NPAIHB Weekly Update

November 3, 2026



Agenda

- Welcome & Introduction: Nancy Bennett
- NPAIHB Announcements, Events, & Resources
- State Partner Updates: OHA, WA DOH
- Communicable Diseases Updates:
  Dr. Tara Perti, PAIHS & Kacey Little, NWTEC
- Questions & Comments

Upcoming Indian Country ECHO Telehealth Opportunities

- **Harm Reduction ECHO** – 1st Tuesday of every month at 12pm PT
  - Tuesday, November 3rd at 12pm PT
  - To Join via Zoom: https://echo.zoom.us/j/99009428799?pwd=TFVRa1FPSDU5M2IvTTNwbGo3ZjdyZz09

- **EMS ECHO** - 1st Tuesday & 3rd Thursday of every month at 5pm PT
  - Tuesday, November 3rd at 5pm PT
  - Didactic Topic: *Seize the Moment: The seizure patient and its mimics*
  - To Join via Zoom: https://echo.zoom.us/j/84832881641?pwd=SXlINIpJa0Vta1R1c28xcUh5V1dlUT09

- **Hepatitis C ECHO** – 1st, 3rd & 4th Wednesday of every month at 11am PT
  - Wednesday, November 4th at 11am PT
  - Didactic Topic: *Alcohol Use Disorder - Part 2*
  - To join via Zoom: https://echo.zoom.us/j/537117924?pwd=OEExbERmK2pSUFFsMzV1SmVpb3g3dz09

Upcoming Indian Country ECHO Telehealth Opportunities

- **Substance Use Disorder (SUD) ECHO** – 1st Thursday of every month at 11am PT
  - Thursday, November 5th at 11am PT
  - Didactic Topic: *Navigating Early Psychosis*
  - To join via Zoom: https://echo.zoom.us/j/806554798?pwd=WVQyUFJnYkR3SXBjcUdIemRnNmZ6Zz09

- **Indian Country ECHO** – 5-week series held every Thursday at 12pm PT
  - Thursdays weekly October 22nd - November 19th at 12pm PT
  - Description: *In partnership with the IHS Chief Clinical Consultant for Rheumatology and distinguished faculty from UCSF and other leading institutions, these sessions will provide practical, case-based learning and expert discussion designed to strengthen clinicians' ability to recognize, differentiate, and manage the four major subtypes of spondyloarthritis: psoriatic arthritis, reactive arthritis, axial spondyloarthritis, and inflammatory bowel disease-associated arthritis.*
  - To join via Zoom: https://echo.zoom.us/j/99475693462?pwd=NGlaMjBrNHZkclBOSXRySHNHMzB4Zz09



Emergency Management & Preparedness
Training Dates & Topics

November 10: Online
Identifying Community Preparedness for Tribal Nations

November 17: In-Person - Portland
Developing Emergency Management Programs for Tribal Nations

November 18: In-Person - Portland
Using Community Engagement to Enhance Emergency Preparedness in Tribal Nations

NPAIHB Weekly Update Schedule

- November 10: Veterans Administration (VA)
  Office of Rural and Tribal Health
- November 17: N CREW / NW Regional Research Center
- November 24: TBD



Washington State Department of HEALTH

WA DOH Office of Tribal Public Health & Relations

@WaDeptHealth

Tuesday, November 03, 2026
NPAIHB Weekly Update

NPAIHB
Indian Leadership for Indian Health

Questions
&
Comments





Washington State Department of HEALTH

WA DOH Office of Tribal Public Health & Relations

@WaDeptHealth

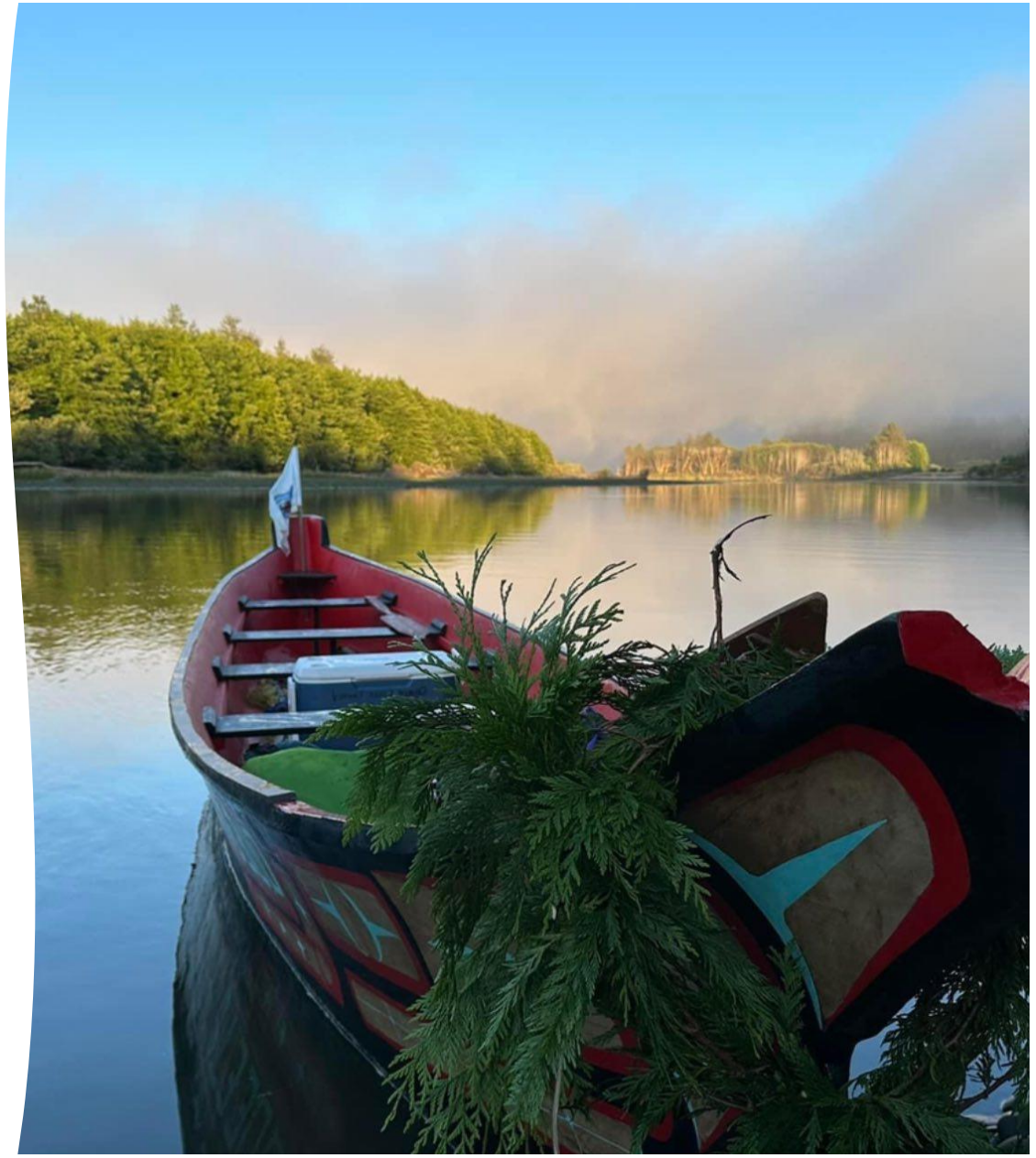
Tuesday, November 03, 2026
NPAIHB Weekly Update

NPAIHB
Indian Leadership for Indian Health

Agenda

Vaccine Updates- Jessica Haag

DOH Tribal Office Reminders – Rosalinda Fivekiller



Office of Immunization

Jessica Haag, Office of Immunization Liaison
jessica.haag@doh.wa.gov

Avian Influenza

The seasonal flu vaccine does not protect against H5N1 bird flu, but it is still important for people who may be exposed to infected birds or other animals to get a seasonal flu vaccine, ideally at least 2 weeks before exposure.

Getting vaccinated helps prevent seasonal flu and may lower the chance of getting both seasonal flu and bird flu at the same time. This is rare, but when both viruses infect a person at once, they could potentially mix and create a new flu virus that may pose a public health risk.

Fewer cases of seasonal flu also make it easier for public health officials to identify and investigate possible bird flu infections.

If you have any immunization needs related to an HPAI outbreak in your area, please reach out to Jessica.Haag@doh.wa.gov.

- **Health Alert:** WA Avian influenza outbreak expands; Human case identified in Yakima
- Bird Flu (Avian Influenza) | Washington State Department of Health
- High-Path-Avian-Influenza.aspx

For other HPAI or related outbreak questions outside of immunization needs, please email zd@doh.wa.gov.

CVP & AVP Ordering Updates

Current respiratory ordering status for the 2026–27 season

Product	Ordering opened	Order processing	Submit orders by
RSV products	August 10	Daily	Business day before
Flu vaccine	September 1	Daily	Business day before
COVID-19 vaccine	September 24	2x/week on Tuesday & Thursday	Business day before

AVP order sets are available to providers who prioritized these vaccines on their agreement.

November Order Processing & Delivery

Vaccine Order Processing and Delivery Days

NOVEMBER 2026

Monday	Tuesday	Wednesday	Thursday	Friday
2 Normal Ordering Normal Deliveries	3	4	5	6
9 Normal Ordering Normal Deliveries	10	11 CLOSED No Ordering No Deliveries	12 Normal Ordering Normal Deliveries	13
16 Normal Ordering Normal Deliveries	17	18 Orders Processed after this date may not ship until 11/30/26 or later	19	20
23 Normal Ordering Normal Deliveries	24 Normal Ordering Normal Deliveries	25 Normal Ordering Limited Deliveries	26 CLOSED No Ordering No Deliveries	27 CLOSED No Ordering No Deliveries
30 Normal Ordering Normal Deliveries				

Key Dates

Nov 11	Closed: no ordering or deliveries
Nov 18	**Orders processed after this date may not ship until 11/30 or later**
Nov 25	Normal ordering, limited deliveries
Nov 26–27	Closed: no ordering or deliveries

Holiday Shipping Calendar

Order Processing & Delivery Estimates

Plan ahead to keep vaccine on hand through the holidays

Keep 4 weeks on hand

Maintain at least 4 weeks of inventory so you don't run out if orders are delayed.

Plan for no-ship dates

Check the Holiday Shipping Calendar and order ahead of no-ship dates. If you're running low on vaccine, you can place an off-schedule order.

McKesson delivery days

Shipments may arrive Tuesday–Friday, based on the business hours you've entered. Be sure your shipping days are correct on your order.

DOH approval

DOH aims to approve orders within 24 hours if accountability reporting is current and there are no questions about the order.

Note: The Holiday Shipping Calendar applies to routine McKesson, Merck Direct Ship, and Pfizer COVID-19 direct ship orders.

Where to Find More Information

Respiratory updates, resources, and training for the 2026–27 season

Start here

Respiratory Season Resources webpage

At-a-glance sheets, the distribution plan, ordering details, and FAQs, all in one place

Stay updated

- CVP Weekly Vaccine Blurbs
- AVP Newsletter
- Immunization Insider Newsletter/ News Between Issues
- Holiday Shipping Calendar

Learn more

CVP Training webpage

- Temperature Monitoring and Power Outage Response (10/8/26)
- Respiratory Season Updates (9/17/26)
- Respiratory Season Preview (8/6/26)
- Preparing for RSV Season (6/18/26)

Share your feedback: Respiratory Vaccine Provider Feedback Form is open all season



Washington State Department of HEALTH

UPDATES & RESOURCES

Office of Tribal Public Health & Relations

Dear Tribal Leader

Date	Letter Subject	Meeting Information
Oct 27	Collaborative – Tribal listening sessions about Senate Bill 6182 Abortion Savings Program (PDF)	• Listening session 1: 1:30-3 p.m. **November 17** - Zoom link • Listening session 2: 10:30 a.m.-noon **November 19** - Zoom link
Oct 27	Informative – information on agency rulemaking for October 1-15, 2026 (PDF)	
Oct 1	Informative – information on agency rulemaking for September 16-30, 2026 (PDF)	
Sept 24	Collaborative – health care entity registry listening sessions (PDF)	• Listening session 1: 1:30-3 p.m. **October 21** - Zoom link • Listening session 2: 3-4:30 p.m. **October 22** - Zoom link
Sept 21	Informative – information on agency rulemaking for September 1-15, 2026 (PDF)	
Sept 15	Collaborative – genetics program genetic referral guides for primary care (PDF)	• Listening session 1: 2-3:30 p.m. **September 28** - Zoom link • Listening session 2: 10:30 a.m.-noon **October 1** - Zoom link
Sept 8	Collaborative – Tribal lands GIS mapping options (PDF)	• Listening session 1: 2-3:30 p.m. **September 22** - Zoom link • Listening session 2: 9-10:30 a.m. **September 24** - Zoom link

Washington State Department of HEALTH

EXECUTIVE ORDER 26-03

Protecting access to health care

Washington's coordinated response to federal health policy changes, including H.R. 1



Preserve coverage	Reduce unnecessary administrative burdens
Support access to care	Coordinate outreach, navigation and Tribal engagement
Measure the effects	Track changes and inform the state's response

Signed September 3, 2026

Washington State Department of HEALTH

Impact measurement and accountability

Section 5: establish a framework to assess the short- and long-term effects of federal health policy changes

Coverage and access

Continuity of coverage and availability of care

Utilization and health outcomes

Changes in service use and population health

Health equity across the framework

Tribal priorities, experiences and perspectives can help shape the assessment.

DECEMBER 2, 2026

Initial framework

MARCH 3, 2027

Six-month report

SEPTEMBER 3, 2027

Twelve-month report

EO 26-03

Multiagency Tribal roundtable

Thursday, November 12, 2026

3:30–5:00 p.m. Pacific

GOIA convenes with DOH, HCA, DSHS, DCYF, and Health Benefit Exchange

Discuss federal policy impacts on Tribal communities and help inform DOH's assessment framework.

A Dear Tribal Leader Letter (DTLL) will go out soon.

Monthly Tribal Meeting

Washington State Department of HEALTH

Monday, November 9, 2026

10:30 a.m.–12:30 p.m. Pacific

Secretary of Health updates
DOH programs and funding opportunities
Public health priorities

Usual schedule: second Wednesday of each month



Resources for Tribal health programs

LINKS FOR POLICY, FUNDING, DATA AND PRACTICE

Dear Tribal Leader Letters

Agency notices and engagement information

Rural Health Transformation

DOH activities, allocations and opportunities

Federal Engagement Resources

Federal policy updates and DOH materials

DOH Grants Dashboard

Federal funding impacts and grant information

Vaccine recommendations

Current state guidance for clinical teams

Vaccine Confidence Resource Library

Partner Hub access: PartnerHub@doh.wa.gov

Partner Hub

Resources and presentations for public health partners. Access registration required.

Tribal Data Hub

Tribal Data Sharing Agreements and data-access resources

DOH newsletters

Subscribe for public health updates

Washington State Department of HEALTH

OTPHR

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Office of Tribal Public Health & Relations

OTPHR@doh.wa.gov

Vacant	Jill Edgin	Lois Scott	Michaela Marshall Lummi	Lindseysioux Quiroz Oglala Lakota	Amber Arndt Nisqually	Rosalinda Fivekiller-Turk Cherokee Nation Citizen
Tribal Relations Executive Director OTPHR@doh.wa.gov	**Tribal Relations Deputy Director** jill.edgin@doh.wa.gov	**Administrative Assistant 5** lois.scott@doh.wa.gov	**Tribal Public Health Engagement & Contracts Specialist** michaela.marshall@doh.wa.gov	**Tribal Engagement & Knowledge Management Coordinator** lindseysioux.quiroz@doh.wa.gov	**Tribal Policy Director** amber.arndt@doh.wa.gov	**Tribal Engagement Director** rosalinda.fivekiller@doh.wa.gov

Portland Area IHS

Communicable Diseases Update

TARA PERTI, MD, MPH

MEDICAL EPIDEMIOLOGIST

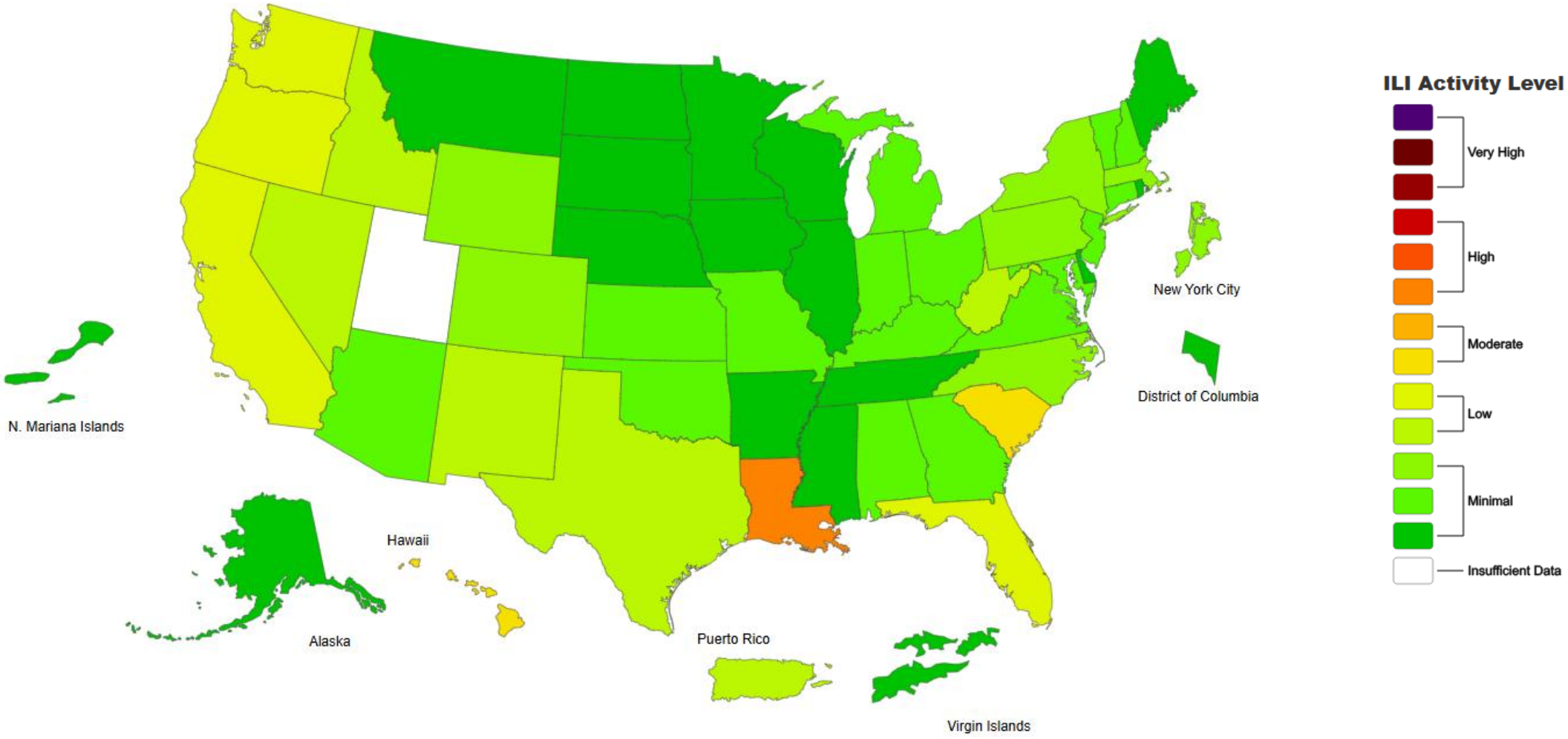
OFFICE, PORTLAND AREA IHS

November 3, 2026

Outline

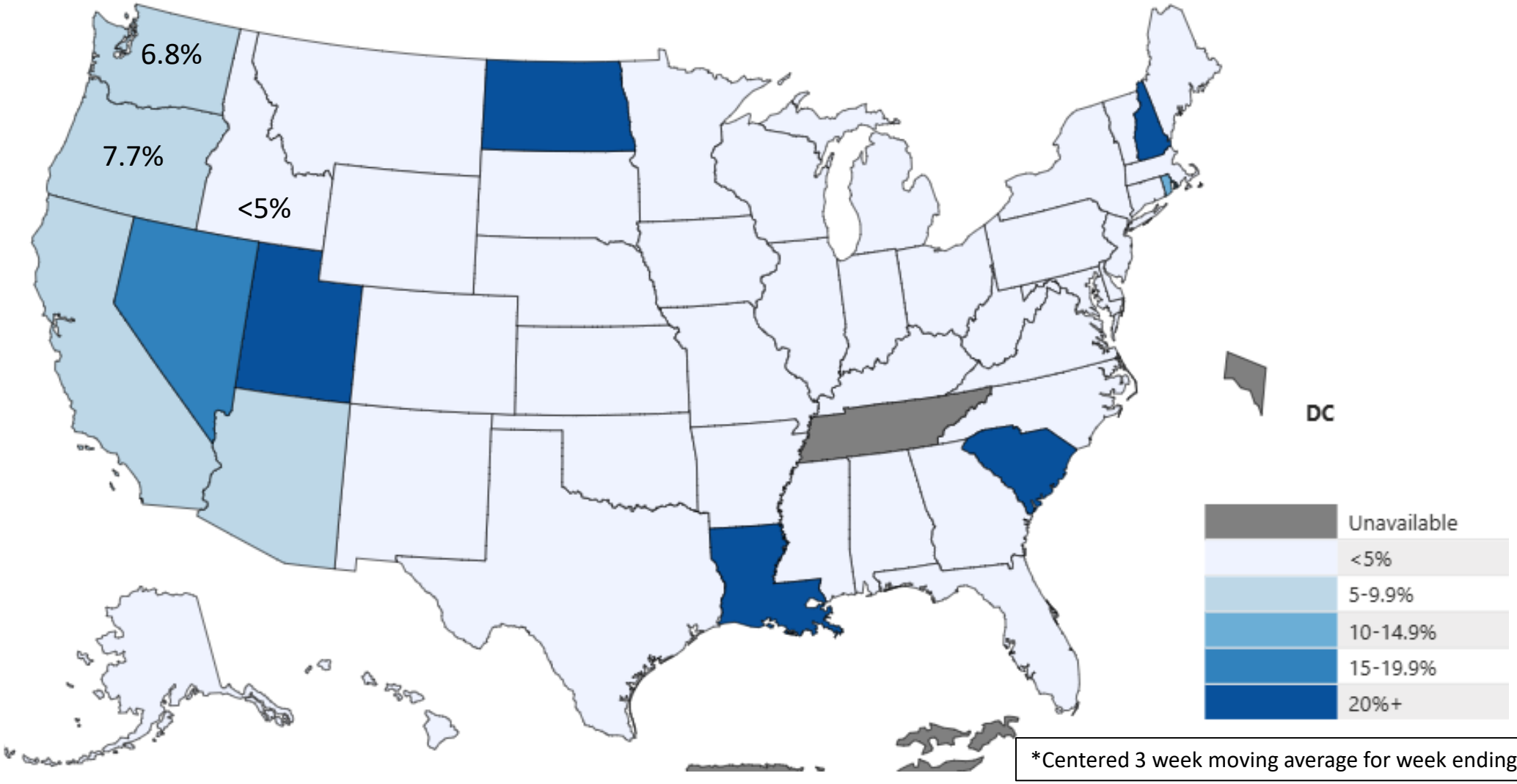
- Seasonal Respiratory Viruses (COVID-19, Influenza, RSV)
- Avian Influenza
- Measles

Influenza-like Illness (ILI) Activity — United States, Week Ending 10/24/26



CDC. FluView. Weekly US Influenza Surveillance Report. Available at: https://www.cdc.gov/fluview/surveillance

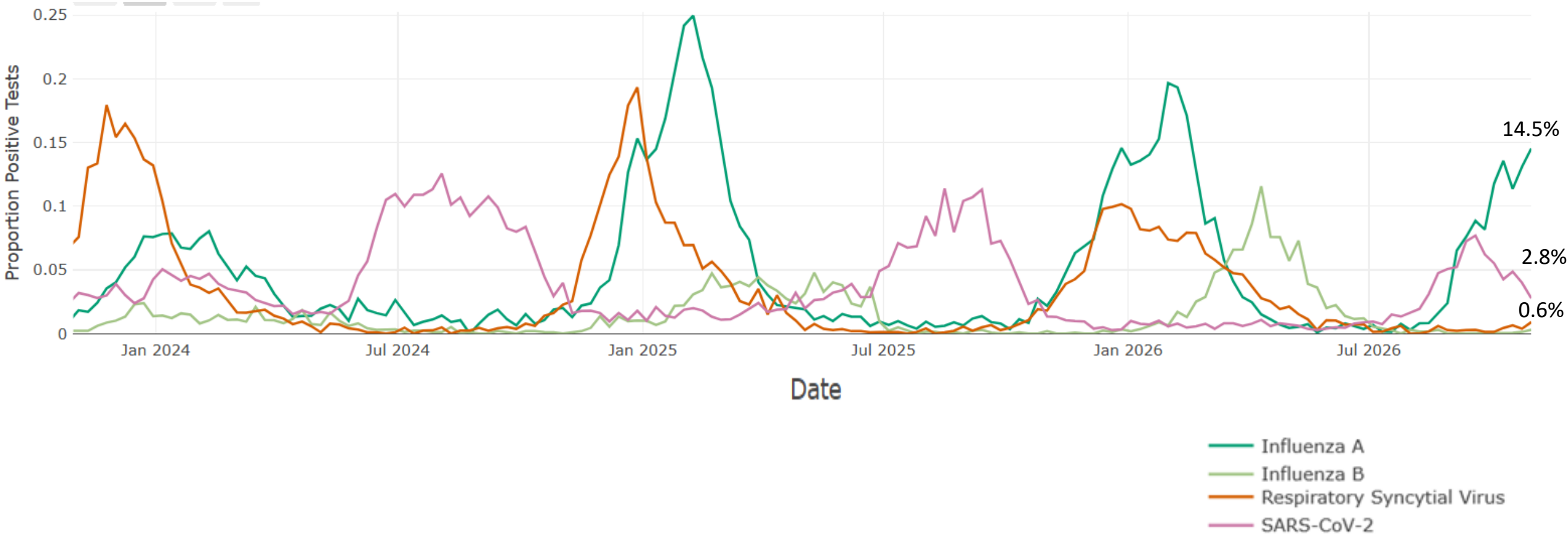
Percent of Tests Positive for COVID-19 — United States, Week Ending 10/24/26*



*Centered 3 week moving average for week ending 10/24/26

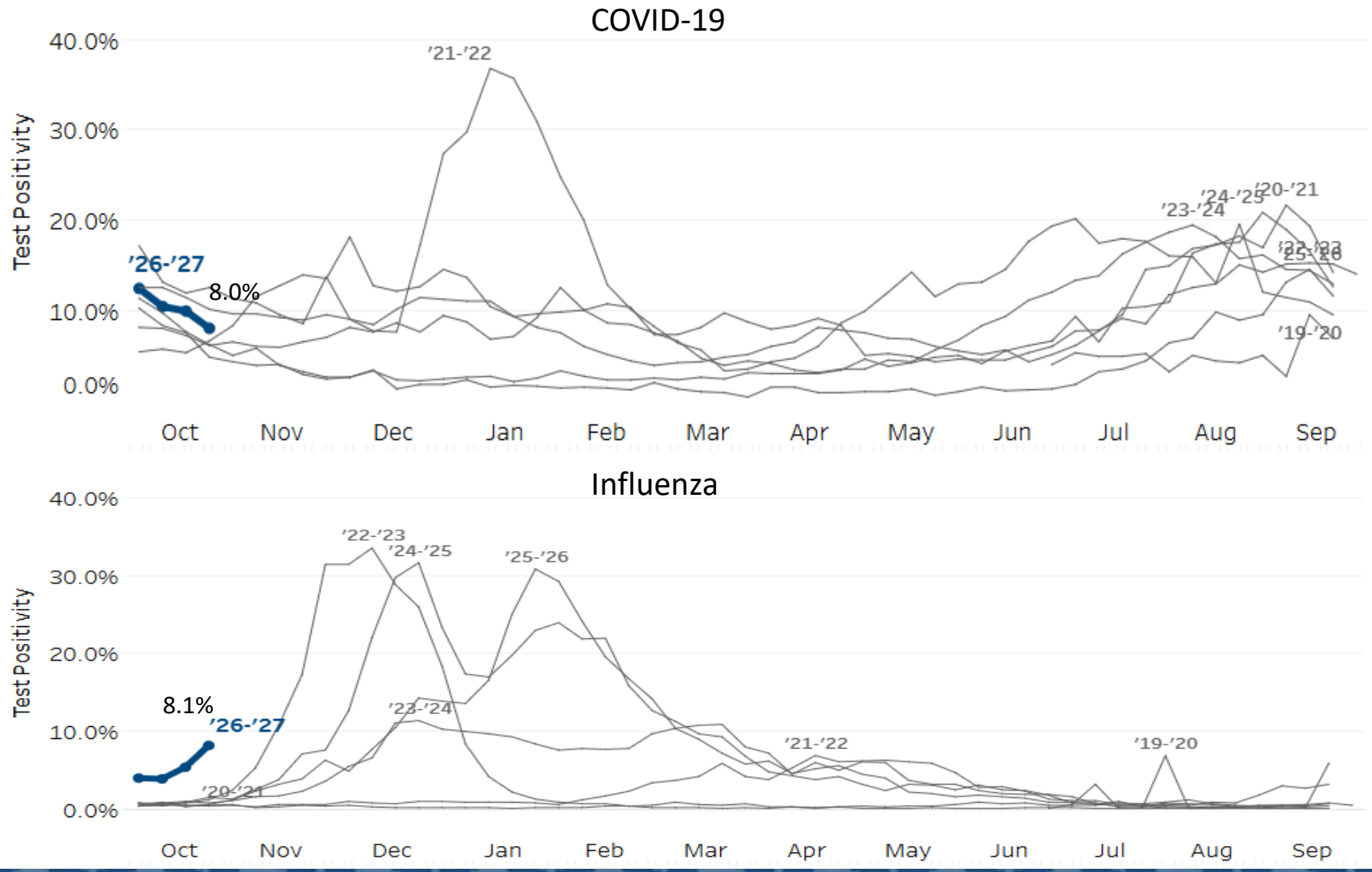
CDC. NREVSS Dashboard. Available at: https://www.cdc.gov/nrevss/php/dashboard/index.html

Proportion of Tests Positive for Influenza, COVID-19, and RSV in the Northwest — University of Washington and Seattle Children's Hospital, 2024-26 (through 10/31)



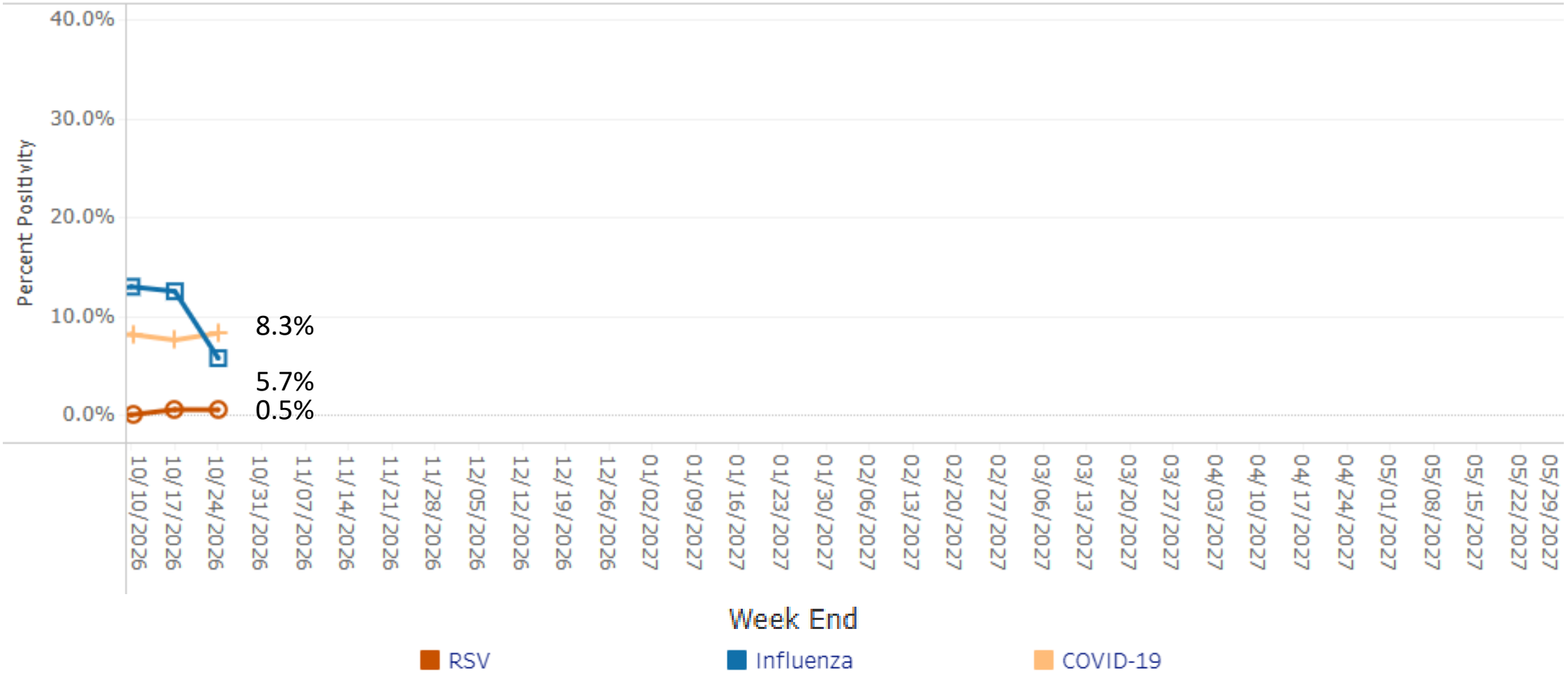
University of Washington. Pacific Northwest Respiratory Virus Epidemiology Data. Available at: https://depts.washington.edu/labmed/pnw_respiratory_dashboard/

Percent of Tests Positive for COVID-19 and Influenza — Oregon, 2026-27 vs. Prior Seasons (through 10/24/26)



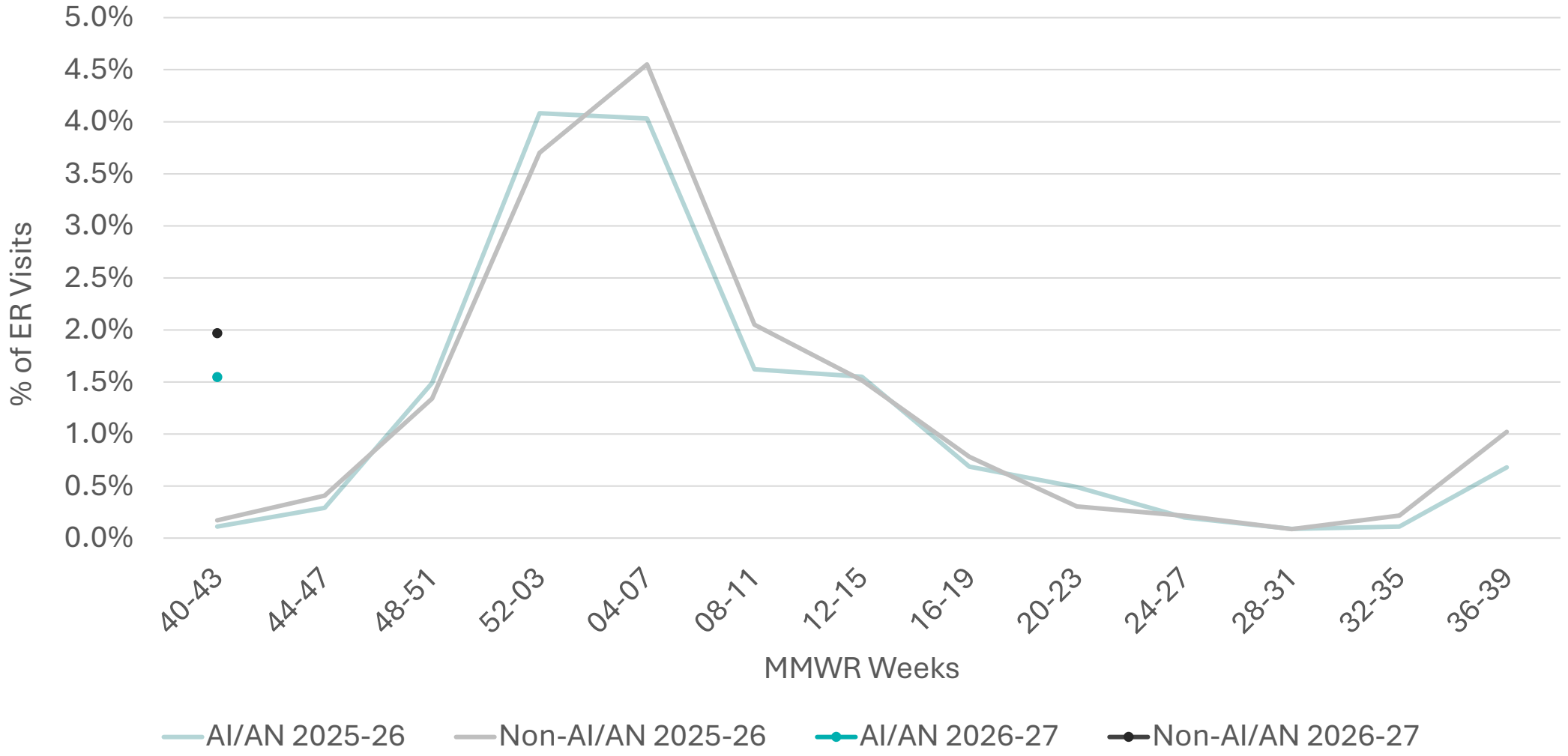
Oregon Health Authority. Oregon's Respiratory Virus Data. https://public.tableau.com/app/profile/oregon.public.health.division.acute.and.communicable.disease.pre/viz/OregonsRespiratoryVirusData/TestPositivity

Percent of Tests Positive for COVID-19, Influenza, and RSV — Idaho, 2026-27 (through 10/24/26)



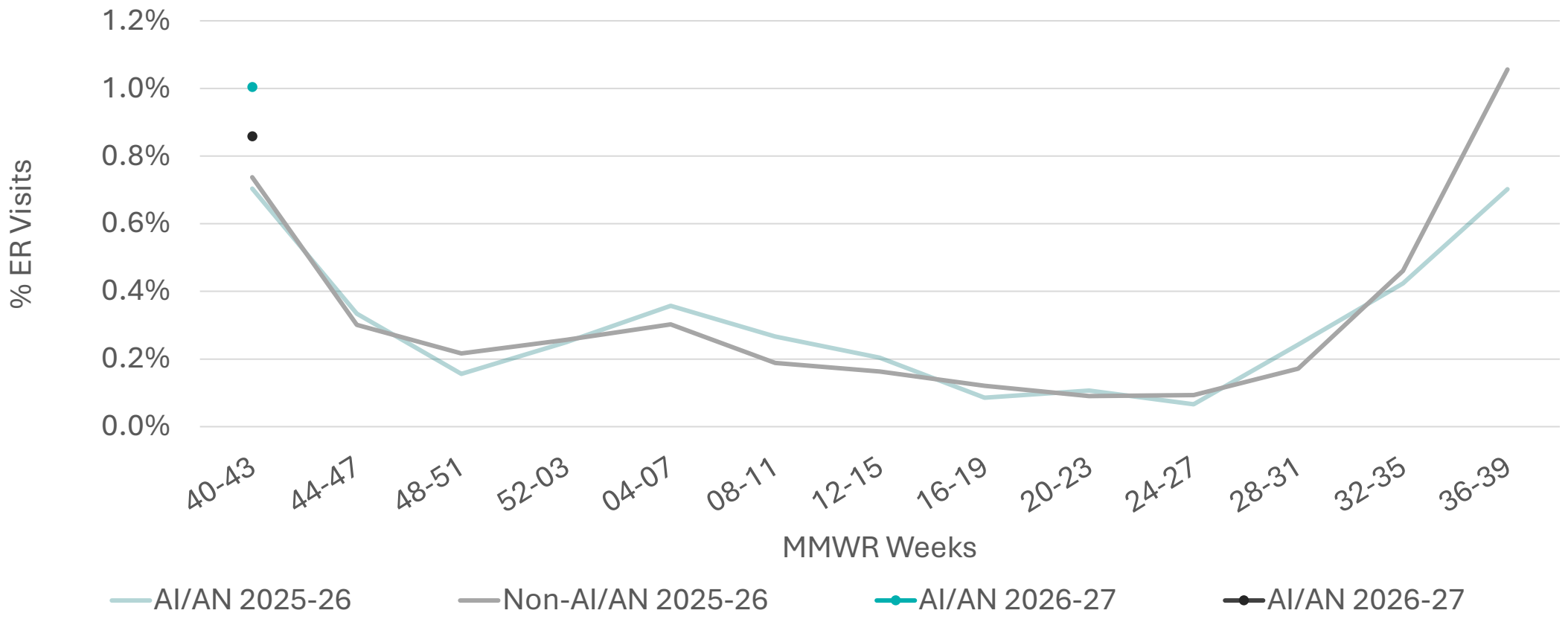
Idaho Department of Health and Welfare. Idaho Weekly Statewide Viral Respiratory Disease Indicators. Available at: https://www.gethealthy.dhw.idaho.gov/infectious-disease-idaho

% Weekly ER Visits Associated with **Influenza**, AI/AN vs. non AI/AN — Washington, 2026-27 vs. 2025-26 (through week 43, ending 10/31/26)



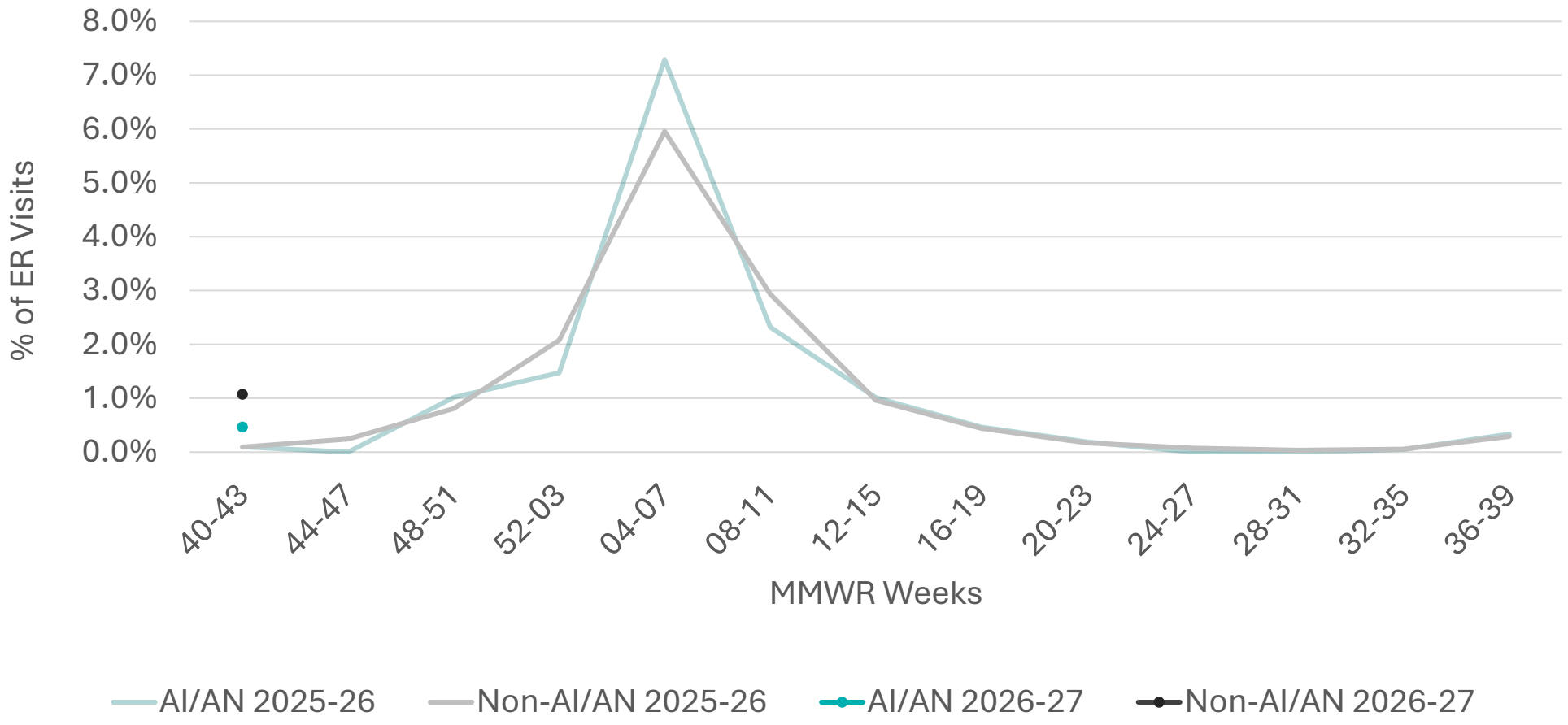
Data Source: ESSENCE
Courtesy Kacey Little, MPH, NPAIHB

% Weekly ER Visits Associated with **COVID-19**, AI/AN vs. non-AI/AN — Washington, 2026-27 vs. 2025-26 (through week 43, ending 10/31/26)



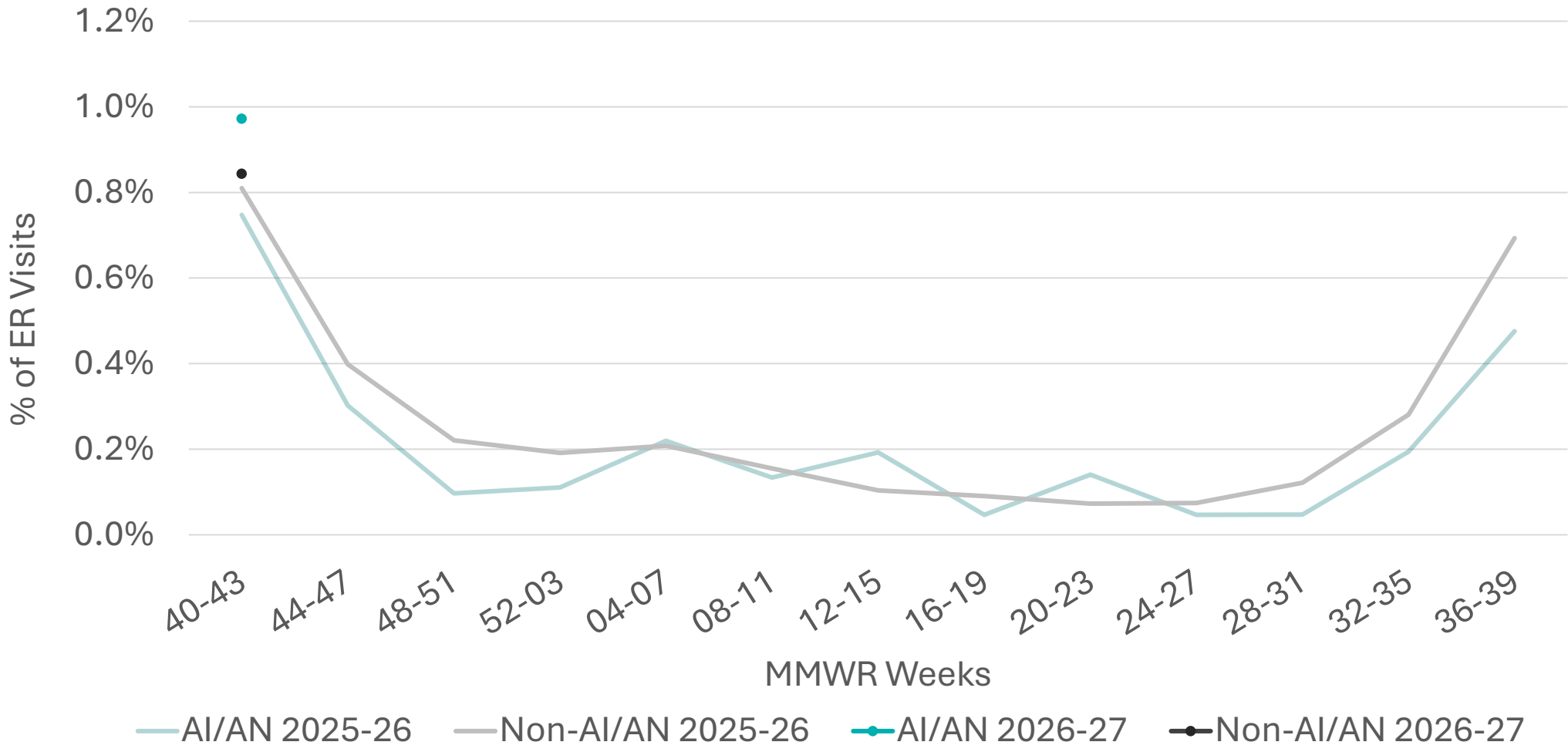
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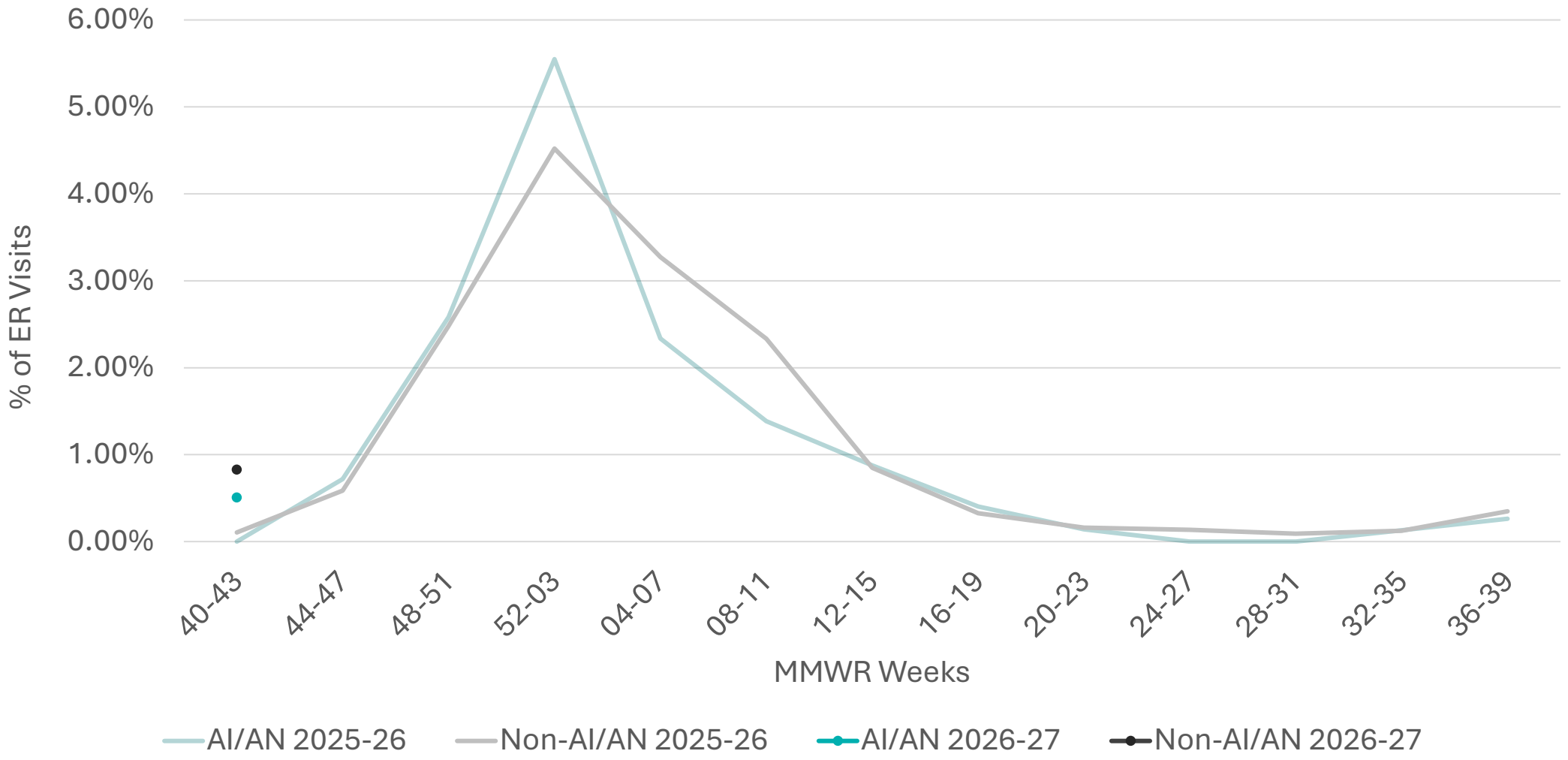
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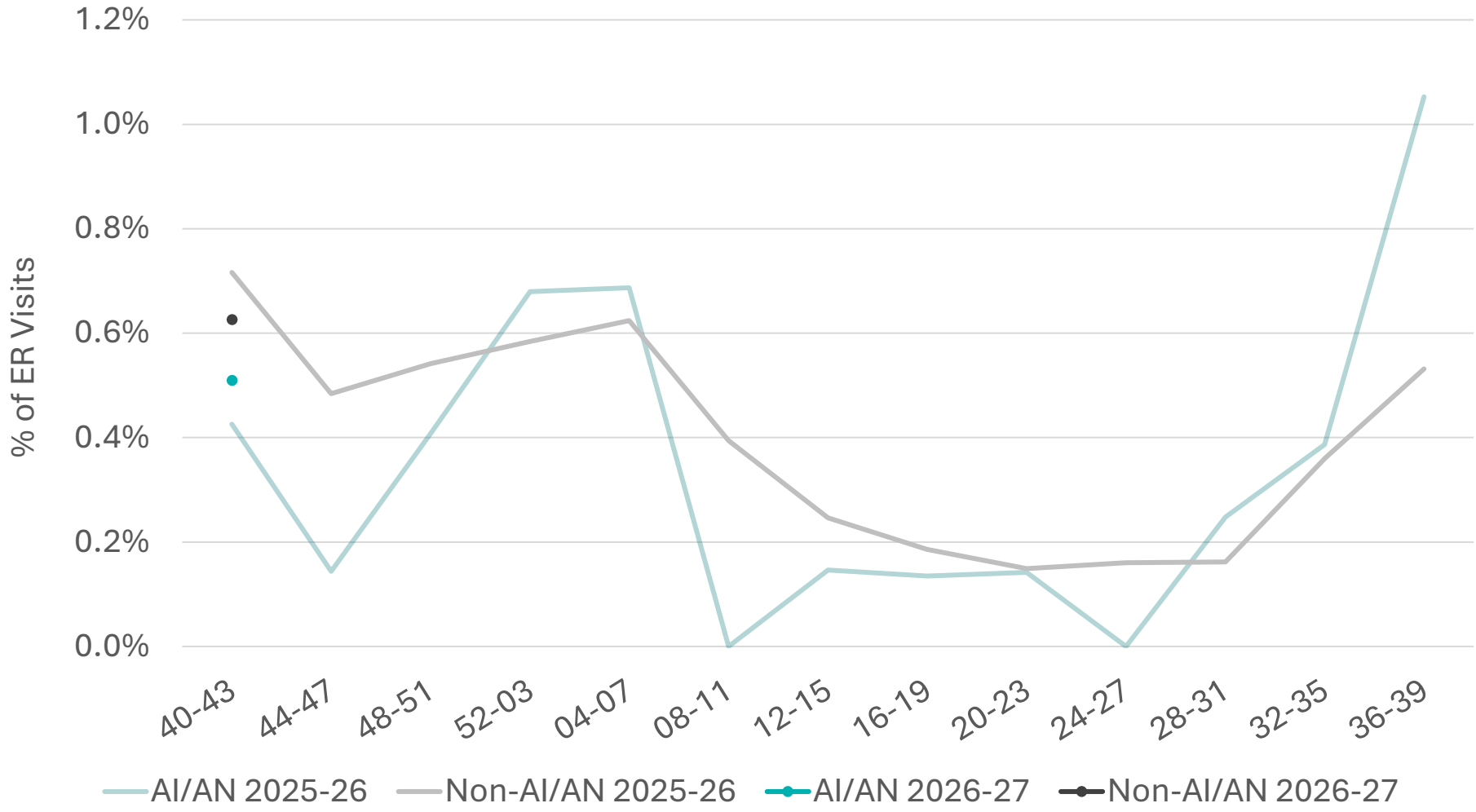
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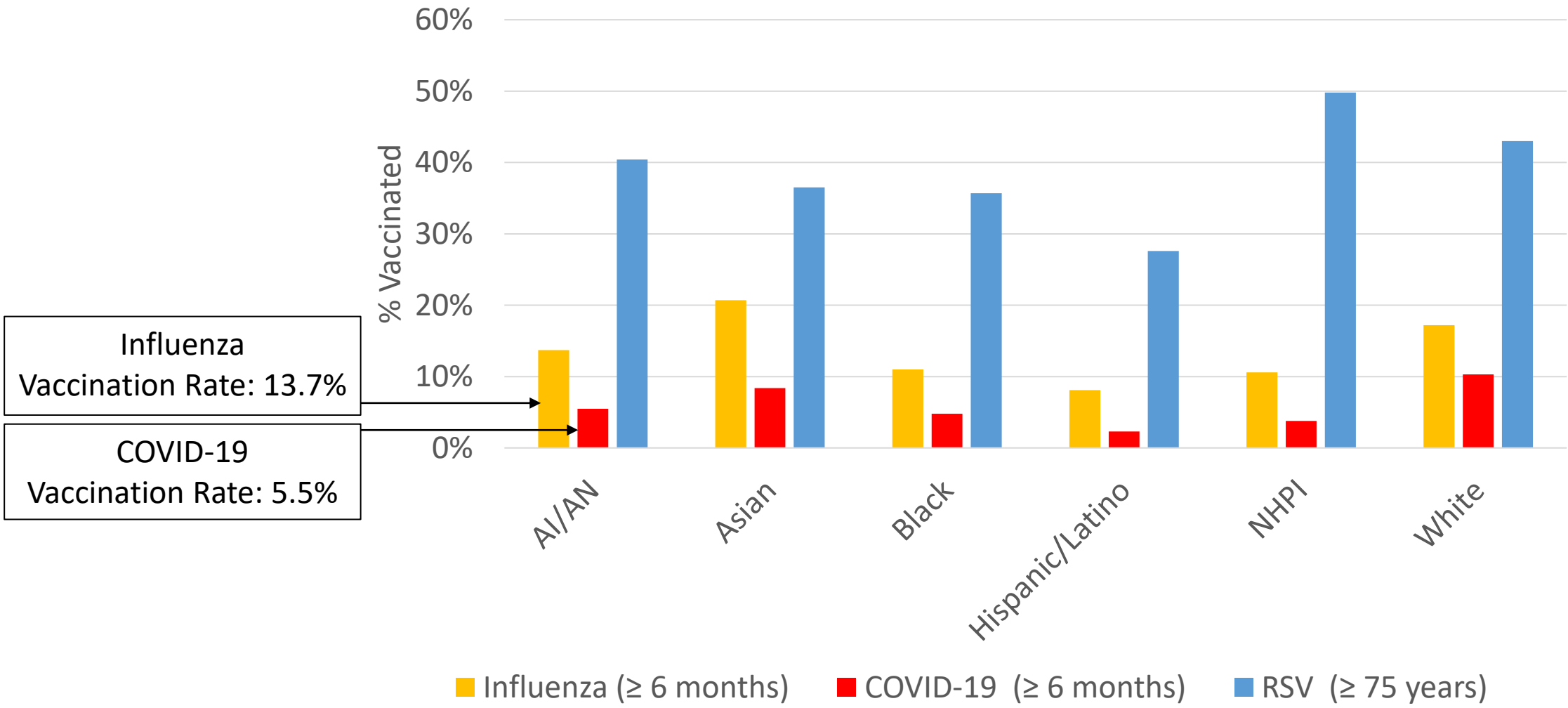
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% Weekly ER Visits Associated with **COVID-19**, AI/AN vs. non AI/AN — Idaho, 2026-27 vs. 2025-26 (through week 43, ending 10/31/26)



Data Source: ESSENCE
Courtesy Kacey Little, MPH, NPAIHB

Percent of People Vaccinated for Influenza, COVID-19 and RSV by Race/Ethnicity — Washington State, 2026-27 (through 10/26/26)



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

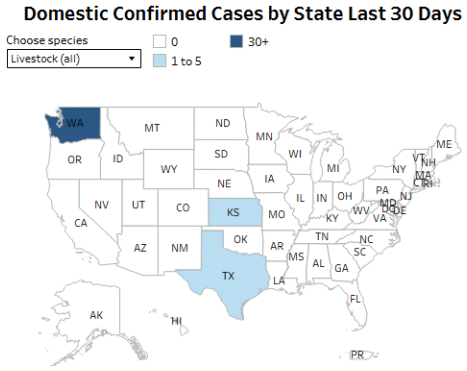
Avian Influenza (H5) Update

- Three residents of Yakima County have been diagnosed with H5N1 (first case reported on October 15; last case on 11/1). They were exposed to infected dairy cattle. One of these patients, who had underlying medical conditions, has died. The other two cases were mild.
- Current outbreak of H5N1 among dairy cattle at two farms in Yakima County and one farm in Benton County.
- The last human case of avian influenza (H5N5) in the U.S. occurred in November 2025 in Grays Harbor County related to a backyard poultry flock exposed to wild birds.

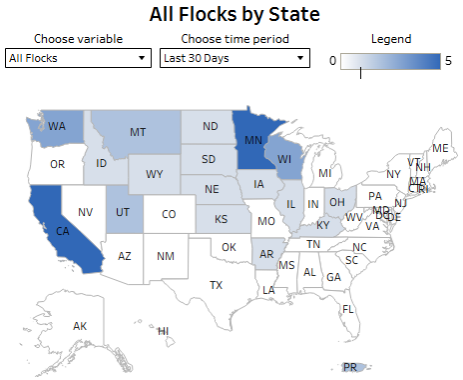
Cases of H5 (Confirmed and Probable) and Exposure Sources since 2024

	Total Number of Cases	Dairy Herds	Poultry Farms/ Culling Operations	Other (e.g. backyard flocks, wild birds, other mammals)	Unknown
U.S.	74 confirmed 7 probable	44 confirmed 1 probable	24 confirmed 5 probable	3 confirmed	3 confirmed 1 probable
Washington	15 confirmed 3 probable	3	11 confirmed 3 probable	1	0
Oregon	1 confirmed	0	1 confirmed	0	0
Idaho	0	0	0	0	0

Avian Influenza in Livestock and Domestic and Commercial Birds in the Past 30 Days (as of November 2, 2026)



https://www.aphis.usda.gov/livestock-poultry-disease/avian/avian-influenza/hpai-detections/hpai-confirmed-cases-livestock



https://www.aphis.usda.gov/livestock-poultry-disease/avian/avian-influenza/hpai-detections/commercial-backyard-flocks

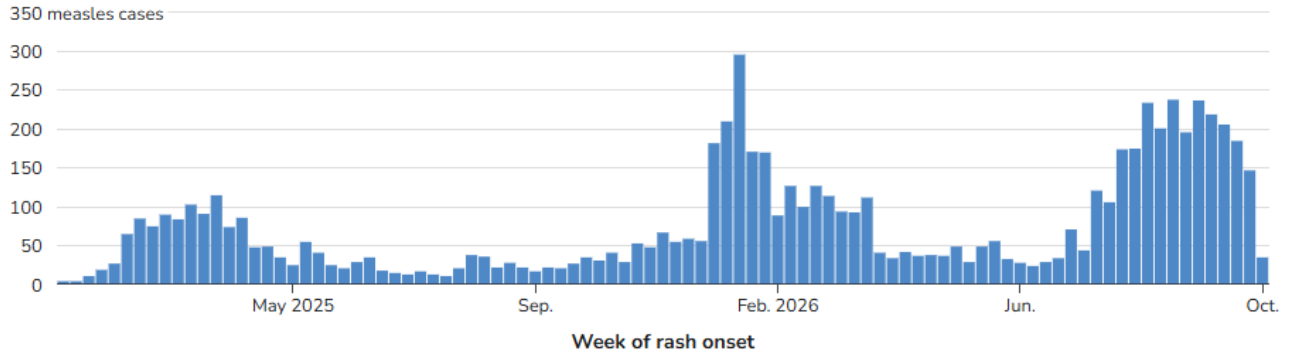
WA: Livestock (n=40): Dairy Milking Cows in Yakima and Benton County;
Backyard flocks (n=3) in Yakima and Kittitas County
ID: Backyard flocks (n=1) in Ada County
OR: None

Yakima Health District. Yakima County Resident Dies from Complications of Avian Influenza. Available at: https://www.yakimacounty.us/2417/Media-Releases#docaccess-a54c817ca8cdbdcf2bec342f57bbdebb; WADOH. Avian Influenza: https://doh.wa.gov/you-and-your-family/illness-and-disease-z/avian-influenza. 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 Washington State Dept. of Agriculture: https://agr.wa.gov/departments/animals-livestock-and-pets/avian-health/avian-influenza/hpai-(h5n1)-in-cattle-producer-resources
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

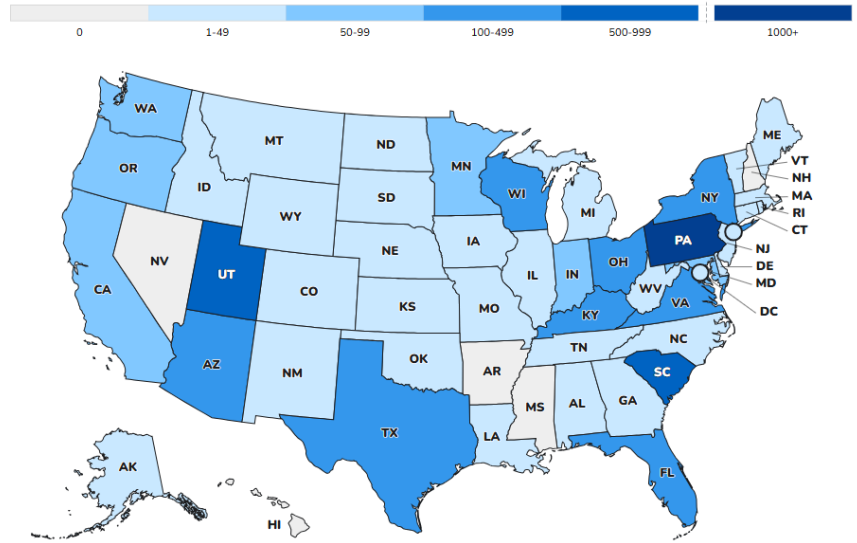
Measles — United States, 2026

- 4,852 confirmed cases during 2026 as of 10/29, over twice the total number of cases during 2025 (n=2,289).
- Cases in U.S. residents among 47 jurisdictions.
- 96% of cases are outbreak-associated (≥3 related cases).
- Age: 17% <5 years-old, 41% 5-19 years-old, 41% ≥ 20 years-old.
- 11% hospitalized.
- 96% unvaccinated or with unknown vaccination status, 2% one MMR dose, 2% two MMR doses.
- 1,433 cases in measles outbreak in Pennsylvania as of 11/2.
- Five deaths reported in Pennsylvania among unvaccinated persons with measles, including 2 infants two young to be vaccinated (Pennsylvania Department of Health). One child with measles in New York has also died.

Weekly Measles Cases — United States, 2025-26



Measles Cases Among U.S. Residents, 2026



Centers for Disease Control and Prevention. Measles Cases and Outbreaks. Available at: https://www.cdc.gov/measles/data-research/index.html
Commonwealth of Pennsylvania. Measles. Available at: https://www.pa.gov/agencies/health/diseases-conditions/infectious-disease/measles

Measles — Oregon, 2026 (N=60)

- **Ongoing outbreak in Clackamas and Multnomah counties.**
- No recent possible public exposure locations, for which the monitoring period has not yet passed.
- Measles virus was detected in wastewater during the 6-week period from 9/13/26-10/24/26 in the following counties:

  Yamhill, Douglas, Clackamas, Columbia, Marion, Wasco, Lincoln, Lane, Morrow, Jackson, Hood River, Deschutes, Josephine, Benton, Clackamas, Linn, Polk, Multnomah, Tillamook, Washington, Klamath, Umatilla, and Clatsop Counties.
- Five people (8%) with measles have been hospitalized this year.
- 93% of people were 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 — Portland Area, 2025-26

Location (State/County)	Number of Cases	
	2025 (N=26)	2026 (N=128)
Oregon	Total: 1	Total: 60
Washington	Total: 12	Total: 58
Clark		21
Snohomish	2	14
Kittitas		7
Walla Walla		7
Stevens		3
King	7	3
Grant		2
Spokane	1	1
Whatcom	2	
Idaho	Total: 14	Total: 10
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	

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

Summary

- Seasonal Respiratory Viruses:
  - % of ER visits associated with Influenza is increasing early.
  - % of ER visits associated with COVID-19 remains elevated, though in WA and OR, has declined from the peak of the late summer surge.
  - AI/AN have a higher risk of more severe disease due to Influenza and COVID-19 but vaccination coverage has significantly dropped.
    - For WA, last season, 27.3% were vaccinated for influenza and only 12.2% had received at least one 2025-26 COVID-19 vaccine.
    - For WA, this season so far, 13.7% have been vaccinated for influenza and 5.5% have been vaccinated for COVID-19.

- Avian influenza: three residents of Yakima County exposed to infected dairy cattle were diagnosed with H5N1, one of whom has died; the other two cases were mild. H5N1 outbreak among dairy cattle at two farms in Yakima County and one farm in Benton County. Previously, last human case in U.S. was in November 2025 related to a backyard poultry flock exposed to wild birds in Grays Harbor County, WA. No cases of human-to-human transmission in the U.S.

- Measles:
  - 4,852 confirmed cases in the U.S. during 2026 as of 10/29, over twice the total number of cases during 2025 (n=2,289).
  - 96% of cases unvaccinated or with unknown vaccination status.
  - Portland Area: Oregon: 60 cases (current outbreak in Multnomah and Clackamas Counties), Washington: 58 cases; Idaho: 10 cases.
  - ≥ 95% vaccine coverage is recommended to prevent measles outbreaks in communities.
  - In 2025-26, MMR coverage among kindergartners continued to decline to 90.6% for Washington state, 89.6% for Oregon, and 75.2% for Idaho.

Centers for Disease Control and Prevention. Vaccine Coverage and Exemptions among Kindergartners. Available at: https://www.cdc.gov/schoolvaxview/data/index.html
Washington DOH. Respiratory Immunization Data. Available at https://doh.wa.gov/data-statistical-reports/health-behaviors/immunization/respiratory-immunization-data

Recommendations: Seasonal Respiratory Viruses

- Encourage your patients, families, and communities to receive annual updated influenza and COVID-19 vaccines (age 6 months +). Persons ≥ 65 years recommended to preferentially receive a high dose or adjuvanted influenza vaccine or mRNA influenza vaccine and should received a 2nd COVID-19 vaccine 6 months later.
- RSV protection of infants: Maternal RSV vaccination (Sept. 1-March 1): with Pfizer's Abrysvo at 32-36 weeks gestation for those who did not receive RSV vaccine during a prior pregnancy. RSV monoclonal antibody (Oct. 1- March 31): infants < 8 months whose mother did not receive the maternal RSV vaccine before or during current RSV season or received it <2 weeks before delivery (nirsevimab or clesrovimab) and for all AI/AN children age 8-19 months (nirsevimab).
- RSV vaccinations for adults: One time vaccine for everyone ≥75 years-old; those who are immunocompromised (all ≥18; for those <18 years, with shared decision-making); and those age 50-74 at increased risk, which in addition to chronic medical conditions includes residence in a nursing home, frailty, or residence in a remote community.

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

Influenza: Treatment

- Influenza antivirals [e.g. oral oseltamivir, for adults 75 mg twice daily X 5 d) should be started at soon as possible for adults and children with suspected or confirmed influenza, regardless of vaccination history, who have severe or progressive illness, regardless of duration, or who are at increased risk for severe influenza-associated complications.

- Antiviral treatment can be considered for those not at high risk who have suspected or confirmed influenza, regardless of vaccination history, who have had symptoms for ≤ 48 hours, who live with someone at high risk for severe influenza-associated complications (particularly those who are severely immunocompromised), or who are healthcare providers who care for patients at high risk for severe influenza-associated complications.

- Patients should be educated to present early after onset of an influenza-like or respiratory illness as influenza antivirals are most effective when started within 48 hours after symptom onset.

Uyeki TM, et al. Clinical Practice Guidelines by the Infectious Diseases Society of America: 2018 Update on Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management of Seasonal Influenza. *Clin Infect Dis*. 2019.
CDC. Influenza Antiviral Medications: Summary for Clinicians. Available at: https://www.cdc.gov/flu/hcp/antivirals/summary-clinicians.html#Table1

Influenza: Post-exposure Prophylaxis

- Post-exposure prophylaxis (e.g. oseltamivir given once daily instead of twice daily) considered within 48 hours of exposure given for 7 days after last exposure in following situations:
  - Household exposure to influenza for those aged ≥ 3 months at very high risk for severe influenza-associated complications and who cannot be vaccinated or who are unlikely to respond to vaccine.
  - Children at high risk for severe influenza-associated complications who have not yet been vaccinated, have been vaccinated in the past 2 weeks, or when there is a poor match between the vaccine and circulating strains (AAP).
  - Unvaccinated adults and children ≥ 3 months who live with a person at very high risk of severe influenza-associated complications, given together with influenza vaccination.
  - Alternatively, patients and parents can be educated regarding early empiric initiation of influenza antiviral treatment for respiratory illnesses prior to obtaining test results.
- For recommendations regarding institutional outbreak control, please see IDSA guidelines.

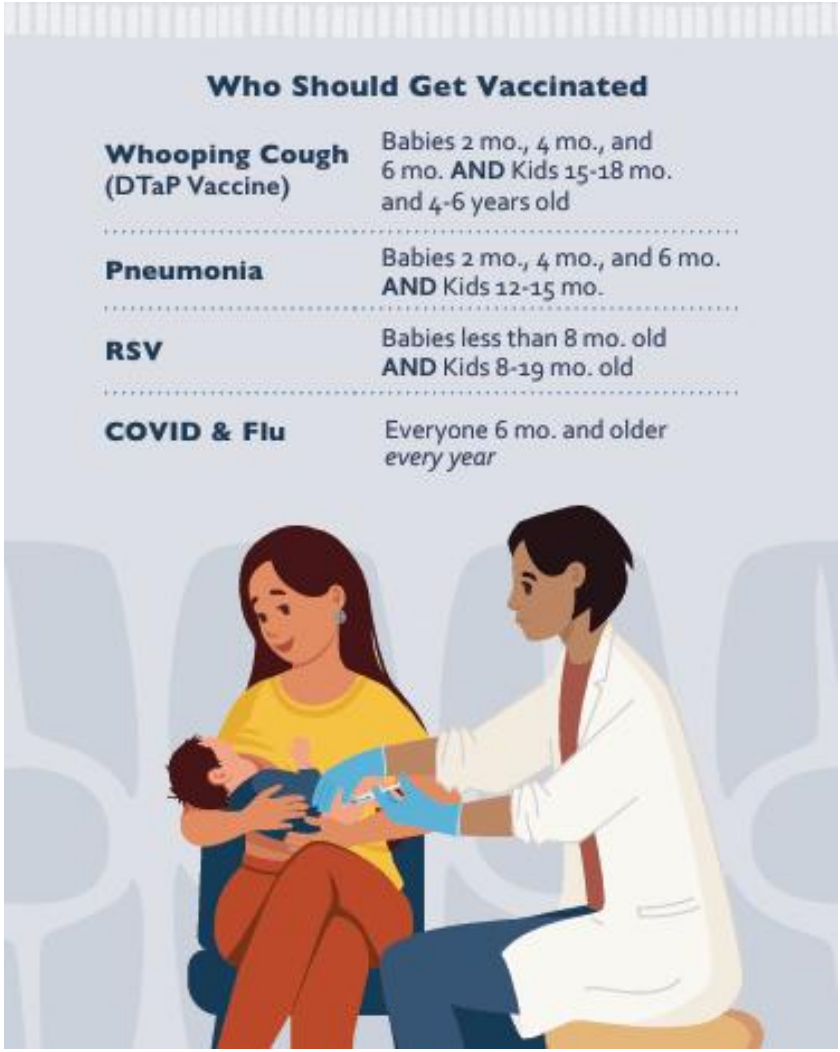
Uyeki TM, et al. Clinical Practice Guidelines by the Infectious Diseases Society of America: 2018 Update on Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management of Seasonal Influenza. *Clin Infect Dis*. 2019.
American Academy of Pediatrics Committee on Infectious Diseases. Recommendations for Prevention and Control of Influenza in Children, 2026-2027: Policy Statement. Pediatrics. 2026:doi: 10.1542/peds.2026-078778.

Respiratory Virus Immunization Recommendations

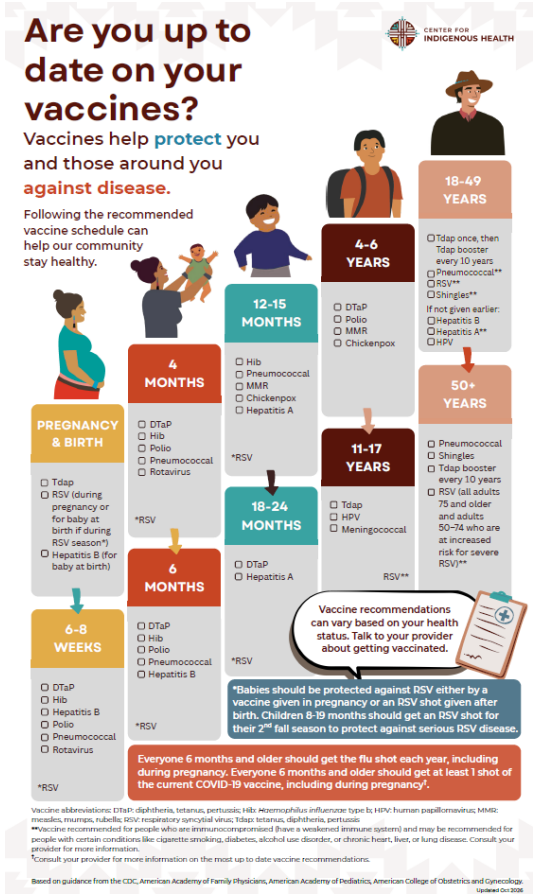
NPAIHB: Native Boost



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

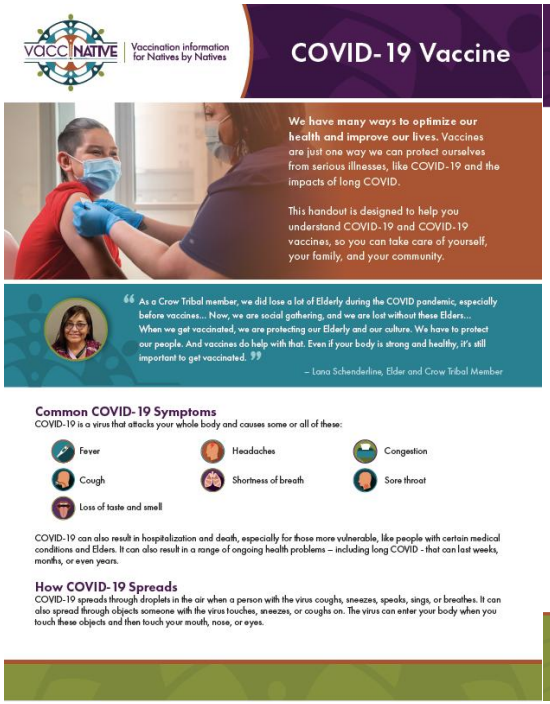


Johns Hopkins Center for Indigenous Health



https://cih.jhu.edu/wp-content/uploads/2025/09/CIH-Vaccine-Schedule_-8.5x11.pdf

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/

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

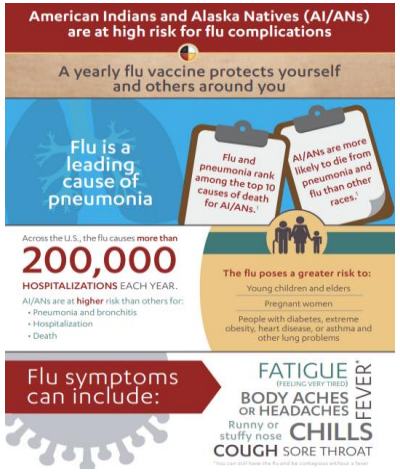
Johns Hopkins Center for Indigenous Health. Knowledge Center: Resource Library

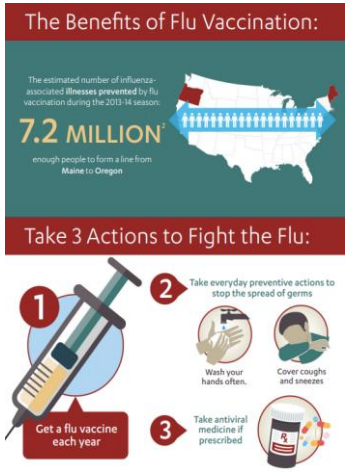
Indian Country ECHO/UNM Project ECHO: Making a Strong Vaccine Recommendation: Vaccine Communication, MMR Vaccine Outreach Strategies, Current Measles Response and Clinical and Prevention Best Practices

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







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

Recommendations: Avian Influenza (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.

- 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.

- Hunters: Do not 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.

- General public: Avoid raw dairy products and undercooked poultry/eggs. Avoid raw pet food; prevent cats from hunting birds. Do not handle sick wildlife without PPE.

- 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.

➢ **Ask patients with symptoms of acute respiratory illness or conjunctivitis, about exposures to sick or dead wild and domestic animals** (e.g. backyard flocks, cats, wild birds, commercial poultry/livestock operations), **products from potentially infected animals** (e.g. raw dairy products, poultry, raw pet food**), or exposures to a person with avian influenza in the past 10 days.**

➢ **Patients suspected to have avian influenza should be immediately reported to Local or Tribal Public Health and tested for influenza A by PCR. If risk factors present, specimens positive for influenza A should be sent for subtyping (e.g. State PHL or Quest, Labcorp, ARUP); a**ll specimens from hospitalized patients with influenza A should be sent for subtyping. **Precautions for avian influenza: Standard, contact, and airborne with eye protection. Treat suspected cases with oseltamivir.**

➢ **Post-exposure prophylaxis recommended for persons with unprotected exposures [e.g. oseltamivir twice daily (for seasonal influenza oseltamivir PEP is given once daily)].**

CDC. Reducing Exposure for Workers to Avian Influenza A Viruses. Available at: https://www.cdc.gov/bird-flu/worker-safety/index.html; How H5 Bird Flu Could Spread on a Dairy Farm and PPE: https://www.cdc.gov/bird-flu/media/pdfs/2024/11/Bird-Flu-Could-Spread-Handout.pdf. Clinical Guidance for Evaluating Patients and Treatment and Post-exposure Prophylaxis (PEP) of Influenza A(H5N1) Virus Infection. https://www.cdc.gov/bird-flu/hcp/clinicians-evaluating-patients/clinical-guidance-treatment.html#cdc_generic_section_8-interim-risk-categories-by-exposure
WA DOH:Provider Alert. https://doh.wa.gov/sites/default/files/2026-10/ProviderAlert-FluTestingSubtyping-Sept2026.pdf; https://doh.wa.gov/you-and-your-family/illness-and-disease-z/bird-flu; Washington State Dept. of Agriculture: https://agr.wa.gov/departments/animals-livestock-and-pets/avian-health/avian-influenza; Washington Department of Fish and Wildlife: https://wdfw.wa.gov/species-habitats/diseases/bird-flu#human-hpai; Idaho State Department of Agriculture: https://agri.idaho.gov/animals/animal-disease/avian-influenza/
Oregon Department of Agriculture: 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: https://www.dfw.state.or.us/wildlife/health_program/avian-flu/index.asp

Resources for H5 Prevention

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

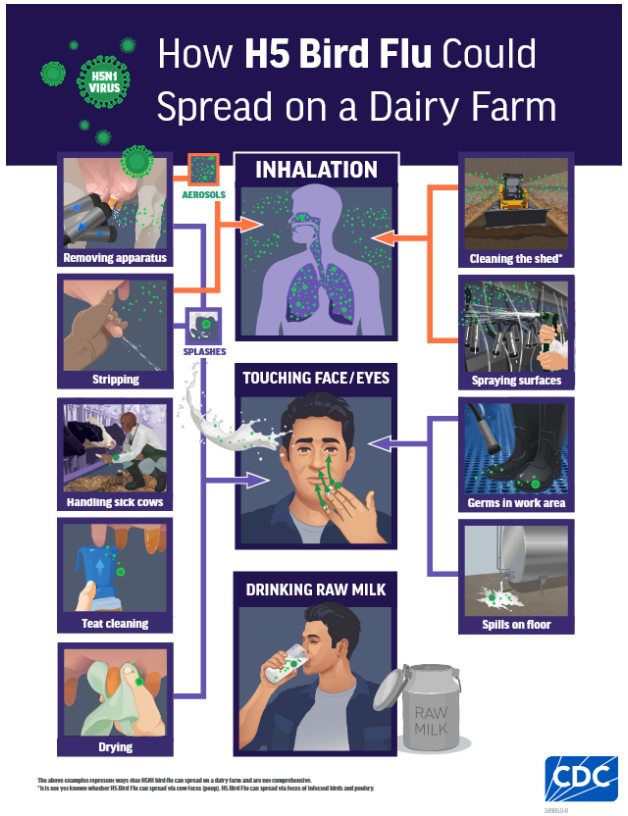
Centers for Disease Control and Prevention. Reducing Exposure for Workers to Avian Influenza A Viruses. Available at: https://www.cdc.gov/bird-flu/worker-safety/index.html

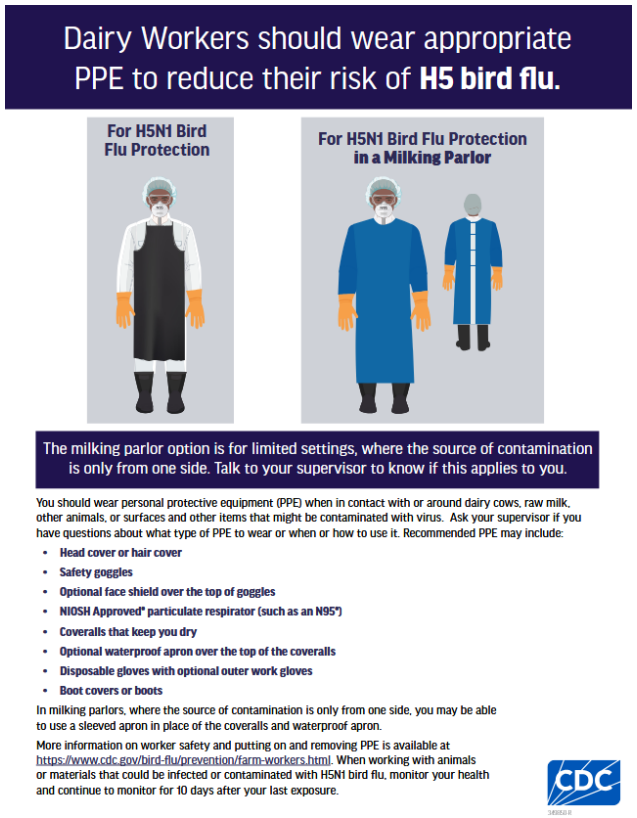
Idaho State Department of Agriculture. Avian Influenza. Available at: https://agri.idaho.gov/animals/animal-disease/avian-influenza/

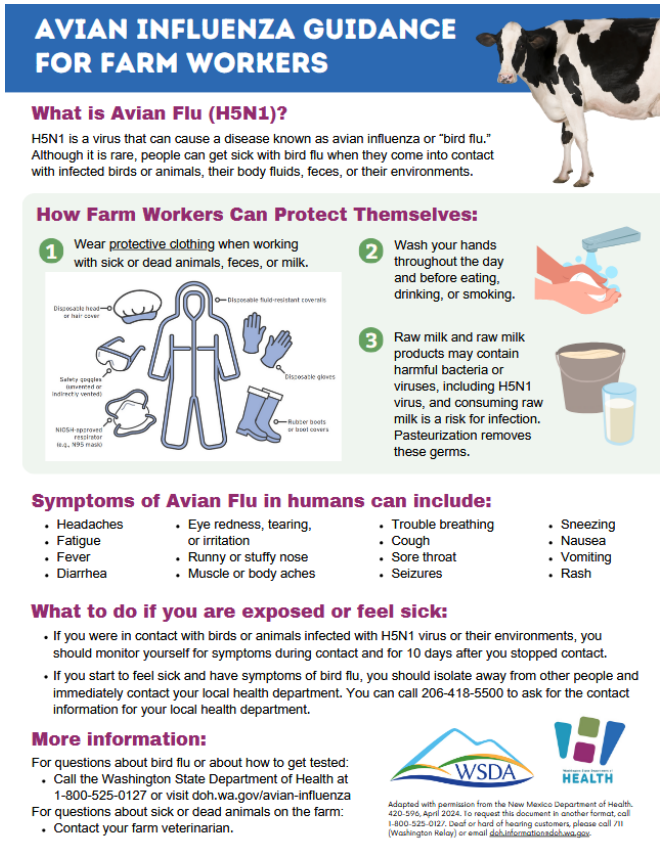
Oregon Department of Agriculture. Avian Influenza. Available at: https://www.oregon.gov/oda/animal-health-feeds-livestock-id/animal-diseases/avian-influenza/Pages/default.aspx

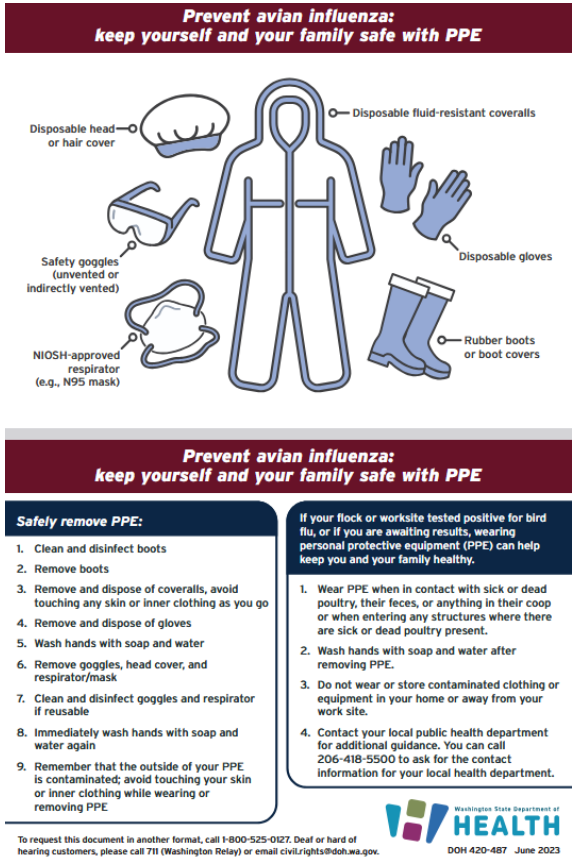
Oregon Department of Fish and Wildlife. Wildlife and Fish Health - Avian Flu. Available at: https://www.dfw.state.or.us/wildlife/health_program/avian-flu/index.asp

Examples of Flyers on PPE for Workers









CDC. How H5 Bird Flu Could Spread on a Dairy Farm and PPE: https://www.cdc.gov/bird-flu/media/pdfs/2024/11/Bird-Flu-Could-Spread-Handout.pdf
WA DOH. Bird Flu (Avian influenza): https://doh.wa.gov/you-and-your-family/illness-and-disease-z/bird-flu; Avian Influenza Guidance for Dairy Workers: https://doh.wa.gov/sites/default/files/2024-04/420596-AvianFluGuidanceforFarmWorkers.pdf

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.

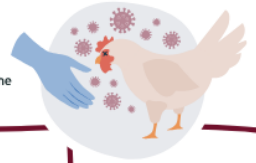
- Keep a separate pair of shoes and other supplies you use when caring for birds outside your home.
- Clean your birds' supplies, such as water or food containers, outside.

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 GUIDANCE FOR BACKYARD FLOCK OWNERS



What is Avian Influenza (H5N1)?

H5N1 is a virus that can cause a disease known as avian influenza or "bird flu." Although it is rare, people can get sick with bird flu when they come into contact with infected birds or animals, their body fluids, feces, or their environments.

How to Protect Yourself Around Sick or Dead Poultry

1. Wear protective clothing when working with sick or dead birds or their environments. You can buy these items online or at many retail, hardware, or feed stores.



2. Wash your hands throughout the day, after removing protective clothing, and before eating or drinking.



3. Keep a separate pair of shoes and other supplies you use when caring for birds outside your home. Remove contaminated clothing outside and shower after working with sick or dead birds or their environments.





Symptoms of Avian Influenza in humans can include:

- Fever or chills
- Sore throat
- Difficulty breathing
- Eye tearing, redness, or irritation
- Headaches
- Muscle or body aches
- Diarrhea
- Cough
- Runny or stuffy nose
- Vomiting

What to do if you are exposed or feel sick:

- If you were in contact with birds or animals infected with H5N1 virus or their environments, you should monitor yourself for symptoms during contact and for 10 days after you stopped contact.
- If you start to feel sick and have symptoms of bird flu, you should isolate away from other people and immediately contact your local health department (scan QR code to learn more), or call 206-418-5500.

Scan to find your local health jurisdiction

More information:

For questions about bird flu or about how to get tested:
- Call the Washington State Department of Health at 1-800-525-0127 or visit doh.wa.gov/avian-influenza

For questions about sick or dead animals on the farm:
- Contact your farm veterinarian.

WSDA

Washington State Department of HEALTH

DOH 420-672 April 2025. To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.



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*

WADOH: Bird Flu and Backyard Flock Owners: https://doh.wa.gov/you-and-your-family/illness-and-disease-z/bird-flu/backyard-flock-owners; How to Prepare for a Healthy Family and Flock: https://doh.wa.gov/sites/default/files/2023-03/420467-PrepareHealthyFamilyFlock.pdf; Avian Influenza Guidance for Backyard Flock Owners: https://doh.wa.gov/sites/default/files/2025-07/420-672-AvianInfluenzaGuidanceBackyardFlockOwners.pdf
USDA. Protect your Poultry from Avian Influenza: https://www.aphis.usda.gov/sites/default/files/bro-protect-poultry-from-ai.pdf
Idaho State Department of Agriculture. Avian Influenza in Idaho: Information for Bird Owners: https://agri.idaho.gov/wp-content/uploads/animal-industries/hpai-bird-owner-info.pdf

Information 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."

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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

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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
WADOH. Avian Influenza and Your Health: Hunters and Hunting FAQs. Available at: https://doh.wa.gov/sites/default/files/2023-06/420482-AvianInfluenzaHuntersFacts.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=

Reporting Sick or Dead Animals

Washington

Domestic Birds: Washington State Department of Agriculture Avian Health Program: Domestic Sick Bird Reporting Form: https://survey123.arcgis.com/share/5e0bb3eaf3ae44b69cf6dcf34e89524e or call 1-800-606-3056.

Wild Birds or Animals: Washington Department of Fish and Wildlife: Wild Sick or Dead Bird or Animal Reporting Form: https://survey123.arcgis.com/share/1550804e5fd743668049e06d5ad8836a

Oregon

Domestic Birds: Oregon State Veterinarian. Phone: 503-986-4711 or AHHotline@oda.oregon.gov

Wild Birds: Oregon Department of Fish and Wildlife. Phone: 1-866-968-2600

Idaho

Domestic/Farm Birds: Idaho State Department of Agriculture: https://agri.idaho.gov/animals/animal-disease/avian-influenza/avian-influenza-screen/. Phone: 208-332-8540

Wild Birds: Idaho Fish and Game. Contact information at: https://idfg.idaho.gov/conservation/wildlife-health

Recommendations: Measles

- Ensure your patients, families, and community are up to date on their measles immunizations (goal ≥95% up to date) and immunizations for other vaccine-preventable diseases.
- 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.


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