SPOKANE REGIONAL HEALTH DISTRICT

Board of Health

August 20, 2025

SRHD Board of Health

Health Officer's Report

Thursday, August 20, 2025
10:00 a.m.

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

I. Communicable Disease Update

a. Chikungunya virus (CHIKV)

II. Public Health Update

a. Advisories an Alerts:

Measles North Idaho/Kootenai County

TB Exposure

Veterinary Advisory: Rabies

III. Community Collaborations

Nurse family Partnership

Childhood Lead Poisoning Prevention (CLPP)

Communicable Disease Update

Chikungunya virus (CHIKV)

Chikungunya Virus

- Chikungunya is a mosquito-borne viral disease caused by the chikungunya virus (CHIKV), an RNA virus in the *alphavirus* genus of the family *Togaviridae*. The name chikungunya derives from a word in the Kimakonde language of southern Tanzania, meaning “that which bends up” and describes the contorted posture of infected people with severe joint pain.

- CHIKV was isolated for the first time in 1953, during an epidemic in Eastern Africa (present-day Tanzania) (

Chikungunya Virus

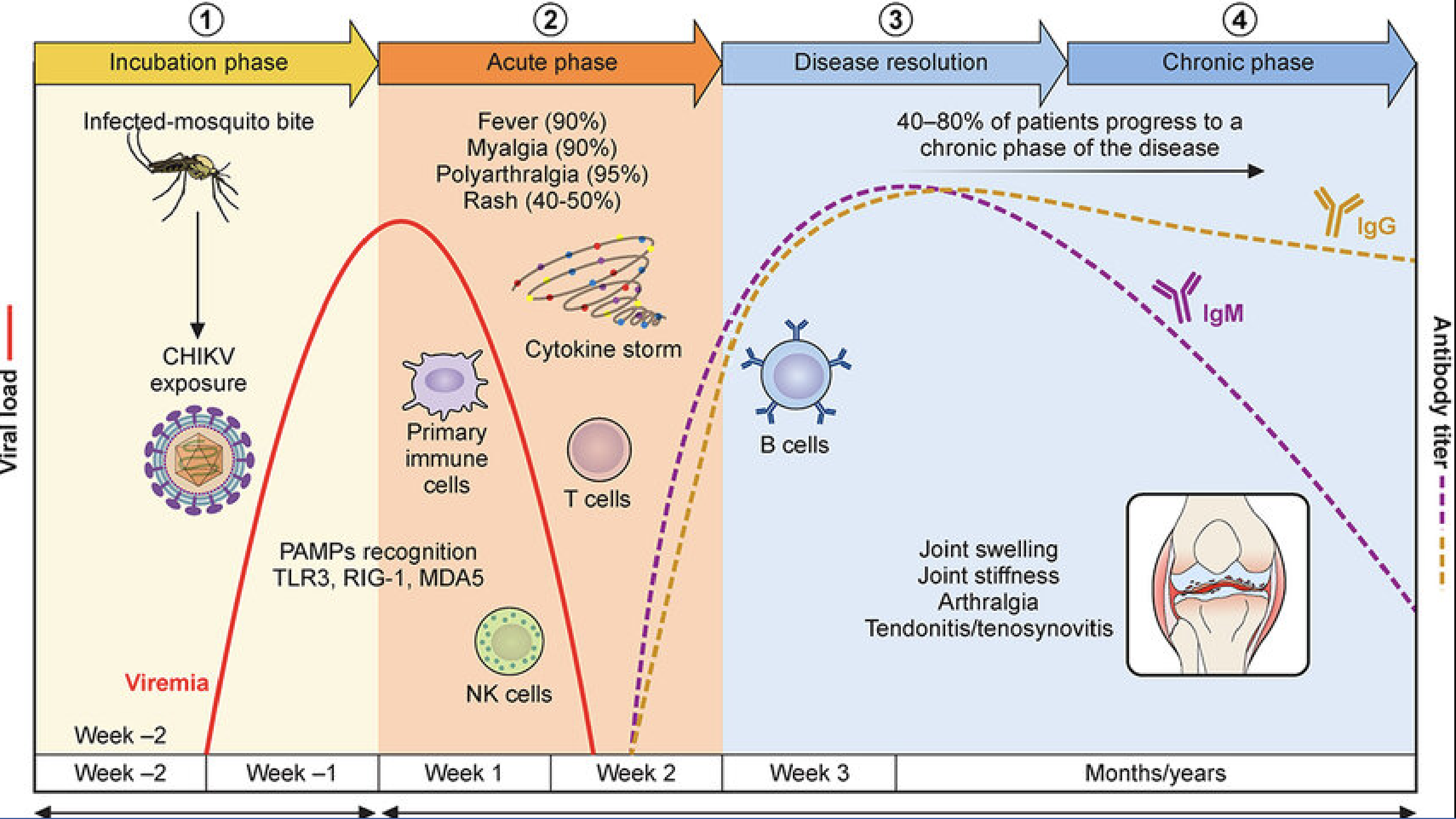
- Since 2004, outbreaks of CHIKV have become more frequent and widespread, caused partly due to viral adaptations allowing the virus to be spread more easily by *Aedes albopictus* mosquitoes and because CHIKV has been introduced into immunologically naïve populations. CHIKV has now been identified in >110 countries in Asia, Africa, Europe and the Americas.

- Transmission has been interrupted for several years on islands where a high proportion of the population is infected and then immune; however, transmission often persists in countries where large parts of the population have not yet been infected.

Chikungunya Virus Transmission

- Chikungunya virus is transmitted by infected female mosquitoes, most commonly *Aedes aegypti* and *Aedes albopictus*, which can also transmit dengue and Zika viruses. These mosquitoes bite primarily during daylight hours and *Aedes aegypti* feeds both indoors and outdoors. They lay eggs in containers with standing water. Both species feed outdoors, and *Ae. aegypti* also feeds indoors.

- When an uninfected mosquito feeds on a person who has CHIKV circulating in their blood, the mosquito can ingest the virus. The virus then replicates in the mosquito over several days, enters its salivary glands, and can be transmitted into a new human host when the mosquito bites them. The virus again begins to replicate in this newly infected person and reaches high concentrations in their blood, at which point they can further infect other mosquitoes and perpetuate the transmission cycle.


1
Incubation phase
2
Acute phase
3
Disease resolution
4
Chronic phase
Infected-mosquito bite
CHIKV exposure
Viremia
Fever (90%)
Myalgia (90%)
Polyarthralgia (95%)
Rash (40-50%)
Cytokine storm
Primary immune cells
T cells
NK cells
PAMPs recognition
TLR3, RIG-1, MDA5
40–80% of patients progress to a chronic phase of the disease
IgG
IgM
B cells
Joint swelling
Joint stiffness
Arthralgia
Tendonitis/tenosynovitis
Viral load
Antibody titer
Week –2
Week –2
Week –1
Week 1
Week 2
Week 3
Months/years

What does CHIKV infection look like?

Acute clinical signs and symtpoms

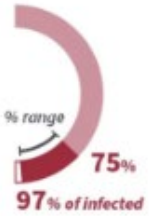
Symptomatic phases

Intrinsic incubation period: ~3-7 days

% of individuals in each phase

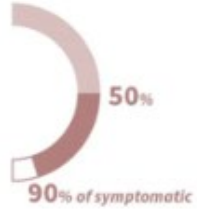
ACUTE (first 21 days from symptom onset)

- 3 CLINICAL FORMS:
  - **Acute clinical:** Refer to left figure
  - **Atypical:** involving neurological, cardiovascular, dermatological, ophthalmological, hepatic, renal, respiratory, or hematological complications
  - **Severe acute:** Life threatening dysfunction of organ(s) or system that requires hospitalization



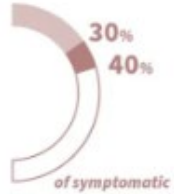
SUB-ACUTE (day 21 to - end of 3 months)

- Dominated by continuous or phasic arthritis
- Inflammation of surrounding joint areas: tenosynovitis, tendinitis, enthesitis, bursitis, capsulitis, and/or periostitis
- Neuropsychological disorders
- Tiredness



CHRONIC (>3 months)

- Persistance or rebound of joint pain and symptoms from sub-acute phase
- Can last few months to years
- Risk increased in those >45 years old and in females



Note: Individuals may not experience all symptoms outlined

Risk Groups for Severe CHIKV


≥ 65 years old

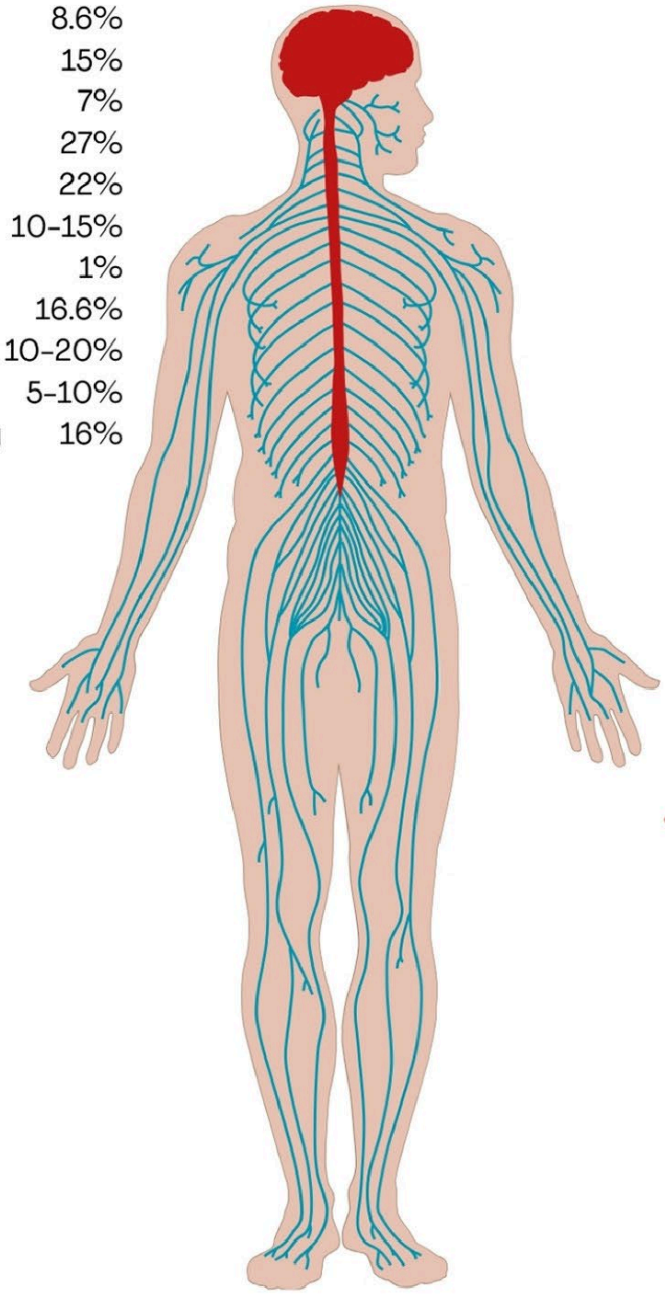

< 1 years old


Diabetes

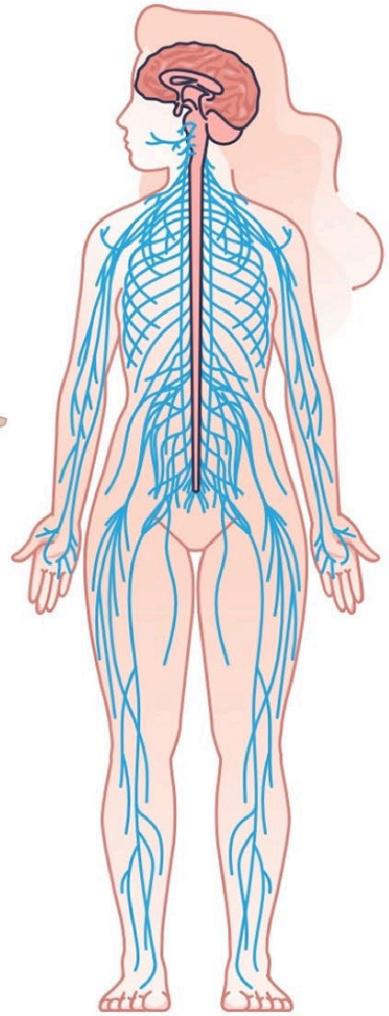

Cardiovascular disease

Adults

Encephalitis	8.6%
Guillain-Barré Syndrome	15%
Meningoencephalitis	7%
Acute Disseminated Encephalomyelitis	27%
Myelitis	22%
Seizures	10-15%
Status epilepticus	1%
Encephalopathy	16.6%
Altered consciousness	10-20%
Facial nerve palsy	5-10%
Cranial neuropathy	16%



Children



10-25%	Encephalitis
10-15%	Guillain-Barré Syndrome
10-14%	Meningoencephalitis
25-30%	Acute Disseminated Encephalomyelitis
20-25%	Myelitis
40-50%	Seizures
5-10%	Status epilepticus
20-30%	Encephalopathy
15-20%	Altered consciousness
2-5%	Facial nerve palsy
5-10%	Cranial neuropathy

SPOKANE REGIONAL HEALTH DISTRICT

There is a chikungunya travel health notice for outbreaks in:

- Bolivia
- Guangdong Province, China
- Kenya
- Madagascar
- Mauritius
- Mayotte
- Réunion
- Somalia

U.S. travelers visiting the following countries are at elevated risk* of exposure to chikungunya virus, even if there is no current outbreak:

- Brazil
- Colombia
- India
- Mexico
- Nigeria
- Pakistan
- Philippines
- Thailand

Live-attenuated vaccine	• Approved for use in adults 18 years and older* • Recommended for adults traveling to an area with a chikungunya outbreak. Also recommended for laboratory workers who might be exposed to the virus. • Considered for adults traveling or moving to an area with elevated risk for U.S. travelers if planning to stay for an extended period of time (for example, 6 months or more). • Single dose vaccine **Age 65 years and older is a precaution for use of the live-attenuated vaccine.*
Virus-like particle vaccine	• Approved for use in people 12 years and older • Recommended for adolescents and adults traveling to an area with a chikungunya outbreak. Also recommended for laboratory workers who might be exposed to the virus. • Considered for adolescents and adults traveling or moving to an area with elevated risk for U.S. travelers if planning to stay for an extended period of time (for example, 6 months or more). • Single dose vaccine

SPOKANE REGIONAL HEALTH DISTRICT

Public Health Update

For Health Care Providers

Advisories and Alerts

Related Topics

Contact Us

Communicable Disease Investigation and Prevention (CDIP)

509.324.1442 cdepi@srhd.org

Past health advisories and alerts are archived for historical purposes and are not maintained or updated.

Select a Category

HUMAN HEALTH | ANIMAL HEALTH

SPOKANE REGIONAL HEALTH DISTRICT

Human Health

2025

Confirmed Measles Case Identified in North Idaho/Kootenai County - Aug. 13, 2025

Screening Recommendations for TB Exposures at Eastern State Hospital - Aug. 6, 2025

Measles Cases in Washington; New Assessment and Testing Resources - July 2, 2025

Continued Increase in Measles Cases - April 25, 2025

Measles Case Confirmed in Seattle Area with Public Exposures and Measles Outbreak in Texas - March 4, 2025

Recall Notice: Listeria in Frozen Supplemental Shakes - Feb. 27, 2025

Increase in Shigella Cases - 2025 - Jan. 23, 2025

Health Advisory

Date: August 12, 2025

From: Spokane Regional Health District (SRHD) Epidemiology

To: Spokane County Healthcare Providers

Subject: Confirmed Measles Case Identified in North Idaho/Kootenai County

Please ensure that this information is shared with the appropriate personnel in your facility. Thank you.

Current Situation:

A measles case has been identified in North Idaho by Panhandle Health. Limited details are available at this time. First Confirmed Measles Case in Panhandle Since 1991

SRHD is asking health care providers to:

- **Consider measles when signs and symptoms are compatible, even in patients without international travel, due to the proximity of the North Idaho measles case.**
- **Be prepared to follow infection prevention measures, including immediate isolation and masking of any patient suspected of having measles.**
- **Contact SRHD and use the Measles Assessment Quicksheet for Providers if you suspect measles.**
- **Advise patients that best protection is to obtain the MMR vaccine series.**

In addition to measles, there are other types of rash illnesses spreading in the area. Please become familiar with signs and symptoms of measles, and understand the process for reporting, testing, and responding to cases of measles in your jurisdiction.

As of August 5, 2025, a total of 1,356 confirmed* measles cases were reported by 41 jurisdictions: Alaska, Arkansas, Arizona, California, Colorado, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Missouri, Montana, Nebraska, New Jersey, New Mexico, New York City, New York State, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, Wisconsin, and Wyoming.

There have been 32 outbreaks** reported in 2025, and 87% of confirmed cases (1,177 of 1,356) are outbreak-associated. For comparison, 16 outbreaks were reported during 2024 and 69% of cases (198 of 285) were outbreak-associated.

*CDC is aware of probable measles cases being reported by jurisdictions. However, the data on this page only includes confirmed cases PDF.

**CDC reports the cumulative number of measles outbreaks (defined as 3 or more related cases) that have occurred this year in the U.S.; states have the most up-to-date information about cases and outbreaks in their jurisdictions.

Expand All

U.S. Cases in 2025

Total cases

1356

Age

Under 5 years: **386 (28%)**
5-19 years: **501 (37%)**
20+ years: **462 (34%)**
Age unknown: **7 (1%)**

Vaccination Status

Unvaccinated or Unknown: **92%**
One MMR dose: **4%**
Two MMR doses: **4%**

U.S. Hospitalizations in 2025

13%

13% of cases hospitalized (171 of 1356).

Percent of Age Group Hospitalized

Under 5 years: **21% (82 of 386)**
5-19 years: **8% (40 of 501)**
20+ years: **11% (49 of 462)**
Age unknown: **0% (0 of 7)**

U.S. Deaths in 2025

3

There have been 3 confirmed deaths from measles.

Health Advisory

Date: August 6, 2025

From: Spokane Regional Health District (SRHD) Epidemiology

To: Spokane County Healthcare Providers

Subject: Screening Recommendations for TB Exposures at Eastern State Hospital

Please ensure that this information is shared with the appropriate personnel in your facility. Thank you.

Situation

The Spokane Regional Health District (SRHD) Tuberculosis (TB) Program has received a report of TB disease in an individual associated with Eastern State Hospital. The exposure has led to a screening plan for employees and patients at Eastern State Hospital.

Background

One fourth of the world's population is infected with TB. In 2023, 10.8 million people around the world became sick with TB disease. There were 1.25 million TB-related deaths worldwide. A total of 9,633 TB cases (a rate of 2.9 cases per 100,000 persons) were reported in the United States in 2023 (https://www.cdc.gov/tb/statistics/default.htm). Approximately two-thirds of these cases were individuals born abroad in the 22 countries considered to be "high burden" countries. These include countries in Eastern Europe, Africa, Asia, the Caribbean, Latin America, and the Pacific Islands.

Transmission of tuberculosis bacteria occurs through the air from person to person. In the US, an estimated 85% of individuals with TB disease represent reactivation of latent tuberculosis infection (LTBI). Risk factors for TB disease include:

- Foreign borne from "high burden" nations, especially recent immigration
- Close contact to individuals with infectious TB disease
- Children < 5 years
- Injection drug use
- Homeless, correctional facilities, institutional residence
- Immune compromised, especially HIV, TNF-alpha inhibitors, corticosteroids
- Advanced renal disease, poorly controlled DM

Animal Health

2025

Echinococcosis in Spokane Washington - July 18, 2025

Confirmed Case of Leptospirosis in Spokane County - July 11, 2025

Confirmed Rabid Bat in Spokane County - July 8, 2025

Guidance for Veterinarians and Animal Care Workers Exposed to Cats Infected with Avian Influenza - May 1, 2025

Communicable Disease Investigation & Prevention

Veterinary Advisory

Date: August 13, 2025

From: Spokane Regional Health District (SRHD) Epidemiology

To: Spokane County Veterinarians

Subject: Understanding Rabies Transmission & Prevention in Pets

Please ensure that this information is shared with the appropriate personnel in your facility. Thank you.

What is Rabies and How is It Transmitted?

Rabies is a fatal disease caused by a virus that infects the central nervous system of mammals. The virus is in an infected animal's saliva and can be transmitted through a bite, scratch, or other contact with a wound, mucous membrane (eyes, nose, mouth), or non-intact skin. The virus does not penetrate intact skin and is not present in blood, urine or feces.

In Washington, bats are the only known source (reservoir) of rabies. All mammals are susceptible to infection with rabies, but pets (including dogs, cats and ferrets) can be protected from infection with routine rabies vaccination and by following recommended post-exposure management in case of exposure.

Clinical Disease in Animals

- **Incubation period:** Generally, 2–3 weeks to 3 months (but can range from several days to 6+ months) in domestic animals.
- **Clinical signs:** Variable but can include inappetence, abnormal behavior, cranial nerve deficits, ataxia, paralysis, vocalization changes, drooling, dysphagia, overreaction to stimuli, and seizures.
    - **In Bats:** Unusual behaviors like daytime flight, inability to fly, vocalization, or approaching people.
- **Infectious period:** Rabies is communicable during the period of salivary shedding of the rabies virus, which occurs while a mammal shows signs of rabies. Dogs, cats and ferrets can shed the virus a few days prior to the onset of clinical signs.
- **Treatment:** There are currently no known effective rabies antiviral drugs or other treatment. Progression to death is rapid once signs are present, usually within days.

Community Collaborations

Nurse-Family Partnership, A Worthy Intervention

Alicia Kreutzer, BSN, RN - Nurse-Family Partnership Manager, Spokane Regional Health District

Every day, babies are born to parents who face a variety of challenges and adversities such as low socioeconomic status, low social support, mental health challenges, housing instability and homelessness, substance use disorder, and racial and social inequities. Nurse-Family Partnership (NFP) at Spokane Regional Health District (SRHD) is a longstanding, evidence-based community health program which works to address these challenges by matching eligible pregnant persons with a bachelor's prepared nurse during pregnancy until their child's second birthday.

To be eligible locally, the client must have low socioeconomic status and be currently pregnant. The best practice is to enroll clients 28 weeks or sooner in pregnancy. The earlier the referral, the better to build trust and rapport while having the greatest effect on pregnancy outcomes. By supporting clients through an individualized, holistic approach, with the client as the expert in their life, NFP works to close the gap on disparate pregnancy and birth outcomes that occur in marginalized populations due to social and economic inequalities.

NURSE-FAMILY PARTNERSHIP EVIDENCE AND EVALUATION

Nurse-Family Partnership was developed by David Olds, Ph. D, in the early 1970s. Over three decades, Dr. Olds conducted three randomized control trials (RCTs) in three different communities, to compare the outcomes of mothers and children who participated in the NFP program against a control group of mothers and children who did not participate. The original RCTs occurred in Elmira, New York in 1977, Memphis, Tennessee in 1987, and Denver, Colorado in 1994. Since the original RCT, Dr. Olds, in partnership with his team at the Prevention Research Center for Family and Child Health at the University of Colorado, continues to study the short- and long-term outcomes of NFP participants, with 14 completed longitudinal studies. In addition to RCTs, several high quality quasi-experimental design studies have been conducted to highlight the outcomes of NFP in large scale replication across the nation.

Further, of the 72 models reviewed by the Home Visiting Evidence of Effectiveness, NFP is one of 27 models meeting the United States Department of Health and Human Services criteria for an "evidence-based early childhood home visiting service delivery model."

CLIENT RISK AND OUTCOMES

Ongoing research and evaluation have demonstrated that clients with the highest risk reap the highest benefits and outcomes from NFP participation. Peak effectiveness is seen with clients who have three or more risk/complexity characteristics such as race or ethnicity with increased susceptibility to health disparities or inequities due to systemic racism, experiencing or facing homelessness/residential instability, significant mental health concerns, and increased risk of intimate partner violence. In reviewing the local NFP Client Risk Profile from the fourth quarter, 2024, Spokane demonstrated that 81.51% of clients served had ≥3 complexities, with 42.02% having ≥5 complexities.

NFP has a history of proven results while supporting people with the greatest need. Spokane outcomes from the fourth quarter, 2024, demonstrate that 88.3% of clients delivered at >37 weeks gestation, 94.7% of clients initiate breastfeeding at birth with 62.5% breastfeeding at 6 months, 53.8% breastfeeding at 12 months, and 93.3% up-to-date immunization rates at 24 months. All meet or exceed the NFP benchmark for that measure. The evidence is clear; NFP works!

PREVENTION IN ACTION

The local NFP team consists of seven nurses who carry a caseload of 21-23 clients. Nurses are initially trained in the NFP model over 18 months. Normally, client visits occur every other week for an hour following a general visit format. Clients choose who participates in visits and where visits occur.

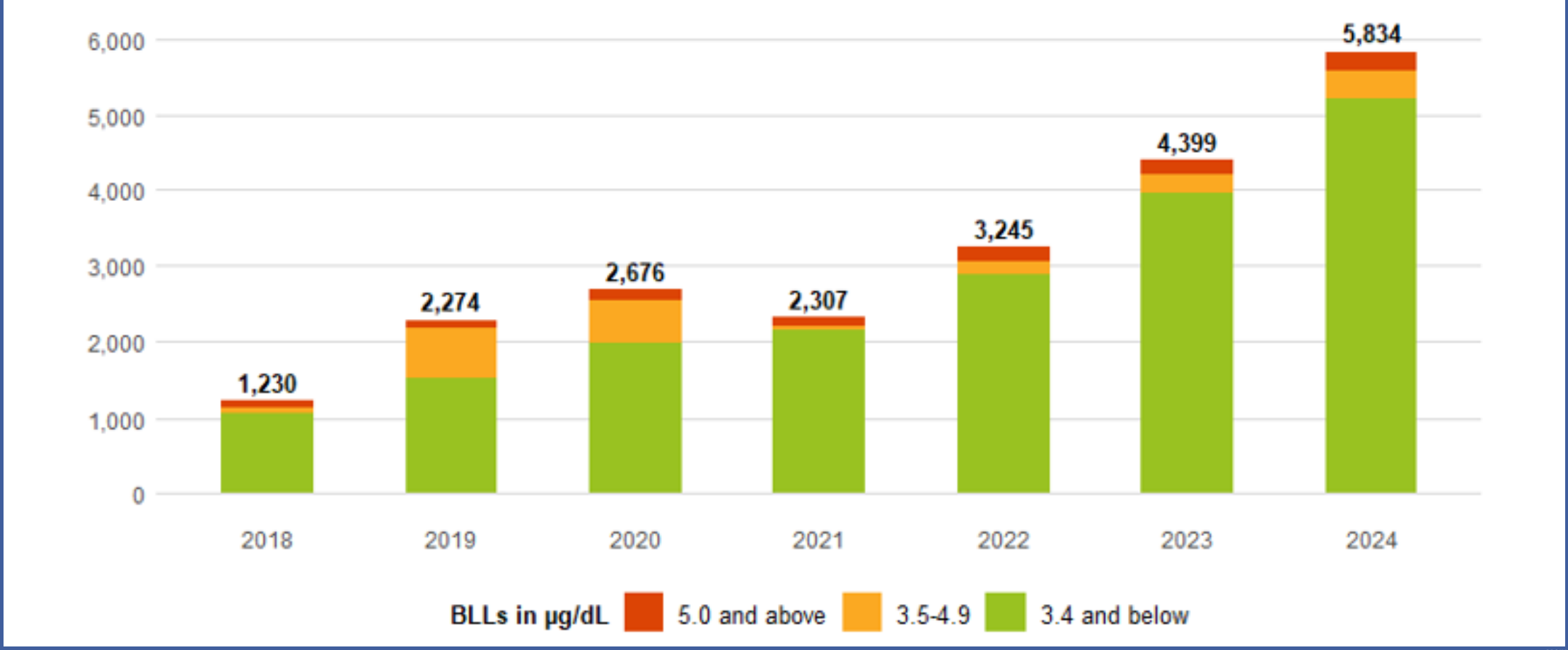
NFP believes that clients are experts in their own lives, and NFP nurses work alongside the client to support their health, family, and individualized goal achievement. Nurses utilize client interest, assessment, nursing diagnoses and interventions, and client stage of change to deliver education on topics that can have the most effect. NFP nurses recognize the individual strengths of each client and that only a small change is necessary for a better future. They provide just the right level of support necessary to help clients achieve their goals, while working towards self-empowerment and self-advocacy.

LOCAL PROGRAM SUPPORT

NFP programs require the support of their community to send ongoing, eligible referrals to NFP. Locally, NFP has found that referrals work best when referring providers have a good foundational understanding of NFP to provide their patient with a summary and then initiate the referral. The NFP case manager is then able to engage the potential client in an informational meeting to explain more about the program and set up an enrollment visit. Integrating the screening and referral process into the referring staff's day-to-day workflows minimizes time needed and helps ensure that all eligible patients are aware of the NFP program.

NFP would love to partner with the perinatal clients you serve and are always accepting referrals to the local NFP program at SRHD. Please visit www.srhd.org/nfp to learn more or to place referrals. ■

All Reported Childhood Blood Lead Levels (BLLs) per Year, Spokane County, 2018-2024.



Year	3.4 and below	3.5-4.9	5.0-9.9	10.0-19.9	20.0-44.9	45 and above	Total
2018	1044 (90.6%)	64 (5.6%)	39 (3.4%)	5 (0.4%)	0 (0%)	0 (0%)	**1152 (5.7%)**
2019	1432 (68.0%)	598 (28.4%)	63 (3.0%)	11 (0.5%)	1 (0.05%)	1 (0.05%)	**2106 (10.4%)**
2020	1854 (75.9%)	504 (20.6%)	76 (3.1%)	7 (0.3%)	3 (0.1%)	0 (0%)	**2444 (12.1%)**
2021	2063 (94.4%)	45 (2.1%)	67 (3.1%)	9 (0.4%)	2 (0.1%)	0 (0%)	**2186 (10.8%)**
2022	2813 (92.9%)	104 (3.4%)	90 (3.0%)	15 (0.5%)	4 (0.1%)	1 (0.03%)	**3027 (14.9%)**
2023	3748 (92.6%)	176 (4.3%)	105 (2.6%)	13 (0.3%)	5 (0.1%)	0 (0%)	**4047 (20.0%)**
2024	4913 (92.4%)	253 (4.8%)	132 (2.5%)	15 (0.3%)	5 (0.1%)	0 (0%)	**5318 (26.2%)**
Total	**17867 (88%)**	**1744 (8.6%)**	**572 (2.8%)**	**75 (0.37%)**	**20 (0.099%)**	**2 (0.0099%)**	**20280 (100.0%)**

n = 20,280 total children tested. Please note: In 2019 and 2020, many blood lead tests were reported as <5.0 or Low. Many results in the 3.5-4.9 category may artifically be inflated for those years.

SPOKANE REGIONAL HEALTH DISTRICT

Questions

SPOKANE REGIONAL HEALTH DISTRICT

Board of Health

August 20, 2025