

Health Center Preparedness and Response Forum



Session 1: October 16, 2024

Housekeeping

- All participants are muted on entry
- Use the Q&A to ask a question during the session
- Any AI tools or bots not pre-approved by organizers will not be admitted to the webinar
- This webinar is being recorded and materials will be emailed to participants within one week
- We love your feedback – please fill out the evaluation after the session!

**EMERGING
ISSUES**



10/16/24

**ACCESS &
FUNCTIONAL NEEDS**



12/18/24

**HEALTH CENTER
PREPAREDNESS
& RESPONSE
FORUM**

**EXTREME
HEAT**



02/19/25

**WORKFORCE
SUPPORTS**



04/16/25

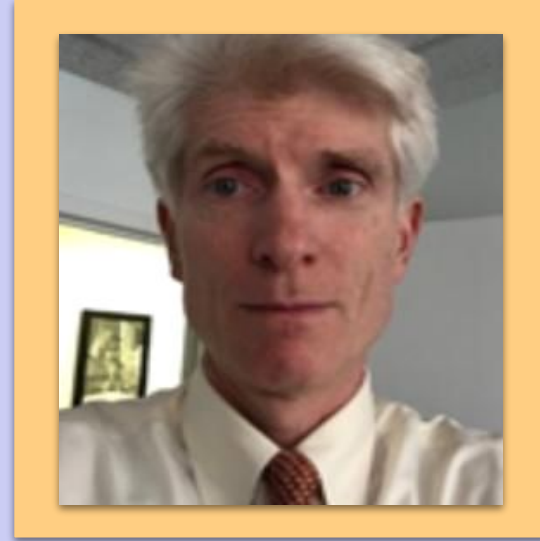
National Training and Technical Assistance Partners (NTTAPs)



Facilitators



Gladys Carrillo (she/her/ella)
Director of Program Services
National Center for Farmworker Health



Bob Burns, Credential (he/him)
Director
National Center for Health and Public Housing
(NCHPH)

AGENDA

- **Welcome and Introductions**
- **Human Health Effects of Climate Change**
 - Dr. Evan Mallen, PhD
- **Fall/Winter Preparedness and Vaccine Preventable Diseases**
 - Dr. Melissa Briggs Hagen, MD, MPH
- **H5N1**
 - Dr. Bethany Alcauter, PhD
- **Evaluation & Close**

Mentimeter Question

In the final months of 2024,
what is your **top concern** for
your organization's emergency
preparedness or response
efforts?



<https://www.menti.com/algmyv5f1ghr>

Speakers from the Centers for Disease Control and Prevention (CDC)

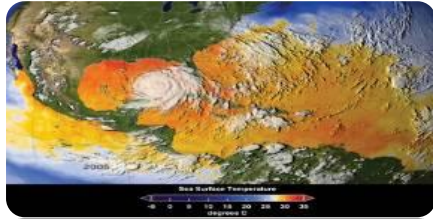


Dr. Evan Mallen, MUP, PhD
Health Scientist with the
Climate and Health Program



Dr. Melissa Briggs Hagen, MD, MPH
Applied Epidemiologic Studies Team Lead,
Coronavirus and Other Respiratory Viruses
Division

The Human Health Effects of Climate Change



Evan Mallen, MUP, PhD
Health Scientist, Climate and Health Program
U.S. Centers for Disease Control and Prevention

Health Center Preparedness and Response Forum Webinar
October 16, 2024

“The findings and conclusions in this presentation have not been formally disseminated by the Centers for Disease Control and Prevention and should not be construed to represent any agency determination or policy.”

National Center for Environmental Health
Agency for Toxic Substances and Disease Registry



Environmental Degradation

Forced migration, civil conflict, mental health impacts, loss of jobs and income

Extreme Heat

Heat-related illness and death, cardiovascular failure

Severe Weather

Injuries, fatalities, loss of homes, mental health impacts

Water & Food Supply Impacts

Malnutrition, diarrheal disease

Degraded Living Conditions & Social Inequities

Exacerbation of existing social and health inequities and vulnerabilities

Changes In Vector Ecology

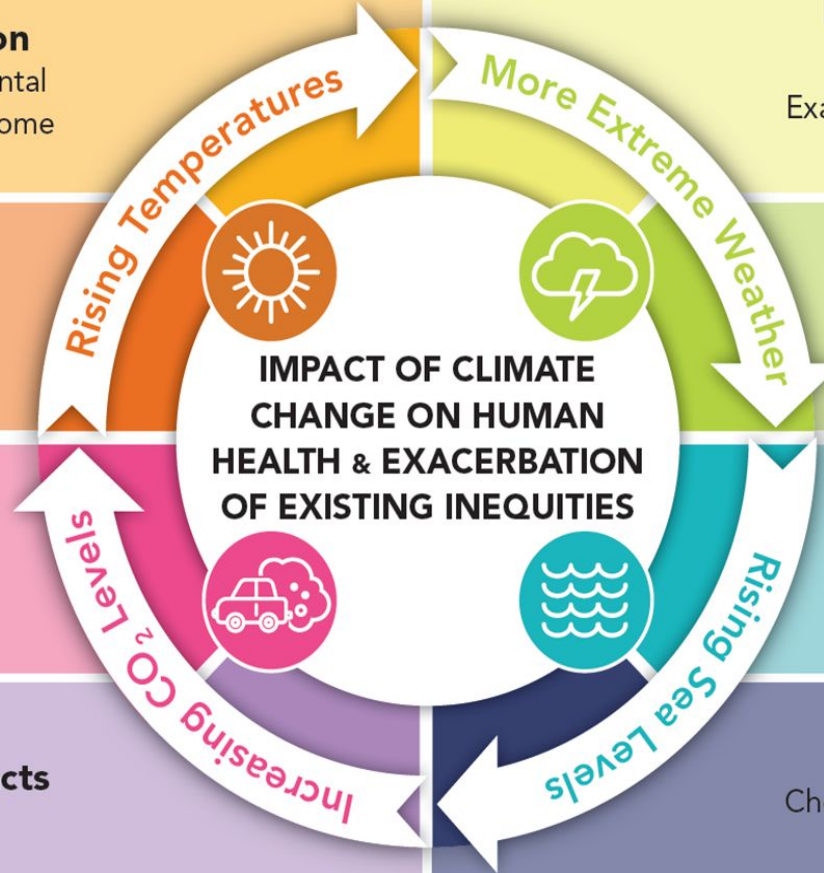
Malaria, dengue, encephalitis, hantavirus, Rift Valley fever, Lyme disease, chikungunya, West Nile virus

Air Pollution & Increasing Allergens

Asthma, cardiovascular disease, respiratory allergies

Water Quality Impacts

Cholera, cryptosporidiosis, Campylobacter, leptospirosis, harmful algal blooms



Adapted from CDC, J. Patz

From California Department of Public Health

Climate Vulnerability

Climate change does not affect everyone equally



AFFECTING HEALTH DIRECTLY

EXTREME HEAT

Higher heat, increased humidity, longer and more frequent heat waves can lead to



Dehydration and Heatstroke



People who are at higher risk: Outdoor workers, student athletes, people in cities, people without air conditioning, people with chronic diseases, pregnant women, older adults, and young children

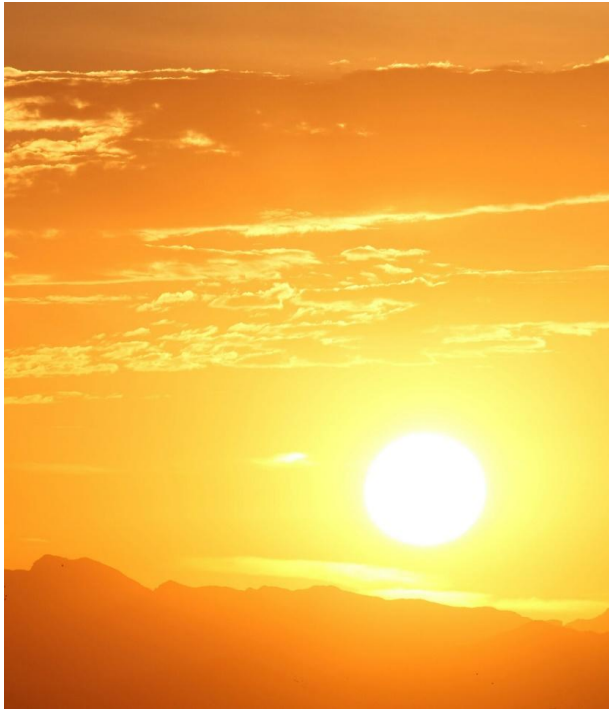
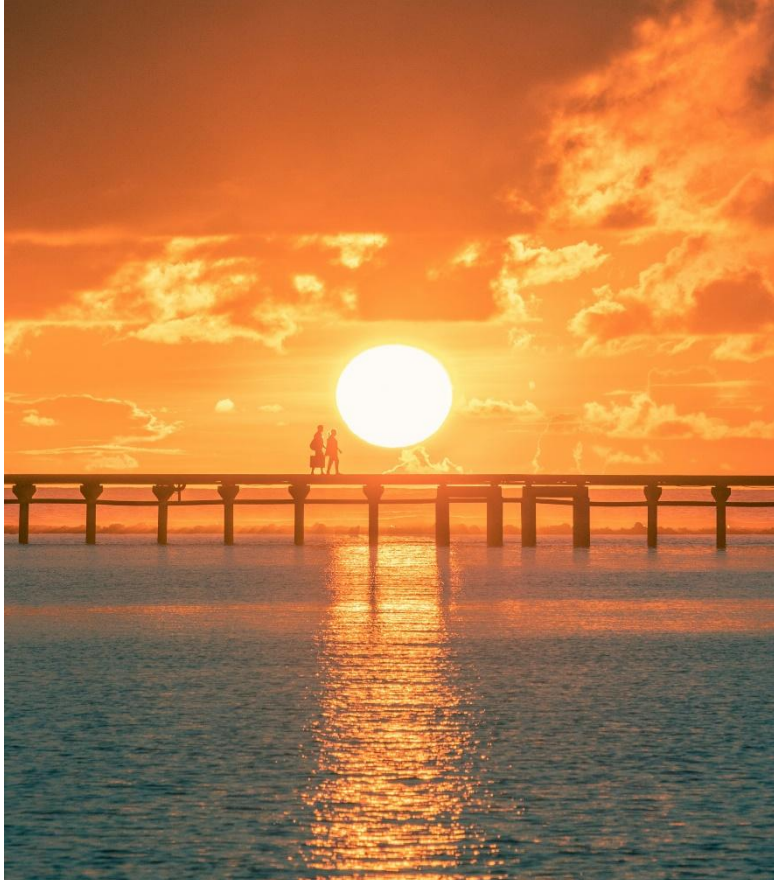


Photo by [James Day](#) on [Unsplash](#)

- **Heatwave intensity, frequency, and duration are all increasing due to climate change, posing significant and increasing risks to public health.**^[1]
- Heat events in the U.S. causes an average **67,512 annual emergency department (ED) visits** and **1,220 annual deaths**, and this is likely an underestimate.^[2,3]

1. Jay, A.K., A.R. Crimmins, C.W. Avery, T.A. Dahl, R.S. Dodder, B.D. Hamlington, A. Lustig, K. Marvel, P.A. Méndez-Lazaro, M.S. Osler, A. Terando, E.S. Weeks, and A. Zycherman, 2023: Ch. 1. Overview: Understanding risks, impacts, and responses. In: Fifth National Climate Assessment. Crimmins, A.R., C.W. Avery, D.R. Easterling, K.E. Kunkel, B.C. Stewart, and T.K. Maycock, Eds. U.S. Global Change Research Program, Washington, DC, USA. <https://doi.org/10.7930/NCA5.2023.CH1>
2. Osborne, T. F., Veigulis, Z. P., Vaidyanathan, A., Arreola, D. M., & Schramm, P. J. (2023). Trends in heat related illness: Nationwide observational cohort at the US department of veteran affairs. *The Journal of Climate Change and Health*, 12, 100256
3. Vaidyanathan A, Gates A, Brown C, Prezzato E, Bernstein A. Heat-Related Emergency Department Visits — United States, May–September 2023. *MMWR Morb Mortal Wkly Rep* 2024;73:324–329. DOI: <http://dx.doi.org/10.15585/mmwr.mm7315a1>



Heat and Health

- Heat can lead to physical and mental health harms.
- Certain medications may increase heat-related health risks.
- Warmer temperatures contribute to air pollution.

Real-time monitoring of weather conditions and adverse health outcomes can guide timing of risk communication and other public health-centric measures to prevent heat-related harms in the United States.

AFFECTING HEALTH DIRECTLY

AIR POLLUTION

Increased wildfires, smog, pollen, and mold can lead to:

Asthma and Allergy attacks

People who are at higher risk: People with heart and respiratory conditions such as heart disease, asthma, or chronic lung disease



AFFECTING HEALTH DIRECTLY

EXTREME WEATHER

Increased frequency and severity of heavy downpours, floods, droughts, and major storms can lead to



Injury, Illness, Displacement, and Death

People who are at higher risk: People who lack access to evacuation routes and people who cannot use stairs when elevators are out of service, older adults, people with lower incomes



SPREADING DISEASE

INSECTS, TICKS, AND RODENTS

Higher temperatures, changes in rain patterns, and disrupted ecosystems help spread



Diseases carried by insects, ticks, and rodents

People who are at higher risk: People who spend more time outdoors in places where these insects and other disease-carriers live



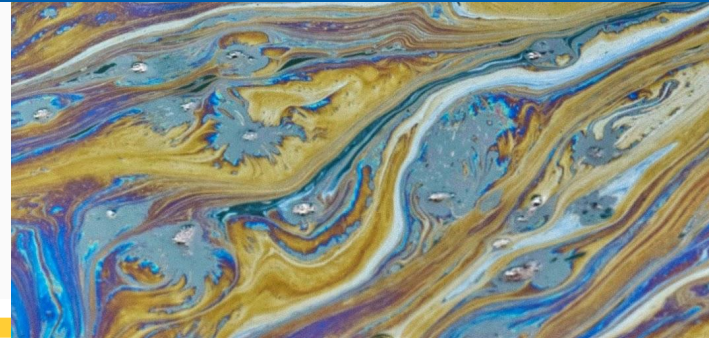
SPREADING DISEASE

CONTAMINATED WATER

Higher water temperatures, heavier downpours, rising sea levels, and more flooding help spread

Gastrointestinal illness, Diseases from toxins in swimming areas and drinking water

People who are at higher risk: Children, the elderly, people with weakened immune systems, people in remote or under-resourced communities with inadequate water systems, and people in communities that are dependent on fish and shellfish



DISRUPTING WELL-BEING

MENTAL HEALTH PROBLEMS

Increased frequency and severity of extreme weather events can lead to

Stress, depression, anxiety, PTSD and suicidal thoughts

People who are at higher risk: Children, older adults, pregnant and postpartum women, people with existing mental illnesses, people experiencing homelessness, first responders, and people who rely on the environment for their livelihood



Resources



U.S. CENTERS FOR DISEASE
CONTROL AND PREVENTION

Heat & Health Tracker

Home

*****NEW HEAT AND HEALTH INDEX***** - Click on the "Heat and Health Index" (HHI) in the left navigation menu to access the HHI and learn more about the intersection of heat and health.

Heat poses significant and increasing risks to public health across the United States. Use this dashboard to explore your community's heat exposure, related health outcomes, and assets that can protect people during heat events.

Explore heat and health data for
your community



Home

Health Burden

Heat Exposure

Heat and Health Index

HeatRisk

About the Data

Learn More

Health Burden



See daily and historic rates of heat-related illness for workers and the public

Heat Exposure



Explore the 7-day national heat risk forecast, as well as historic trends, and future projections

Heat and
Health Index



Identify communities where people are most likely to feel the impacts of heat

<https://ephtracking.cdc.gov/Applications/heatTracker/>

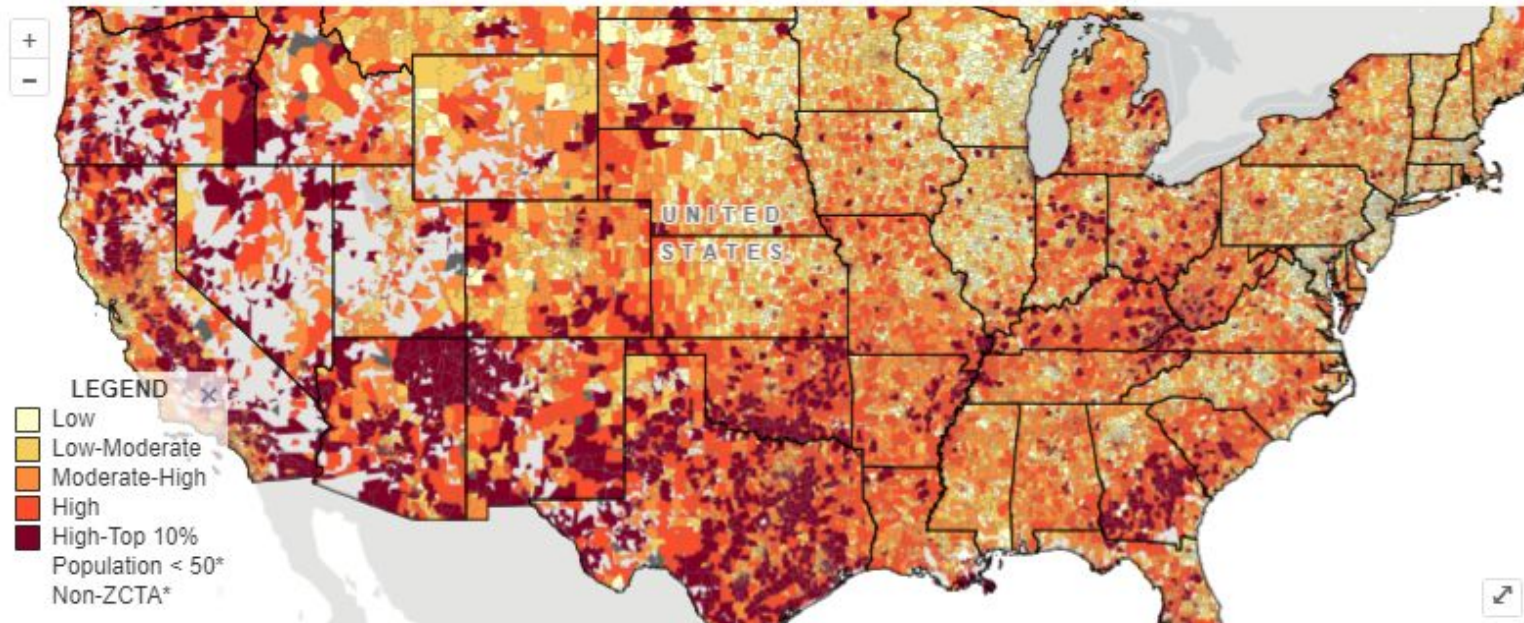
Heat & Health Tracker

Heat and Health Index

Explore the Heat and Health Index

The Heat and Health Index (HHI) helps identify communities where people are most likely to feel the effects of heat on their health, in order to build towards a healthier and more heat-resilient future for all. Enter a ZIP code in the text box on the right or select a [ZIP Code Tabulation Area \(ZCTA\)*](#) in the map below to learn more about how different factors influence the way heat affects your community.

Search for ZIP code here



<https://ephtracking.cdc.gov/Applications/heatTracker/>



U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

Home

Health Burden

Heat Exposure

Heat and Health Index

HeatRisk

About the Data

Learn More



U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

HeatRisk

Home

Hot days can affect anyone. If you are pregnant, are a child or teen with asthma, or have a heart condition or other chronic health conditions, heat can make your health worse.

Enter your zip code below to get the *HeatRisk* for this week and actions you can take to keep you and your family safe.



Get Your Local *HeatRisk*

Enter Zip Code



Home

Heat and Your Health

Healthcare Professionals

About the Data



HeatRisk Map

This map shows *HeatRisk* across the United States for Thursday, May 2, 2024.

You can view more local *HeatRisk* data on the Environmental Public Health Tracking Program's [Data Explorer](#).

HeatRisk is an experimental product and is not supported 24/7. Changes may occur without advance notice.

Source: [NOAA/NWS](#)





🏠 National Center for Environmental Health

About Heat and Your Health +

For Healthcare Professionals -

Quick Start Guide for Clinicians on Heat and Health

How to use the HeatRisk Tool and Air Quality Index

CHILL'D-Out: A Heat and Health Risk Factor Screening Questionnaire

Quick Start Guide for Clinicians on Heat and Health

[Print](#)

Use this guide to get started in protecting your patients from hot weather.

1. Assess your patient's risk factors for heat impacts on their health.

Use the **CHILL'D-OUT** questionnaire to ask about:

Cooling (e.g., air conditioning)

Housing (e.g., stable housing)

Isolation and mobility (e.g., someone to check on them)

eLectricity (e.g., plan for refrigerated medications if heat causes a power outage)





Make a Heat Action Plan with Your Doctor



1 Stay Cool



Stay in the shade



Use a fan



Use an air conditioner



Check the CDC HeatRisk Dashboard for more information.

2 Stay Hydrated



3 Know the Symptoms

Unusually heavy sweating



Shortness of breath



Dizziness



Other signs can include headache, tiredness, weakness, and nausea.

4 Check Air Quality

Clear Day

High Pollution



5 Have a Medication Plan



Make a plan









Store in a cool place

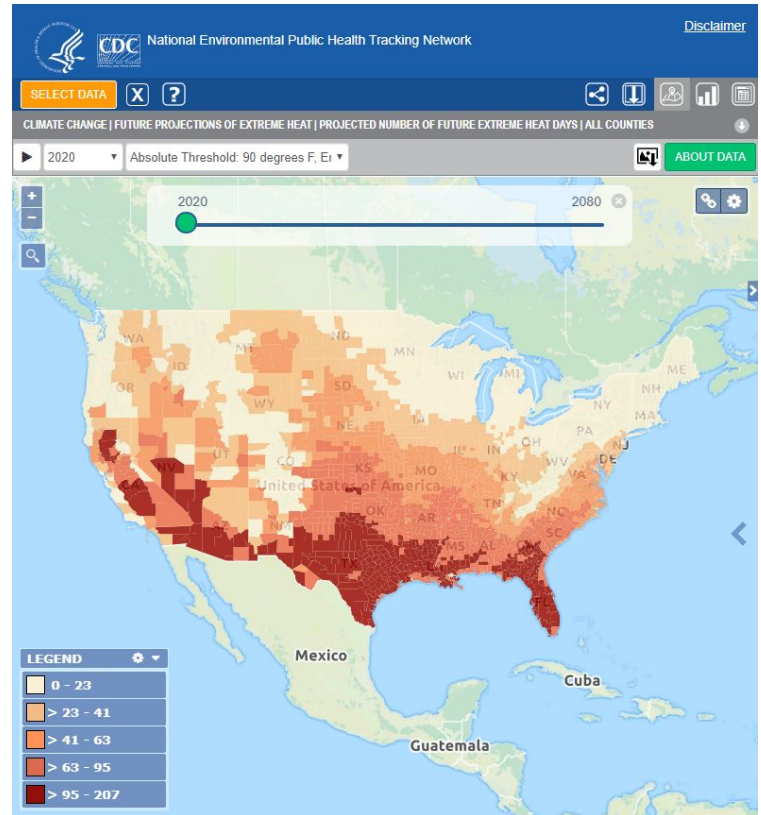


Prepare for power outages

Resources for Public Health Professionals

https://www.cdc.gov/climateandhealth/site_resources.htm

 Guidance and Trainings	 Evaluation
 Webinars	 Data and Tools
 Videos	 External Resources



Online Training

- Climate and Health: A Training for Health Department Personnel
 - climate and health basics
 - How to integrate climate and health into your work
 - tools and examples to help health departments and their partners build climate resilience



The image shows a screenshot of an interactive menu titled "Health Impacts of Climate Change". Below the title is a paragraph: "Climate change can make existing health conditions worse and create new health threats. Click each icon to learn how climate change impacts specific areas of our health." There are six icons arranged in a 2x3 grid: a person with lungs, an ambulance, a person with a stethoscope, a person with a brain, a person with a heart, and a mosquito next to a virus particle. At the bottom, there is a navigation bar with a left arrow, the text "22 / 144", and a right arrow.

<https://www.train.org/cdctrain/course/1117398/details>

Thank you!

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Climateandhealth@cdc.gov

<https://www.cdc.gov/climate-health/>

For more information, contact NCEH

1-800-CDC-INFO (232-4636)

TTY: 1-888-232-6348 www.cdc.gov/nceh

Follow us on Twitter [@CDCEnvironment](https://twitter.com/CDCEnvironment)



Mentimeter Question

What is **one thing** you have found most useful when speaking to your patients about vaccines?



<https://www.menti.com/algmyv5f1ghr>



Respiratory Viruses, Vaccine Preventable Diseases, and other Emerging Threats

Melissa Briggs Hagen, MD MPH

CAPT, US Public Health Service

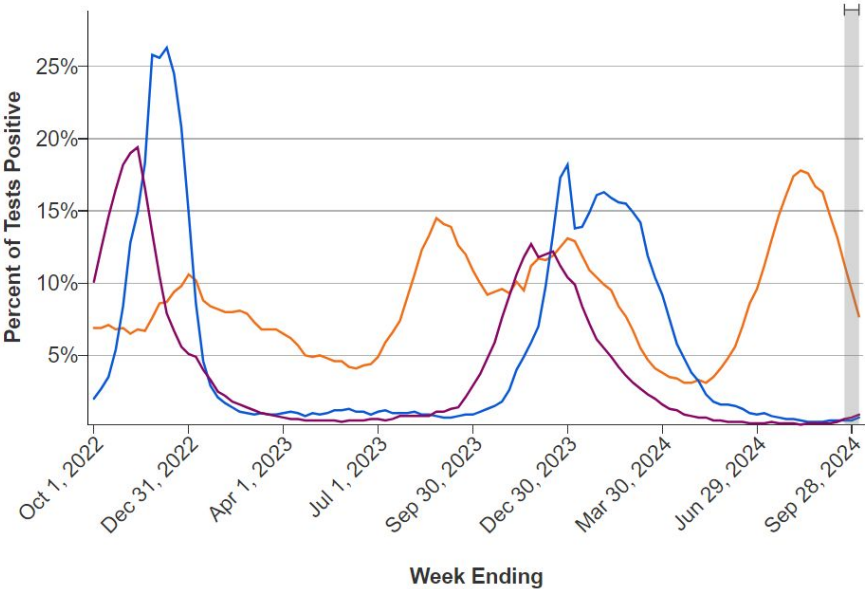
National Center for Immunization and Respiratory Diseases

October 16, 2024

Preparing for Fall and Winter Respiratory Virus Season

Current Respiratory Virus Trends Nationally

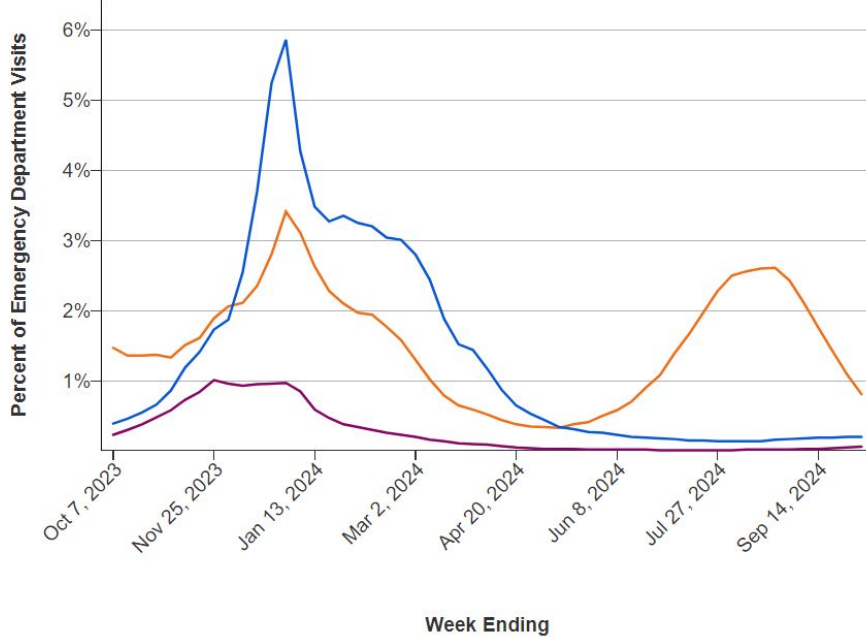
Percent of Tests Positive for Respiratory Viruses



Respiratory Virus

- COVID-19
- Influenza
- RSV

Emergency Department Visits for Viral Respiratory Illness



Respiratory Illnesses Data Channel

This site is updated on Fridays. *New data will be added throughout the fall.*

WHAT TO KNOW

- As of October 11, 2024, the amount of acute respiratory illness causing people to seek healthcare is low nationally.
- COVID-19 activity is declining in most areas. Seasonal influenza is low nationally.
- Signs of increased RSV activity have been detected in the southeastern United States, including Florida, particularly in young children.



Your community snapshot

Select your state / territory and your county to receive information on COVID-19, flu, and RSV in your community

ON THIS PAGE

[Your community snapshot](#)

[Weekly national summary](#)

Order immunizations for respiratory virus season now

Ordering and offering immunizations in your clinics is one of the most powerful ways to improve vaccine confidence and increase immunization rates

- Convenience is a top reason for patient acceptance
- Reduces missed opportunities for immunization

NEW tool to make ordering immunizations easier!

- Provides estimated launch dates
- Links to pre-ordering and early reservation programs
- Details on product type (single or multidose vial, pre-filled syringe)
- Return policies for unused products



The screenshot shows the CDC Vaccines & Immunizations website. The main heading is "Immunization and Vaccine Product Summaries". Below this, there is a "What to know" section with a sub-heading "To help vaccine providers prepare for this fall and winter virus season, CDC is sharing information on immunizations for three common causes of respiratory illness: flu, COVID-19, and respiratory syncytial virus (RSV). Details about these vaccines are found on the pages below." and a sub-heading "Please refer back to this site for updates." To the right of this text is an image of a hand holding a syringe. Below the "What to know" section, there are two main categories: "COVID-19" and "RSV". Under "COVID-19", there are three buttons: "Moderna >", "Novavax >", and "Pfizer >". Under "RSV", there are three buttons: "GSK >", "Moderna >", and "Pfizer >". At the bottom, there is a "Resources" section with a link to "Seasonal Influenza Vaccination". On the left side of the page, there is a navigation menu with links to "Vaccines and Immunizations Home", "For Parents", "For Adults", "For Pregnant Women", "For Healthcare Professionals", "COVID-19 Vaccination", "COVID-19 Vaccine Data Systems", and "Immunization and Vaccine Product Summaries".



Fall and Winter Immunization Guide

COVID-19 and Flu Updated 2024-25 Vaccines

Everyone 6 months
and older



cdc.gov/respiratory-viruses/prevention/immunizations.html

RSV Immunization to Protect Babies

Vaccine
Pregnant parents
during weeks 32-36
of pregnancy during
RSV season

OR

Monoclonal Antibodies
Babies entering or
born during the RSV
season



RSV Vaccine for Older Adults

(currently, older adults only need to get
the RSV vaccine once; not annually)

People ages 60 and
over at high risk of
severe RSV

AND

Everyone ages 75
and older



Adults aged 60-74 years at higher risk for RSV should get the RSV vaccine



Chronic cardiovascular disease



Severe obesity
(body mass index ≥ 40 kg/m²)



Diabetes mellitus
complicated by chronic kidney disease, neuropathy, retinopathy or other end-organ damage



Chronic lung or respiratory disease



End stage renal disease/dialysis dependence



Chronic hematologic conditions



Chronic liver disease



Neurological or neuromuscular conditions causing impaired airway clearance or respiratory muscle weakness



Residence in a nursing home



Moderate or severe immunocompromise



Other factors that a provider determines would increase risk of severe disease due to viral respiratory infection (e.g., frailty)

WHY IMMUNIZE:

Best defense against viruses that can cause serious illness

Viruses cause many hospitalizations each respiratory season.

- **Thousands of people are hospitalized** for COVID-19, flu and RSV
- **RSV: #1 reason for infant hospitalization** in the US

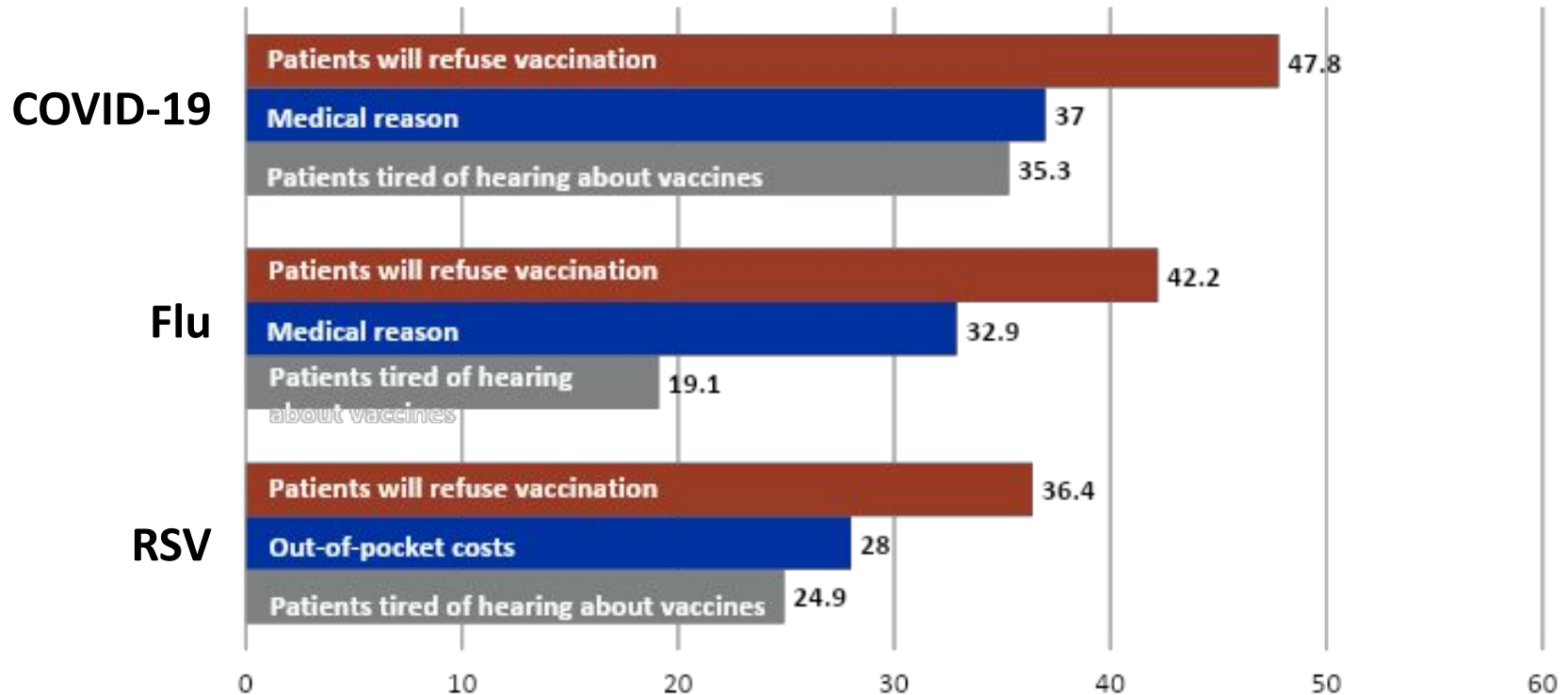
While some people at higher risk, cannot predict who will get severely ill.

- **Adults 65+ are 4–9 times more likely to be hospitalized** for COVID-19, flu and RSV than those under age 65
- Half of children under 18 years hospitalized with COVID-19 had **NO underlying conditions**

Immunizations are our best defense.

- COVID-19 & flu **vaccines cut risk of hospitalization in half** in all ages
- RSV vaccines **>70% effective** in preventing **older adult RSV hospitalizations**
- Nirsevimab **>90% effective** in preventing **infant RSV hospitalizations** in 2023-24

Why do up to 50% of healthcare providers not, or only sometimes, recommend COVID-19, flu, or RSV vaccinations to their adult patients?



Talking with Parents about Vaccines

A strong provider recommendation increases patient confidence

Be specific.

State which vaccines the child needs to receive.



“Your child needs three shots today.”

Be clear.

If parents express concerns, then share your strong vaccine recommendation.



“This office has given thousands of doses of vaccines, and we have never seen a serious reaction.”

Be attentive.

Seek to understand parents’ concerns and provide requested information.



“Risk of Multi-inflammatory Syndrome (MIS-C) after COVID-19 vaccination is rare, less than 1 per million in vaccinated children”

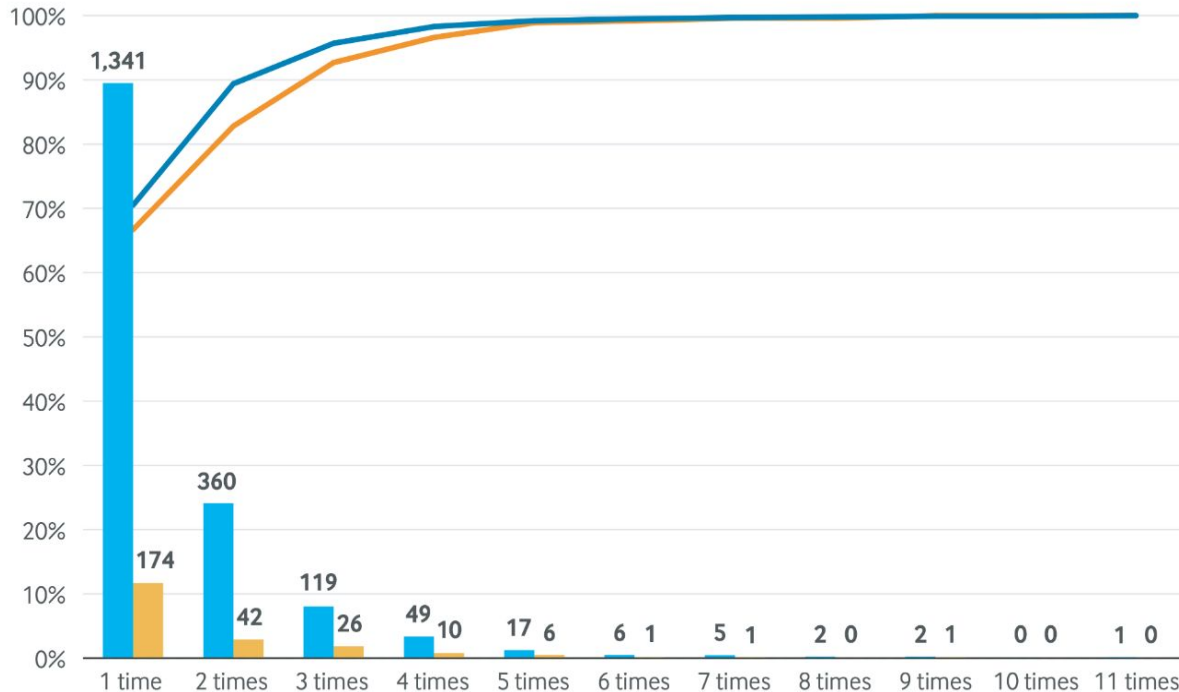
Try again.

If a parent declines vaccines once, it does not guarantee they always will. Continue the conversation next time.



“I respect your decision, and because I care about your child’s overall health, maybe we could talk about the vaccines at a future time”

Some patients need to be offered COVID-19 vaccination multiple times



BAA = Black/African American.

While most patients accepted the vaccine after previously declining it once, a smaller portion were offered COVID-19 vaccinations **2 to 11 times** before deciding to be vaccinated

- Number of Patients
- Number of BAA Patients
- Cumulative percent
- Cumulative BAA percent

What else can I do to increase vaccine coverage in my clinic?

Use these tools and tips

- **Reminder/recalls:** Send when immunization are available
- **Clinical decision support tools:** Standing orders, Order Sets, “Care Gaps” to make administration easier
- **Continue to recommend immunizations to unvaccinated patients,** even if they decline the first time
- **Close the care loop with pharmacies:** Get to know your pharmacy-immunizing partners & how you can collaborate to protect more people in your community

Include on prescription or After-Visit-Summary if sending a patient to a pharmacy for RSV immunization:

- Risk factors
- Pregnancy status (including gestational age)
- “Pfizer Abrysvo” if pregnant

“Care Gaps” Feature on Electronic Health Records

The screenshot displays a patient's EHR profile. Key sections include:

- Demographics:** Male, 69 y.o., 1/5/1955, MRN: 9000101, Scheduled, Code: Prior (no ACP docs).
- Isolation:** None.
- PCP:** Me, Primary Cvg: Epic Us Healthcare/...
- Allergies:** Penicillins.
- 8/11 OFFICE VISIT:** Wt: 77 kg >7 days.
- SINCE YOUR LAST VISIT:** Derm, Fam Med, Lab (7), Other (1).
- CARE GAPS:** A list of overdue immunizations: Pneumococcal Vaccine 65yr+, SARS-CoV-2 (COVID-19) Vacc..., Influenza Immunization (1 - 2...), and RSV Immunization, 60-74yr w....
- PROBLEM LIST:** Depression, Systolic CHF, chronic (HCC), Essential Hypertension, Hypercholesterolemia, COPD (chronic obstructive pulmonary disease) (HCC).
- Medication Management:** Open Orders section with a list of Outpatient Medications: atenolol (TENORMIN) 100 mg tablet, citalopram (CELEXA) 20 mg tablet, furosemide (LASIX) 20 mg tablet, lisinopril (PRINIVILZESTRIL) 20 mg tablet, and simvastatin (ZOCOR) 40 mg tablet.
- Care Gaps:** A detailed view of overdue immunizations:
 - Overdue:**
 - JAN 5 2020:** Pneumococcal Vaccine 65yr+ (1 - PCV20), Last completed: Oct 17, 2015.
 - Never done:** SARS-CoV-2 (COVID-19) Vaccine (1 - 2024-2025 season).
 - AUG 1 2024:** Influenza Immunization (1 - 2024-2025 season), Last completed: Aug 26, 2023.
 - AUG 8 2024:** RSV Immunization, 60-74yr with high risk (Once).
 - Upcoming:**
 - APR 15 2025:** LDL Cholesterol (Yearly), Last completed: Apr 15, 2024.
 - AUG 24 2032:** Tetanus Immunization (Every 10 Years), Last completed: Aug 24, 2022.
 - OCT 22 2033:** Colorectal Cancer Screening (Screening Colonoscopy - Required) (Every 10 Years), Last completed: Oct 25, 2023.

Treatment with antivirals cuts risk of severe disease from COVID-19 and flu for people at increased risk

People at high risk: older adults, especially 65 years and older, pregnant people, people with weakened immune systems or other medical conditions like heart and lung disease

COVID-19

Ritonavir-boosted nirmatrelvir (Paxlovid)

- For people ≥ 12 years of age
- No liver function or creatinine testing needed
- Review drug-drug interactions and adjust dosing/stop other meds as needed

Remdesivir

- For people ≥ 28 days of age
- Liver function and prothrombin testing needed
- Requires IV administration

Alternative: molnupiravir

NOT recommended for pregnant or postpartum persons; people of child-bearing age should use birth control

Influenza

Oseltamivir (oral): for all ages

Baloxavir (oral): ≥ 5 years (healthy) and ≥ 12 years of age (high-risk)

NOT recommended for pregnant or postpartum persons

Zanamivir (inhaled): ≥ 7 years of age

Contraindicated in people with underlying airway disease

Peramivir (intravenous): ≥ 6 months of age

[Influenza Antiviral Medications: Summary for Clinicians | CDC](#)
[Types of COVID-19 Treatment](#)

[COVID-19 Treatment Clinical Care for Outpatients | COVID-19 | CDC](#)

Respiratory Virus Guidance Snapshot

Core prevention strategies

Immunizations



Hygiene



Steps for Cleaner Air



Treatment



Stay Home and Prevent Spread*



Additional prevention strategies

Masks



Distancing



Tests



Layering prevention strategies can be especially helpful when:

- ✓ Respiratory viruses are causing a lot of illness in your community
- ✓ You or those around you have risk factors for severe illness
- ✓ You or those around you were recently exposed, are sick, or are recovering

*Stay home and away from others until, for 24 hours BOTH:



Your symptoms are getting better



You are fever-free (without meds)



Then take added precaution for the next 5 days

Healthcare Provider Call to Action



Order and offer vaccines in your clinic



Recommend flu, COVID-19 and RSV vaccines to eligible patients at each visit



Offer early treatment for COVID-19 to patients at risk



Offer early treatment for flu to patients at risk



Broader Challenges with Vaccination Coverage and Vaccine Preventable Diseases

Steady decline in vaccination coverage among kindergarteners during the pandemic

Estimated vaccination coverage among kindergartners by vaccine— United States, 2019–20, 2020–21, 2021–22, and 2022–23 school years

Kindergarten Coverage	2019–20 (pre-pandemic)	2020–21 (pandemic)	2021–22 (pandemic)	2022–23 (pandemic)
MMR	95.2%	93.9%	93.0%	93.1%
DTaP	94.9%	93.6%	92.7%	92.7%
Polio	95.0%	93.9%	93.1%	93.1%
Varicella (UTD)	94.8%	93.6%	92.8%	92.9%

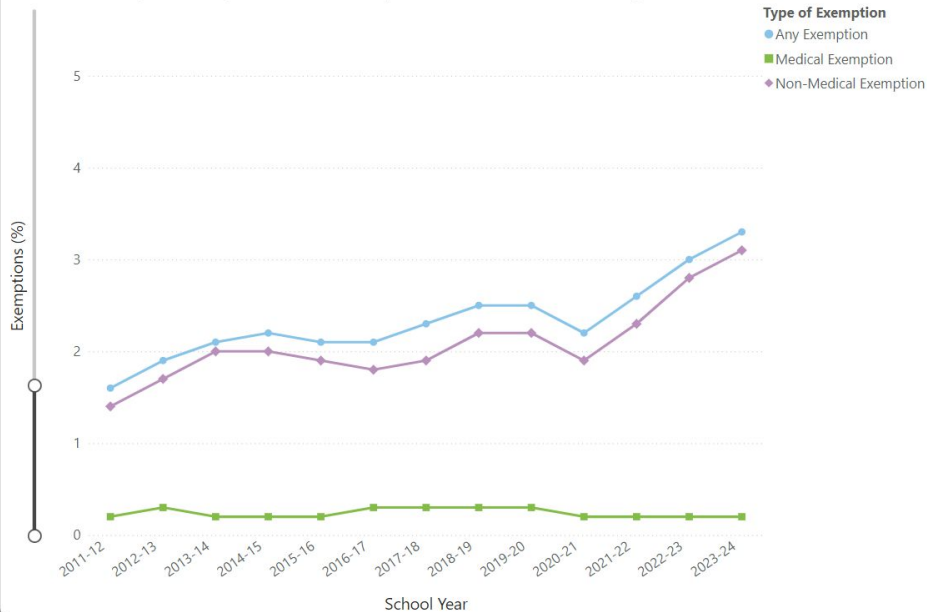
2% drop in Kindergarten vaccination coverage since the start of the pandemic



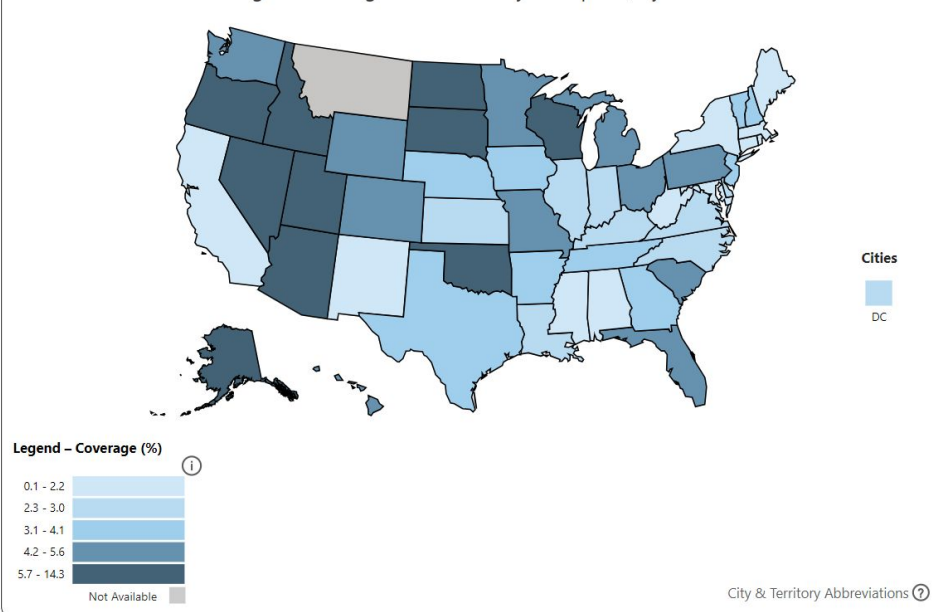
725,000 children, who entered kindergarten during the pandemic, are susceptible to vaccine preventable disease

Sustaining High Coverage Further Challenged by Increasing Exemptions

National Percentage of Kindergartners with an Exemption from One or More Vaccines by School Year



Percentage of Kindergartners with Any Exemption, by School Year

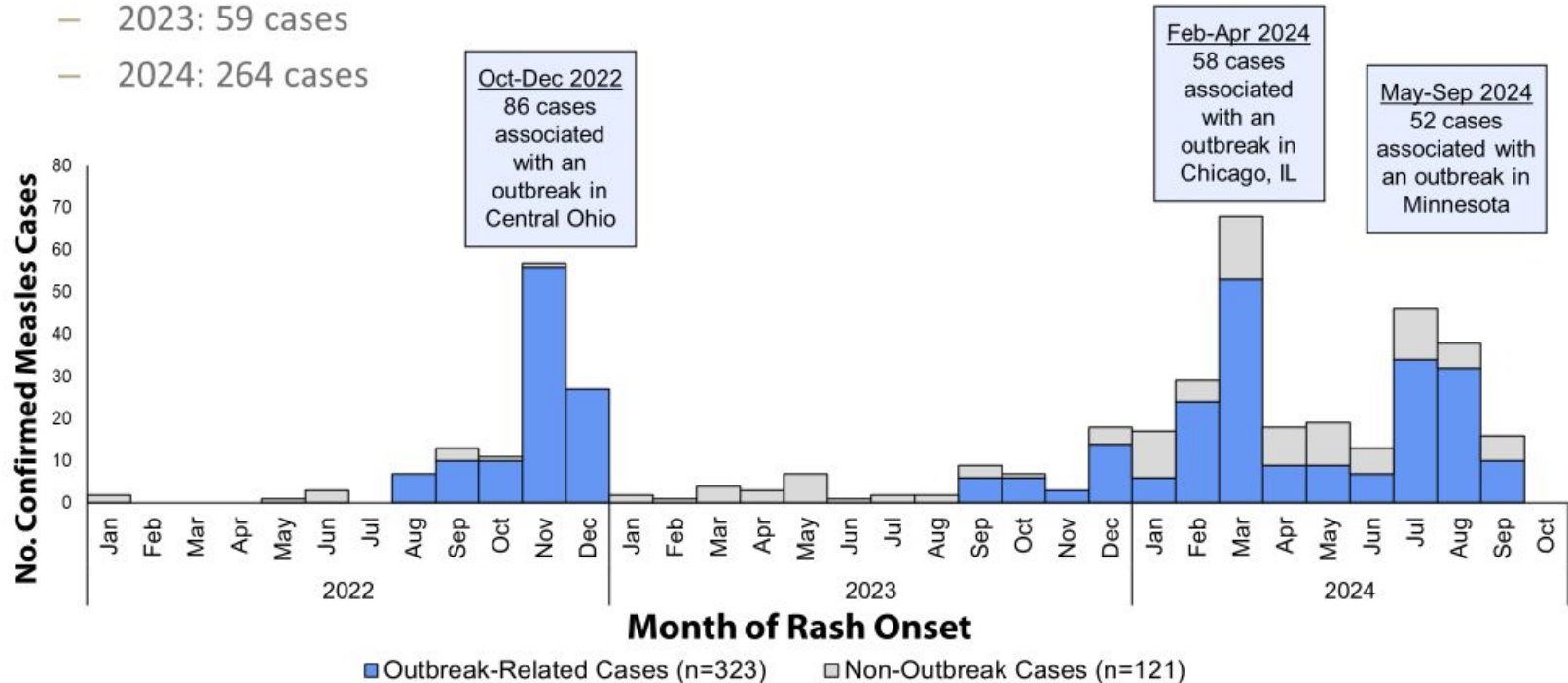


[SchoolVaxView Interactive School Vaccination Coverage |](#)

Reported Measles Cases, U.S., Jan 2022–Oct 3, 2024

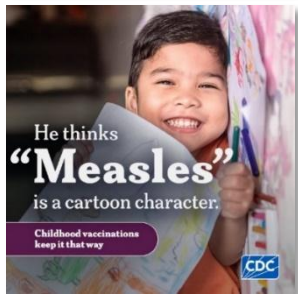
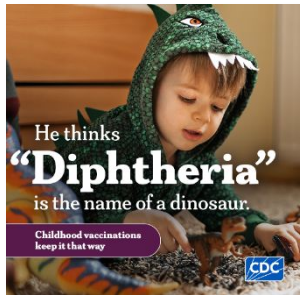
- 444 Measles Cases reported

- 2022: 121 cases
- 2023: 59 cases
- 2024: 264 cases



Communications Campaigns:

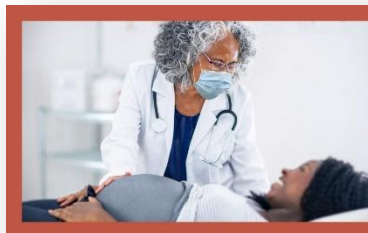
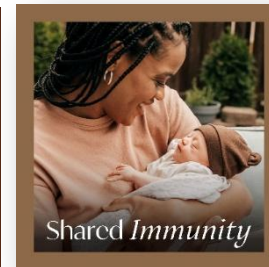
Childhood Vaccination: Keeps it That Way



“Keeps It That Way” is informed by formative research and concept testing with parents representative of the general population and parents who live in rural areas.

To learn more, email ISDChildhoodVax@cdc.gov.

Maternal Vaccination: From Me to You



Your Recommendation
Makes A Difference.

Share the benefits of vaccination during pregnancy with patients in your care.

Talk to a healthcare provider you trust about the vaccines that are right for you during your pregnancy.

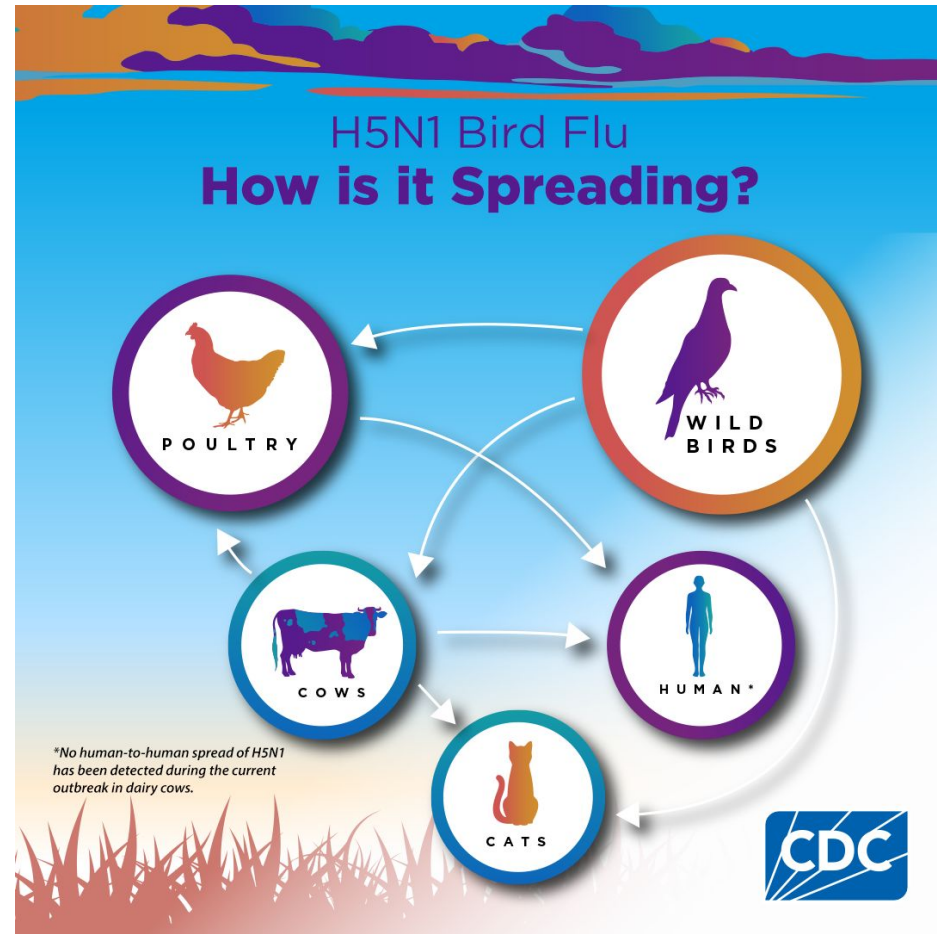


Additional Emerging Threats

Public Health Risk

- Overall risk to the public remains low
- Greater risk for people with close, prolonged, or unprotected exposures to infected animals, or to environments contaminated by infected animals
- Exposed individuals should monitor for symptoms after first exposure and for 10 days after last exposure

[Highly Pathogenic Avian Influenza A\(H5N1\) Virus in Animals: Interim Recommendations for Prevention, Monitoring, and Public Health Investigations | Avian Influenza \(Flu\) \(cdc.gov\)](#)



Dengue cases reported to ArboNET from other states and territories (non-PR) as of October 9

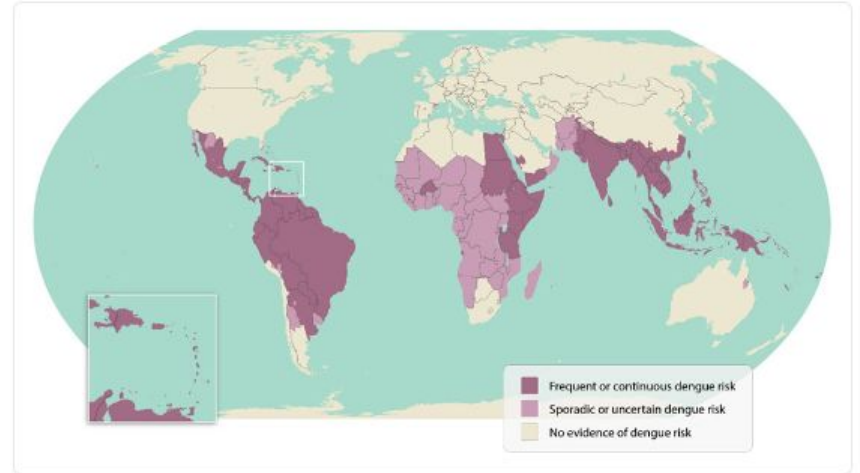
State/Territory	Total Cases	Locally Acquired	Travel Associated
USVI	137	132	5
Florida*	581	41	540
California [†]	241	5 (+2)	234
New York	258	0	258
Massachusetts	112	0	112

*As of Oct 5, a total of 45 locally acquired and 591 travel associated dengue cases were included in local report numbers from Florida.

[†] As of Oct 1, a total of 7 locally acquired and 240 travel associated dengue cases were included in local report numbers from California.

Available DENV Resources

- [Health Alert Network](#) notice
- DENV [Response Guidance](#) for STL
- Vector control guidance
 - [Surveillance and Control of *Aedes aegypti* and *Aedes albopictus* in the United States](#)
- Map: [Areas at risk for dengue](#)
- Clinical care modules
 - [Clinical care](#)
 - Testing and diagnosis



World map highlighting areas of dengue risk.

Thank you

RISK LESS.

DO MORE.

Get this season's vaccines

[www.cdc.gov/risklessdomore.](http://www.cdc.gov/risklessdomore)

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



Immunization Health Insurance Coverage

Vaccines for Children:

- COVID-19, flu and nirsevimab are included in VFC for Medicaid-eligible or Medicaid-enrolled, AI/AN, underinsured, and uninsured children

Medicaid:

- ACIP- recommended vaccines are covered without cost-sharing
- CMS issued an updated [Vaccine Toolkit](#) for State Medicaid, CHIP & Basic Health Program in February 2024, and includes coverage information





Medicare:

- Flu and COVID-19 vaccines covered in Part B
- Adults RSV vaccine covered in Part D
- ACIP-recommended vaccines are covered without cost-sharing in Parts B and D
- Remind patients who get vaccines through Medicare Advantage or Part D to get vaccinated at an in-network provider or pharmacy

Private Insurance:

- Most required to cover COVID-19, flu, and RSV vaccines without charging a copayment or coinsurance when given by an in-network provider

Who should get 2024–2025 COVID-19, 2024–2025 flu, and RSV immunizations?

	2024–2025 COVID-19¹	2024–2025 Influenza²	RSV³
 Infants & Children	6 months – 17 years Some children 6 months through 4 years <u>may need</u> multiple doses	6 months – 17 years Some children 6 months through 8 years <u>may need</u> multiple doses	All infants <8 months* and children 8 through 19 months with risk factors <u>should</u> get nirsevimab Typically, October through March, *if birthing parent not vaccinated with maternal RSV vaccine
 Pregnant People	All	All	32–36 weeks gestation <u>should</u> get RSV vaccine (Pfizer, Abrysvo only) Typically, September–January
 Adults 18–59	All	All	See pregnant people
 Adults 60+	All	All High-dose, recombinant, or adjuvanted flu vaccine preferred for 65+, if available	All adults 75+ and adults 60 through 74 years with risk factors <u>should</u> get one lifetime dose of RSV vaccine

¹ Immunocompromised may need to get additional doses(s) of COVID-19 vaccine regardless of age.

² Solid organ recipients ages 18 through 64 years on immunosuppressives may get high-dose or adjuvanted flu vaccine, if available, but not preferred

³ All infants should be protected by either maternal RSV vaccine or nirsevimab. Both are not needed for most infants. For infants born during October through March, nirsevimab should be administered in the first week of life — ideally during the birth hospitalization.

Timing and administration of COVID-19, influenza, and RSV immunizations

	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
COVID-19	Administer as soon as available		However, can be given any time of the year to people eligible for vaccination									
Flu		Ideally administer early fall ¹										
Older adult RSV vaccine	Ideally administer late summer/early fall											
Maternal RSV vaccine		Administer September through January in most of the continental U.S. ²										
OR												
Infant RSV immunization, nirsevimab			Ideally administer October through March in most of the continental U.S. ²									

¹ Children who need 2 doses should receive their first dose as soon as possible (including during July and August). One dose of flu vaccine can be considered for pregnant people in their third trimester during July and August.

² In jurisdictions with RSV seasonality that differs from most of the continental United States, including Alaska, southern Florida, Guam, Hawaii, Puerto Rico, U.S.-affiliated Pacific Islands, and U.S. Virgin Islands, providers should follow state, local, or territorial guidance. However, nirsevimab may be administered outside of routine seasonal administration (i.e., October through March) based on local RSV activity and other special circumstances. For infants born during October through March, nirsevimab should be administered in the first week of life—ideally during the birth hospitalization.

Increasing V-safe participation – We need your help

- V-safe is a vaccine safety monitoring system that
 - allows recipients to quickly and easily share how they feel after vaccination
 - helps CDC communicate timely and transparent information about the safety of vaccines
- Ensure vaccination partners are aware of V-safe:
 - Information sheets
 - Social media posts
 - Communications to vaccine recipients
- Vaccines currently monitored:
 - RSV vaccines for older adults and pregnant persons
 - COVID-19 vaccines for persons aged 6 months and older

<https://www.cdc.gov/vaccine-safety-systems/v-safe/index.html>



What is V-safe?

V-safe is an innovative vaccine safety monitoring system that allows you or your dependent to quickly and easily share how you feel after getting a vaccine. It takes just a few minutes to enroll, and then you will receive V-safe notifications through text messages or emails to complete short, confidential health check-ins. Your participation in V-safe makes a difference—it helps others know what to expect in the days following vaccination, and it helps CDC monitor the safety of vaccines for everyone.

V-safe features:

- Receive health check-ins via text or email after vaccination.
- Enroll your dependents and complete check-ins on their behalf.
- Share how you feel after getting a vaccine dose.

How can I enroll, and how does it work?

V-safe is available for several vaccines. Go to vsafe.cdc.gov to find out if you are eligible to enroll. If you are eligible, follow the prompts to register for V-safe health check-ins. During the first week after vaccination, V-safe will send you a text message or email notification each day to ask how you are feeling. Then you will get check-in messages once a week for up to 5 weeks. Depending on your answers, V-safe may send you a link to submit a report in the Vaccine Adverse Event Reporting System (VAERS).

You can opt out at any time by texting "STOP" when V-safe sends you a text message or by clicking "unsubscribe" when V-safe sends you an email. You can also opt back in by changing your preferred method of contact, found in your user profile. **Your personal information in V-safe is protected so that it stays confidential and private.**

How can I enroll my dependent?

To enroll a dependent in V-safe, add them to your existing account, or create a new account if you don't have one yet. Enrolling a dependent does not require you to enter your own vaccination information or complete health check-ins for yourself.

Need step-by-step instructions? Go to: www.cdc.gov/vsafe

*V-safe gathers data employing strict security measures appropriate for the data base of sensitivity. These measures comply, where applicable, with the following federal laws including the Privacy Act of 1974, standards enacted that are consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Federal Information Security Management Act, and the Freedom of Information Act.

CS124195-V 10/05/2021

Sign up with your smartphone, tablet, or computer at vsafe.cdc.gov

OR

Aim your smartphone's camera at this code



Need help with V-safe?

Call
1-833-746-1979

Email
CARS_HelpDesk@cdc.gov

Visit
www.cdc.gov/vsafe



2023-2024 Respiratory Virus Immunization Status (through May 2024)



Children

COVID
14.4%

Flu
53.9%

RSV †
41.3%



Pregnant Persons

COVID
13.3%

Flu
38.1%

RSV †
17.8%



Adults ≥18 yrs

COVID
22.5%

Flu
48.5%



Older Adults

COVID (65+)
40.6%
(7.1% 2nd dose by April)

Flu (65+)
73.8%

RSV (60+)
24.4%

*Children and adult weekly estimates are from NIS; pregnant person weekly estimates are from VSD.

†For confidence intervals surrounding estimates, see subsequent slides or <https://www.cdc.gov/vaccines/imz-managers/coverage/respvaxview/index.html>

‡RSV vaccine administration for pregnant women ended 1/31 and Nirsevimab administration ended 3/31 for most jurisdictions

Speaker



Bethany Alcauter, PhD, MPH (she/her)
Director of Research & Public Health Programs
National Center for Farmworker Health



NCFH

National Center for Farmworker Health, Inc.

1770 967 FM | Buda,
TX
www.ncfh.org

Avian Flu H5N1

La influenza aviar H5N1

National Center for Farmworker Health

Bethany Boggess Alcauter, PhD, MPH

October 16, 2024



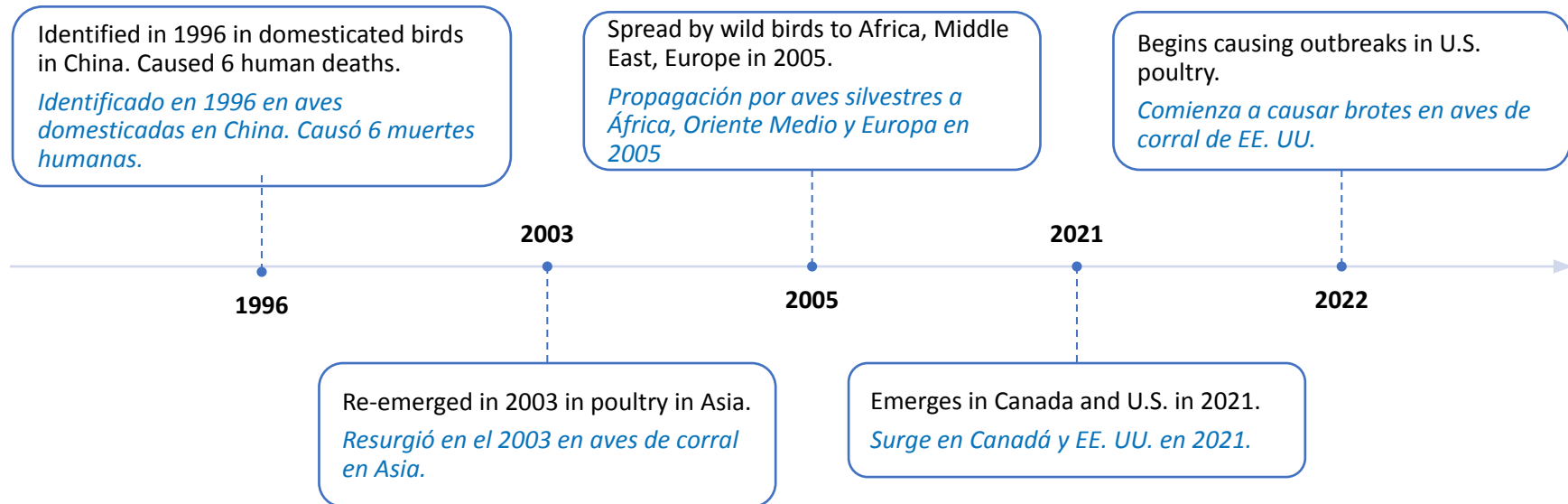
Agenda

1. About H5N1 bird flu/ *Sobre la influenza aviar H5N1*
2. Outreach safety guidelines / *Normas de seguridad durante actividades de alcance*



What's going on with H5N1?

¿Qué está pasando con el H5N1?



Source/Fuente: Centers for Disease Control & Prevention.

<https://www.cdc.gov/flu/avianflu/communication-resources/bird-flu-origin-infographic>



What's going on with H5N1?

¿Qué está pasando con el H5N1?

- From 2020-2023, 26 countries have found H5N1 in over 48 different types of mammals
 - Found in 48 states in poultry (100 million poultry affected)
 - In most cases it appeared to jump from a bird to a mammal
 - Some evidence indicates it was being transmitted between mammals
 - Most infected mammals are carnivores
- *Entre el 2020 y 2023, 26 países han encontrado el virus H5N1 en más de 48 tipos de mamíferos diferentes*
 - *Se encuentran en 48 estados (100 millones de aves de corral afectados)*
 - *En la mayoría de los casos parecía saltar de un ave a un mamífero
Algunas evidencias indican que se transmitía entre mamíferos
La mayoría de los mamíferos infectados son carnívoros*

Source/Fuente: Centers for Disease Control & Prevention.

https://wwwnc.cdc.gov/eid/article/30/3/23-1098_article#:~:text=In%20the%20current%20panzootic%2C%2026,in%20previous%20waves%20of%20infection



H5N1 in dairy cattle

H5N1 en ganado lechero

- Cattle are a new host for H5N1 – they aren't eating dead birds!
 - Likely spread is cow-to-cow, and possibly humans and machinery/vehicles
 - Currently has been detected in 14 U.S. states among 299 herds
 - Many dairies may not be testing animals right now
 - Cats on dairy farms were also infected
- *El ganado es un nuevo huésped para el H5N1: ¡no se alimenta de aves muertas! Es probable que la propagación sea de vaca a vaca, y posiblemente de humanos y maquinaria/vehículos. Actualmente se ha detectado en 14 estados de EE.UU. entre 299 rebaños. Es posible que muchas lecherías no estén realizando pruebas de detección en animales en este momento. Los gatos de las granjas lecheras también se infectaron.*

Source/Fuente: Centers for Disease Control & Prevention. <https://www.cdc.gov/flu/avianflu/mammals.htm> and <https://publichealth.jhu.edu/2024/whats-happening-with-dairy-cows-and-bird-flu>



H5N1 in humans

H5N1 en humanos

- 20 (+5 pending confirmation) cases of H5N1 in humans in the US
 - 24 of them are farmworkers (poultry or dairy)
 - 1 case in non-farmworker in Missouri, unknown how this person contracted H5N1 flu
 - H5N1 is still a low risk to the general public, but it's high risk for animal production workers
- *20 (+5 pendiente de confirmación) casos de H5N1 en humanos en los EE. UU.*
 - *24 de ellos son trabajadores agrícolas (avícolas o de lecherías)*
 - *1 caso en una persona que no es un trabajador agrícola en Missouri, se desconoce cómo esta persona contrajo la gripe H5N1*
 - *El H5N1 sigue siendo un riesgo bajo para el público en general, pero es un riesgo alto para los trabajadores de producción animal*

Source/Fuente: Centers for Disease Control & Prevention. <https://www.cdc.gov/bird-flu/situation-summary/index.html>



Worker Populations At Risk

Poblaciones de trabajadores en riesgo

- Animal production workers and farmers
- Vets and their staff
- Slaughterhouse workers who perform specific tasks
- First responders (animal health or public health)
 - This can include CHWs doing outreach on impacted farms!
- *Los trabajadores de producción animal y agricultores*
- *Veterinarios y su personal*
Trabajadores de matadero que realizan tareas específicas
- *Socorristas (salud animal o salud pública)*
 - *¡Esto puede incluir a los promotores de salud que realizan actividades de alcance en las granjas afectadas!*

Source/Fuente: Centers for Disease Control and Prevention.

<https://www.cdc.gov/flu/avianflu/h5/worker-protection-ppe.htm>



**MIGRANT
HEALTH**

Outreach Safety Guidelines

*Normas de seguridad durante
actividades de alcance*



Outreach to Dairy & Poultry Workers

Alcance a los trabajadores de la industria láctea y avícola

- Generally, it is recommended to avoid outreach on farms.
 - Strongly recommend avoiding outreach on farms that may have sick animals or have documented H5N1 infections.
 - Before doing outreach, all staff should know how H5N1 is transmitted, how to prevent being exposed, and what the signs and symptoms are.
- *En general, se recomienda evitar el alcance en las granjas. Se recomienda evitar el alcance en granjas que puedan tener animales enfermos o que tengan infecciones documentadas por el virus H5N1. Antes de realizar actividades de alcance, todo el personal debe saber cómo se transmite el H5N1, cómo prevenir la exposición y cuáles son los signos y síntomas.*



H5N1 Transmission

Transmisión del H5N1

- Being exposed to milk drops/droplets from cows
 - Breathing in dust from sick birds or cows (like poultry litter)
 - Touching contaminated surfaces
 - Any exposure to potentially sick animals or being in buildings or areas with sick animals
 - Human-to-human is rare and unlikely but has been documented in Asia, so best to be cautious!
- *Estar expuesto a gotas de leche/gotitas de vacas*
Inhalar polvo de aves o vacas enfermas (como el estiércol de las aves de corral)
Tocar superficies contaminadas
Cualquier exposición a animales potencialmente enfermos o estar en edificios o áreas con animales enfermos
De humano a humano es raro e improbable, pero se ha documentado en Asia, ¡así que es mejor tener cuidado!

Signs & Symptoms of H5N1

Signos y síntomas del virus H5N1

Humans / Humanos

Red eyes (conjunctivitis) / ojos rojos
(conjuntivitis)

Fever (100 degrees Fahrenheit or more) / Fiebre
(100 grados Fahrenheit o más)

Cough / Tos

Sore throat / Dolor de garganta

Runny/stuffy nose / Secreción o congestión nasal

Muscle or body aches / Dolores musculares o corporales

Headaches / Dolores de cabeza

Fatigue / Fatiga

Difficult breathing / Dificultad para respirar

Pneumonia / Neumonía

Less common symptoms include diarrhea, nausea, vomiting, and seizures / Los síntomas menos comunes incluyen diarrea, náuseas, vómitos y convulsiones.

Cattle / Ganado

Poor appetite / *Falta de apetito*

Reduced milk production / *Reducción de la producción de leche*

Abnormal milk (thickened or discolored) / *Leche anormal (espesa o descolorida)*

Clear nasal discharge / *Secreción nasal clara*

Poultry / Aves de Corral

Sudden death / *Muerte súbita*

Low energy / *Baja energía*

Poor appetite / *Falta de apetito*

Purple discoloration or swelling of different body parts / *Decoloración púrpura o hinchazón de diferentes partes del cuerpo.*

Reduced egg production / *Reducción de la producción de huevos*

Abnormal eggs (misshapen or soft shells) / *Huevos anormales (cáscaras deformes o blandas)*

Nasal discharge / *Secreción nasal*

Coughing / *Tos*

Sneezing / *Estornudos*

Lack of coordination / *Falta de coordinación*

Diarrhea / *Diarrea*



On-Farm Outreach

Alcance en la granja



1. Use Personal Protective Equipment (PPE)

Use equipo de protección personal (EPP)

If you will be near animals, or in buildings with animals in them, use:

- Any [NIOSH approved particulate respirator](#) (includes N95s). Before wearing an N95 respirator, please [review the CDC's instructions and fact sheet](#). You can also [learn about donning and doffing with seal checks through this YouTube video](#).
- Fluid-resistant coveralls
- Properly fitted unvented/indirectly vented safety goggles
- Face shield if there is a high chance of cow's milk splashing in your face
- Gloves
- Head/hair cover
- Rubber boots or boot covers

Si va a estar cerca de animales, o en edificios con animales en su interior, use:

- *Cualquier respirador de partículas aprobado por NIOSH (incluye N95). Antes de usar un respirador N95, revise las instrucciones y la hoja informativa de los CDC. También puede aprender sobre cómo ponerse y quitarse con cheques de sellado a través de este video de YouTube.*
Overoles resistentes a los fluidos
Gafas de seguridad sin ventilación/con ventilación indirecta correctamente instaladas
Protector facial si existe una alta probabilidad de que la leche de vaca le salpique en la cara
Guantes
Cobertura para la cabeza o el cabello
- *Botas de hule o cubrebotas*

Recomendaciones actuales de EPP



Lávese las manos con agua y jabón y luego póngase el EPP en este orden:

1. Overoles resistentes a líquidos.
2. Delantal a prueba de agua, si es necesario para las tareas del trabajo.
3. Respirador aprobado por NIOSH (*NIOSH Approved[®] Respirator*; p. ej., respirador con pieza facial filtrante N95[®] o respirador con media máscara elastomérica).
4. Gafas protectoras o protector facial que no tengan canales de ventilación o que tengan ventilación indirecta y se ajusten de manera adecuada.
5. Cubierta para la cabeza o el cabello.
6. Guantes.
7. Botas.

Escanee para saber cómo ponerse y quitarse un respirador





1. Use Personal Protective Equipment (PPE)

Use equipo de protección personal (EPP)

If you will NOT be near animals, or in buildings with animals in them, use:

- Any [NIOSH approved particulate respirator](#) (includes N95s). Before wearing an N95 respirator, please [review the CDC's instructions and fact sheet](#). You can also [learn about donning and doffing with seal checks through this YouTube video](#).
- Gloves
- Rubber boots or boot covers

Si usted NO va a estar cerca de animales, o en edificios con animales en su interior, use:

- *[Cualquier respirador de partículas aprobado por NIOSH \(incluye N95\)](#). Antes de usar un respirador N95, [revise las instrucciones y la hoja informativa de los CDC](#). También puede aprender a [ponerse y quitarse con controles de sellado a través de este video de YouTube](#).*
Guantes
Botas de goma o cubrebotas



Heat & PPE

Calor y EPP

Heat is often a concern during outreach, and especially if you are using PPE. It's important to:

- Participate in heat safety training before doing outreach
- Drink plenty of water and electrolytes
- Take breaks often and remove PPE (every 10-15 minutes if it's very hot)
- Have a buddy system with co-workers
- Know when to get medical attention!

El calor suele ser una preocupación durante el alcance, y especialmente si está usando EPP. Es importante:

- *Participar en la capacitación sobre seguridad contra el calor antes de realizar actividades de alcance.*
- *Beber mucha agua y electrolitos
Tomar descansos con frecuencia y quitarse el EPP (cada 10-15 minutos si hace mucho calor)
Tener un sistema de apoyo con los compañeros de trabajo
¡Saber cuándo buscar atención médica!*



2. Stay Clean

2. Manténgase limpio

- Keep all open wounds (cuts and scratches) covered with water-proof bandages.
 - Keep your belongings in your vehicle to avoid leaving it on a surface on the farm where it could get contaminated.
 - Avoid touching your mouth, nose, face, or your phone while at the farm.
 - Practice good hand hygiene by thoroughly washing your hands:
 - Before and after work, breaks, and eating;
 - After contact with livestock, raw meat, raw milk, feces, or any animal products;
 - After contact with people who have signs and symptoms of influenza; and
 - After putting on or taking off PPE.
- *Mantenga todas las heridas abiertas (cortes y rasguños) cubiertas con vendajes impermeables. Mantenga sus pertenencias en su vehículo para evitar dejarlo en una superficie de la granja donde pueda contaminarse. Evite tocarse la boca, la nariz, la cara o el teléfono mientras esté en la granja. Practique una buena higiene de manos lavándose bien las manos:*
 - Antes y después del trabajo, los descansos y la alimentación;*
 - Después del contacto con ganado, carne cruda, leche cruda, heces o cualquier producto animal;*
 - Después de estar en contacto con personas que tienen signos y síntomas de influenza; y*
 - Después de ponerse o quitarse el EPP.*



3. Stop Virus Spread

3. *Detenga la propagación del virus*

- Remove PPE following the [CDC guidance sequence](#) and dispose of PPE immediately thereafter. For reusable PPE, clean until dirt is removed, disinfect according to the disinfectant and PPE manufacturer's instructions and set aside in a clean/disinfected bag for future use.
- Thoroughly wash your hands with soap and water afterwards.
- Wipe down your footwear with disinfecting wipes and dispose of the wipes or boot covers before entering your car.
- *Quítese el EPP siguiendo [la secuencia de orientación de los CDC](#) y deséchelo inmediatamente después. En el caso de los EPP reutilizables, limpie hasta eliminar la suciedad, desinfecte de acuerdo con las instrucciones del fabricante del desinfectante y del EPP y guarde en una bolsa limpia/desinfectada para uso futuro.*
- *Lávese bien las manos con agua y jabón después.*
- *Limpie su calzado con toallitas desinfectantes y deseche las toallitas o las cubiertas de las botas antes de ingresar a su automóvil.*



3. Stop Virus Spread

3. Detener la propagación del virus

- If possible, park your car away from the farm property to avoid contaminating your tires.
 - Do not drive your car onto another farm property before washing the tires thoroughly. It is possible that your tires could pick up material that has the virus and spread it to another farm.
- *Si es posible, estacione su automóvil lejos de la propiedad de la granja para evitar contaminar sus llantas. No conduzca su automóvil a otra propiedad agrícola antes de lavar bien las llantas. Es posible que sus llantas recojan material que tenga el virus y lo propaguen a otra granja.*



4. Take Care of Your Health

4. *Cuide su salud*

- Get vaccinated for normal seasonal influenza if you can. The [seasonal flu vaccine](#) does not protect against infection with H5N1 but can reduce the risk of your immune system having to fight off multiple types of flu virus at the same time.
- *Vacúnese contra la influenza estacional normal si puede. La vacuna contra la [gripe estacional](#) no protege contra la infección por el virus H5N1, pero puede reducir el riesgo de que el sistema inmunitario tenga que luchar contra varios tipos de virus de la gripe al mismo tiempo.*



4. Take Care of Your Health

4. *Cuide su salud*

- Self-monitor for symptoms of illness every day for 10 days after the last day of exposure to infected or potentially infected animals, people, or contaminated materials. If you become sick during those 10 days, isolate yourself, tell your supervisor, and get instructions for seeking medical evaluation and treatment.
- Automonitoree los síntomas de la enfermedad todos los días durante 10 días después del último día de exposición a animales, personas o materiales potencialmente infectados o contaminados. Si se enferma durante esos 10 días, aíslese, dígaselo a su supervisor y obtenga instrucciones para buscar evaluación y tratamiento médico.



4. Take Care of Your Health

4. *Cuide su salud*

- If you are worried about your health, or if you develop any symptoms of H5N1 after visiting a farm, speak with a health care provider and tell them about your visit to the farm, what types of PPE you used, and if you were around animals or people with symptoms of H5N1. Your healthcare provider will do a medical evaluation and may recommend influenza testing and antiviral treatment.
- *Si está preocupado por su salud, o si presenta algún síntoma de H5N1 después de visitar una granja, hable con un proveedor de atención médica y cuénteles sobre su visita a la granja, qué tipos de EPP usó y si estuvo cerca de animales o personas con síntomas de H5N1. Su proveedor de atención médica realizará una evaluación médica y puede recomendar pruebas de influenza y tratamiento antiviral.*



Housing & Community Site Outreach

*Alcance de vivienda y sitios
comunitarios*



Housing & Community Outreach

Alcance de vivienda y sitios comunitarios

- Assumes you are not in contact with workers who have symptoms of H5N1
 - PPE is not necessary for this type of outreach, but you may choose to wear a surgical mask or N95 respirator. Keep N95 respirators handy when you do outreach in case you meet a worker with symptoms.
 - Dispose of masks and respirators and wash your hands well with soap after using the mask.
- *Supone que usted no está en contacto con trabajadores que tienen síntomas de H5N1. El EPP no es necesario para este tipo de alcance, pero puede optar por usar una mascarilla quirúrgica o un respirador N95. Tenga a mano respiradores N95 cuando realice actividades de alcance en caso de que se encuentre a un trabajador con síntomas. Deseche las mascarillas y los respiradores y lávese bien las manos con jabón después de usar la mascarilla.*



1. Stay Clean

1. Manténgase limpio

- Keep all open wounds (cuts and scratches) covered with water-proof bandages.
- Avoid touching your mouth, nose, face, or your phone while doing outreach.
- Practice good hand hygiene by thoroughly washing your hands:
 - Before and after work, breaks, and eating;
 - After contact with people who have signs and symptoms of influenza; and
 - After putting on or taking off PPE (if you chose to wear a mask)
- *Mantenga todas las heridas abiertas (cortes y rasguños) cubiertas con vendajes impermeables.*
Evite tocarse la boca, la nariz, la cara o el teléfono mientras realiza actividades de alcance.
Practique una buena higiene de manos lavándose bien las manos:
 - *Antes y después del trabajo, los descansos y la alimentación;*
Después de estar en contacto con personas que tienen signos y síntomas de influenza; y
Después de ponerse o quitarse el EPP (si eligió usar una mascarilla)



2. Take Care of Your Health

- Get vaccinated for normal seasonal influenza if you can. The [seasonal flu vaccine](#) does not protect against infection with H5N1 but can reduce the risk of your immune system having to fight off multiple types of flu virus at the same time.
- If you are worried about your health, or if you develop any symptoms of H5N1 after doing outreach, speak with a health care provider and tell them about your work, what types of PPE you used, and if you were around animals or people with symptoms of H5N1. Your health care provider will do a medical evaluation and may recommend influenza testing and antiviral treatment.
- *Vacúnese contra la influenza estacional normal si puede. La [vacuna contra la gripe estacional](#) no protege contra la infección por el virus H5N1, pero puede reducir el riesgo de que el sistema inmunitario tenga que luchar contra varios tipos de virus de la gripe al mismo tiempo.
Si está preocupado por su salud, o si presenta algún síntoma de H5N1 después de realizar actividades de alcance, hable con un proveedor de atención médica y cuénteles sobre su trabajo, qué tipos de EPP usó y si estuvo cerca de animales o personas con síntomas de H5N1. Su proveedor de atención médica realizará una evaluación médica y puede recomendar pruebas de influenza y tratamiento antiviral.*



What happens if I talk to a worker who has symptoms?

¿Qué pasa si le hablo a un trabajador que tiene síntomas?

- If you know that a worker has symptoms before you visit them, we strongly recommend you speak with them remotely by phone or video call.
- If you must meet with the worker, speak with them outdoors if possible and use the following PPE:
 - Any NIOSH approved particulate respiratory (includes N95s)
 - Gloves
 - Properly fitted unvented/indirectly vented safety goggles
- *Si sabe que un trabajador tiene síntomas antes de visitarlo, le recomendamos encarecidamente que hable con él de forma remota por teléfono o videollamada. Si debe reunirse con el trabajador, hable con él al aire libre si es posible y use el siguiente EPP:*
 - *Cualquier respirador de partículas aprobado por NIOSH (incluye N95)*
Guantes
Gafas de seguridad sin ventilación/con ventilación indirecta correctamente instaladas



What happens if I talk to a worker who has symptoms? *¿Qué pasa si le hablo a un trabajador que tiene síntomas?*

- If you run into a worker with symptoms, put on your N95 respirator and give one to the worker as well.
- Wash your hands well after the outreach visit.
- For any type of interaction with a worker who has symptoms of H5N1, it's very important that you self-monitor for symptoms of illness every day for 10 days after speaking with the worker. If you become sick during those 10 days, isolate yourself, tell your supervisor, and get instructions for seeking medical evaluation and treatment.
- *Si se encuentra con un trabajador con síntomas, póngase su respirador N95 y dele uno al trabajador también. Lávese bien las manos después de la visita de alcance. Para cualquier tipo de interacción con un trabajador que tenga síntomas de H5N1, es muy importante que se automonitoree para detectar síntomas de enfermedad todos los días durante 10 días después de hablar con el trabajador. Si se enferma durante esos 10 días, aíslese, dígaselo a su supervisor y obtenga instrucciones para buscar evaluación y tratamiento médico.*



Existing Resources

Recursos existentes

- CDC guidelines and PPE infographic:
<https://www.cdc.gov/flu/avianflu/h5/worker-protection-ppe.htm>
- NCFH materials on H5N1:
https://www.ncfh.org/infectious_disease_hub.html
- Outreach safety guidelines:
<https://ncfh.box.com/s/6b9g4wp7yk0xx4q025pf27f10v5k53kj>
- *Pautas de los CDC e infografía de EPP:*
<https://espanol.cdc.gov/bird-flu>
- *Materiales de NCFH sobre el H5N1:*
https://www.ncfh.org/infectious_disease_hub.html
- *Recomendaciones de seguridad de alcance:*
<https://ncfh.box.com/s/6b9g4wp7yk0xx4q025pf27f10v5k53kj>

Please let us know what languages you need information in!

¡Por favor, háganos saber en qué idiomas necesita información!



**MIGRANT
HEALTH**

Thank you!
Gracias

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Questions?



NTTAP Resources

[Infectious Disease Resource Hub](#), National Center for Farmworker Health

- Educational Resources, Public Service Announcements, Social media graphics, messaging, etc. on H5N1, COVID, Tdap, Lyme Disease, Tuberculosis, and more

[Clinical Guidelines and Resources on Infectious Disease](#), National Health Care for the Homeless Council

- Guidelines and adapted practices for CVD, communicable diseases, Hepatitis, HIV, AIDS, influenza, TB, SUD, and more

Infectious Disease Resources, Migrant Clinicians Network

- [Avian influenza](#): also known as H5N1, resource, blog and webinars
- [Working with farm animals](#) (English or Spanish): Bilingual educational comic book about ways to prevent zoonotic disease.
- [COVID Resource Hub](#): includes resources for vaccine testing, Long COVID, Mental Health and Well-being, population specific resources, community engagement, respirators and Masks, guidance for employers, ventilation, tools Against misinformation, blog, and more.

[RN/CHW Care Team Model for Infectious Disease Treatment: From Research to Practice](#), National Nurse Led Care Consortium

Health Center Staff: *Give your input TODAY!*

Complete the 2024 National Health Center Training and Technical Assistance (T/TA) Needs Assessment.

Tell us what training and professional development support you and your health center teammates need to best serve your community.

Help our training partners create learning opportunities **designed with health center teams in mind.**

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Who

ALL health center staff are encouraged to complete the National T/TA needs assessment. It's available in English and Spanish!

When

August 19 - November 1, 2024

How

Click on this link

Or scan the QR code:



Why

So you can help inform the training and professional development available to health center staff.

Evaluation

Please take the time to complete the evaluation and help us improve this activity for future sessions.

**EMERGING
ISSUES**

10/16/24

**ACCESS &
FUNCTIONAL NEEDS**

12/18/24

**HEALTH CENTER
PREPAREDNESS
& RESPONSE
FORUM**

**EXTREME
HEAT**

02/19/25

**WORKFORCE
SUPPORTS**

04/16/25

Thank You!

Next Session:
**Access and
Functional Needs**
Wednesday,
December 18, 2024