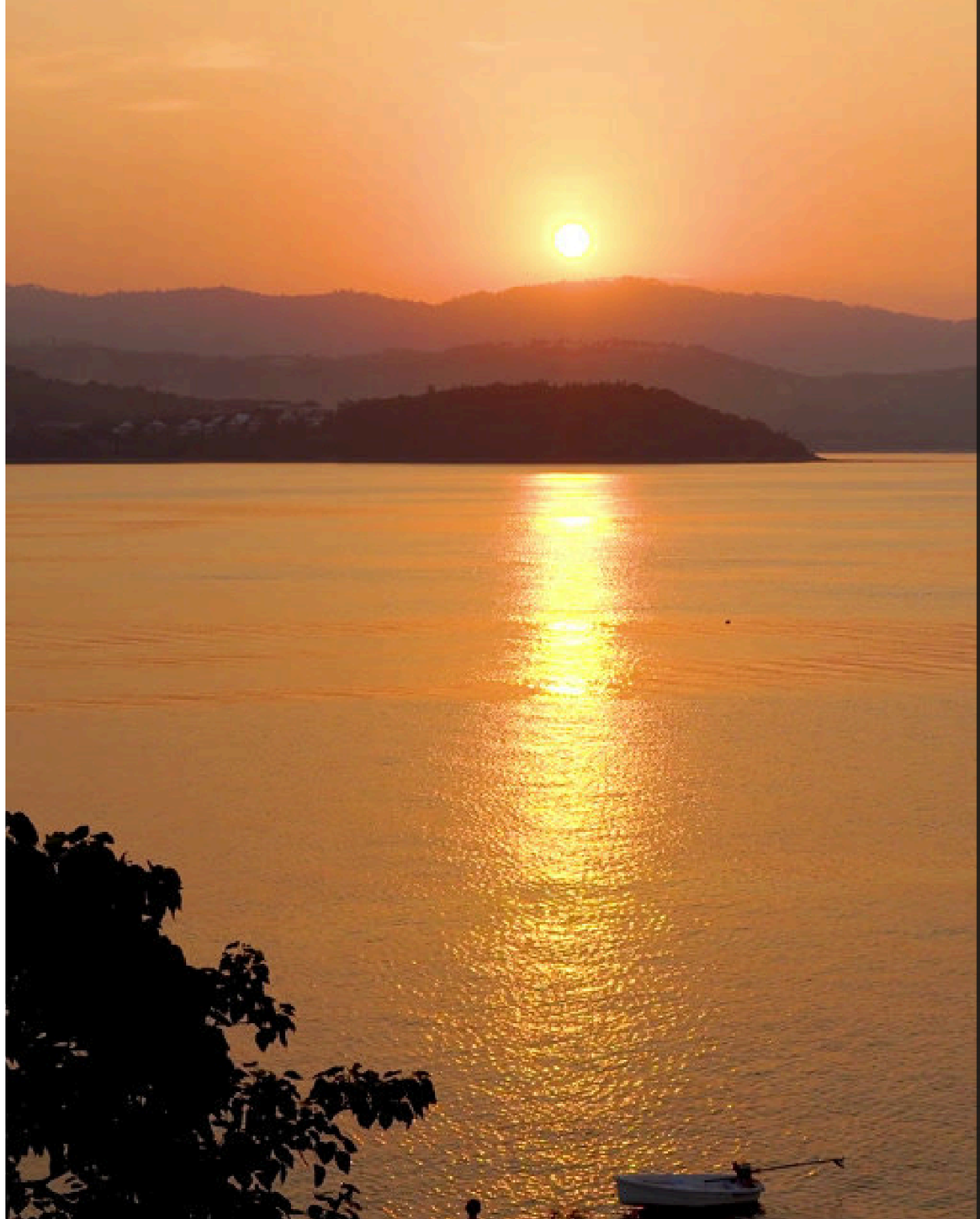
Data Hub Intern



Indi Skuzinski, MSDA

Data Engineer (CDC Foundation)

Data for future generations.



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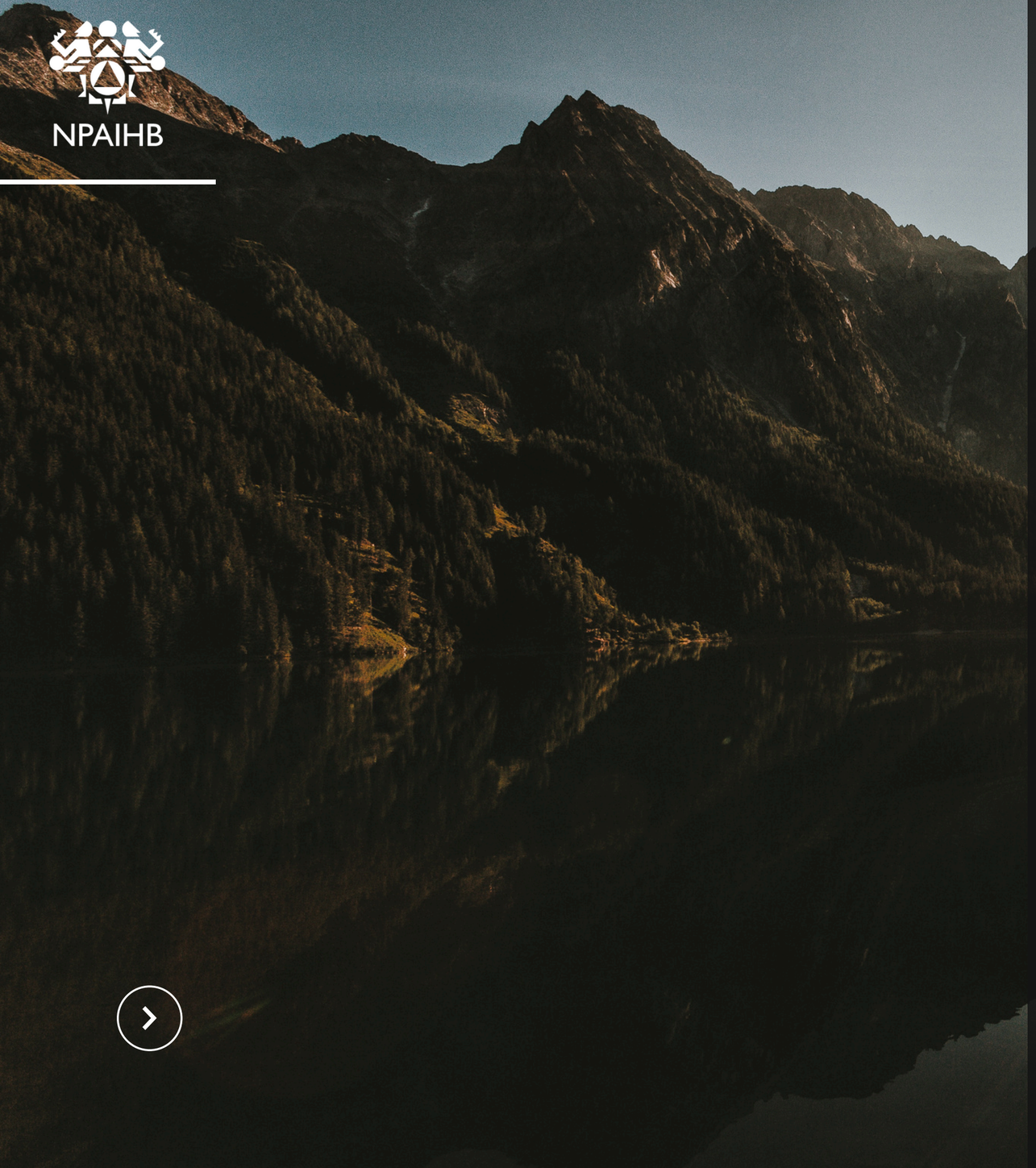
NPAIHB
Data sovereignty is Tribal sovereignty.

Secure ownership and use.

NPAIHB

NPAIHB

Professional data and analysis you can trust.



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Empowering Tribes through community-focused data.

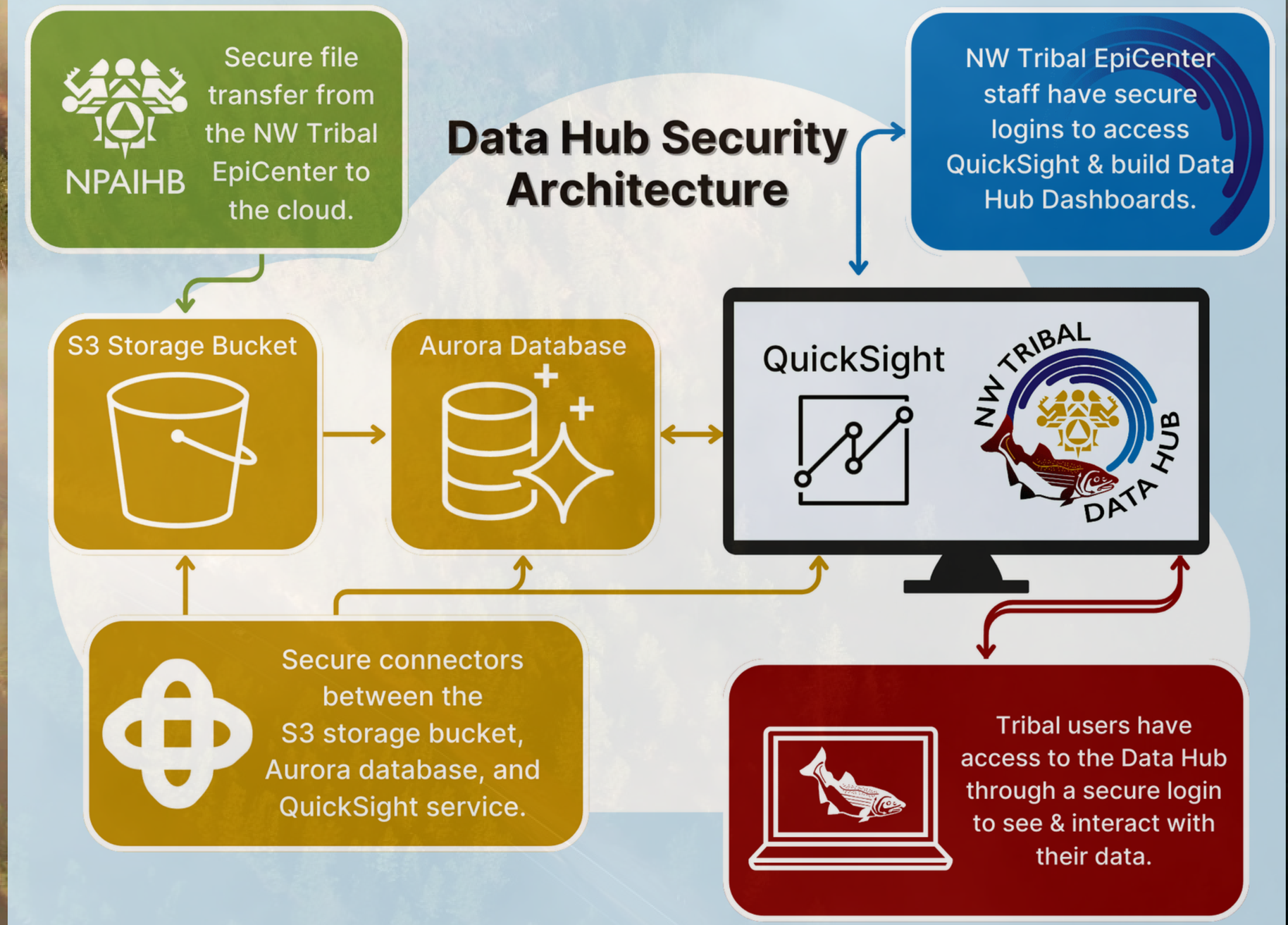
NPAIHB

How it works...

- Data collection
- Quality, accuracy, and completeness
- Expert analysis
- Secure access and storage

NPAIHB

Data Hub Security Architecture




Tour...

NPAIHB

2025 Metrics and Goals

06

Current
Data Sharing
Agreements

04

Participating
Tribes

01

Health Topic
Dashboard(s)

NPAIHB

Vision for a future state.

- Free, secure access
- Targeted intervention
- Improved programing
- Impact

01

Complete a Data Sharing Agreement (DSA) with Data Hub Addendum.

02

Complete and submit a user request form.

03

Securely **access** the NW Tribal Data Hub.

Becoming data sovereign.

NPAIHB

Let's work together.

*"The ultimate goal of data modernization should be to **shift power, rectify injustices against communities of color, and ensure communities have the resources and autonomy necessary to advance their own agendas.**"*

Jamila M. Porter, Brian C. Castrucci, and Jacquelynn Y. Orr

NW Tribal Data Hub

Email: datahub@npaihb.org

Data Hub: DataHub.npaihb.org

NPAIHB: www.npaihb.org

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Indian Leadership for Indian Health

References

Porter, Jamila M., Castrucci, Brian C. and Orr, Jacquelynn Y. **What's Missing from Data Modernization?** A Focus on Structural Racism. Health Equity. 2023, Vol. 7, 1. https://www.liebertpub.com/doi/full/10.1089/heq.2023.0086.

United States Government Accountability Office. **Tribal Epidemiology Centers: HHS Actions Needed to Enhance Data Access.** Washington, DC : United States Government Accountability Office, 2022. GAO-22-104698. https://www.gao.gov/products/gao-22-104698.

Northwest Portland Area Indian Health Board. NW Tribal Data Hub. [Online] November 2024. https://datahub.npaihb.org/.

Portland Area IHS Communicable Diseases Update

TARA PERTI, MD, MPH

MEDICAL EPIDEMIOLOGIST

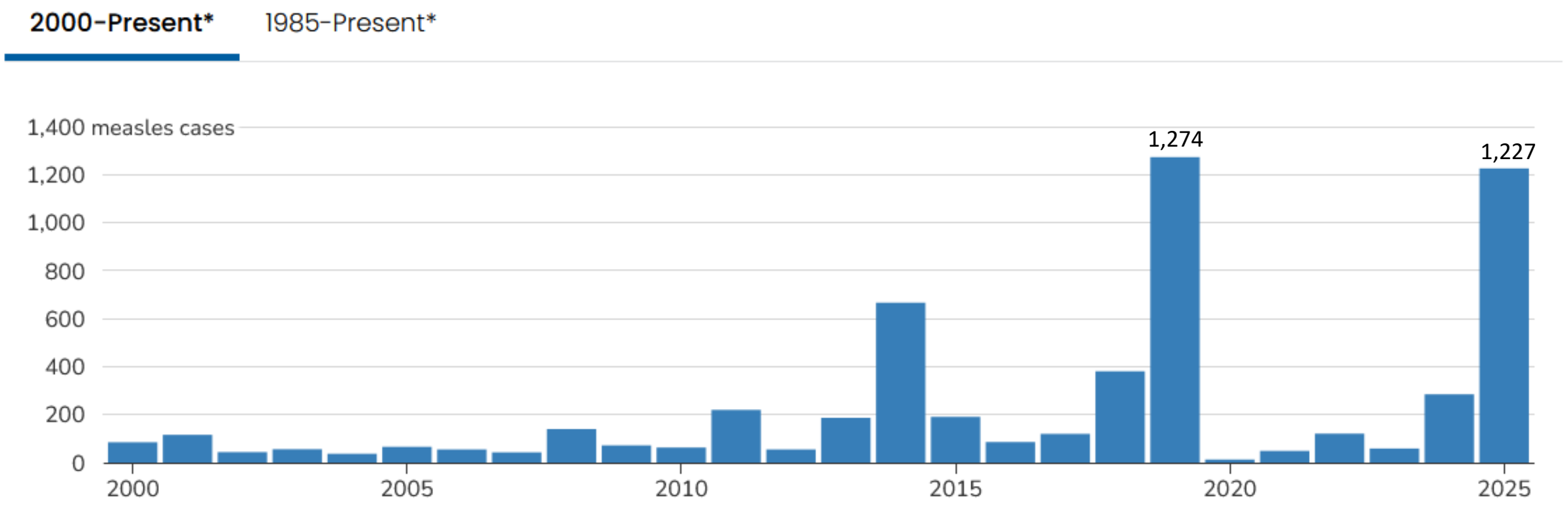
OFFICE, PORTLAND AREA IHS

July 1, 2025

Outline

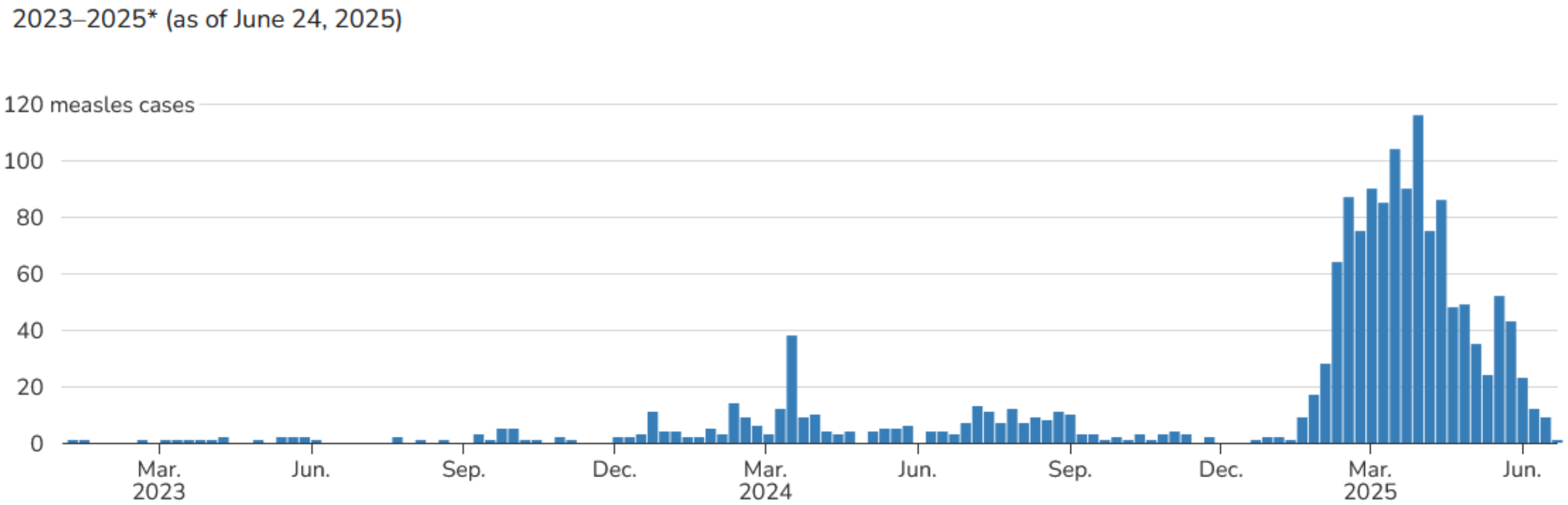
- Measles Update
- Summary and Recommendations

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

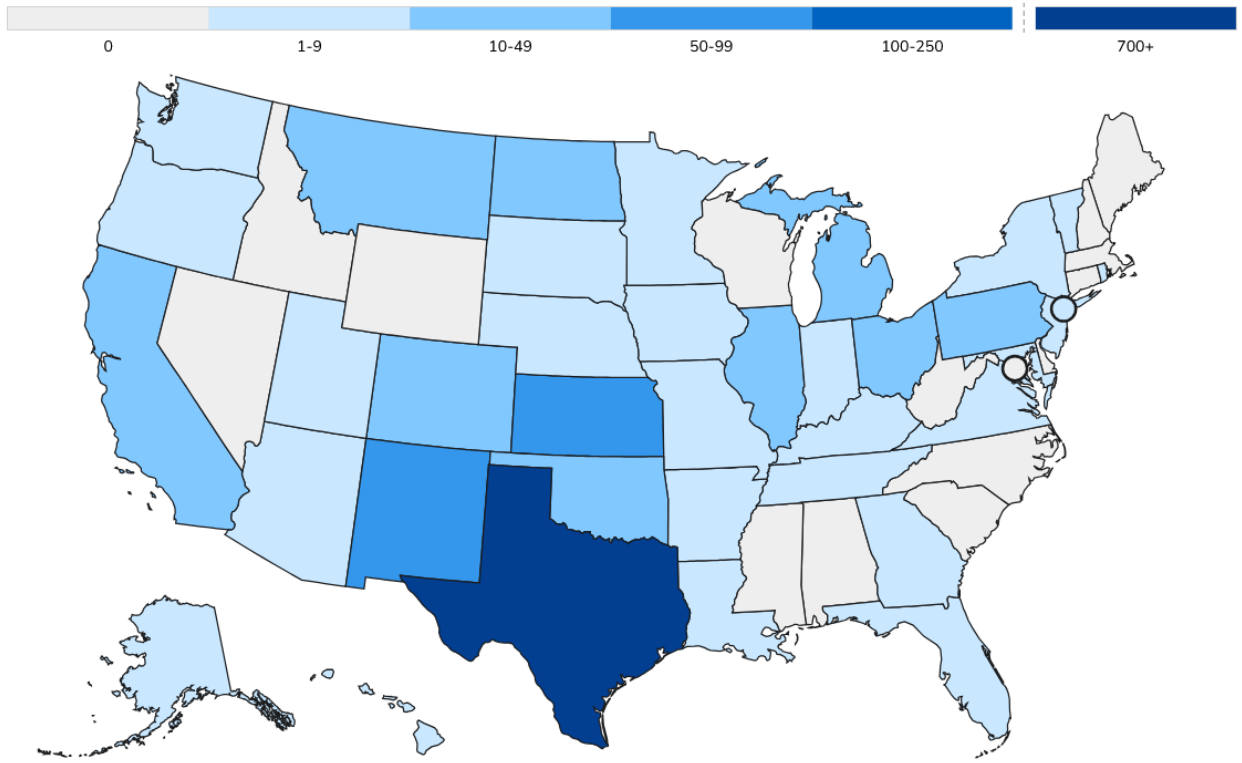
Measles – United States, 2023-2025 (through 6/24)



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

- 1,227 confirmed cases among 36 states through 6/24.
- 89% of cases are from one of 23 outbreaks (≥3 related cases).
- Age: 29% <5 years-old, 37% 5-19 years-old, 33% ≥ 20 years-old, 1% unknown.
- 12% hospitalized overall (20% of those <5 years-old hospitalized).
- 3 deaths among unvaccinated individuals, including 2 in healthy school-aged children.
- 95% unvaccinated or with unknown vaccination status, 2% with one MMR dose, 3% with two MMR doses.



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

Measles — Washington State Residents, 2025 (N=10)

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
6/20/25	Whatcom	Not provided	Not Provided
6/23/25	Whatcom	Not provided	Linked to 1st Case in Whatcom County
6/25/25	King	1 adult and 1 child in the same household	International Visitor

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

Locations of Possible Exposure to the Public in Washington State

Whatcom County

- 6/18/25 5-9 PM: Family Care Network - Lynden Urgent Care
  Additional Details: https://www.whatcomcounty.us/CivicAlerts.aspx?AID=5000
  - Anyone at this location should monitor for symptoms through 7/9/25.

King County

- 6/14 Bellevue Fire Station 9
- 6/15 St. Madeleine Sophie Catholic Parish in Bellevue
- 6/15 Lake Union Swim Academy in Seattle
- 6/18 Mary Wayte Pool on Mercer Island
- 6/18 Costco in Issaquah
- 6/19 Overlake Clinics Newcastle Urgent Care
- 6/20 Seattle Children's Hospital Emergency Department
- 6/22 Swedish First Hill
  Additional Details: https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/news/news-archive-2025/06-25-measles
  - Anyone at one of these locations should monitor for symptoms through 7/13/25.

Measles — Oregon Residents, 2025 (N=1)

On 6/24, Multnomah County reported that an unvaccinated returning international traveler was diagnosed with measles.

Possible exposure locations:

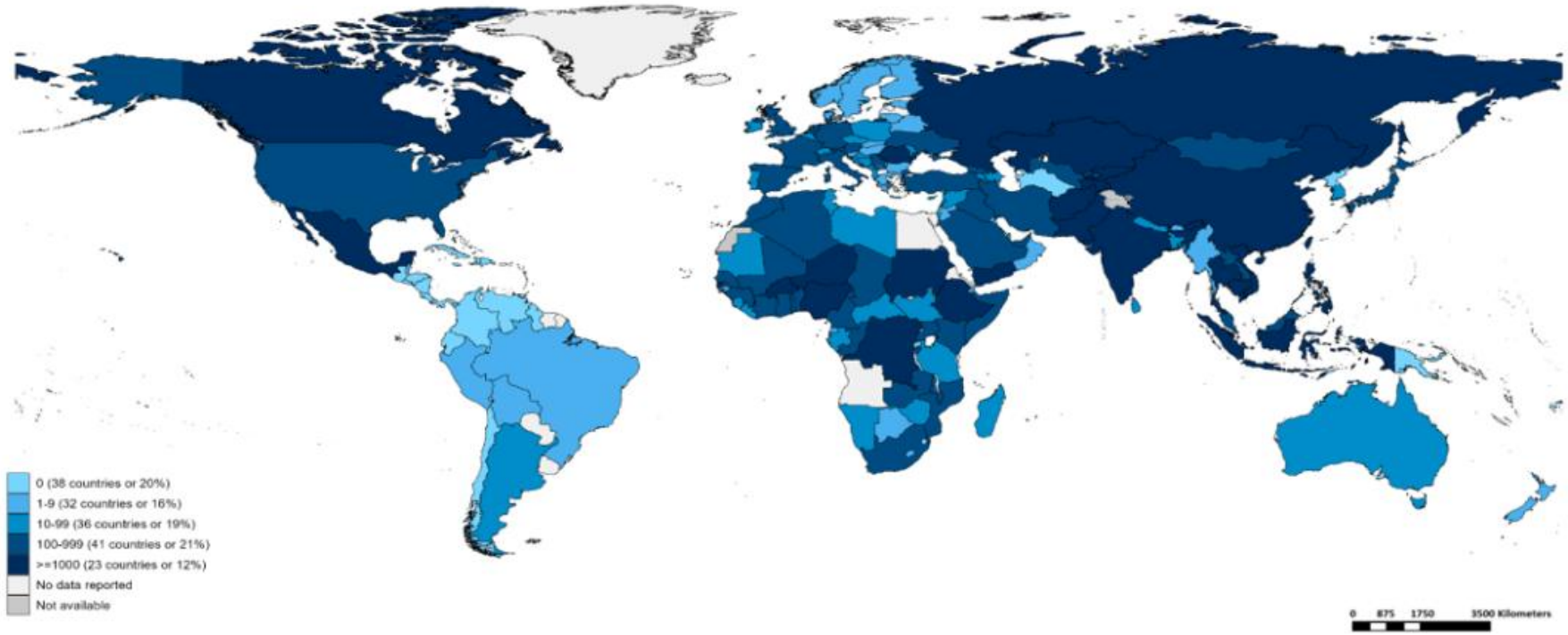
6/17: Portland Intl. Airport/Flight UA1832/SN8869 from Chicago O'Hare.

6/22: Safeway, 401 A Ave., Lake Oswego, in Clackamas County.

Additional details provided in Clinician Alert: https://multco.us/news/clinician-alert-one-measles-case-identified-returning-traveler

- 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 through 7/13/25. If symptoms develop they should call the clinic or hospital ahead to notify them of the need for evaluation for measles.

Number of Measles Cases Globally, 11/2024-4/2025



World Health Organization

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

Disclaimer: The boundaries and names shown and the designations used on this map do 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.

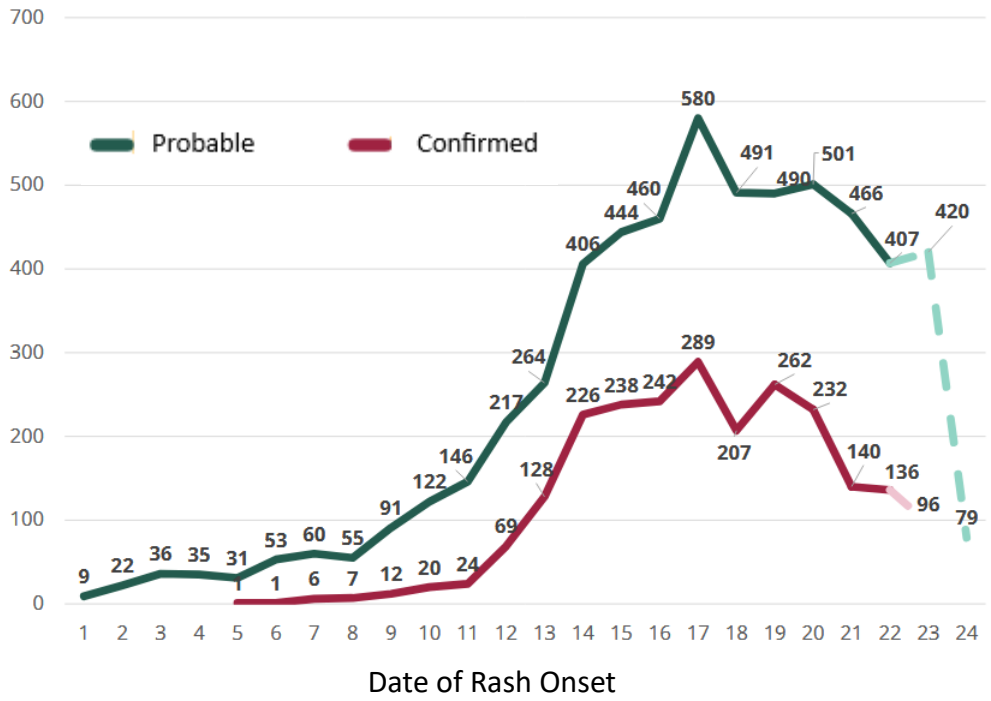
Country	Cases*
Yemen	15,344
India**	9,677
Pakistan	8,946
Kyrgyzstan	7,307
Afghanistan	7,252
Ethiopia	6,184
Romania	5,414
Nigeria	2,730
Indonesia	2,569
Russian Federation	2,226

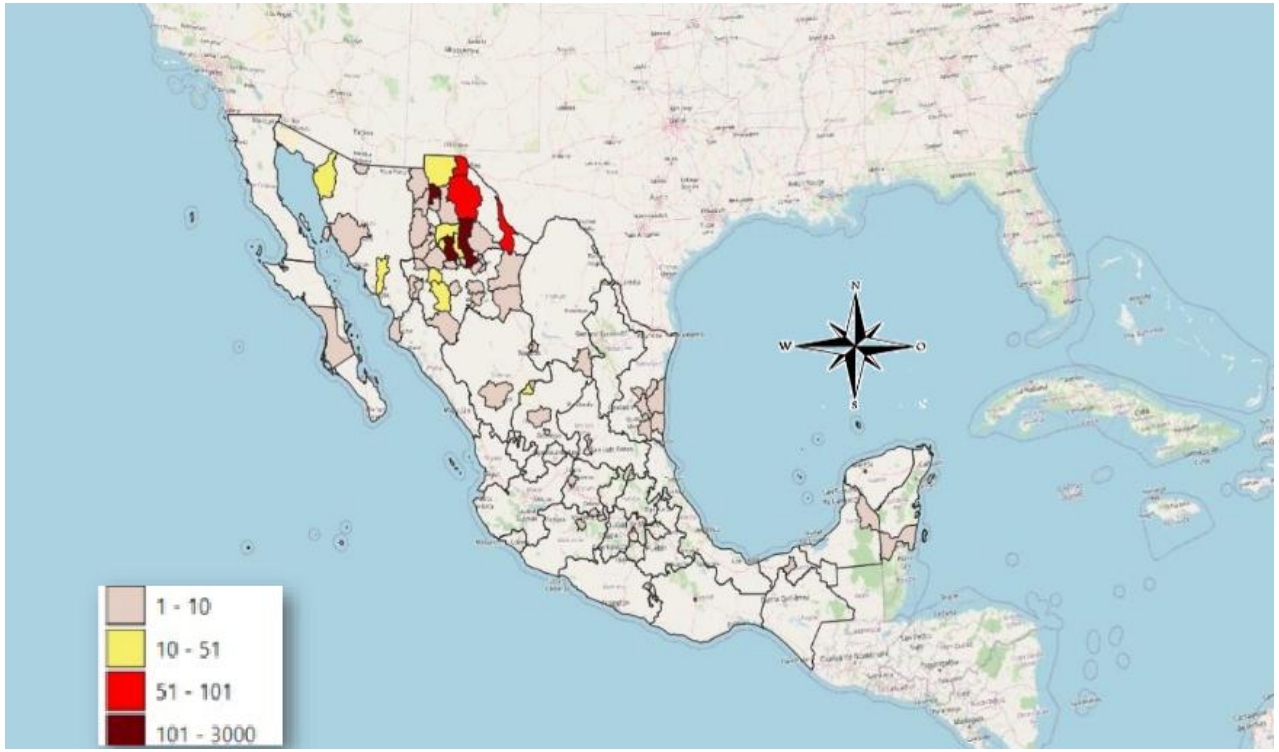
CDC: Over ½ of the importations this year have been from Mexico, Canada, Vietnam and the Philippines.

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 — Mexico, 2025 (through 6/12)

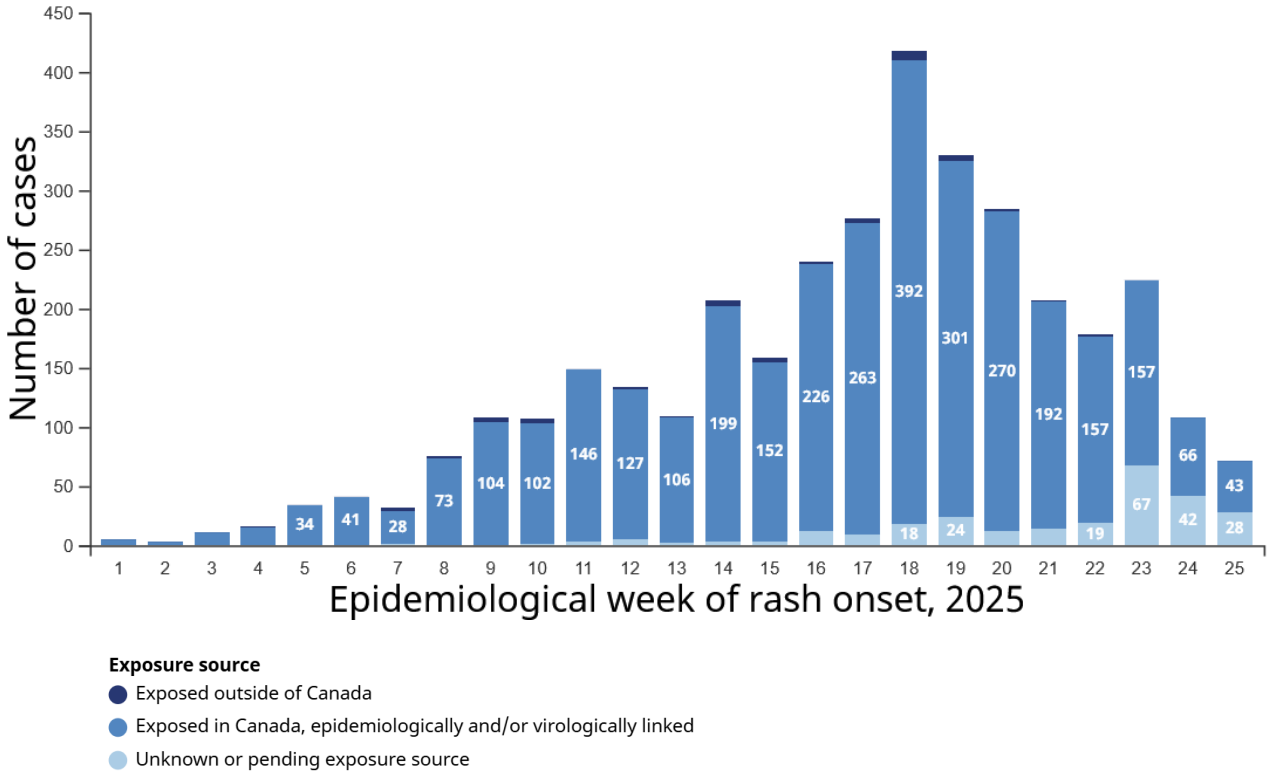
- 2,703 confirmed cases as of 6/26/25
- 18 states; 2,516 confirmed cases in Chihuahua
- Deaths: **9** (8 in Chihuahua and 1 in Sonora)

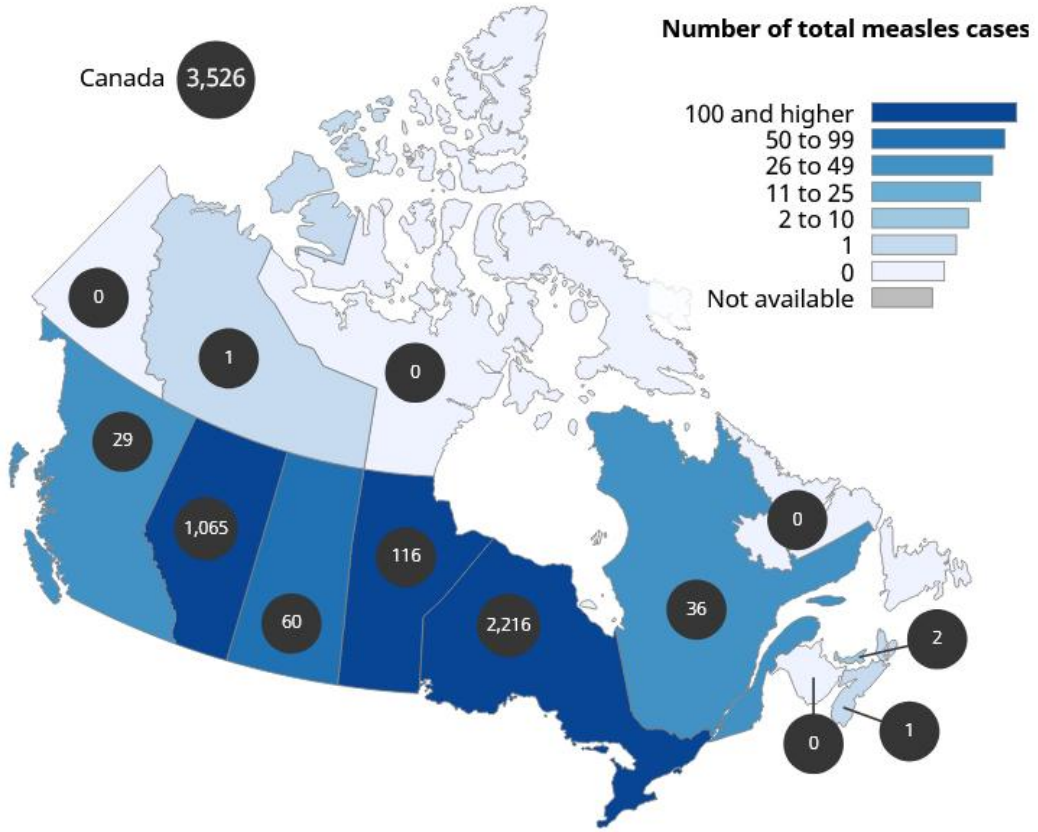




https://www.gob.mx/salud/documentos/informe-diario-del-brote-de-sarampion-en-mexico-2025

Measles — Canada, 2025 (through 6/30)





https://health-infobase.canada.ca/measles-rubella/

Measles: Evaluation

- Symptoms/signs: Fever, descending maculopapular rash, 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 and notify infection prevention at your facility 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
  - Blood for measles antibodies (IgM and IgG)

Oregon State Public Health Laboratory. Measles (Rubeola), Real-Time RT-PCR. Available at: https://www.oregon.gov/oha/PH/LABORATORYSERVICES/Pages/zMeaslesPCR.aspx
Washington State Department of Health Public Health Laboratory. Measles, Mumps, & Rubella Specimen Testing Protocol. Available at: https://doh.wa.gov/sites/default/files/2025-06/420-260-WA-PHL-MMRSpecimenTestingProtocol.pdf; Measles Specimen Shipping Guide. Available at: https://www.medialab.com/dv/dl.aspx?d=1932777&dh=3b5fa&u=69790&uh=0e2a1

Resources to Assist with Clinical Evaluation

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.

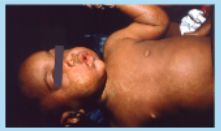
5 Public Health Notification

- 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.

Suspect Measles Provider Evaluation Worksheet

*Suspected and confirmed measles cases are **IMMEDIATELY** reportable to your Local Health Jurisdiction*

Patient Information:	Name:	DOB:	MRN #:
Address:	City:	County:	State: / Zip:
Evaluation date:	(If patient is a minor) Parent/Guardian Name:		Phone #: (___) ___-____
Reporting Facility:	Clinician name:		Clinician phone #: (___) ___-____

Consider measles in the differential diagnosis of patients with FEVER and RASH:

A) What is the highest temperature recorded?	°F		**Fever onset date:** ___ / ___ / _____ N/A (afebrile)
B) Does the patient have a rash?	YES	NO	If no rash, do not collect measles specimens. Consider rule-out testing for other causes of febrile rash illness.
C) Rash characteristics:			**Rash onset date:** ___ / ___ / ___
• Was rash preceded by one of the symptoms listed in (D) by 2-4 days?			Measles rash is generally red, maculopapular (no vesicles) and may become confluent. It typically starts at the hairline, then progresses down the face and body. Rash onset typically occurs 2-4 days after symptom onset, which includes fever and at least one of the "3 Cs" (below).
• Did fever overlap rash?			
• Did rash start on head or face?			
D) Has the patient had any of the following symptoms?			
• Cough			**Onset date:** ___ / ___ / _____
• Runny nose (coryza)			**Onset date:** ___ / ___ / _____
• Red eyes (conjunctivitis)			**Onset date:** ___ / ___ / _____
E) Known high-risk exposure in past 21 days? *(ex. Exposure to a confirmed case, international travel, or domestic travel to an area with a current outbreak)*	YES	NO	**Date(s) and place(s) of travel or exposure:**
F) What is the patient's measles immunity status? Unknown; Unvaccinated (0 doses measles vaccine)			Born before Jan 1, 1957 (Presumed immunity); At least one documented measles vaccine. Vaccine date(s): 1st Dose: ___ / ___ / ___ 2nd Dose: ___ / ___ / ___

Fever (A) + a "YES" answer in (B), at least ONE "YES" in (C) and (D), + "YES" in (E) = Measles is HIGHLY SUSPECTED.

IF MEASLES IS SUSPECTED, IMMEDIATELY:

1. **Mask and isolate the patient (in negative air pressure room when possible).**
2. **Call your LOCAL HEALTH JURISDICTION to report the suspected measles case and request permission to test at WA PHL.** (All health care providers must receive approval from local health jurisdiction prior to specimen submission.)
   Local Health Jurisdiction: _____ 24/7 contact number: _____
3. **Collect the following specimens, if testing is approved:**
   - (Preferred specimen) **Nasopharyngeal (NP) swab for measles PCR and culture**
     - Most accurate between 0 to 5 days after rash onset.
   - **Urine for measles PCR and culture:**
     - Most accurate between 3 to 10 days after rash onset; may not be positive until >4 days after symptom onset.
   - (Acceptable) **Serum for measles IgM and IgG testing:**
     - IgM is most accurate greater than 3 days after rash onset
     - **NOTE:** *neither IgM nor IgG antibody responses can distinguish measles disease from the response to vaccination in a patient with suspected measles that has been vaccinated 6–45 days prior to blood collection.*

For more information on measles specimen collection, testing, reporting, and other details, please visit:
WA DOH PHL Measles Specimen Collection and Submission Instructions
WA Department of Health Measles Provider Resource webpage.

DOH 348-490 **UPDATED: June 2025**
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 doh.information@doh.wa.gov.

American Academy of Pediatrics Project Firstline Poster. Available at: https://downloads.aap.org/AAP/PDF/ThinkMeasles-final.pdf
Washington State Department of Health. Suspect Measles Provider Evaluation Worksheet. Available at: https://doh.wa.gov/sites/default/files/2025-06/348-490-MeaslesAssessmentQuicksheetProviders.pdf

Prevention of Measles Outbreaks

1. Ensuring all communities are vaccinated (goal ≥95%).

2. Infection prevention in healthcare settings.

3. Robust public health response for each case of measles imported.

Prevention: MMR Immunization!

- Children: Dose #1 at 12-15 months; Dose #2 at 4-6 years old, before school entry.
  - 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.
  - 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.

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

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.

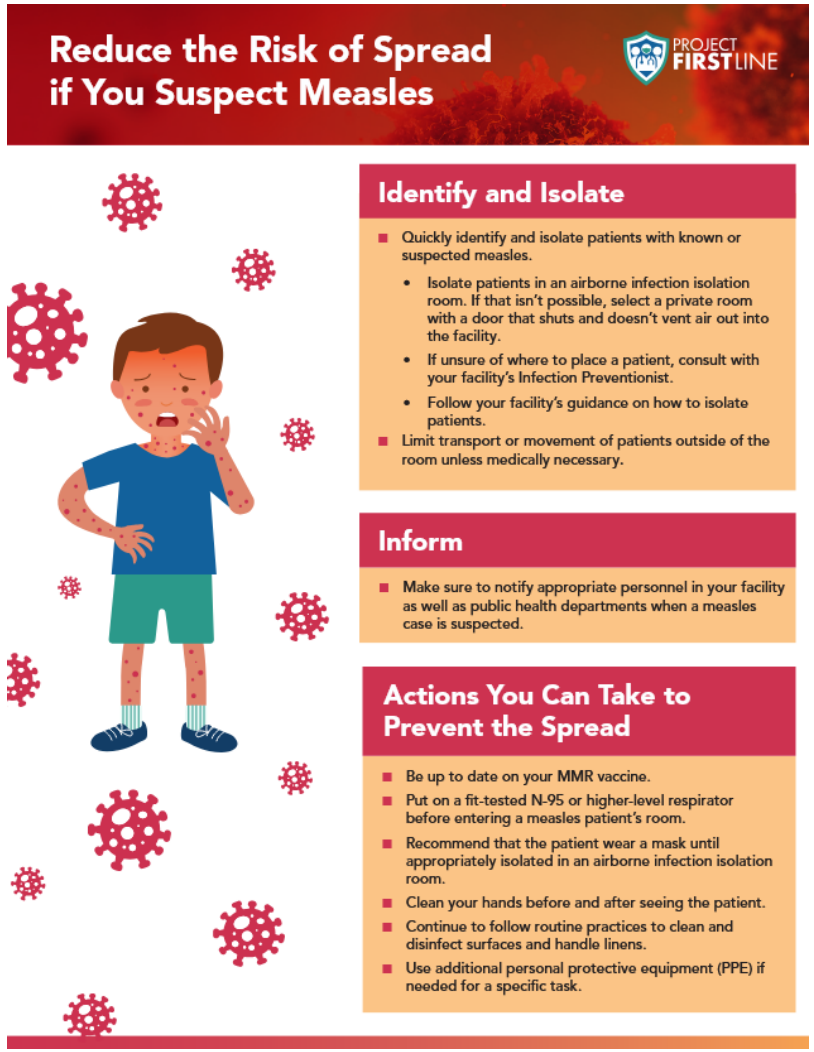
Job Aid. The one-page, visual job aid helps to reinforce the key messages of the micro-learn. Facilitators are encouraged to make the job aid available after the micro-learn session, such as in digital or hard copy form.

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

Measles: Isolation and Contact Investigations

- 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: Contact Investigations (cont.)

- 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)

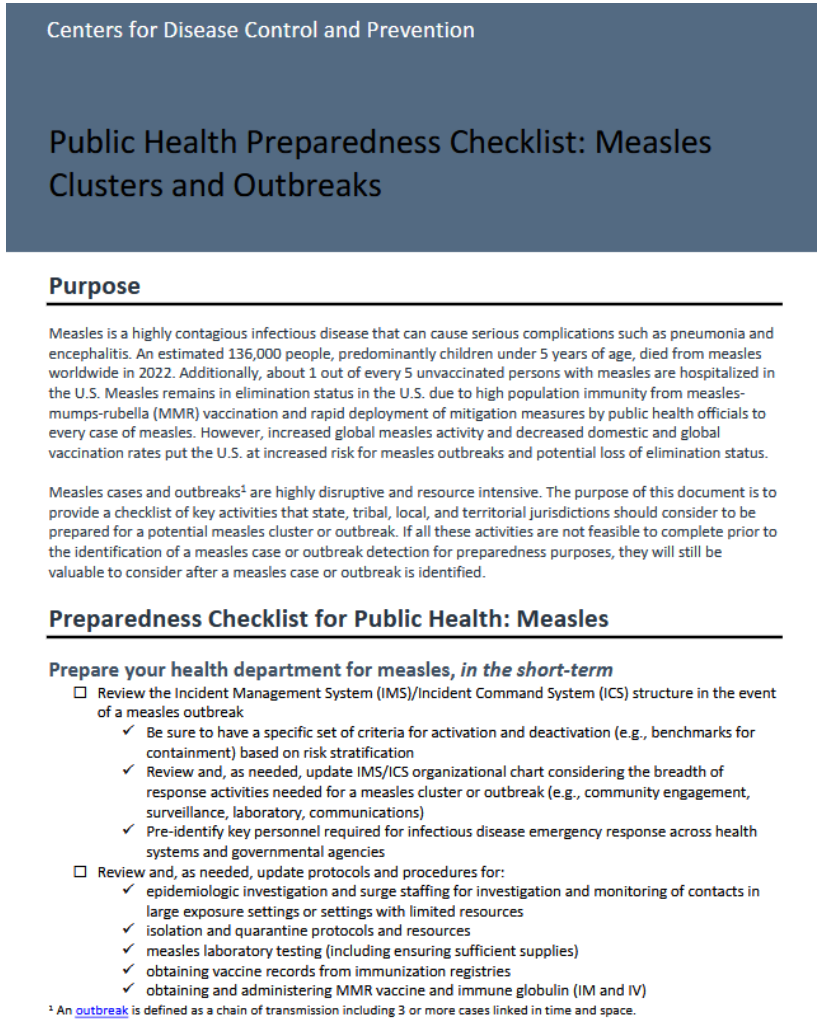
    - **Immune globulin (if MMR vaccine cannot be given):** Given intramuscularly to **infants < 6 months old; 6-11 months (4-6 days after exposure)**, and intravenously to **severely immunosuppressed** individuals, and **non-immune pregnant women ≤ 6 days** after *last* exposure. If given ≤ 6 days after *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. [Average time 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
Washington State Department of Health. Measles Post-Exposure Prophylaxis (PEP) for Non-Symptomatic Susceptible Contacts. Available at: https://doh.wa.gov/sites/default/files/legacy/Documents/5100/420-250-MeaslesHCFPEP.pdf

Public Health Preparedness



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 measles-mumps-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 outbreaks[1] 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
  - ✓ 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.

Recommendations for health departments, healthcare systems, schools/daycares

<u>Public Health</u>

- Review ICS structure, activation/deactivation criteria, key personnel
- Review/update protocols
- Review surge staffing plans
- Train staff
- Ensure staff who may be involved in response have presumptive immunity and respiratory fit testing is current
- Ensure adequate supplies: Laboratory testing, MMR vaccination, immune globulin (IM and IV), N-95 masks
- Develop educational materials

<u>Health Care</u>

- Ensure healthcare workers have presumptive evidence of immunity and are up to date on respirator fit testing
- Train staff, including front desk, to recognize, isolate, and evaluate patients with possible measles and in infection prevention.
- Develop signage
- Ensure adequate supplies (as above)

CDC. Public Health Preparedness Checklist: Measles Clusters and Outbreaks. Available at: https://www.cdc.gov/measles/media/pdfs/2025/02/CDC-Public-Health-Checklist_Sept18_FINAL-updatedlinks-508.pdf

Measles Resources for Public Health Departments

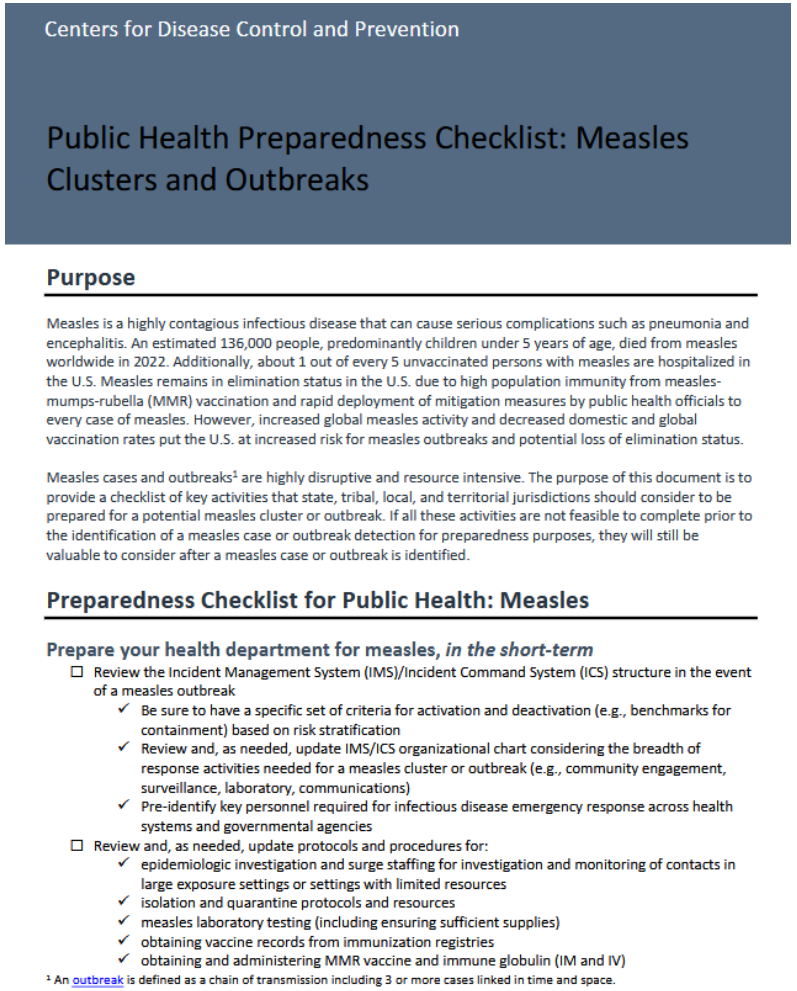
CDC:

- 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
  - Information for Summer Camps

Manual for the Surveillance of Vaccine-Preventable Diseases

Clinical Provider Flowsheet

Recommendations for:
Health departments
Healthcare systems
Schools/daycares



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[1] An outbreak is defined as a chain of transmission including 3 or more cases linked in time and space.

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

Templates:

Isolation Letter

Quarantine Letter

Press Release

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-outbreak-response

Summary

- 1,227 measles cases in 36 states (through 6/24) with 3 deaths. 95% unvaccinated or with unknown vaccination status. 89% of cases associated with one of 23 outbreaks.
- There have been 10 cases of measles among Washington State residents (King, Snohomish, and Whatcom Counties), most related to international travel; no outbreak so far. Last case reported on 6/25.
- One case of measles in Oregon (Multnomah County) reported on 6/24.
- Overall numbers decreasing, but ongoing risk of outbreaks from imported cases.

Recommendations

- **Ensure patients at your clinics are up to date on immunizations to protect your patients and the community.**
- **Ensure anyone traveling internationally (including to Mexico and Canada) without presumptive evidence of immunity are vaccinated at least 2 weeks prior to travel (those ≥ 12 months old should receive 2 doses at least 28 days apart, infants ≥6 months old should receive 1 dose (revaccinated with 2 dose series starting at 12 months).**
- 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).
- **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 (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).
    - Provide 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).
    - Train staff, including front-desk to recognize, isolate, and evaluate patients with possible measles and in infection prevention (e.g.Project Firstline: Measles Infection Control Microlearn with discussion guide).
    - Ensure you have supplies for measles testing.
- **Consider measles** in anyone with a fever and generalized maculopapular rash with recent international travel or travel to an area with a measles outbreak, or exposure to a measles case.
- **Recommend testing performed in collaboration with local health jurisdiction** (throat or NP swab for measles PCR in viral transport media, possibly urine for measles PCR, blood for measles IgM and IgG).

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

- IHS: https://www.ihs.gov/epi/health-surveillance/educational-resources/; https://www.ihs.gov/NIPHC/public-health-messaging/
- NPAIHB: Email vaccinative@npaihb.org to access the vaccine resource folder (while website is down; in the future, resources will be available at indiancountryecho.org).
- Centers for Disease Control and Prevention: https://www.cdc.gov/measles/resources/index.html
- Washington State Department of Health: https://doh.wa.gov/you-and-your-family/illness-and-disease-z/measles; https://doh.wa.gov/you-and-your-family/immunization; https://doh.wa.gov/sites/default/files/2025-03/820310-MeaslesCommunicationsToolkit.pdf
- Oregon Health Authority: https://www.oregon.gov/oha/ph/diseasesconditions/diseasesaz/pages/measles.aspx; https://www.oregon.gov/oha/ph/preventionwellness/vaccinesimmunization/gettingimmunized/pages/index.aspx
- Idaho Department of Health & Welfare: https://healthandwelfare.idaho.gov/services-programs/children-families/child-and-adolescent-immunization; https://healthandwelfare.idaho.gov/services-programs/children-families/adult-immunization
- American Academy of Pediatrics: https://www.aap.org/immunization; https://www.healthychildren.org/immunizations
- Boost Oregon: https://boostoregon.org
- Immunize.org: https://www.immunize.org/clinical/a-z/?wpsolr_fq%5B0%5D=audiences_str%3AVaccine%20Recipients&wpsolr_fq%5B1%5D=imm_language_str%3AEnglish
- Vaccine Education Center at Children's Hospital of Philadelphia: https://www.chop.edu/vaccine-education-center

  https://www.chop.edu/vaccine-update-healthcare-professionals/resources/vaccine-and-vaccine-safety-related-qa-sheets
- Indian Country ECHO/UNM Project ECHO: https://projectecho.app.box.com/s/piod28mg2rv66c7zpbf13u9lr3hzhiup

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

Additional Resources

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

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

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

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

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

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

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

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

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

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

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


INDIAN HEALTH SERVICE
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Washington State Department of HEALTH

WA DOH Office of Tribal Public Health & Relations

@WaDeptHealth

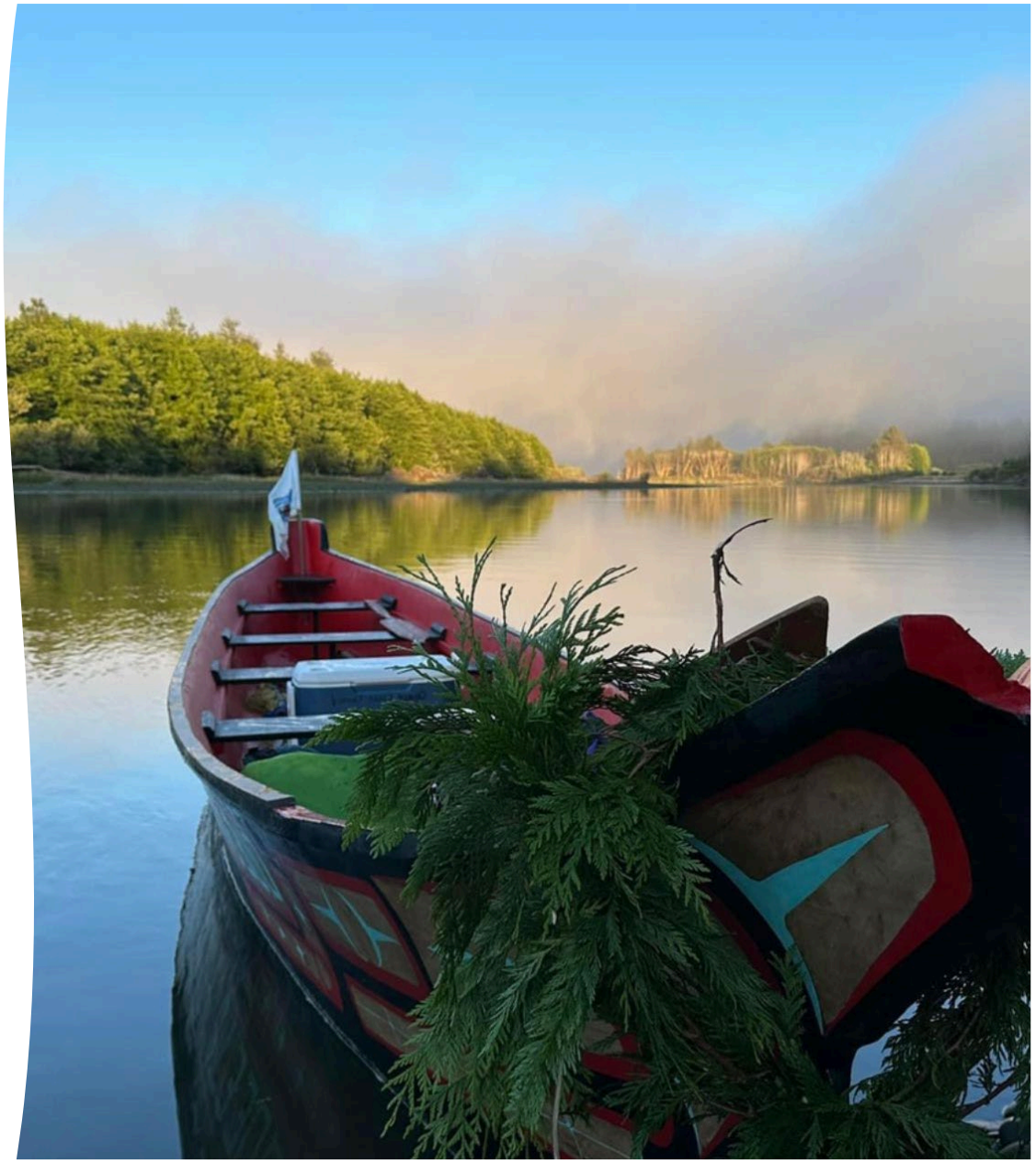
Tuesday July 1, 2025
NPAIHB

NPAIHB
Indian Leadership for Indian Health

Agenda

OTPHR Updates

Contact Information



Dear Tribal Leader Letters

2025

Date	Letter Subject	Meeting Information
June 17	Collaborative – environmental justice grants listening sessions (PDF)	• Listening session 1: 8:30-10 a.m. **August 14** - Zoom link • Listening session 2: 10-11:30 a.m. **August 21** - Zoom link
June 17	Informative – Tribal distribution list for monthly emergency medical services opioid surveillance reports (PDF)	
June 16	Informative – information on agency rulemaking for June 1-15, 2025 (PDF)	
June 9	Informative – opportunity to participate in the Washington Syndemic Planning Group (PDF)	
June 3	Collaborative – environmental health disparities map listening sessions (PDF)	• Listening session 1: 10-11:30 a.m. **June 20** - Zoom link • Listening session 2: 2-4 p.m. **July 15** - Zoom link
June 3	Informative – information on agency rulemaking for May 16-31, 2025 (PDF)	
May 28	Collaborative – listening session for revising the 2026 Behavioral Risk Factor Surveillance System (BRFSS) (PDF)	• Listening session: 10 a.m. **June 6**
May 21	Collaborative – over-the-counter contraception access for teens and young adults (PDF)	• Listening session 1: 5-6:30 p.m. **June 17** - Registration link • Listening session 2: 3-4:30 p.m. **June 18** - Registration link
May 16	Consultation – Tribal foundational public health services funding allocation for state biennium 2025-2027 (PDF)	• Roundtable 1: 1:30-3 p.m. **May 28** • Roundtable 2: 3-4:30 p.m. **June 4** • Consultation: 3:30-5 p.m. **June 11**
May 15	Informative – information on agency rulemaking for May 1-15, 2025 (PDF)	
May 14	Informative – updates to Tribal shellfish consent decree and attachments of minimum position requirements (PDF)	
May 13	Collaborative – source water protection grant guidelines update (PDF)	• Listening session: 3:30-5 p.m. **June 16** - Zoom link

Washington State Department of HEALTH

Upcoming Listening Sessions, Roundtables, & Consultations

Date/Time	Meeting Title/Type	Meeting Platform	DTLL
Tuesday, July 15th at 2-4:00pm	Collaborative –Environmental Health Disparities Map Listening Session #2	Zoom Meeting	Collaborative- Environmental Health Disparities Map
Thursday August 14, 2025 at 8:30-10:00 am	Collaborative – Environmental Justice Grants Listening Session #1	Zoom Meeting	Collaborative – Environmental Justice Grants Listening Sessions
Thursday August 21, 2025 at 10-11:30 am	Collaborative – Environmental Justice Grants Listening Session #2	Zoom Meeting	Collaborative – Environmental Justice Grants Listening Sessions
Coming in August	Collaborative – Shellfish Consent Decree Listening Session	Coming soon	Informative DTLL

Environmental Health Disparities Map Listening Session

Collaborative - Environmental Health Disparities Map DTLL sent on 6/3/2025
We invite your collaboration on updates to the Environmental Health Disparities (EHD) Map following our consultation on May 4, 2023.

The EHD map is referenced in both the Healthy Environments for All (HEAL) Act and Climate Commitment Act (CCA), as is used by state agencies – alongside other tools - to support the identification of, investment in, and guidance of actions that impact Tribes and "overburdened" communities most impacted by environmental injustice.

Since our 2023 consultation and collaboration, the EHD map team has drafted additional measures and revised existing ones based on Tribal and community feedback and available data. It is essential that Tribal priorities are accurately reflected in the map, its associated communications, and in ongoing efforts to improve user experience.

Date and Time	Zoom Information
~~**Friday June 20, 2025 at 10-1:30pm**~~ ~~*(during GIHAC Tribal Data Sovereignty Group)*~~	~~Zoom Meeting~~
Tuesday July 15, 2025 at 2-4:00pm	Zoom Meeting

For additional information, please contact: Jennifer Sabel, Section Manager, Jennifer.Sabel@doh.wa.gov, 360-628-6372 or Candice Wilson, Executive Director, Office of Tribal Public Health and Relations (OTPHR), at Candice.wilson@doh.wa.gov or 360-819-7626.

Environmental Justice Grants Listening Sessions

Collaborative – Environmental Justice Grants DTLL sent on 6/17/25
We invite collaboration on two environmental justice grants, the Healthy Environment for All (HEAL) Tribal Capacity Grant and the Workplace Safety for Workers Affected by Climate Change Grant.

We will provide an update of the Consultation Closure on Environmental Justice Capacity Grant, November 30, 2023, and Consultation Closure – Two Environmental Justice Grants, September 18, 2024. These grants have been funded for the 2025-2027 biennium, although at a greatly reduced amount. We are seeking your guidance and input of how to administer the funds and improve the grant programs.

Date and Time	Zoom Information
Thursday August 14, 2025 at 8:30-10:00 am	Zoom Meeting
Thursday August 21, 2025 at 10-11:30 am *After the biweekly AIHC Current Issues meeting*	Zoom Meeting

For additional information, please contact Rachele Hurt, Tribal Relations Strategist, at rachele.hurt@doh.wa.gov or Candice Wilson, Executive Director, Office of Tribal Public Health and Relations (OTPHR), at Candice.wilson@doh.wa.gov or 360-819-7626.

May 16, 2025

Engage with the Washington Syndemic Planning Group (WSPG)

What is the WSPG?

A community advisory body launched in July 2022 that advises the Washington State Department of Health's Office of Infectious Disease (OID) on strategies to combat HIV, viral hepatitis, and sexually transmitted infections (STIs) through an anti-racist, syndemic approach.

Why Engage?

- Influence statewide prevention, care, treatment, and harm-reduction strategies.
- Elevate health equity and racial justice in policy and funding decisions.
- Collaborate on person-centered, evidence-based models of care.

WSPG Representation

- People with Lived Experience
- Peer navigators, CHWs, and advocates rooted in communities most affected by syndemics
- Health care providers, HIV/STI/HCV clinicians, prescribers of PrEP/PEP, MOUD providers
- Community-Based Organizations
- Local Health Jurisdictions (LHJs)
- Systems-Level & Policy Experts

Opportunities to Engage

- Apply for Membership: Individuals with lived experience or professional expertise in HIV, viral hepatitis, STIs, or drug user health are encouraged to apply.
- Join Community Caucuses: Participate in targeted listening sessions (e.g., mental health, drug use, long-term survivors) to share community-specific recommendations.
- Serve on Committees: Contribute to Innovation Committees, Steering Committee, or special task forces focusing on syndemic frameworks and multisector solutions.
- Review and Comment on Materials: Provide feedback on the WSPG Charter & Bylaws, annual reports, and meeting minutes via the WSPG webpage.
- Attend General Meetings: WSPG holds open general meetings every two months. These meetings are open to

the public, providing a space for observation, dialogue, and feedback on key syndemic priorities.

Learn More and Get Involved

1. Visit the WSPG Webpage
2. Download Key Documents:
   a. 2025 Charter & Bylaws
   b. Read more about the Syndemic Planning Group's work on the HIV Integrated Care and Prevention Plan 2022-2026
3. Submit an Application: Complete the online form by contacting the WSPG coordinator directly (starleen.maharaj-lewis@doh.wa.gov).
4. Attend Public Meetings: Check the WSPG site for upcoming meeting dates, agendas, and virtual participation links.

Program contact info

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May 2025
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INSPIRE: Readiness - Communicating About Data and Surveillance During Infectious Disease Emergencies

Virtual Webinar Opportunity

Thursday, July 10, 2025 11:00AM – 12:00 PM PST

Effectively communicating about data is a core skill for public health professionals. Whether responding to an outbreak, presenting surveillance data, or countering misleading information, the ability to share complex information in clear, accurate, and relatable ways builds trust and drives informed action.

This virtual session will feature Dr. Amanda Simanek, an epidemiologist and co-founder of Those Nerdy Girls, a team of interdisciplinary scientists and clinicians behind the Dear Pandemic platform. Dr. Simanek brings deep expertise in infectious disease epidemiology, social determinants of health, and science communication.

By the end of this session, participants will:

- Identify tested communications frameworks to address uncertainty, emerging evidence, and misinformation.
- Understand practical strategies to communicate science to support public health response.
- Create a space for collaborative discussion around challenges, opportunities, and real-world applications relevant to their work.
- **Featured Speaker**: Amanda Simanek, PhD, MPH, Founding Member, Contributing Writer, Those Nerdy Girls; Researcher and Associate Professor, Rosalind Franklin University of Medicine and Science

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2025 WASHINGTON STATE PUBLIC HEALTH ASSOCIATION CONFERENCE

- Tuesday October 21, 2025 – Thursday October 23, 2025
- Yakima, WA
- Registration and Rates
- Submit Proposal to Present

CDC Updates to COVID-19 Vaccine Schedules

The Centers for Disease Control and Prevention (CDC) posted updated versions of the immunization schedules.

Summary of the COVID-19 vaccine recommendation changes on the CDC immunization schedules:

- The Child and Adolescent Immunization Schedule now reflects shared clinical decision making for all children and adolescents aged 6 months to 17 years, including those who are moderately or severely immunocompromised.
  - Vaccines For Children (VFC)-eligible children can be vaccinated after a shared clinical decision with their healthcare provider.
  - More information about the Advisory Committee on Immunization Practices' (ACIP) shared clinical decision-making recommendations, guidance, and implementation considerations can be found online here.
  - The notes section has been updated accordingly. We encourage you to review the notes carefully.
- No changes were made to the recommendations for persons who are aged 18 years and older and not pregnant.
- For the Child and Adolescent schedule and the Adult schedule, pregnancy is now shaded gray to reflect no guidance/recommendation.

CDC Updates to COVID-19 Vaccine Schedules

Email from State Health Officer Dr. Tao Kwan-Gett 6/18/25. We'll have further updates from Tao and our Covid team at the 7/10 AIHC Bi-weekly.

The Washington State Department of Health continues to recommend that everyone 6 months and older, including pregnant people, receive the current COVID-19 vaccine to protect against severe illness.

This recommendation is informed by the Washington State Vaccine Advisory Committee (VAC). The VAC serves as an advisory body to the Department on appropriate recommendations to control vaccine preventable diseases in Washington State.

We continue to monitor federal updates on COVID-19 vaccine recommendations and assess how any changes may impact the health and safety of Washington residents.

We are committed to science-based vaccine policy and to making sure vaccines stay accessible and equitable for everyone in Washington. We will promptly share any updates with the public and our partners.

Access the COVID-19 Vaccine Information for Health Care Providers webpage for more details.

OTPHR

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