Portland Area IHS Communicable Diseases Update

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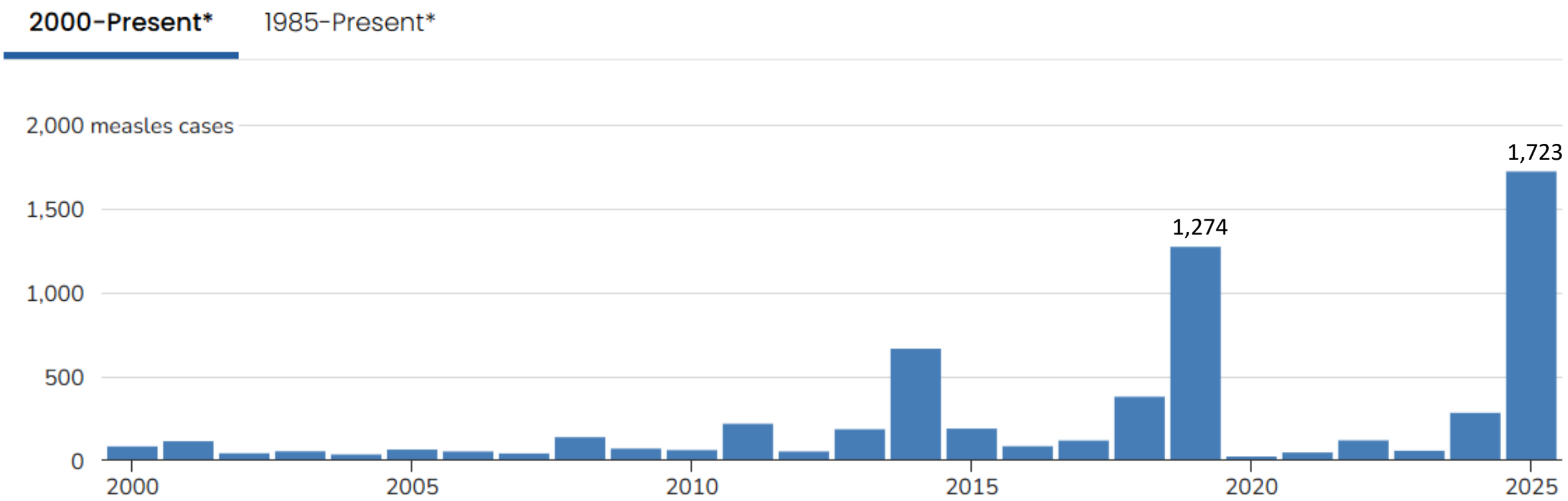
November 18, 2025

Outline

- Measles
- Respiratory Virus Season (COVID-19, Influenza, RSV) Update
- H5 Update
- Foodborne Outbreaks

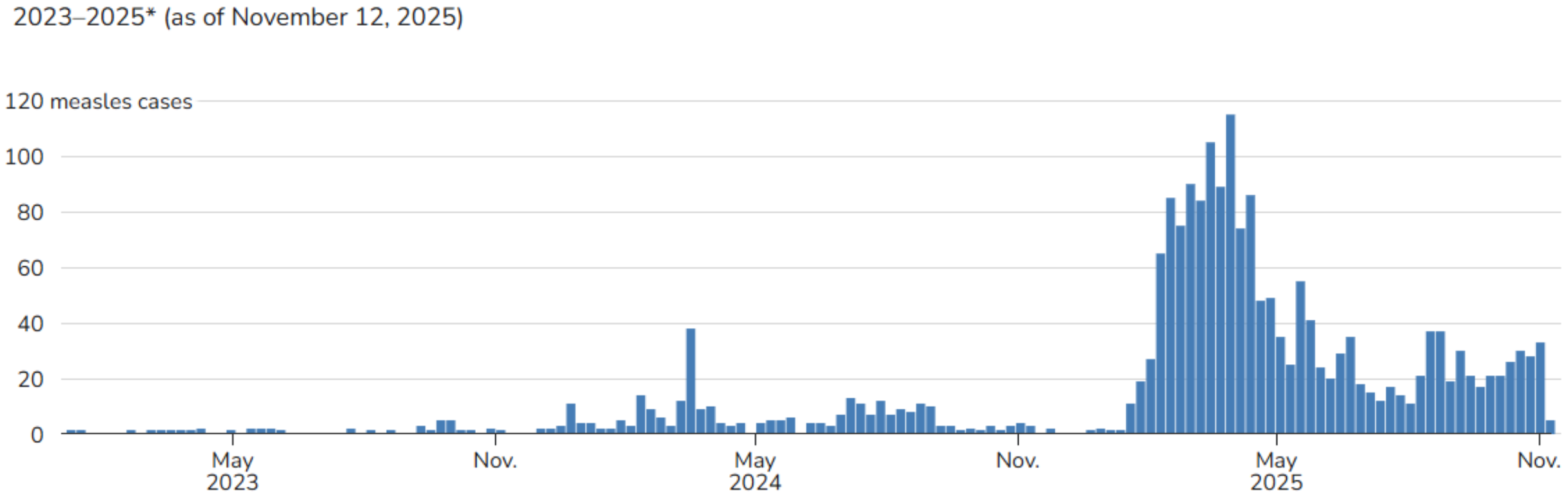
Yearly Measles Cases – United States, 2000-Present

as of November 12, 2025



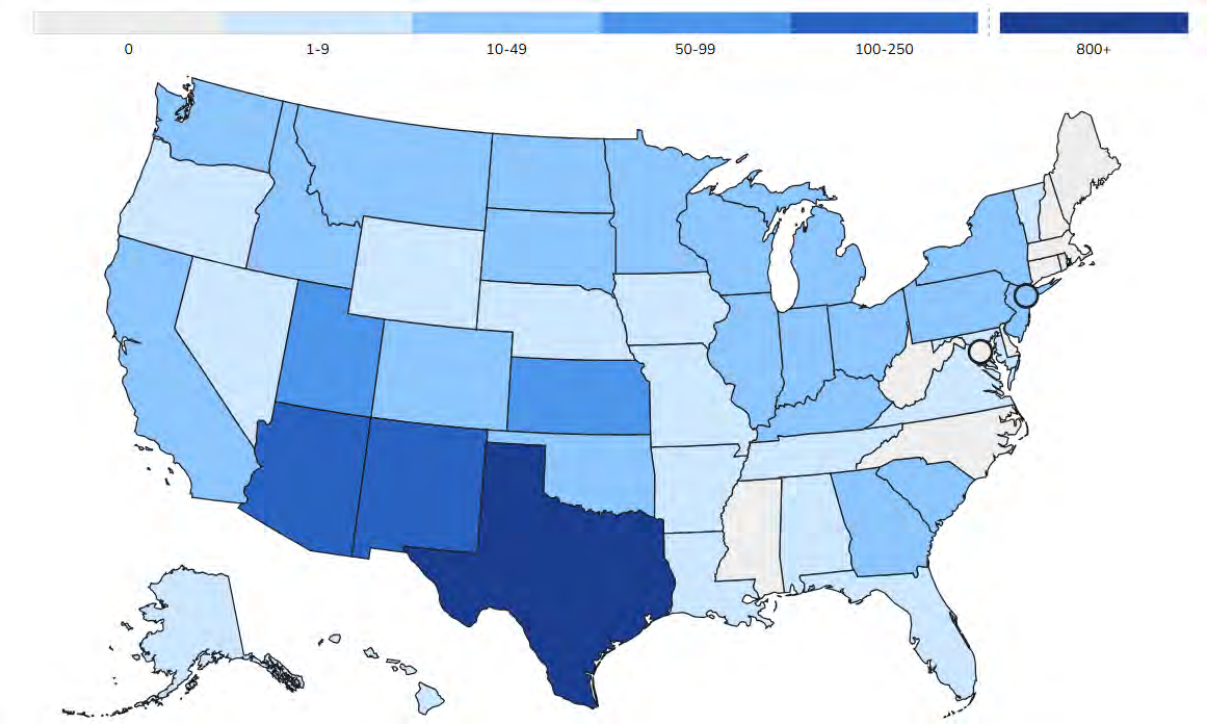
Centers for Disease Control and Prevention. Measles Cases and Outbreaks. Available at: https://www.cdc.gov/measles/data-research/index.html

Measles – United States, 2023-2025 (through 11/12)



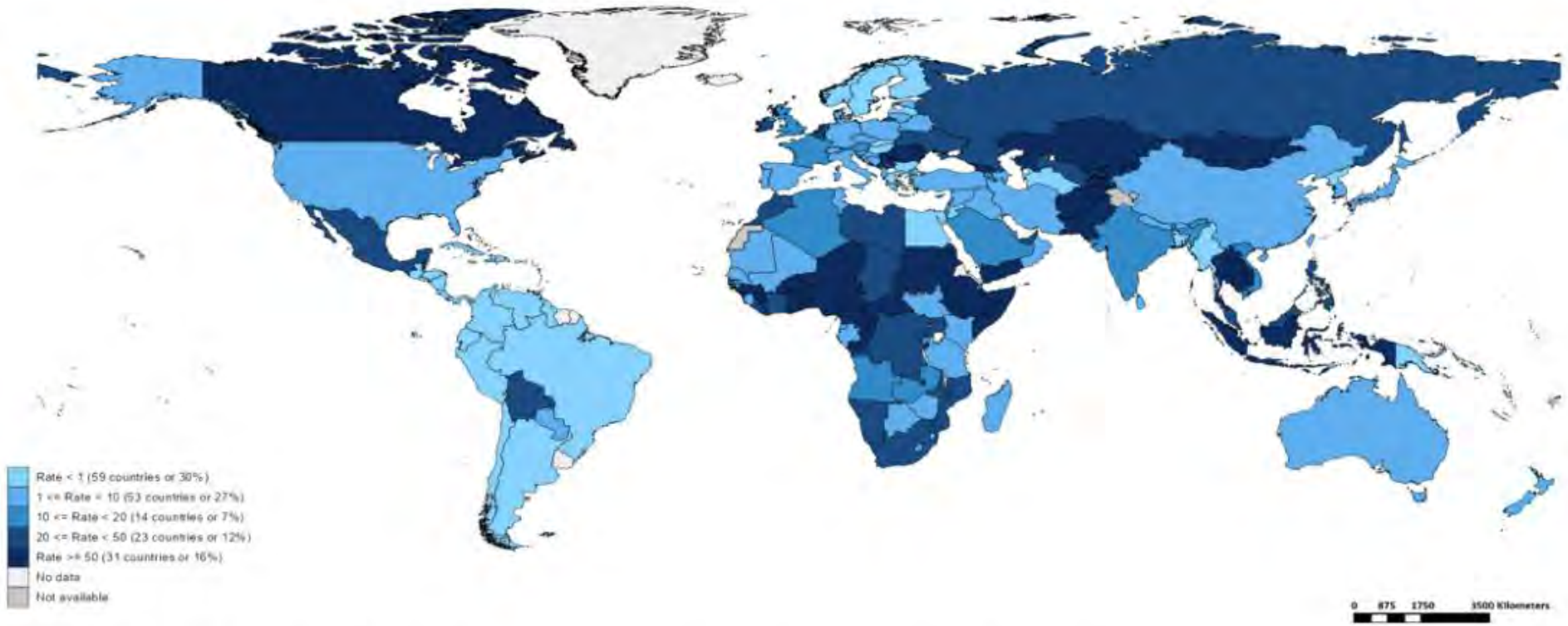
Measles — United States, 2025

- 1,723 confirmed cases among 42 states through 11/12.
- 87% of cases from one of 45 outbreaks (≥3 related cases).
- Age: 26% <5 years-old, 40% 5-19 years-old, 33% ≥ 20 years-old.
- 12% hospitalized overall (22% of those <5 years-old hospitalized).
- 3 deaths among unvaccinated individuals, including 2 healthy school-aged children.
- 92% unvaccinated or with unknown vaccination status, 4% one MMR dose, 4% 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 Incidence (Cases per Million), 10/2024-9/2025



World Health Organization

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.

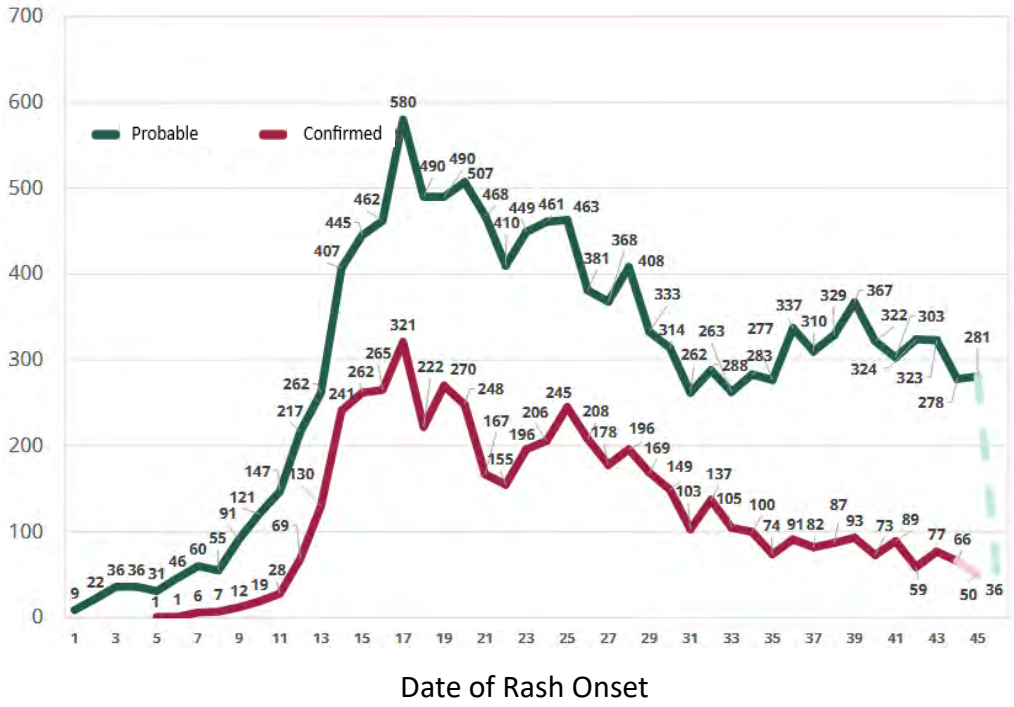
Highest incidence rates

Country	Cases	Rate
Mongolia	12821	3,688.92
Kyrgyzstan	9931	1,381.99
Yemen	32012	788.80
Romania	6525	343.15
Lao People's Democratic Republic	1980	254.83
Afghanistan	10782	252.82
Tajikistan	2319	218.96
Georgia	663	174.12
Kazakhstan	2906	141.12
Canada	4780	120.27

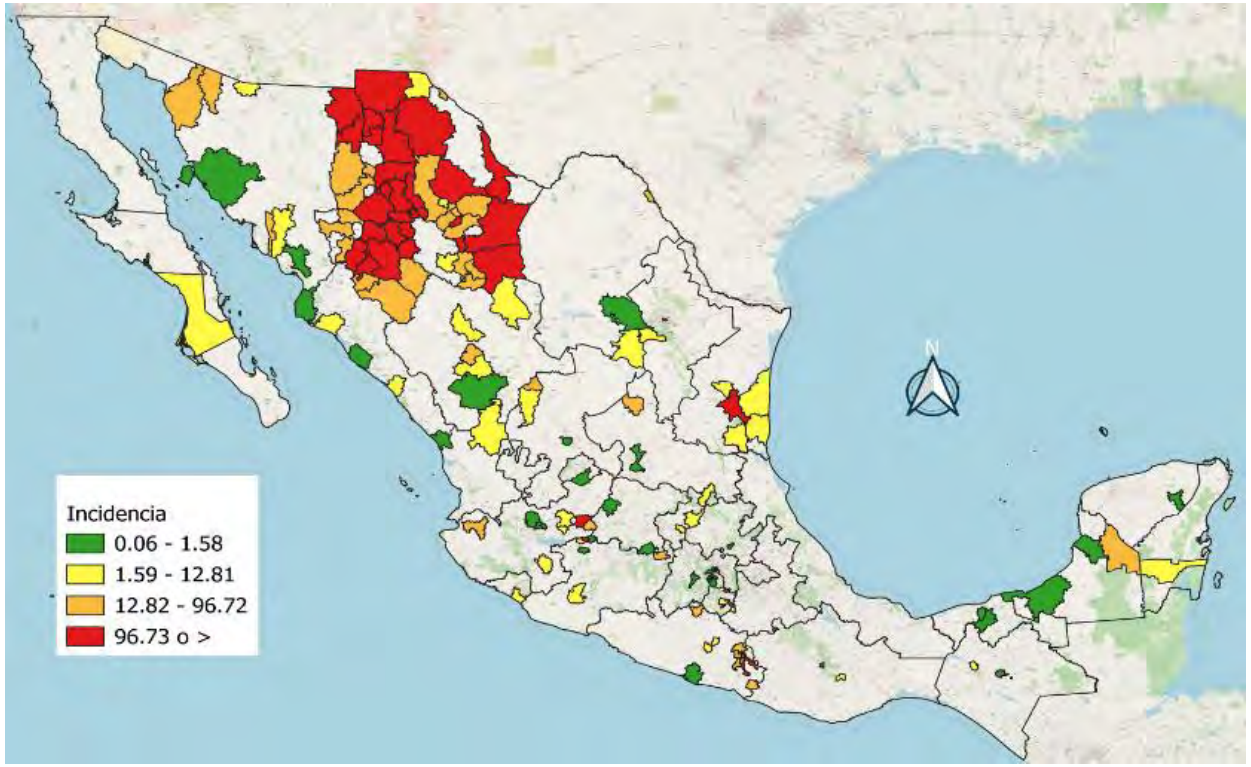
WHO. Measles and Rubella Global Update March 2025. Available at: https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fimmunizationdata.who.int%2Fdocs%2Flibrariesprovider21%2Fmeasles-and-rubella%2Fglobal-mr-update.pptx%3Fsfvrsn%3D3547ebab_9&wdOrigin=BROWSELINK

Measles — Mexico, 2025 (through 11/13)

- 5,257 confirmed cases as of 11/13/25
- 27 states; 4,414 (84%) confirmed cases in Chihuahua
- Deaths: **23** (Chihuahua: 21, Sonora: 1, and Durango: 1)

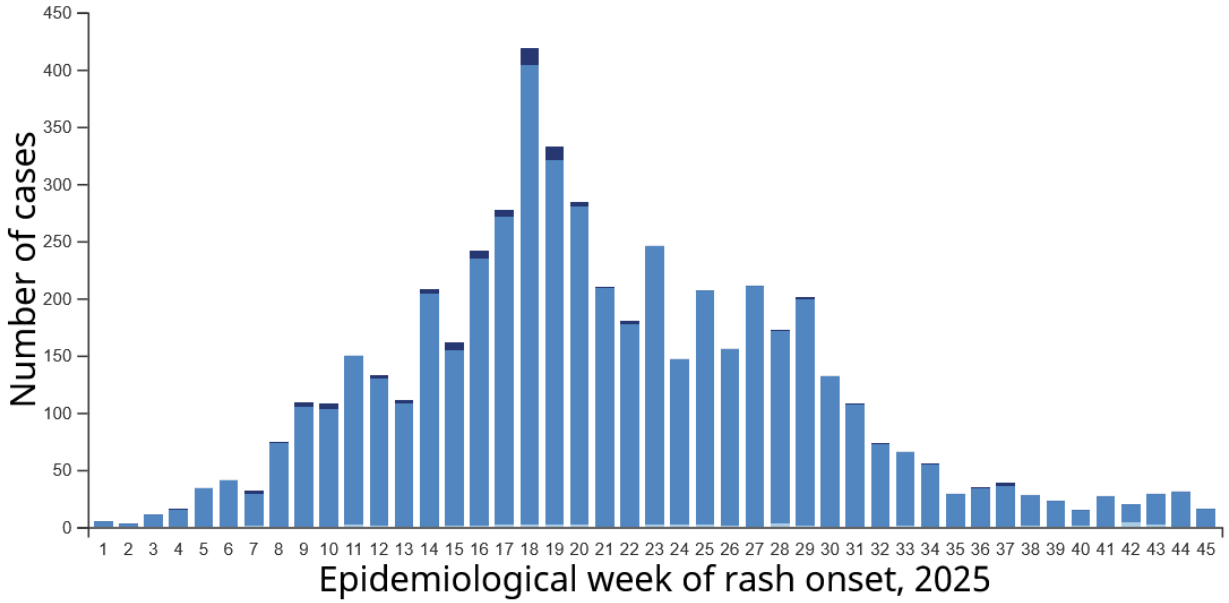


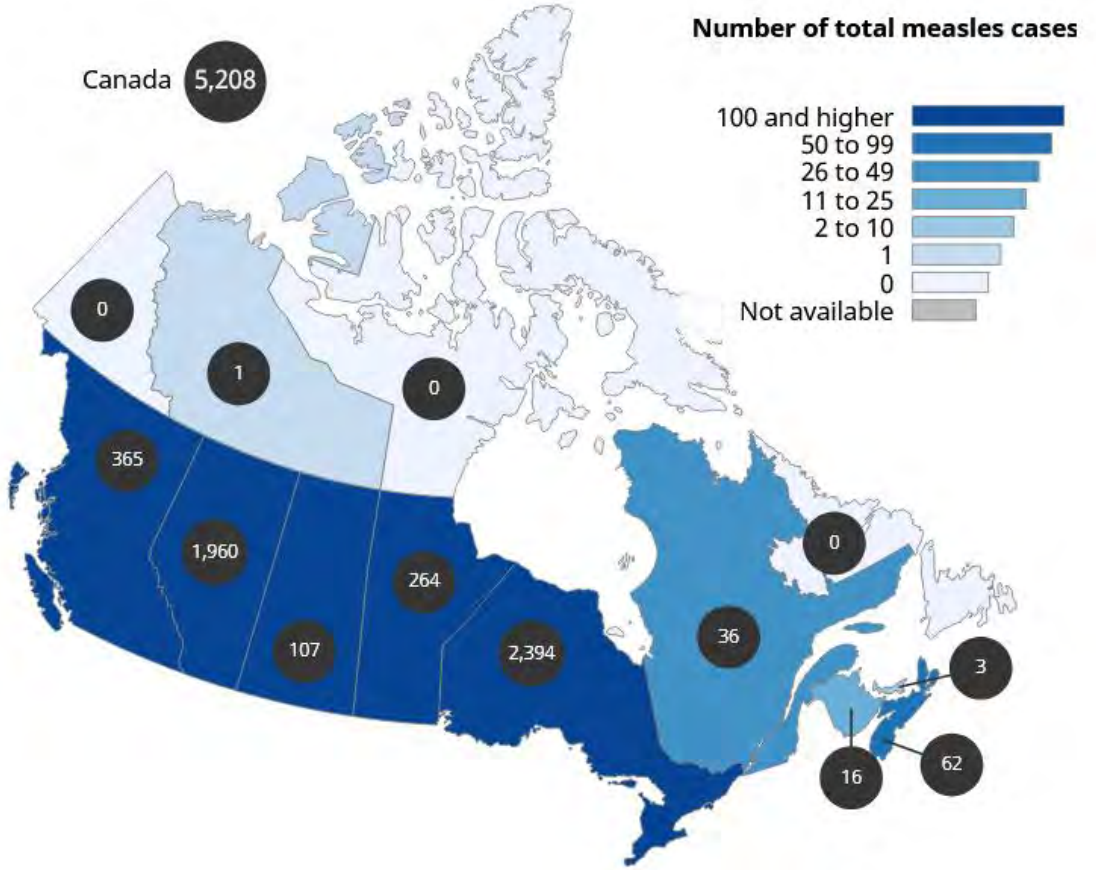
Date of Rash Onset



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

Measles — Canada, 2025 (through 11/8)





Number of confirmed cases: 4,843

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

Measles — Washington, 2025 (N=12)*

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
8/25/25	Spokane	Not Provided	Linked to Case from North Idaho
10/28/25	King	Adult	Linked to Traveler from Arizona

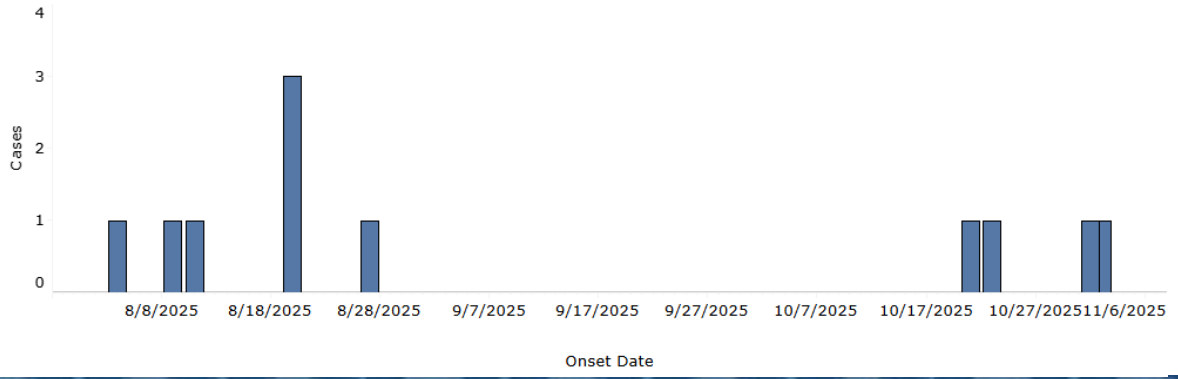
*On October 17, 2025 Public Health Seattle King County reported that an unvaccinated resident of Arizona was diagnosed with measles. There have also been a total of four cases among travelers to Washington State, who are not residents of Washington State.

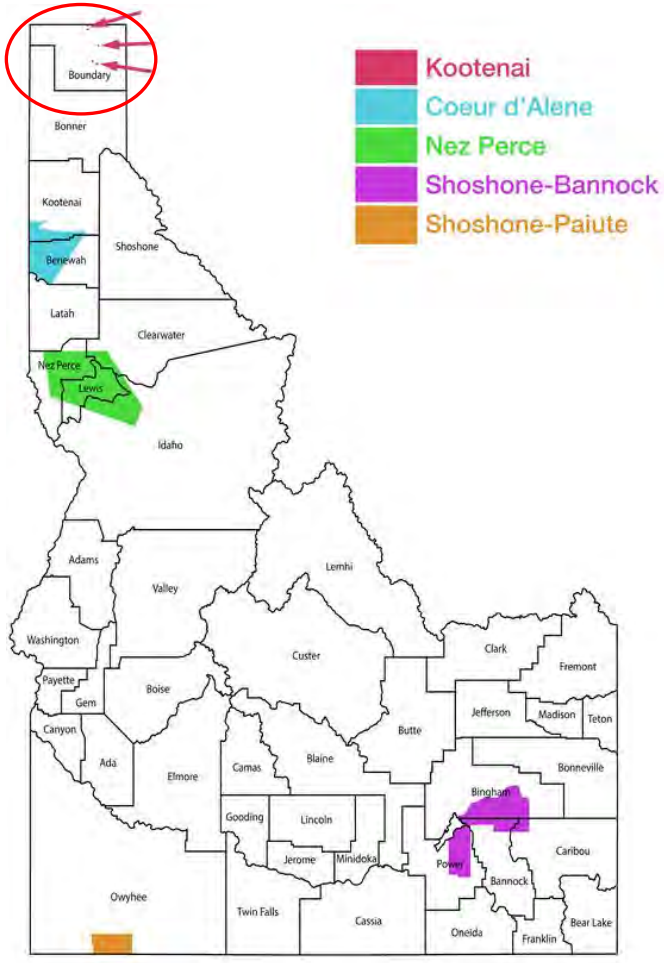
Washington State Department of Health. Measles Cases in Washington State 2025. Available at: https://doh.wa.gov/you-and-your-family/illness-and-disease-z/measles/measles-cases-washington-state-2025

Measles — Idaho, 2025 (N=11)

Date Reported	County	Age	Exposure
8/12/25	Kootenai (Panhandle Health District)	Child	Unknown
8/14/25	Bonneville (Eastern Idaho Public Health)	Child	International Traveler (household)
8/20/25	Bonner (Panhandle Health District)	Child	Unknown
~9/12/25	Bonneville (Eastern Idaho Public Health)	4 individuals (details not provided)	Linked to First Case in Bonneville County
10/30/25	Boundary (Panhandle Health District)	Child	Recent travel (details not provided)
~11/10/25	Boundary (Panhandle Health District)	3 additional cases	Details not provided

*There have been 2 additional cases among travelers to Idaho, who are not residents of Idaho (one reported on 8/7/25 in Bonneville County) and one previously reported on 5/23/25 by South Central Health District (Cassia County).





Map of Tribal Lands and Counties in Idaho
Source: PBS Learning Media

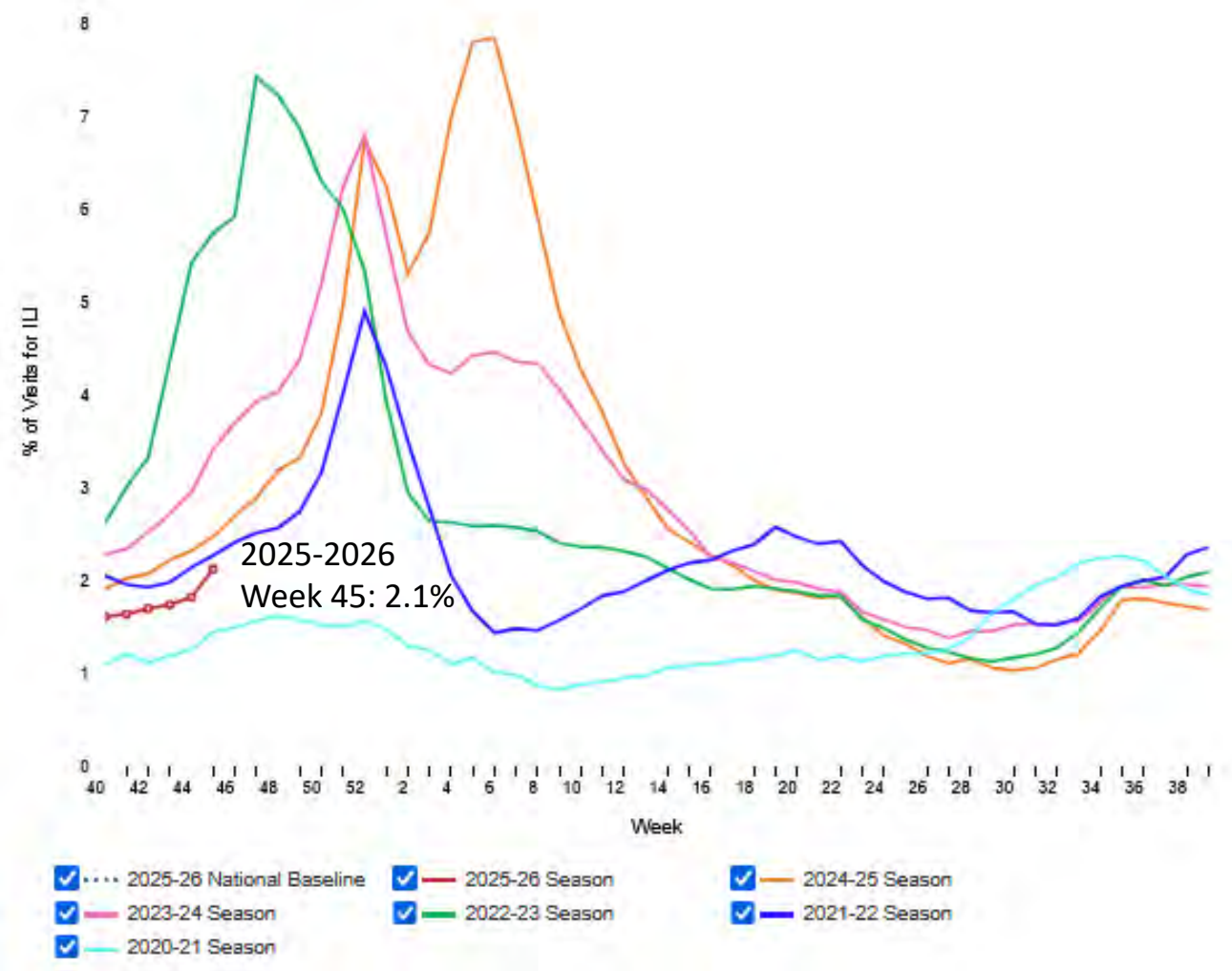
Idaho Department of Health and Welfare. Tracking Measles in Idaho. Available at: https://public.tableau.com/app/profile/idaho.division.of.public.health/viz/TrackingIdahoMeasles/StatewideSummary?publish=yes!
Idaho Department of Health and Welfare. Measles. Available at: https://healthandwelfare.idaho.gov/health-wellness/diseases-conditions/measles

Measles — Oregon, 2025 (N=1)

Date Reported	County	Age	Exposure
6/24/25	Multnomah	Not provided	International Travel

* Measles virus detected in wastewater from Marion County on 10/6/25 and Josephine County on 10/30. No cases reported.

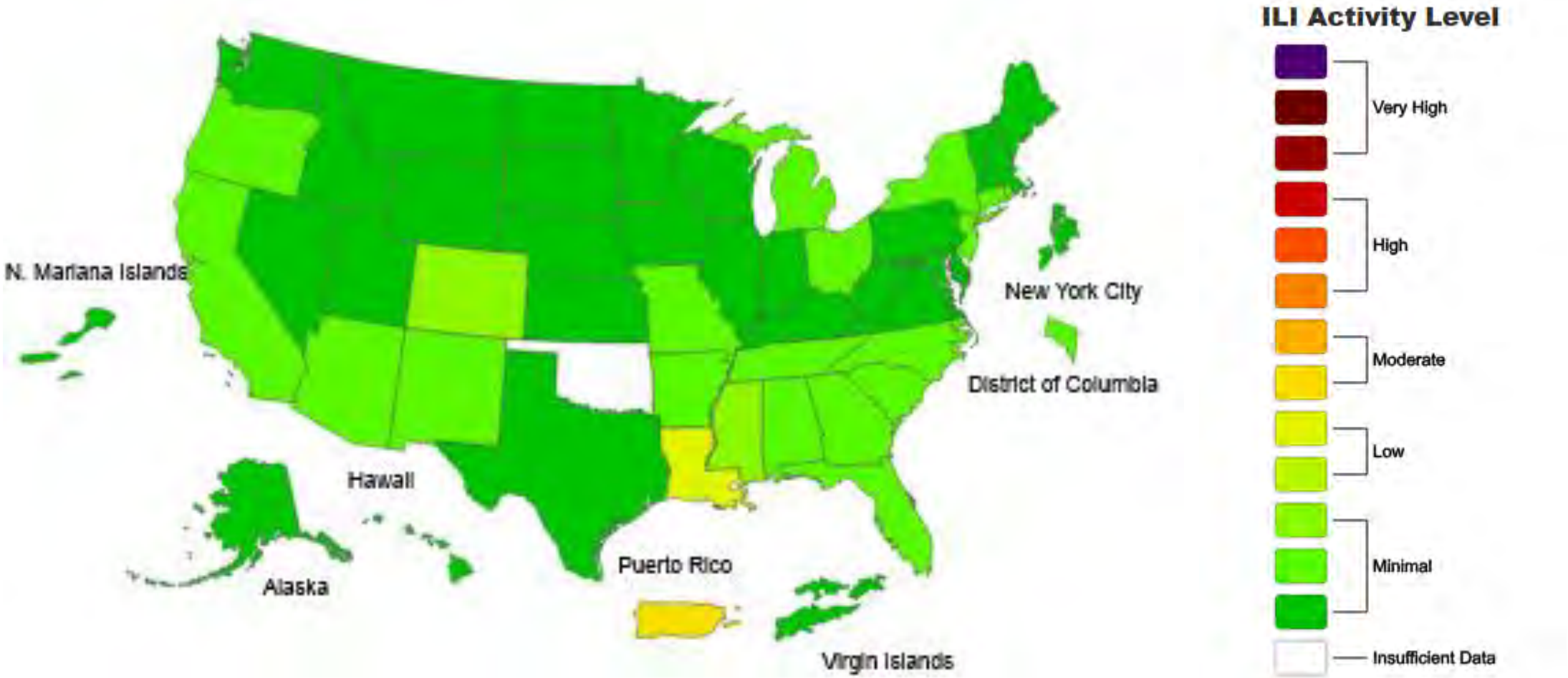
Percentage of Outpatients Visits for Influenza-like Illness (ILI) — United States (through 11/8/25)



<u>IHS: Week 45</u>
National: 0.5%
Portland Area: 0.3%

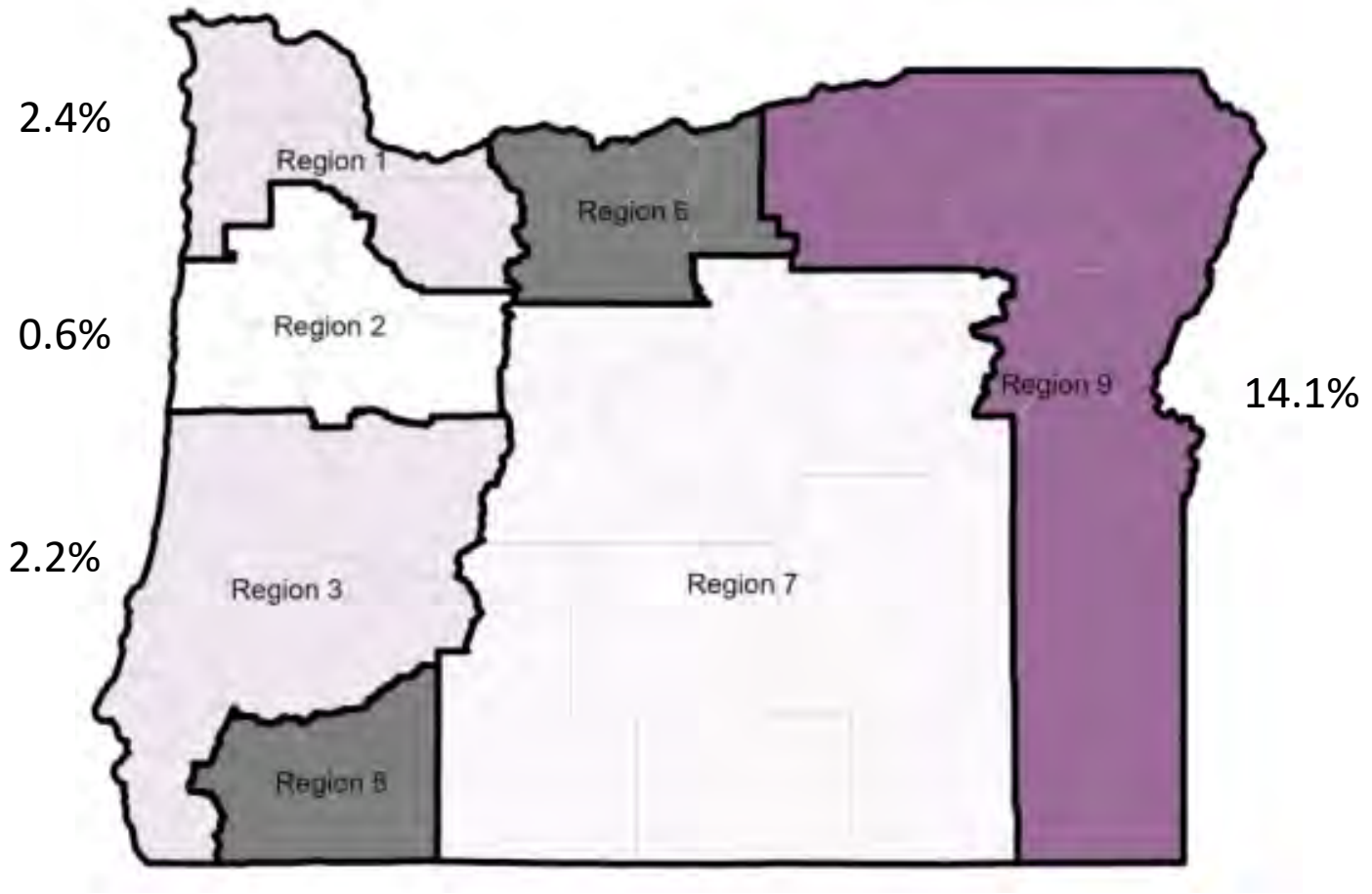
https://www.cdc.gov/fluview/surveillance/2025-week-45.html

ILI Activity — United States, 2025 (Week 44)



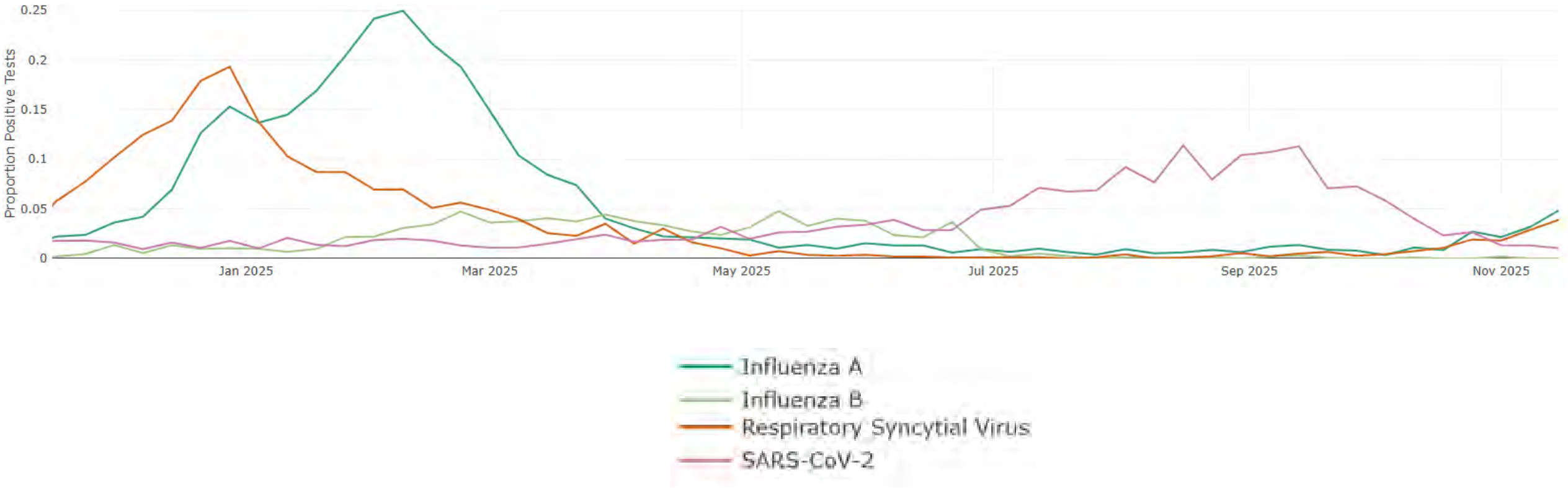
https://www.cdc.gov/fluview/surveillance/2025-week-45.html

Percent of Tests Positive for Influenza — Oregon, 2025-2026 (week 44, through 11/8)



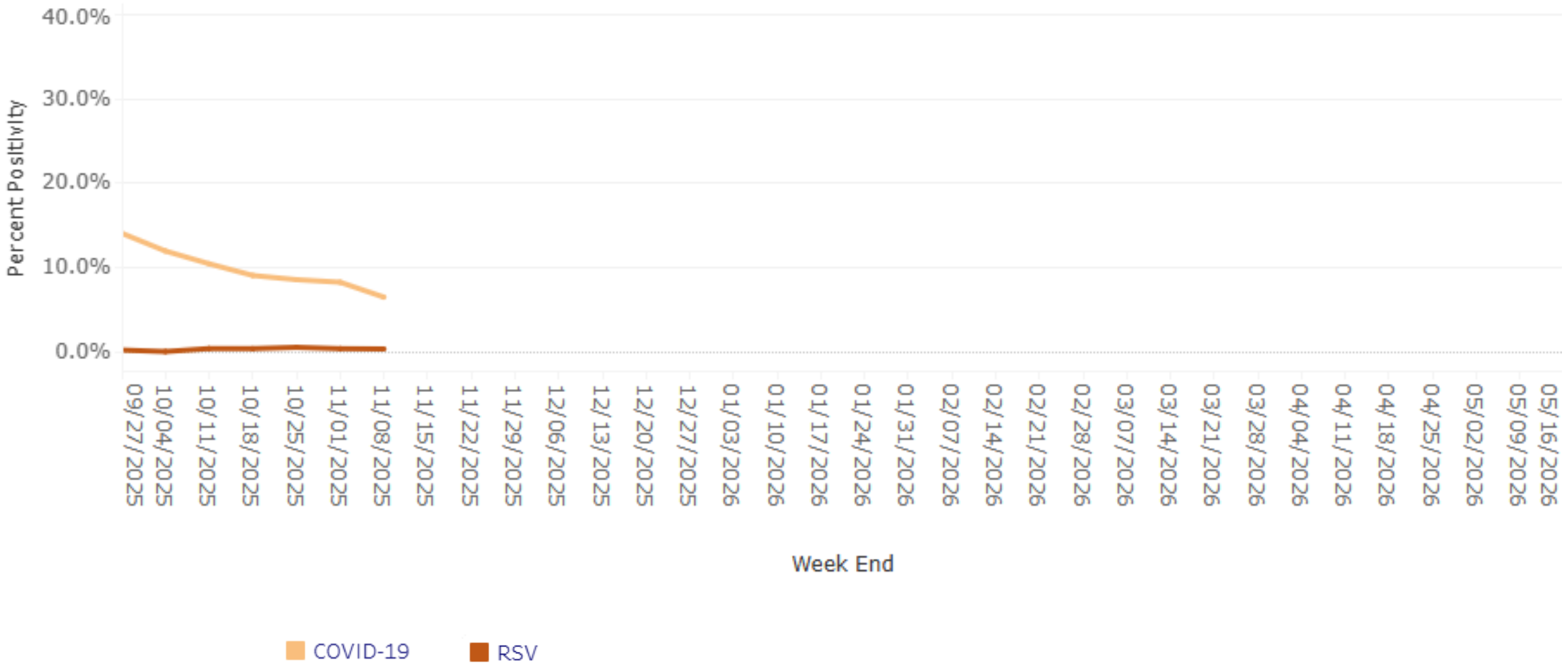
https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/DISEASESURVEILLANCEDATA/INFLUENZA/Documents/data/FluBites.pdf

Proportion of Tests Positive for COVID-19, Influenza and RSV in the Northwest — University of Washington and Seattle Children's Hospital, 2024-2025 (through 11/15)

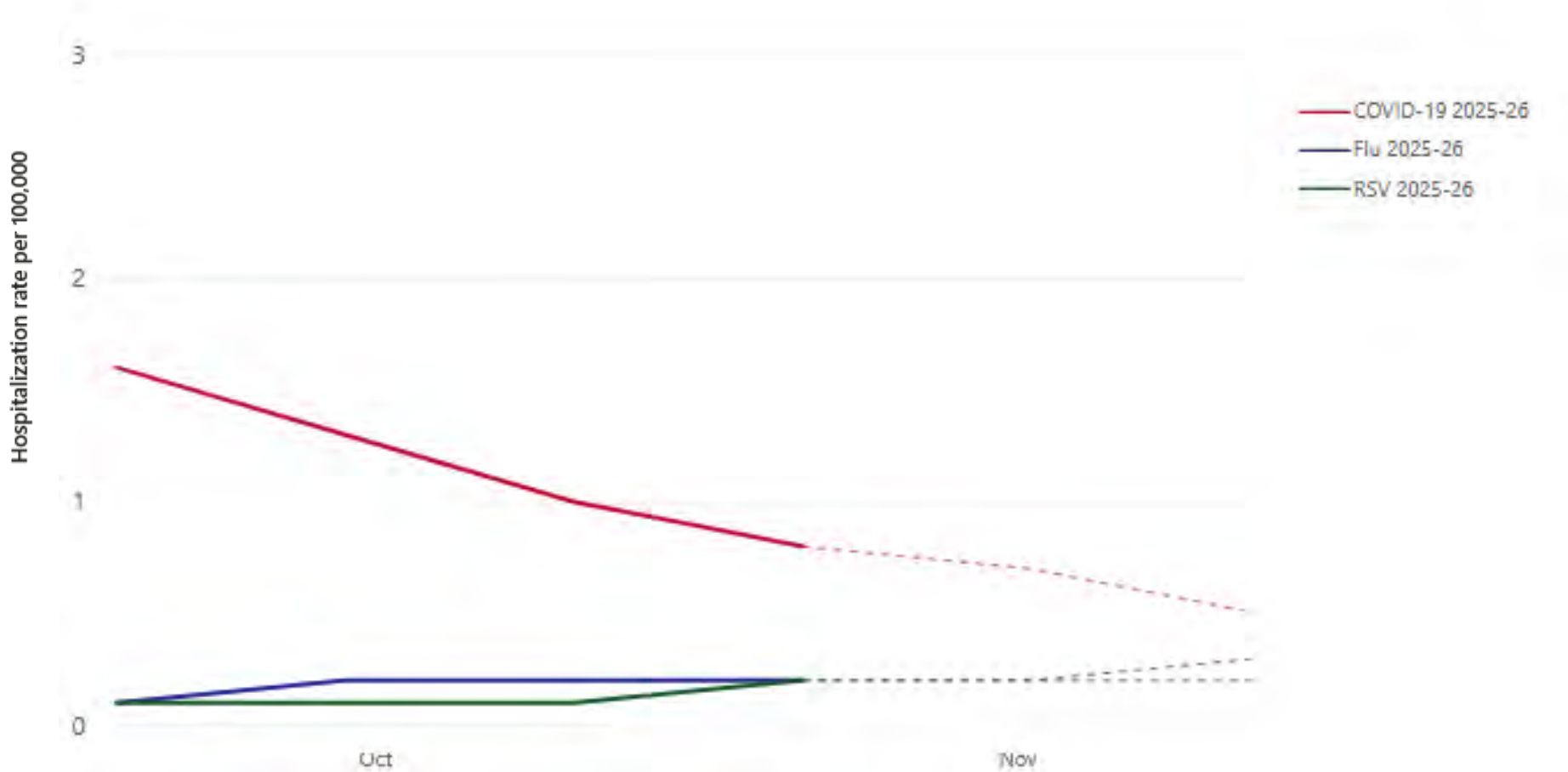


https://depts.washington.edu/labmed/pnw_respiratory_dashboard/

Percent of Tests Positive for COVID-19 and RSV — Idaho, 2025-26 (through 11/8/25)



Weekly Rates of Respiratory Virus-Associated Hospitalization — United States, 2025-2026 (through 11/8/25)



https://www.cdc.gov/resp-net/dashboard/

Influenza Immunization Rates – IHS, Portland Area vs. Nationally, 2025-26 (through 11/8/25)

Age Group	% Vaccinated Portland Area	% Vaccinated Nationally
6 mo – 17 years	6.0	12.4
18+ years	14.8	17.0
65 + years	31.7	31.8
Overall (6 months +)	12.5	15.8

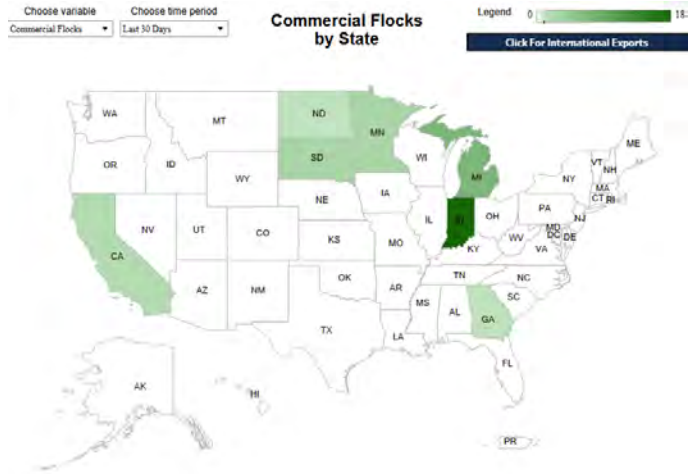
* % Vaccinated with at least one dose

H5 Update

First human case of H5N5 reported. Identified in Washington State (first case of avian influenza in Washington State in 2025), occurring in Grays Harbor County contracted from a backyard poultry flock exposed to wild birds. The case is an older adult with underlying health conditions hospitalized in early November after presenting with a fever, confusion and respiratory distress.

Confirmed and Probable Cases of H5 Since 2024

		Exposure Sources of Cases			
	Total Number of Cases	Dairy Herds	Poultry Farms/ Culling Operations	Other (backyard flocks, wild birds, other mammals)	Unknown
U.S.	71 confirmed 7 probable	41 confirmed 1 probable	24 confirmed 5 probable	3 confirmed	3 confirmed 1 probable
Washington	12 confirmed 3 probable	0	11 confirmed 3 probable	1	0
Oregon	1 confirmed	0	1 confirmed	0	0
Idaho	0	0	0	0	0

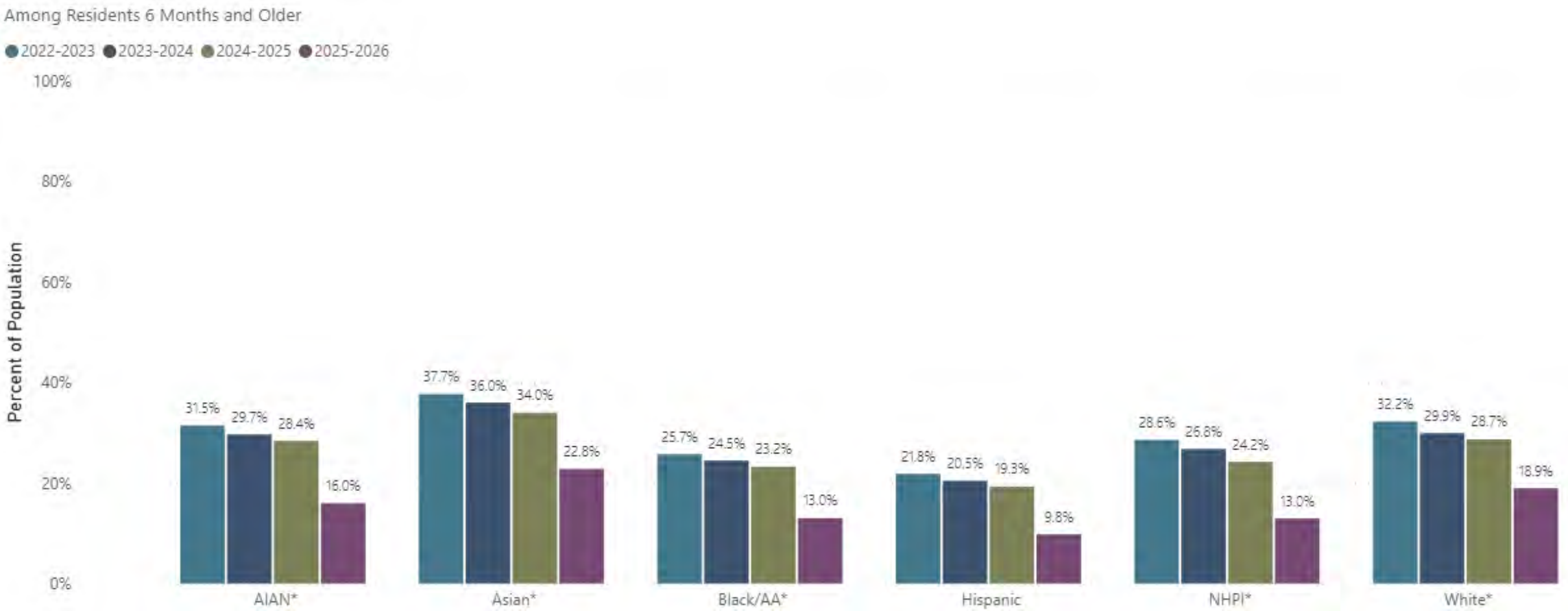


Highly Pathogenic Avian Influenza Cases in Commercial/Backyard Flocks and Livestock in the Past 30 days:

- 35 commercial flocks and 37 backyard flocks affected.
- In the past 30 days there have been no cases among cattle in the U.S.

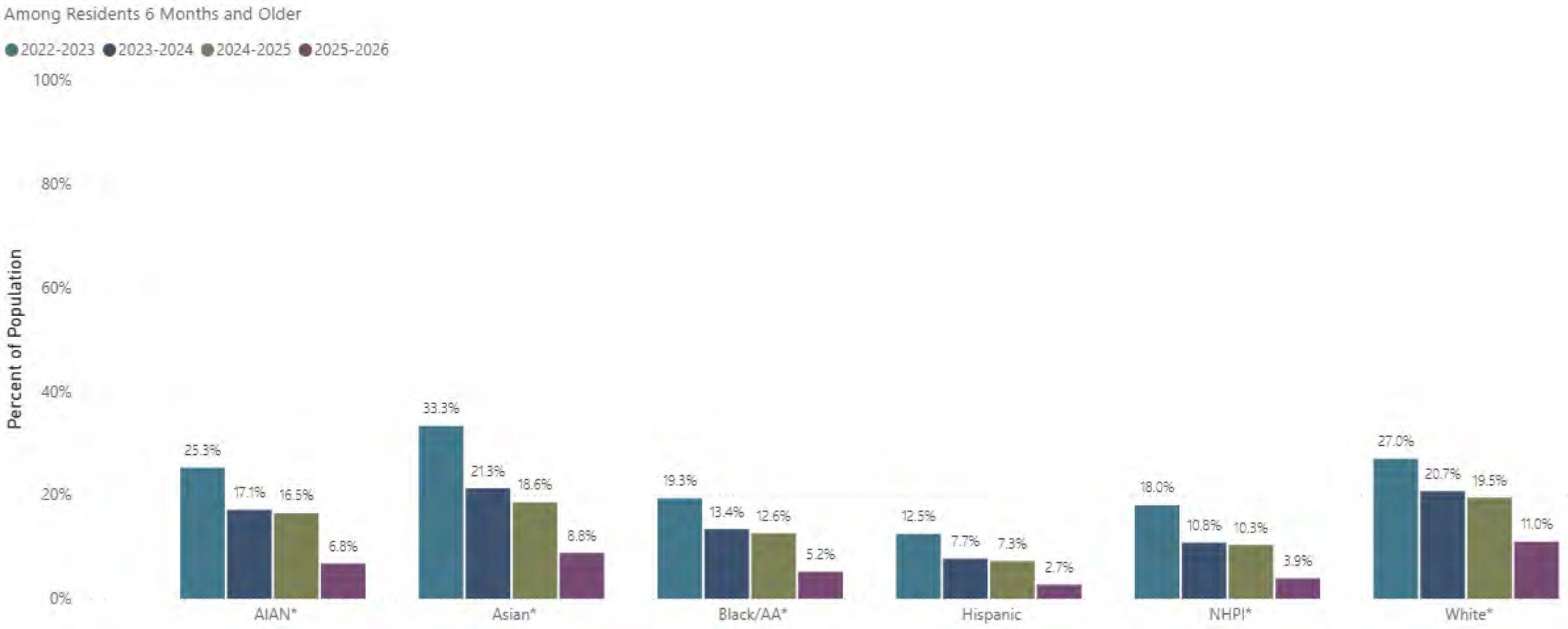
WADOH. H5N5 Avian Influenza Confirmed in Grays Harbor County Resident. Available at: https://doh.wa.gov/newsroom/h5n5-avian-influenza-confirmed-grays-harbor-county-resident
CDC. H5 Bird Flu: Current Situation. Available at: https://www.cdc.gov/bird-flu/situation-summary/index.html
USDA. HPAI Confirmed 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

Percent of People who Received and Influenza Vaccine by Race/Ethnicity — Washington State, Current (through 11/10) and Past 3 Seasons



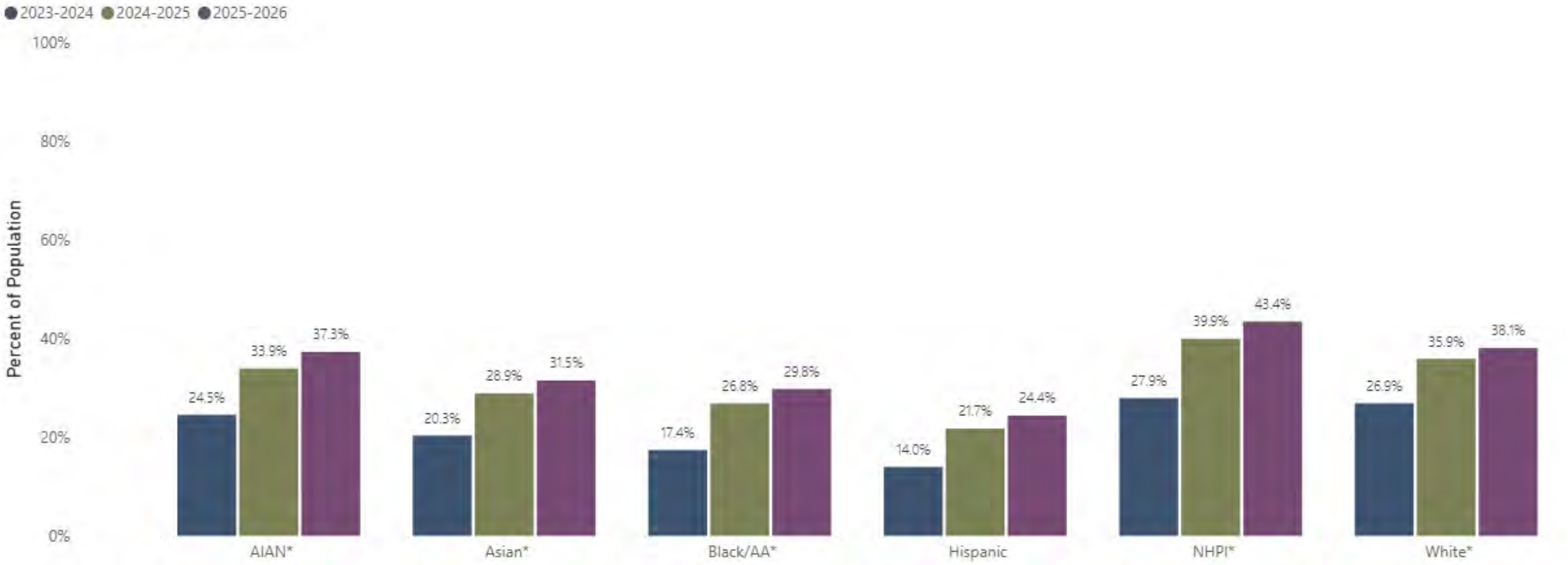
Washington DOH. Respiratory Immunization Data. Available at https://doh.wa.gov/data-statistical-reports/health-behaviors/immunization/respiratory-immunization-data

Percent of People who Received a COVID-19 Vaccine by Race/Ethnicity — Washington State, Current (through 11/10) and Past 3 Seasons



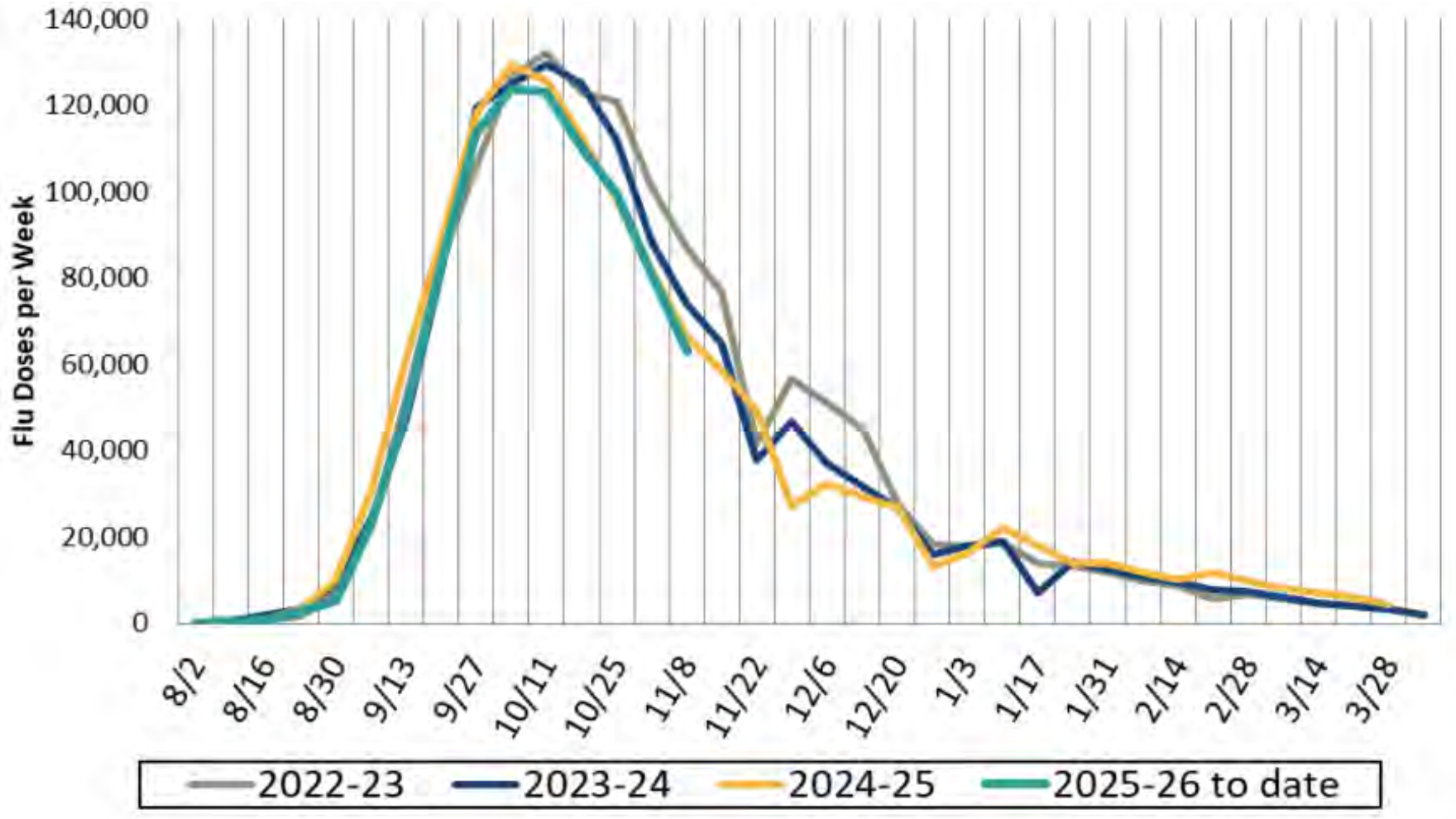
Washington DOH. Respiratory Immunization Data. Available at https://doh.wa.gov/data-statistical-reports/health-behaviors/immunization/respiratory-immunization-data

Percent of Adults ≥ 75 Years Old Ever Vaccinated for RSV by Race/Ethnicity — Washington State, Current (through 11/10) and Past 2 Seasons



Washington DOH. Respiratory Immunization Data. Available at https://doh.wa.gov/data-statistical-reports/health-behaviors/immunization/respiratory-immunization-data

Weekly Number of Influenza Immunizations Administered — Oregon, Current (through 11/8) and Past 3 Seasons



Oregon Health Authority. FluBites. Available at: https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/DISEASESURVEILLANCEDATA/INFLUENZA/Documents/data/FluBites.pdf

Foodborne Outbreaks

Infant Botulism Outbreak Linked to ByHeart Whole Nutrition Infant Formula

- All ByHeart Whole Nutrition infant formula products have been recalled due to cases of infant botulism.
- 23 cases in 13 states including 2 cases in Oregon and 1 case in Washington (sold at major retailers nationwide and online). All cases have been hospitalized with no deaths.
- Parents/caregivers are advised to stop using and discard any ByHeart Whole Nutrition infant formula products (record lot numbers of any opened formula before discarding). Anything in contact with the formula should be washed in hot soapy water.

Infant Botulism Outbreak Linked to Infant Formula, November 2025 | Botulism | CDC

Oregon Health Authority Health Alert: Recall Expanded in Infant Botulism Outbreak Linked to Infant Formula, November 2025

Washington DOH Provider Alert: Infant Botulism Associated with ByHeart Infant Formula

Outbreak of Listeria linked to premade pasta products

- 27 cases from 18 states with 6 deaths; 3 cases in Oregon (1 death), 1 case in WA).

Oregon Health Authority Health Alert: Two current outbreak investigations involving Oregon residents - STEC and Listeria. Multiple product recalls

2025 Listeria Outbreak Linked to Prepared Pasta Meals | Washington State Department of Health

Investigation Update: Prepared Meals Outbreak, October 2025 | Listeria Infection | CDC

Outbreak of Shiga Toxin-Producing E. coli (STEC) infections caused by E.coli O103 linked to consumption of aged, *raw milk cheese* from Twin Sisters Creamery

- One case in Oregon and nine cases in Washington.

Oregon Health Authority Health Alert: Two current outbreak investigations involving Oregon residents - STEC and Listeria. Multiple product recalls

Washington DOH 2025 Outbreak of Shiga toxin-Producing E. coli (STEC) Infections Linked to Twin Sisters Creamery Aged Raw Milk Cheese

Summary

- Measles
  - Idaho: 11 cases among Idaho residents have now been reported.
    - **Panhandle Health District (N=6)**: 4 cases have been reported in the past 2 weeks in Boundary County; initial case reported to have a history of recent travel. Previously, one case reported on 8/12 in Kootenai County and one on 8/20 in Bonner County (it was not known how these children acquired measles and they are not linked to each other, raising concern for additional unrecognized cases).
    - **Eastern Idaho Public Health (N=5):** One case reported on 8/14 in Bonneville County, exposed to an international traveler with measles. Four additional cases reported in Bonneville County.
  - Washington: 12 cases among Washington State residents have been reported, last on 10/28 in King County. Prior cases from King, Snohomish, Whatcom, and Spokane Counties, most related to international travel; no outbreak so far.
  - Oregon: No new cases reported. One case in Multnomah County reported on 6/24.
  - 1,723 measles cases in 42 states (through 11/12) with 3 deaths. 92% unvaccinated or with unknown vaccination status.
- Influenza, COVID-19, RSV: Still early in respiratory virus season with low levels of activity.
- AI/AN have a higher risk of more severe disease due to influenza, COVID-19, and RSV, yet vaccination coverage is limited [Influenza: 12.5% for Portland Area IHS (11/8), for WA (as of 11/10), Influenza: 16.0%; COVID-19: 6.8%; RSV (age 75+): 37.3%].
- There is a window of opportunity now to vaccinate against influenza, COVID-19, and RSV prior to increased respiratory virus activity.
- H5: Case of H5N5 in Grays Harbor County with a backyard flock exposed to wild birds hospitalized in early November – first case of avian influenza in Washington this year (11 confirmed cases + 3 probable cases in WA and 1 confirmed case in OR in 2024 related to poultry farms). Higher risk of avian influenza in fall and winter due to migratory birds.

Recommendations

- **Ensure patients at your clinics are up to date on immunizations, including influenza, COVID-19 and RSV, to protect your patients, their families, and the community during respiratory virus season.**

- **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).

- **Ensure anyone traveling internationally (including to Mexico and Canada) without presumptive evidence of measles 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).**

- **Patients with influenza A should be asked about exposures** to wild and domestic animals (e.g. backyard flocks, cats, wild birds, commercial poultry/livestock operations) and animal products (e.g. raw dairy products, poultry, raw pet food). If risk factors present, specimens should be sent for subtyping (e.g. State PHL or Quest, Labcorp, ARUP). All specimens from hospitalized patients with influenza A should be sent for subtyping. Precautions for avian influenza: Standard, contact, and airborne with eye protection.

- **H5 prevention:**
  - Farm workers: Decrease exposure to sick animals/contaminated environments through engineering controls (e.g. improved ventilation), administrative controls (e.g. monitoring for sick animals, training, hand washing stations) and appropriate use of PPE.
  - Hunters: Don't touch sick or dead animals; when dressing birds, which should be done in the field, wear gloves, preferably an N95 mask (or a surgical mask if an N95 mask is not available) and eye protection, wash hands after handling bird and wash tools/surfaces with bleach solution; cook bird to at least 165 degrees.
  - Backyard flock owners: Keep birds outside and protect them from wild birds. Do not touch sick or dead birds or contaminated areas without PPE, wash hands after handling. Sick or dead birds should be reported to the State's Department of Agriculture.
  - General public: Avoid raw dairy products and undercooked poultry/eggs. Avoid raw pet food; prevent cats from hunting birds. Don't handle sick wildlife without PPE; report to State's Department of Fish & Wildlife.
  - Anyone who may have exposure to birds should be vaccinated for seasonal flu to prevent simultaneous seasonal and avian flu infection which could lead to reassortment and the development of a more transmissible avian influenza virus.

Influenza Vaccination Recommendations for 2025-2026

- Routine annual influenza vaccination is recommended for all persons aged ≥6 months who do not have contraindications.
- Adults ≥65 years old recommended to preferentially receive a high dose or adjuvanted influenza vaccine (i.e. HD-IIV3, RIV3, or aIIV3); another age-appropriate influenza vaccine can be used if not available.
- FluMist, a live attenuated influenza vaccine (LAIV3) administered as a nasal spray, previously approved for persons age 2 through 49 years of age, was approved for self-administration for those age 18 years or older and caregiver administration for those age 2 through 17 years old (no longer requiring administration by a health care provider) in September 2024.
  - LAIV3 should not be given to pregnant or immunocompromised persons, close contacts and caregivers of severely immunosuppressed persons, children < 2 years-old, children age 2-4 years with asthma or history of wheezing in the past 12 months (asthma in persons ≥ 5 years is a precaution), or children receiving aspirin or salicylate containing therapy, persons with cochlear implants or cranial CSF leak.
- FluBlok, a recombinant influenza vaccine (RIV3), previously approved for persons 18 years or older, was approved for persons 9 years or older in March 2025.
- ACIP recommended that single-dose formulations are used which do not contain thimerosal as a preservative (This recommendation was not reviewed with a standard systematic review and evaluation of evidence. This topic was not discussed and the recommendation was not provided by the ACIP Influenza Workgroup).
- Timing: Start now and offer for entire flu season as long as flu viruses are circulating. Avoid delay particularly for:
  - Pregnant women in the third trimester.
  - Children who need 2 doses (children aged 6 months through 8 years who have never received influenza vaccine or who have not previously received a lifetime total of ≥2 doses) should receive their first dose as soon as possible after vaccine becomes available to allow the second dose (which must be administered ≥4 weeks later) to ideally be received by the end of October.
  - Patients for which concern exists that later vaccination might not be possible.

Grohskopf, LA, et al. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP)—United States, 2025-26 Influenza Season Summary of Recommendations. MMWR. Available: https://www.cdc.gov/flu/hcp/acip/index.html

Informing “Individual Decision-Making“ Discussions for COVID-19 Vaccines: AI/AN at Increased Risk for Severe COVID-19 Outcomes

ACIP recommendations: COVID-19 vaccination for all individuals ≥ 6 months old based on “individual decision-making” (i.e. shared clinical decision-making) with health care providers (including physicians, physician assistants, nurse practitioners, registered nurses, and pharmacists), noting that the risk-benefit of vaccination in individuals under age 65 is most favorable for those who are at an increased risk for severe COVID-19 and lowest for individuals who are not at an increased risk, according to the CDC list of COVID-19 risk factors.

When having discussions with patients or parents regarding COVID-19 vaccinations, as part of “individual decision-making,” it is important to consider that American Indians and Alaska Native people, including both children and adults, are at increased risk for severe outcomes from COVID-19, which is not accounted for by medical comorbidities alone.

RSV Vaccination Recommendations for Adults

- ≥ 75 years-old: One-time vaccine.
- Ages 50-74 at increased risk
  - Chronic heart, lung, or liver disease, end-stage renal disease, diabetes mellitus (c/b nephropathy, retinopathy, or other end organ damage or requiring treatment with insulin or a SGLT2 inhibitor), neurologic or neuromuscular condition affecting airway clearance or resulting in respiratory muscle weakness, hematologic disorder, morbid obesity ≥ 40 kg/m^2, moderate-severe immunocompromise, residence in nursing home, frailty, or residence in a remote community.

CDC. RSV Vaccine Guidance for Adults. Available at: https://www.cdc.gov/rsv/hcp/vaccine-clinical-guidance/adults.html#cdc_cg_special_populations_health_outcomes-overview

RSV Prevention for Infants and Toddlers

- September-January: RSV vaccination with Pfizer's Abrysvo (only RSV vaccine approved for pregnancy) recommended for those 32-36 weeks pregnant who did not receive RSV vaccine during a prior pregnancy.
- Monoclonal antibody (nirsevimab or clesrovimab):
  - For babies born to mothers who did not receive the maternal RSV vaccine during pregnancy or received it <2 weeks before delivery (if mother received RSV vaccine during a *prior* pregnancy, monoclonal antibody recommended for baby).
    - If born during October through March, nirsevimab (FDA approved in 2023) or clesrovimab (FDA approved in June 2025) should be given within 1 week after birth.
    - For others age < 8 months born outside of RSV season, administer nirsevimab or clesrovimab before RSV season (October-March; typically peaks in December/January).
    - Dose: < 5 kg: 50 mg IM X 1, ≥5kg: 100 mg IM X 1.
  - Children age 8-19 months at increased risk for severe RSV (all AI/AN children and others at increased risk including those with chronic lung disease of prematurity, severe immunocompromise, severe cystic fibrosis): Prior to entering their 2nd RSV season (regardless of prior receipt of monoclonal antibody or vaccination of mother during pregnancy).
    - Nirsevimab is the only approved monoclonal antibody for this indication. Dose: 200mg (100 mg IM given in 2 different sites).

ACOG. Maternal Respiratory Syncytial Virus Vaccination. https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2023/09/maternal-respiratory-syncytial-virus-vaccination
AAP. AAP Recommendations for the Prevention of RSV Disease in Infants and Children. Available at: https://publications.aap.org/redbook/resources/25379/AAP-Recommendations-for-the-Prevention-of-RSV
CDC. Immunizations to Protect Infants. Available at: https://publications.aap.org/redbook/resources/25379/AAP-Recommendations-for-the-Prevention-of-RSV

Patient Education Resources for Respiratory Viruses/Immunizations

IHS Division of Epidemiology and Disease Prevention Educational Resources;

National IHS Public Health Council Public Health Messaging

Northwest Portland Area Indian Health Board (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).

Johns Hopkins Center for Indigenous Health. Knowledge Center: Resource Library

American Academy of Family Physicians. COVID-19 Vaccine: Fall 2025-26 Immunization Recommendations

American Academy of Pediatrics:
Recommendations for COVID-19 Vaccines in Infants, Children, and Adolescents: Policy Statement.
Recommended Child and Adolescent Immunization Schedule
https://www.aap.org/immunization; https://www.healthychildren.org/immunizations (e.g. COVID-19 What Families Need to Know)

American College of Obstetricians and Gynecologists. COVID-19 Vaccination Considerations for Obstetric–Gynecologic Care

Children's Hospital of Philadelphia: Vaccine Education Center; Vaccine and Vaccine Safety-Related Q&A Sheets (e.g. Q&A COVID-19 Vaccines What You Should Know; Protecting Babies from RSV: What You should Know; RSV & Adults: What You Should Know); Influenza: What You Should Know).

Boost Oregon: Videos and Resources

Personal Testimonies: Families Fighting Flu: Our Stories

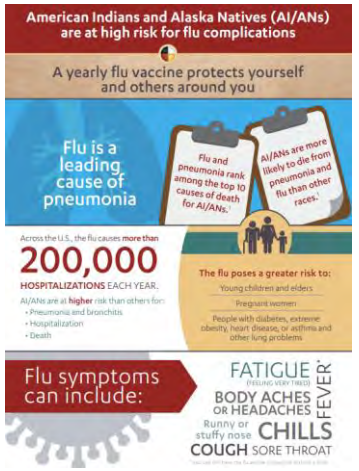
Washington State Department of Health: Flu Overview; Materials and Resources; Influenza (Flu) Information for Public Health and Healthcare

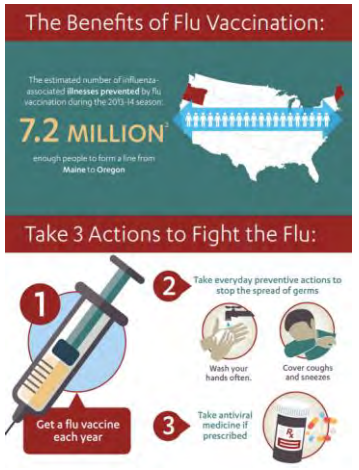
COVID-19; DOH COVID-19 Vaccine Schedule; Washington State Statewide Standing Order for COVID-19 Vaccine FAQs for the Public; West Coast Health Alliance announces vaccine recommendations for COVID-19, flu, and RSV | Washington State Department of Health

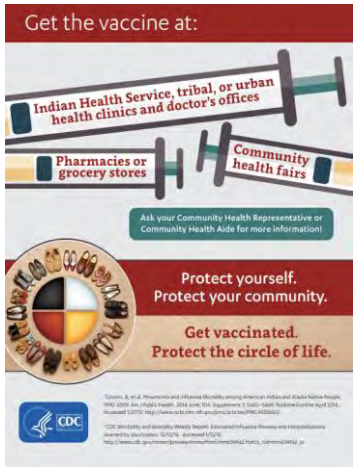
Oregon Health Authority: Flu Prevention; Immunization Resources; Immunize.org: Influenza (Flu)

Idaho Department of Health & Welfare: Flu (Seasonal and Pandemic); Child and Adolescent Immunization and Adult Immunization; COVID-19

Centers for Disease Control and Prevention: Preventing Seasonal Flu; Flu Resources; Preventing Spread of Respiratory Viruses When You're SickIndian Country ECHO/UNM Project ECHO: Making a Strong Vaccine Recommendation: Vaccine Communication; RSV







Examples of Patient Education Resources from the Northwest Portland Area Indian Health Board (NPAIHB)

[Protecting Your Kids from Respiratory Illnesses]
[COVID-19 Vaccine]
[Vaccines When You are Pregnant or Breast/Chestfeeding]

NPAIHB: For access to the vaccine resource folder, email vaccinative@npaihb.org (while website is down; in the future, resources will be available at indiancountryecho.org).

Additional Resources for Measles

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

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

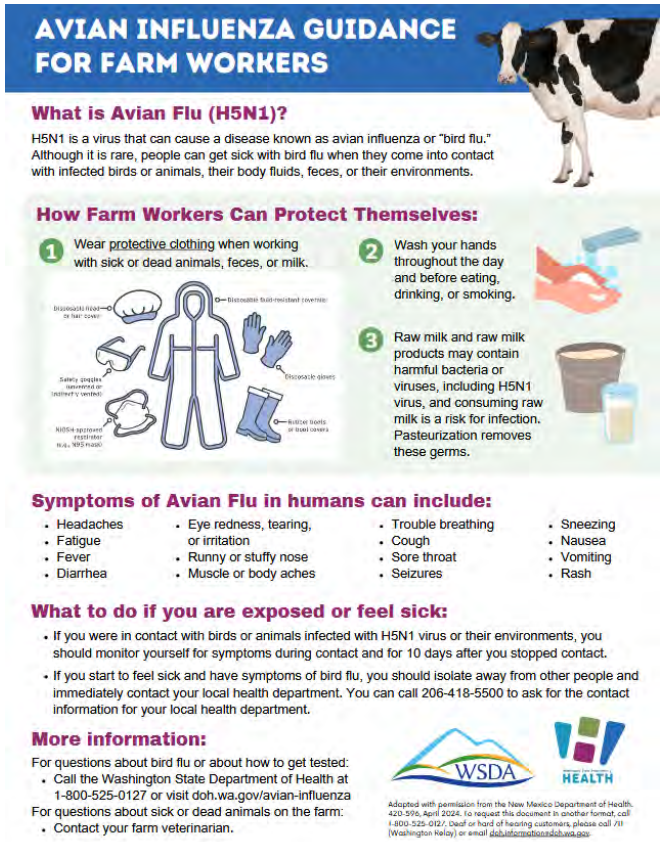
Oregon Department of Fish and Wildlife. Wildlife and Fish Health - Avian Flu. Available at: https://www.dfw.state.or.us/wildlife/health_program/avian-flu/index.asp

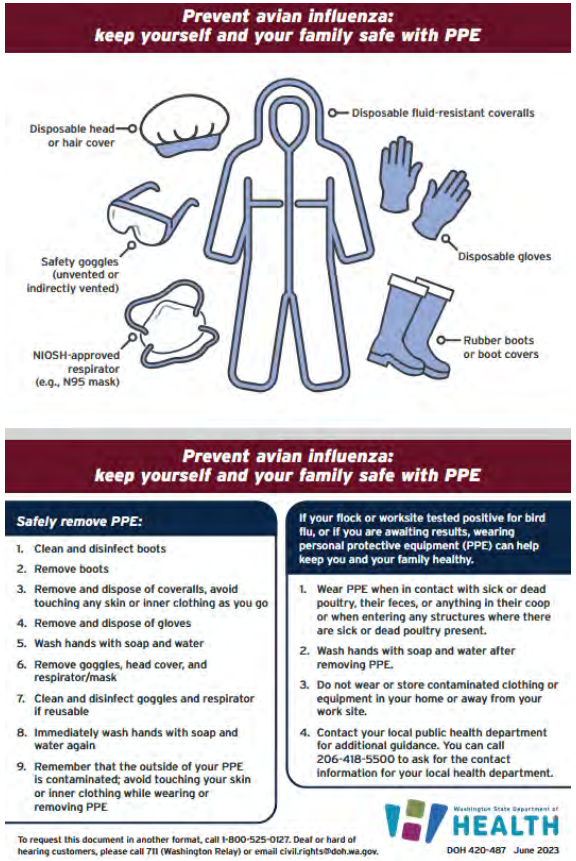
Washington Department of Health. Avian Influenza. Available at: https://doh.wa.gov/you-and-your-family/illness-and-disease-z/avian-influenza

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.

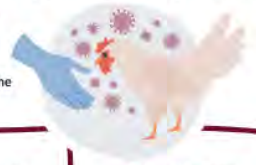
- Keep a separate pair of shoes and other supplies you use when caring for birds outside your home.
- Clean your birds' supplies, such as water or food containers, outside.

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


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