Infectious Disease Society of Oregon

November 6, 2026

Providence Willamette Conference Center

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Public Health Division of OHA

Richard BRUNO, MD MPH
Health Officer
Multnomah County Health Department

Welcome and fun fact

Genevieve BUSER



From what country did she recently return?

Richard BRUNO



Who played the “Tram Song” on the opening day of the OHSU Aerial Tram in 2006?

We have no financial disclosures to report.

Agenda: Bon appetit!

- OHA and MCHD Introduction
  - Immediately reportable diseases
- Respiratory disease current trends: Influenza, COVID, RSV, Measles
- Ebola Persons-Under-Monitoring: Algorithm and Coordination
- Rabies: Testing and PEP algorithm
- Spotlight on Congenital Syphilis
- Innovative approaches:
  - Rapid POC HIV/Syphilis
  - Wastewater surveillance for Measles
- Get engaged with public health! Portland Metro area Health System Respiratory Season Call
  - Next: November 18th at noon

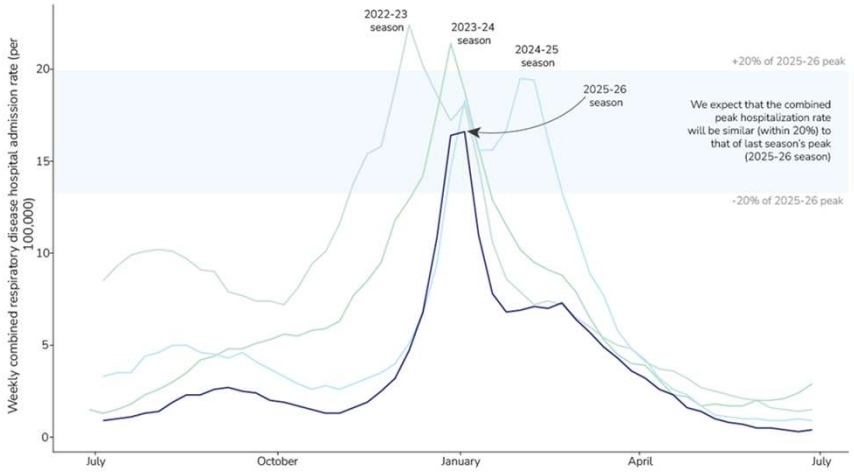
Objectives

- Respiratory season 2026–2027?
- What is the 2026 school entry (kindergarten) non-medical exemption rate for ANY vaccine?
- For which infectious diseases does Oregon monitor its wastewater at participating surveillance sites?
- How many people with high-risk exposure to Ebola are living in Oregon?
- How many dogs have transmitted rabies to humans in Oregon since 2000?

Respiratory viruses

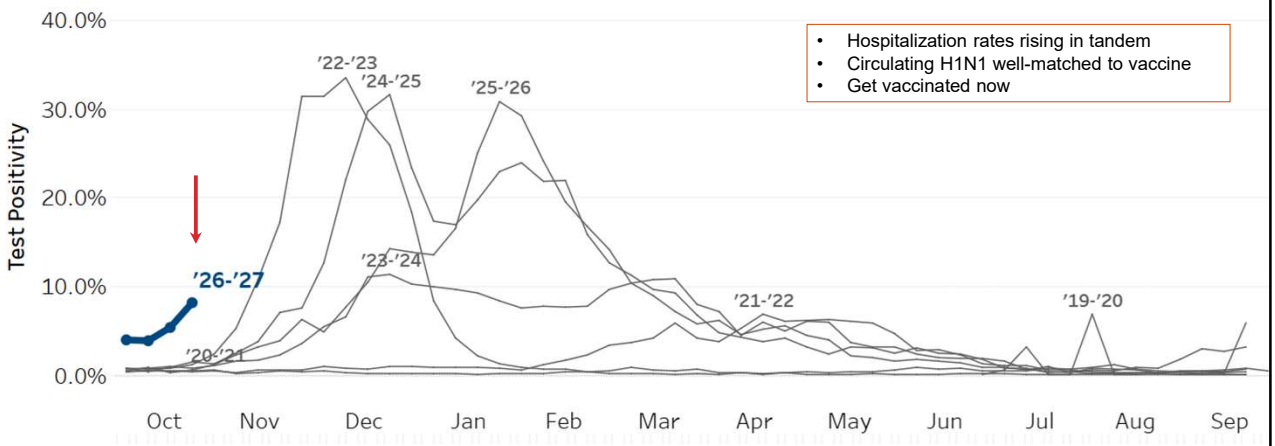
Slides courtesy of Melissa Sutton, MD, MPH
Medical Director, Respiratory Viral Pathogens

CDC expects a similar level of combined respiratory virus activity this season

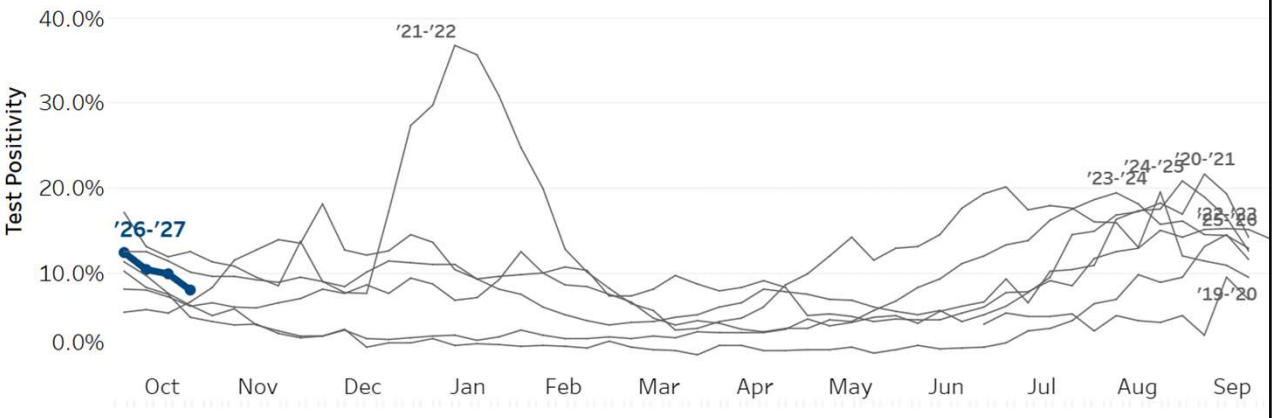


Center for Forecasting and Outbreak Analytics, Respiratory Season Outlooks uses expert judgement, historical data and modeling to provide high-level information on how 2026-2027 season peak hospitalization *could* unfold.

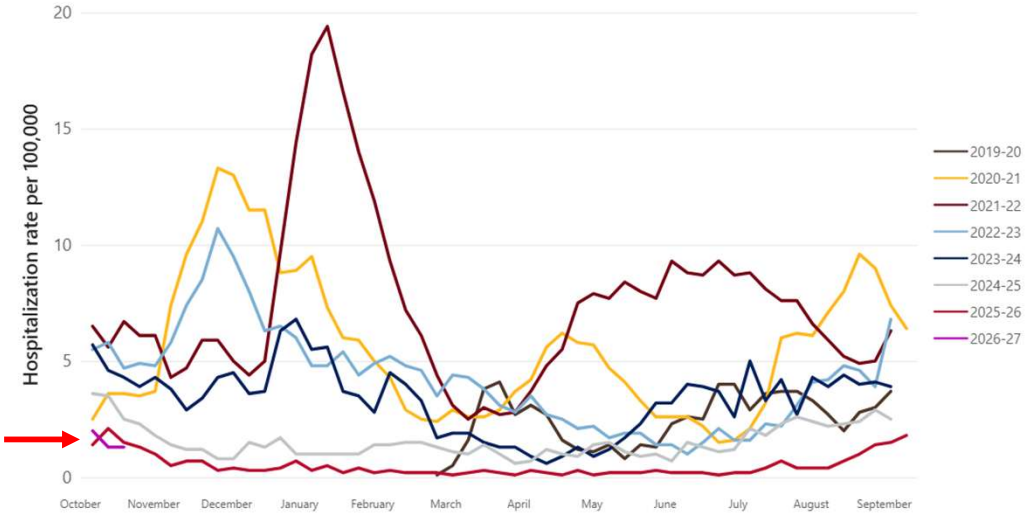
Influenza community transmission, Oregon



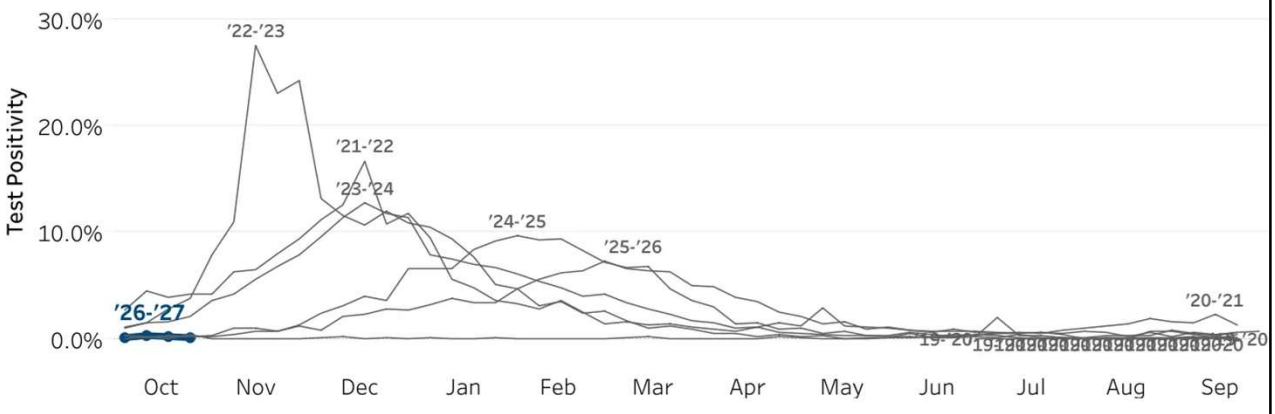
COVID-19 community transmission, Oregon



COVID-19 hospitalization rates, Oregon



RSV community transmission, Oregon



RSV seasonality is atypical in Oregon

Because RSV seasonality is atypical in Oregon, OHA recommends the use of local epidemiology to guide pre-exposure product use

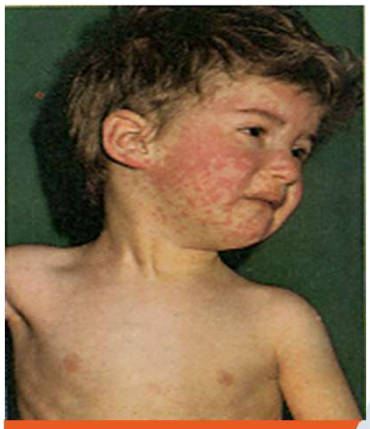
For infant products, we alert partners via HAN when we begin to see RSV activity increase and when we see RSV activity end for the season

For maternal products, we alert partners via HAN when RSV activity necessitates use outside of the October-February timeframe

- Eligible for prophylaxis:
  - All infants born during or entering their first RSV season*; or
  - high-risk infants 8–19 months entering their second season (expanded 2026)
  - Two licensed monoclonal antibody products for infants <8 months

*unless vaccination occurred during pregnancy

Released 26 Oct 2026: https://publications.aap.org/pediatrics/article/158/5/e2026079047/208784/Recommendations-for-the-Prevention-of-Respiratory







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Measles

Photos and slides courtesy of Paul Cieslak, MD, Melissa Sutton, MD, MPH, and Oregon Immunization Program

Measles: Complications

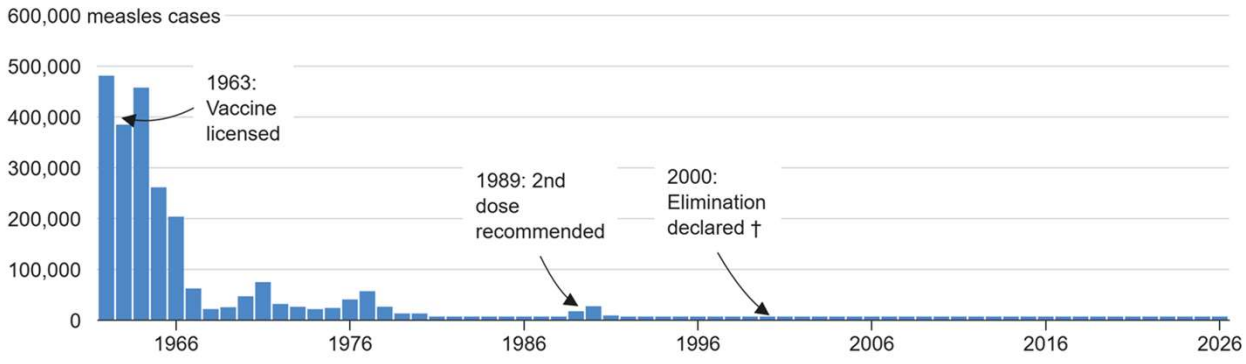
- Complications are more common in
  - children <5 years old, newborns
  - adults >20 years old
  - pregnancy
  - immunocompromised persons

Hospitalization	1 out of 4
Ear infection	1 out of 10
Pneumonia	1 out of 20
Encephalitis	1 per 1,000
Death	1–2 per 1,000

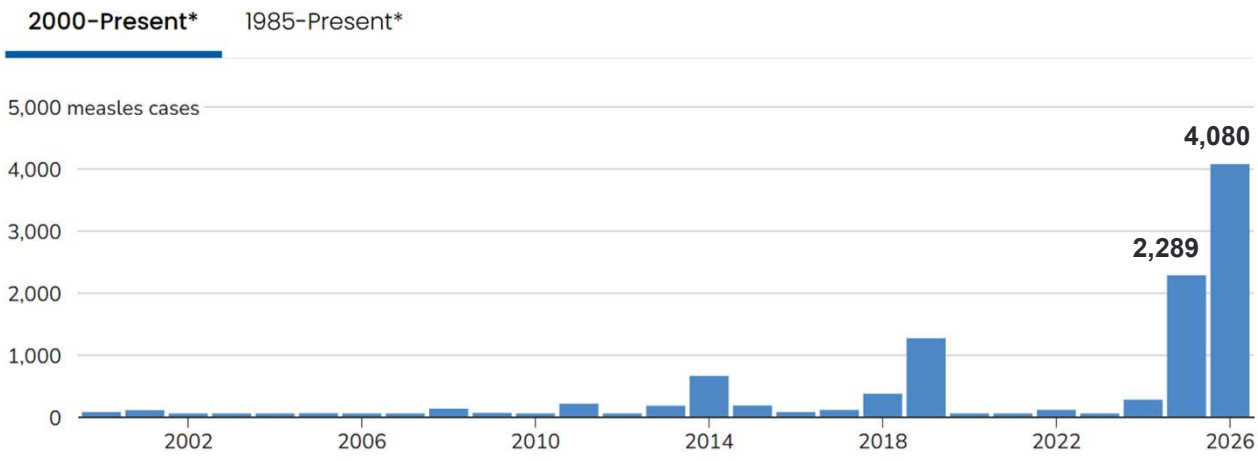


https://www.cdc.gov/measles/hcp/clinical-overview/index.html

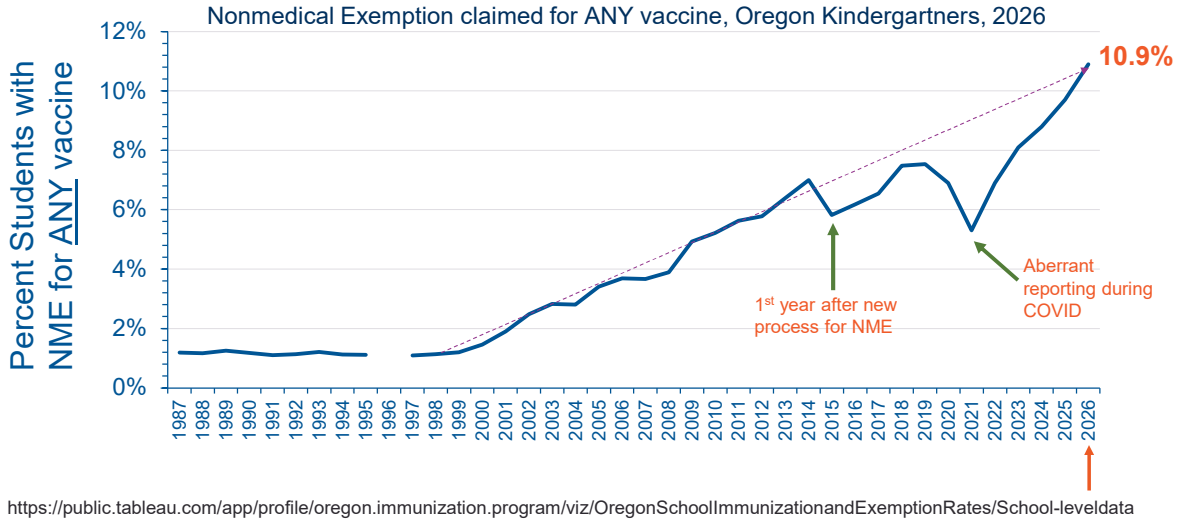
Measles cases in the United States, 1962-2026



Measles cases in the United States, 2000-2026

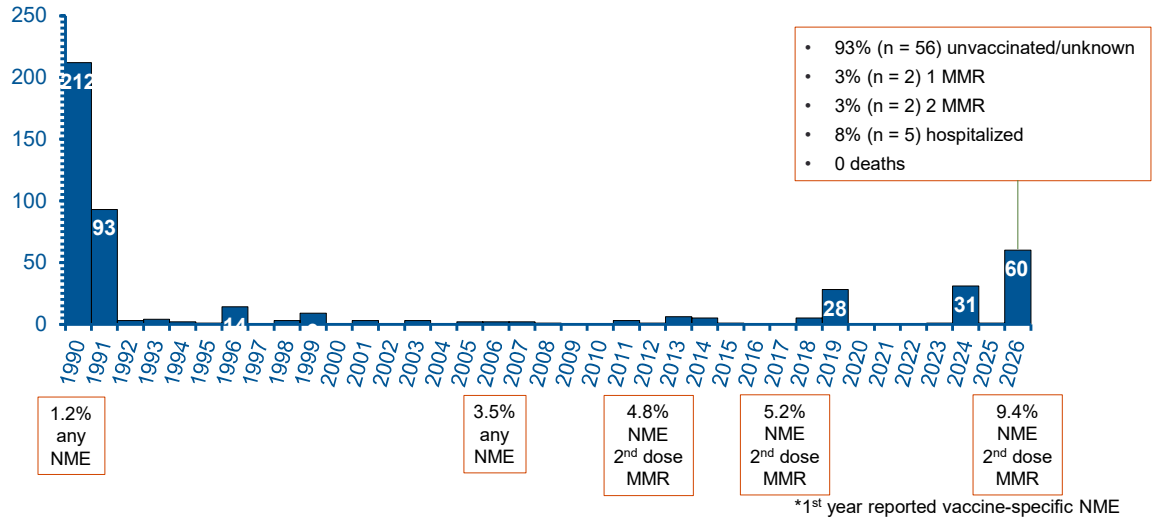


Prevention: Maintain high vaccination rates



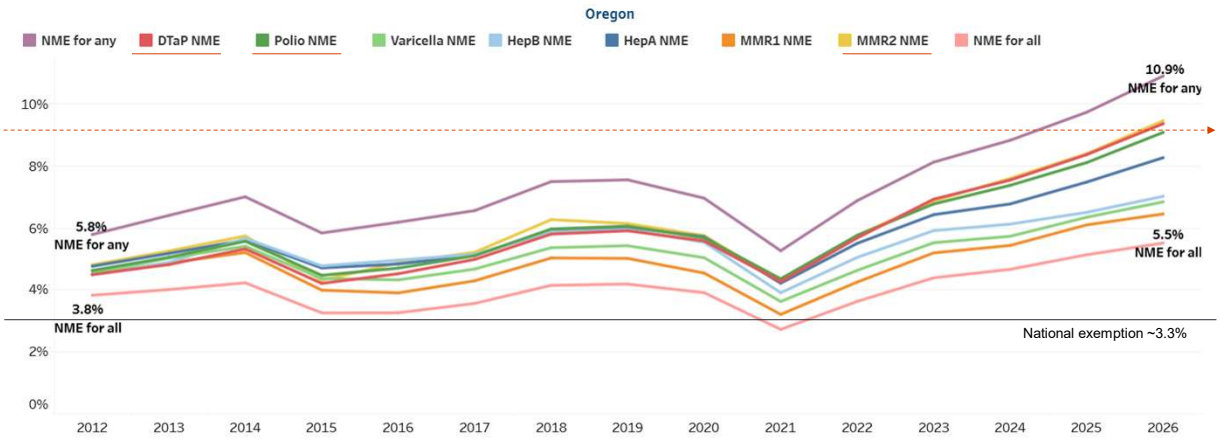
https://public.tableau.com/app/profile/oregon.immunization.program/viz/OregonSchoolImmunizationandExemptionRates/School-leveldata

Measles cases in Oregon, 1991-2026



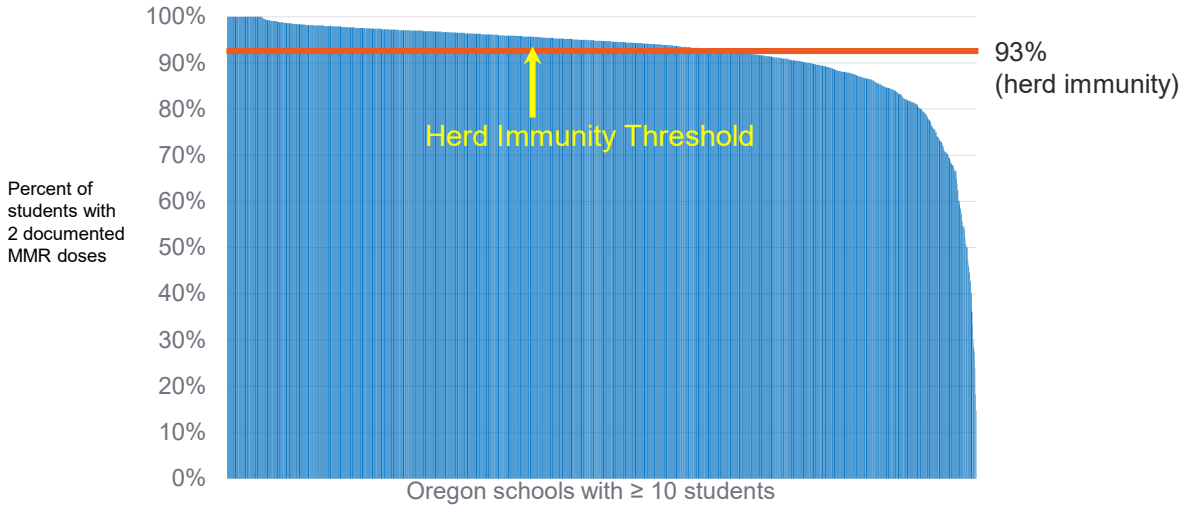
*1st year reported vaccine-specific NME

Nonmedical vaccine exemptions, not just MMR



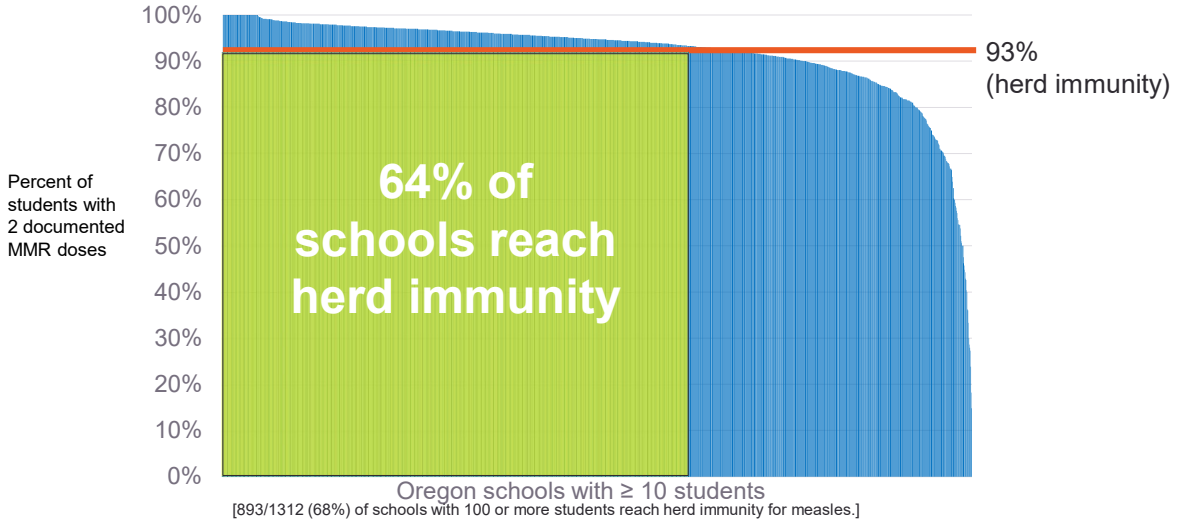
https://public.tableau.com/app/profile/oregon.immunization.program/viz/OregonSchoolImmunizationandExemptionRates/School-leveldata

Percent complete for 2 doses of measles vaccine, Grades K–12, 2026 (N = 1,666 schools)



OREGON IMMUNIZATION PROGRAM

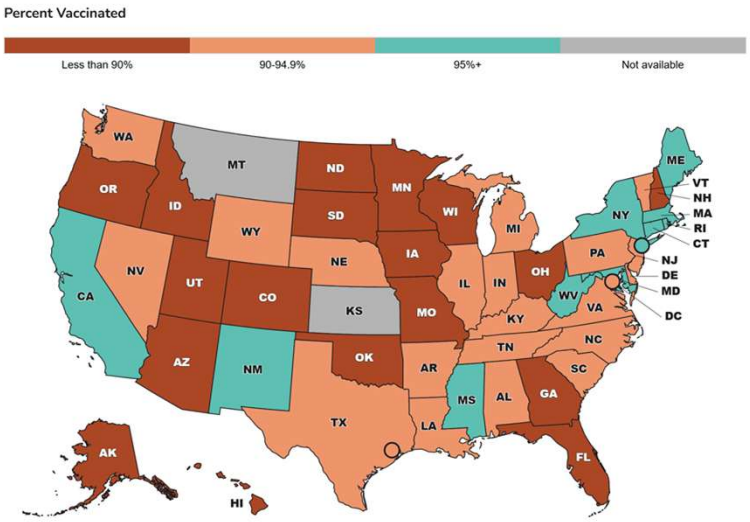
Percent complete for 2 doses of measles vaccine, Grades K–12, 2026



[893/1312 (68%) of schools with 100 or more students reach herd immunity for measles.]

OREGON IMMUNIZATION PROGRAM

MMR vaccine coverage for kindergarteners by school year (2025–2026)



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Ebola

Ebola in East Africa



- Over 9000 cases related to the Bundibugyo outbreak since May 2026
- Areas of active transmission: Democratic Republic of Congo and Uganda
- Nearly 50% fatality rate
- Symptoms of viral hemorrhagic fever: headache, sore throat, rash, n/v/d, abd pain, dry cough, internal bleeding
- High risk exposures: contact with person with known/suspected VHF or their body fluids or a breach in IPC precautions without PPE, attending funeral rituals
- Risk of global Ebola virus spread is low (van Zandvoort, 2026)

Ebola in East Africa

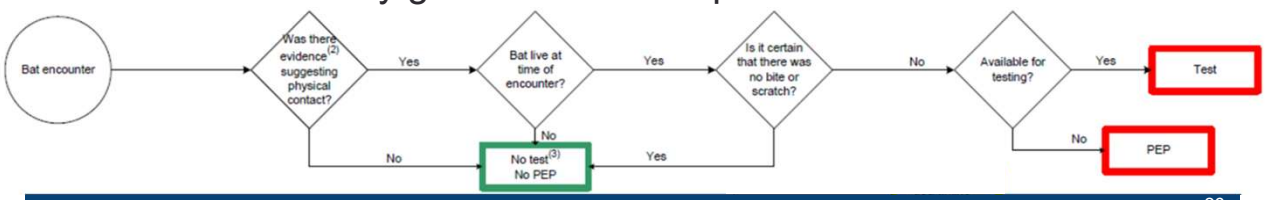
- **High-risk individuals** must quarantine outside of the US for 21 days before being admitted into the US
- **Low-risk individuals** monitored by OHA for 21 days: Over 200 Persons Under Monitoring (PUMs), with 9 considered low-risk
- **No-risk individuals** self-monitor for 21 days, given risk assessment letter to show if they need to seek care for regular health issues
- Public health and EMS teams use a workflow for all PUMs statewide to access transport & evaluation
  - E.g., activate SAFE-1 ambulance and Special Pathogen Unit at Legacy Good Samaritan



Rabies

Rabies

- Rabies is present in certain animal reservoirs in Oregon
- Since 2000, the following animals have tested positive:
  - Bats (>200)
  - Cats (2)
  - Foxes (27)
  - Coyotes, skunks, goats (5)
- LPHAs commonly get calls from the public in the summer months



Rabies

OHA investigative guidelines for bat exposures

Rabies post-exposure treatment should be considered if:

- There was physical contact with a person where a **bite or scratch** occurred or could not be ruled out;
- Even in the absence of known physical contact, if the bat had access to an unattended young child, a person under the influence of alcohol or drugs, or a person with other sensory or mental impairment;

AND the bat

- is found to be rabid;
- is not available for testing;
- was untestable.



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Congenital Syphilis

Congenital Syphilis is a serious infection

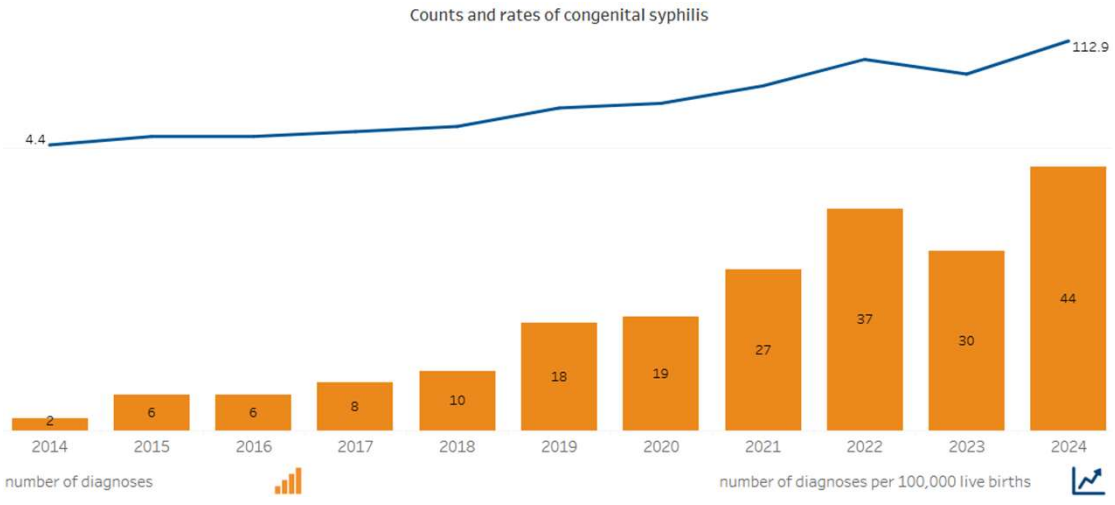
- Congenital syphilis results from transplacental infection of the fetus
- In primary (chancre) and secondary syphilis (rash), 80% of infants are affected
  - 25% stillbirth, 14% neonatal death, 41% alive but affected
- In late syphilis (asymptomatic), 23% of infants are affected
  - 12% stillbirth, 9% neonatal death, 2% alive but affected
- The clinical manifestations are varied:
  - Reticuloendothelial
  - Mucocutaneous
  - Skeletal
  - Neurologic, ocular, otic
  - Other (renal, hepatic, pulmonary, GI)







The Rate of Congenital Syphilis increased significantly over the last decade, Oregon 2014-2024



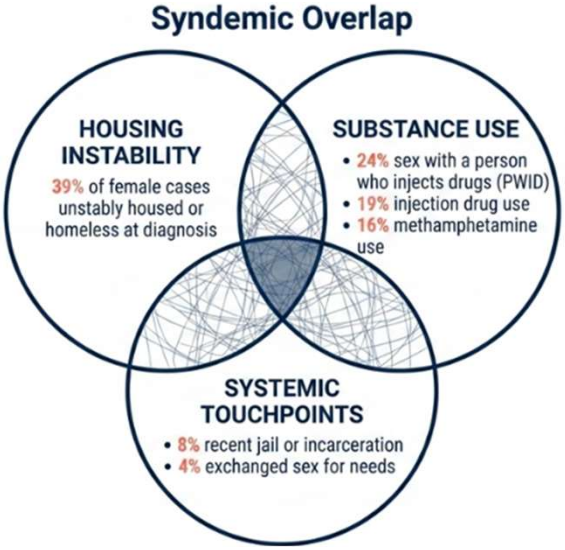
Source: Oregon Health Authority

All syphilis infections by stage, Multnomah County residents, 2018-2026

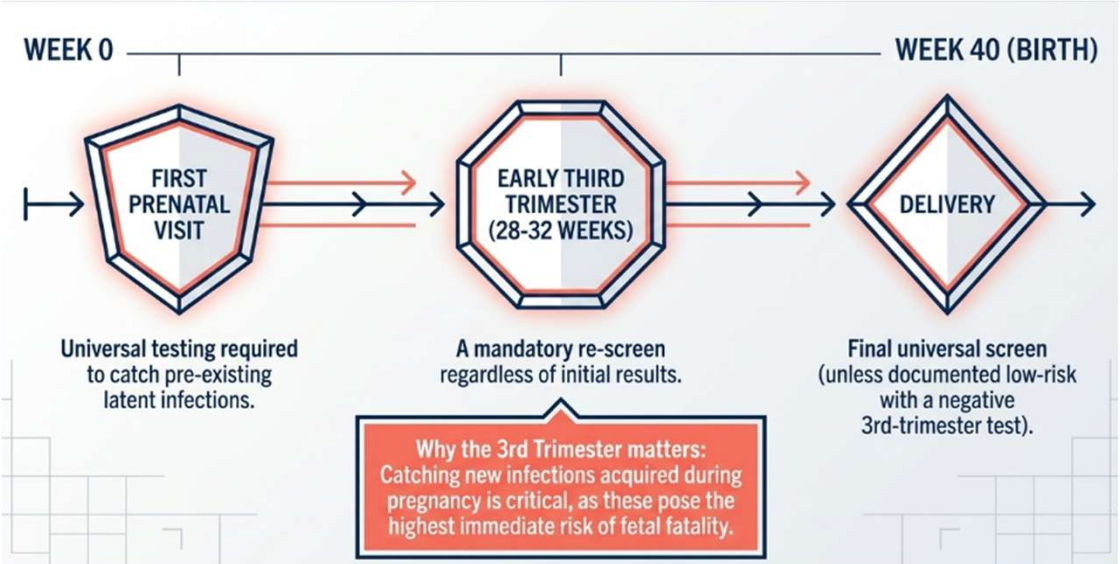
Syphilis infection by stage (darker colors=more cases)

	2018	2019	2020	2021	2022	2023	2024	2025	2026
Primary	101	121	123	165	159	91	61	34	27
Secondary	91	94	157	242	208	154	81	61	26
Early non-primary non-secon..	146	194	179	255	220	164	101	76	46
Late or unknown duration	124	157	152	214	239	270	287	241	177
Congenital	5	8	7	8	7	11	13	14	4

Congenital Syphilis in Multnomah County

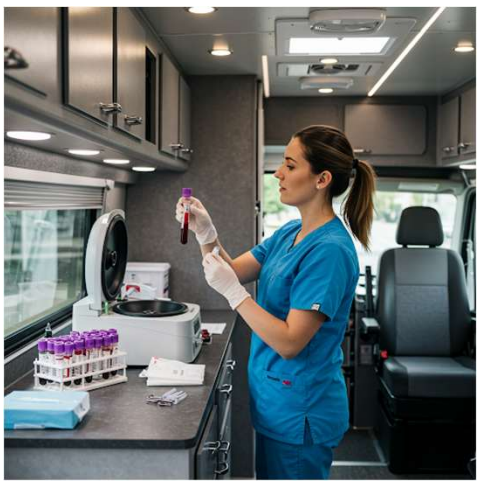


Recommendations for Syphilis Screening in Pregnancy

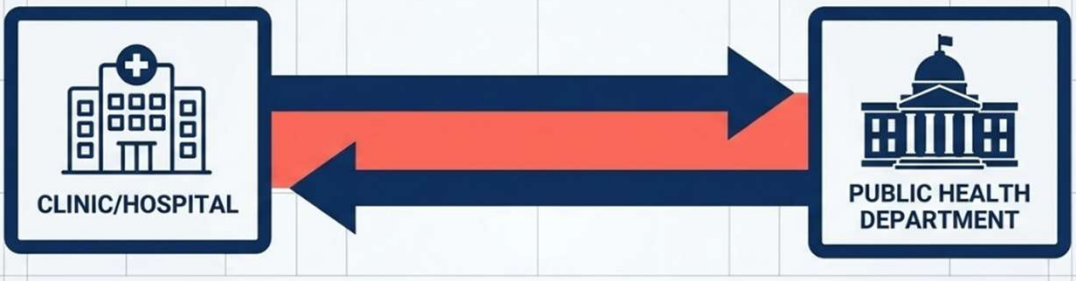


Syphilis Screening

- Follow up can be challenging for some patients
- Rapid Point-of-Care testing from a single drop of blood is available at some LPHAs
- Syphilis and HIV antibody results within 15 minutes
- Mobile efforts may be able to reach more people who are at increased risk of syphilis in pregnancy
- Washington County mobile van is providing testing as well as treatment with penicillin G without having to await serum lab results

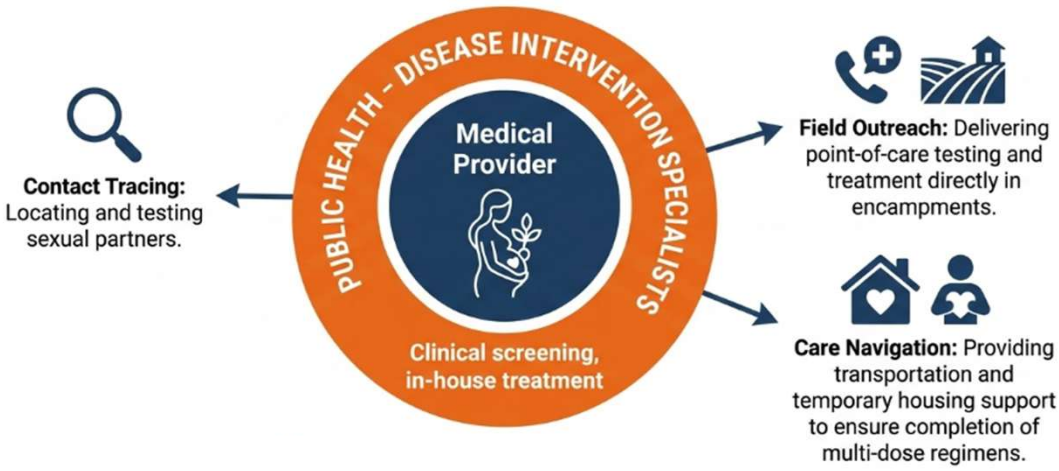


YOU ARE NOT ALONE: MULTNOMAH COUNTY PUBLIC HEALTH



- Congenital syphilis is a systems-level failure that requires a systems-level response.
- Multnomah County Public Health provides wrap-around support for providers managing complex, highly vulnerable, or transient cases.

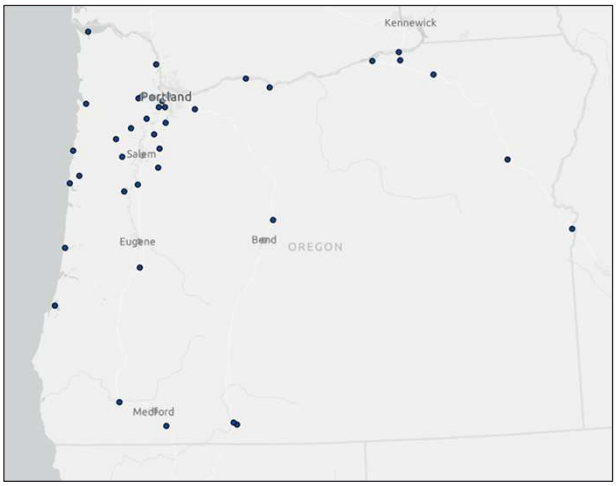
DISEASE INTERVENTION SPECIALISTS (DIS): THE FIELD SAFETY NET



Wastewater surveillance

Oregon's wastewater surveillance program

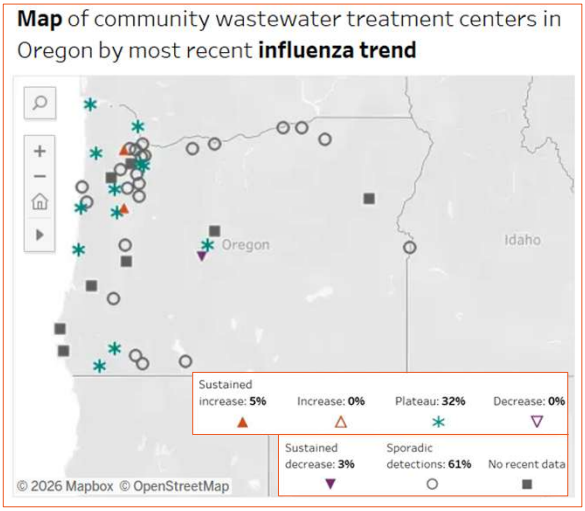
- Launched in August 2020
- 30-40 sites
- Coverage:
  - 85% of eligible Oregonians
  - 60% of all Oregonians
- Samples collected 1-2x weekly
- Targets: Influenza, SARS-CoV-2, RSV & Measles
  - dPCR (digital PCR, "limiting dilution" PCR)
- ~8 days, collection → dashboard



https://public.tableau.com/app/profile/oregon.public.health.division.acute.and.communicable.disease.pre/viz/OregonsRVPWastewaterMonitoring/Mainpage. Accessed 30 Oct 2026.

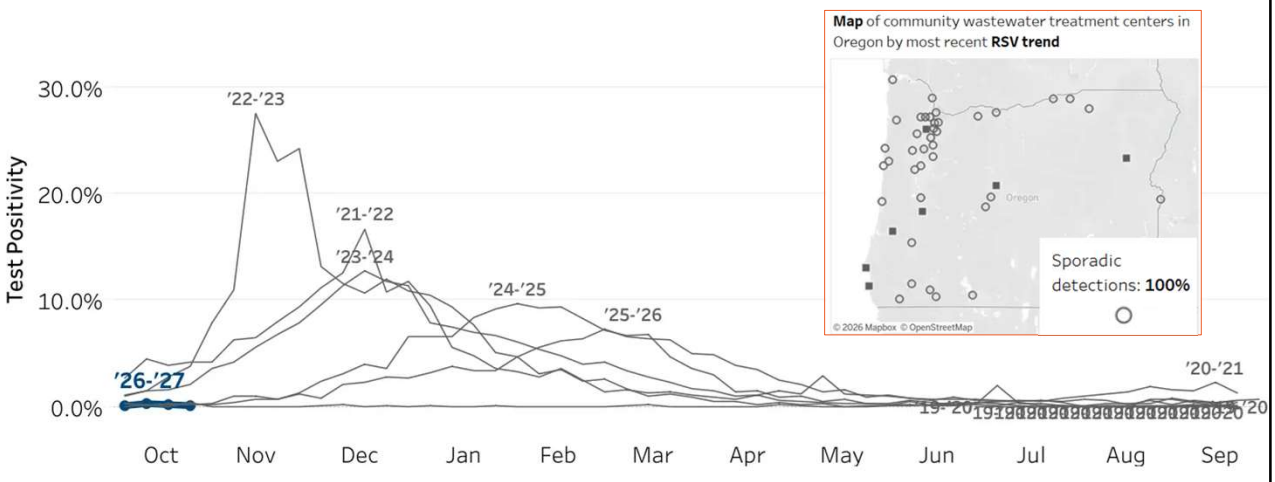
Oregon's wastewater surveillance program

- County-level bio surveillance
- Positive detections equal to the concentration of virus normalized to wastewater flow and population (quantitative)
  - Log copies per day per person
- Linear regression with the last 5 samples at each site



https://public.tableau.com/app/profile/oregon.public.health.division.acute.and.communicable.disease.pre/viz/OregonsRVPWastewaterMonitoring/Mainpage. Accessed 30 Oct 2026.

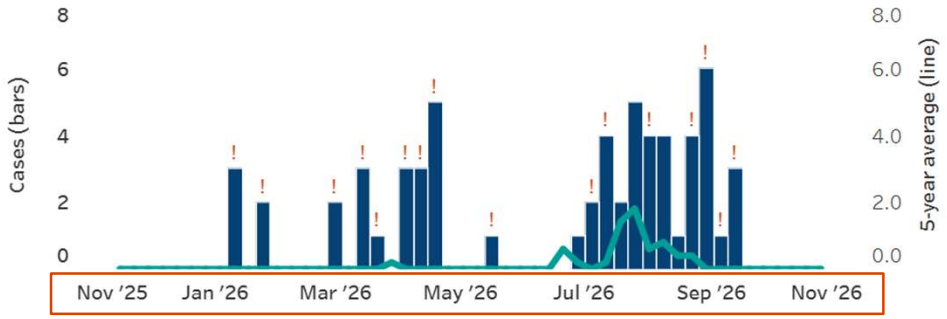
RSV community transmission + WWS



Weekly Measles reported case counts

Measles cases by week

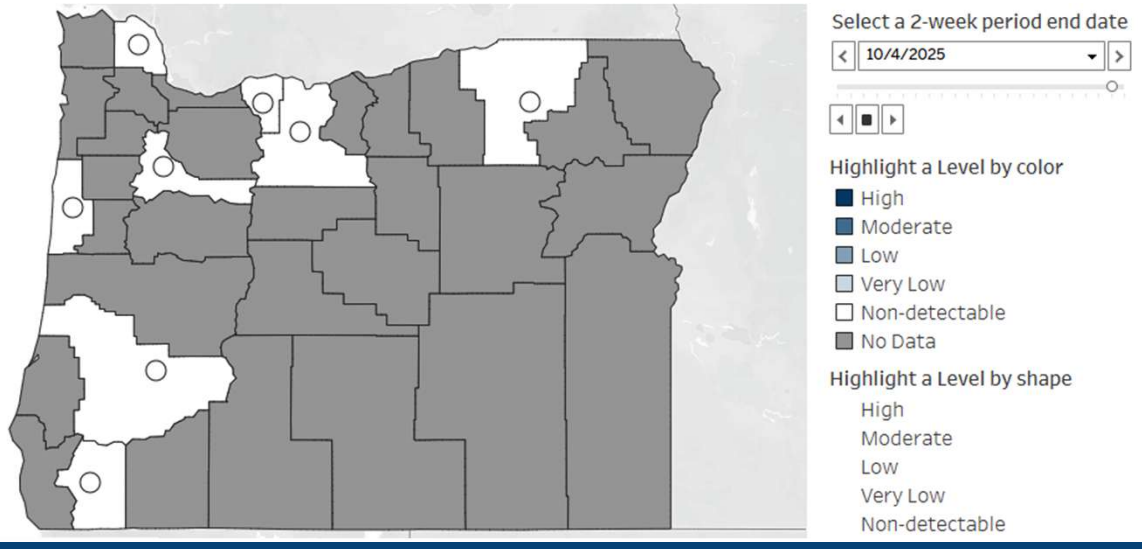
Bar chart of weekly reported case counts for the past 52 weeks with the previous five-year average line for reference. Bars are marked with an **!** if the case count is more than two standard deviations above the previous five-year average.



Data for recent weeks are still being collected. All data in the weekly report are provisional and subject to change.

https://public.tableau.com/app/profile/oregon.public.health.division.acute.and.communicable.disease.pre/viz/WeeklyCommunicableDiseaseReport/ACDPWeeklyReport

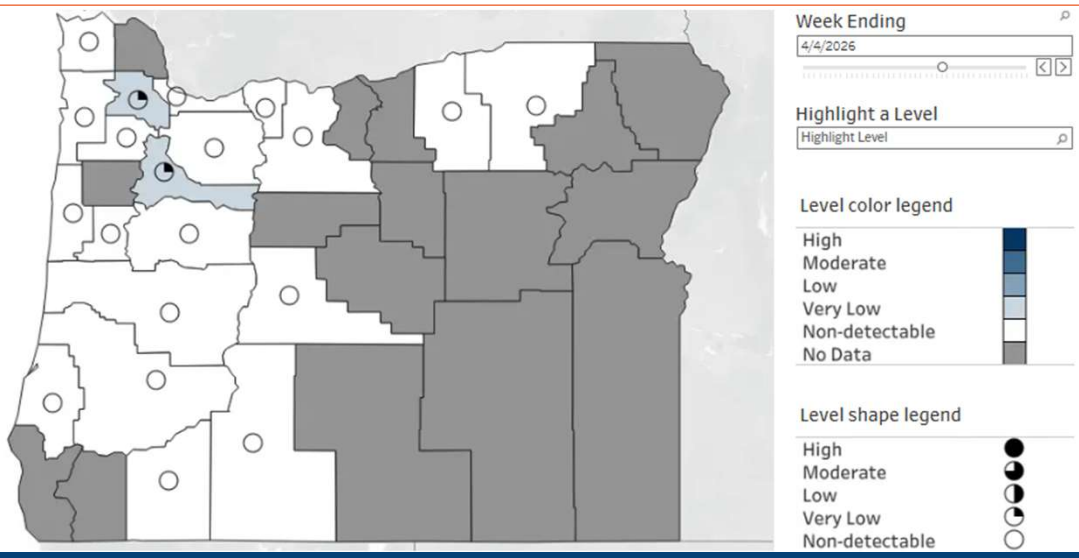
Measles WWS: October 4, 2025



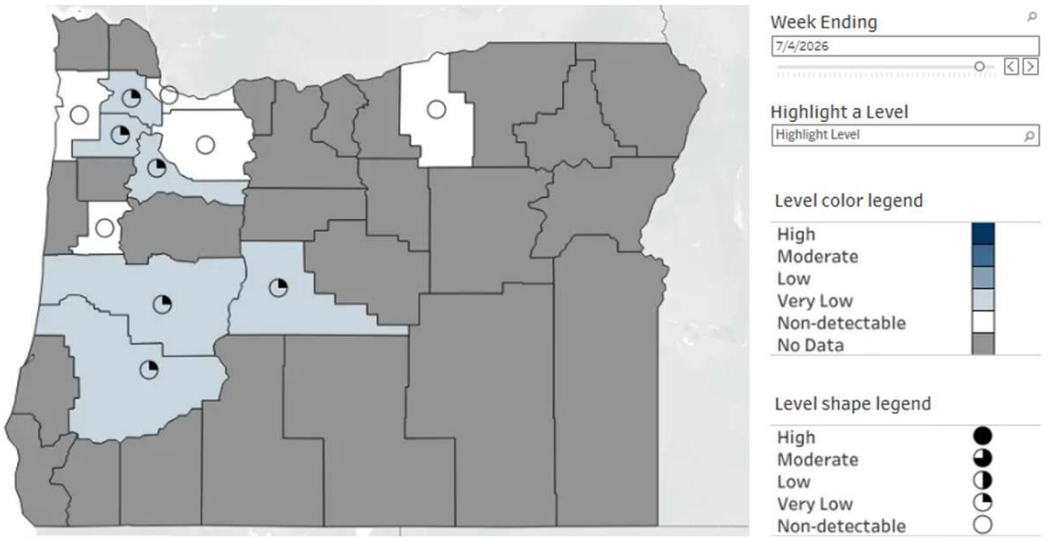
Measles WWS: January 3, 2026



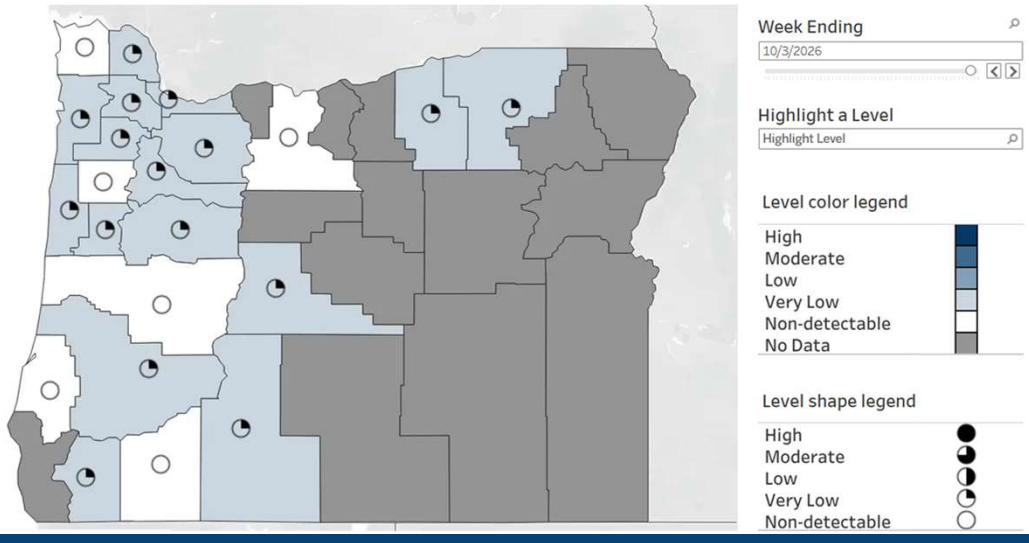
Measles WWS: April 4, 2026



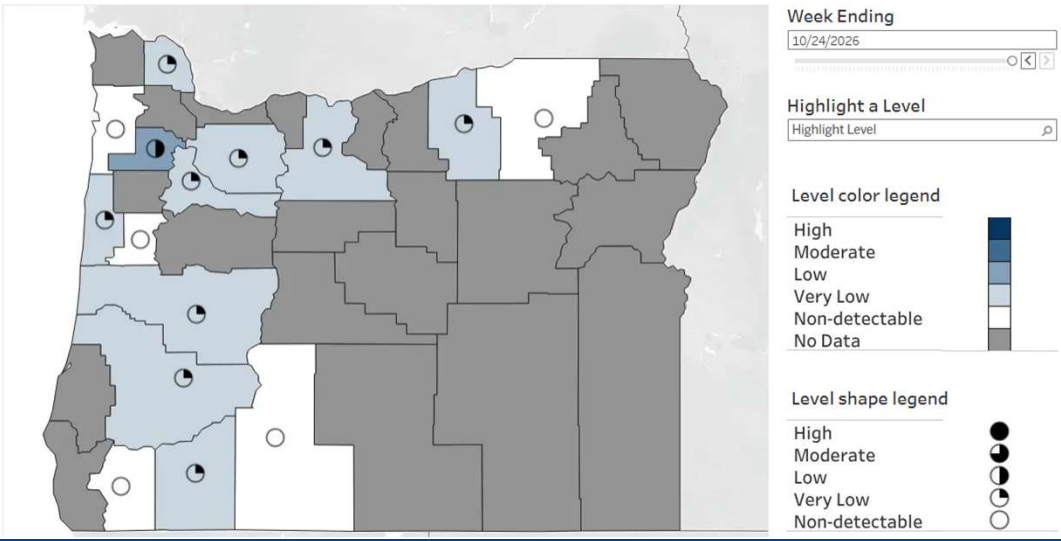
Measles WWS: July 4, 2026



Measles WWS: October 3, 2026



Mealses WWS: October 24, 2026



Clinical algorithm for suspect measles cases without known exposure to measles*

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24/7 On-Call Epidemiologist
(971) 673-1111

START HERE

Does the patient have a **maculopapular rash** that:
- ✓ began on the head or neck
- ✓ and has spread downwards?

No → **STOP** — Patient presentation is not typical for measles.

Yes ↓

✓ Did the patient have a **fever** at the time of rash onset?

No → **STOP** — Patient presentation is not typical for measles.

Yes ↓

1–7 days before rash onset, did the patient have:
- ✓ a **fever** and
- ✓ one or more of **three Cs** (**C**ough, **C**oryza, **C**onjunctivitis)

No → **STOP** — Patient presentation is not typical for measles.

Yes → **SUSPECT MEASLES!**†
- ➢ **Implement** appropriate infection prevention and control precautions.
- ➢ **Collect** NP or OP specimen for PCR testing at OSPHL.
- ➢ **Order** IgM testing through commercial laboratory.
- ➢ **Call** public health to report suspect measles case.

Key messages for health care partners

- Consider measles in any patient with clinically compatible symptoms
- Immediately report suspected measles
- Testing for measles is available at OSPHL (RT-PCR, IgM)
  - No charge for clinically compatible presentations or those with known exposure
  - More rapid turn-around-time than commercial testing
- For routine vaccination of children, consider local epidemiology:
  - First dose of MMR may be given as early as 6-12 months (“zero dose”)
  - Second dose of MMR may be given as early as 28 days after the first dose in > 1 year olds
  - If 1st dose < 1 year old, 3rd dose at 4-6 years old still needed to be fully immunized
  - A suspected exposure is a great time to start/complete vaccination series

Key messages for the public

- Measles is not just a rash—it is highly contagious and can cause severe disease in both children and adults
- Vaccine protects against disease
  - Anyone who is not protected against measles is at risk
- Times have changed, multiple sustained transmissions around North America
- If you or your family have symptoms of measles, stay away from others
- When you seek care, if possible, call ahead and let your health care facility know about your symptoms or exposure so that precautions can be taken to protect other patients and staff
- Anyone with warning signs of severe measles, including persistent high fever, difficulty breathing, confusion, and extreme tiredness, should be evaluated immediately

Time for Questions

- Anything surprise you about the data presented?
- Any clarifications needed?

Objectives

- Respiratory season: **Influenza already showing rising community test positivity. Get vaccinated!**
- What is the 2026 school entry (kindergarten) non-medical exemption rate for ANY vaccine? **10.9%**
- For which infectious diseases does Oregon monitor its wastewater at participating surveillance sites? **Influenza, SARS-CoV-2, Measles year-round; RSV October-April**
- How many people with high-risk exposure to Ebola are living in Oregon? **Zero!**
- How many dogs have transmitted rabies to humans in Oregon since 2000? **Zero!**

Stay engaged!

- Portland Metro area Health System Respiratory Season Call
  - Next: November 18th at noon
  - Contact Bruno for the invitation: bruno@multco.us
- OHA Clinician HAN alerts: HAN.Oregon@odhsoha.oregon.gov

- *Merci beaucoup!*
  - Richard Bruno: bruno@multo.us
  - Genevieve Buser: Genevieve.buser@oha.oregon.gov