NPAIHB Weekly Update

June 16, 2026

NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Agenda

- Welcome & Introduction: Victoria Warren-Mears / Nancy Bennett
- NPAIHB Announcements, Events, & Resources
- NPAIHB Project Updates – N CREW Research Topic: Community Based Participatory Research – Victoria Warren-Mears, EpiCenter Director
- Communicable Disease Updates – Tara Perti, IHS
- Questions & Comments

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

Ending the Syndemic Training – June 2026

Staff serving Alaska Native & American Indian people are invited to participate in the Ending the Syndemic ECHO program. The program provides comprehensive information to effectively address the evolving HCV, SUD, HIV, and Syphilis syndemic. The program offers a free 2-day in-person training with both a Clinical Track, a Community Health Professionals Track & subsequent telehealth clinics.

Agenda: To view the draft agenda, click here.

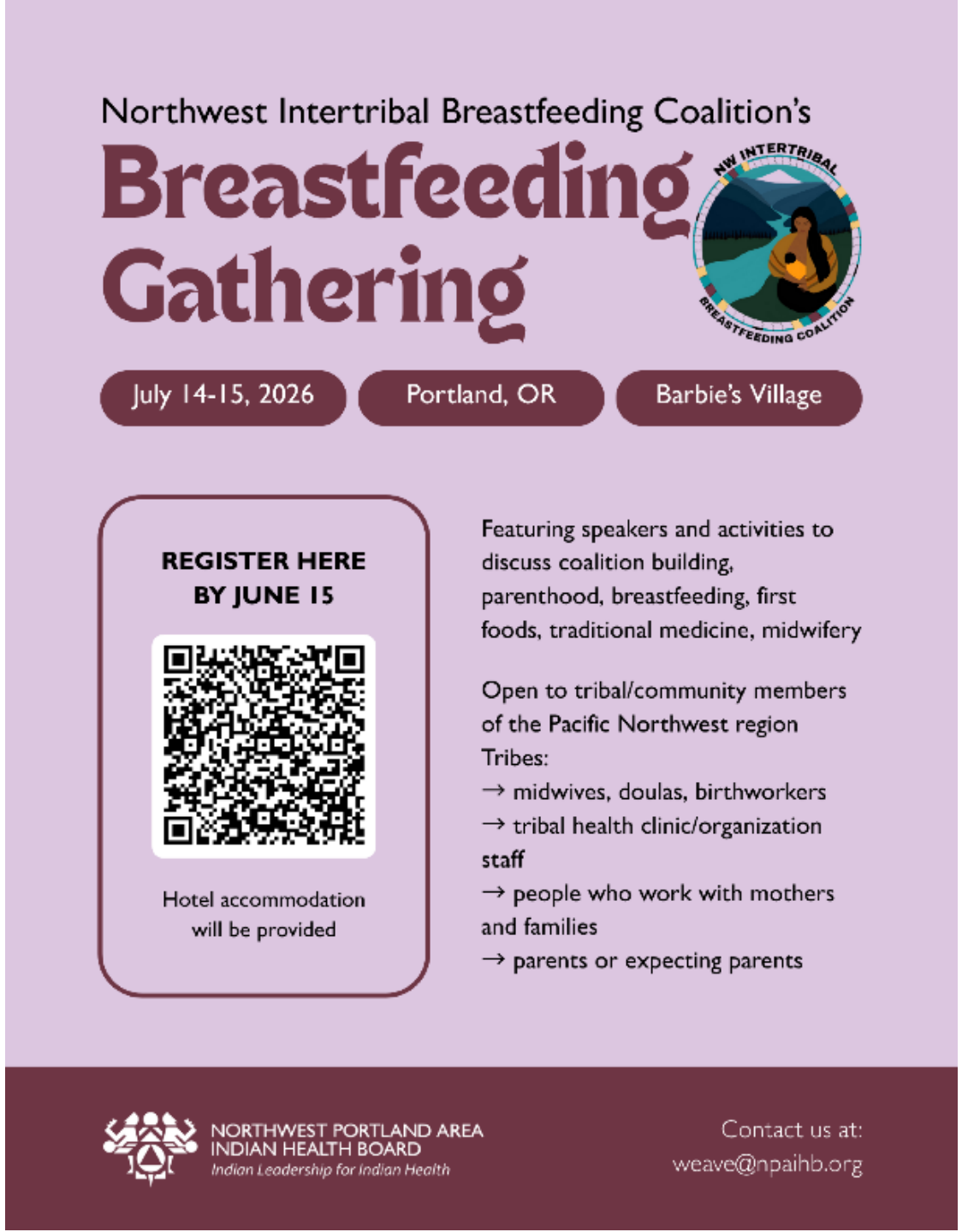
The Indigenous Syndemic Pathway for **Clinicians** track will provide an overview and present implementation options, and where requested, assist with implementation. The training is not only informational—technical and other support needed to put policy and practice into place is available and encouraged. Continuing Education will be provided.

The Indigenous Syndemic Pathway for **Community Health Professionals** (CHPs) track is designed to equip CHPs with the knowledge, confidence, and tools to respond to syndemic topics that can be hard to talk about with relatives. These sessions will cover individual diseases and broader topics. Many of these presentations will include group discussion and interaction. This track is focused to provide training for Community Health Representatives, Health Aides, Peer Navigators, Social Workers, and Case Managers.

Dates: June 23rd (8am-4:30pm PT) and June 24th (8am-4:15pm PT)

Where: Hosted by the Squaxin Island Tribe in Shelton, Washington (Little Creek Casino and Resort, Room, 91 W. State Route 108, Shelton WA, 98584)

How to Join: Click here to register



Who:

- Open to tribal/community members of the Pacific Northwest region Tribes: midwives, doulas, birthworkers, tribal health clinic/organization staff, people who work with mothers and families, and parents or expecting parents

What:

- Different speakers discussing coalition building, parenthood, breastfeeding, midwifery, doulas, and other similar topics
- Interactive sessions to collaborate and share your experiences

When:

- Tuesday, July 14 to Wednesday, July 15
- Hotel accommodation: up to 3 nights, check in July 13, check out July 16

Where:

- Barbie's Village in Portland, OR

Register here by June 15

Contact: weave@npaihb.org

NPAIHB QBM July 20 – 23 @ Siletz

Registration for the July Quarterly Board Meeting is open!

Hosted by the Confederated Tribes of Siletz Indians

Dates: July 20-23, 2026
Location: Chinook Winds Casino Resort, Lincoln City, OR

Registration: https://npaihb.clickup.com/forms/9009195633/f/8cfuukh-51297/D5LARBYDO8N3968CIE

Please register by July 6, 2026

Room Block: https://reservations.travelclick.com/99805?groupID=4883563
Reservations can also be made via phone at (888) 244-6665
When calling to book, please refer to the QBM 2026 group block

Please reserve your room by July 6, 2026.

NPAIHB
Indian Leadership for Indian Health

Upcoming Indian Country ECHO Telehealth Opportunities

- **Virtual Care Implementation (VCI) ECHO** – 3rd Tuesday of every month at 12pm PT
  - Tuesday, June 16th at 12pm PT
  - To join via Zoom: https://us06web.zoom.us/j/87854787166?pwd=T0Z1aWhYRFlKdVdzUTkvcUtCZ1hpQT09

- **Hepatitis C ECHO** – 1st, 3rd & 4th Wednesday of every month at 11am PT
  - Wednesday, June 17th at 11am PT
  - Didactic Topic: *Hepatocellular Carcinoma in HCV: Screening and Surveillance*
  - To join via Zoom: https://echo.zoom.us/j/537117924?pwd=OEExbERmK2pSUFFsMzV1SmVpb3g3dz09

- **Infectious Disease ECHO** – 3rd Thursday of every month at 11am PT
  - Thursday, June 18th at 11am PT
  - Didactic Topic: *C. Diff*
  - To join via Zoom: https://echo.zoom.us/j/97240849538?pwd=TzJUMWo5M082K1kxMitOV2diY3BaQT09

- **EMS ECHO** - 1st Tuesday & 3rd Thursday of every month at 5pm PT
  - Thursday, June 18th at 5pm PT
  - Didactic Topic: *The Resuscitationist's Mindset*
  - To Join via Zoom: https://echo.zoom.us/j/84832881641?pwd=SXllNlpJa0Vta1R1c28xcUh5V1dlUT09

Upcoming In-Person Indian Country ECHO Training Opportunities

Event: Tribal Disease Investigation Training
Date(s): July 13th - July 15th, 2026
Location: Portland, OR
Description: Staff serving Alaska Native & American Indian people are invited to participate in a Pre-Conference Foundation Skills Refresher following a two-day Tribal Disease Investigation Training. Topics will include: Foundations in Infection, Public Health, and Partner Services; Disease Investigation in Tribal Communities; Effective Communication for Disease Investigation Professionals.
To Learn More & Register: https://echo.npaihb.org/tdis-training-july-2026/

Event: Ending the Syndemic Training
Date(s): August 11th - August 12th, 2026
Location: Oklahoma City, OK (Hosted by the Southern Plains Tribal Health Board)
Description: Staff serving Alaska Native & American Indian people are invited to participate in the Ending the Syndemic ECHO program. The program provides comprehensive information to effectively address the evolving HCV, SUD, HIV, and Syphilis syndemic. The program offers a free 2-day training with both a Clinical Track, a Community Health Professionals Track, and subsequent telehealth clinics.
To Learn More & Register: https://www.indiancountryecho.org/ending-the-syndemic-clinical-training-august-2026/

NPAIHB Weekly Update Schedule

- June 23: NPAIHB Project Updates: Tribal Community Health Provider Program (TCHPP) & Communicable Diseases Updates
- June 30: Legislative & Policy Updates
- July 7: WTDP Updates, State Partner Updates & Communicable Diseases Updates
- July 14: N CREW Research Topic focus (topic TBD)

Victoria Warren-Mears, PhD, RDN
NW Tribal Epidemiology Center
NW Regional Research Center
503-416-3283
vwarrenmears@npaihb.org

Let's get started…

Community Based Participatory Research for Health Professionals Working with Tribal Communities

Copyright: NPAIHB 2026

What is CBPR?

Community-Based Participatory Research (CBPR) is a collaborative research approach that actively involves community members, organizational representatives, and researchers as equal partners in all aspects of the research process.

CBPR is a partnership approach to research that equitably engages community stakeholders and researchers to address community-identified issues, combine knowledge, and create action for social change and improved health or well-being.

WHY IT MATTERS

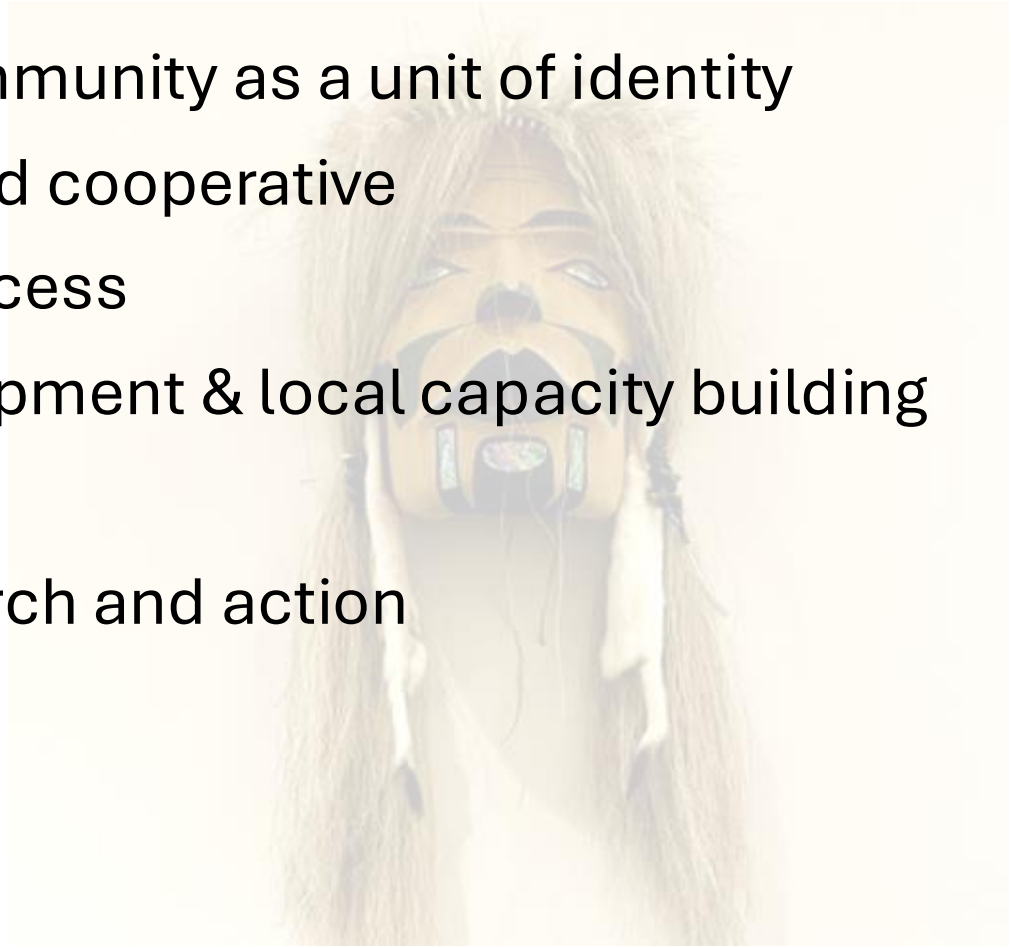
Historically, much research has….

- Tied expert knowledge to political power
- Been exploitive and unethical
- Produced inaccurate and negative representations
- Denied Native people self-definition
- Furthered the colonial mission

"Systematic inquiry, with the collaboration of those affected by an issue, for the purpose of education and action or effecting change."

CBPR Principles

- Recognizes community as a unit of identity
- Participatory and cooperative
- Co-learning process
- Systems development & local capacity building
- Empowering
- Balances research and action



What makes CBPR in “Indian Country” unique?

Value of Sovereignty & Cultural Revitalization

Values Tribally Designed Research Priorities

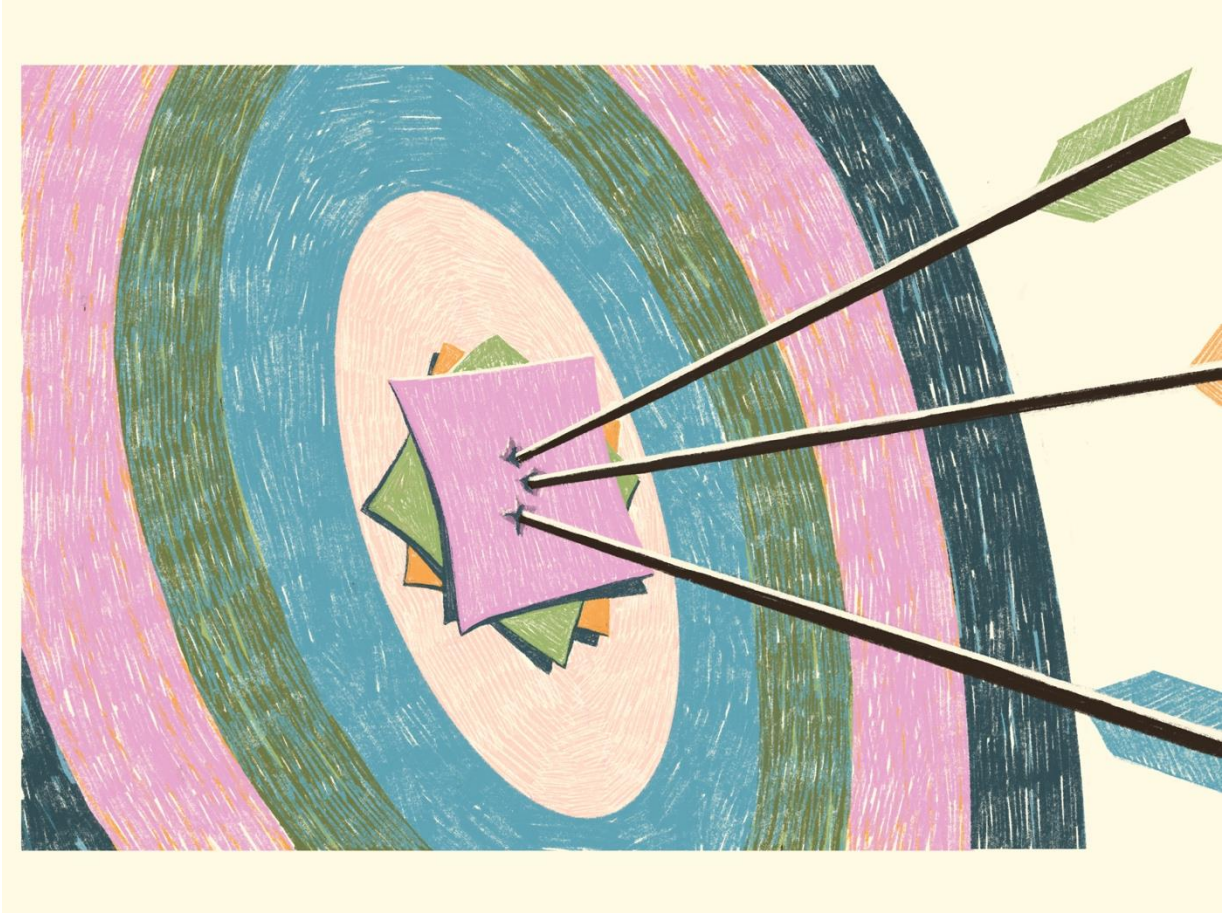
Values and Honors Tribal Data Sovereignty

Indigenous Knowledge Production

History of medicine, public health & research complicated

Your Community is Lead

Goal is to align community needs with research initiatives



Co-LEARNING PROCESS

- Knowledge sharing

empowerment

- Sharing of knowledge, values and beliefs (bi-directionality)

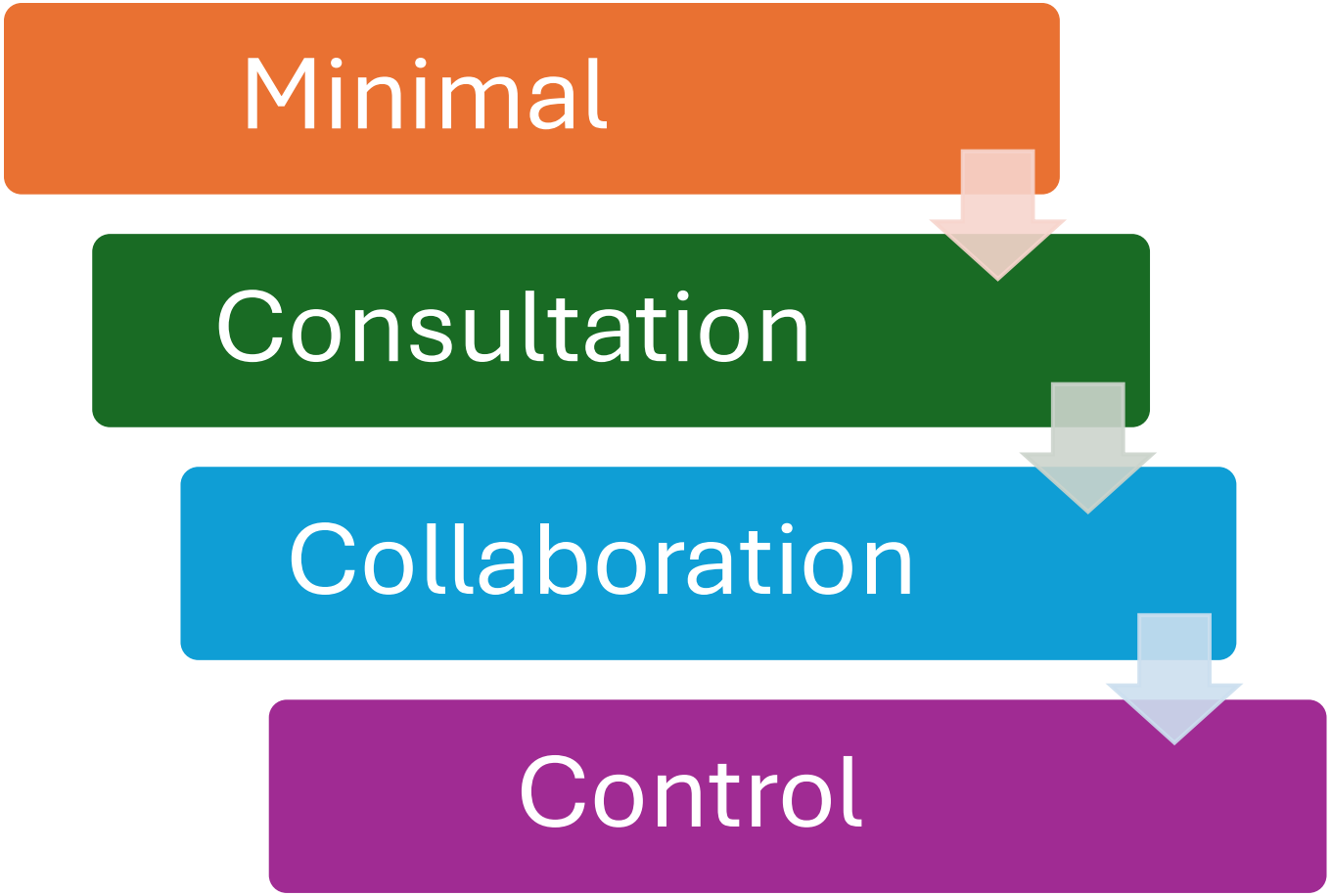
Goal is to Align People for Positive Outcomes

Six CBPR Principles

- **Recognizes community as a unit of identity**
- **Participatory and cooperative**
- **Co-learning process**
- **Systems development & local capacity building**
- **Empowering**
- **Balances research and action**

Israel et al, 1998 and 2008

Levels of Community Involvement in Research Projects



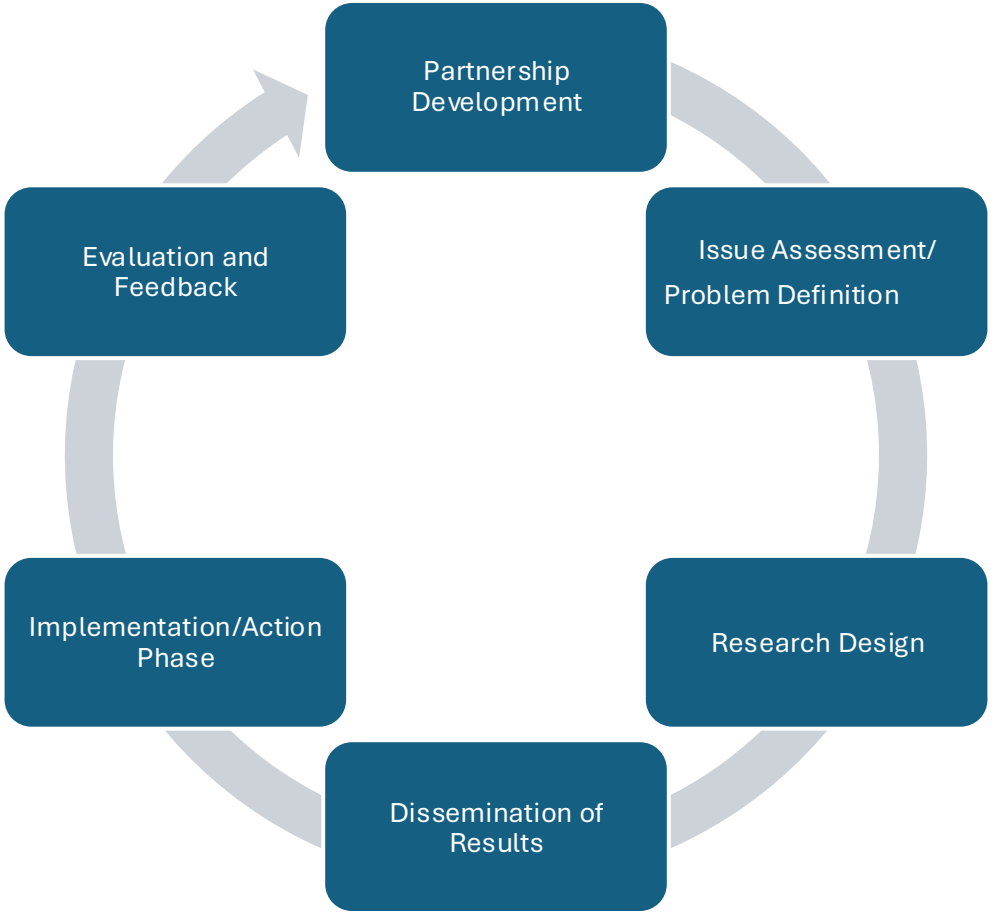
Methods that can be used in community

- Community Advisory Boards (CABs)
  - Formal groups of community members who guide research design, review protocols, and help interpret results
- Data Walks
  - In-person or virtual walks through a community area to review maps, photos, or data together, fostering shared understanding and co-interpretation
- Participatory Surveys
  - Surveys co-designed with community members, incorporating local language, lived experience, and cultural context.
- Focus Groups and Participatory Workshops
  - Structured discussions to explore issues, share experiences, and co-develop solutions.
- Youth and Youth-Led Research
  - Engaging young people as co-researchers in designing and conducting studies relevant to their lives.

Methods that can be used in community

- Trauma-Informed Participatory Methods
  - Approaches that build on community assets, aspirations, and priorities while addressing collective trauma.
- Co-Design of Data Collection Tools
  - Jointly creating questionnaires, observation guides, or interview protocols with community partners.
- Storytelling and Oral History Methods
  - Capturing personal narratives and histories to document lived experiences and cultural knowledge.
- Participatory Mapping
  - Visual tools for documenting community assets, needs, and spatial relationships in collaboration with residents.
- Photovoice
  - Photovoice is a research method that allows community members to provide their own view of health, environmental, or other conditions that they experience, through photography.

Cycle of Learning and Action



NWRRC Philosophical Bounding

- We are here to help you enter into research if and when you are ready.
- We honor Tribal Sovereignty and Tribal Data Sovereignty.
- We use the philosophy and principals of CBPR in our work.

We welcome your questions

Portland Area IHS

Communicable Diseases Update

TARA PERTI, MD, MPH

MEDICAL EPIDEMIOLOGIST

OFFICE, PORTLAND AREA IHS

June 16, 2026

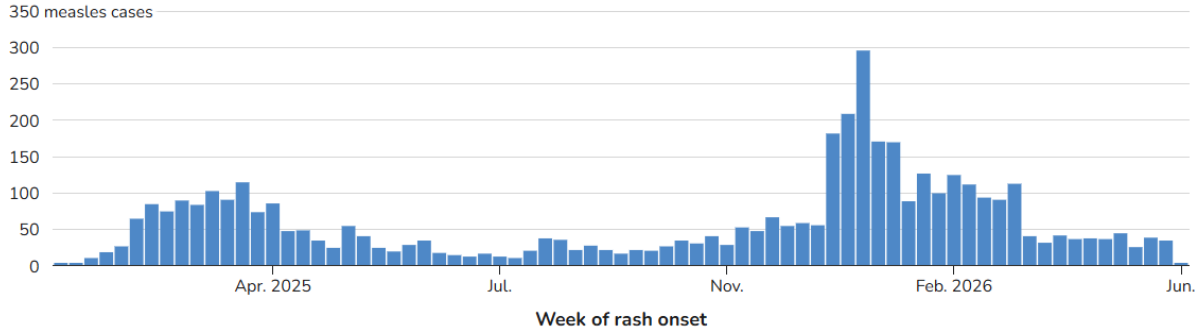
Outline

- Measles
- New World Screwworm
- Infant Botulism Outbreak Linked to Nara Organics Whole Milk Organic Infant Formula
- In the News (Hantaviruses/Bundibugyo Virus Disease) Updates

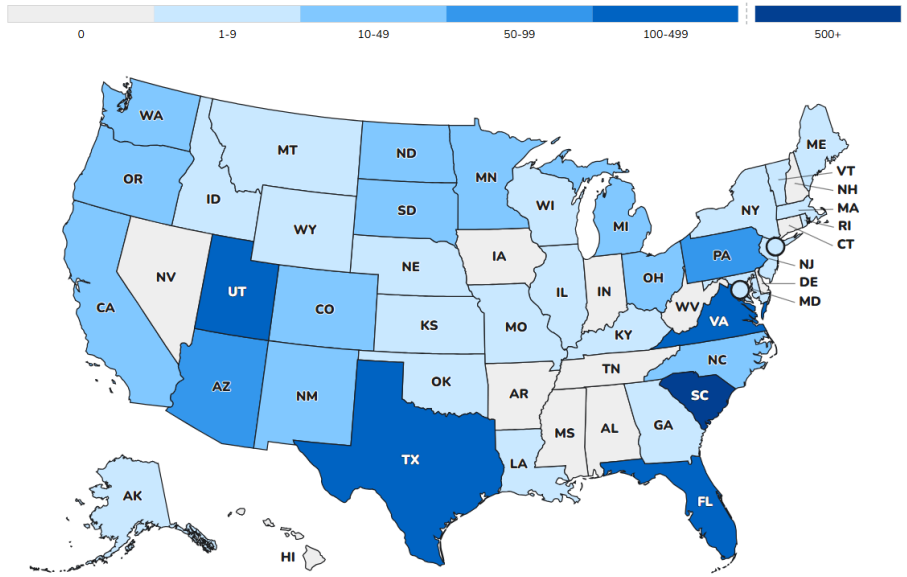
Measles — United States, 2026

- 2,073 confirmed cases among 40 jurisdictions (including NYC, NY state, and D.C.) during 2026 as of 6/11. 91% of cases for 2025.
- 93% of cases are outbreak-associated (≥3 related cases).
- Age: 21% <5 years-old, 51% 5-19 years-old, 28% ≥ 20 years-old.
- 6% hospitalized overall (during 2025, 11% hospitalized, with 18% of those <5 years-old hospitalized).
- 0 deaths (during 2025, 3 deaths among unvaccinated individuals, including 2 healthy school-aged children).
- 93% unvaccinated or with unknown vaccination status, 4% one MMR dose, 4% two MMR doses.

Weekly Measles Cases — United States, 2025-26



Measles Cases Among U.S. Residents, 2026



Measles — Washington, 2026 (N=45)

Current outbreaks

- **Walla Walla County:** Seven cases; initial two cases likely exposed during international travel.

❖ 98% of cases in Washington unvaccinated or with unknown vaccination status.

Measles — Oregon, 2026 (N=23)

- Cases this year have occurred at least in Clackamas, Multnomah, Marion, and Linn Counties.
- There has been an ongoing outbreak involving non-household contacts in Clackamas and Multnomah counties.
- Measles virus detected in wastewater during 6 week period from 4/26/26-6/6/26:
  - Lincoln, Clackamas, Washington, Multnomah, Lane, Umatilla, Jackson, Josephine, Polk, Washington, Hood River, and Marion Counties.
- 96% of cases in Oregon unvaccinated or with unknown vaccination status.

Oregon Health Authority. Measles / Rubeola (vaccine-preventable). Available at: https://www.oregon.gov/oha/ph/diseasesconditions/diseasesaz/pages/measles.aspx
Oregon Health Authority. Oregon Health Authority : Oregon reports measles outbreak; new wastewater dashboard tracks measles virus by county; Respiratory Viral Pathogen Wastewater Monitoring Dashboard. Available at: https://public.tableau.com/app/profile/oregon.public.health.division.acute.and.communicable.disease.pre/viz/OregonsRVPWastewaterMonitoring/Mainpage?publish=yes&utm_medium=email&utm_source=govdelivery;

Measles — Idaho, 2026 (N=10)

- No recent cases reported.

- Prior Cases this Year:
  - Madison County (Eastern Idaho Public Health): 3 cases.
  - Canyon County (Southwest District Health): 6 cases.
  - Kootenai County (Panhandle Health District): 1 case.

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

Measles — Portland Area, 2025-26

Location (State/County)	Number of Cases		Additional Cases (e.g. Among Travelers)
	2025 (N=26)	2026 (N=78)	
Washington	Total: 12	Total: 45	9 additional cases among travelers to Washington (King and Snohomish Counties) in 2025. 2 travelers in 2026 (King).
Snohomish	2	14	
Clark		8	
Kittitas		7	
Walla Walla		7	
Stevens		3	
King	7	3	
Grant		2	
Spokane	1	1	
Whatcom	2		
Oregon	Total: 1	Total: 23	
Idaho	Total: 13	Total: 10	2 additional cases among travelers to Idaho (Bonneville and Cassia Counties in 2025. 1 case in a traveler in 2026.
Canyon (Southwest District Health		6	
Madison (Eastern Idaho Public Health)		3	
Kootenai (Panhandle Health District)	1	1	
Boundary (Panhandle Health District)	6		
Bonneville (Eastern Idaho Public Health)	5		
Bonner (Panhandle Health District)	1		

Washington State Department of Health. Measles Cases in Washington State. Available at: https://doh.wa.gov/you-and-your-family/illness-and-disease-z/measles/measles-cases-washington-state
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
Oregon Health Authority. Measles / Rubeola (vaccine-preventable). Available at: https://www.oregon.gov/oha/ph/diseasesconditions/diseasesaz/pages/measles.aspx

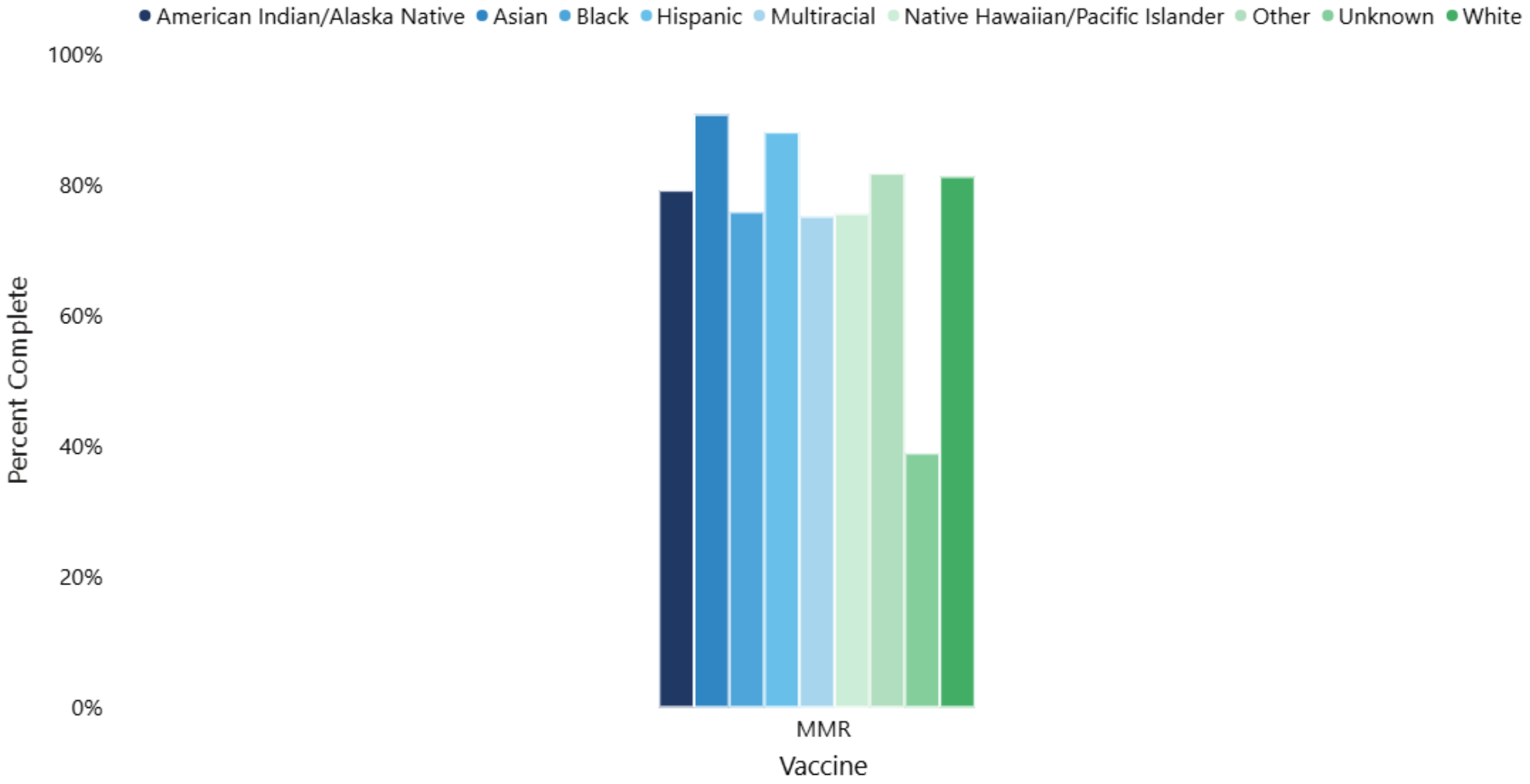
MMR Vaccination Rates by IHS Area, March 31, 2026

	19-35 months % Vaccinated with 1 dose of MMR		13-17 years % Vaccinated with 2 doses of MMR	
	December 31	March 31	December 31	March 31
National	**81.9**	**80.8**	**93.0**	90.0
Alaska	86.1	85.1	96.7	87.5
Albuquerque	84.9	82.0	91.1	95.3
Bemidji	77.0	64.5	93.6	93.1
Billings	74.1	79.8	90.5	77.2
California	63.9	63.1	79.6	59.5
Great Plains	85.7	83.2	97.2	97.9
Nashville	87.1	59.1	88.5	86.2
Navajo	91.5	91.4	96.8	96.2
Oklahoma	76.5	73.8	92.1	91.9
Phoenix	72.2	75.7	91.0	96.7
Portland*	**81.6***	**80.1**	**96.6***	91.6
Tucson	87.5	85.6	97.9	98.0

*Based on 9 reporting facilities, data as of 6/2/26.

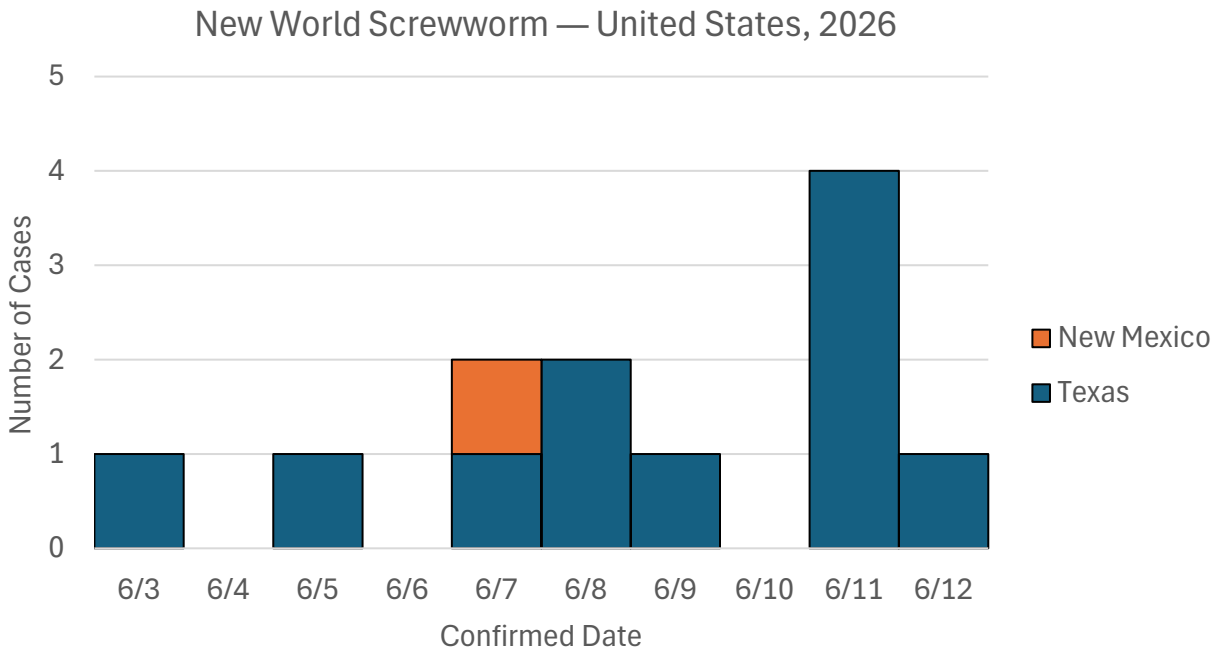
IHS National Immunization Reporting System Reports. Available at: https://www.ihs.gov/nonmedicalprograms/ihpes/Immunizations/index.cfm?module=immunizations&option=reports

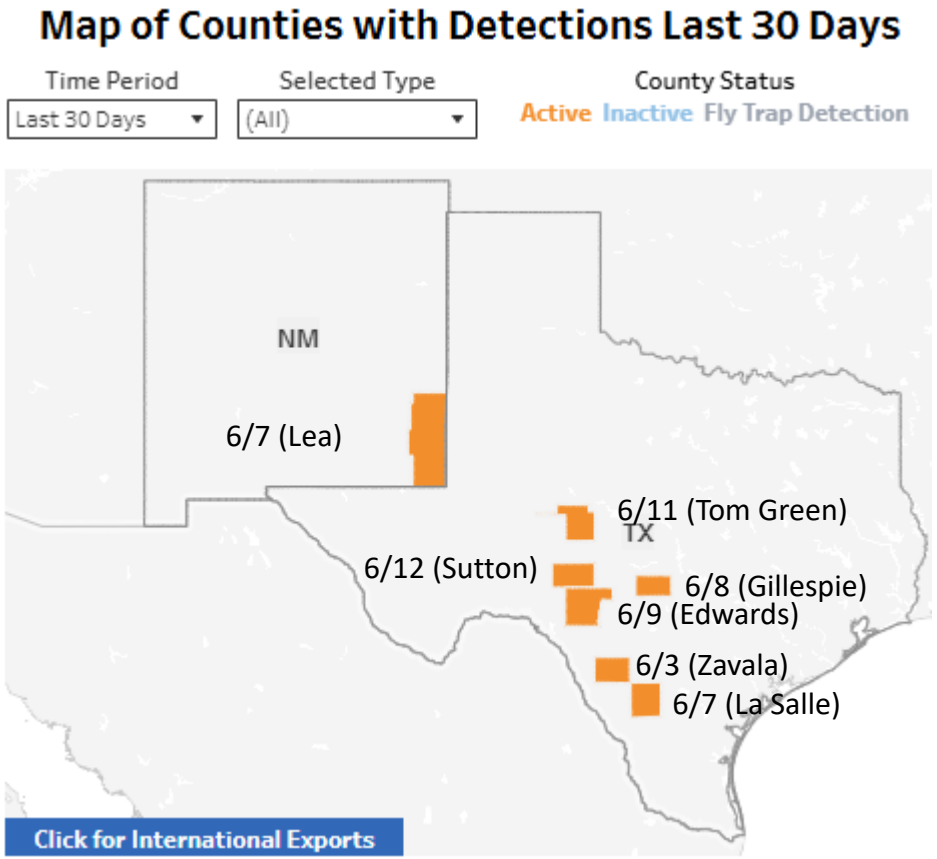
MMR Vaccination Rates Among 19-35 Month Old Children in the Washington State Immunization Information System (WAIIS), 2025



New World Screwworm

- 6/3/26: First case confirmed in U.S., calf identified in Zavala County, Texas.
- Animal cases to date in US: 12 (11 in Texas, 1 in New Mexico); Cattle (8), Goats (2), Sheep (1), Dog (1).
- No human cases identified in the U.S. to date.





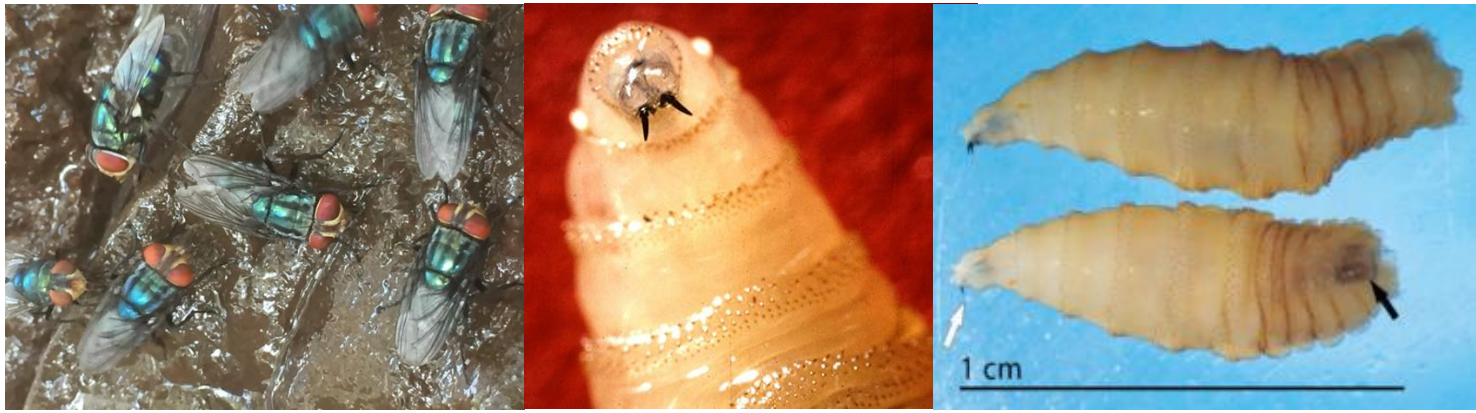
[Confirmed Detections of New World Screwworm | Animal and Plant Health Inspection Service]

USDA. https://www.aphis.usda.gov/news/agency-announcements/usda-confirms-first-case-new-world-screwworm-dog-lea-county-new-mexico

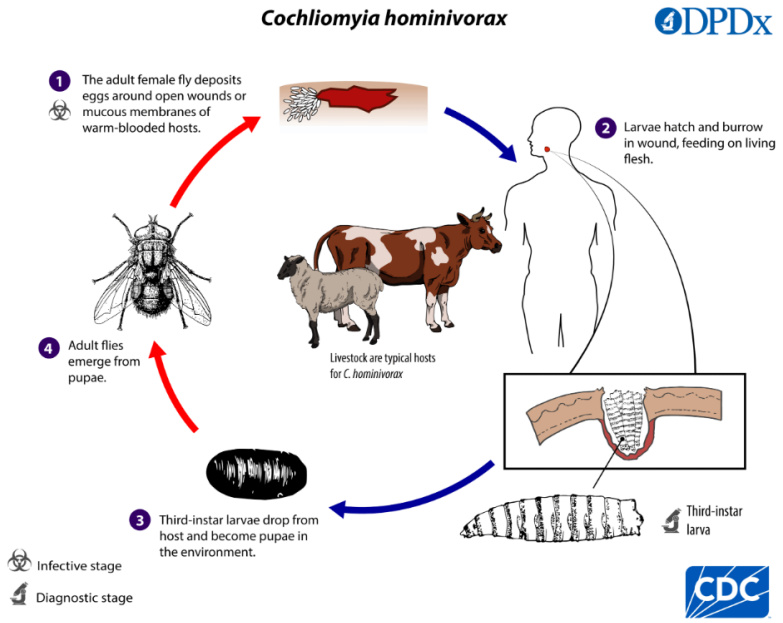
Screwworm.gov | Unified Government Response To Protect the United States

New World Screwworm (cont.)

- The adult screwworm fly lays eggs in wounds or body openings/mucous membranes (e.g. nose, ears, eyes, mouth, genitalia, navel of newborn animals).
- Larvae (maggots) burrow and feed on healthy tissue causing wounds.
- Affects livestock, pets, wildlife and, less commonly humans and birds.



USDA



New World Screwworm: What to Do if you Have a Suspected Case

Suspected human cases:

- History: Travel in past 10 days before symptom onset (e.g. to Texas, New Mexico, Mexico, Central or South America), exposure to animals.
- Larvae should be removed and placed in ≥70% ethanol or isopropranol (5-10% formalin can also be used) in sealed, leak-proof container for identification. Do NOT leave larvae outside or throw larvae in the trash. Larvae not sent for identification should be submerged in alcohol and placed in a sealed plastic bag before disposing.
- Evaluate for and treat any secondary bacterial infections, provide wound care. Re-examine wound in 24-48 hours to assess for any additional larvae.
- Contact your Local or Tribal health department to report suspected cases.
- CDC's Parasitic Disease Hotline: 404-718-4745 (outside of business hours, EOC: 770-488-7100).
- Larval species identification
  - CDC's Diagnostic Parasitology Laboratory (dpdx@cdc.gov) – send at least 10 larvae if possible, with a representative sample of different larval stages present.

Reporting suspected animal cases:

- Livestock
  - Contact USDA Animal and Plant Health Inspection Service Veterinarian in charge for State: Contacts - Animal Health | Animal and Plant Health Inspection Service

  AND
  - Washington State Dept. of Agriculture: https://fortress.wa.gov/agr/apps/rad/ (360) 902-1878. New World Screwworm | Washington State Department of Agriculture
  - Idaho State Department of Agriculture: (208) 332-8500. New World Screwworm | Idaho State Department of Agriculture
  - Oregon Department of Agriculture Animal Health Disease Reporting Hotline: 503-986-4711. ODA : New World Screwworm : New World Screwworm : State of Oregon
- Wildlife: Wildlife Services Contacts | Animal and Plant Health Inspection Service
- Pets
  - Contact USDA Animal and Plant Health Inspection Service Veterinarian in charge for State: Contacts - Animal Health | Animal and Plant Health Inspection Service
  - Contact State Veterinarian: USAHA | SAHO
- Larval species identification: National Veterinary Services Laboratories (with Parasite Submission Form)

New World Screwworm: Prevention

If you are in an area with New World Screwworm:

- Covers wounds.
- Wear long-sleeved clothes, hat, socks.
- Use an EPA-registered insect repellant (e.g. with DEET).
- Treat clothes and gear with 0.5% permethrin.
- Sleep indoors with window closed or use a bed net or screened tent.

Prevention in livestock:

- https://www.aphis.usda.gov/livestock-poultry-disease/cattle/ticks/screwworm
- https://www.oregon.gov/oda/animal-health-feeds-livestock-id/animal-diseases/new-world-screwworm/Pages/NWS-in-Livestock.aspx

CDC. New World Screwworm Outbreak. Available at: https://www.cdc.gov/new-world-screwworm/situation-summary/index.html; https://www.cdc.gov/new-world-screwworm/about/index.html

New World Screwworm: Communication Resources

Stop New World Screwworm

New World screwworm (NWS) flies lay eggs in open wounds on animals and people. Their maggots eat living flesh, making wounds larger and more painful. Flies can lay eggs in wounds as small as a bug bite.

NWS is a danger to people and animals. Here's how you can help stop the spread of NWS:

Protect your skin.

- Clean and cover any cuts and wounds.
- Wear long-sleeved shirts, pants, socks, and hats to prevent bug bites.
- Wear bug repellent spray.
- Do not apply insecticide meant for use on animals to your skin.

Know the symptoms.

- Maggots in wounds or open sores
- Painful or stinky wounds that won't heal
- Movement or an itching sensation in the wound

Get help.

- Tell a supervisor if you see any sign of maggots in people or animals.
- Do not try to remove the maggots yourself.
- See a healthcare provider to get treatment right away if you think you have an NWS infestation.

CDC

Learn more:
www.screwworm.gov

CS 328824-A

https://www.cdc.gov/new-world-screwworm/media/pdfs/2026/02/NWS-ag-emp-CDC-logo-508.p
Communication Resources | New World Screwworm | CDC

OREGON DEPARTMENT OF AGRICULTURE

New World Screwworm

INFORMATION FOR LIVESTOCK OWNERS

August 2025

New World screwworm (NWS) is a parasitic fly that infests warm-blooded animals and can cause significant financial losses for cattle producers. The female lays eggs in wounds, and the hatching larvae eat living tissue and can lead to death of the animal. NWS was eradicated from the United States in 1966 and periodically returns. The flies re-established in North America in 2023 and now threaten the U.S. southern border.

Closeup of an adult New World screwworm fly

Closeup of a New World screwworm larva, showing mouth hooks

Closeup of two New World screwworm larvae
Photos courtesy of USDA

How to Recognize New World Screwworm

Wounds as small as a tick bite can be infested with NWS, and they are more likely to be around the face and genitals. Animals will be off-feed, painful, and often exhibit scratching and head shaking. Infested wounds may smell like dead carcass, have dripping bloody discharge or pus, and may suddenly get bigger. The ridged larvae can get up to 17 mm (2/3 in) long and generally burrow too deep to see but they may be visible. White eggs may be seen along the edges of the wound. The flies are the size of a typical house fly with orange eyes and green iridescent bodies.

How to Prevent New World Screwworm

- Wound prevention: delay dehorning, branding, castration, shearing, and vaccination until after fly season
- Inspect pens for sharp objects
- Treat for ticks
- Treat wounds promptly, including the umbilical stump of young animals. Use fly spray and bandage when possible
- Closely monitor the herd for wounds around face and genitals

If You Suspect New World Screwworm

Contact your veterinarian, and report to the ODA State Veterinarian at 503.986.4711

What to Expect if Infestation is Confirmed

Animal health officials will quarantine the animal until daily wound care and treatments with larvicides and insecticides have successfully eliminated the screwworm larvae. The USDA and ODA will investigate the case to determine if additional control measures of environmental treatment or sterile fly release is warranted. Treatment does not include destruction of livestock. The animal(s) may be released from quarantine when it is confirmed that no screwworm larvae remain.

ODA Animal Health Program • https://oda.direct/AnimalHealth

https://www.oregon.gov/oda/Documents/Publications/AnimalHealth/AnimalDiseases/NewWorldScrewworm/NWS%20Livestock%20Producer%20Handout.pdf

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

New World Screwworm: A Threat to Wildlife

Information for Hunters

New World screwworm (NWS) is a serious pest. When NWS fly larvae (maggots) burrow into the flesh of a living animal, they cause severe, often deadly damage to the animal, especially if treatment is delayed or not possible. NWS can infest livestock, pets, wildlife, and less commonly, people and birds.

NWS flies are attracted to open wounds, including tick bites, where they lay hundreds of eggs. The eggs hatch into larvae, which feed on living tissue to complete their life cycle. Newborn animals, animals that have recently given birth, or animals that have suffered an injury are most vulnerable. The flies may also be attracted to antler bases after shedding and mucous membranes.

State and Federal agencies are collaborating to wildlife, domestic animals, and people from NW

Why does NWS matter to hunters?

Reduced game populations

Deer and other species are vulnerable to NW infestation, which can reduce the number of that survive and grow into adults.

Untreated infested animals will die, leading t herds, fewer tags, and more restrictive seasc

Restricted movement and disrupt

Wildlife management organizations could re additional physical check stations for game i

Additional surveillance or control activities i areas could lead to closed hunting areas and

Adult screwworm flies are about the size of a common housefly (or slightly larger). They have red eyes and a metallic blue-green body with three black stripes on their back.

Screwworm larvae (maggots) cause extensive damage by tearing at the hosts' living tissue with sharp mouth hooks.

Larvae (maggots) burrow into a wound, feeding as they go. Wounds become deeper and larger as more larvae hatch and feed on living tissue.

What should you look for?

- Larvae (maggots) on live or very recently dead animals, because NWS feeds on living tissue.
- Larvae (maggots) in wounds or other body openings, such as the nose, ears, genitalia, and the navels of newborn animals.
- Wounds that have bloody discharge and foul odor.
- Animals that are in pain, lethargic, or aggravated.

What should you do if you see signs of NWS?

- Call your local Wildlife Services office at **866-4USDA-WS** (866-487-3297) as soon as possible.
- Record the location (using GPS if possible).
- Take photos of the wounds and larvae if possible.
- Do not handle or transport the animal.

Help us protect animals and people!

Because NWS can spread quickly to new areas on infested animals, reporting signs of NWS is critical. Hunters and outdoor enthusiasts can be part of the first line of defense. We need your help to look out for this serious threat to U.S. agriculture, wildlife, and people. Even information about suspected cases of NWS (like pictures/videos from trail cameras) is helpful. Share this flyer with your organizations and communities to spread awareness!

How to protect yourself.

The following tips can help you avoid contact with flying insects, including NWS flies.

- Make sure all wounds are clean and completely covered.
- Use a U.S. Environmental Protection Agency-registered insect repellent. Use clothing and gear that has been treated with 0.5% permethrin.
- Avoid sleeping outdoors and protect sleeping accommodations with screens or bed nets.
- Check all harvested animals and yourself for larvae (maggots) after hunting.
- If you see or feel maggots (larvae) in or on a wound or other area of your body, contact your healthcare provider immediately.

Report signs of NWS immediately!

Call **866-4USDA-WS** (866-487-3297) to immediately report any suspicious wounds, maggots, or infestations to your local U.S. Department of Agriculture Wildlife Services office.

USDA

https://www.aphis.usda.gov/sites/default/files/factsheet-nws-hunters-508.pdf

Infant Botulism Outbreak Linked to Nara Organics Whole Milk Organic Infant Formula

- All lots of Nara Organics Whole Milk Organic Infant Formula have been recalled on 6/13/26 due to cases of infant botulism: NARA ORGANICS RECALLS ALL LOTS OF NARA INFANT FORMULA BECAUSE OF POSSIBLE HEALTH RISK | FDA. Product sold at Target and Nara.com.
- 3 infants hospitalized in Washington, California, and Pennsylvania and treated with BabyBIG. No deaths.
- Parents/caregivers are advised to stop using and discard/return any unopened Nara Organics Whole Milk Organic Infant Formula; for opened products, take a picture, recording lot number. Anything in contact with the formula should be washed in hot soapy water.
- Symptoms can occur in 3-30 days after ingestion.
- Symptoms: constipation, difficulty feeding, weak cry, loss of muscle tone with drooping eyelids, loss of head control, followed by a progressive, descending paralysis that can be associated with respiratory failure. Health care should be sought immediately if symptoms develop.

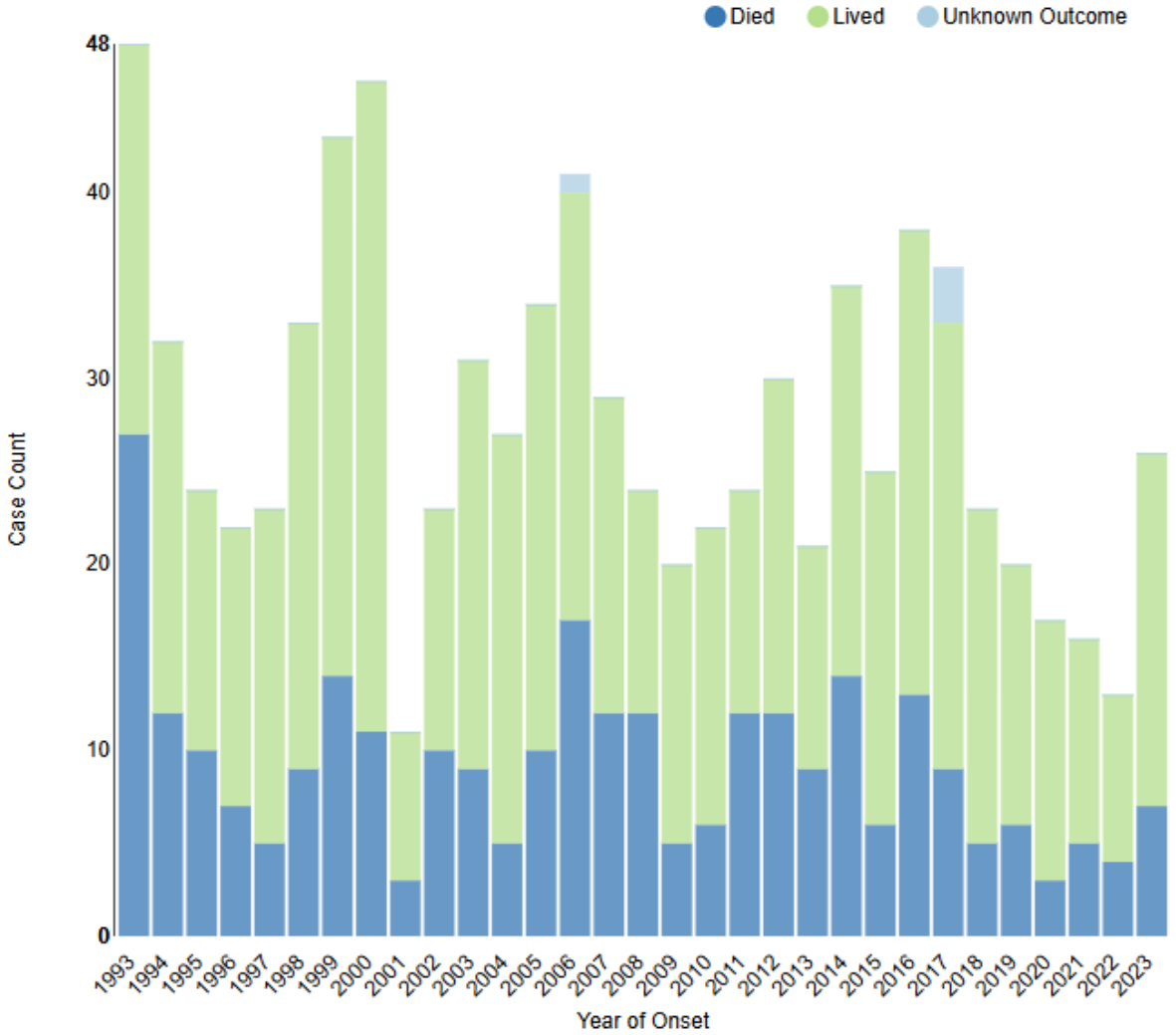
In the News

M/V Hondius Andes Virus Outbreak Update

- Outbreak of Andes virus infections among passengers of the M/V Hondius departing from Argentina on 4/1. Index case symptom onset: 4/6. 13 cases, including 12 laboratory-confirmed and 1 probable case; 3 deaths.
- There have been no cases in the U.S.
- The last day of monitoring for persons in the U.S. who were on the cruise ship and disembarked on 5/10 will be on 6/21.

European CDC: https://www.ecdc.europa.eu/en/infectious-disease-topics/hantavirus-infection/surveillance-and-updates/andes-hantavirus-outbreak; WHO. Hantavirus cluster linked to cruise ship travel, Multi-country. Available at: https://www.who.int/emergencies/disease-outbreak-news/item/2026-DON604
CDC. 2026 Multi-country Hantavirus Cluster Linked to Cruise Ship. Available at https://www.cdc.gov/han/php/notices/han00528.html; https://www.cdc.gov/hantavirus/situation-summary/index.html

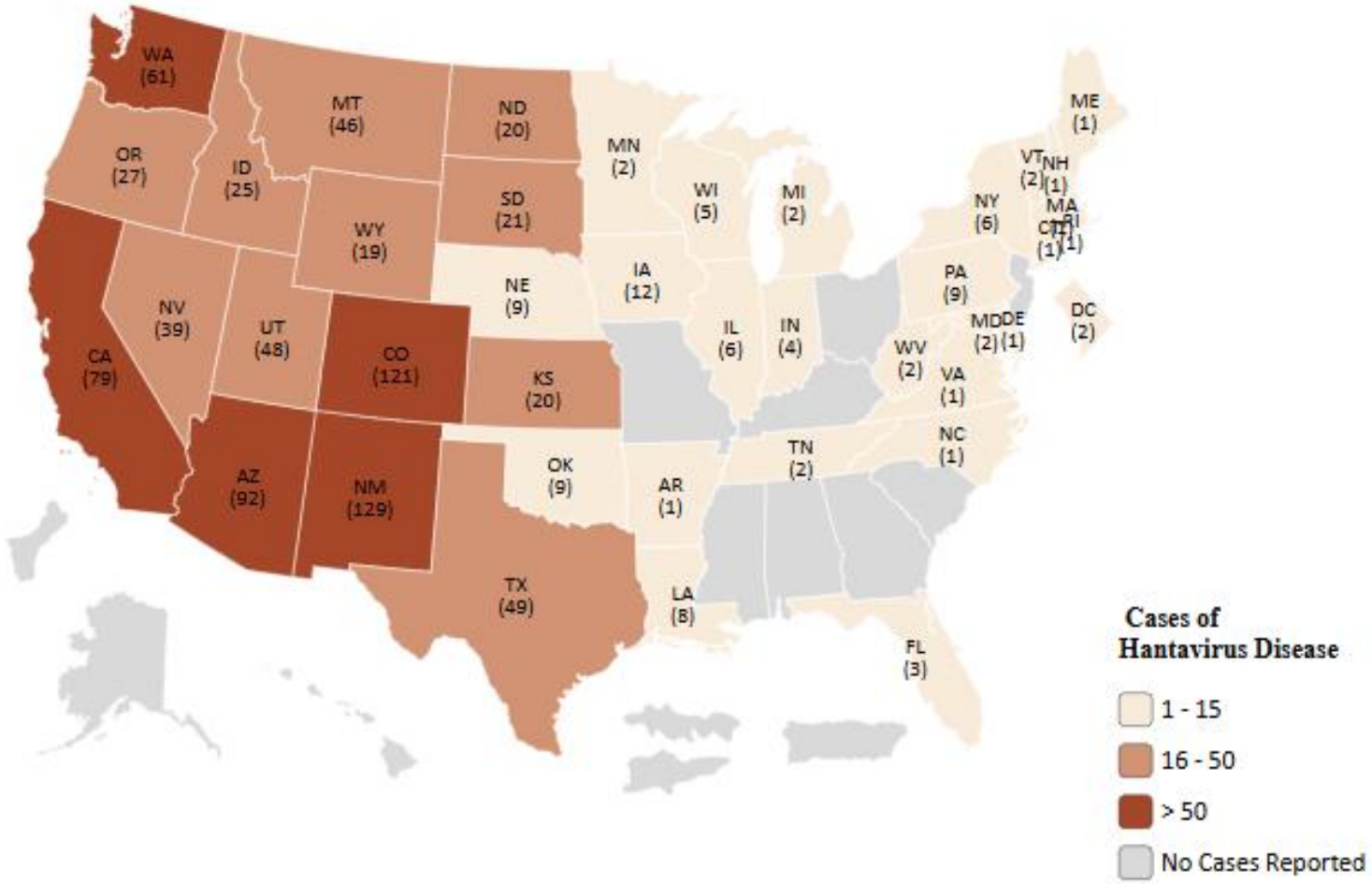
Yearly Hantavirus Cases – United States, 1993-2023



- Andes virus does not occur in the U.S.
- Over 20 different types of hantavirus cause disease in humans.
- The only hantavirus with evidence of person-to-person transmission is the Andes virus (endemic to Chile and Argentina).
- 890 hantavirus cases from 1993-2023 in the U.S.
- Most cases in the U.S. due to Sin Nombre virus, which is spread by the deer mouse.
- Rare cases have also occurred due to other hantaviruses (e.g. Bayou, Black Creek Canal, Monongahela, New York, Seoul).
- Infection occurs from exposure to rodent urine/droppings/saliva.

CDC. Reported Cases of Hantavirus Disease. Available at: https://www.cdc.gov/hantavirus/data-research/cases/index.html

Hantavirus Cases – United States, 1993-2023



CDC. Reported Cases of Hantavirus Disease. Available at: https://www.cdc.gov/hantavirus/data-research/cases/index.html

Hantavirus: Clinical Manifestations

- Hantavirus pulmonary syndrome/ Hantavirus cardiopulmonary syndrome (New World hantaviruses)
  - Prodrome 2-8 days: Fever/chills, fatigue, myalgias, headaches, abdominal pain, nausea, vomiting, diarrhea.
  - This is followed by the rapid onset of pulmonary edema, which occurs from capillary leak. Initial symptoms can include a dry cough and shortness of breath. Respiratory failure and cardiogenic shock can develop rapidly, requiring cardiopulmonary support in an ICU (with ECMO capability). Case fatality 20-50%.
  - Laboratory findings: Thrombocytopenia, increased hematocrit (hemoconcentration), leukocytosis with left-shift/increased immunoblasts, decreased albumin, increased hepatic enzymes, lactate dehydrogenase and creatinine.
- Hemorrhagic fever and renal syndrome (Old World hantaviruses)
  - Rarely seen in New World (due to Seoul virus).
  - 3-7 days: High fever, headache, myalgias, abdominal pain, low back pain, nausea, vomiting. May have conjunctivitis, petechiae, flushing.
  - This is followed by hypotension, which may result in shock, hemorrhage (conjunctival, gastrointestinal, urinary, cerebral), followed by decreased urine output and renal failure.

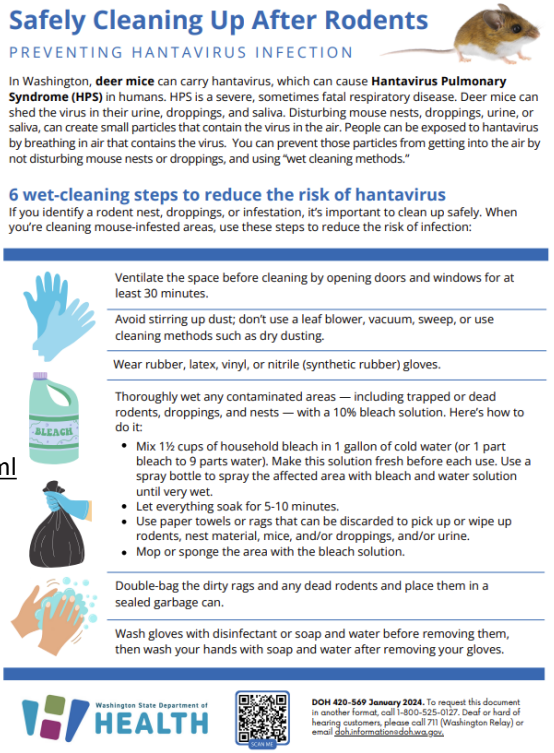
Knust B and Rollin PE. Emerging Infectious Diseases. 2013.
Vial PA. Lancet infectious Diseases. 2023
CDC. Clinician Brief: Hantavirus Pulmonary Syndrome (HPS). Available at: https://www.cdc.gov/hantavirus/hcp/clinical-overview/hps.html

Prevention of Hantavirus Infection

- Transmission: Exposure to rodent urine, droppings, saliva with inhalation of aerosolized virus or contact with non-intact skin or mucous membranes.

- Prevention
  - When cleaning areas infested by rodents (e.g home, cabin, shed, barn or idle vehicle) wear gloves (Rubber, latex, vinyl, or nitrile).
  - If extensive contamination, consider coveralls, rubber boots or disposable shoe covers, respiratory protection [CDC recommends a half mask air-purifying (or negative pressure) respirator with N-100 or P-100 filters or a PAPR with HEPA filter], and goggles.
  - Open doors and windows for 30 minutes before cleaning to ventilate.
  - Move contaminated storage boxes or containers outside. Stay upwind. Throw away contaminated cardboard boxes.
  - Do not sweep or vacuum to avoid aerosolization.
  - Spray contaminated areas/hard or nonporous items with a 10% bleach solution (i.e. 1.5 cups of household bleach per gallon of water) or disinfectant and soak for for 5-10 minutes, wipe up droppings/nest material with a paper towel and place dead rodent/nesting materials/waste in a double plastic bag (traps can be soaked in disinfectant/bleach solution), then mop/sponge area with a bleach solution, wash gloved hands with soap and water or disinfectant, remove gloves, wash hands.
  - Upholstered furniture/carpets: Steam clean/shampoo.
  - Clothes/bedding/stuffed animals: Wash with hot water/soap. Dry on high or hang in sun to dry.
  - Books/papers: Leave in sunlight for several hours or indoors in a rodent free area for 6 weeks.
  - Seal entry points, remove food/water sources/shelter, use traps.

https://www.cdc.gov/healthy-pets/rodent-control/clean-up.html


Safely Cleaning Up After Rodents

PREVENTING HANTAVIRUS INFECTION

In Washington, **deer mice** can carry hantavirus, which can cause **Hantavirus Pulmonary Syndrome (HPS)** in humans. HPS is a severe, sometimes fatal respiratory disease. Deer mice can shed the virus in their urine, droppings, and saliva. Disturbing mouse nests, droppings, urine, or saliva, can create small particles that contain the virus in the air. People can be exposed to hantavirus by breathing in air that contains the virus. You can prevent those particles from getting into the air by not disturbing mouse nests or droppings, and using "wet cleaning methods."

6 wet-cleaning steps to reduce the risk of hantavirus

If you identify a rodent nest, droppings, or infestation, it's important to clean up safely. When you're cleaning mouse-infested areas, use these steps to reduce the risk of infection:

Ventilate the space before cleaning by opening doors and windows for at least 30 minutes.

Avoid stirring up dust; don't use a leaf blower, vacuum, sweep, or use cleaning methods such as dry dusting.

Wear rubber, latex, vinyl, or nitrile (synthetic rubber) gloves.

Thoroughly wet any contaminated areas — including trapped or dead rodents, droppings, and nests — with a 10% bleach solution. Here's how to do it:

- Mix 1½ cups of household bleach in 1 gallon of cold water (or 1 part bleach to 9 parts water). Make this solution fresh before each use. Use a spray bottle to spray the affected area with bleach and water solution until very wet.
- Let everything soak for 5-10 minutes.
- Use paper towels or rags that can be discarded to pick up or wipe up rodents, nest material, mice, and/or droppings, and/or urine.
- Mop or sponge the area with the bleach solution.

Double-bag the dirty rags and any dead rodents and place them in a sealed garbage can.

Wash gloves with disinfectant or soap and water before removing them, then wash your hands with soap and water after removing your gloves.

Washington State Department of HEALTH

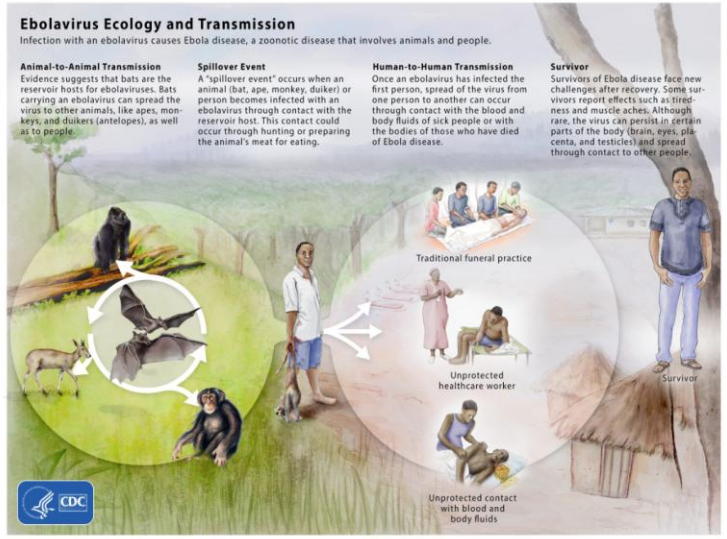
DOH 420-569 January 2024. To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

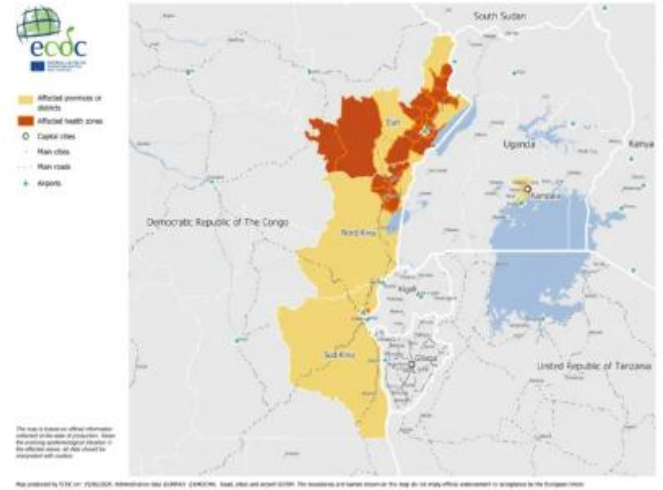
https://doh.wa.gov/sites/default/files/2024-02/420569-SafelyCleaningAfterRodents-Hantavirus-Poster-English.pdf

CDC. How to Clean up After Rodents. Available at: https://www.cdc.gov/healthy-pets/rodent-control/clean-up.html
Mills J et al. Hantavirus Pulmonary Syndrome --- United States: Updated Recommendations for Risk Reduction. MMWR. 2002. Available at: https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5109a1.htm
Washington State DOH. Hantavirus. Available at: https://doh.wa.gov/you-and-your-family/illness-and-disease-z/hantavirus

Bundibugyo Virus Disease (BVD)

- Ongoing outbreak of Bundibugyo virus, a species of orthoebolaviruses which cause Ebola disease, in the Democratic Republic of the Congo (DRC) and Uganda.
  - As of 6/13, the DRC has reported 782 confirmed cases and 178 confirmed deaths.
  - As of 6/14, Uganda has reported 19 confirmed cases, 1 probable case, 2 confirmed deaths and 1 probable death.
  - One American was flown from the DRC to Germany where they were treated and released. High-risk contacts were being monitored during the 21 day incubation period in Germany and the Czech Republic and have been released.
- Impact on Portland Area IHS: USPHS has been deploying officers to Kenya with plan to monitor Americans exposed to Ebola and to provide treatment as needed. https://www.nytimes.com/2026/05/26/us/politics/trump-ebola-kenya.html; https://www.nytimes.com/2026/06/02/world/africa/kenya-ebola-us-quarantine-unit-court.html.
- Incubation period: 2-21 days.
- Those returning from Ebola-affected areas should monitor for symptoms for 21 days after leaving the outbreak area. Infected persons cannot transmit ebolaviruses before they are symptomatic.
- Symptoms: Fever, severe fatigue, weakness, headache, myalgias/arthralgias, sore throat followed by decreased appetite, nausea/vomiting, diarrhea, abdominal pain, unexplained bleeding.





CDC. Ebola Disease: Current Situation. Available at: https://www.cdc.gov/ebola/situation-summary/index.html

Summary: Measles

- 2,073 confirmed cases among 40 jurisdictions during 2026 as of 6/11. 93% of cases unvaccinated or with unknown vaccination status.
- Portland Area: Washington: 45 cases; Oregon: 23 cases, Idaho: 10 cases.
- ≥ 95% vaccine coverage is needed to prevent measles outbreaks in communities.
- In 2024-25, MMR coverage among kindergartners continued to decline. Washington: 90.9%, Oregon: 90.5%, and Idaho: 78.5%. Idaho and Oregon have the highest and 2nd highest exemption rates in the country.
- Portland Area (IHS National Immunization Reporting System Reports): 80.1% of 19-35 month old children vaccinated with 1 dose of MMR and 91.6% of 13-17 yo adolescents vaccinated with 2 doses of MMR during the quarter ending on 3/31/26 according to data entered by facilities into NIRS.

Recommendations

- Ensure your patients, families, and community are up to date on their measles immunizations (goal ≥95% up to date).
- Ensure all health care workers have presumptive evidence of measles immunity and that Respirator Fit Testing has been done in the past year.
- Consider measles in anyone with a fever and generalized maculopapular rash with recent international travel or travel to an area with a measles outbreak, exposure to a measles case, or who meets clinical criteria and is unvaccinated. Recommend testing performed in collaboration with local health jurisdiction.
- Train staff (e.g.Project Firstline: Measles Infection Control Microlearn with discussion guide), including front-desk to recognize possible measles, immediately mask and bring back to a designated room (e.g. airborne infection isolation room if available).
- If a measles case is identified in your community, recommend signage and a protocol to screen patients for possible measles (e.g. fever and rash, with international travel, travel to a community with a measles outbreak, or known exposure to measles in the past 21 days).
- Immediately report suspected cases to local or Tribal public health and recommend testing performed in collaboration (nasopharygneal or throat swab for measles PCR, urine for PCR particularly if ≥ 72 hrs after rash onset, sent to state PHL if possible; blood for measles IgM and IgG sent to a commercial laboratory).
- Advise patients with suspected measles to isolate at home, away from others through 4 days after rash onset (for severely immunocompromised persons, the infectious period is through the illness duration) or measles has been ruled out.
- Hantavirus: For prevention of hantavirus infection in the U.S., most commonly due to Sin Nombre virus, decrease risk of inhalation of aerosolized virus from rodent urine/droppings/saliva, and exposure via contact with non-intact skin and mucous membranes by using personal protective equipment when cleaning areas contaminated by rodents, spraying contaminated areas with a 10% bleach solution or disinfectant and soaking for 5-10 minutes before wiping up and disposing of waste, and avoiding sweeping/vacuuming.

Patient Education Resources for Respiratory Viruses/Immunizations

IHS Division of Epidemiology and Disease Prevention Educational Resources;

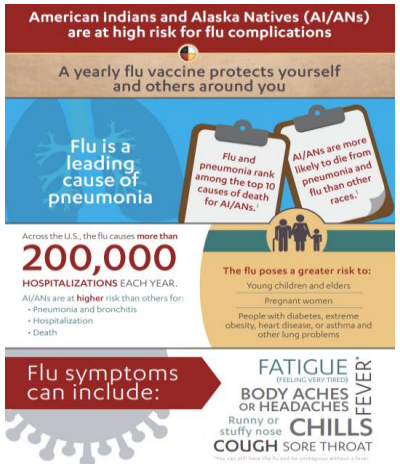
National IHS Public Health Council Public Health Messaging

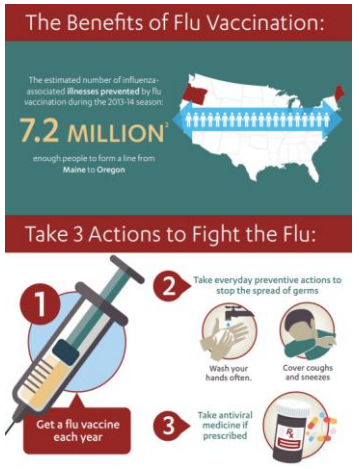
Northwest Portland Area Indian Health Board (NPAIHB): VacciNative; Native Boost

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

Indian Country ECHO/UNM Project ECHO: Making a Strong Vaccine Recommendation: Vaccine Communication, MMR Vaccine Outreach Strategies, Current Measles Response and Clinical and Prevention Best Practices

American Academy of Pediatrics:
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. Maternal Immunization Schedule

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); Vaccines and Infectious Diseases in the News

Immunize.org: Clinical Resources A-Z; Influenza (Flu)

Boost Oregon: Videos and Resources

Personal Testimonies: Families Fighting Flu: Our Stories

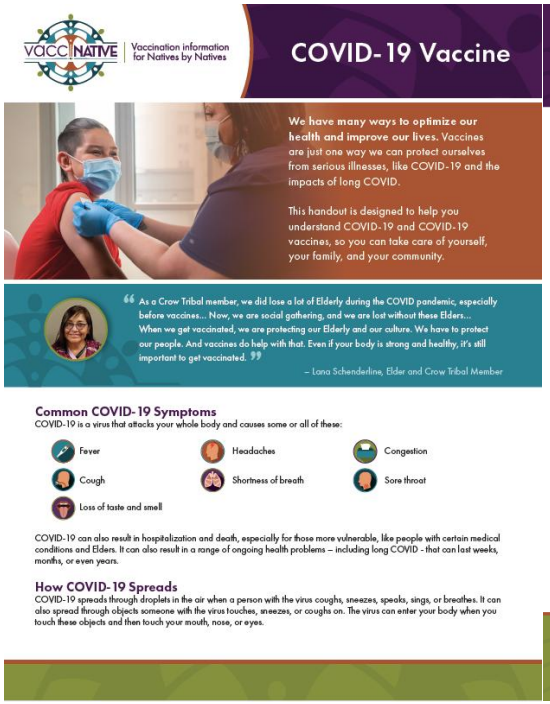
Washington State Department of Health: Immunizations and Vaccines | Washington State Department of Health; Flu Overview; Materials and Resources; Influenza (Flu) Information for Public Health and Healthcare; Measles Communications Toolkit for Washington State Partners; Measles | Washington State Department of Health; 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; Respiratory Illness Data Dashboard.

Oregon Health Authority: Immunization Resources; Flu Prevention; Measles / Rubeola (vaccine-preventable) : Diseases A to Z : State of Oregon; Oregon's Respiratory Virus Data.

Idaho Department of Health & Welfare: Child and Adolescent Immunization and Adult Immunization; Flu (Seasonal and Pandemic); COVID-19; Measles | Idaho Department of Health and Welfare; Idaho Weekly Statewide Viral Respiratory Disease Indicators.

Centers for Disease Control and Prevention: Preventing Seasonal Flu; Flu Resources; Preventing Spread of Respiratory Viruses When You're Sick; RSV; About Measles | Measles (Rubeola) | CDC; Measles Resources | Measles (Rubeola) | CDC; Measles Videos | Measles (Rubeola) | CDC

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



https://www.indiancountryecho.org/vaccinative/
https://www.indiancountryecho.org/native-boost/


INDIAN HEALTH SERVICE
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