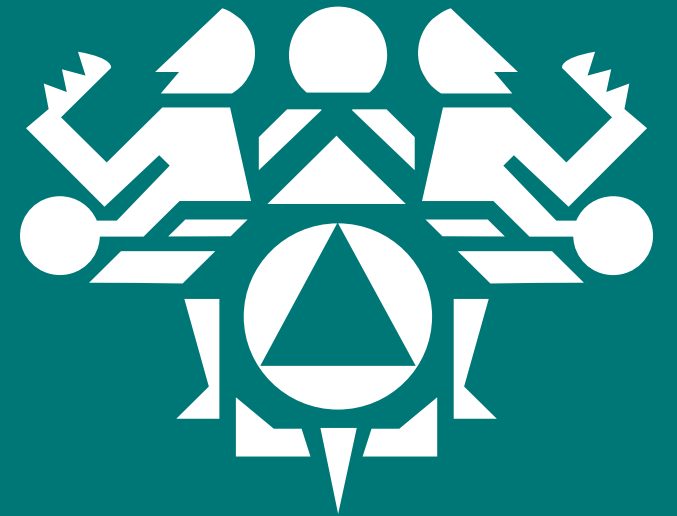


NPAIHB

Weekly Update

August 4, 2026





NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Agenda

- Welcome & Introduction: Bridget Canniff
- NPAIHB Announcements, Events, & Resources
- Wildfire Update: Ryan Sealy & Melino Gianotti, NPAIHB EPH
- State Partner Updates: WA DOH
- Communicable Diseases Updates: Dr. Tara Perti, PAIHS
- Questions & Comments

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

Upcoming Indian Country ECHO Telehealth Opportunities

- **EMS ECHO** - 1st Tuesday & 3rd Thursday of every month at 5pm PT
 - Tuesday, August 4th at 5pm PT
 - Didactic Topic: *They said they don't want to go to the hospital: The challenge of refusals*
 - To Join via Zoom: <https://echo.zoom.us/j/84832881641?pwd=SXllNlplJa0Vta1R1c28xcUh5V1dlUT09>
- **Hepatitis C ECHO** – 1st, 3rd & 4th Wednesday of every month at 11am PT
 - Wednesday, August 5th at 11am PT
 - Didactic Topic: *Integration of Pharmacists into Hepatitis C Management*
 - To join via Zoom: <https://echo.zoom.us/j/537117924?pwd=OEExbERmK2pSUFFsMzV1SmVpb3g3dz09>
- **Substance Use Disorder (SUD) ECHO** – 1st Thursday of every month at 11am PT
 - Thursday, August 6th at 11am PT
 - To join via Zoom: <https://echo.zoom.us/j/806554798?pwd=WVQyUFJnYkR3SXBjcUdlemRnNmZ6Zz09>
- **Community Health Aide Program (CHAP) ECHO** – 2nd Tuesday every other month at 9:00am PT
 - Tuesday, August 11th at 9:00am PT
 - To join via Zoom: <https://echo.zoom.us/j/82185037736?pwd=T092L2FWVmhoMUx2R1lGa0JxSWlSZz09>

Indian Country Ending the Syndemic Training Registration (August 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: August 11th (8am-5pm PT) and August 12th (8am-4:30pm PT)

Where: Fordson Hotel, 900 W Main St, Oklahoma City, OK 73106 (Hosted by the Southern Plains Tribal Health Board) & Virtually via Zoom

How to Join: [Click here to register](#)

NPAIHB Weekly Update Schedule

- August 11: OHA Updates (invited)
- August 18: N CREW Research Topic – Institutional Review Boards (IRBs)
- August 25: Legislative & Policy Updates
- September 1: WA Regional Tribal Health Profiles





NPAIHB Wildfire Update

Environmental Public Health

Ryan Sealy, Environmental Public
Health Director

Melino Gianotti, Emergency
Manager

Air quality advisories and maps are available at fire.airnow.gov



Wildfires have caused evacuations on:

- Burns Paiute Tribe, Confederated Tribes of the Colville Reservation, Confederated Tribes of Warm Springs, Yakama Nation, Confederated Tribes of the Umatilla Indian Reservation

NPAIHB's Response



- Partnering with Tribal, federal, and state agencies to provide wildfire response resources & environmental health guidance
- Providing and delivering supplies
 - Food
 - Personal hygiene
 - Cleaning products
 - Narcan

Please reach out to:
rsealy@npaihb.org mgianotti@npaihb.org

Please send your official donation page/flier to mgianotti@npaihb.org





- **Protect those most at risk:** Youth, elders, pregnant people, those with heart or lung conditions and/or immunocompromised should take extra precautions
- **Reduce smoke exposure:** Stay indoors when possible, take breaks in filtered-air spaces, avoid strenuous outdoor activity, and wear protection (respirators)
- **Stay informed:** Check the Air Quality Index regularly, smoke conditions can change quickly.

PAIHS & Additional Resources

- Portland Area Indian Health Service
 - Smoke-safe room kits, building ventilation guidance, home and drinking water assessments, shelter support, and wildfire cleanup assistance are available to Tribal communities
 - Christopher.Fish@ihs.gov
- Additional Resources:
 - USEPA/USFS Fire and Smoke Map (Airnow) <https://fire.airnow.gov/>
 - Inciweb Wildland Fire Application Information Portal <https://inciweb.wildfire.gov/>
 - Watch Duty App (including alerts for evacuation notices) <https://app.watchduty.org/>



PAIHS Office of Environmental Health & Engineering assessing damage and taking GPS coordinates at a home destroyed by the Ransier Fire on the Yakama Nation.

Wildfires can take a toll not only physically, but emotionally. Taking care of your mental health is just as important as protecting your physical safety.

If you or someone you know is experiencing a mental health crisis, support is available 24/7 by **calling or texting 988** to reach the **Suicide & Crisis Lifeline**.



You may also call or text 988 *before* a crisis occurs as a preventative measure.

For personal situational awareness, the **Watch Duty mobile app** is a reliable source for wildfire information and is widely used by emergency responders.

NO-COST MENTAL HEALTH SERVICES

The Northwest Portland Area Indian Health Board (NPAIHB) and United Natives are proud to collaborate in bringing free substance use and mental health services to our Native communities, ages 15+. This partnership is focused on removing barriers to care by providing culturally grounded, confidential therapy at no cost to Native individuals who live in OR, WA, or ID or are from a Tribe in OR, WA, or ID. For information on how to access these services, visit: unitednatives.org/npaihb

SCHEDULE TODAY

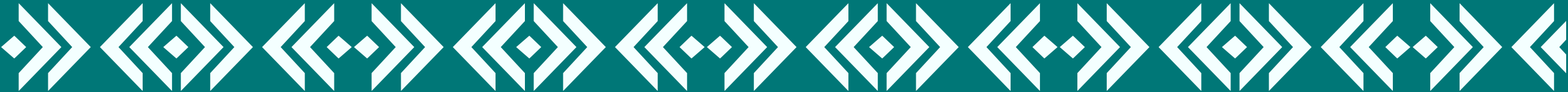


therapy@unitednatives.org



call/text 602-799-8187





Questions & Comments

Portland Area IHS

Communicable Diseases Update

TARA PERTI, MD, MPH
MEDICAL EPIDEMIOLOGIST
OFFICE, PORTLAND AREA IHS
August 4, 2026



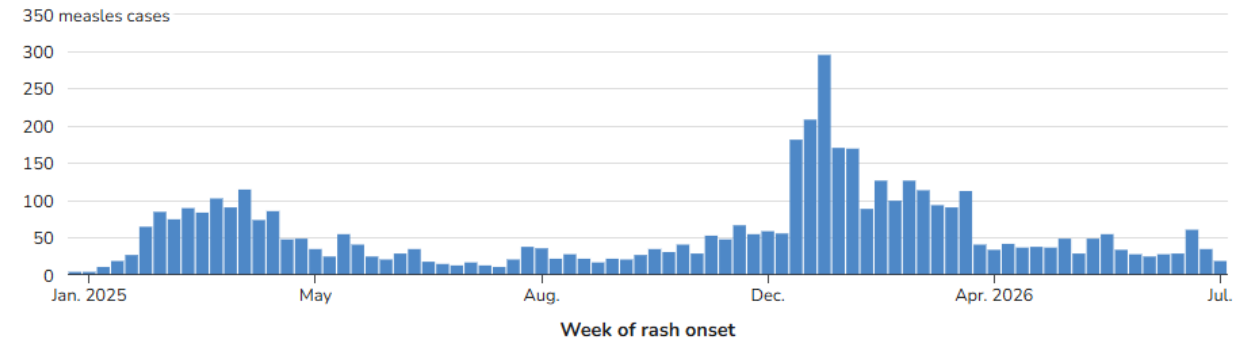
Outline

- Measles
- New World Screwworm
- Cyclosporiasis
- Bundibugyo Virus Disease Updates

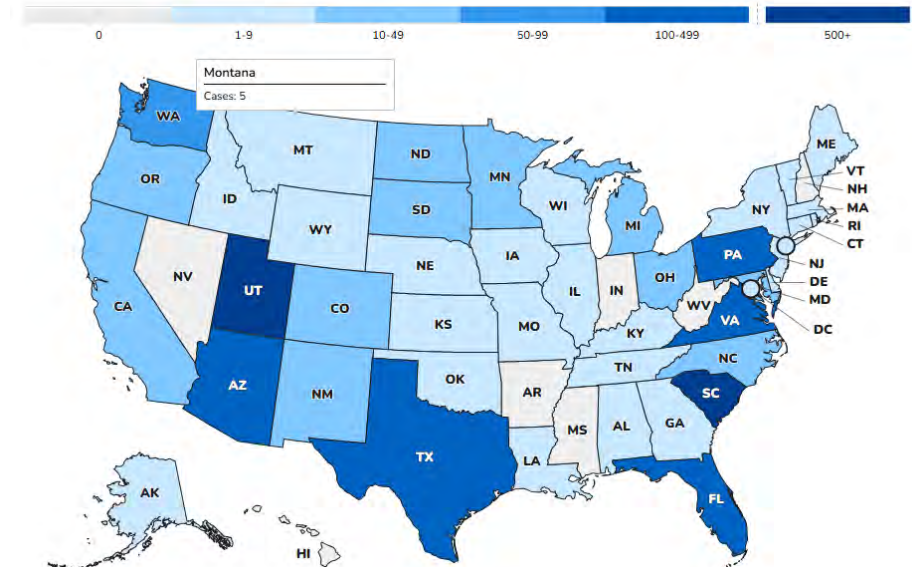
Measles — United States, 2026

- 2,371 confirmed cases during 2026 as of 7/30, exceeding the total number of cases during 2025 (n=2,289).
- Cases in U.S. residents among 45 jurisdictions.
- 94% of cases are outbreak-associated (≥ 3 related cases).
- Age: 20% <5 years-old, 49% 5-19 years-old, 31% ≥ 20 years-old.
- 7% 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, 3% 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=53)

Current outbreak

- **Clark County:** Eight unvaccinated children with measles reported since July 22 (16 cases this year to date). The case reported on 7/22 had an unknown source of exposure.
 - Recent possible public exposure location:
 - 7/17: Vancouver Clinic, Salmon Creek. Anyone at this location should monitor for symptoms through 8/7. For more information: <https://clark.wa.gov/public-health/public-health-investigating-confirmed-measles-case-clark-county-2>

Cases to date this year in Washington: 53

- ❖ 98% of cases unvaccinated or with unknown vaccination status.
- ❖ Four people (8%) have been hospitalized.

Measles — Oregon, 2026 (N=35)

- Cases this year have occurred at least in Clackamas, Multnomah, Marion, and Linn Counties, with an outbreak involving non-household contacts in Clackamas and Multnomah counties.
- Recent possible public exposure locations in Multnomah County:
 - 7/28: Providence St. Vincent Medical Center (East Pavillion Medical Office Building lobby, elevators, and 7th floor), Portland
 - Anyone at this location should monitor for symptoms through 8/18. For more information: <https://www.oregon.gov/oha/ERD/Pages/Portland-health-care-sites-become-latest-measles-exposure-locations-07.28.2026.aspx>
 - 7/26: Legacy GoHealth Urgent Care, Gresham
 - Anyone at this location should monitor for symptoms through 8/16. For more information: <https://www.oregon.gov/oha/ERD/Pages/Gresham-urgent-care-clinic-is-latest-measles-exposure-location-7-29-26.aspx>
 - 7/23-7/25: Randall's Children Hospital ED, Portland
 - Anyone at this location should monitor for symptoms through 8/15. For more information: <https://www.oregon.gov/oha/ERD/Pages/Portland-health-care-sites-become-latest-measles-exposure-locations-07.28.2026.aspx>
 - 7/18: Sky Zone Beaverton (Trampoline Park), Beaverton
 - Anyone at this location should monitor for symptoms through 8/8. For more information: <https://www.oregon.gov/oha/ERD/Pages/Beaverton-trampoline-park-identified-as-measles-exposure-site-07.23.2026.aspx>
- Measles virus was detected in wastewater during the 6-week period from 6/14/26-7/25/26 in the following counties:
 - Klamath, Josephine, Lincoln, Polk, Umatilla, Clackamas, Lane, Marion, Washington, Jackson, Douglas, Deschutes, Yamhill, Coos, Columbia, Linn, and Clatsop Counties.
 - Two people (6%) with measles have been hospitalized this year in Oregon.
- 91% of people with measles in Oregon were unvaccinated or with unknown vaccination status.

Measles — Portland Area, 2025-26

Location (State/County)	Number of Cases		Additional Cases (e.g. Among Travelers)
	2025 (N=26)	2026 (N=98)	
Washington	Total: 12	Total: 53	9 additional cases among travelers to Washington (King and Snohomish Counties) in 2025. 2 travelers in 2026 (King).
Clark		16	
Snohomish	2	14	
Kittitas		7	
Walla Walla		7	
Stevens		3	
King	7	3	
Grant		2	
Spokane	1	1	
Whatcom	2		
Oregon	Total: 1	Total: 35	
Idaho	Total: 14	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)	1	2	
Kootenai (Panhandle Health District)	1	1	
Teton (Eastern Idaho Public Health)		1	
Boundary (Panhandle Health District)	6		
Bonneville (Eastern Idaho Public Health)	5		
Bonner (Panhandle Health District)	1		

Summary: Measles

- 2,371 confirmed cases in the U.S. during 2026 as of 7/30, exceeding the total number of cases during 2025 (n=2,289).
- 94% of cases unvaccinated or with unknown vaccination status.
- Portland Area: Washington: 53 cases (increasing; Outbreak in Clark County); Oregon: 35 cases (increasing; outbreak in Multnomah and Clackamas Counties), Idaho: 10 cases (stable).
- $\geq 95\%$ vaccine coverage is needed to prevent measles outbreaks in communities.
- In 2024-25, MMR coverage among kindergartners continued to decline. Washington: 90.9% (90.6% for 2025-26) , Oregon: 90.5% (89.6% for 2025-26), and Idaho: 78.5%. Idaho and Oregon have the highest and 2nd highest exemption rates in the country.

Recommendations

- Ensure your patients, families, and community are up to date on their measles immunizations (goal $\geq 95\%$ 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 (nasopharyngeal 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.

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](#)

National Council of Urban Indian Health

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](#)

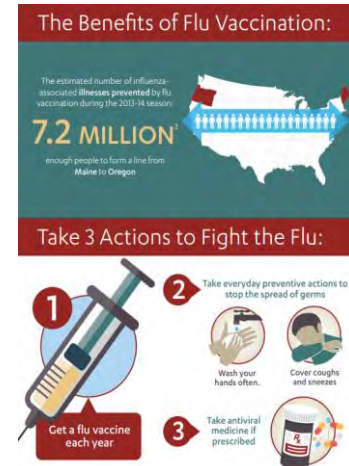
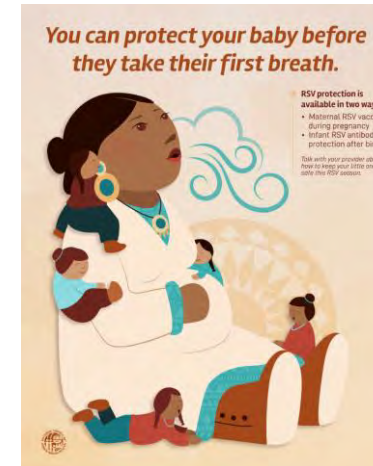
Personal Testimonies: [Families Fighting Flu: Our Stories](#)

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)



Vaccination information for Natives by Natives

COVID-19 Vaccine



We have many ways to optimize our health and improve our lives. Vaccines are just one way we can protect ourselves from serious illnesses, like COVID-19 and the impacts of long COVID.

This handout is designed to help you understand COVID-19 and COVID-19 vaccines, so you can take care of yourself, your family, and your community.

“As a Crow Tribal member, we did lose a lot of Elders during the COVID pandemic, especially before vaccines... Now, we are social gathering, and we are lost without these Elders... When we get vaccinated, we are protecting our Elders and our culture. We have to protect our people. And vaccines do help with that. Even if your body is strong and healthy, it's still important to get vaccinated.”

— Lana Schendelma, Elder and Crow Tribal Member

Common COVID-19 Symptoms

COVID-19 is a virus that attacks your whole body and causes some or all of these:

- Fever
- Cough
- Loss of taste and smell
- Headaches
- Shortness of breath
- Congestion
- Sore throat

COVID-19 can also result in hospitalization and death, especially for those more vulnerable, like people with certain medical conditions and Elders. It can also result in a range of ongoing health problems – including long COVID – that can last weeks, months, or even years.

How COVID-19 Spreads

COVID-19 spreads through droplets in the air when a person with the virus coughs, sneezes, speaks, sings, or breathes. It can also spread through objects someone with the virus touches, sneezes, or coughs on. The virus can enter your body when you touch these objects and then touch your mouth, nose, or eyes.



Vaccination information for Natives by Natives

Vaccines When You Are Pregnant or Breast/Chestfeeding



Pregnancy and parenthood are sacred times when we make plans to care for ourselves and our babies. Part of this preparation includes keeping up to date on our vaccines.

While getting vaccinated is always something to discuss with your health provider, there are some important things to consider if you are pregnant or breast/chestfeeding.

How to Protect Yourself

To be fully vaccinated against COVID-19, you need to complete the vaccine series and get boosted. For most people, the vaccine series consists of two shots. You get the first shot, then the second one about 25 days later. Five months after completing the vaccine series, you get boosted. We may also need additional boosters after that. Why? Booster shots contain the most up-to-date instructions for fighting against the latest versions of COVID-19.

How the Shots Work

Within our bodies, each of us has warrior cells that stand guard and attack diseases. When we get the COVID-19 shots, the ingredients tell our warrior cells how to recognize and fight COVID-19. That's why if you get the COVID-19 vaccine series and get boosted, you are less likely to get sick with COVID-19. It can also reduce the seriousness of illness if you happen to get sick.

Shot Side Effects

You may experience side effects from the COVID-19 shots. This does not mean you are getting sick with COVID-19. Most side effects are mild and go away within a few days. Mild side effects are a good sign that your warrior cells are preparing to recognize and fight COVID-19.

Common side effects of the COVID-19 shots include:

- Soreness, redness, or swelling where you got the shot
- Fatigue
- Muscle aches
- Headache
- Shortness of breath
- Congestion
- Sore throat

Shot Safety

Millions of Americans have safely received the COVID-19 shots. This includes American Indians and Alaska Natives. Like all vaccines in the U.S., the COVID-19 shots are monitored for safety.

Who Should Get Vaccinated

Generally, anyone 6 months and older should get vaccinated against COVID-19, including pregnant people. For more information, talk to your provider.

Where to Get Vaccinated

To get vaccinated contact your local Tribal clinic, IHS facility, or visit a local pharmacy or clinic.

Vaccinative

This handout was developed by Vaccinative – a project dedicated to creating accurate vaccine information for Native people by Native people. We do this by gathering info from trusted Elders, Native health professionals, and other experts.

All of our materials are reviewed by the Vaccinative Alliance, a collaboration of staff from Tribal Epidemiology Centers across the nation.

Additional Information

For additional information, including info on long COVID, check out www.IndianCountryEcho.org/Vaccinative. For questions, contact us at Vaccinative@npaihb.org.

“We work together, using modern and traditional medicines to help keep our tribe safe from COVID-19. I got vaccinated to protect my family, my tribe, and I from COVID-19. COVID vaccines are safe, and the benefits of getting a COVID vaccine outweigh the risk of getting COVID-19 infection.”

— Dr. Frank Anishewski, M.D. (LTS), Red Wing, Oregon, UPR Eastern Oregon Tribal Clinic, medical Director, Family Medicine Physician



Vaccination information for Natives by Natives

Protecting Your Kids from Respiratory Illnesses

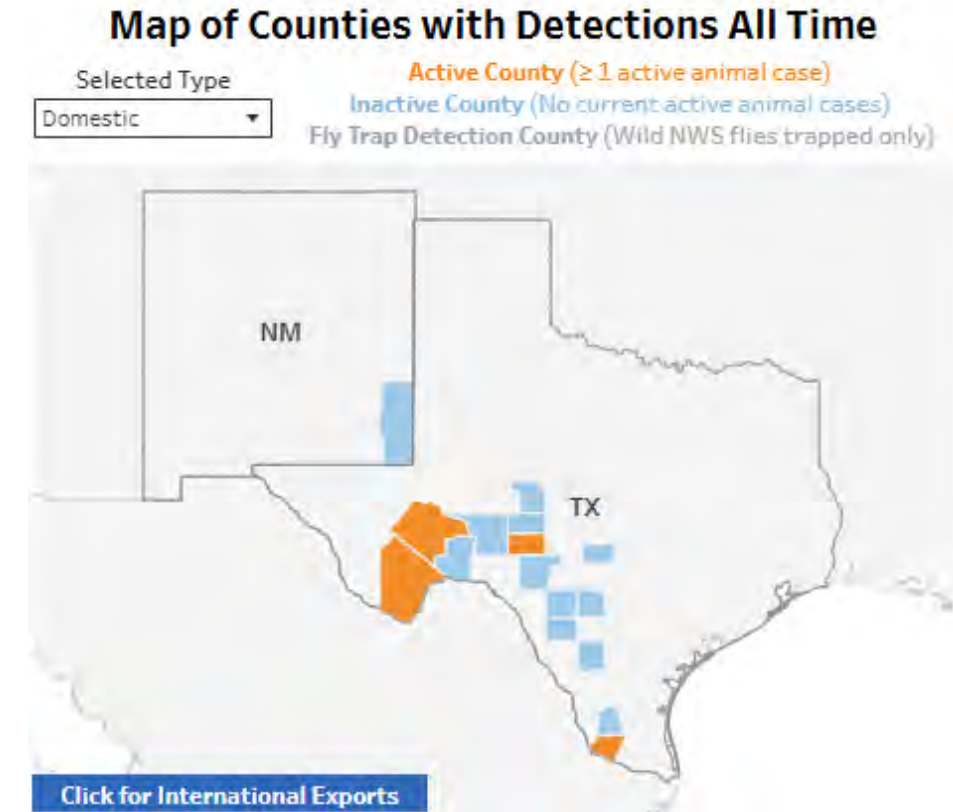
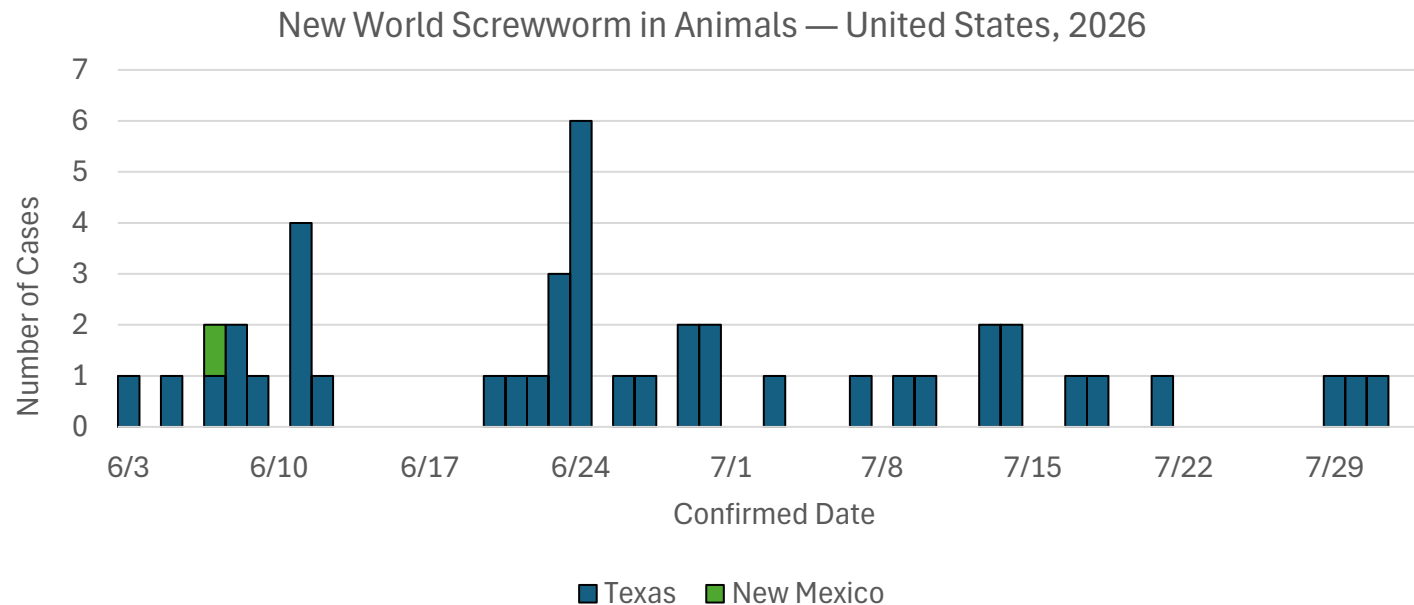


Who Should Get Vaccinated

Who Should Get Vaccinated	Who Should Get Vaccinated
Whooping Cough (C101/P101)	Elders 6 mo., 4 mo., and 6 mo. AND 18 mo. and 4 yr. and 6 yr. and 12 yr. and 18 yr. and 24 yr. and 30 yr. and 36 yr. and 42 yr. and 48 yr. and 54 yr. and 60 yr. and 66 yr. and 72 yr. and 78 yr. and 84 yr. and 90 yr. and 96 yr. and 102 yr. and 108 yr. and 114 yr. and 120 yr. and 126 yr. and 132 yr. and 138 yr. and 144 yr. and 150 yr. and 156 yr. and 162 yr. and 168 yr. and 174 yr. and 180 yr. and 186 yr. and 192 yr. and 198 yr. and 204 yr. and 210 yr. and 216 yr. and 222 yr. and 228 yr. and 234 yr. and 240 yr. and 246 yr. and 252 yr. and 258 yr. and 264 yr. and 270 yr. and 276 yr. and 282 yr. and 288 yr. and 294 yr. and 300 yr. and 306 yr. and 312 yr. and 318 yr. and 324 yr. and 330 yr. and 336 yr. and 342 yr. and 348 yr. and 354 yr. and 360 yr. and 366 yr. and 372 yr. and 378 yr. and 384 yr. and 390 yr. and 396 yr. and 402 yr. and 408 yr. and 414 yr. and 420 yr. and 426 yr. and 432 yr. and 438 yr. and 444 yr. and 450 yr. and 456 yr. and 462 yr. and 468 yr. and 474 yr. and 480 yr. and 486 yr. and 492 yr. and 498 yr. 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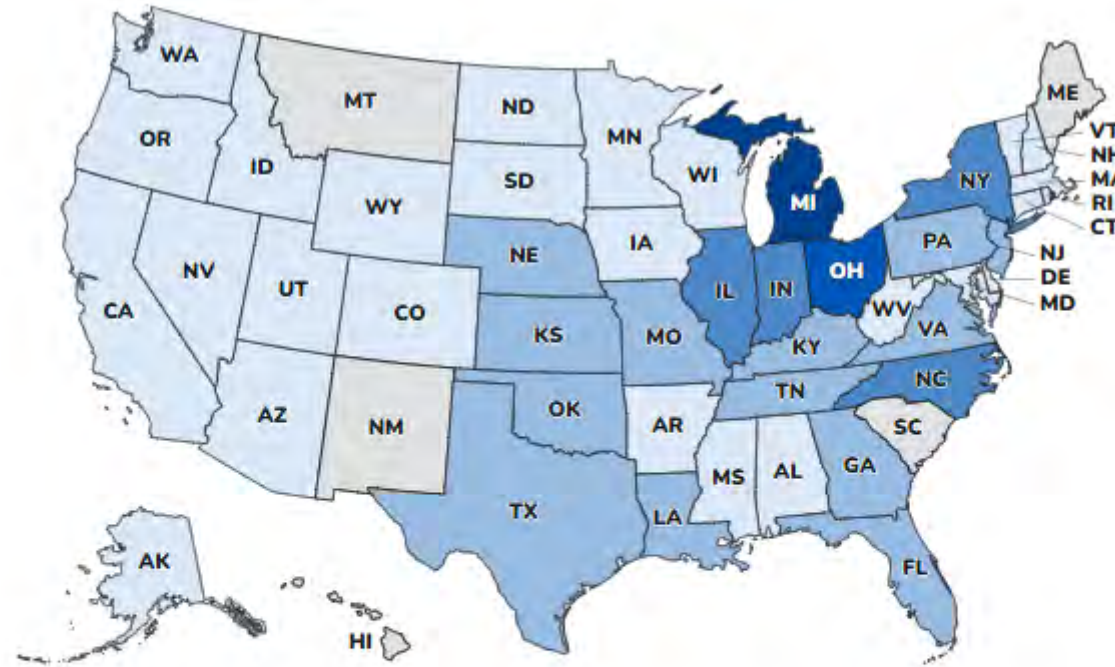
New World Screwworm

- 6/3/26: First case confirmed in U.S., calf identified in Zavala County, Texas.
- Animal cases to date in US (through 8/3/26: 44 (43 in Texas, 1 in New Mexico); Cattle (22), Sheep (14), Goats (5), Dogs (2).
- No human cases identified in the U.S. to date.



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

Domestically-Acquired Cyclosporiasis Cases — United States (May 1- July 27, 2026)



Number of Cases

1 to 49

200 to 499

1000 to 4000

50 to 199

500 to 999

FDA has reported that iceberg lettuce from Taylor Farms of Mexico was not distributed to WA, OR, ID:

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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. This is now the second largest outbreak ever of Ebola.
 - As of 8/1, the DRC has reported 3,748 confirmed cases and 1,657 confirmed deaths (44% case fatality).
 - As of 7/28, Uganda has reported 20 confirmed cases, 1 probable case, 2 confirmed deaths and 1 probable death (14% case fatality). On 7/28, Uganda reported that their outbreak was over. Last confirmed imported case was discharged from on 7/16.
 - On 6/24, France reported a case of Ebola in a physician who had worked in the DRC with the Alliance for International Medical Action; this person has recovered and been discharged.
 - On 7/13, one American was transferred to Germany for treatment for Ebola. This individual worked in the DRC with Samaritan's Purse; this person has recovered and been discharged.
 - On 5/20, one American physician was transferred to Germany for treatment for Ebola. This individual worked in the DRC with Serge in the Congo; this person has recovered and been discharged.
- 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. The facility became operational in the end of June.
- 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/artralgias, sore throat followed by decreased appetite, nausea/vomiting, diarrhea, abdominal pain, unexplained bleeding.

