NPAIHB Weekly Update

November 25, 2025

NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Agenda

- Welcome & Introduction: Bridget Canniff
- NPAIHB Announcements, Events, & Resources
- Legislative & Policy Updates: Pakak Sophie Boerner
- Communicable Diseases Update: Dr. Tara Perti, Portland Area IHS
- State & Tribal Partner Updates
- Questions & Comments

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

Upcoming Indian Country ECHO Telehealth Opportunities

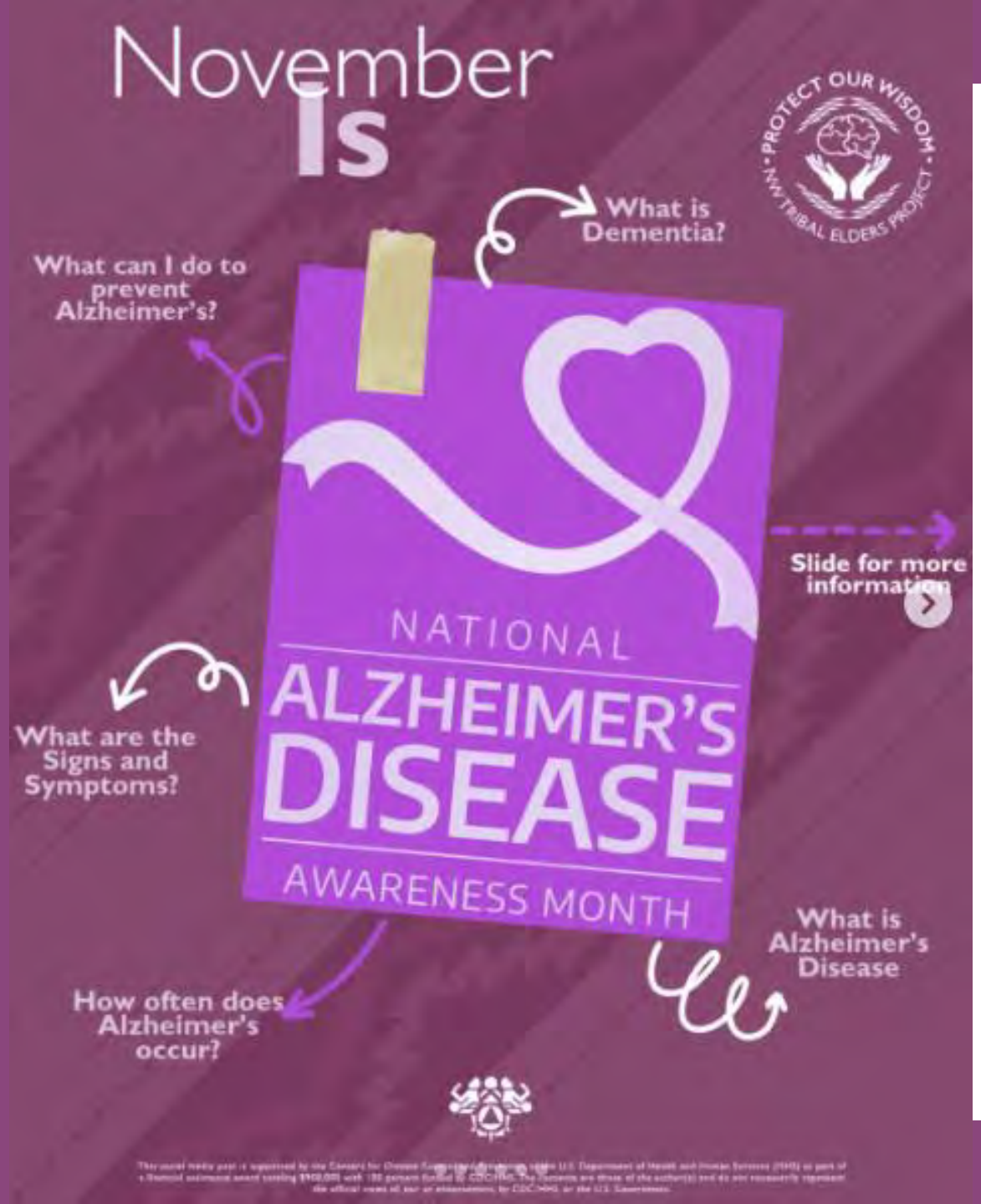
- **Tribal Behavioral Health ECHO: *Reclaiming Native Psychological Brilliance*** *(series)* – 4th Tuesdays at 11am PT
  - Tuesday, November 25th at 11am PT
  - More information: https://www.indiancountryecho.org/event/reclaiming-native-psychological-brilliance-2/2025-11-25/
  - Register at: https://app.smartsheet.com/b/form/c8a6c2b8212749d382823f9c8a29698b

- **Ending the Syndemic – Syphilis & HIV** – 2-hour virtual training
  - Tuesday, December 2nd 9am – 11am PT
  - To join via Zoom: https://echo.zoom.us/j/97240849538?pwd=TzJUMWo5M082K1kxMitOV2diY3BaQT09

  Staff serving American Indian & Alaska Native people are invited to participate in the **Ending the Syndemic: Syphilis and HIV** virtual training. This 2-hour virtual training program provides comprehensive information to effectively integrate best practice syphilis and HIV care for Indigenous communities.

  In this series of presentations, multidisciplinary faculty will highlight best practices for responding to the rise of syphilis, and congenital syphilis, HIV screening and diagnosis, and HIV treatment basics.

  This training includes an opportunity to engage in didactic presentations, become part of a learning community, and join the Infectious Disease ECHO program. Free CE is available.



Resources

NPAIHB on
www.instagram.com/npaihb

International Association for Indigenous Aging
iasquared.org

Alzheimer's Association
www.alz.org

DMS Training: Portland & Online
December 2-4, 2025

Western Tribal Diabetes Project Diabetes Management System Training Registration for 2025

The Western Tribal Diabetes Project (WTDP) conducts quarterly Resource and Patient Management System trainings in the use of the Diabetes Management System (DMS) package. Participants will receive in-person or online instruction in the use of the DMS, Visual DMS, Case Management System, and the population management tool iCare. For the in-person training, WTDP uses a training server with mock patient data to demonstrate actions and reports in the database. Registrants who opt for the online instruction will be required to use their facility's database. WTDP highly recommends In-person to the online option. Online will continue as a refresher course.

Registration for the classes can be accessed through the following link:
https://www.surveymonkey.com/r/DMS_training2025

Register Online Here

Remaining DMS training date for 2025

The training is 830a-300p Pacific Time on the first two days (Tuesday, Wednesday), and 830a-1130a on the third day (Thursday).
Training materials will be provided to registrants in-person. For online participants, a Zoom link and training materials will be emailed the day before the trainings commence.

December 2-4

Dondi Head
WTDP Manager
Alyssa Farrow
WTDP Specialist

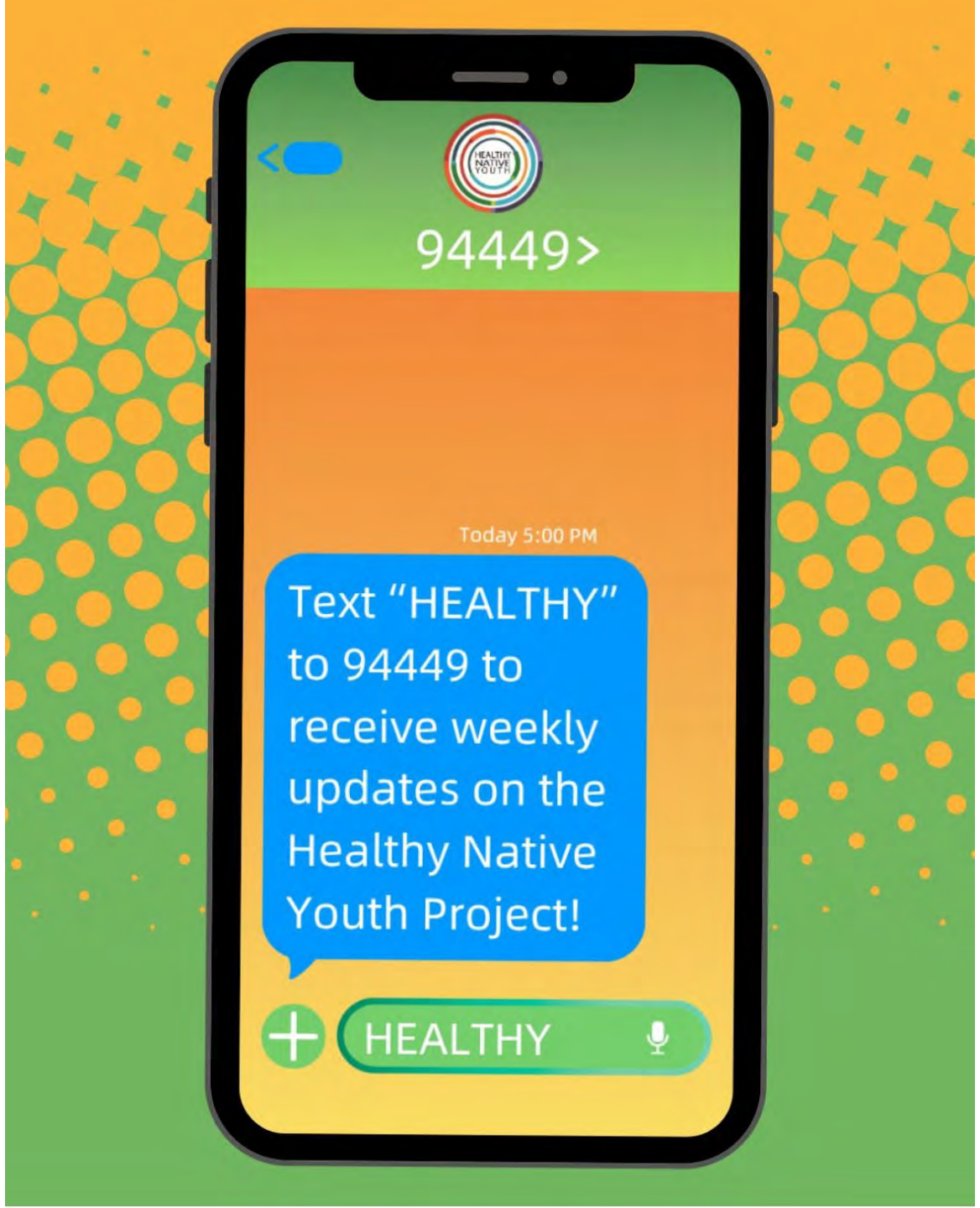
920 NW 17th Avenue
Portland, OR 97209
Email: wtdp@npaihb.org
Website: www.npaihb.org

Upcoming HNY CoP Sessions:

December 10, 10:00 – 11 AM Pacific

Registration:
https://us06web.zoom.us/meeting/register/4IjNGZ62TgyX1kuFlsWOZA

For more information or to request CoP recording with materials, please email: native@npaihb.org.


94449>
Today 5:00 PM
Text “HEALTHY” to 94449 to receive weekly updates on the Healthy Native Youth Project!
HEALTHY

NPAIHB Weekly Update Schedule

- December 2: No Weekly Update – NPAIHB All-Staff Winter Gathering
- December 9: Roles of GLP1, Benefits & Pitfalls with Dr. Frank James
- December 16: N CREW Research Focus – Data Sovereignty & Data Sharing
- December 23: No Weekly Update – **Happy Holidays!**

LEGISLATIVE & POLICY UPDATE

November 25, 2025

NPAIHB MISSION

To eliminate health disparities and improve the quality of life of American Indians and Alaska Natives by supporting Northwest Tribes in their delivery of culturally appropriate, high-quality health programs and services

AGENDA

- Congressional Updates
- Regional Updates
- DTLL
- Consultations, Listening Sessions & Written Comments
- National & Regional Meetings
- NPAIHB Policy Resources

CONGRESSIONAL

Congressional Updates:

Recess:

Congress is on recess until Monday, Dec 1, 2025.

End of the Shutdown:

- The Shutdown ended November 12, on day 43 of the longest shutdown in history. The **Continuing Appropriations Act of 2026** extends Fiscal Year 2025 funding levels through January 30, 2026.
- Measures include:
  - Reverse the Reduction in Force (RIF) layoffs that happened during the shutdown and prevent any further RIFs until the end of the CR in January
  - Ensured backpay for federal employees
  - Extension for, the Special Diabetes Programs for Indians, Medicare Telehealth reimbursement, payments for the Supplemental Nutrition Assistance Program (SNAP), and a three-bill minibus which provides funding for FY2026 Military Construction-VA, Agriculture, and the Legislative Branch.
- The CR did not extend the Affordable Care Act (ACA) enhanced premium tax credits which are set to expire December 31, 2025, without further legislation.

Congressional Updates:

Appropriations:

There are 9 remaining appropriation bills for congress to pass before the end of the current CR on January 30, 2026.

Affordable Care Act:

Senate has agreed to hear a bill on extending the enhanced premium tax credits in mid-December.

ACA subsidizes how much enrollees pay for their health insurance premiums based on a sliding scale in relation to their income.

Congress and the White House are deliberating how to address the potential impact of the loss of the premiums.

There has not been a date set to hear a bill to address these efforts while congress is still in deliberation.

REGIONAL

NCAI UPDATES

This week, NPAIHB attended the National Congress of American Indians (NCAI) 82nd Annual Convention in Seattle, Washington.

Chair Hines, Vice-Chair Abrahamson, Treasurer Edwards, Sergeant-at-Arms Stanphill, and Executive Director Platero were all in attendance for the various sessions offered this week. NPAIHB sponsored a few resolutions that were presented to the general NCAI assembly for consideration.

NPAIHB Resolutions:

- SEA-25-014 – Status: Passed
- SEA-25-097 – Status: Passed

For additional information on the passed resolution: Resolutions Review

Additionally, NPAIHB had the opportunity to have dialogue with IHS Acting Director, Ben Smith, Chief of Staff, Clayton Fulton, and Director of Strategic Initiatives, Dr. Kim Hartwig and staff.

JANUARY 2026 QBM

NPAIHB is excited to announce that the first QBM of 2026 will be hosted at NPAIHB's own building in Portland, OR.

The January QBM will take place from:
January 12, to January 15
at the ***NPAIHB Lovejoy Building,***
920 NW 17th Ave,
Portland, OR 97209

Attendees are kindly asked to register online no later than
Monday, December 8, 2025.

Dear Tribal Leader Letters

IHS REALIGNMENT CONSULTATIONS

On **November 13, 2025** IHS released a Dear Tribal Leader Letter in response to the feedback from the 4 in-person Tribal consultations and 1 virtual Urban confer that IHS hosted this past year on the proposed IHS realignment.

IHS will be hosting a second round of consultations. These upcoming consultations will provide additional details to the proposed realignment; clarifying roles, reducing administrative burdens, and ensuring that IHS leadership are able to carry out their responsibilities “of policy, oversight, and partnership.”

The comment submission deadline: **February 9, 2026**

- Tribal Consultation comments can be emailed to: **consultation@ihs.gov**
- Urban Confer comments can be emailed to: **urbanconfer@ihs.gov**
- IHS is requesting commenters use the SUBJECT LINE: **IHS Proposed Realignment**

IHS REALIGNMENT CONSULTATIONS

Tribal Consultation No. 1 – Durant, Oklahoma
Date: Monday, December 15, 2025
Time: 1:00 – 4:00 PM CT
Venue: To Be Determined

Tribal Consultation No. 2 – Denver, Colorado
Date: Tuesday, December 16, 2025
Time: 1:00 – 4:00 PM MT
Venue: To Be Determined

Tribal Consultation No. 3 – San Diego, California
Date: Wednesday, December 17, 2025
Time: 1:00 – 4:00 PM PT
Venue: To Be Determined

Tribal Consultation No. 4 – Seattle, Washington
Date: Tuesday, January 6, 2026
Time: 1:00 – 4:00 PM PT
Venue: To Be Determined

Registration: Link

Consultations, Listening Sessions & Written Comments

IHS Health Information Technology (HIT) Modernization Program

The Indian Health Service (IHS) Dear Tribal Leader Letter from January 2025, announcing four consultations regarding the IHS Health Information Technology Modernization project, as well as a comment letter to IHS drafted by NPAIHB in response to the four consultations.

The RPMS system is being replaced with PATH EHR. PATH EHR is built on the Oracle/Cerner platform and will be customized to IHS specifications.

Comments are due December 5, 2025.

Comments can be made to the following email address:

consultation@ihs.gov or *urbanconfer@ihs.gov*

UPCOMING MEETINGS

Tribal Leaders Diabetes Committee (TLDC) Meeting
Date: December 2, 2025
Time: 10:00 AM -2:00 PM PST
Webinar: Link

Direct Service Tribes Advisory Committee Q1 FY2026 Meeting
Date: ~~December 2, 2025~~
UPDATE: December 9, 2025
Time: 11:00 AM - 2:00 PM

GIHAC & AIHC Annual Meeting
Date: December 2 -3
Location: Jamestown S'Klallam
Zoom: Link

Indian Health Service Tribal Self-Governance Advisory Committee Meeting
Date: December 10-11, 2025
Location: Embassy Suites Washington, DC Convention Center, 900 10th Street NW, Washington D.C., 20001

MMPC Monthly Meeting
Date: January 13, 2026
Time: 10:00 AM - 11:00 AM
Zoom: Link

National Tribal Budget Formulation Workgroup
Date: January 21-22, 2026
Zoom: Link

UPCOMING MEETINGS

2026 HHS STAC MEETINGS

- January 28-29, 2026 in Washington D.C.
- April 16, 2026 in Washington D.C.
- September 22-24, 2026 in San Diego, California

TRIBAL VISITS:

The NPAIHB Policy Team will be reaching out to Member Tribes to schedule in-person site visits. These visits create the opportunity to meet with the Tribe to discuss and help identify NPAIHB's key legislative and policy priorities for 2026.

If you have not heard from the Policy Team to schedule a visit and would like to make sure your Tribe is scheduled, please contact our team at: PolicyTeam@npaihb.org

MEET THE TEAM

Hilary Edwards

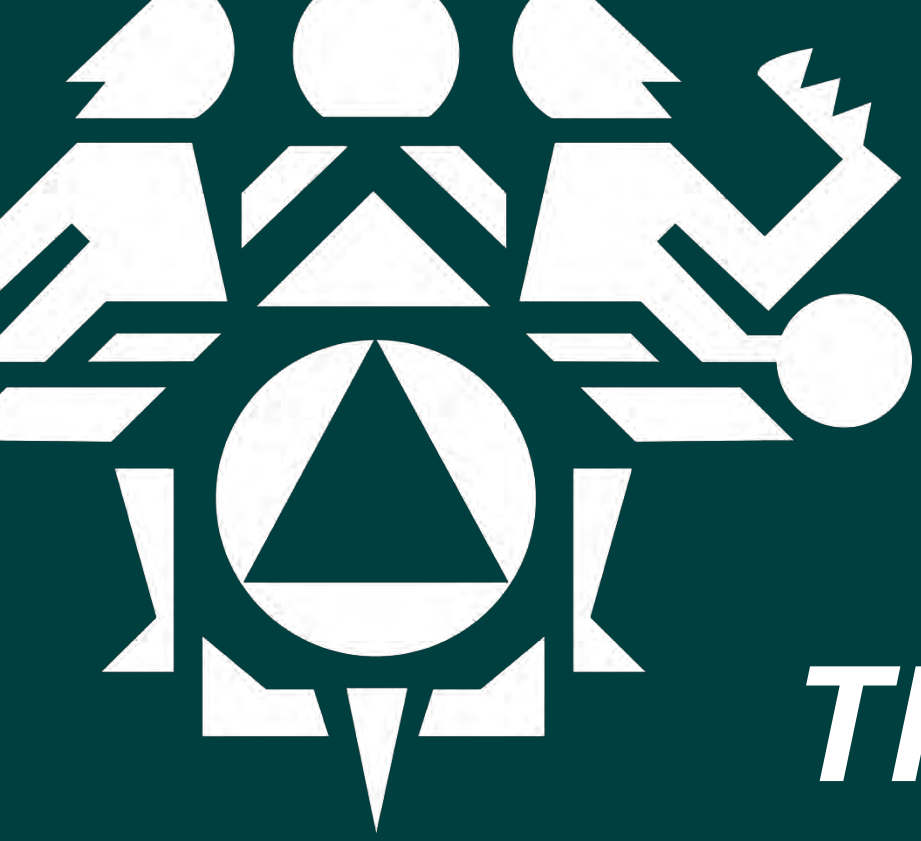
Dir. of Legal & Government Affairs

(Swinomish Indian Tribal Community)
E: hedwards@npaihb.org
P: 971-484-2731

Pakak Sophie Boerner

Health Policy Specialist

(Iñupiaq, Native Village of Kiana)
E: psophieboerner@npaihb.org



THANK YOU

Partner Updates

Portland Area IHS Communicable Diseases Update

TARA PERTI, MD, MPH

MEDICAL EPIDEMIOLOGIST

IHS, PORTLAND AREA OFFICE

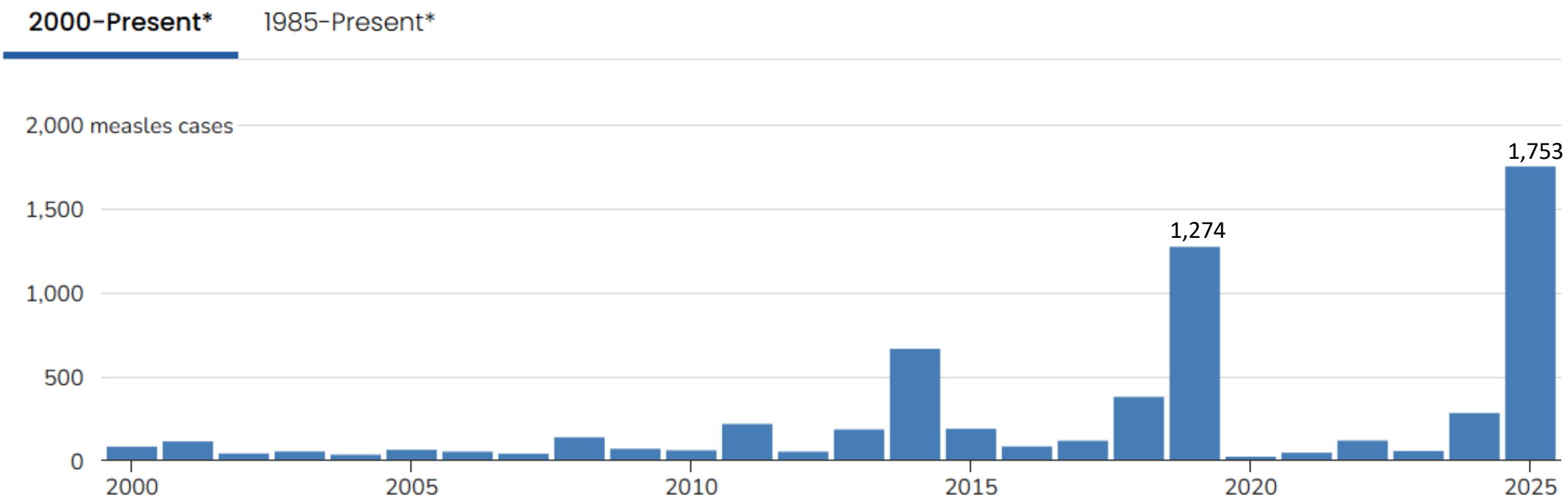
November 25, 2025

Outline

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

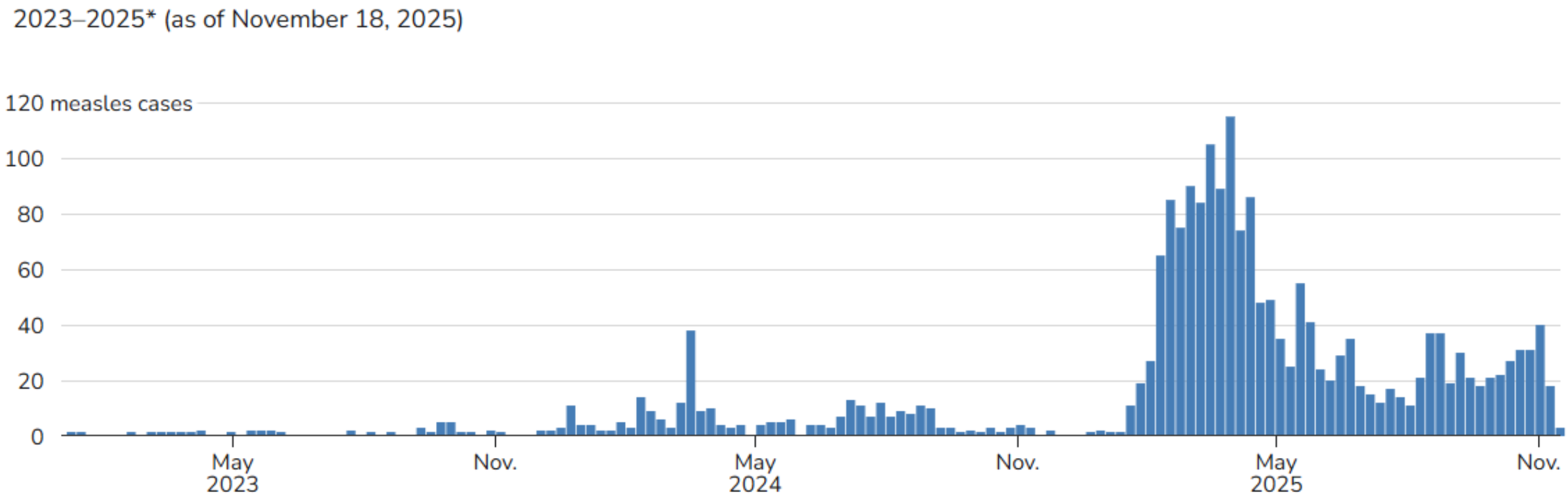
Yearly Measles Cases – United States, 2000-Present

as of November 18, 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 11/18)

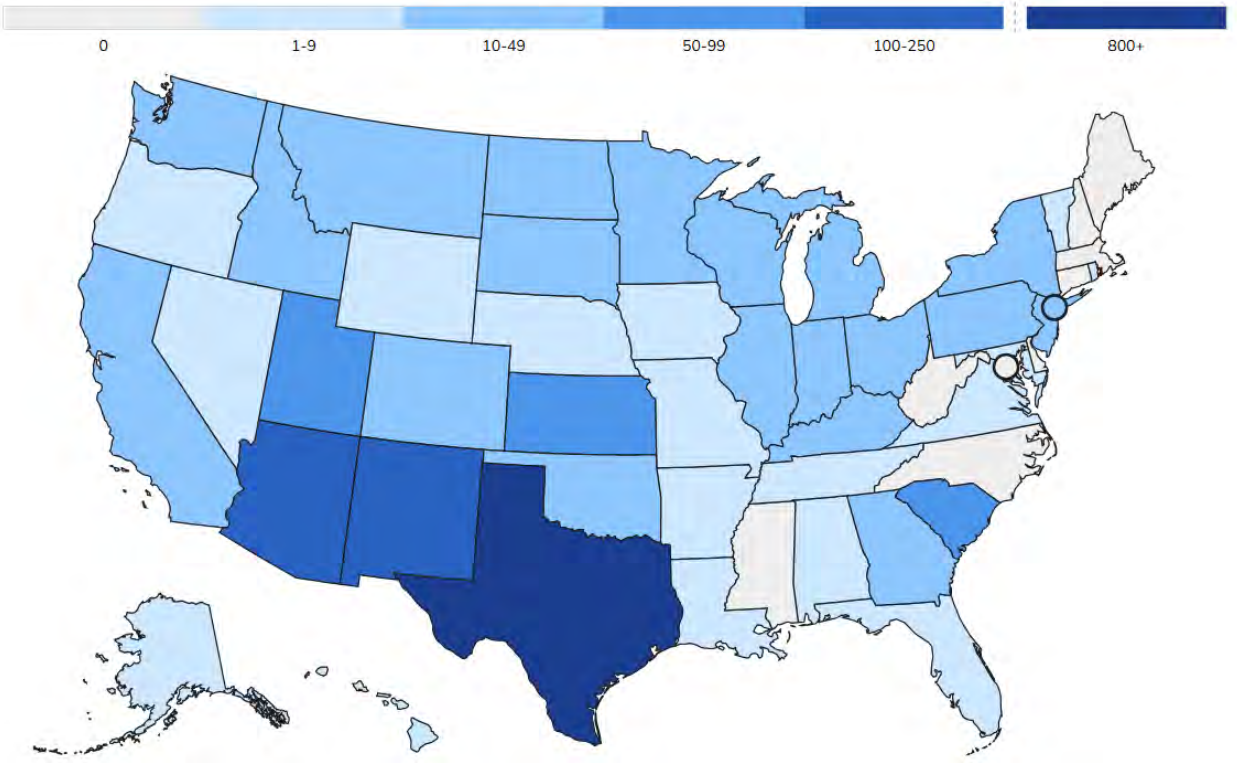


Rash Onset Date

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

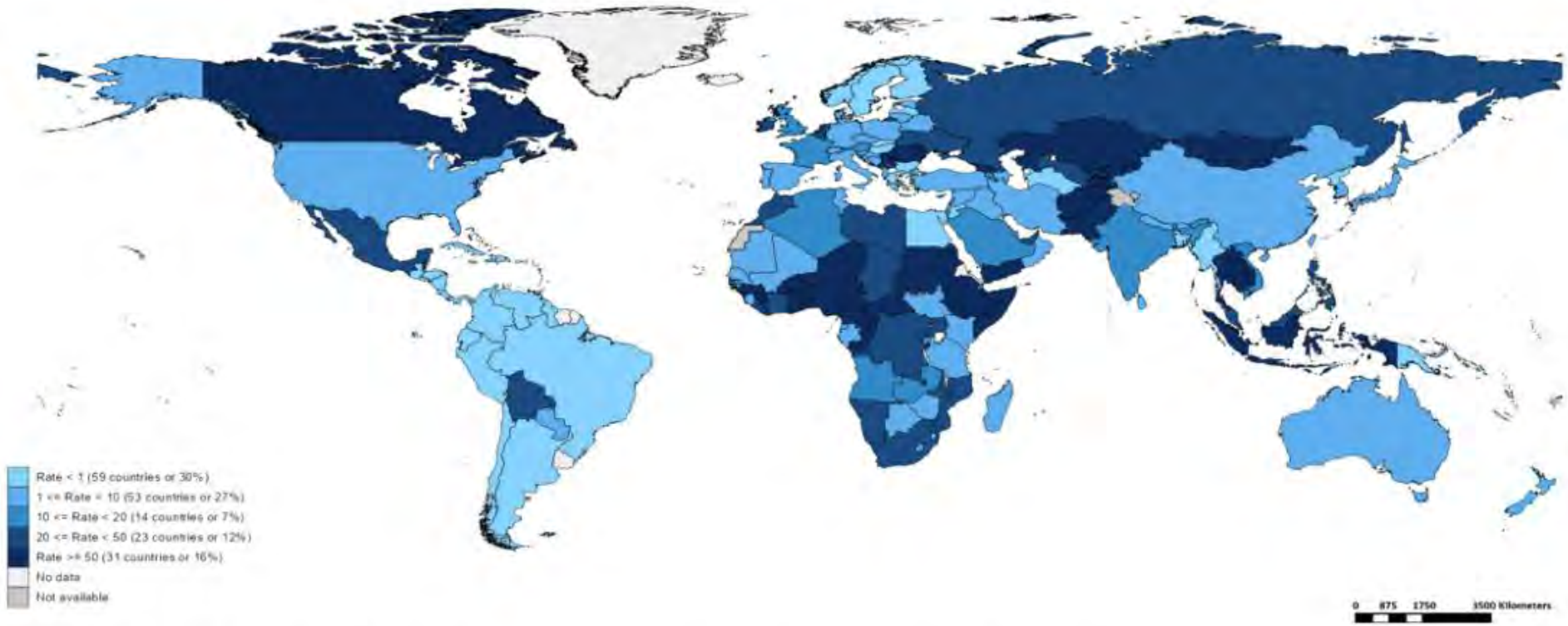
Measles — United States, 2025

- 1,753 confirmed cases among 42 states through 11/18.
- 87% of cases from one of 45 outbreaks (≥3 related cases).
- Age: 27% <5 years-old, 39% 5-19 years-old, 33% ≥ 20 years-old.
- 12% hospitalized overall (21% 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.

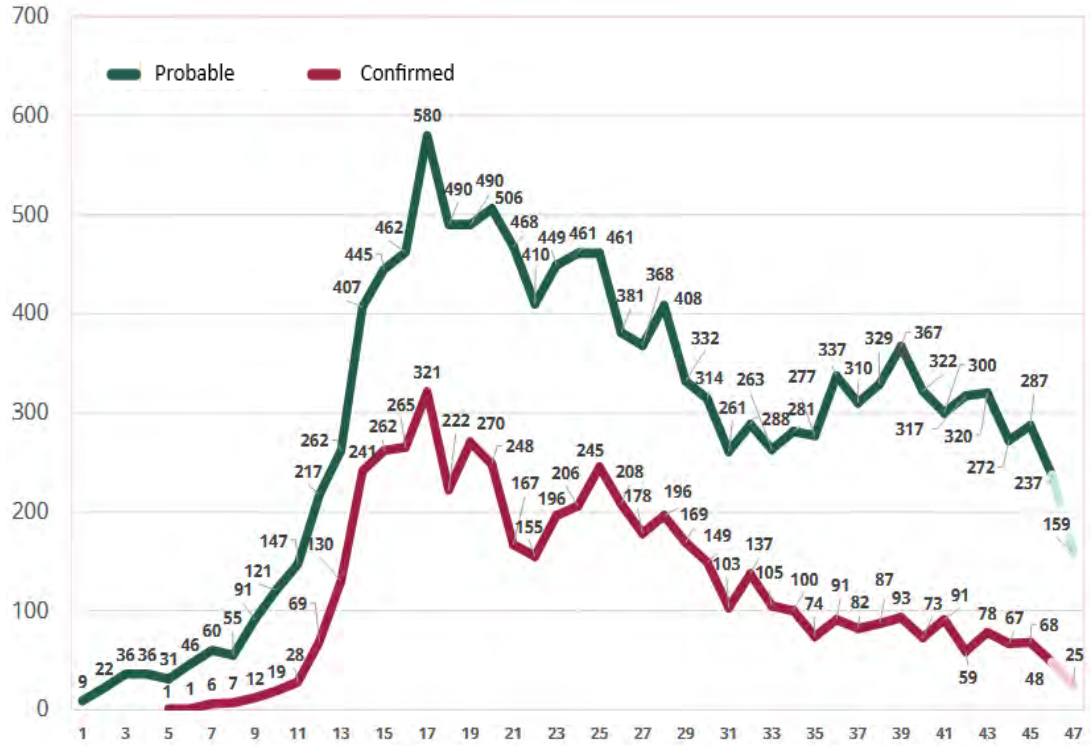
Highest incidence rates

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

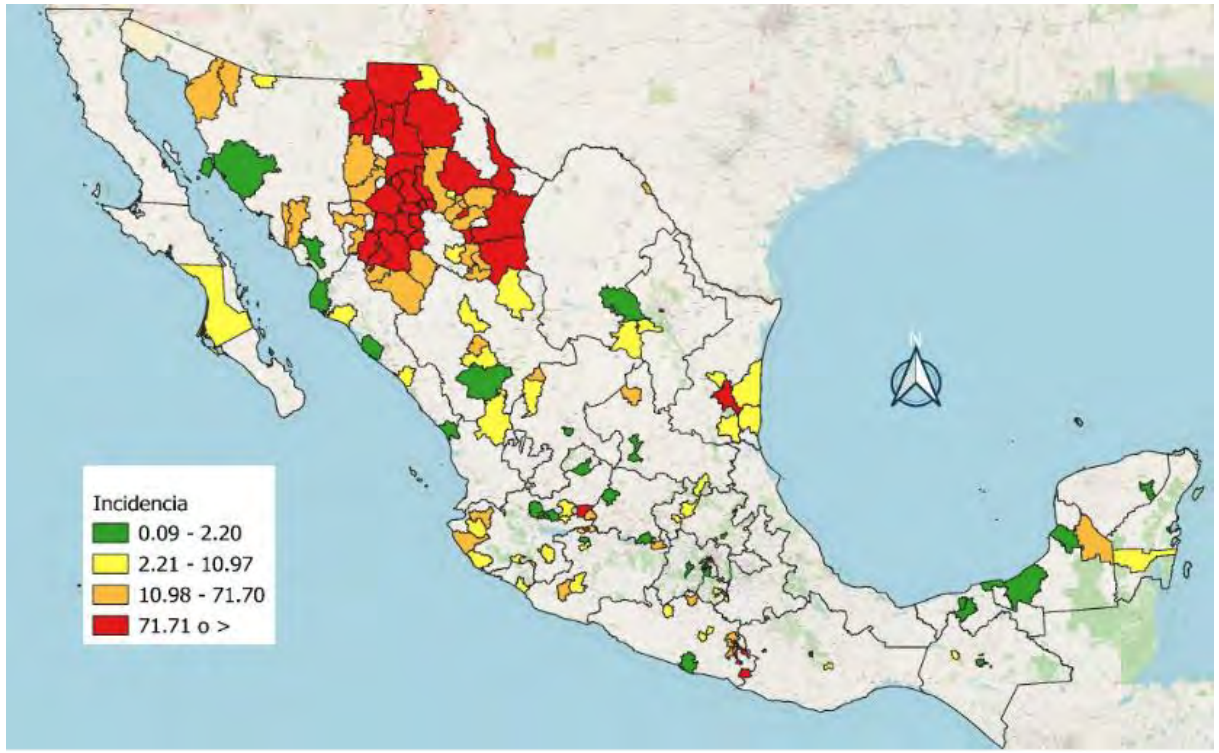
WHO. Measles and Rubella Global Update March 2025. Available at: https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fimmunizationdata.who.int%2Fdocs%2Flibrariesprovider21%2Fmeasles-and-rubella%2Fglobal-mr-update.pptx%3Fsfvrsn%3D3547ebab_9&wdOrigin=BROWSELINK

Measles — Mexico, 2025 (through 11/24)

- 5,352 confirmed cases as of 11/24/25
- 27 states; 4,451 (83%) confirmed cases in Chihuahua
- Deaths: **23** (Chihuahua: 21, Sonora: 1, and Durango: 1)

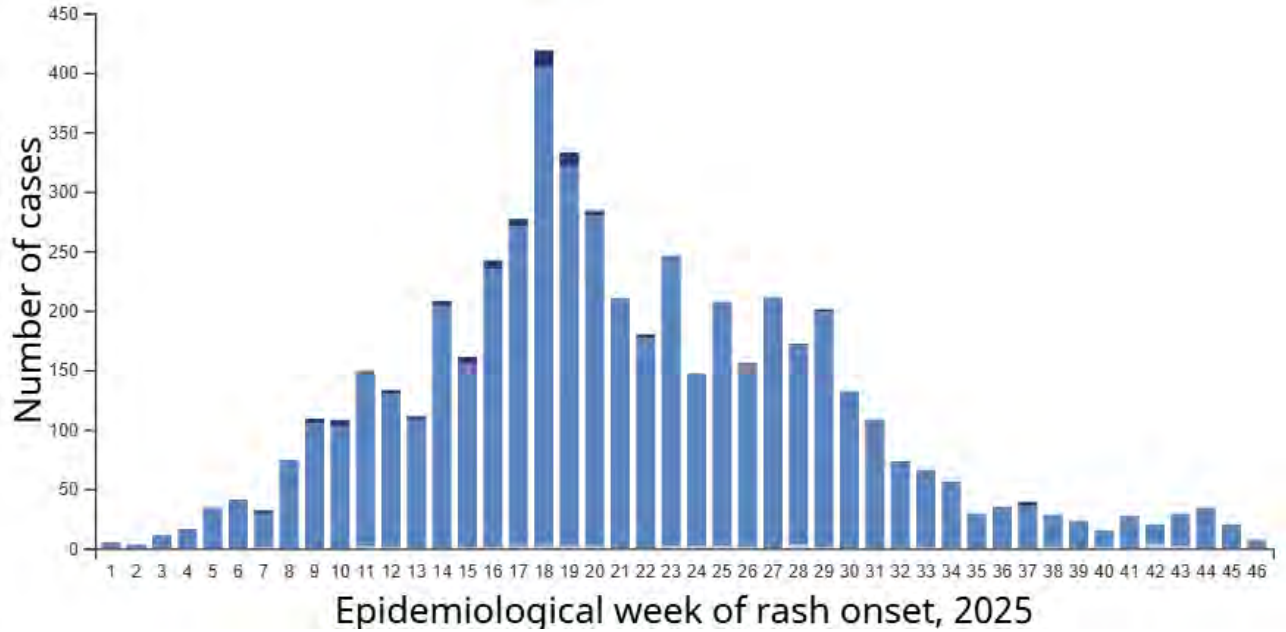


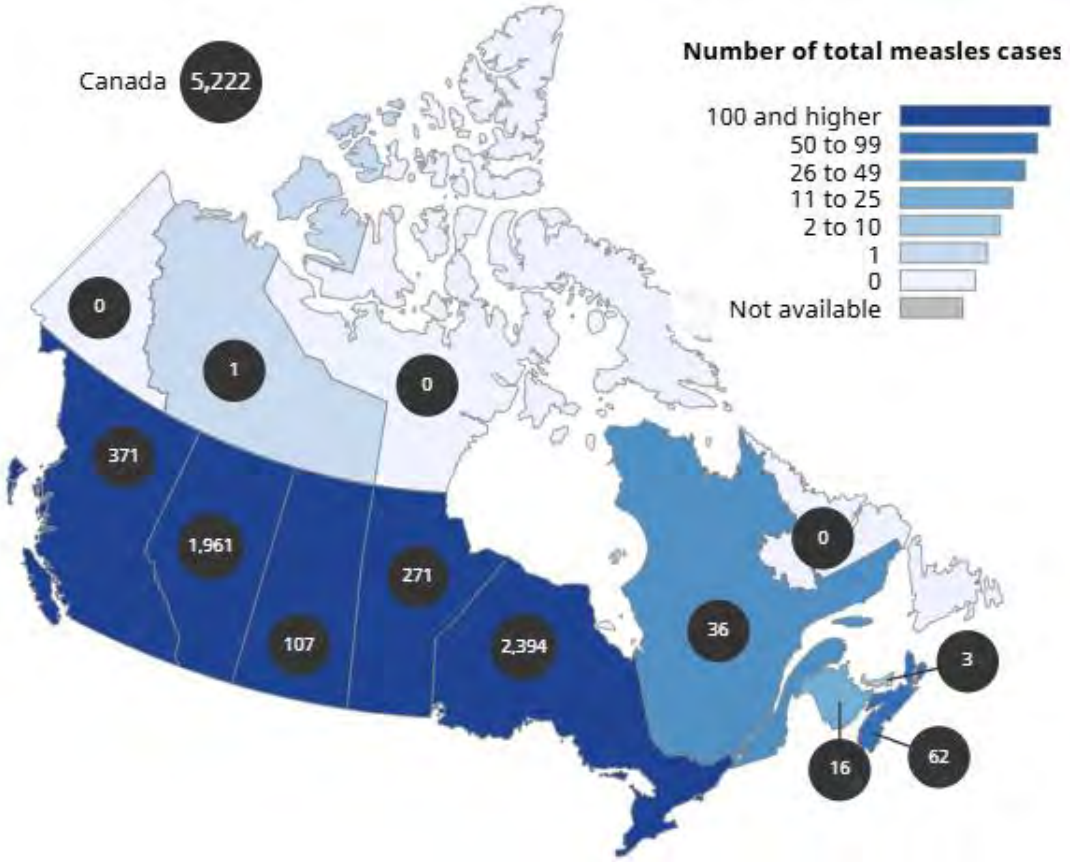
Date of Rash Onset



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

Measles — Canada, 2025 (through 11/15)





Number of confirmed cases: 4,855

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

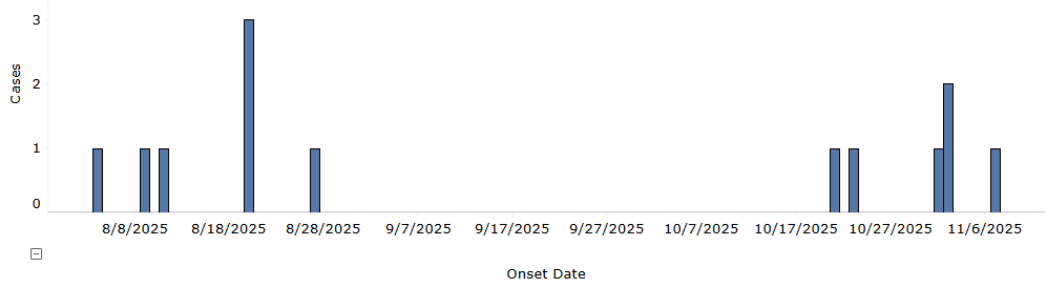
*On October 17, 2025 Public Health Seattle King County reported that an unvaccinated resident of Arizona was diagnosed with measles. There have also been a total of four cases among travelers to Washington State, who are not residents of Washington State.

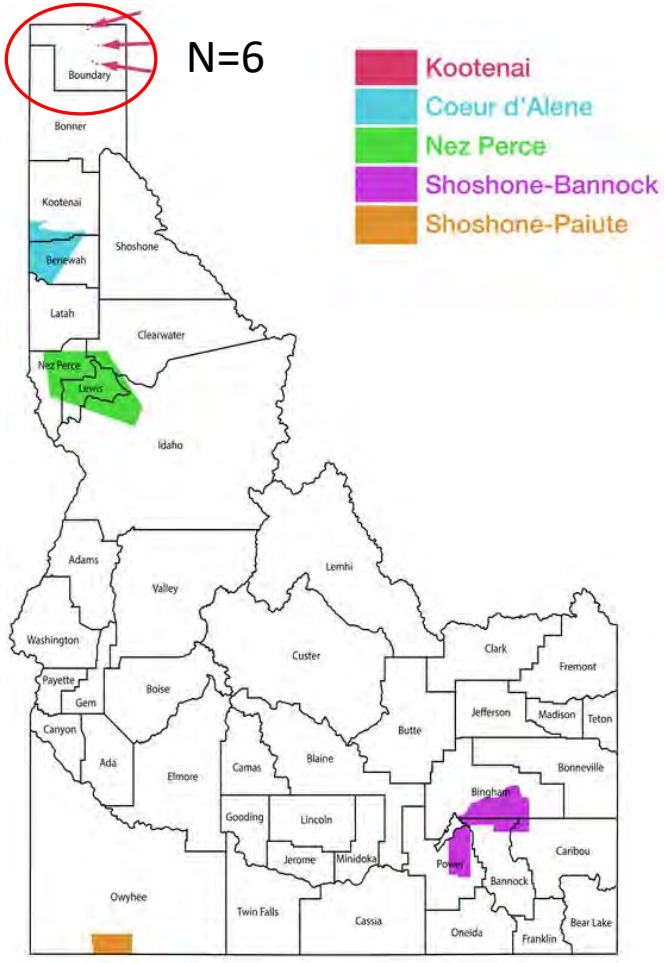
Washington State Department of Health. Measles Cases in Washington State 2025. Available at: https://doh.wa.gov/you-and-your-family/illness-and-disease-z/measles/measles-cases-washington-state-2025

Measles — Idaho, 2025 (N=13)

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	Same Household
~11/19/25 (last case with rash onset on 11/7)	Boundary (Panhandle Health District)	2 additional cases	Same Household

*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

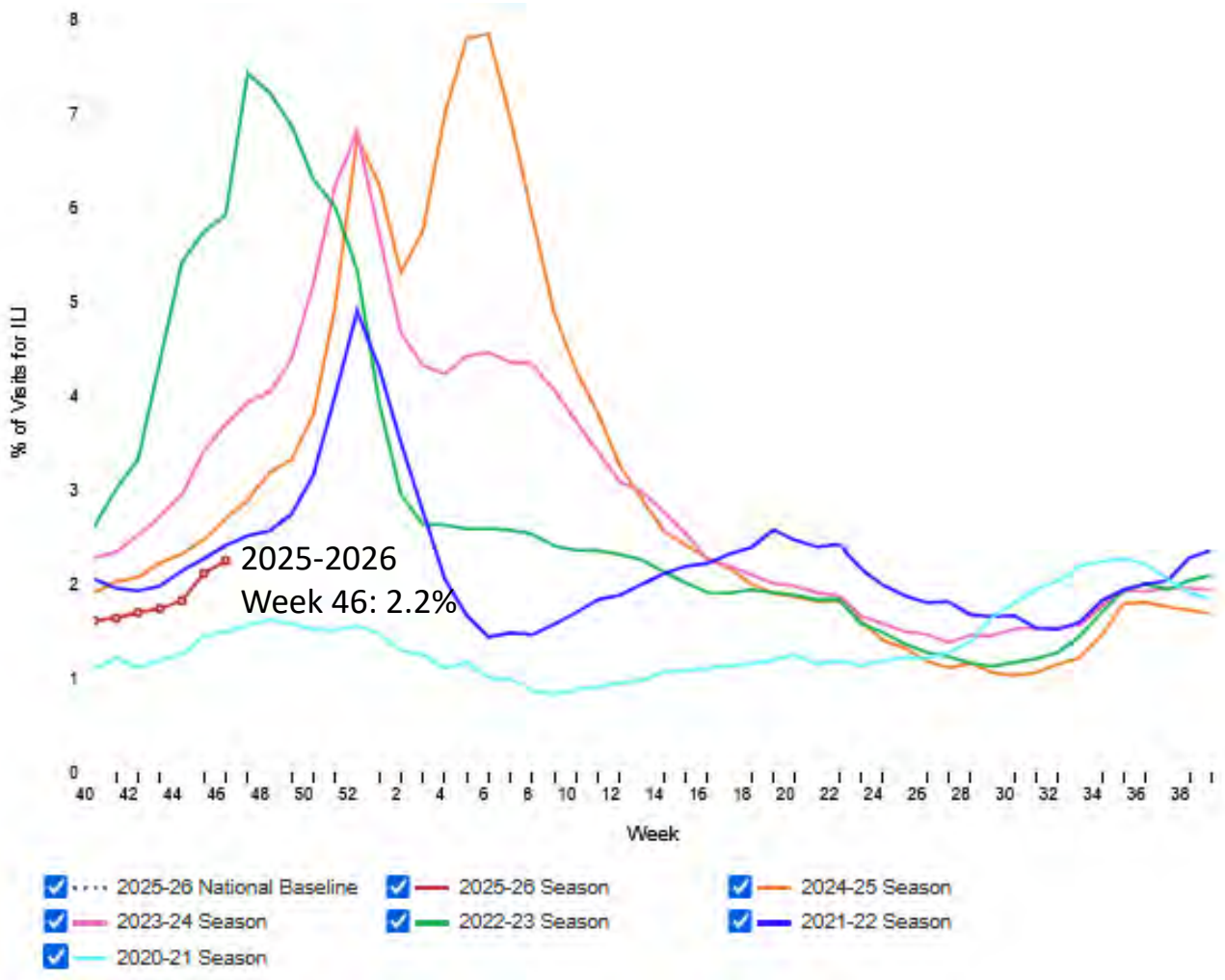
Idaho Department of Health and Welfare. Tracking Measles in Idaho. Available at: https://public.tableau.com/app/profile/idaho.division.of.public.health/viz/TrackingIdahoMeasles/StatewideSummary?publish=yes!
Idaho Department of Health and Welfare. Measles. Available at: https://healthandwelfare.idaho.gov/health-wellness/diseases-conditions/measles

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 11/15/25)



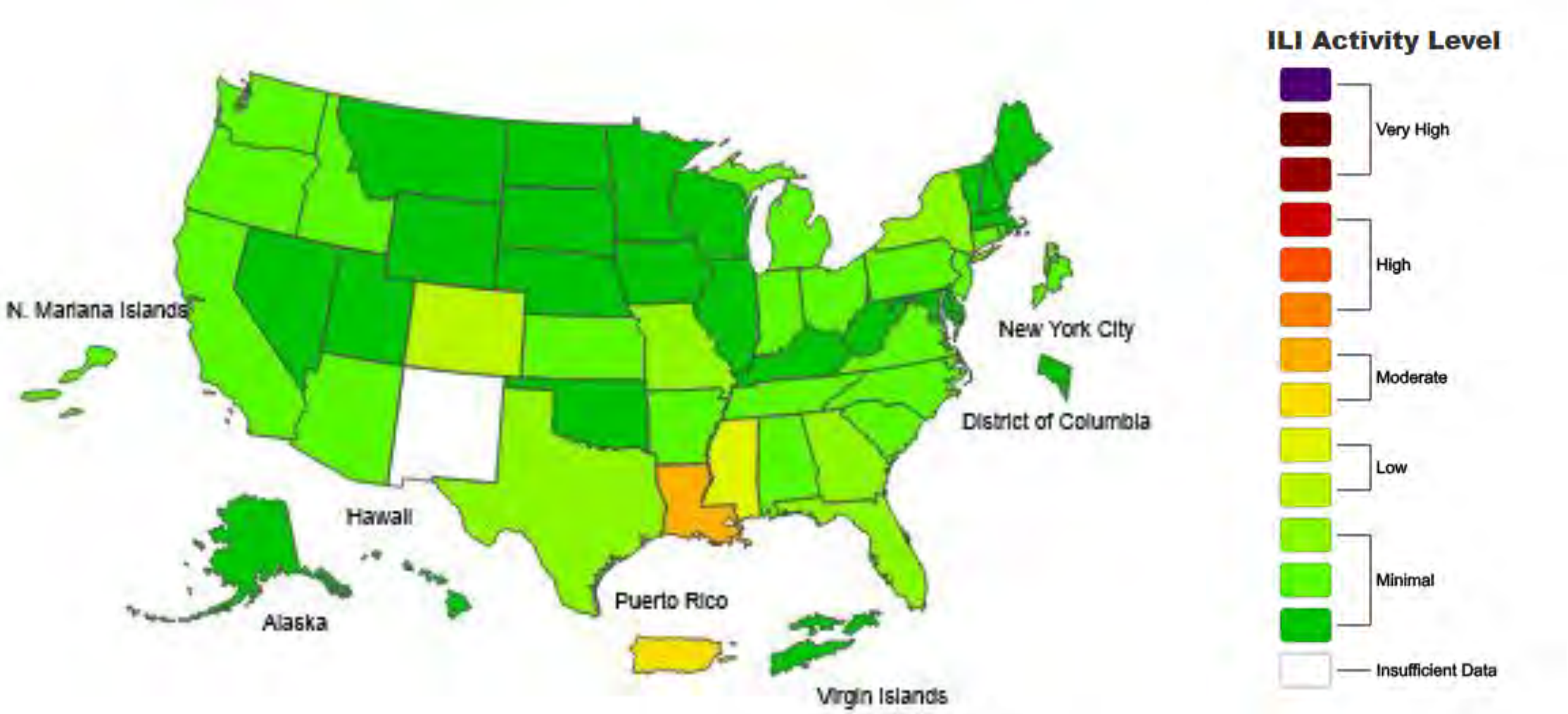
<u>IHS: Week 46</u>

National: 0.6%

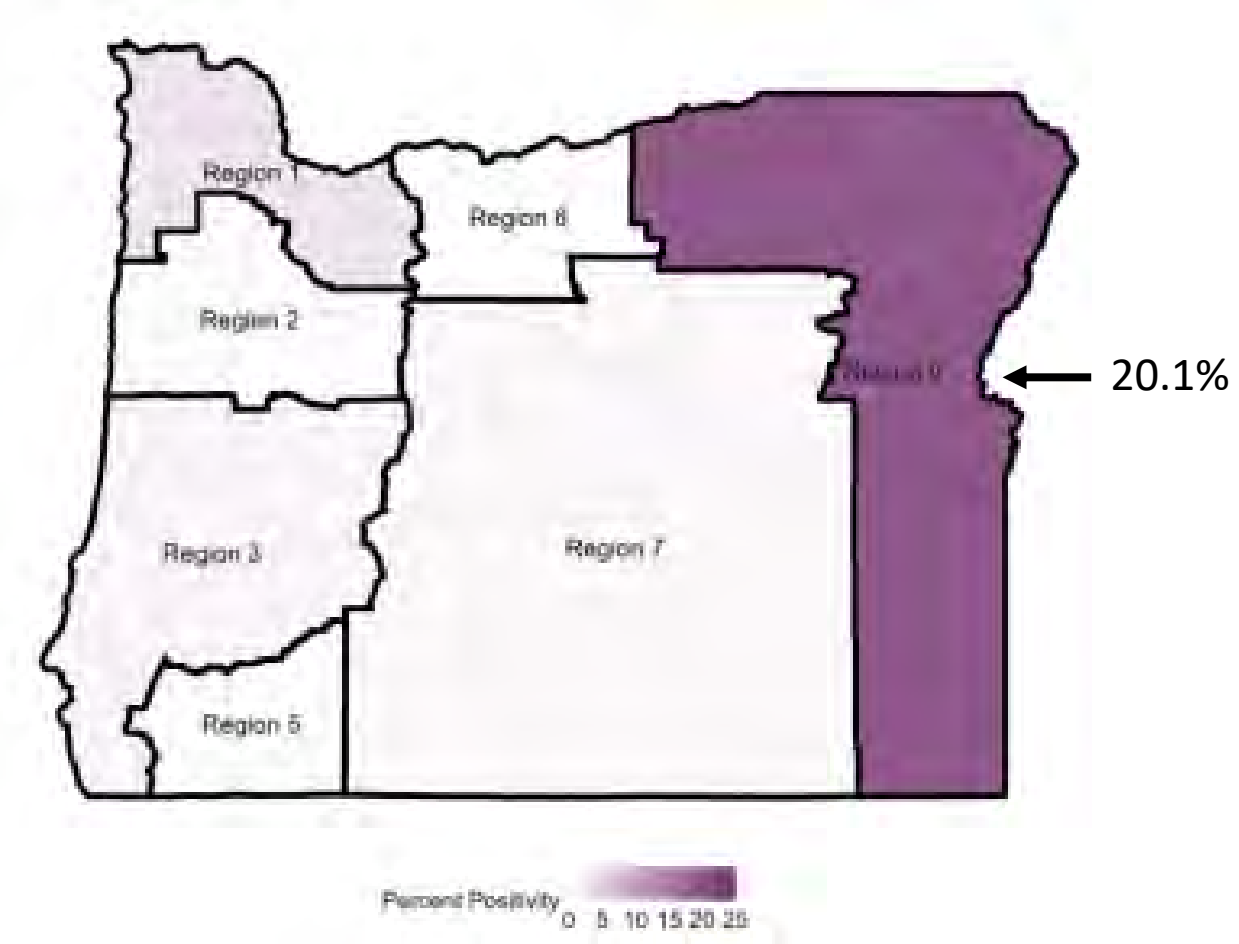
Portland Area: 1.0%

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

ILI Activity — United States, 2025 (Week 46)

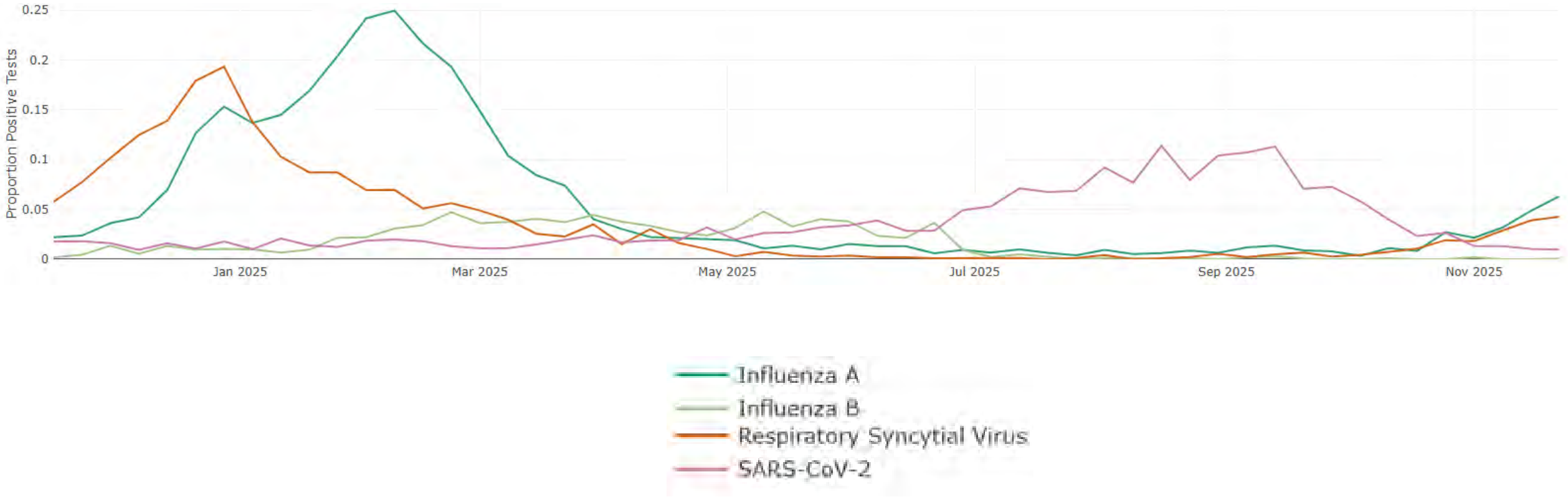


Percent of Tests Positive for Influenza — Oregon, 2025-2026 (week 46, through 11/15)



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 11/22)



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

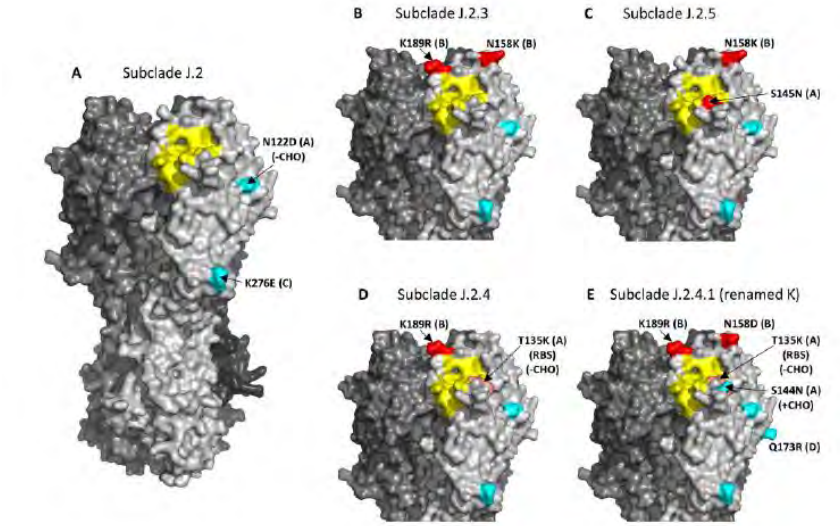
Influenza Subtyping — United States, 2025-26

- 2024-2025 influenza season:
  - Influenza A: 94.5%
    - H1N1: 53.1%
    - H3N2: 46.8% → Of H3 subtypes that underwent genome sequencing (N=2,189) 99.7% were HA clade 2a.3a.1, 90.5% were J.2.
    - H5: 0.1%
  - Influenza B: 5.5%

- 2025-2026 influenza season (through 11/15/25):
  - Influenza A: 95.3%
    - H1N1: 30.2%
    - H3N2: 69.6% ---> Of H3 subtypes that underwent genome sequencing (N=146), 84% of subclades were not a good match with the H3N2 vaccine component: 82 (56.2%) were HA subclade K (renamed from J.2.4.1), 19 (13%) were J.2.3, and 21 (14.4%) J.2.4.
    - H5: 0.2% (2 specimens from 1 person)
  - Influenza B: 4.7% → Of 119 Influenza B viruses 35 (29.4%) were not a good match with the Influenza B vaccine component (C.3.1 and C.3.2).

➢ Vaccine effectiveness will likely be lower for H3N2 this season, but vaccines may still decrease the risk of hospitalization from H3N2; vaccines also offer protection against other circulating influenza subtypes.

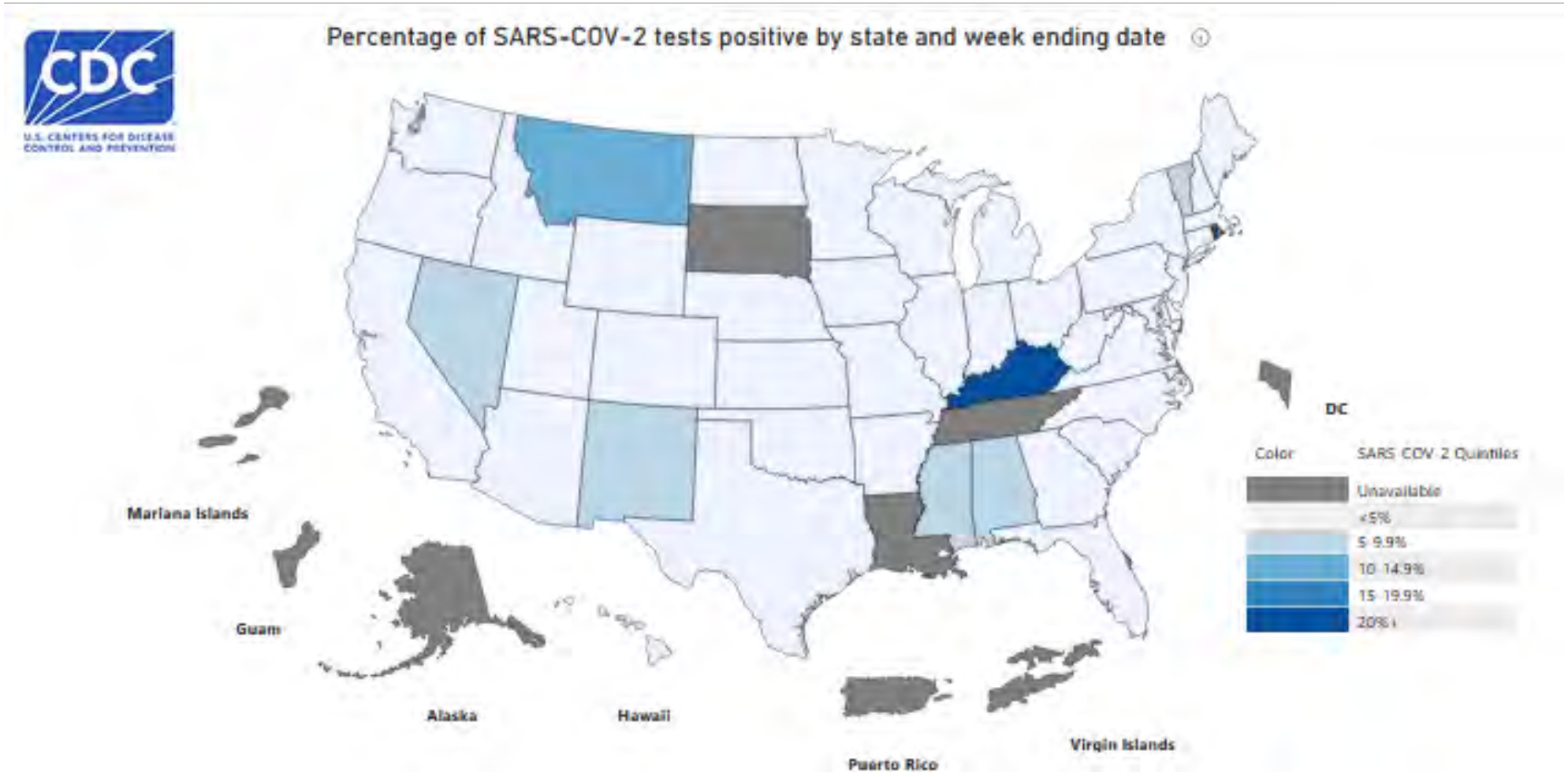
2025-26 vaccine composition:
Influenza A H3N2 Component – A/Croatia/10136RV/2023 (H3N2)-like virus (for egg-based vaccines) or A/District of Columbia/27/2023 (H3N2)-like virus for cell culture-based or recombinant vaccines): **Subclade J.2**
Influenza A H1N1 Component – A/Victoria/4897/2022 (H1N1)pdm09-like virus (for egg-based vaccines) or A/Wisconsin/67/2022 (H1N1)pdm09-like virus (for cell culture–based and recombinant vaccines)
Influenza B/Victoria Lineage Component – B/Austria/1359417/2021 (B/Victoria lineage)-like virus



Sabaiduc S. Journal of the Association of Medical Microbiology and Infectious Disease Canada. 2025.

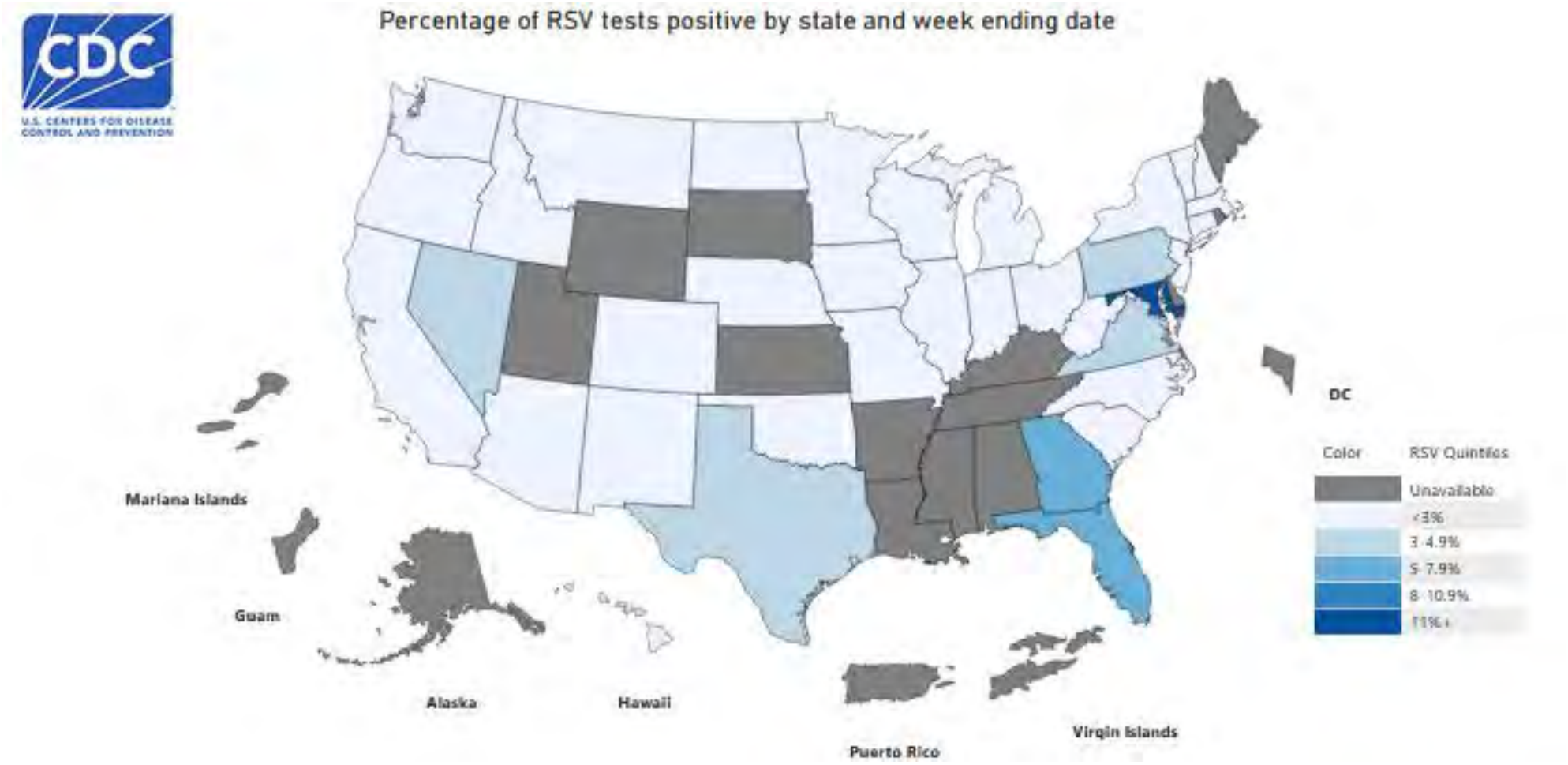
World Health Organization. Recommended composition of influenza virus vaccines for use in the 2026 southern hemisphere influenza season. Available at: a.-26-september-2025-recommended-composition-of-influenza-virus-vaccines-for-use-in-the-2026-southern-hemisphere-influenza-season---full-report.pdf
https://www.cdc.gov/fluview/surveillance/2025-week-46.html

Percent of Tests Positive for COVID-19 — United States, 2025 (week 46, through 11/15)



https://www.cdc.gov/nrevss/php/dashboard/index.html

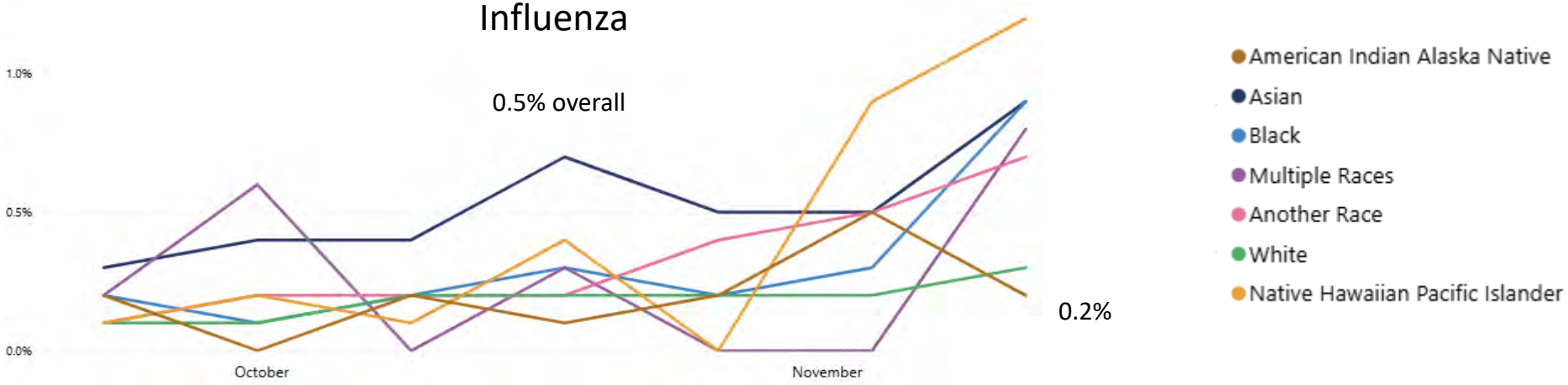
Percent of Tests Positive for RSV — United States, 2025 (week 46, through 11/15



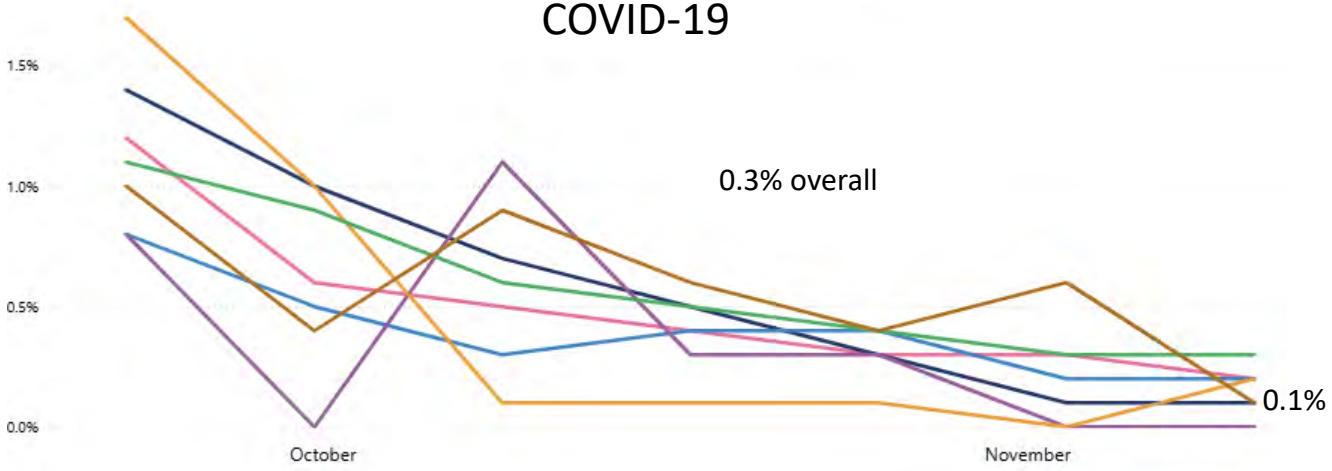
https://www.cdc.gov/nrevss/php/dashboard/index.html

% ER Visits Associated with Influenza, COVID-19 and RSV for Facilities Located in Washington State by Race, 2025-26 (through 11/15)

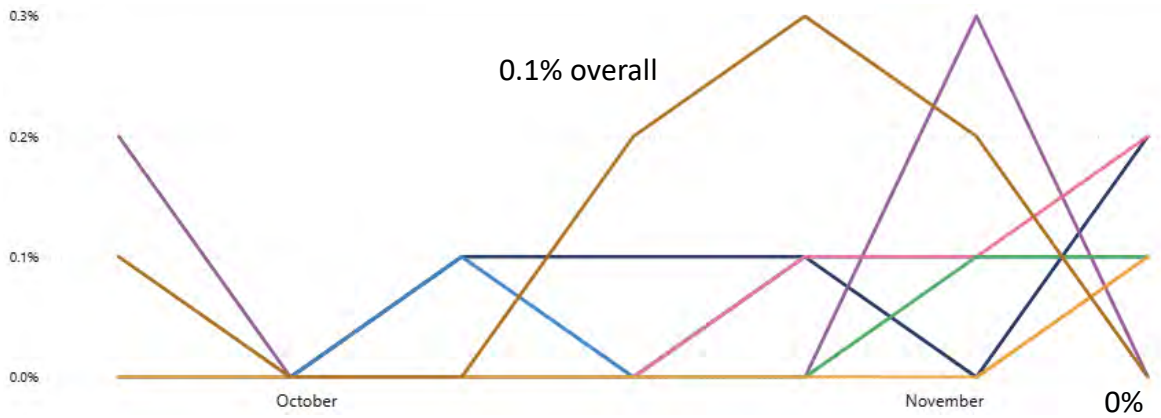
Influenza



COVID-19

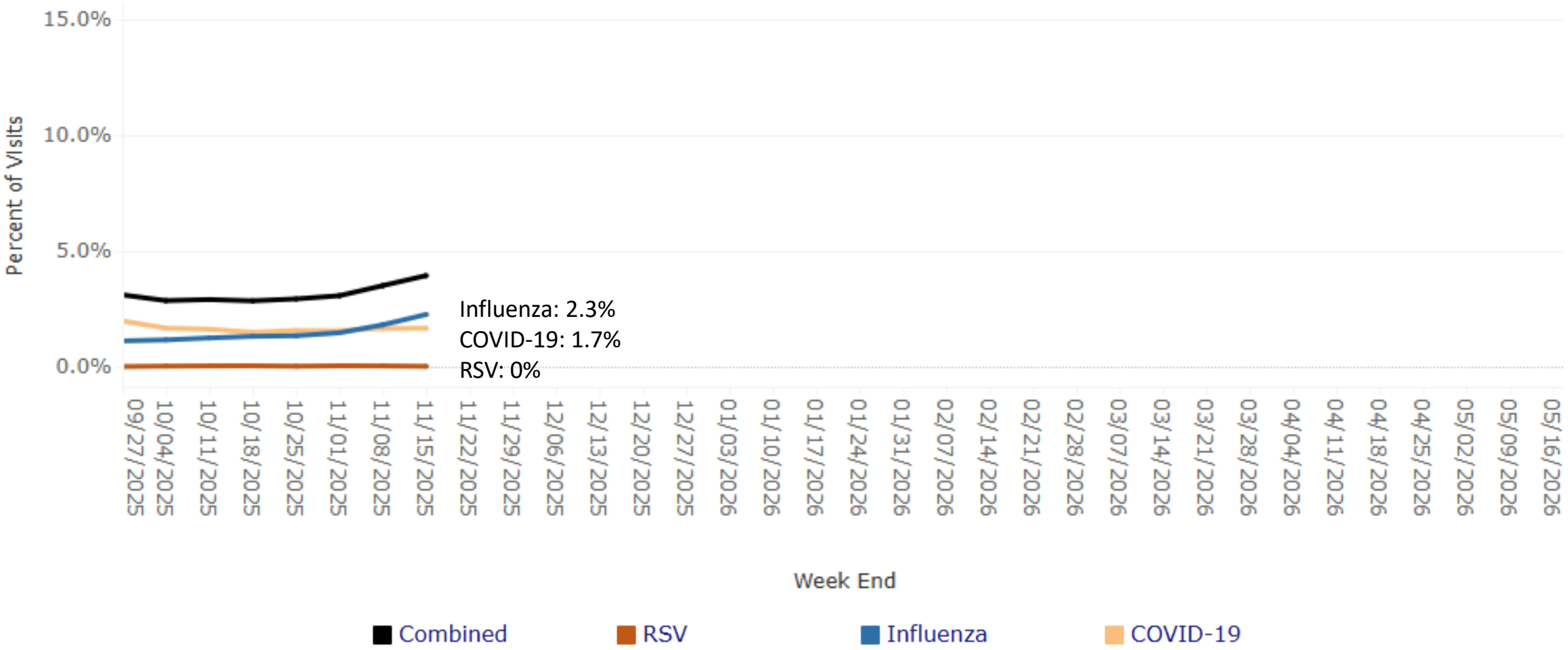


RSV



Washington State Department of Health. Respiratory Illness Dashboard. Available at: https://doh.wa.gov/data-and-statistical-reports/diseases-and-chronic-conditions/communicable-disease-surveillance-data/respiratory-illness-data-dashboard#emergency-visits

% of Healthcare Visits Associated with Influenza, COVID-19 and RSV — Idaho, 2025-26 (through 11/15/25)



Influenza Immunization Rates – IHS, Portland Area vs. Nationally, 2025-26 (through 11/15/25)

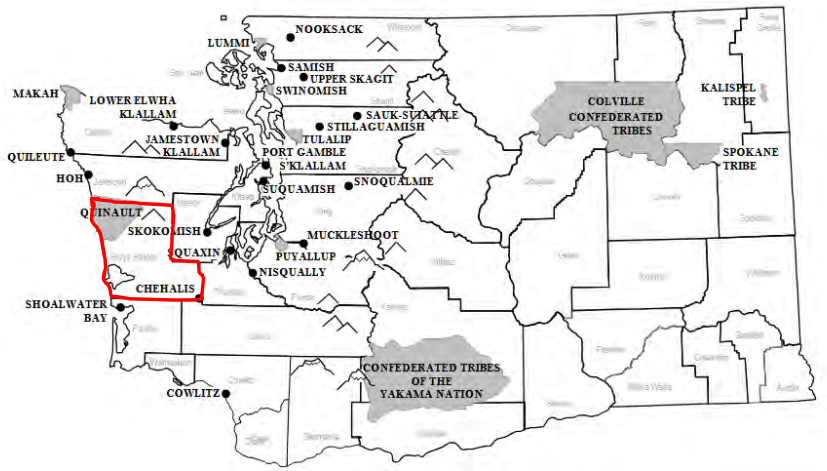
Age Group	% Vaccinated Portland Area	% Vaccinated Nationally
6 mo – 17 years	6.7	13.5
18+ years	15.9	18.4
65 + years	34.3	34.4
Overall (6 months +)	13.4	17.1

* % Vaccinated with at least one dose

H5 Update

A person hospitalized in early November with H5N5 has died. This person was an older resident of Grays Harbor County with underlying health conditions who had a backyard poultry flock exposed to wild birds.

This was the first person in the world to have been diagnosed with an H5N5 infection. This was the first case of avian influenza in WA in 2025 and in the U.S. since February.



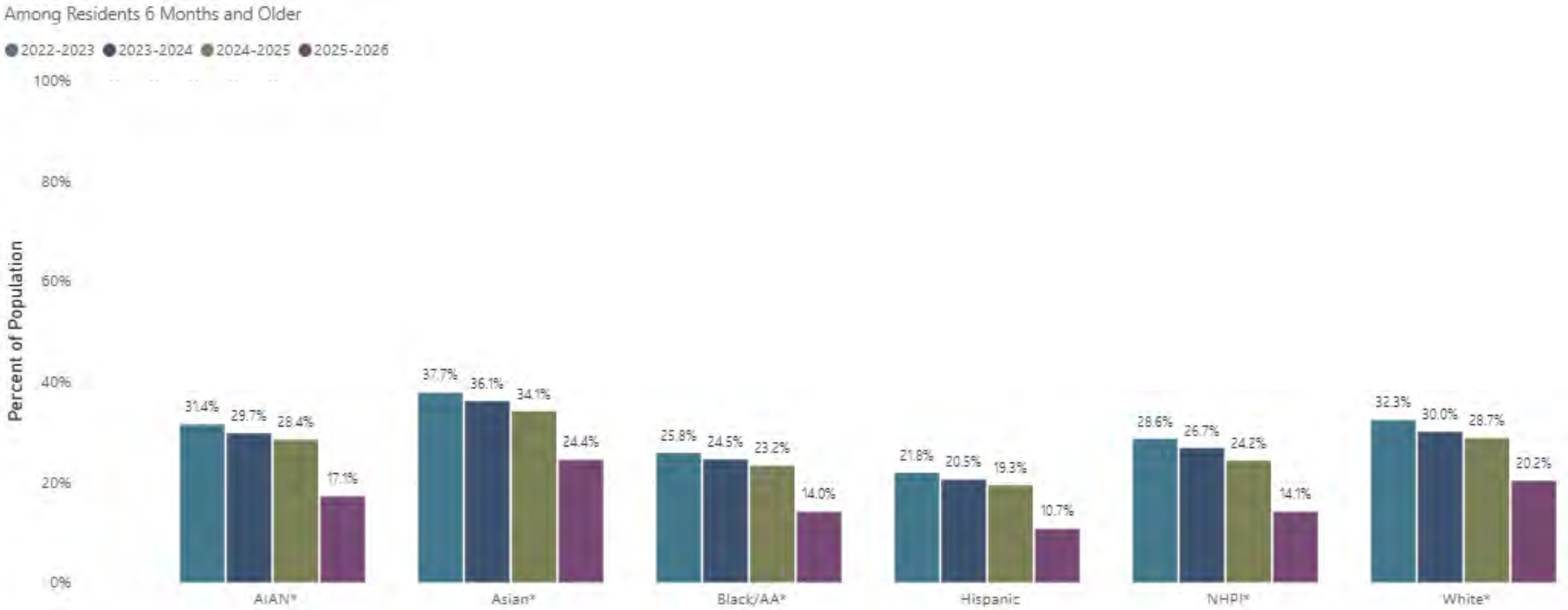
Cases of H5 (Confirmed and Probable) and Exposure Sources since 2024

	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 in domestic and commercial birds, livestock:
WA: Backyard flocks (n=3) in Whatcom, Grays Harbor, and Snohomish Counties in November; Commercial Flock in Grant County in October.
OR: Backyard flocks (n=3) in Washington, Deschutes, and Linn Counties since November. Malheur, Wallowa, and Deschutes counties in October.

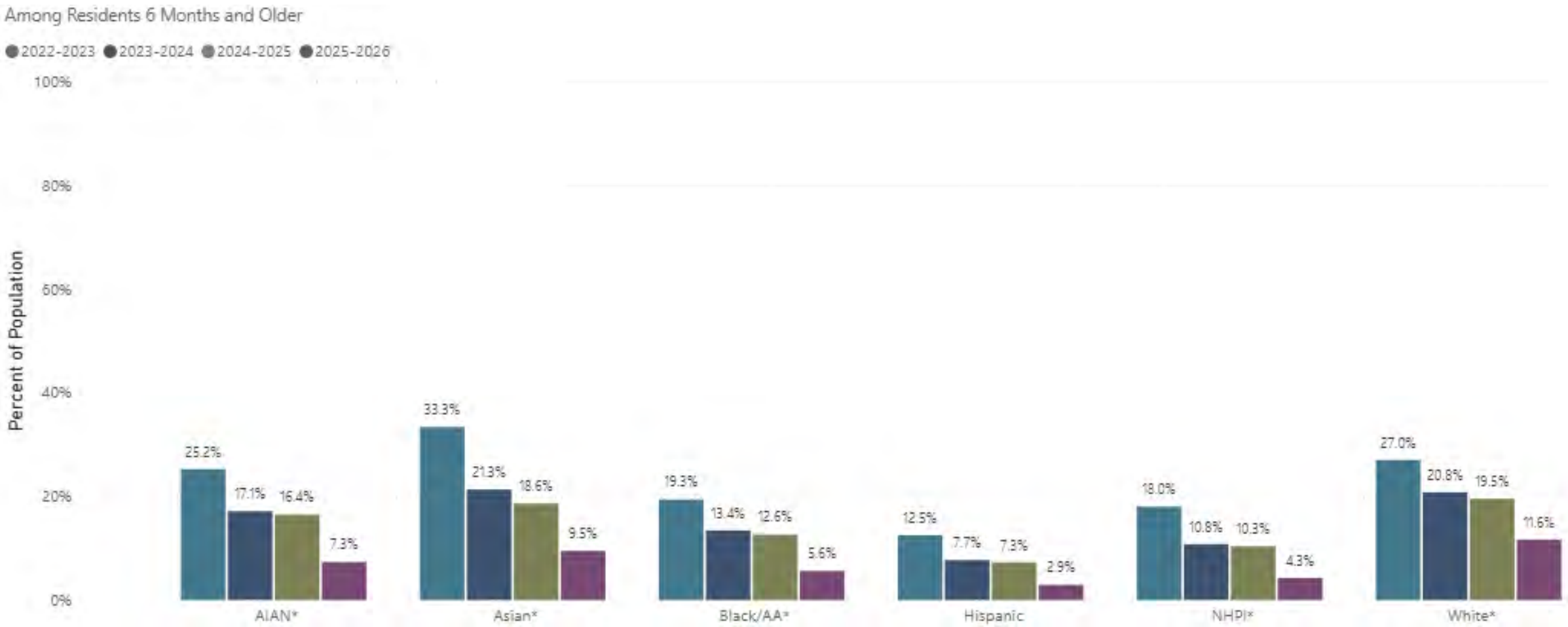
WADOH. H5N5 Avian Influenza Confirmed in Grays Harbor County Resident. Available at: https://doh.wa.gov/newsroom/h5n5-avian-influenza-confirmed-grays-harbor-county-resident Avian Influenza: https://doh.wa.gov/you-and-your-family/illness-and-disease-z/avian-influenza
Washington State Department of Agriculture. WSDA confirms HPAI in domestic flocks in three Washington counties. Available at: https://agr.wa.gov/about-wsda/news-and-media-relations/news-releases?article=45183
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 11/17) and Past 3 Seasons



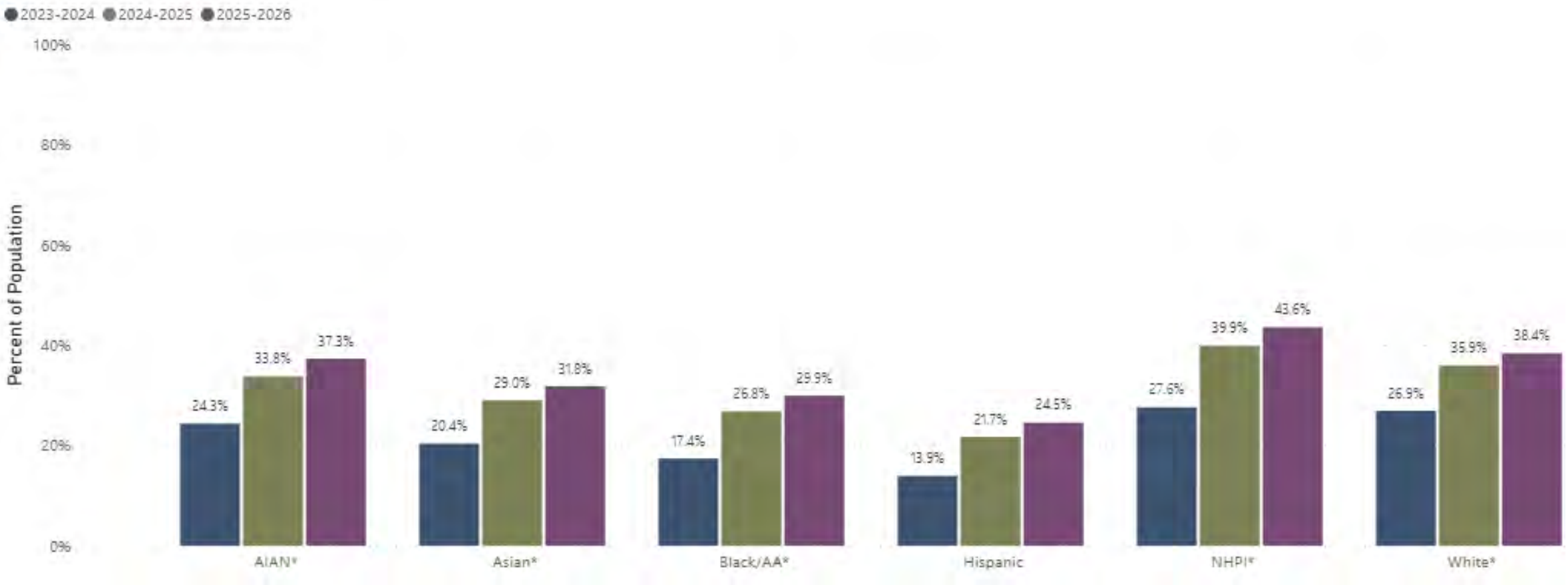
Washington DOH. Respiratory Immunization Data. Available at https://doh.wa.gov/data-statistical-reports/health-behaviors/immunization/respiratory-immunization-data

Percent of People who Received a COVID-19 Vaccine by Race/Ethnicity — Washington State, Current (through 11/17) and Past 3 Seasons



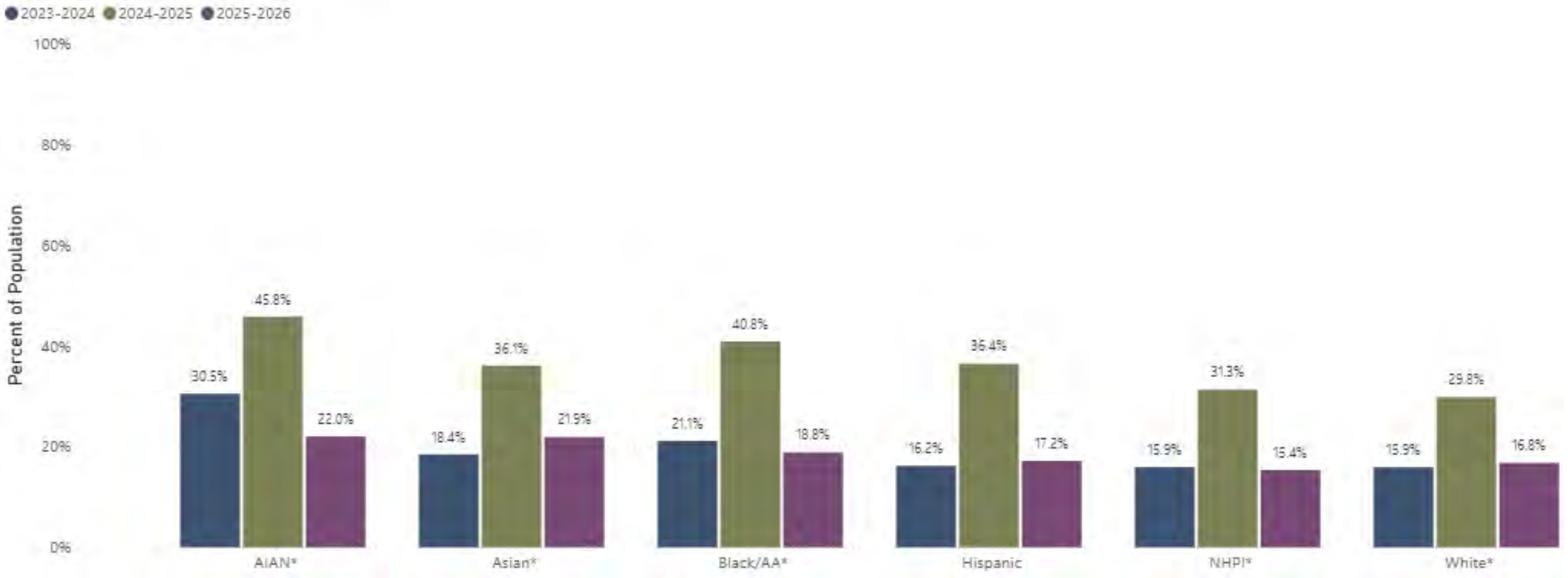
Washington DOH. Respiratory Immunization Data. Available at https://doh.wa.gov/data-statistical-reports/health-behaviors/immunization/respiratory-immunization-data

Percent of Adults ≥ 75 Years Old Ever Vaccinated for RSV by Race/Ethnicity — Washington State, Current (through 11/17) and Past 2 Seasons



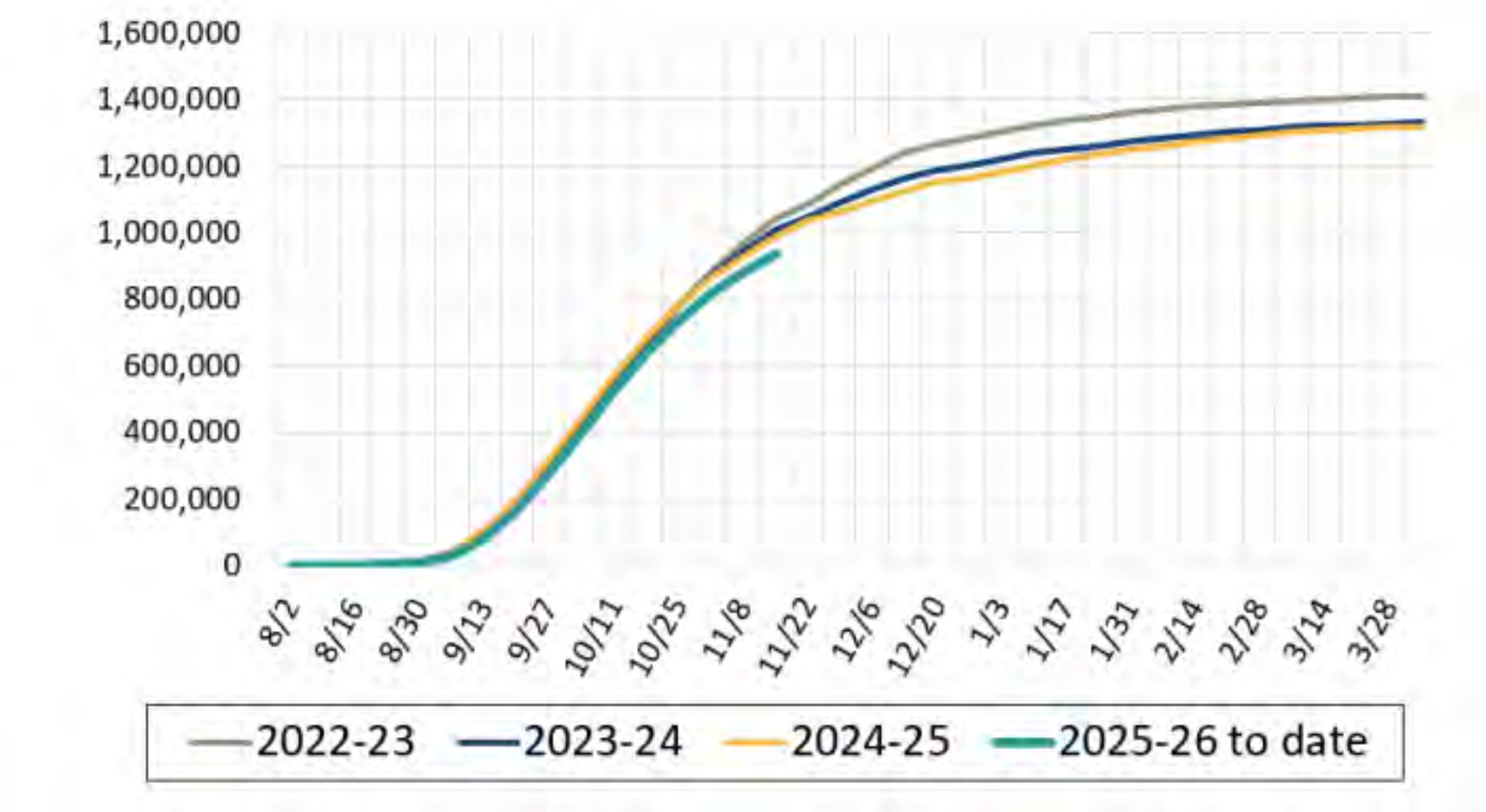
Washington DOH. Respiratory Immunization Data. Available at https://doh.wa.gov/data-statistical-reports/health-behaviors/immunization/respiratory-immunization-data

Percent of Infants 0-7 Months Old who Received a RSV Monoclonal Antibody by Race/Ethnicity — Washington State, Current (through 11/17) and Past 2 Seasons



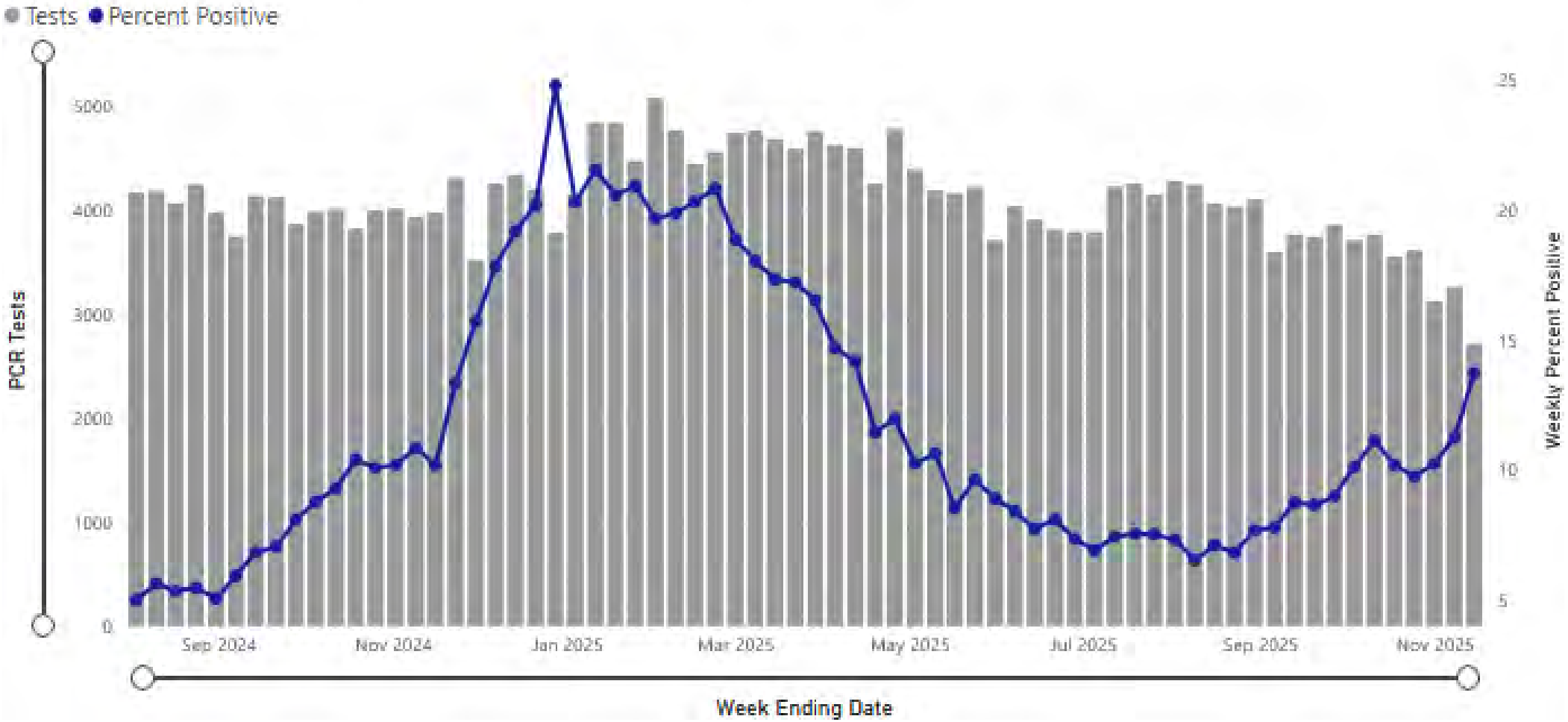
Washington DOH. Respiratory Immunization Data. Available at https://doh.wa.gov/data-statistical-reports/health-behaviors/immunization/respiratory-immunization-data

Cumulative 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

Percent of Tests Positive for Norovirus – United States, 2024-25



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.
- 31 cases in 15 states including 3 cases in Oregon, 2 cases (1 confirmed and 1 suspected) in Washington, and 1 case in Idaho (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; 2025 Infant Botulism Outbreak Linked to Infant Formula | Washington State Department of Health

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 9 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: 13 cases among Idaho residents have now been reported.
    - **Panhandle Health District (N=8)**: 6 cases have been reported in the past 3 weeks in Boundary County; initial case reported to have a history of recent travel and additional cases from the same household. 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 linked 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. Measles virus detected in wastewater from Marion County on 10/6/25 and Josephine County on 10/30.
  - 1,753 measles cases in 42 states (through 11/18) 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: 13.4% for Portland Area IHS (11/15), for WA (as of 11/17), Influenza: 17.1%; COVID-19: 7.3%; 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: First human case of H5N5, identified in WA (resident of Grays Harbor County) contracted from 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. Vaccine effectiveness (VE) will likely be lower for H3N2 this season (vaccines may still decrease risk of hospitalization and offer protection from other strains). When VE is lower, higher levels of coverage are required to prevent the spread of influenza. Vaccinating healthy children and young adults, in whom flu vaccines are more effective, can prevent the spread of flu to Elders and those with weakened immune systems – this is particularly important for multi-generational households.

- 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).

- Ask patients with influenza A 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 (currently the risk associated with seasonal influenza is MUCH greater than H5):
  - 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: Protect birds from wild birds (housing undercover/covered runs, prevent from accessing ponds/lakes, store feed in sealed containers and clean up spilled feed). 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.

- Ensure anyone traveling internationally (e.g. Mexico and Canada) or to a community with an outbreak without presumptive evidence of measles immunity are vaccinated at least 2 weeks prior to travel (those ≥ 12 months old: 2 doses at least 28 days apart, infants ≥6 months old: 1 dose (revaccinated with 2 dose series starting at 12 months).

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

Respiratory Virus Prevention for the Public

- Stay up to date on immunizations.
- Wash hands regularly.
- When you have a cold, you can resume normal activities when improving and without a fever for 24 hours, but wear a face mask X 5 days when around others, physically distance from others, when coughing/sneezing cover your mouth/nose with a tissue or your sleeve and wash your hands afterwards.
- Clean high-touch areas frequently.

- Those at increased risk for severe illness should seek health care as soon as possible as treatment for influenza and COVID-19 are most effective when given early.

CDC. Preventing Spread of Respiratory Viruses When You're Sick. Available at: https://www.cdc.gov/respiratory-viruses/prevention/precautions-when-sick.html
CDC. Preventing Respiratory Illnesses. Available at: https://www.cdc.gov/respiratory-viruses/prevention/index.html

Food Safety Basics

- Wash your hands before and after food preparation, after handling uncooked meat/seafood, eggs, and before eating, as well as after using the toilet/changing diapers.
- Wash surfaces and utensils with hot, soapy water.
- Rinse fruit/vegetables.
- Separate raw meat/seafood from other foods. Don't let raw meat/seafood drip onto other foods (e.g. use sealed containers, store raw meat/seafood below fruits/veg. Use separate cutting boards and plates for raw meats and other foods. Surfaces in contact with raw meat/seafood can be sanitized with a bleach solution (1 tbsp bleach per gallon of water).
- Temperatures (Cook to a Safe Minimum Internal Temperature | FoodSafety.gov):
  - Poultry: 165° F
  - Ground meat (any type): 160° F
  - Beef/bison/goat/lamb: 145° F
  - Venison: 160° F
  - Ham: Raw ham/pork should be cooked to 145° F, Pre-cooked to 165 ° F
  - Leftovers: 165 ° F
  - Fish: 145° F or until flesh is no longer translucent and separates easily with a fork
  - Shrimp/lobster/crab/scallops: Until flesh is pearly/white/opaque
  - Clams, oysters, mussels: Until shells open
- Don't leave perishable foods out of the refrigerator for more than 2 hours.
- Thaw food in the refrigerator, in cold water, or in the microwave, not on the counter.

➢ **See foodsafety.gov for more information**

CDC. About Four Steps to Food Safety. Available at: https://www.cdc.gov/food-safety/prevention/index.html
FoodSafety.gov. Cold Food Storage Chart. Available at: https://www.foodsafety.gov/food-safety-charts/cold-food-storage-charts

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

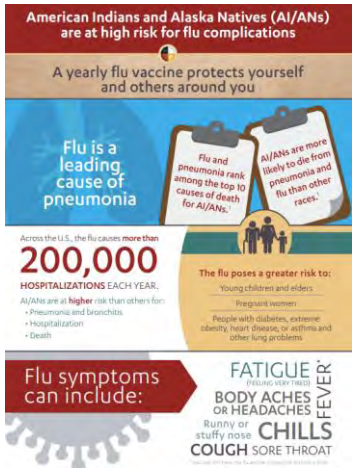
Washington State Department of Health: Flu Overview; Materials and Resources; Influenza (Flu) Information for Public Health and Healthcare

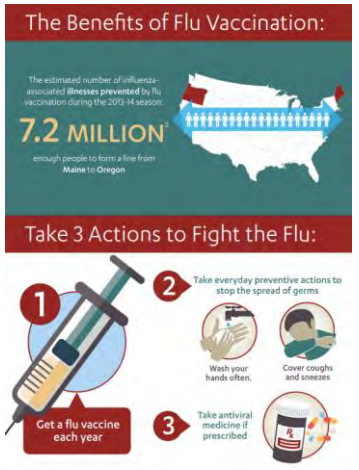
COVID-19; DOH COVID-19 Vaccine Schedule; Washington State Statewide Standing Order for COVID-19 Vaccine FAQs for the Public; West Coast Health Alliance announces vaccine recommendations for COVID-19, flu, and RSV | Washington State Department of Health

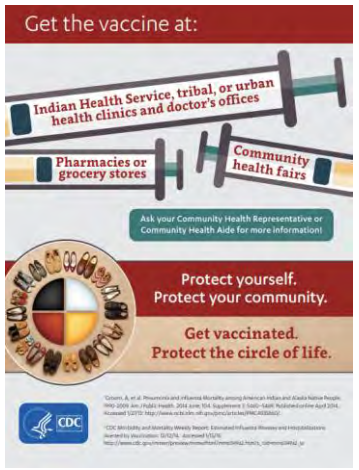
Oregon Health Authority: Flu Prevention; Immunization Resources; Immunize.org: Influenza (Flu)

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.

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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

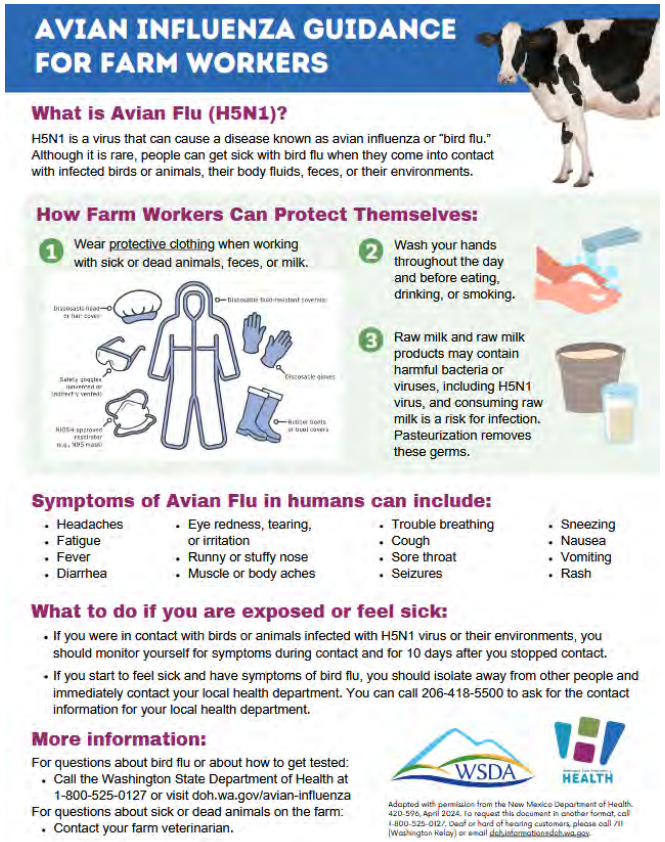
Oregon Department of Fish and Wildlife. Wildlife and Fish Health - Avian Flu. Available at: https://www.dfw.state.or.us/wildlife/health_program/avian-flu/index.asp

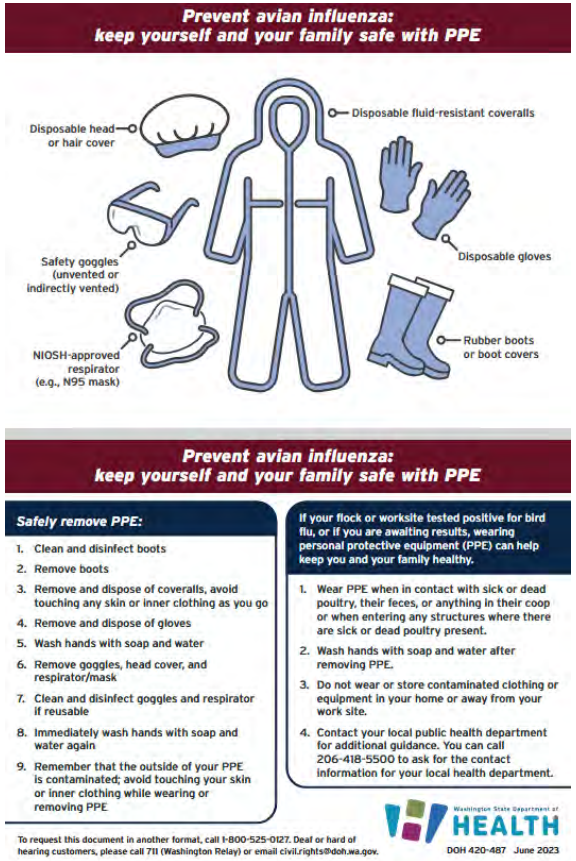
Washington Department of Health. Avian Influenza. Available at: https://doh.wa.gov/you-and-your-family/illness-and-disease-z/avian-influenza

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

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.

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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