



# Board of Health

May 29, 2025



# SRHD Board of Health

## Health Officer's Report

Thursday, May 29, 2025  
12:30 p.m.

**Francisco R. Velázquez, MD, SM, FCAP**  
Health Officer  
Spokane Regional Health District

## **I. Communicable Disease Update**

- a. Pertussis
- b. Respiratory Illnesses
- c. Hand, Foot and Mouth Disease (HFMD)

## **II. Public Health Update**

- a. Measles Outbreak U.S. and Canada
- b. MMR Vaccine Review

## **III. Community Collaborations**



# Communicable Disease Update



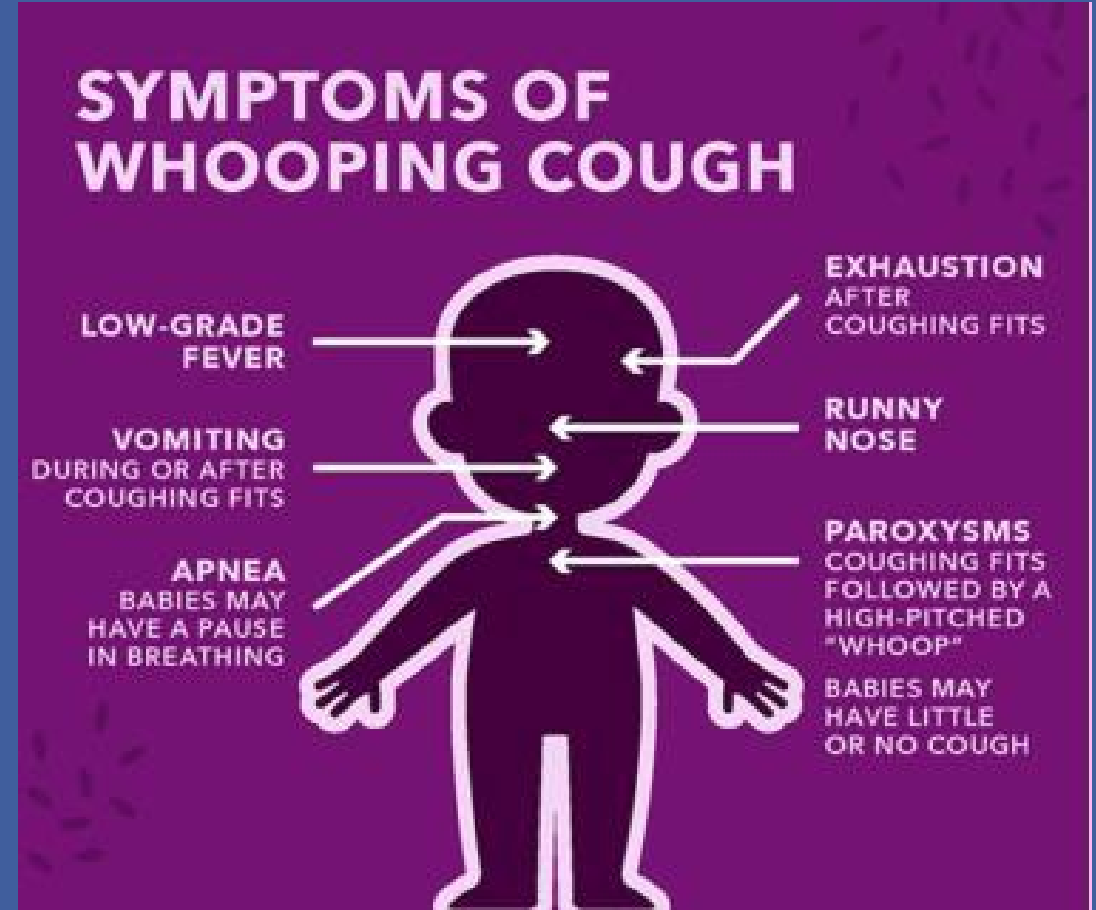
# Pertussis

# Current Situation in Washington State

There have been a total of 1,165 (536 in Spokane County) confirmed and probable cases reported statewide during 2025 as of 5/10/2025, compared to 229 cases during the same period in 2024 ( State Average 85 cases/Year). Multiple jurisdictions have reported increases.

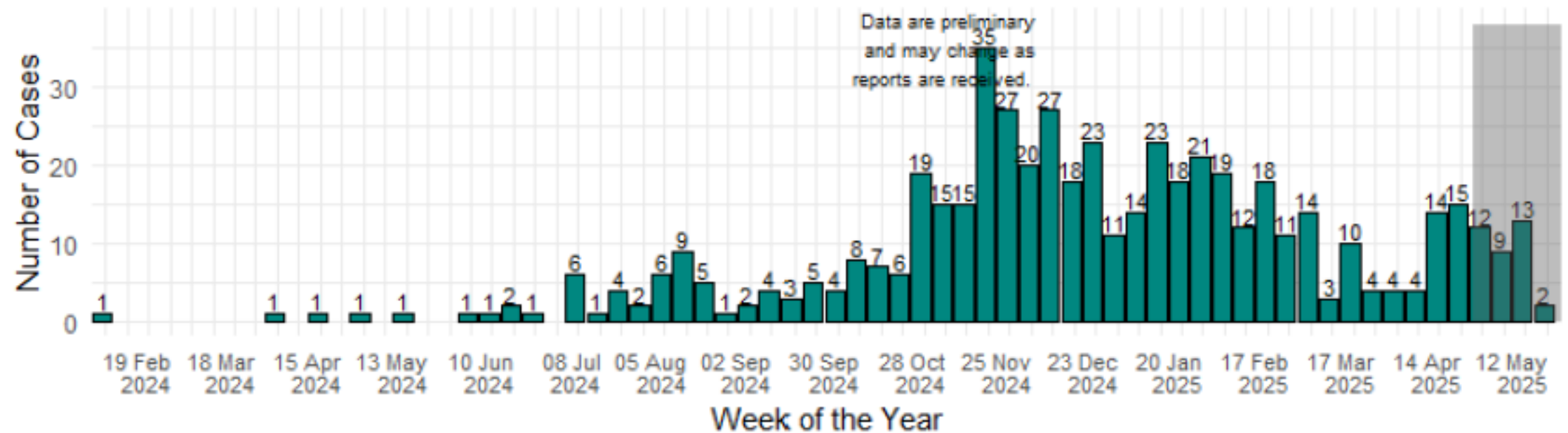
## Persons at high risk for pertussis:

- Infants <1 year old (who are at greatest risk for severe disease and death)
- Pregnant women in the last trimester (who may expose infants)
- Healthcare workers with direct patient contact (who may expose infants, pregnant women, or others who have contact with infants or pregnant women)
- Anyone who may expose infants < 1 year old or pregnant women (e.g., childbirth educators, childcare workers, members of a household with infants).



## Epidemiological Curve for Pertussis Cases in Spokane County

Lab confirmed, suspected, and probable cases



n = 533 Pertussis Cases; Data aggregated by week based on lab collection date

## Exposure Setting of Pertussis Cases

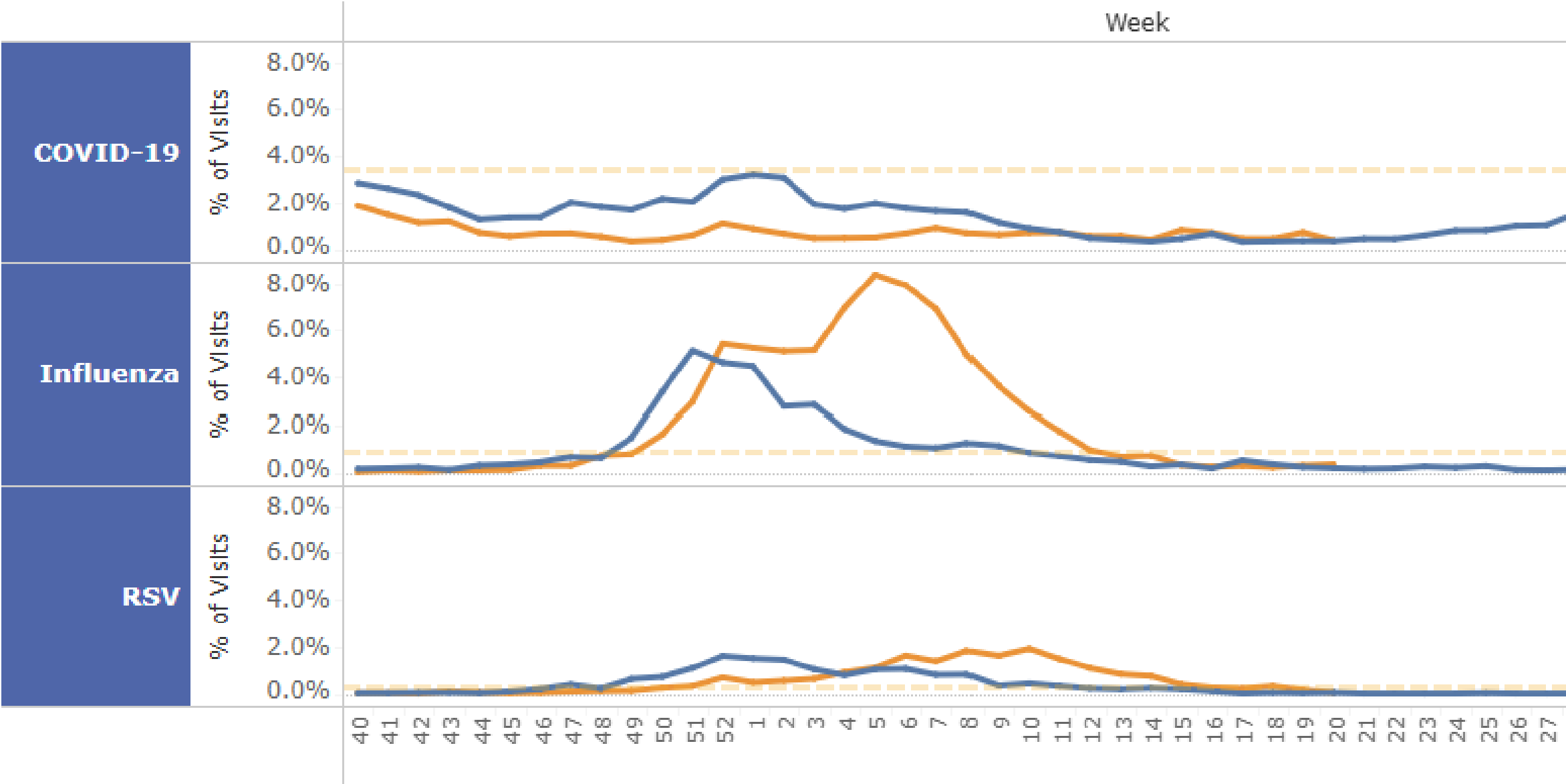
Suspected Exposure Setting	Count	Percentage
College	5	0.9%
Day care/childcare	7	1.3%
Home	193	36.2%
Hospital	1	0.2%
K-12	160	30.0%
Large public gathering	1	0.2%
Not Specified	68	12.8%
Other	53	9.9%
Out of state travel	5	0.9%
Place of worship	9	1.7%
Social event	15	2.8%
Work	16	3.0%





# Respiratory Illness Dashboard

Percent of Weekly ED Visits With Diagnosed Respiratory Illness



Select Season(s)

(Multiple values) ▼

Selected Season(s)

2023-2024

2024-2025

# Emergency department visits in the United States

COVID-19	Flu	RSV
Very Low Decreasing ↘	Low Decreasing ↘	Very Low Decreasing ↘

**What it is:** A measure of how many people are seeking medical care in emergency departments.

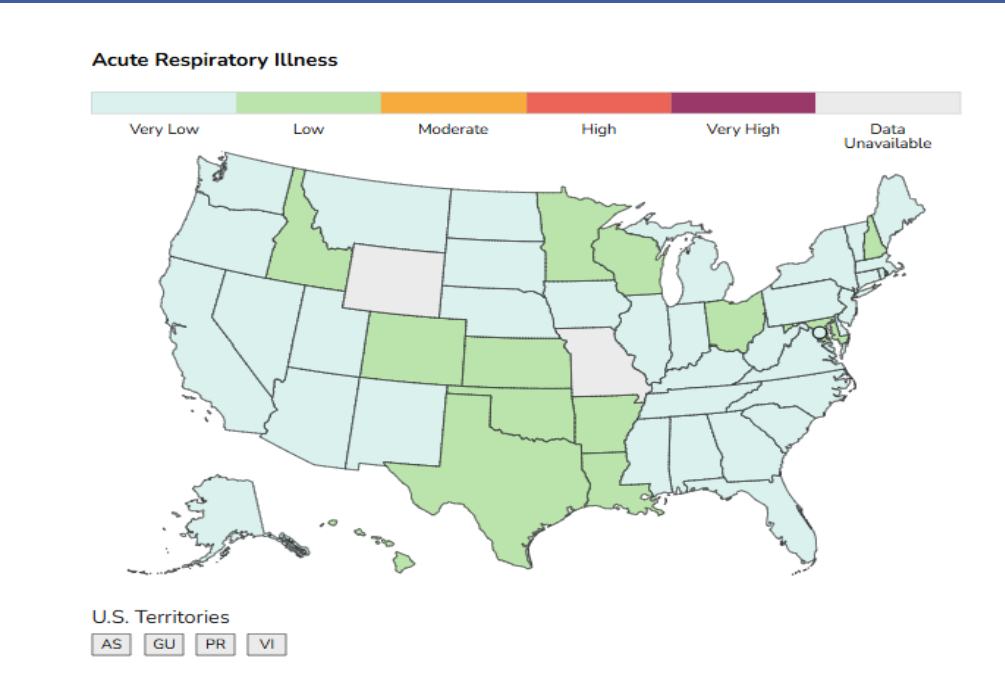
**Why it matters:** When levels are high, it may indicate that infections are making people sick enough to require treatment.

# Wastewater viral activity level in the United States

COVID-19	Flu†	RSV
Low	Very Low	Very Low

**What it is:** A measure of how much virus is present in sewage.

**Why it matters:** People with certain infections can shed pieces of viruses when using the bathroom, showering, or washing clothes — even if they don't have symptoms. Testing wastewater (sewage) helps us track infection levels in the community, including when people aren't going to the doctor.

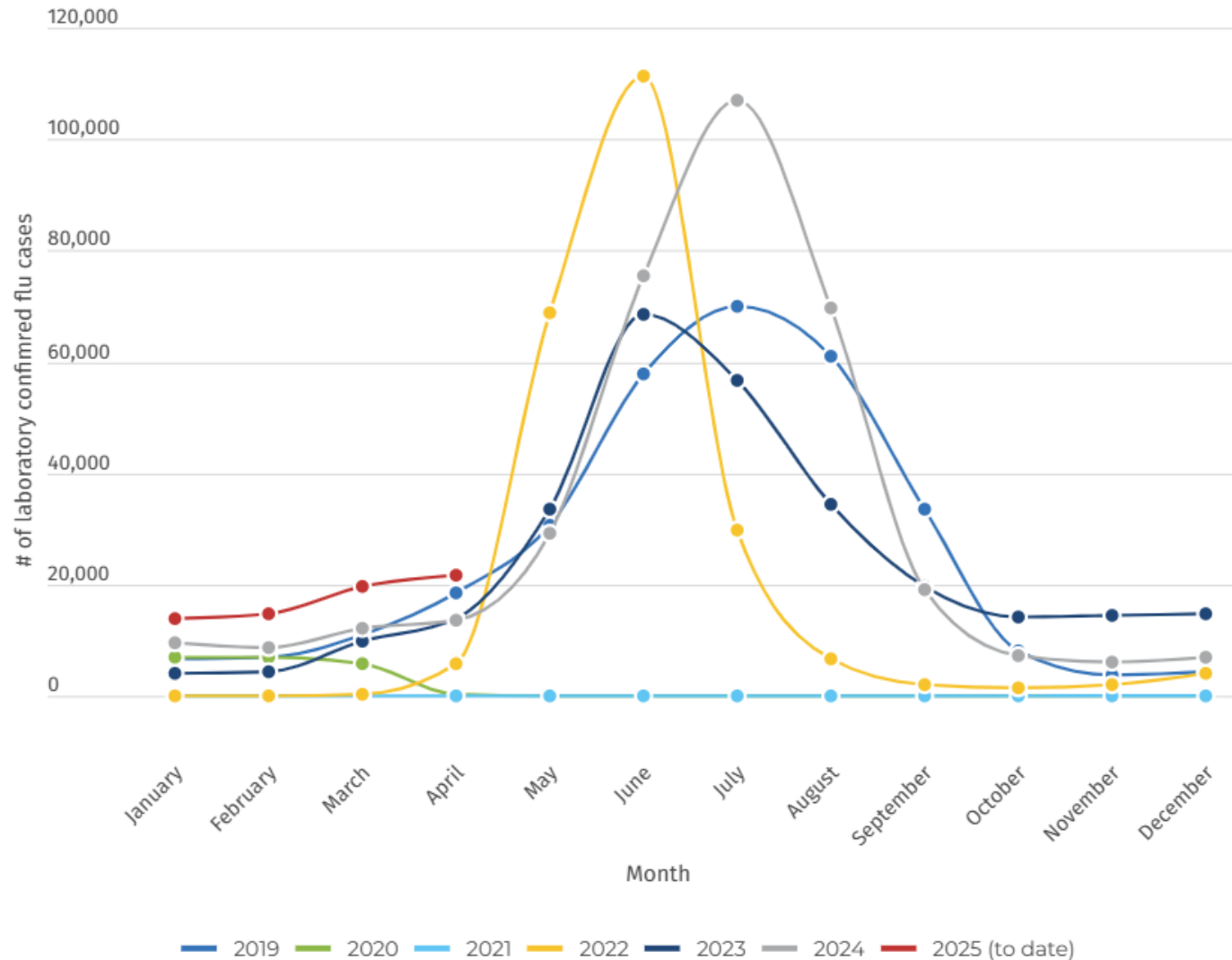


CDC estimates that there have been at least 47 million illnesses, 610,000 hospitalizations, and 27,000 deaths from flu so far this season.

There were 70,279 laboratory-confirmed flu cases reported in Australia from 1 January 2025 to 30 April 2025 – a 58.6% increase compared with same period of 2024 (44,320 cases) and more than at the same point of any year since the NNDSS began collecting data in 1991.

## Laboratory-confirmed influenza cases in Australia 2019–2025

Australian Government Department of Health and Aged Care National Notifiable Disease Surveillance System





# Hand, Foot and Mouth Disease

# THE SPOKESMAN-REVIEW

This column reflects the opinion of the writer.

[Learn about the differences between a news story and an opinion column.](#)

[OPINION](#) > [GUEST OPINION](#)

## Spring is here and so is Hand, Foot and Mouth Disease

Fri., May 16, 2025



**Dr. Francisco R. Velázquez and Jenni Horecny**

By Dr. Francisco R. Velázquez and Jenni Horecny

Spring is in the air, and summer is not far behind. The summer season gives us a break from the flu and many other viruses prevalent during the winter months, but there is one contagious virus that children are at risk of contracting during the summer. First described in 1948, “hand, foot and mouth disease” is a common illness in the summer months, predominantly found in infants and children under the age of 5, but one that can also affect teens and adults.



# HAND, FOOT AND MOUTH DISEASE (HFMD)

## What is HFMD?

- Common infectious disease
- Affect mainly children age less than 5 years (can also be up to 10 years)

## What causes HFMD?

- Commonly caused by Enterovirus group including coxsackievirus A16, Enterovirus 71 (EV71) and echoviruses.

## Symptoms



Painful sores in the mouth



Skin rash with red spots and sometimes with blisters on the palms of the hands and soles of the feet, buttocks and genital area



Poor appetite



Sore throat



Lack of energy



Fever

## How does it spread to another person?



Close personal contact (e.g. blister fluid)

The air through coughing or sneezing (saliva, sputum or nasal mucus)



Contact with contaminated objects and surfaces.

Contact with feces



## Preventive measures



Avoid close contact with sick people



Cover your coughs & sneezes



Frequent hand washing with soap and water



Clean and disinfect surfaces (toys, eating utensils, toilet floor)



Stay at home if you are sick



Avoid touching your face with unwashed hands



Eat nutritious & balanced diet

# Symptoms

Hand-foot-and-mouth disease may cause all of the following symptoms or only some of them. They include:

- Fever.
- Sore throat.
- Feeling sick.
- Painful, blister-like lesions on the tongue, gums and inside of the cheeks.
- A rash on the palms, soles and sometimes the buttocks. The rash is not itchy, but sometimes it has blisters. Depending on skin tone, the rash may appear red, white, gray, or only show as tiny bumps.
- Fussiness in infants and toddlers.
- Loss of appetite.



The usual period from initial infection to the time symptoms appear (incubation period) is 3 to 6 days. Children may get a fever and develop a sore throat. They sometimes lose their appetites and don't feel well.

One or two days after the fever begins, painful sores may develop in the front of the mouth or throat. A rash on the hands and feet and sometimes on the buttocks may also appear.

- Sores that develop in the back of the mouth and throat may suggest a related viral illness called herpangina. Other features of herpangina include a sudden high fever and, in some instances, seizure. In rare cases, sores develop on the hands, feet or other parts of the body.

# When to see a doctor

Hand-foot-and-mouth disease is usually a minor illness. It typically only causes fever and mild symptoms for a few days. Call your health care provider if your child is younger than six months, has a weakened immune system, or has mouth sores or a sore throat that makes it painful to drink fluids. Call your provider, too, if your child's symptoms don't improve after 10 days.



# Public Health Update



# Measles Outbreak U.S and Canada

# Measles Cases in 2025

As of May 15, 2025, a total of 1024 confirmed\* measles cases were reported by 31 jurisdictions:

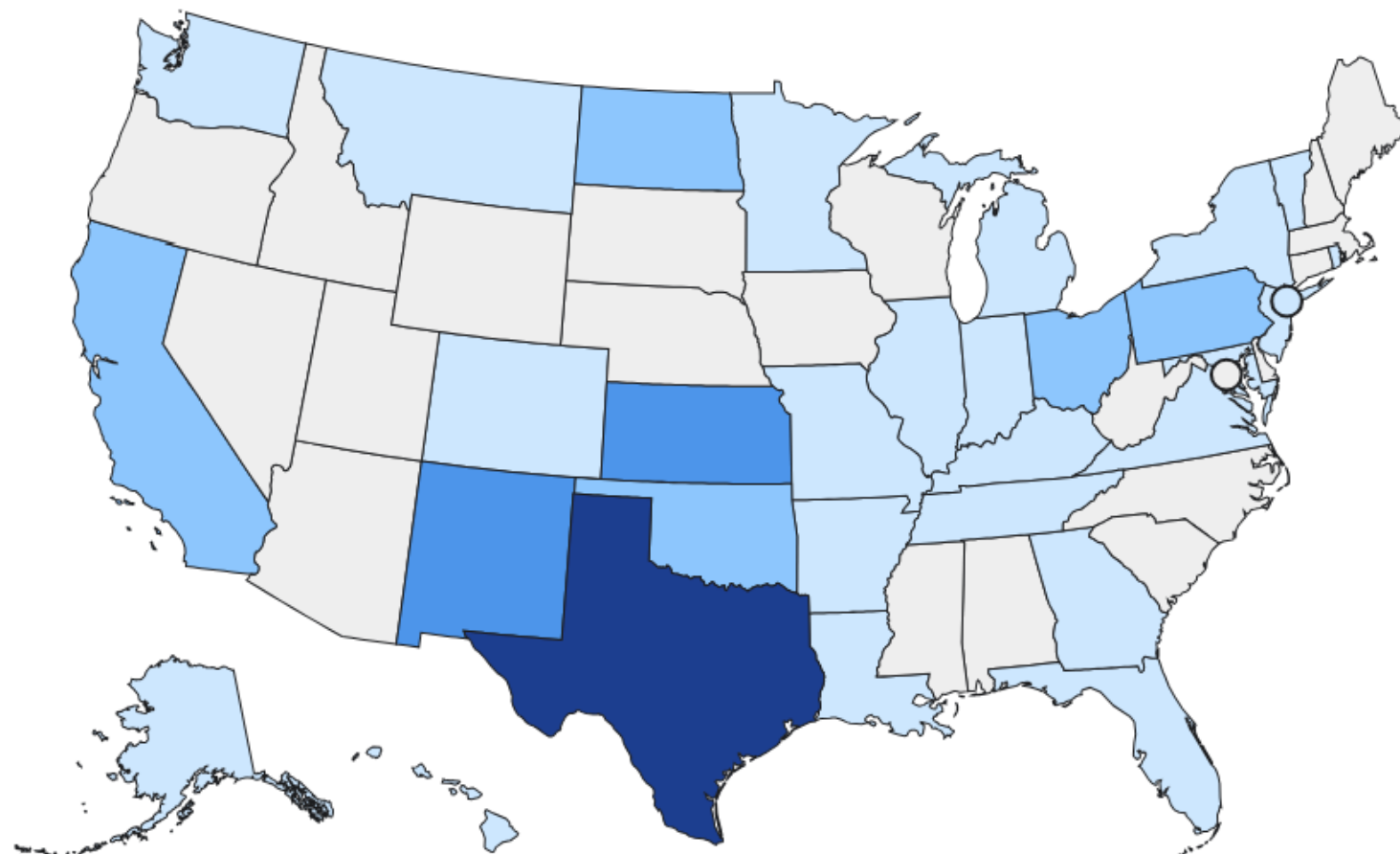
Alaska, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Missouri, Montana, New Jersey, New Mexico, New York City, New York State, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, Tennessee, Texas, Vermont, Virginia, and Washington.

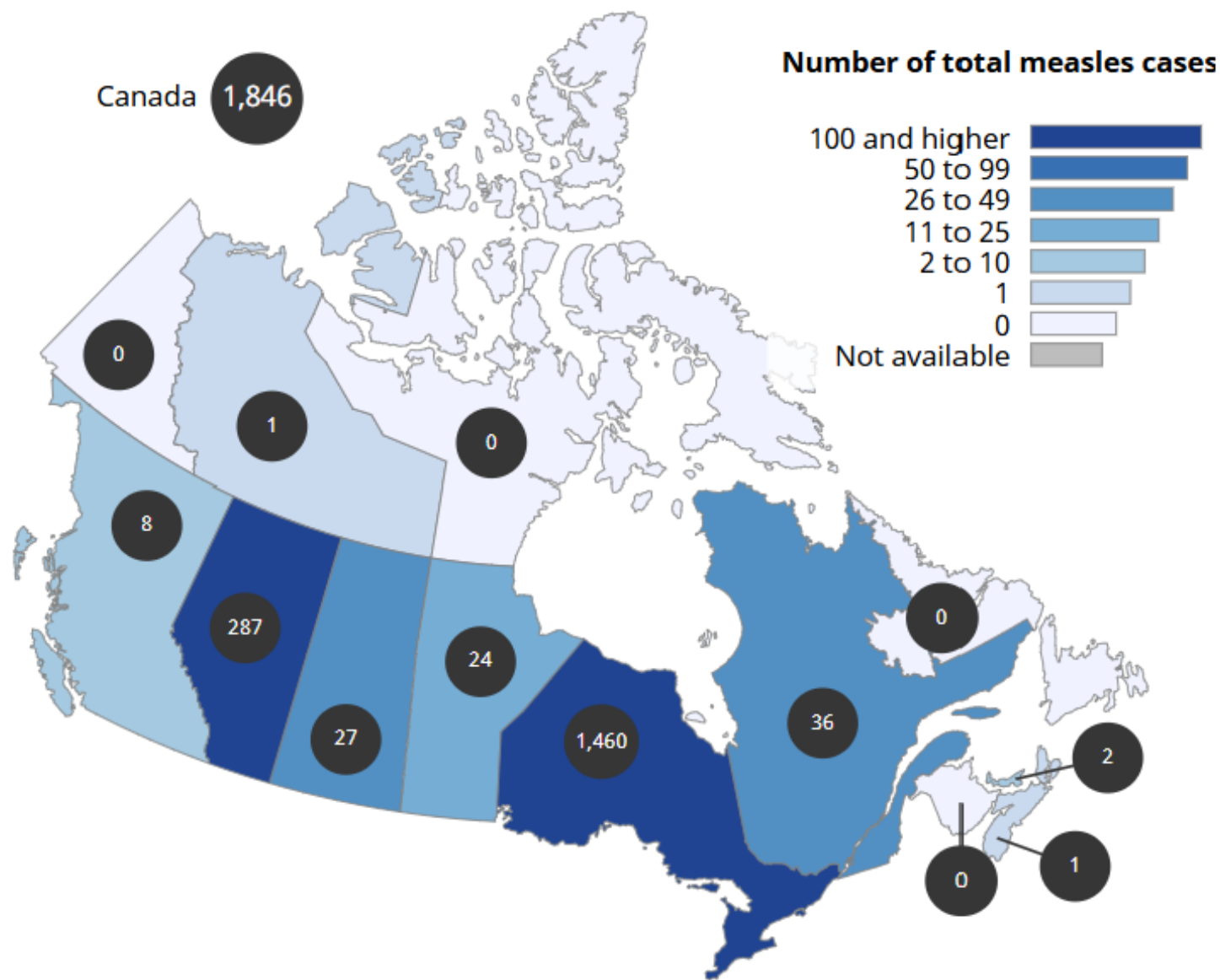
- 13% of cases hospitalized.
- 23% Under 5 years of age.
- 9% 5-19 years of age
- 8% 20+ years of age
- 13% age unknown
- 3 confirmed deaths

# Map of measles cases in 2024 & 2025

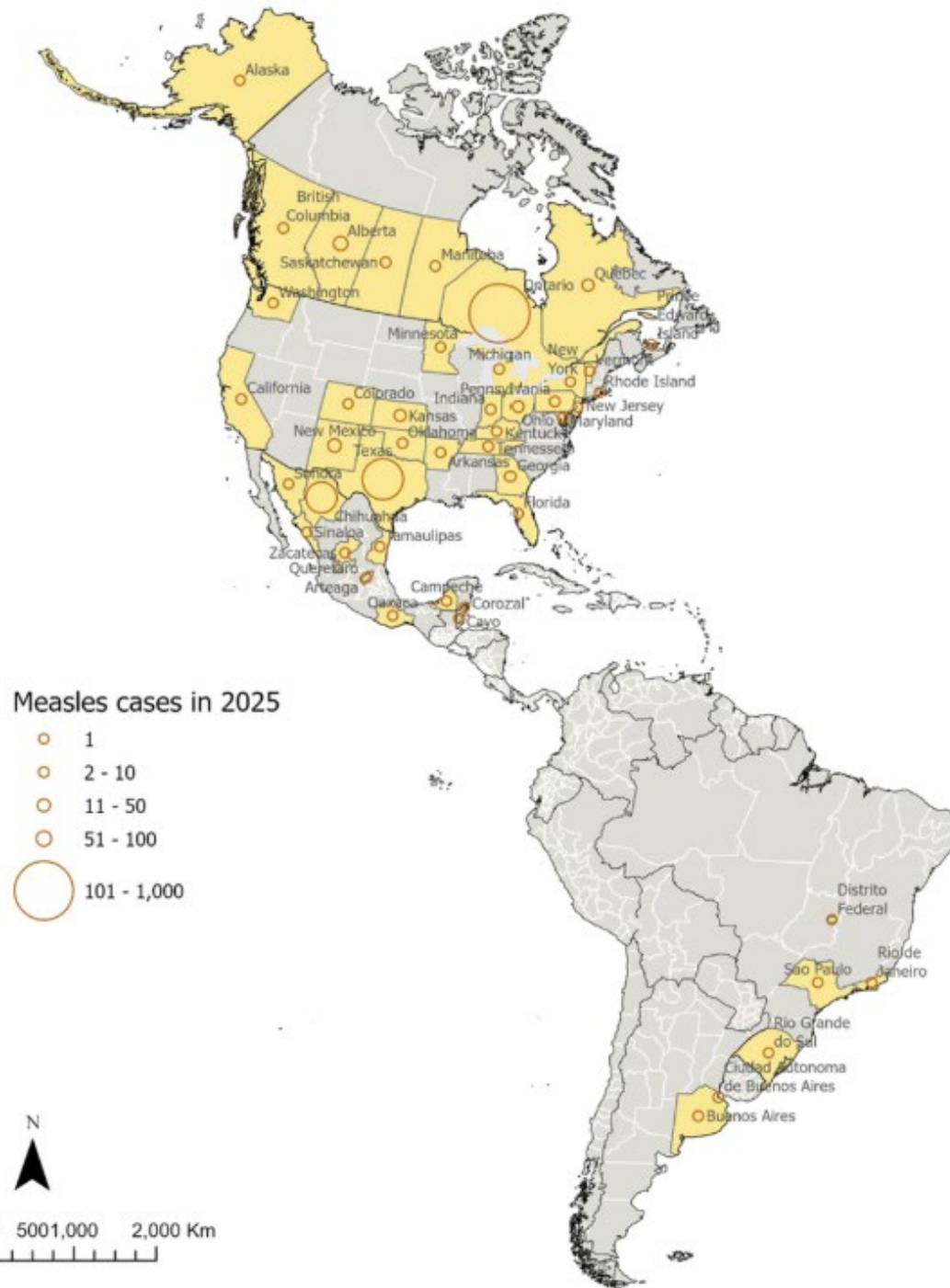
as of May 15, 2025

2025 2024

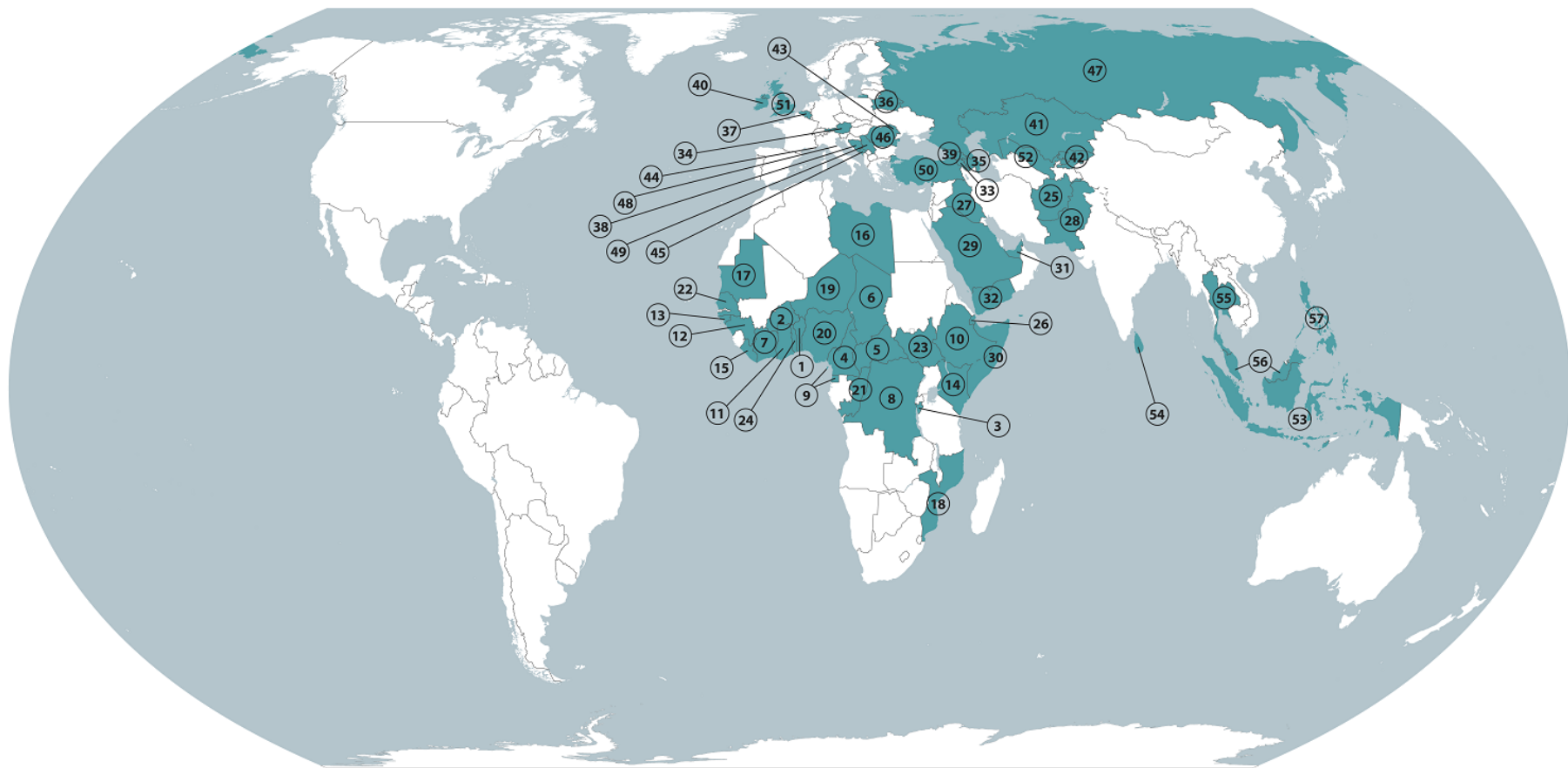




There were **0** cases of measles in **New Brunswick** in 2025, as of **May 3, 2025**.







## Measles THN

### AFRICA

- |                             |                       |
|-----------------------------|-----------------------|
| 1. Benin                    | 12. Guinea            |
| 2. Burkina Faso             | 13. Guinea-Bissau     |
| 3. Burundi                  | 14. Kenya             |
| 4. Cameroon                 | 15. Liberia           |
| 5. Central African Republic | 16. Libya             |
| 6. Chad                     | 17. Mauritania        |
| 7. Cote d'Ivoire            | 18. Mozambique        |
| 8. Dem. Rep. of the Congo   | 19. Niger             |
| 9. Equatorial Guinea        | 20. Nigeria           |
| 10. Ethiopia                | 21. Rep. of the Congo |
| 11. Ghana                   | 22. Senegal           |
|                             | 23. South Sudan       |
|                             | 24. Togo              |

### EASTERN MEDITERRANEAN

25. Afghanistan
26. Djibouti
27. Iraq
28. Pakistan
29. Saudi Arabia
30. Somalia
31. United Arab Emirates
32. Yemen

### EUROPE

33. Armenia
34. Austria
35. Azerbaijan
36. Belarus
37. Belgium
38. Bosnia and Herzegovina
39. Georgia
40. Ireland
41. Kazakhstan
42. Kyrgyzstan
43. Moldova

44. Monaco
45. Montenegro
46. Romania
47. Russia
48. San Marino
49. Serbia
50. Türkiye (Turkey)
51. United Kingdom
52. Uzbekistan

### SOUTH-EAST ASIA

53. Indonesia
54. Sri Lanka
55. Thailand

### WESTERN PACIFIC

56. Malaysia
57. Philippines



**Measles Travel Health Notice**

Names and boundary representation are not necessarily authoritative.

## Top 10 countries with measles outbreaks

Country	Number of Cases
Yemen	10,487
Pakistan	8,895
India	8,397
Afghanistan	6,255
Ethiopia	6,188
Kyrgyzstan	5,849
Romania	5,583
Thailand	3,675
Indonesia	3,322
Nigeria	2,482



# Community Collaborations

# Quarterly Meeting with SRHD and School and Child Care Partners April 2025





# Agenda



- Nurse Family Partnership – Alicia Kreutzer
- Epidemiology – Veronica Burns
- Immunizations – Kayla Myers and Iryna Gusarenko
- Environmental Public Health – Sandy Phillips





# HEALTHY AND SAFE SWIMMING WEEK

May 19-25, 2025

**Splash your way into fun, not germs!**



# Pools & Water Recreation

Swimming is fun and healthy. Let's keep it that way.

**Permits, Inspections & Operations**

**Construction, Remodeling & Renovation**

**Drowning Prevention**

## Contact Us

Complaints and illnesses associated with public or semi-public water recreation facilities are investigated.

📞 509.324.1560 ext 4    ✉ [livingenvironment@srhd.org](mailto:livingenvironment@srhd.org)

# Public Health Emergency Preparedness and Response:

- Robin Albrandt, along with our partners from the World Institute on Disability recently presented at the NACCHO Preparedness Summit regarding the Health Equity in Disasters pilot project we have been working on for the 2 years. The Task Force has collected and analyzed data from Spokane County providers who support those with Disability and Access and Functional Needs and consumers, identifying root causes of gaps and is developing practical solutions and recommendations. The work of this Task Force is being shared with Spokane County Emergency Management workgroup for consideration of implementation.
- The Smoke Ready Spokane County Partners workgroup is actively meeting to prepare for wildfire/smoke season.
- The team has been meeting with state partners regarding planning for the public health and medical needs associated with the FIFA World Cup which will be held in 2026. More to come in the future based on events that occur in Spokane County.
- We are holding a recognition event on June 17, for our Medical Reserve Corp volunteers



# Immunization Assessment and Promotion:

Holding an education event in June for medical providers and other partners to come together to view a documentary “A Shot in the Arm” followed by a discussion about how the COVID-19 pandemic changed the context in which vaccine hesitancy exists. This event is being held in place of our VaxExpo conference.

## Event Details

June 5, 2025

6 – 8 p.m.

CenterPlace Regional Event Center

2426 N. Discovery Pl.

Spokane Valley, WA 99216

- We are re-working our process for providing vaccines in the shelters based on the new shelter model for the City of Spokane .

# Narcan Distribution: City of Spokane:

Delivered 8 kiosks to Central Library for setup in each city library.

We will deliver approximately 400 doses of Narcan to fill each station plus extra for a restock, enough to provide two full stockings of each kiosk.

Will establish each library as a DOH kiosk site to get refills sent directly from DOH to the libraries.

Currently working on recording a training module which can be shared with the City of Spokane to upload for Narcan training to their online training system.

Possible future locations: West Central and MLK Center.





## Childhood Firearm Injuries: Review and Prevention



**Mia Parker,**  
**Keeping Children Safe Coordinator,**  
**Spokane Regional Health District**

### **CAUSE OF CONCERN: FATAL AND NONFATAL CHILDHOOD FIREARM INJURIES**

In 2024, the United States Surgeon General declared firearm violence a public health crisis in the U.S.<sup>1</sup> Firearm violence has a range of impacts on public health including deaths, nonfatal injuries, and harms to community mental health such as increased stress, fear, grief, and diagnosed mental health conditions.<sup>1</sup> Firearm injuries among U.S. children and adolescents are a particularly pressing public health concern. Firearm injuries in children and adolescents can be intentional or unintentional, and result in deaths by suicide, homicide, and accidental deaths.<sup>2</sup>

In 2020, firearms became the leading cause of death among children and adolescents less than 19 years old in the U.S.<sup>3</sup> This was a very historic shift, because for decades prior to 2020, motor vehicle collisions were the leading cause of death among U.S. children and adolescents.<sup>3</sup> The rate of deaths among U.S. children and adolescents due to firearm-related injury also surpasses other causes of death that we commonly hear about, such as overdose and drowning.<sup>3</sup>

This national trend is present in our community as well. From 2018-2022, firearms were the leading cause of death among children less than 18 years old in Spokane County.<sup>4</sup> During this same time period, if we separate death data by intent rather than cause, suicide is the leading type of death among children less than 18 years old in Spokane County.<sup>4</sup> For decades, firearms have been the most common method used in deaths by suicide in Spokane County.<sup>5</sup> Across the U.S. the highest increases in rates of firearm-related suicide deaths have been among younger people, including a 68% increase among 10- to 14-year-olds and 45% increase among 15- to 24-year-olds.<sup>1</sup> Suicide rates among children and teens with firearms in the home are four times higher than rates among children and teens who live in homes without firearms.<sup>6</sup>

While deaths are the most adverse outcome from firearm injury, available data indicates there at least double the amount of nonfatal firearm injuries compared to fatal firearm injuries in the U.S.<sup>1</sup> Children and adolescents who survive a firearm injury are at increased risk for pain disorders, psychiatric disorders, and substance use disorders compared to peers who do not experience a firearm injury.<sup>1</sup> In the U.S. from 2019 to 2022, people 15 to 24 years old consistently had the highest mean number of emergency department visits for firearm injuries within a week, and the largest increase in the proportion of firearm injury emergency department visits during 2020-2022 compared to 2019 was among people 0 to 14 years old.<sup>1</sup>

### **FIREARMS IN HOMES WITH CHILDREN**

Firearms are present in approximately one in three homes with children in the U.S.<sup>7</sup> In-home firearm storage practices influence risk of intentional and unintentional childhood firearm injuries.<sup>1</sup> Risk of child and adolescent suicide and unintentional firearm injury is higher when there is an unlocked firearm in the home.<sup>1</sup>

There are a range of estimates on how many firearm owners across the U.S. store their firearms unlocked, however it is clear that firearms are commonly stored unlocked.<sup>7,8,15,19</sup> A 2022 nationwide study found that 70.8% of firearm owners use at least one firearm locking device for safe storage, yet 65.3% had at least one unlocked firearm.<sup>19</sup> The 2021 National Firearm Survey indicated that 44.1% of parents with firearms in the home stored all their firearms unloaded and locked, 36.1% stored firearms unlocked in the home, and 15% stored at least one firearm loaded and unlocked in the home.<sup>7</sup> Yet, another study found that 74% of parents store at least one firearm unlocked at home, and that many of these firearms were loaded.<sup>8</sup>

Parents' decisions about how they will store their firearms are often influenced by lived experience, perception of their children's access to firearms, and perception of possible harm to their child from firearm use.<sup>9</sup> Parents are the experts on themselves and their family. However, like all of us, their beliefs can be flawed. For instance, Harvard Health reported that three out of four children living in a house with a firearm



# Questions



# Board of Health

May 29, 2025