



Communicable Disease Exercises & Hot Topics

2026

Public Health Division
Acute and Communicable Disease Program

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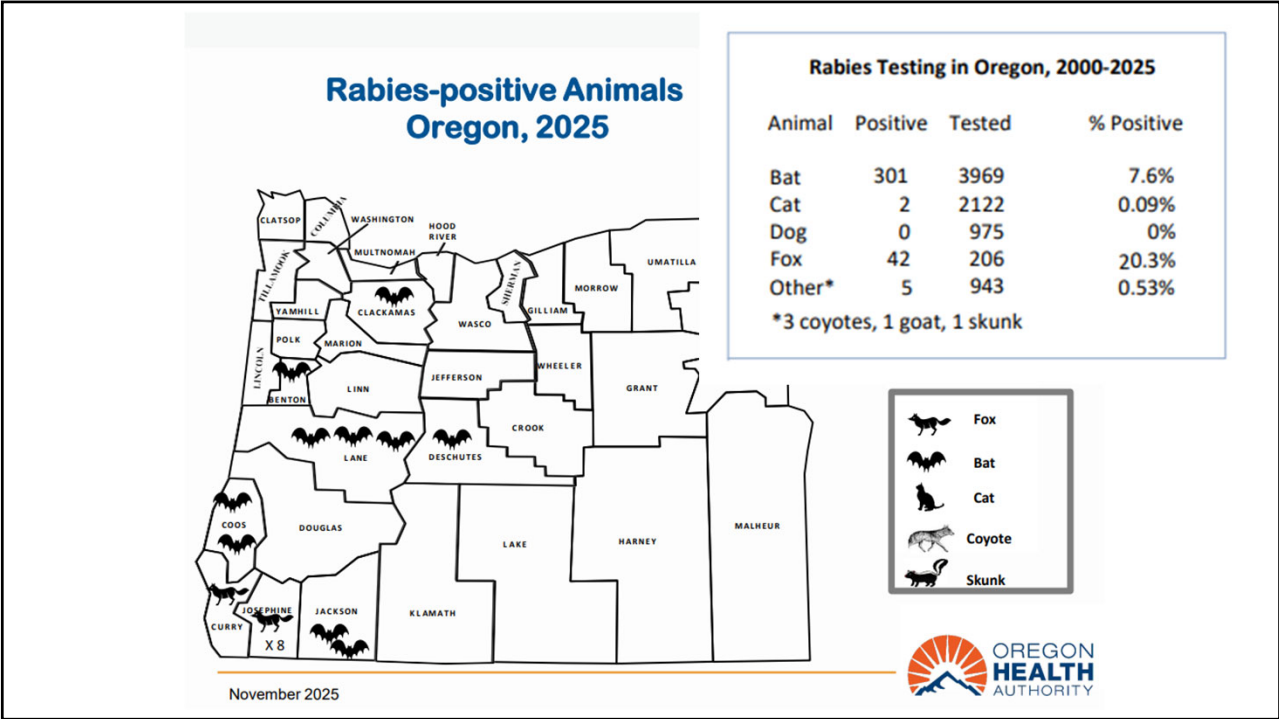


Rabies Scenarios

Thanks to Dr. Emilio Debess, DMV

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SW Oregon foxes

From CDC:

- “Phylogenetic analysis of three RABV sequences obtained from rabid gray foxes from southern Oregon collected in 2000, 2006 and 2008, identified all three foxes were infected with RABV variant associated with **Myotis bats** (little brown bats)”
- “More sequences, ideally containing samples from bats near Josephine and Jackson counties are needed to confirm or rule out a rabies host shift”

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Rabies detection

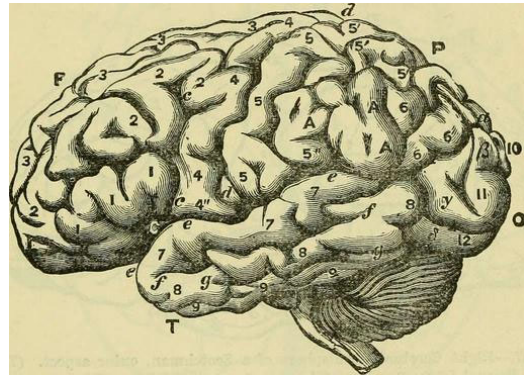
- The only way to test for rabies requires analyzing brain tissue
- Only one lab in Oregon:



Oregon State University
Oregon Veterinary
Diagnostic Laboratory

Cost \$85

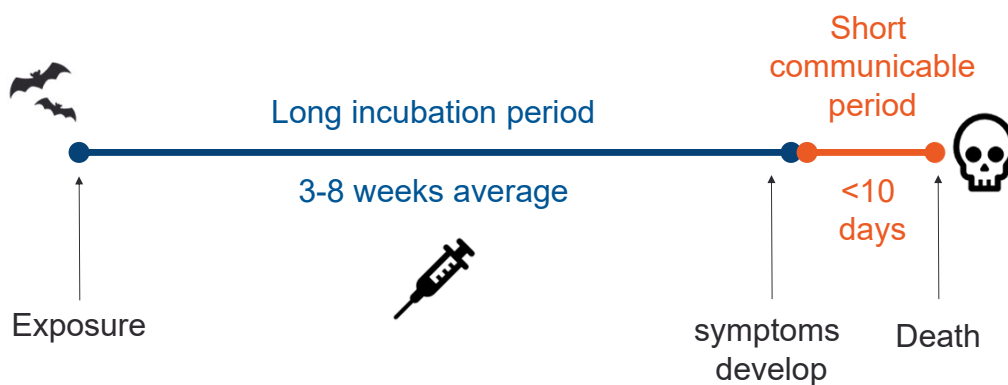
+ \$10-\$158 carcass disposal fee



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Progression of Rabies



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Managing animal bites

- Wash the wound immediately with soap and water
- If medical care is needed, provider may prescribe antibiotics and give a Tetanus booster
- Assess whether post exposure prophylaxis (PEP) or animal testing is needed
 - If so, initiate as soon as possible
 - Rabies immune globulin (RIG)
 - 4 vaccines given on days 0, 3, 7, 14
- Know where someone can get rabies PEP in your county

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To PEP or not to PEP?

- Recommendation for PEP or testing varies by:
 - Type of animal involved
 - Circumstances of the bite:
 - Actual bite?
 - Provoked bite?
 - Behavior of the animal

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Rabies & animal bite investigative guidelines

PUBLIC HEALTH DIVISION
Acute and Communicable Disease Prevention



Animal Bites and Rabies Investigative Guidelines December 2018

1. DISEASE REPORTING

1.1 Purpose of Reporting and Surveillance

- To assess the risk of rabies in persons bitten or otherwise possibly exposed to recommend rabies post-exposure prophylaxis (RPEP) to those who need it, and to provide counseling and reassurance to those who don't.
- As necessary to arrange for the capture and either confinement (10-day observation) of a live dog, cat or ferret, or the laboratory examination of an animal head. This may involve coordination with other agencies, e.g. the Humane Society, county sanitarians, animal control and local law enforcement.
- To identify zoonotic sources of infection.

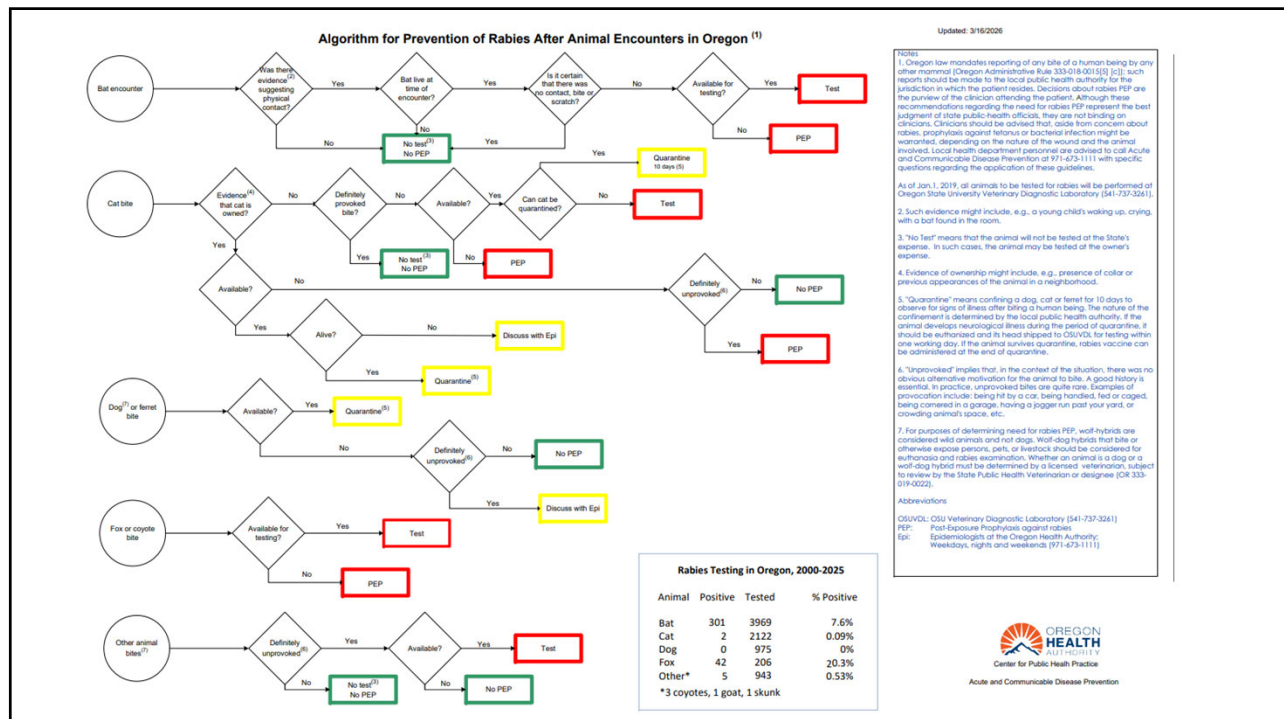
1.2 Reporting Requirements

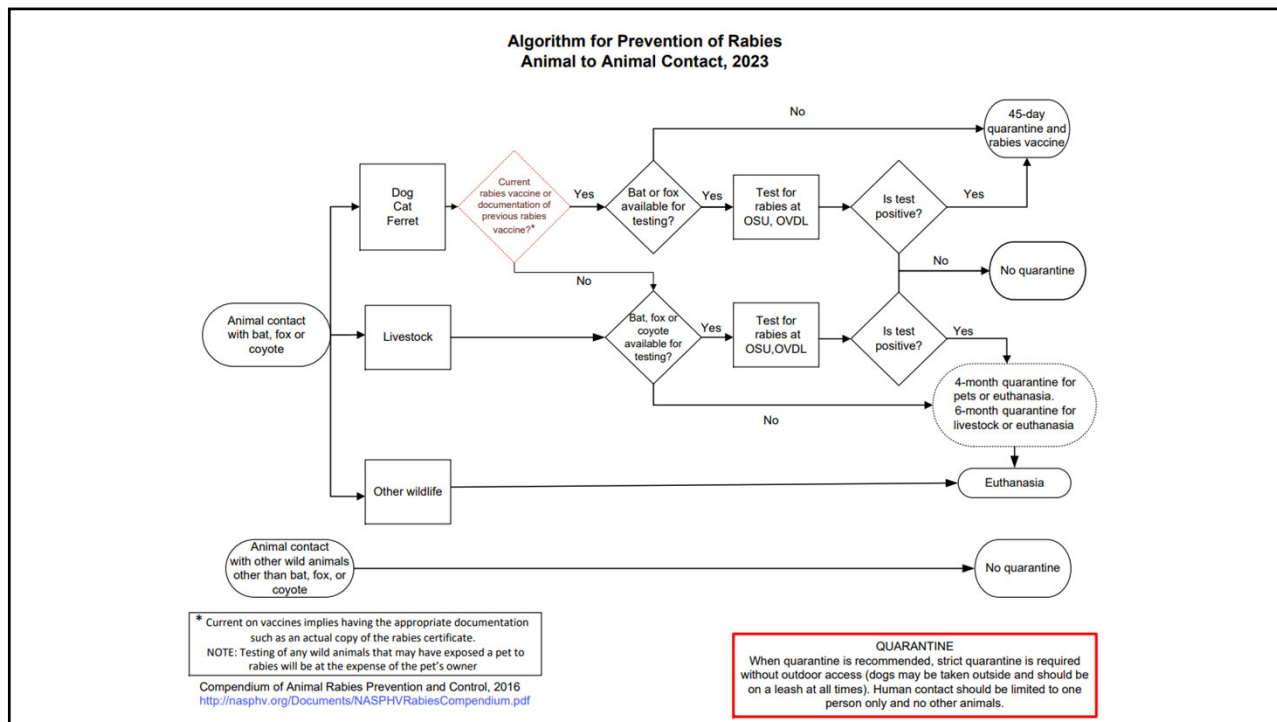
- Anyone with knowledge of humans being bitten by potentially rabid animals (e.g., physicians, veterinarians, animal control personnel, law-enforcement officials, or animal owners), is required to report such incidents to the Local Health Department (LHD) within one working day.
- Laboratories: Any confirmed case of rabies in an animal and any suspected or confirmed case of human rabies must be reported immediately (day or night) to the LHD. If the LHD cannot be reached, the Acute and Communicable Disease Prevention (ACDP) Section of Oregon Health Authority (OHA) should be contacted at 971-673-1111.

1.3 Local Health Department Reporting and Follow-Up Responsibilities

- Investigate all reports of animal bites, on the day of the report whenever possible.
- Determine, in consultation with OHA on-call staff as necessary, whether the exposure constitutes a significant risk for rabies, in which either empiric RPEP or testing of the animal is to be recommended. (N.B., a recommendation to test the animal should be made if, and only if, RPEP would be recommended if the animal proves to be rabid.) If testing is to be recommended, solicit approval from OHA staff for testing at OHA expense.
- Enter into Orpheus any exposure, associated details, and ultimate disposition in which
 - empiric RPEP is recommended; or
 - testing of the animal is recommended.

December 2018





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General rules of thumb

- If it's a bat, fox, or coyote assume it has rabies
- Cats may also be rabid because they hunt bats
- If a wakeful child is involved it's probably a provoked bite
- Your state epi is here to help!

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1. A man calls to say that he was jogging close to his house when a dog ran out of its yard and bit him on the ankle. He wants to know what to do. What do you tell him?

- a) Advise him to seek medical attention (antibiotics, tetanus booster)
- b) Advise him to report the bite to animal control so they can place the dog on a 10-day post-bite quarantine
- c) Assume the dog is vaccinated since it lives in his neighborhood. Just tell the jogger to be more careful next time

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2. A family is having a BBQ. The parents look over just in time to see their two-year-old girl pick up a dead, desiccated bat on the deck and put it in her mouth. (Yes, this actually happened!) What do you tell them?

- a) Provide PEP: RIG and vaccines for the girl as soon as possible
- b) Bats rarely carry rabies in Oregon. No PEP
- c) Rabies virus does not survive in saliva after an animal dies. No PEP
- d) Children will put anything in their mouths. Don't leave dead bats lying around!

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Measles

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Measles: the big picture

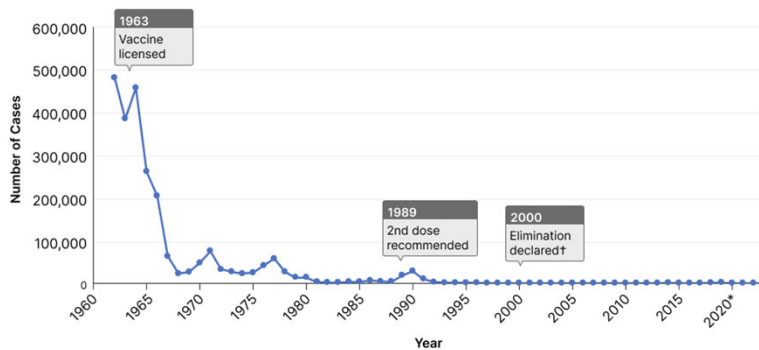
THERE'S A CURRENT OUTBREAK OF
MEASLES

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Context: Measles history

Reported Measles Cases in the United States from 1962 – 2023*



~ **500,000** cases
before vaccine

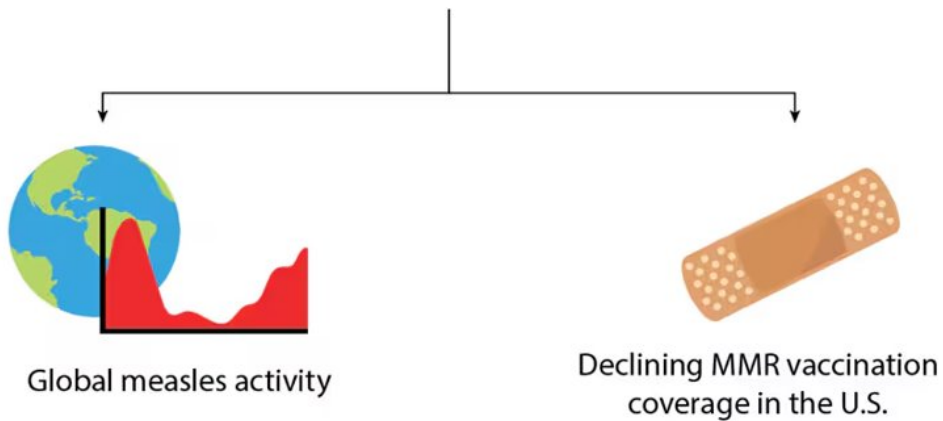
From 2000 to 2020,
average of **190** cases
a year

99.9% decrease

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Measles outbreak risk in the U.S.
depends on two main factors:

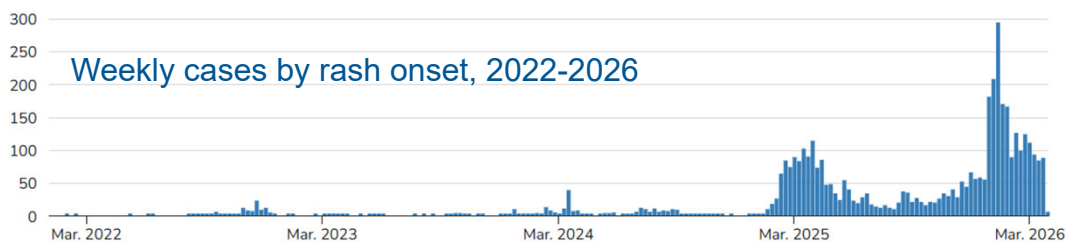


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US measles cases

	2026 To date	2025 Full year
Total Cases	1,748	2,288



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U.S. Hospitalizations

	2026	2025
Total Hospitalized	6% (98 of 1,748 cases)	11% (243 of 2,288 cases)

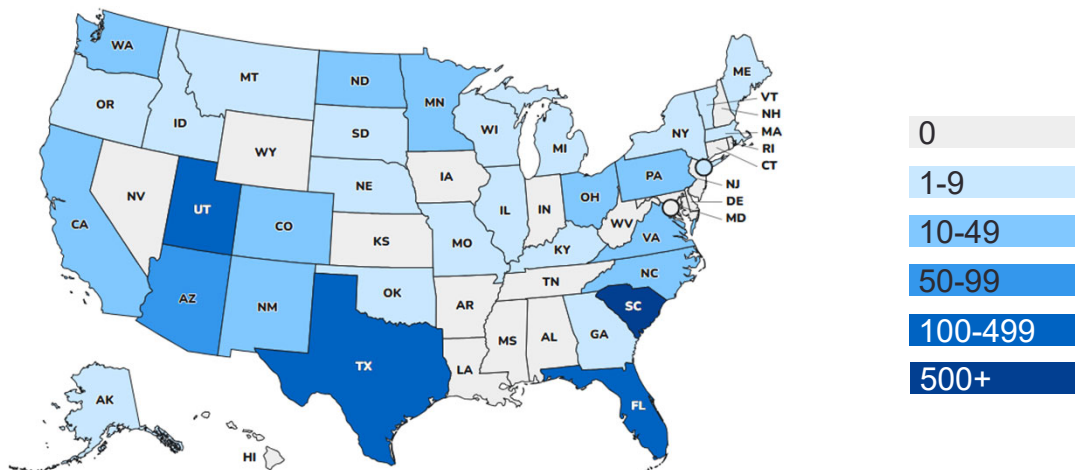
U.S. Deaths

	2026	2025
Total Deaths	0	3

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Mapping measles in the US, 2026



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Measles in Oregon

2026 Situation Summary

Measles Cases in Oregon

Total Cases	20
Unvaccinated or unknown	19
1 MMR Dose	1
2 MMR Doses	0
Hospitalizations	1
Deaths	0

<https://www.oregon.gov/oha/ph/diseasesconditions/diseasesaz/pages/measles.aspx#M2>

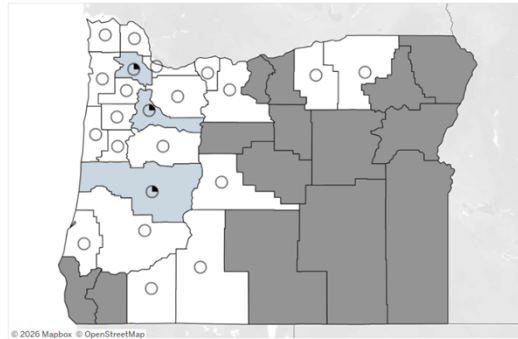
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Measles in wastewater

Oregon Respiratory Viral Pathogen Wastewater Monitoring Dashboard

Map of counties by Measles virus concentration detected by community wastewater treatment centers in the two-week period ending 3/28/2026.



Explore the map by selecting a date, or highlighting a virus concentration level

Select a 2-week period end date

< 3/28/2026 >

Highlight a Level by color

- High
- Moderate
- Low
- Very Low
- Non-detectable
- No Data

Highlight a Level by shape

- High
- Moderate
- Low
- Very Low
- Non-detectable

<https://public.tableau.com/app/profile/oregon.public.health.division.acute.and.communicable.disease.pre/viz/OregonsRVPWastewaterMonitoring/Mainpage?publish=yes>

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Not all cases of measles are benign.

Hospitalization	18%
Diarrhea	20%
Otitis media	11%
Pneumonia	5%
Encephalitis	1.7 per 1000 cases
Death	0.7 per 1000 cases



Complications are more common in children <5 and adults >20

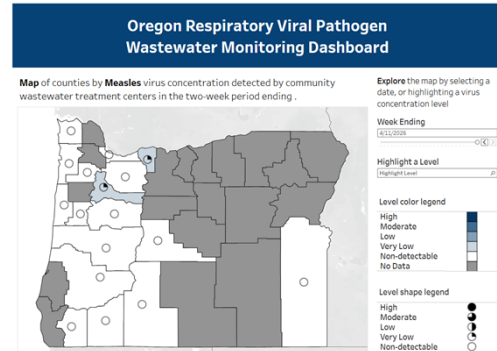
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Questions

3. Have you worked on a measles case (yet)?

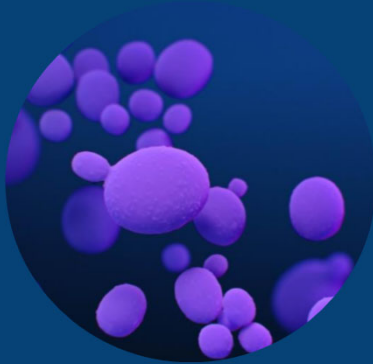
4. Is there wastewater testing in your community?



https://public.tableau.com/app/profile/oregon_public_health_division_acute_and_communicable_disease_pre/viz/OregonsRVPWastewaterMonitoring/Mainpage?publish=yes

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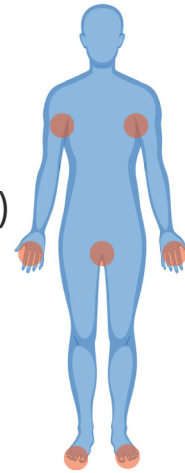
Candidozyma auris

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***Candidozyma auris* (formerly *Candida auris*)**

- Fungus (yeast)
- Skin colonizer
- Colonization outcomes differ:
 - Most healthy people eventually decolonize (62%)
 - median length carriage 8.6 months
 - Long-term colonization (~20%)
 - 7%-13% develop an infection

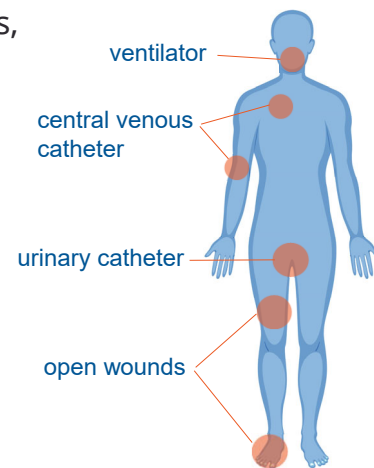


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***C. auris* infections**




- Non-specific infections: bloodstream infections, wound infections, urinary tract infections
- Risk factors include invasive medical devices and open wounds
- Among critically ill patients, progression to illness is much higher (17-25%)
- Crude mortality is quite high:
 - 1 in 3 patients



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Why are we concerned?

-  High morbidity & mortality for invasive infections
-  Drug-resistant : difficult or impossible to treat
-  Spreads quickly in healthcare settings

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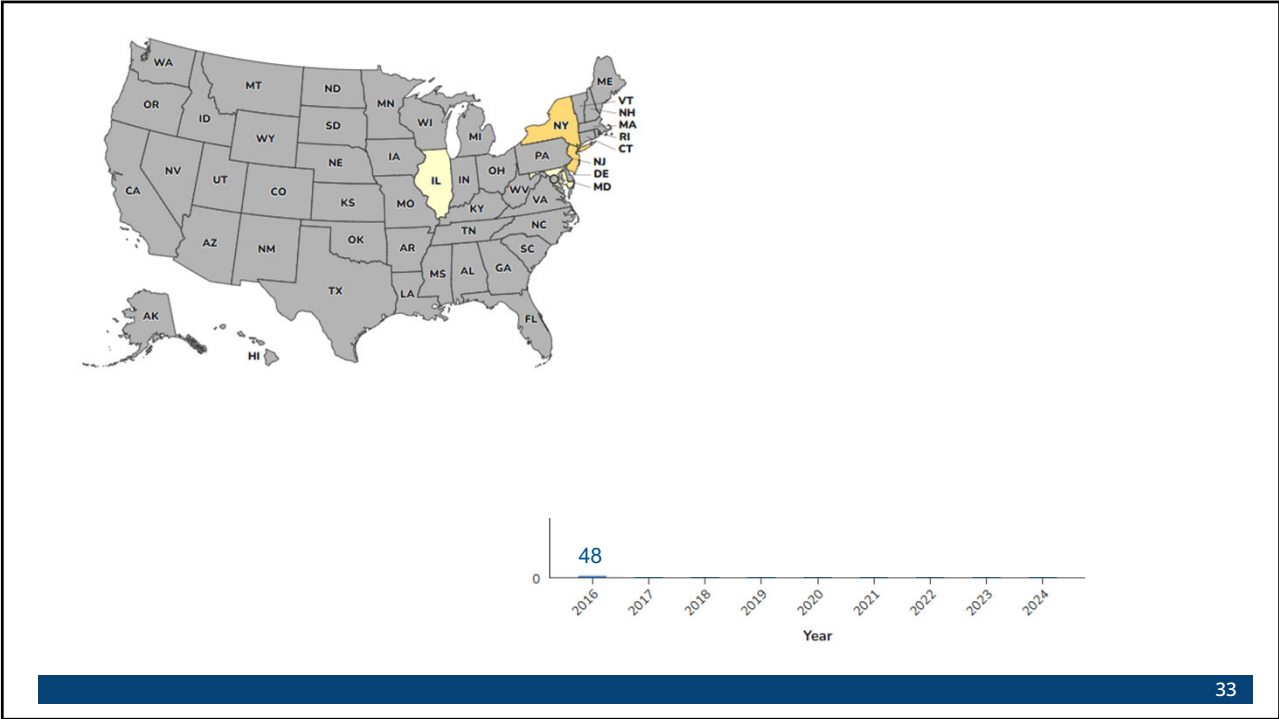
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5. *Candida auris* is considered an emerging pathogen. Why?

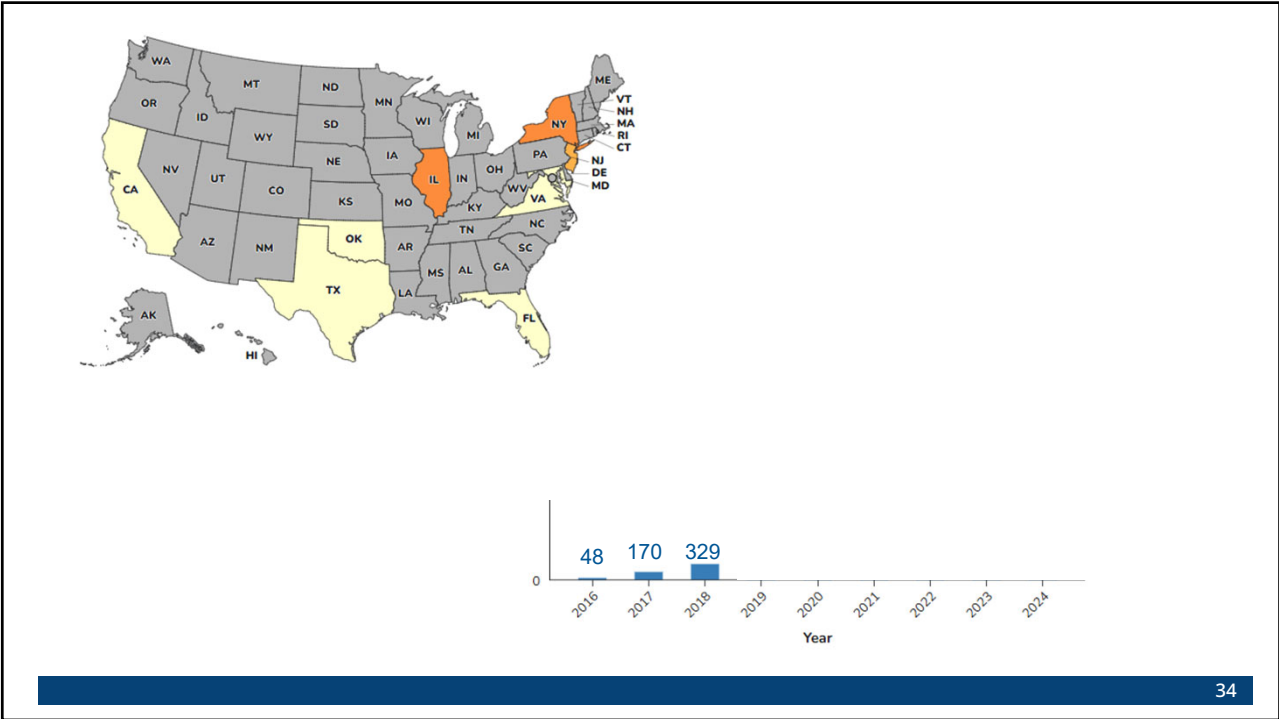
- a) It is a healthcare-associated infection, so cases emerge from healthcare systems into the community
- b) It is a relatively new disease and incidence is increasing rapidly**
- c) It colonizes sweat glands and emerges when you sweat.

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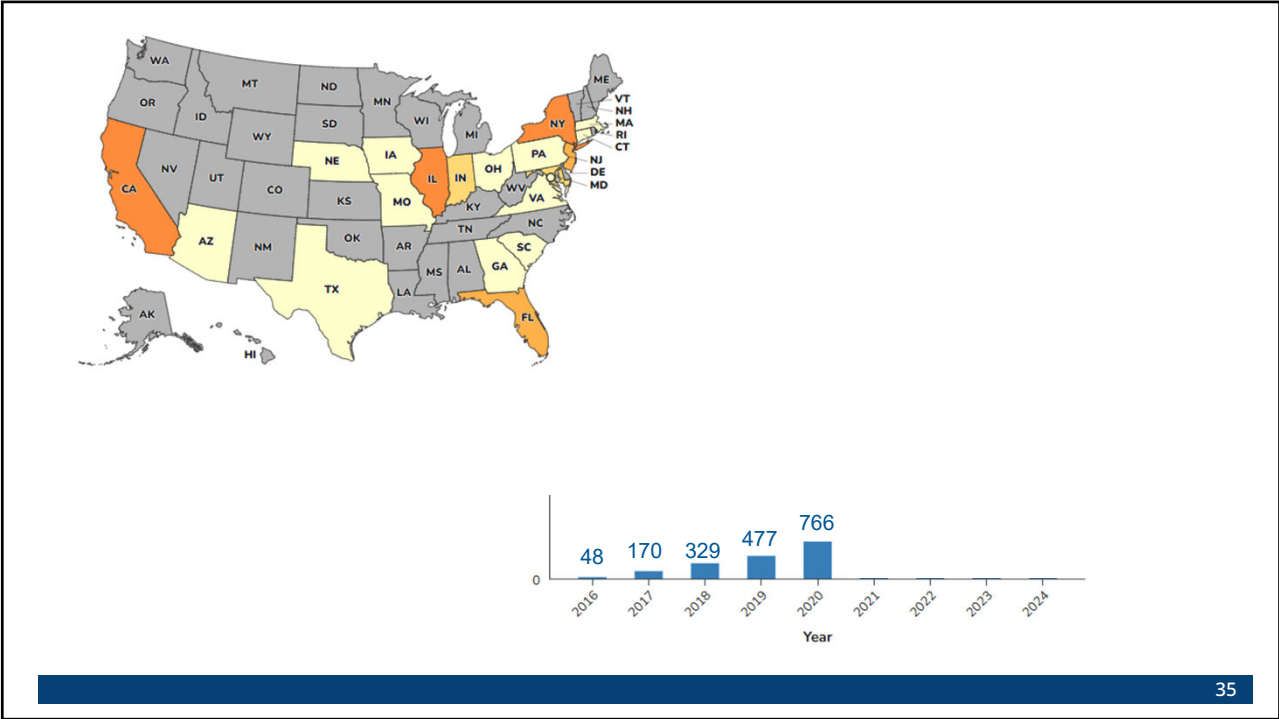
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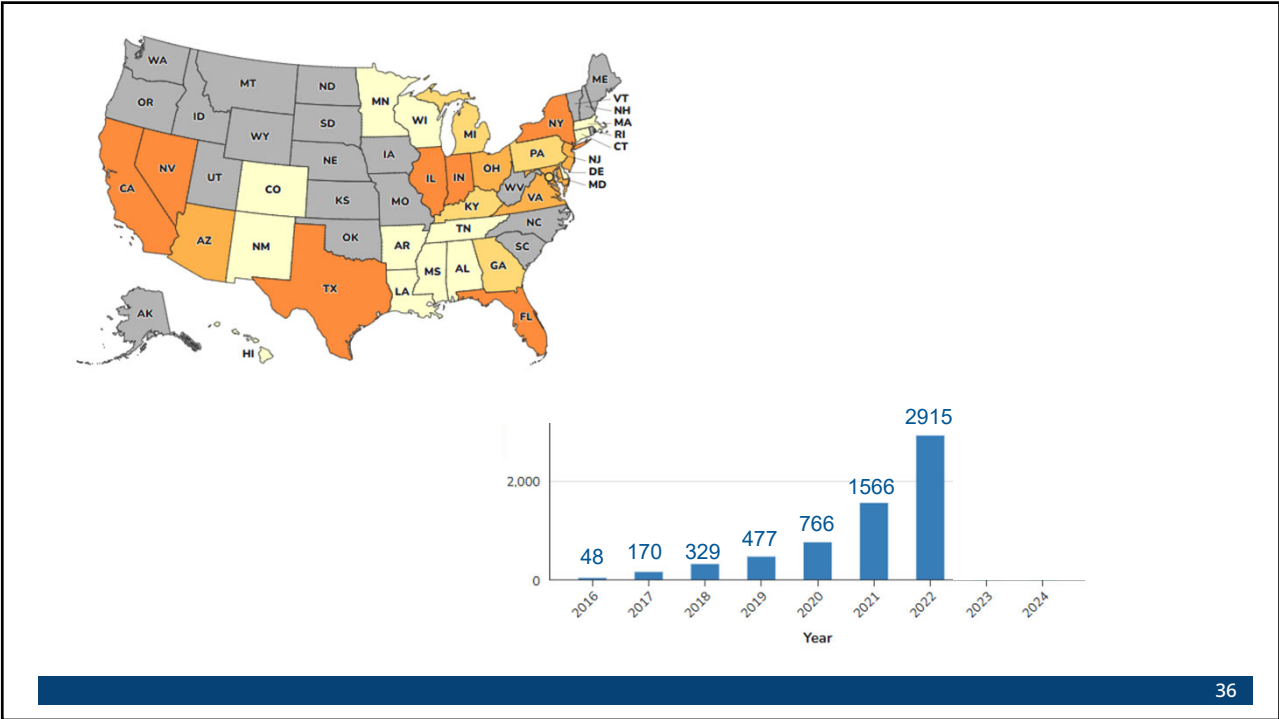
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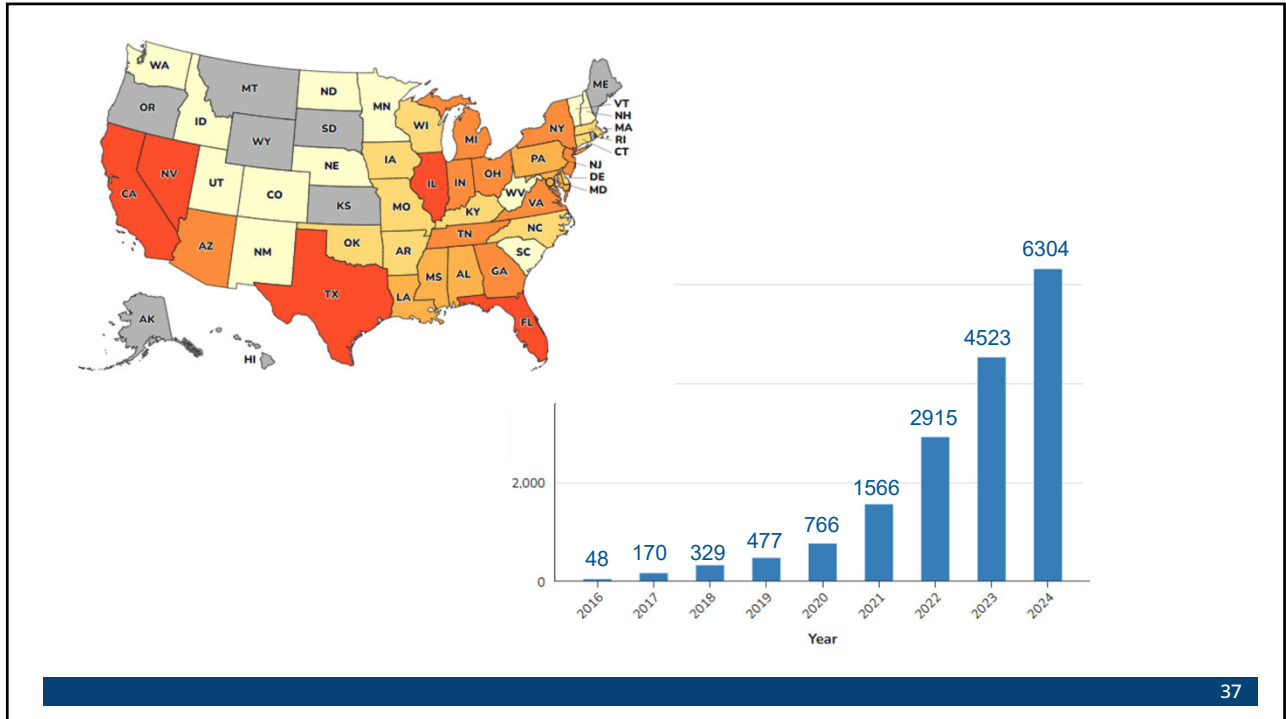
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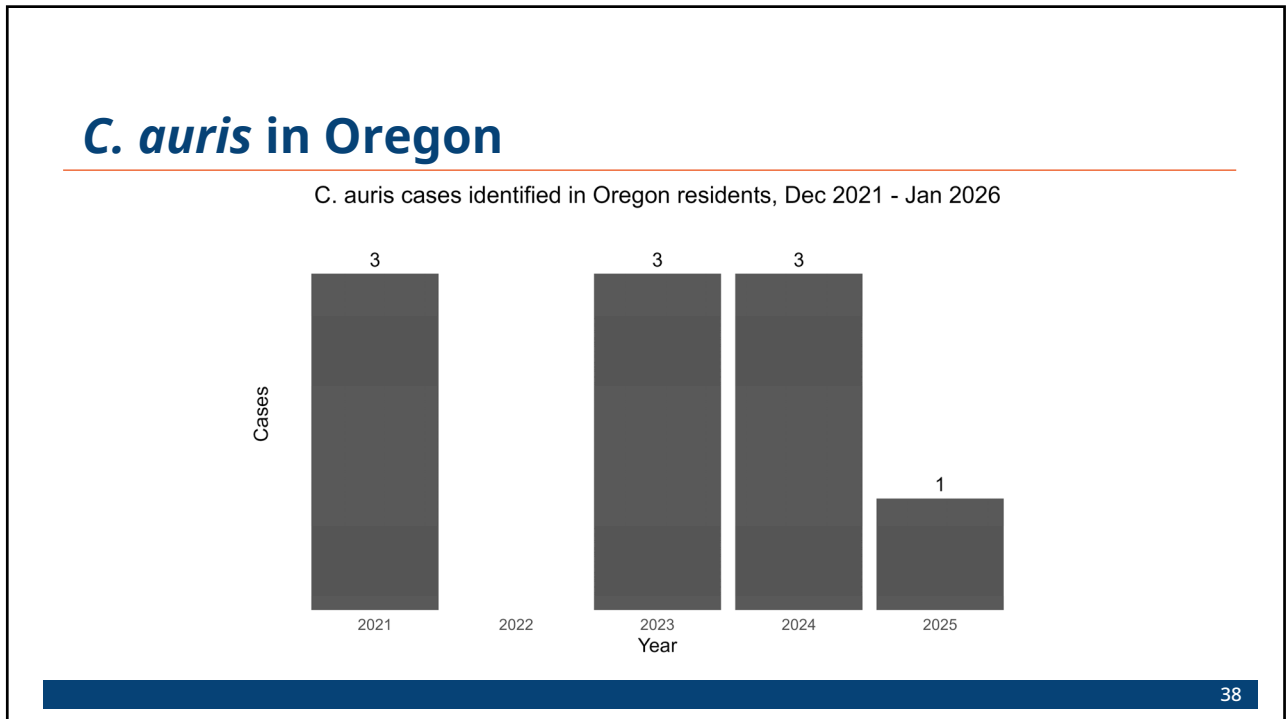
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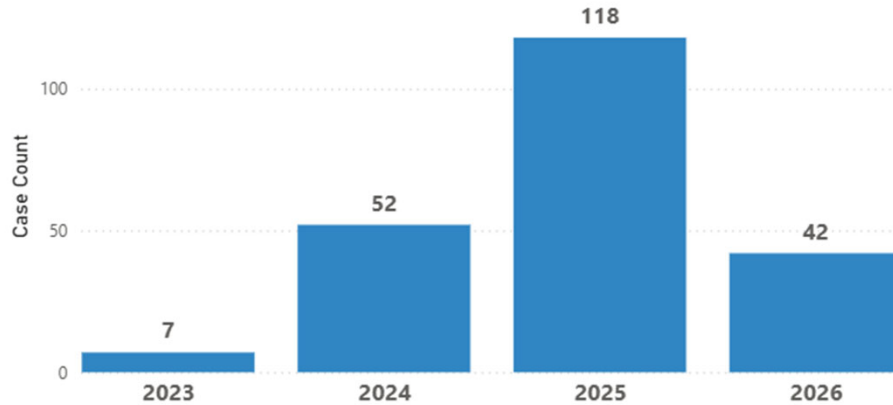
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C. auris in Seattle-metro

Candida auris cases in Washington state



Responding to C. auris



First 24 hours: healthcare facility call



Case interview



Testing healthcare contacts



On-site visit

PUBLIC HEALTH DIVISION
Acute and Communicable Disease Prevention



Candida auris Investigative Guidelines November 2023

1. DISEASE REPORTING

1.1 Purpose of Reporting and Surveillance

1. To prevent transmission of *Candida auris* (C. auris) between patients, within or among healthcare facilities, or between healthcare facilities and the community.
2. To prevent or delay, to the extent possible, C. auris from becoming endemic in Oregon.
3. To identify outbreaks and potential sources or sites of ongoing transmission.
4. To provide clinicians with information on the incidence of infection by the resistant *Candida* species in Oregon.

1.2 Laboratory and Physician Reporting Requirements

1. Providers and laboratories must report cases to local public health authorities (LPHAs) within one working day.
2. Clinical and reference laboratories must forward isolates from any body site, sites of non-dermal sites (e.g., urine, blood, sputum, endotracheal aspirate, bronchoalveolar lavage, wound), that meet the confirmed C. auris case definition herein, along with results of antifungal susceptibility tests, to the Oregon State Public Health Laboratory (OSPHL).
3. Laboratories must also forward fungal isolates from any body site that may be C. auris but are commonly misidentified as other fungal species:
 - a. These include *Candida lusitanae* (using Vitek 2), and *C. lusitana*, *C. guilliermondii*, *C. lusitanae*, and *C. parapsilosis* if using MicroScan.
 - b. For a complete list of commonly misidentified species by identification method, refer to the Centers for Disease Control and Prevention (CDC) website: <https://www.cdc.gov/dsp/2023/03/20230301-candida-auris/>

1.3 Local Public Health Authority Reporting and Follow-Up Responsibilities

1. Confirm that a case meets the case definition by reviewing the laboratory report (consult the Acute and Communicable Disease Prevention (ACDP) on-call epidemiologist or Healthcare-Associated Infections (HAI) Multidrug-Resistant Organism (MDRO) Epidemiologist as needed).
2. Report cases to ACDP within one working day. Use the *Candida auris* case report.
3. Begin investigation of the case within one working day.

November 2023

6. If you receive a report of a *C. auris* case in your county, what should you do first?

- a) Call the on-call epidemiologist right away
- b) Call Heather or Evelyn (MDRO Epidemiologists) directly right away
- c) Assume it's incorrect because *C. auris* is very rare in Oregon
- d) Make a case in Orpheus
- e) Read the *C. auris* IGs

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Questions?

Public Health Division
Acute and Communicable Disease Program
800 NE Oregon Street, Suite 370
Portland, OR 97232
971-673-1111
www.healthoregon.gov/diseases



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Please complete a course evaluation

Thank you!



Public Health Division
Acute and Communicable Disease