IMMUNIZATION COALITION of DELAWARE

Quarterly Meeting

MAY 28, 2026

2:00 – 3:30 PM

Agenda

Time	Agenda Item	Presenter
2:00 pm	Call to Order, Review of Agenda, Conflicts of Interest	Dr. Smith
2:00 pm	Review & Approval of February Minutes	Dr. Smith
2:05 pm	Advocacy & Legislation Update	Dr. Smith
2:10 pm	Respiratory Burden of Disease, Moderna Bench2Practice Resources for the Clinician	Dr. Kayla Baran, Moderna
2:40 pm	2025-2026 Respiratory Virus Disease Season Review	Dr. Smith
2:50 pm	Emerging Infectious Diseases - Avian Influenza - Pertussis - Measles - Hantavirus - Ebolavirus	Dr. Smith
3:20 pm	Open Discussion	

DELAWARE ACADEMY OF MEDICINE & PUBLIC HEALTH

IMMUNIZATION COALITION *of* DELAWARE

Previous Quarterly Meeting

February 26, 2026

- Amendments or additions to minutes?

- Vote to approve

Delaware Advocacy & Legislation

HB 338: An Act to Amend Title 18 of the Delaware Code Relating to Health Carrier Coverage of Immunizations & Preventive Services

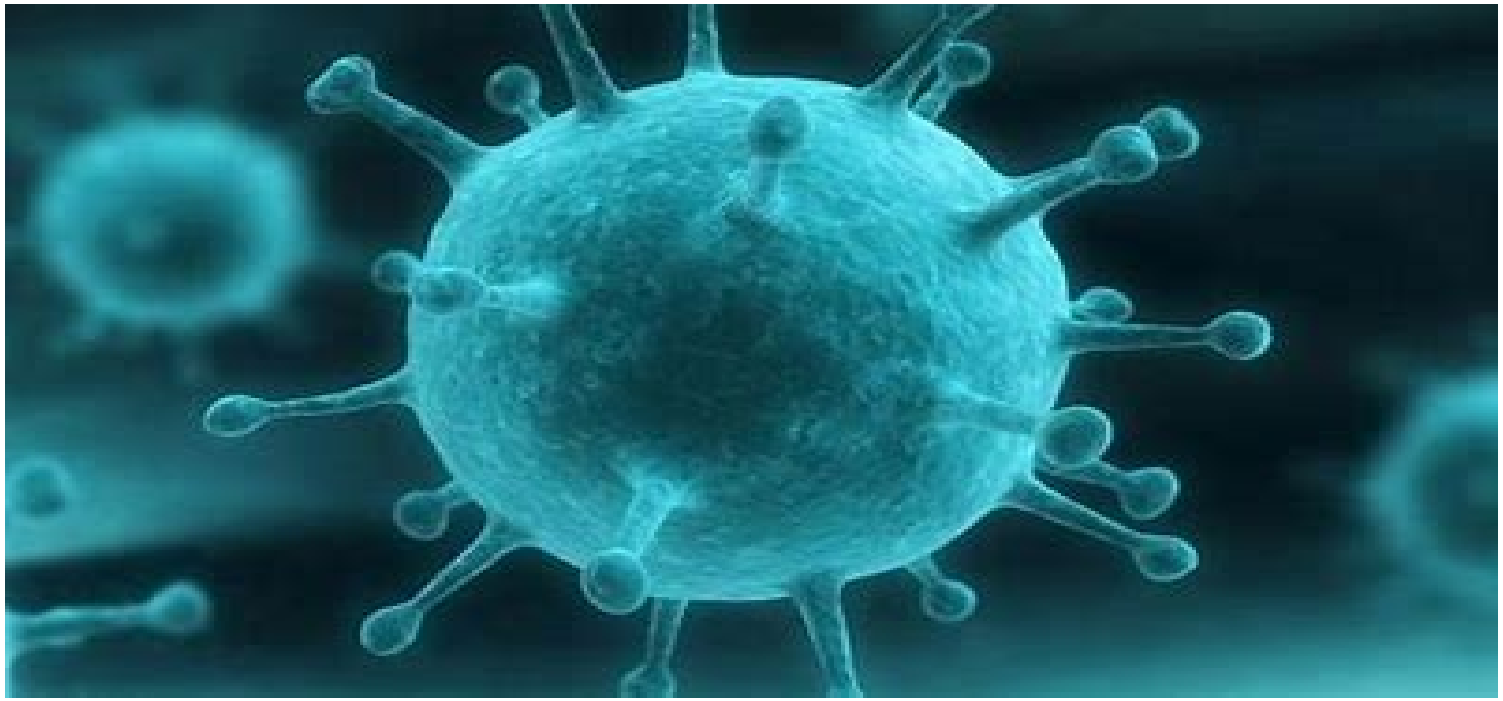
- Clarifies that individual, group, and blanket health insurance carriers must provide for and pay for services that were recommended by ACIP and HRSA that were ***in effect as of January 1, 2025***.
- **Written & Oral Support**
- Passed the House (30Y, 5N, 6A), Ready List for Senate

HB 422: An Act to Amend Title 16 of the Delaware Code Relating to Enhanced Informed Consent for Infant Vaccinations and Documentation in Sudden Unexpected Infant Death Investigations

- Requires enhanced informed consent before administering vaccines to infants less than 12 months of age (discuss possible side effects, the overlap between the 2-4 month vaccination, and how to report events to VAERS or file VICP claims)
- Requires a signed acknowledgement form developed by DHSS
- Mandates vaccination history be documented in every SUID/SIDS investigation to support accurate COD determinations
- 5/14: Assigned to Health & Human Development Committee
- Written & Oral Opposition when/if needed

Federal Advocacy

- FightInfectiousDisease.org letter of opposition regarding Secretary Kennedy's ongoing efforts to fundamentally alter the Vaccine Injury Compensation Program (VICP) and broader changes reshaping the nation's vaccine and public health landscape
- American Academy of Pediatrics' joint statement of opposition to the new Advisory Committee on Immunization Practices (ACIP) charter published on April 9
  - HHS formally re-established the charter after withdrawing the revision
  - Still a temporary court order banning ACIP from convening (June 24-26 meeting is still on the website)

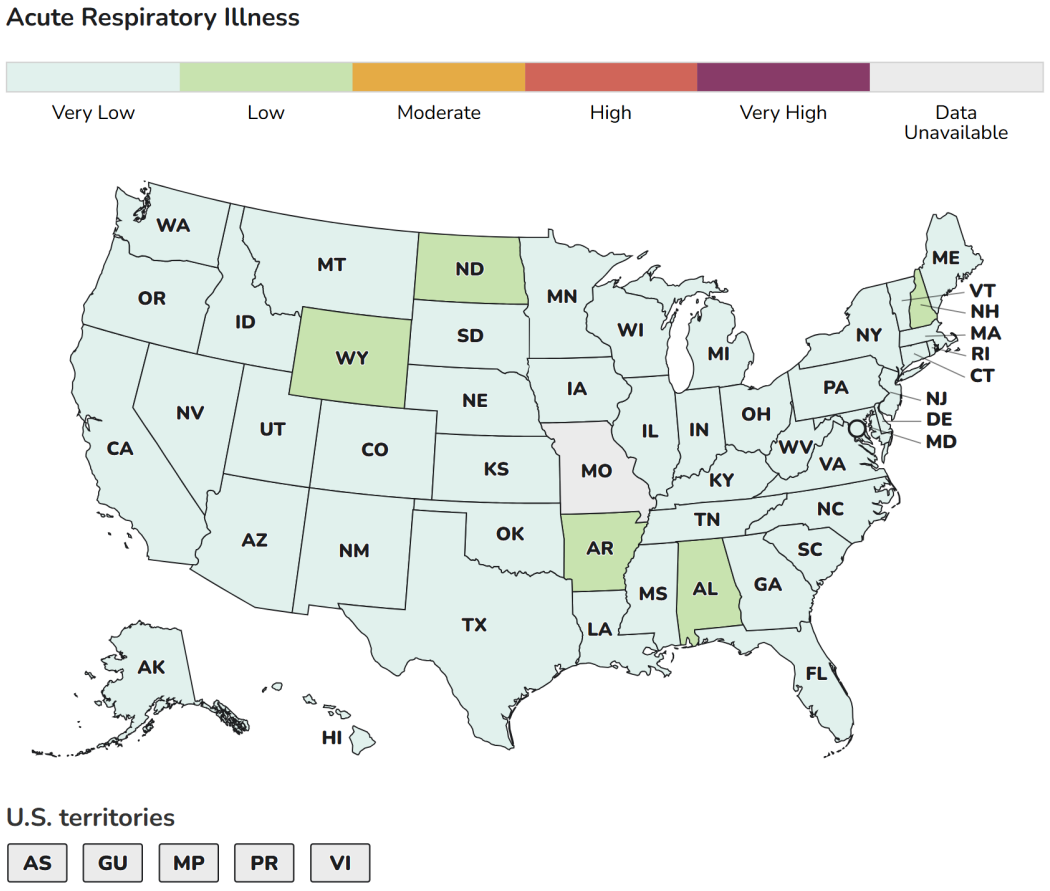


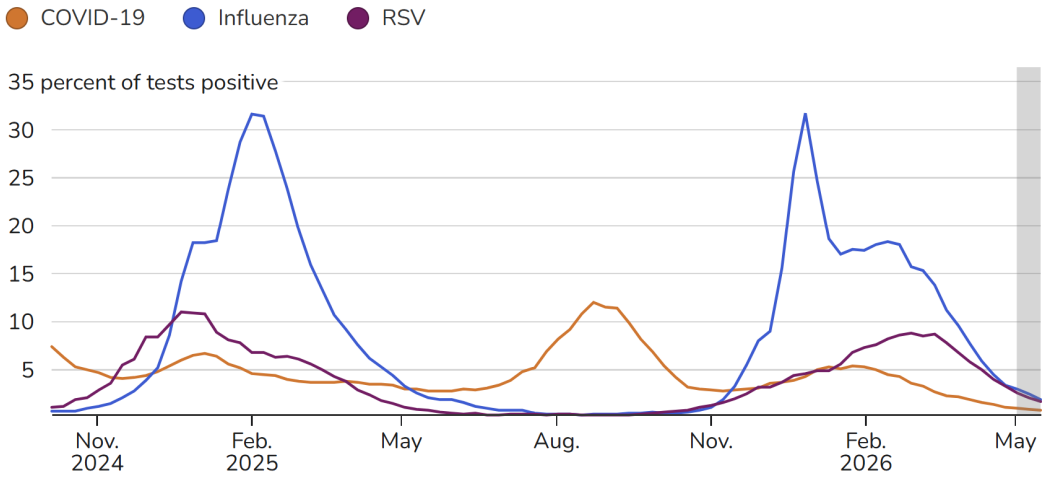
2025-2026 RESPIRATORY DISEASE SEASON

Respiratory Burden of Disease & Moderna Bench2Practice Resources for the Clinician

- Kayla Baran, PharmD
- Medical Advisory, Moderna

Level of Respiratory Illness Activity (CDC)



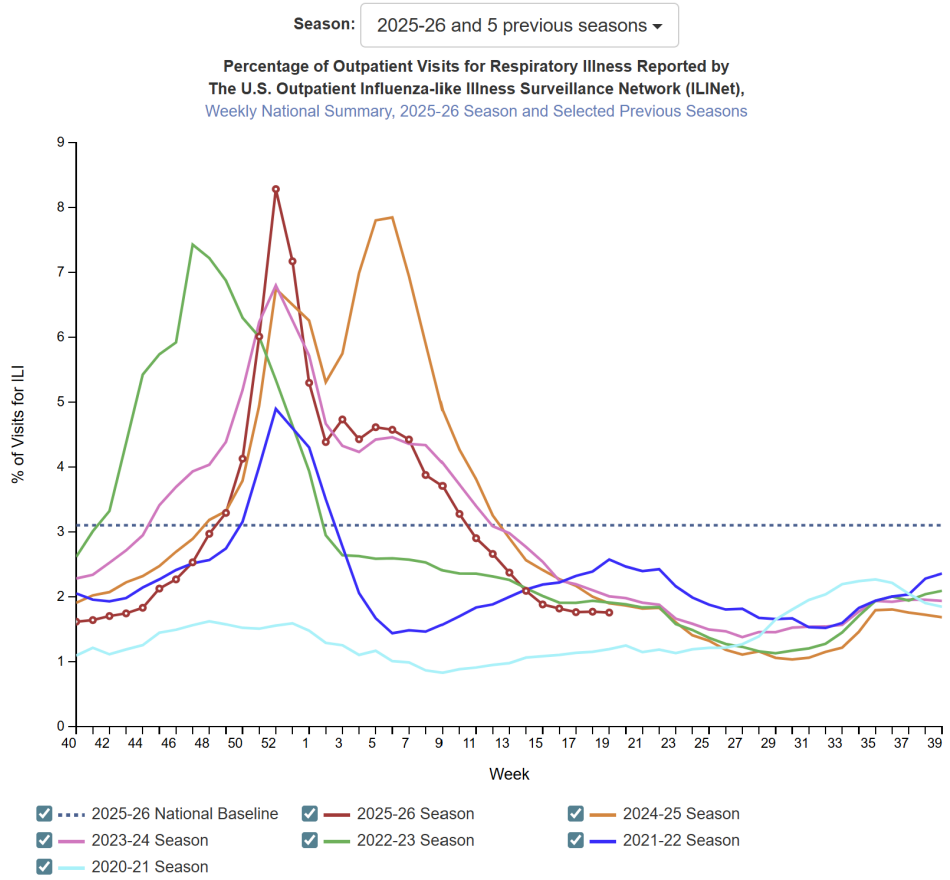


Weekly percent of tests positive for the viruses that cause COVID-19, influenza, and RSV at the national level. Preliminary data are shaded in gray. Refer to data notes for more details.

Data last updated on May 21, 2026 and presented through May 16, 2026. View this dataset on data.cdc.gov.

https://www.cdc.gov/respiratory-viruses/data/activity-levels.html

Outpatient Respiratory Illness



NHSN LTCF Respiratory Data

1.3

weekly hospitalization rate per 100,000 residents

NHSN Hospital Respiratory Data

1,236 (Trend →)

patients admitted to hospitals with influenza this week.

NCHS Mortality

0.1% (Trend →)

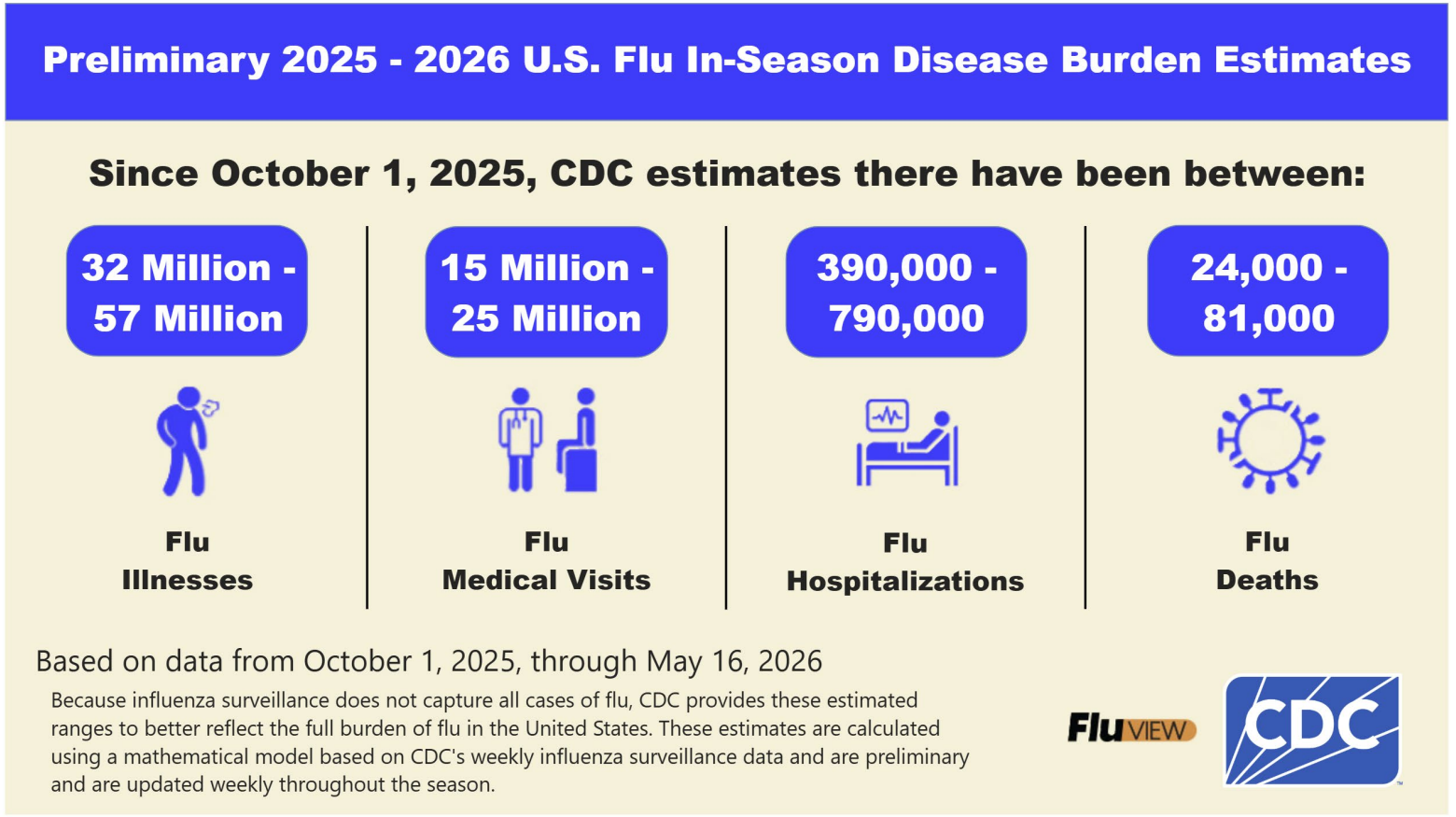
of deaths attributed to influenza this week.

Pediatric Deaths

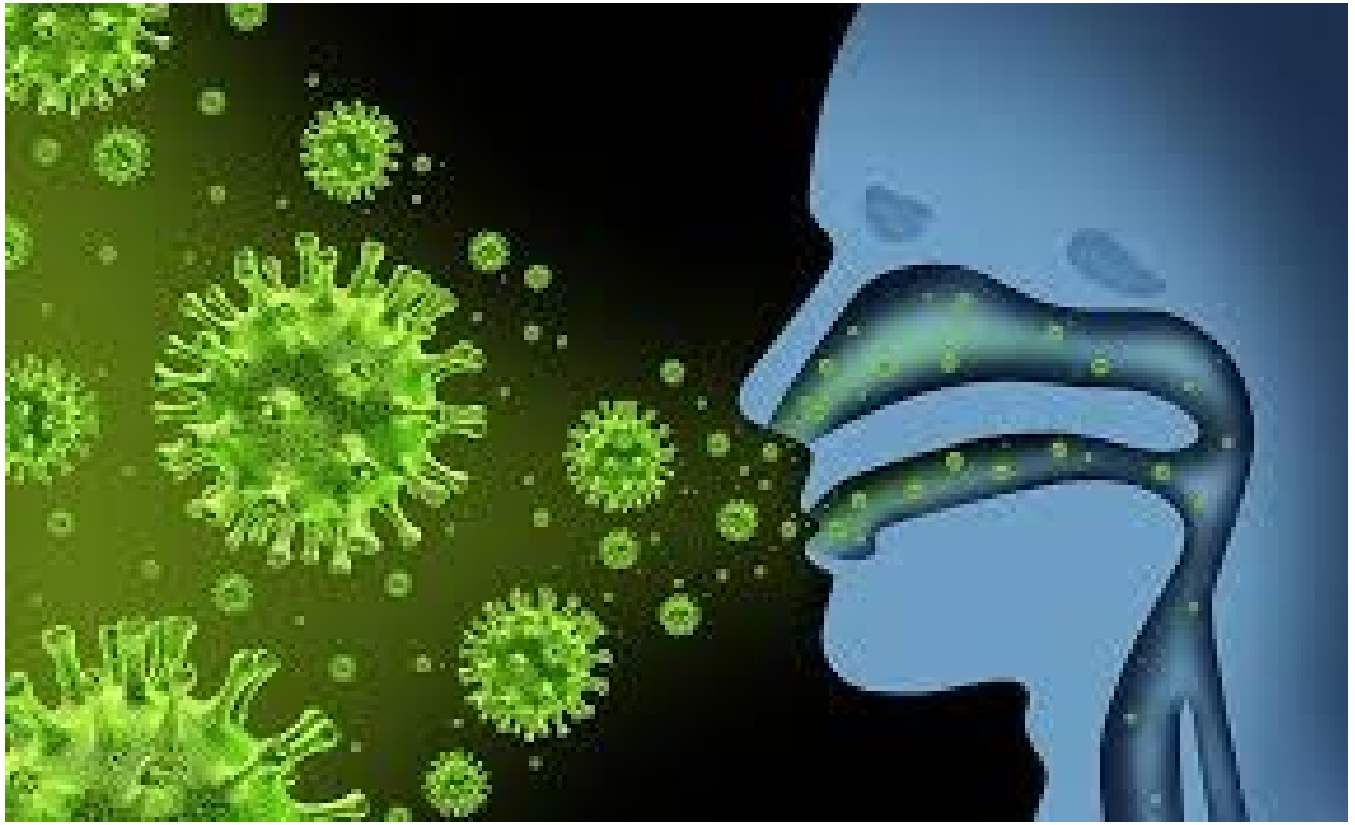
6 influenza-associated deaths were reported this week for a total of 172 deaths this season.

https://www.cdc.gov/fluview/surveillance/2026-week-19.html

Estimated Influenza Burden, 2025-2026



https://www.cdc.gov/flu-burden/php/php/data-vis/2025-2026.html



EMERGING INFECTIOUS DISEASE UPDATES

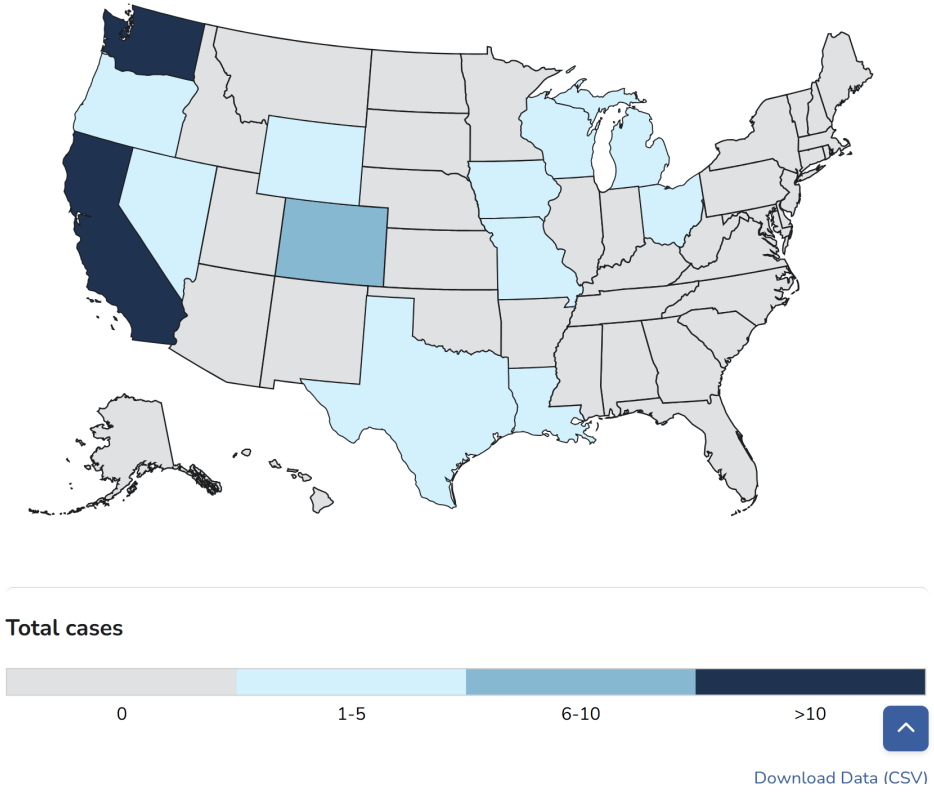
Avian Influenza

National Total Cases: 71

Cases	Exposure Source
41	Dairy Herds (Cattle)*
24	Poultry Farms and Culling Operations*
3	Other Animal Exposure†
3	Exposure Source Unknown‡

NOTE: One additional case was previously detected in a poultry worker in Colorado in 2022. Louisiana reported the first A(H5) bird flu death in the U.S.

*Exposure Associated with Commercial Agriculture and Related Operations
†Exposure was related to other animals such as backyard flocks, wild birds, or other mammals
‡Exposure source was not able to be identified



National situation summary since 2024

Person-to-person spread

NONE — There is no known person-to-person spread at this time.

Current public health risk

LOW — The current public health risk is Low.

Cases in the U.S.

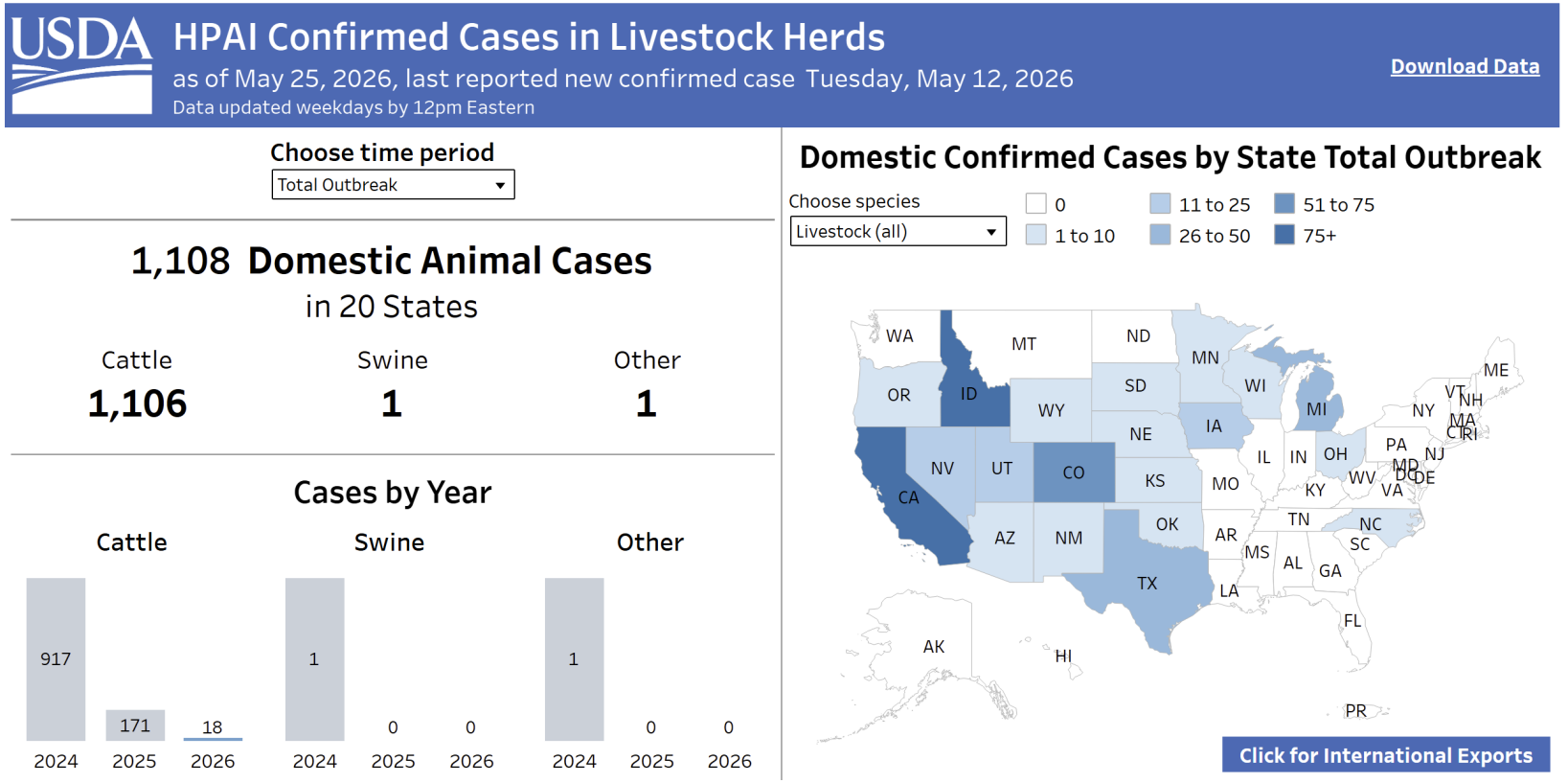
71 cases

Deaths in U.S.

2 deaths

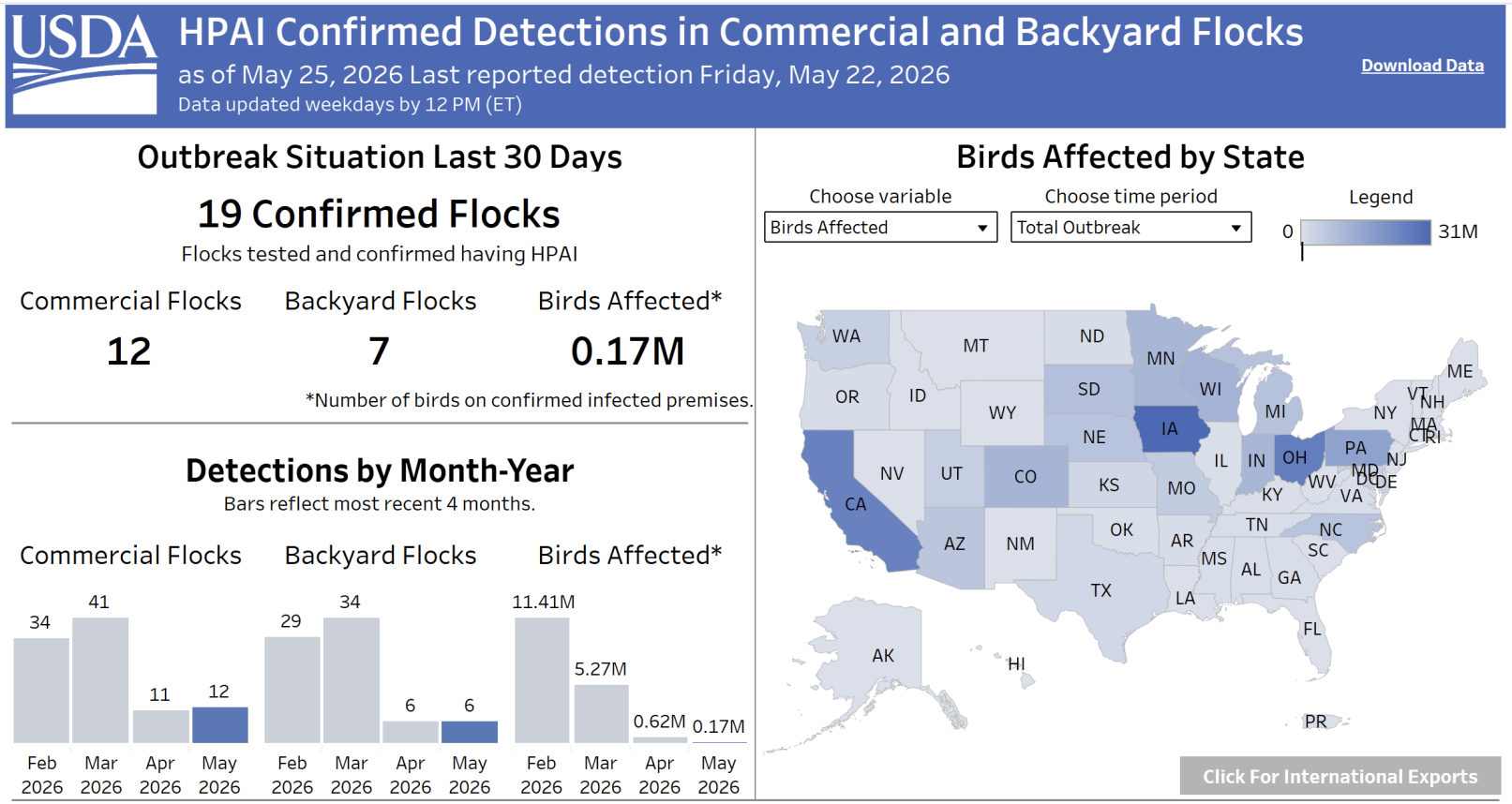
https://www.cdc.gov/bird-flu/situation-summary/

Confirmed Cases of HPAI in Domestic Livestock



Commercial & Backyard Flocks

February 8, 2022 - Present



https://www.aphis.usda.gov/livestock-poultry-disease/avian/avian-influenza/hpai-detections/commercial-backyard-flocks

Pertussis

Week ending 5/16/2026

Reporting Area	Pertussis			
	Current week	Previous 52 weeks Max †	Cum YTD 2026 †	Cum YTD 2025 †
U.S. Residents, excluding U.S. Territories	98	714	4,598	14,527
New England	4	25	121	243
Connecticut	-	6	25	37
Maine	4	15	27	36
Massachusetts	-	8	43	91
New Hampshire	-	7	13	51
Rhode Island	-	1	1	1
Vermont	-	8	12	27
Middle Atlantic	8	96	422	866
New Jersey	-	16	48	173
New York (excluding New York City)	2	47	122	237
New York City	-	29	119	164
Pennsylvania	6	30	133	292
East North Central	19	101	652	2,228
Illinois	-	22	146	446
Indiana	1	19	83	191
Michigan	-	24	80	626
Ohio	18	42	281	557
Wisconsin	-	25	62	408
West North Central	2	69	155	1,496
Iowa	-	21	-	161
Kansas	-	12	59	89
Minnesota	-	34	37	772
Missouri	-	0	-	98
Nebraska	2	16	53	205
North Dakota	-	4	4	66
South Dakota	-	9	2	105
South Atlantic	23	126	688	1,661
Delaware	-	0	-	8
District of Columbia	-	1	-	8
Florida	10	63	246	544
Georgia	-	23	98	267

https://stacks.cdc.gov/view/cdc/256608

Measles, USA

January 1 - May 21, a total of **1,952 confirmed measles** cases were reported by 40 jurisdictions.

29 outbreaks in 2026, 93% of confirmed cases (1,815) are outbreak-associated.

2025 Total: 2,288 confirmed cases, 3 deaths

Age	2026 Cases	2026 Hospitalization	2025 Cases	2025 Hospitalization
Total	1,952	124 (6%)	2,288	243 (11%)
< 5 years	413 (21%)	42 (10%)	584 (26%)	106 (18%)
5-19 years	990 (51%)	33 (3%)	1016 (44%)	58 (6%)
20+ years	543 (28%)	49 (9%)	675 (30%)	79 (12%)
Unknown	6 (0%)	0	13 (1%)	0

Vaccination. Unvaccinated/Unknown: 92%; MMR 1 dose: 4%; MMR 2 doses: 4%

https://www.cdc.gov/measles/data-research/index.html

Measles Elimination

Must demonstrate one year without transmission

1. Disease Patterns Over Time
   - Cases have declined substantially, outbreaks are quickly contained
   - Fewer than 1 confirmed measles case per million population
2. Population Immunity Levels
   - 95% or greater
3. Quality of Disease Surveillance
   - Demonstrate a system is sensitive enough to detect cases if they exist
   - Non-measles febrile rash illness rate (at least 2 per 100,000 people yearly)
   - 80% of districts/counties investigate and test at least 1 suspected case each year
4. Program Sustainability
5. Molecular Evidence from Lab Testing

https://historyofvaccines.org/blog/how-regions-earn-and-keep-their-measles-free-status/

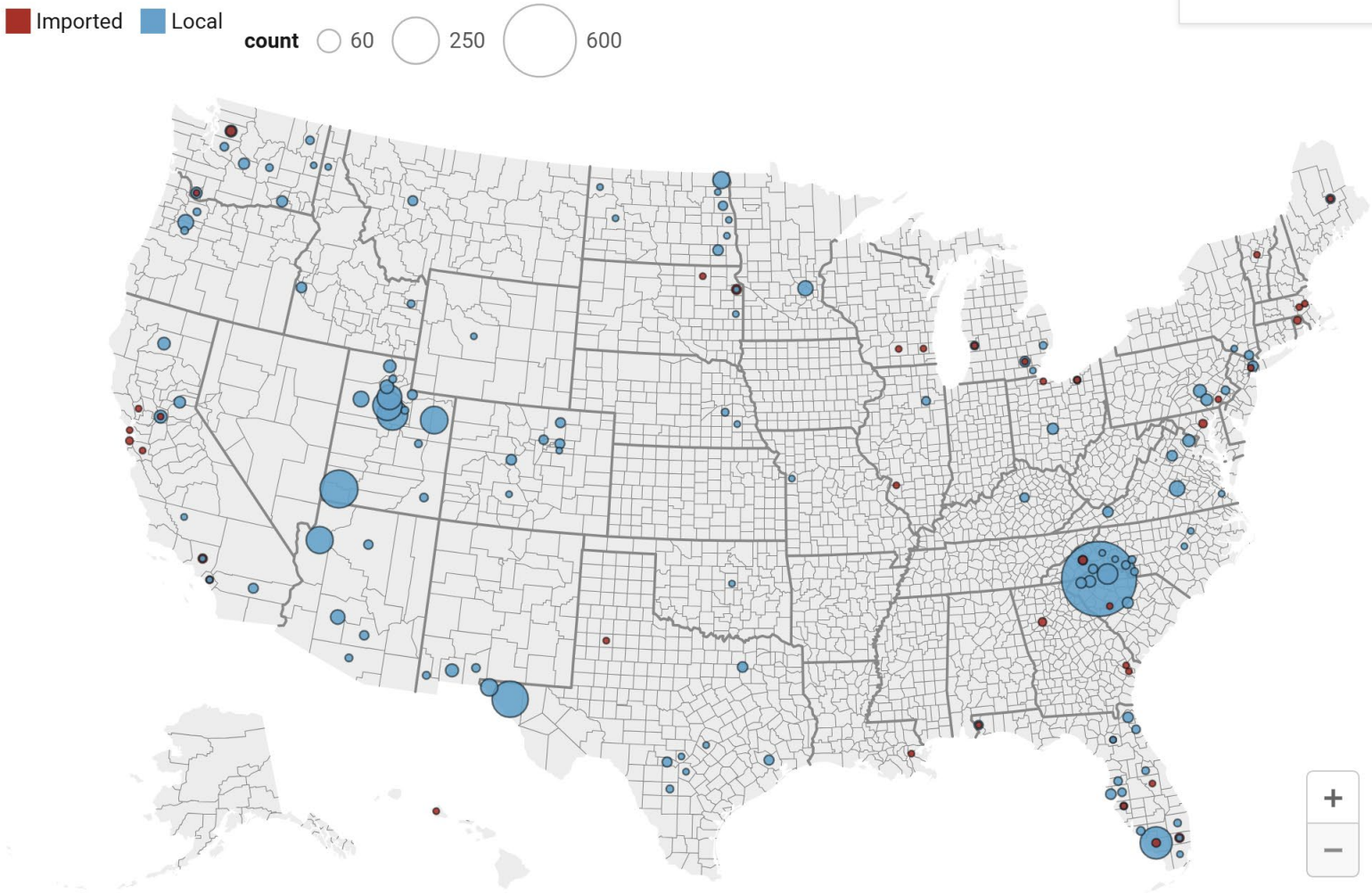
Past 2 weeks | 2025 | 2026

U.S. MEASLES CASES

2026

2033

Measles cases reported in the United States (2026)



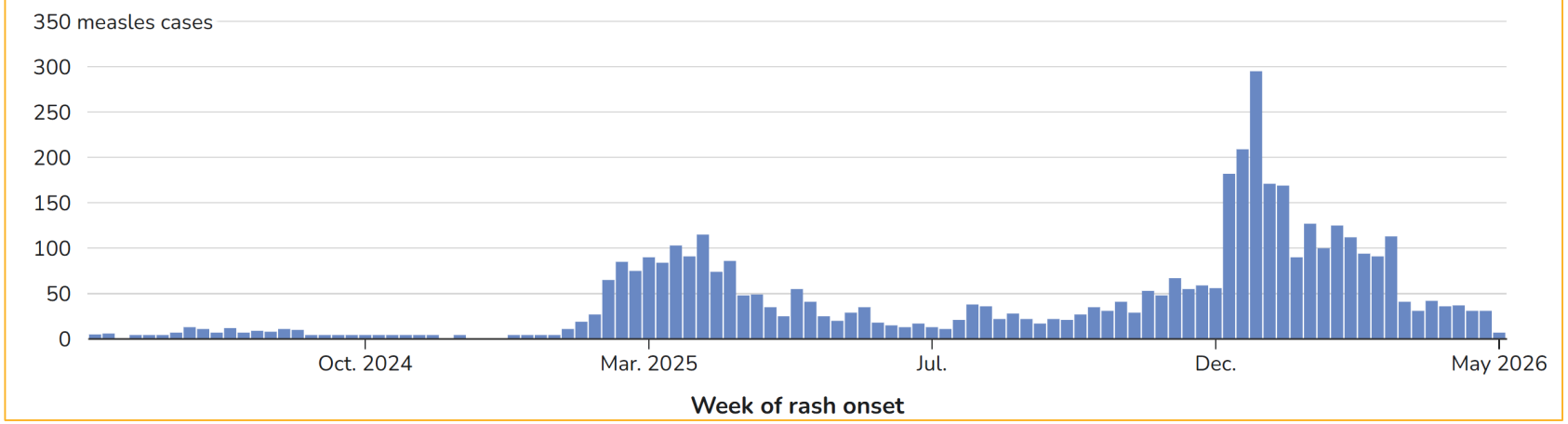
https://publichealth.jhu.edu/ivac/resources/us-measles-tracker

Measles, USA

State	Cases	Counties	Hospitalizations	Status
Arizona	316	6	25	
California	49	10		Last update 5/11
Delaware	1	1		
Florida	138	15		
Idaho	23	6		Last case 3/09
North Carolina	24	10	1	Last case 2/21
North Dakota	38	6	5	Last case 4/30
Oregon	23	2	1	Last case 5/10
South Carolina	997	7	19	Declared Over
Texas	182	9		Prison System
Utah	671	13	54	Active Transmission
Washington	45	8	3	

Weekly measles cases by rash onset date

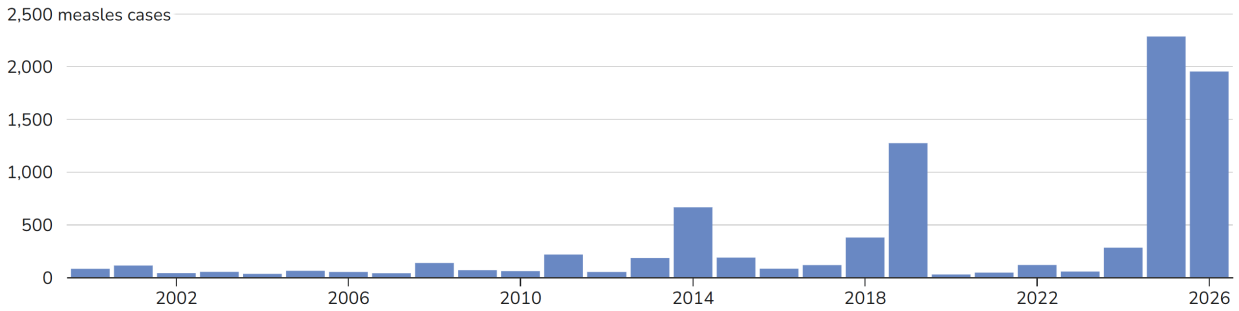
2022–2026* (as of May 21, 2026)



Yearly measles cases

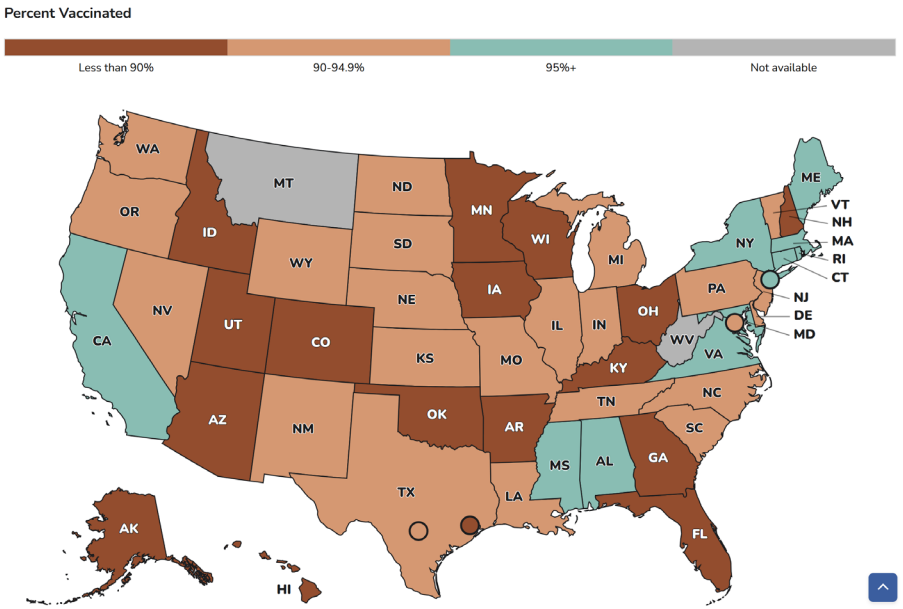
as of May 21, 2026

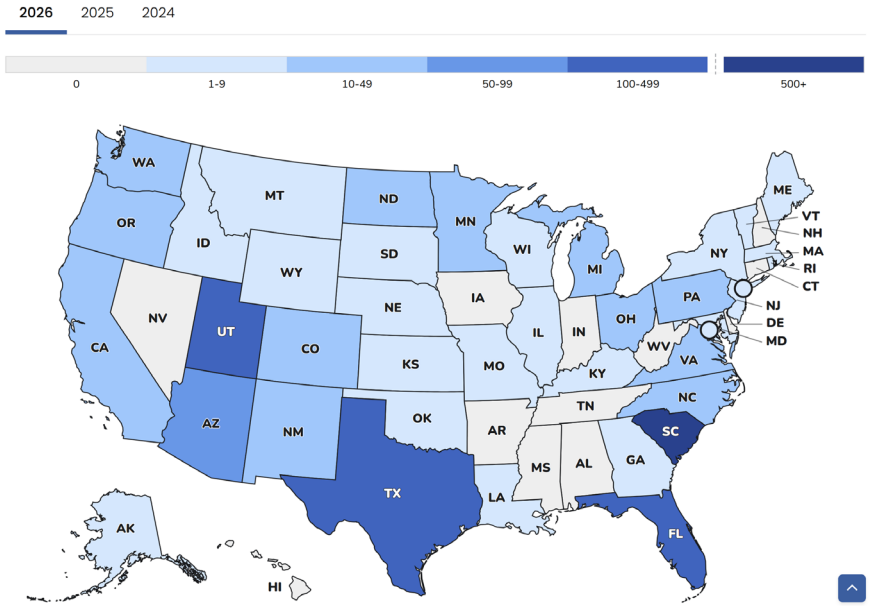
2000–Present* 1985–Present*



https://www.cdc.gov/measles/data-research/index.html

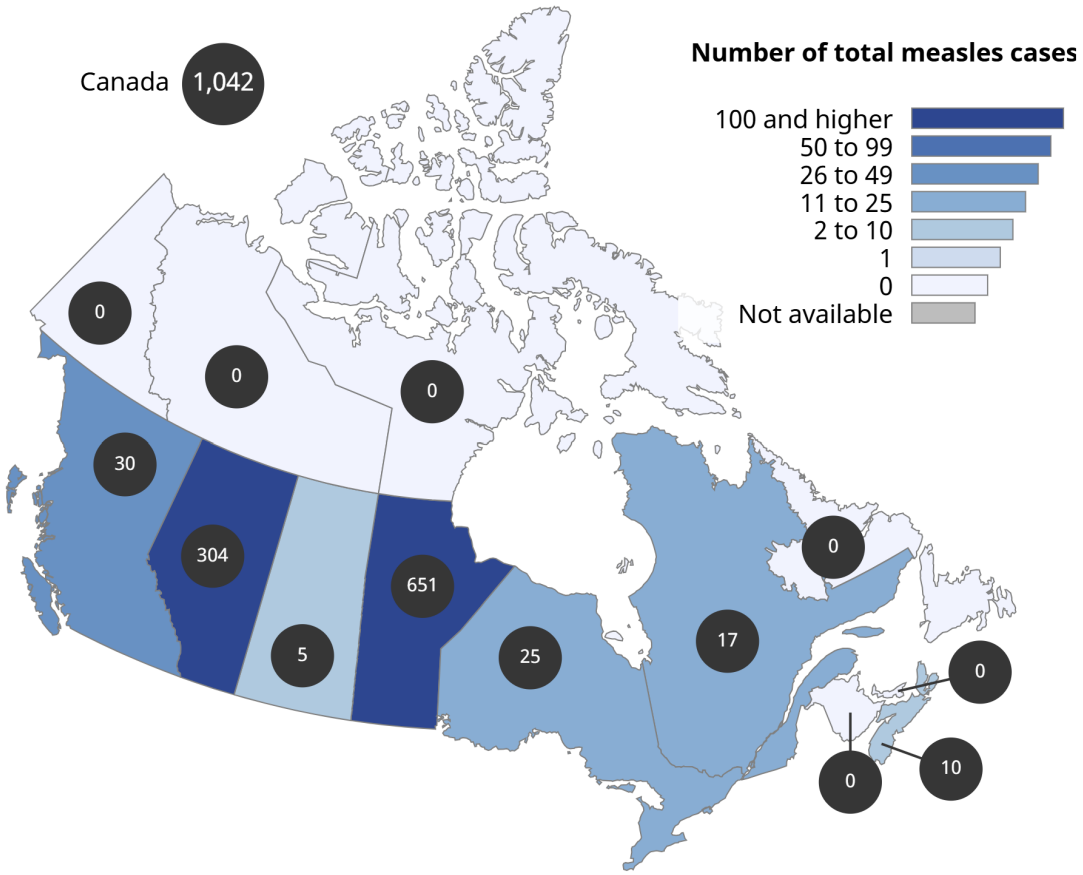
Vaccinations vs. Cases, 2026

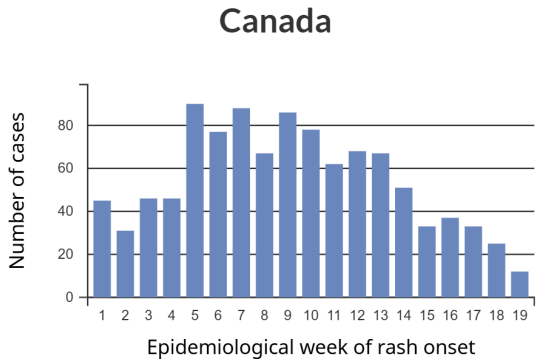




https://www.cdc.gov/measles/data-research/index.html

Measles, Canada





There were **1,042** cases of measles in **Canada** in 2026, as of **May 16, 2026**.

The epidemiological week 5 of the last rash onset 2 in **Canada** was **week 19** (**May 10 to 16, 2026**).

https://health-infobase.canada.ca/measles-rubella/

Measles, PAHO

Between epidemiological week (EW) 1 and EW 19 of 2026 (ending on May 16), the Region of the Americas reported **20,332 confirmed measles cases** from 16 countries and territories, including **25 deaths**.

- 276% increase compared to the same period in 2025
- Mexico (10,817)
- Guatemala (6,209)
- United States (1,893)
- Canada (1,018)

98% of confirmed cases

Measles, Europe

In March 2026, 30 EU/EEA member states reported measles data. Twelve countries reported a total of 172 cases of measles; 18 countries reported 0 cases.

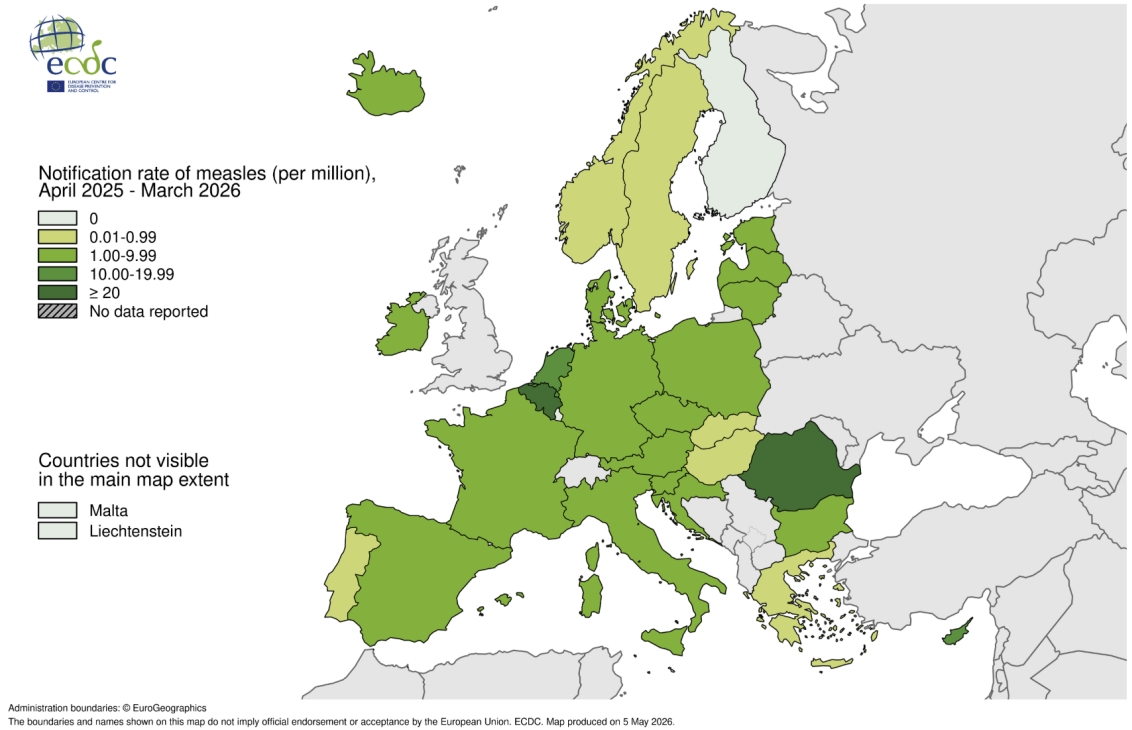


Figure: Measles notification rate April 2025 – March 2026

https://measles-rubella-monthly.ecdc.europa.eu/

Hantavirus

ONBOARD DUTCH FLAGGED MV HONDIUS

Patient Zero

April 1 – 114 guests aboard, Hondius departs Ushuaia, Argentina

April 6 – Adult male, presented to ship's doctor with fever, headache, mild diarrhea; 6 additional guests joined the ship

April 11

- Developed respiratory distress
- Died onboard

No microbiological tests performed

April 24

- Body removed to St. Helena
- 30 additional passengers disembark

https://www.who.int/emergencies/disease-outbreak-news/item/2026-DON599

Patients 2-4

	April 24	April 25	April 26	April 27	April 28	May 2	May 4
2: Adult Female	GI Symptoms Goes ashore in St. Helena	Flight to Johannesburg, SA Deteriorates	**Died on Arrival** at ED				PCR testing confirms hantavirus; contact tracing for airline passengers initiated
3: Adult Male	Presents to ship's doctor with fever, SOB, signs of pneumonia		Condition worsens	Medically evacuated to ICU in South Africa Respiratory panel negative		PCR confirms hantavirus	
4: Adult Female					Presents with pneumonia	**Died on Board** WHO Notified Body remained on board	

https://www.who.int/emergencies/disease-outbreak-news/item/2026-DON599

World Health Organization

May 2

- Notified by National International Health Regulations, Focal Point of the United Kingdom of Great Britain and Northern Ireland
- "Cluster of Severe Acute Respiratory Illness" on board a cruise ship
- Two deaths, one critically ill (third dies later that day)

May 3

- Additional death reported, 3 additional suspected cases onboard with high fever and/or GI symptoms

May 4

- 2 confirmed, 5 suspected (3 deaths) reported

https://www.who.int/emergencies/disease-outbreak-news/item/2026-DON599

Hantavirus History

1951-1953: Korean War → Korean Hemorrhagic Fever

1978 – Etiologic agent

- Infected rodent near Hantan River, South Korea

1981 – new member of Bunyaviridae family

- New genus, "hantavirus" → viruses causing hemorrhagic fever with renal syndrome

1993 – hantavirus outbreak in SE United States ("hantavirus cardiopulmonary syndrome")

https://www.cdc.gov/hantavirus/about/index.html

Hantavirus Epidemiology

Rodent-borne zoonotic virus

- Deer Mouse, Cotton Rat, Rice Rat, White Footed Mouse

Spillover Transmission

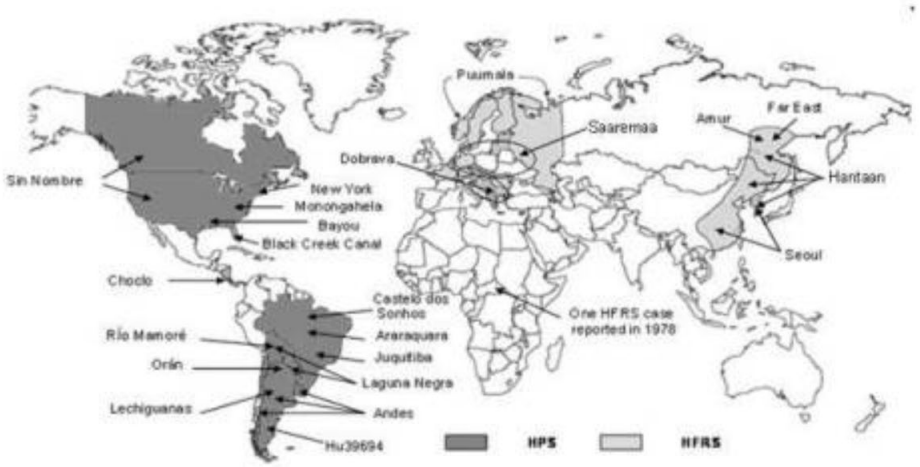
- Inhalation of virus (aerosolization of urine, droppings, saliva)
- Direct contact through open wound, etc.
- Rodent bite/scratch (rare)

Fairly Rare

- 2025 Americas: 8 countries, 229 cases, 59 deaths (CFR 25.7%)
- 2023 Europe: 1885 cases

https://www.cdc.gov/hantavirus/about/index.html

Hantavirus Distribution



Distributation of hantavirus species world wide

29 Strains

- *Sin Nombre virus* – dominant strain in North America
- *Orthohantavirus* – dominant strain in South America
- Andes Strain: person to person, close personal contact (early phase of illness)

Cruise ship had docked in Argentina, departed April 1

https://www.cdc.gov/hantavirus/about/index.html

Cardiopulmonary Syndrome (Americas)

Exposure
- Inhaling dirt/dust that contains rodent droppings, saliva, urine
- Direct exposure (open wounds, bites/scratches)

Incubation
- 2-3 weeks
- Can be up to 8 weeks
- 42 days

Early Symptoms
- Fever, fatigue, muscle aches (hips, thighs, back, shoulders)
- Headache, dizziness, chills
- Abdominal pain, NVD

Late Symptoms
- Coughing, SOB
- Tightness in chest
- Fluid in lungs

Mortality Rate: 38-50%

Hemorrhagic Fever with Renal Syndrome (Asia & Europe)

Exposure
- Inhaling dirt/dust that contains rodent droppings, saliva, urine
- Direct exposure (open wounds, bites/scratches)

Incubation
- 1-2 weeks
- Can be up to 8 weeks
- 42 days

Early Symptoms
- Intense headaches, Fever/Chills
- Back, Abdominal Pain
- Nausea, Blurred Vision
- Flushing of face, inflammation of eyes, rash

Late Symptoms
- Low blood pressure
- Acute shock
- Vascular leakage / internal bleeding
- Acute kidney failure → fluid overload

Mortality Rate:
Hantaan & Dobrava: 5-15%
Seoul, Saaremaa, Puumala: <1%

https://www.cdc.gov/hantavirus/about/index.html

Treatment

Case fatality rate depends on strain

- <1 – 15% in Asia & Europe
- Up to 50% in Americas

Supportive care

- Early supportive care
- Intensive care unit

https://www.cdc.gov/hantavirus/about/index.html

Situation Continues

May 6 & 7

- Two symptomatic patients, 1 suspected case medically evacuated to Cape Verde
- Hondius diverted to the Canary Islands (Tenerife)

May 7

- No symptomatic patients on board, but all were monitored
- Contact tracing on the 24 passengers who disembarked in St. Helena
- Contact tracing ongoing for passengers onboard the same aircraft as Patient 2 (two rows either side)

May 8

- Eight cases reported (CFR 38%), 6 confirmed Andes virus

May 10

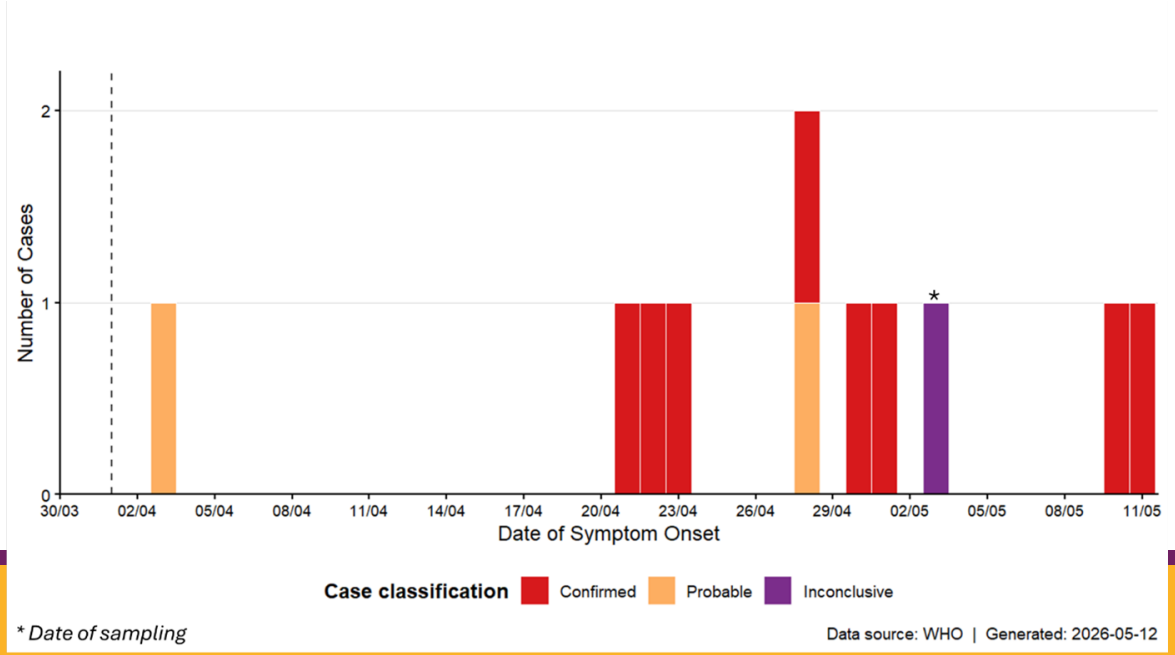
- 35 crew, 87 passengers disembarked at Tenerife and were privately transported to their own countries for further monitoring

May 11

- Health Alert Network sent
- CDC website updated, press release

May 13

- 11 cases (8 confirmed, 2 probable, 1 inconclusive)



https://www.who.int/emergencies/disease-outbreak-news/item/2026-DON599

Monitoring US Passengers

May 11

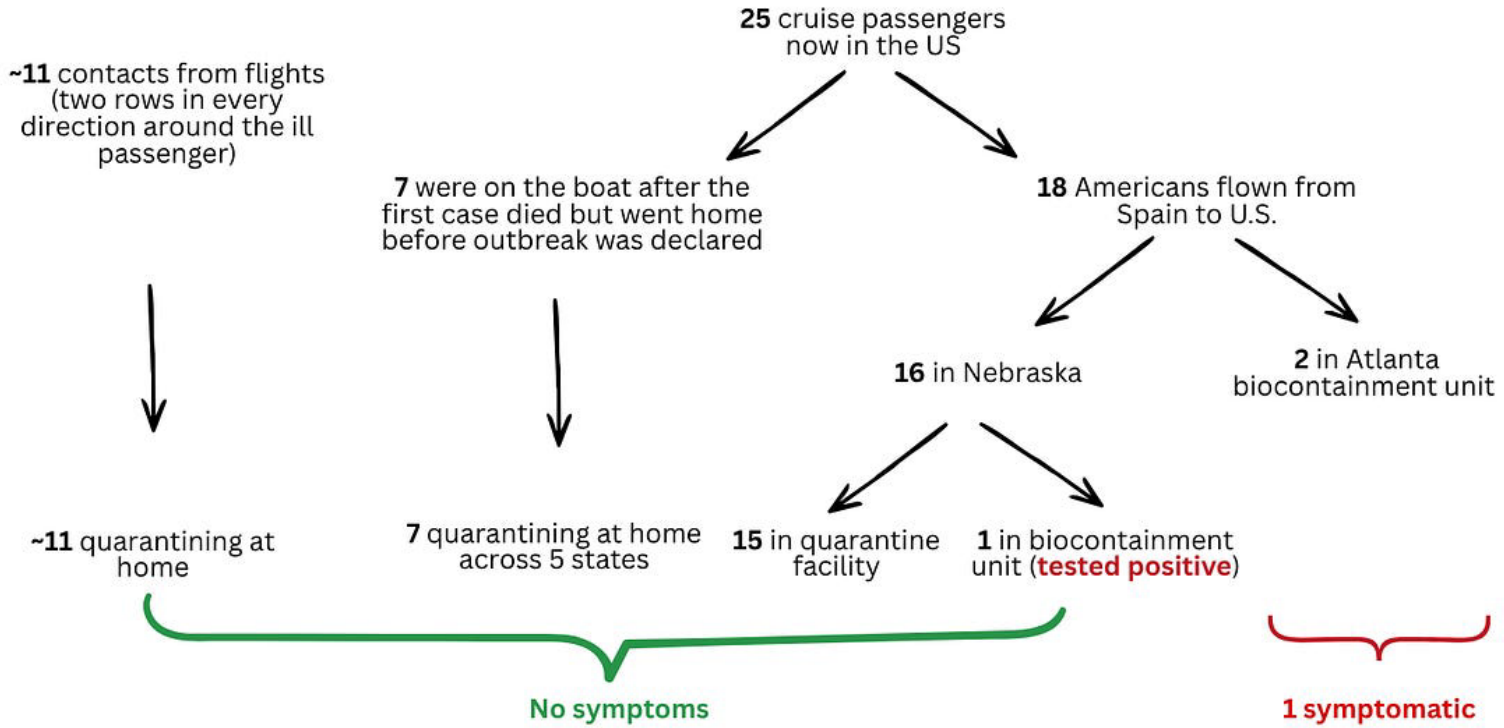


Figure credit: Your Local Epidemiologist

What we think happened

Patient 0 likely acquired the virus before boarding (exposure on land)

Human-to-human on ship

- Prelim. Sequence analysis shows close, near-identical genetics

Ship traveled to Rotterdam, Netherlands (May 11-18)

- 25 crew + 2 Dutch health care workers for health monitoring
- 1 deceased (Patient 4)
- Quarantining for crew, health workers
- Cleaning & sanitizing ship

*2 additional cases reported:

May 22 - a crew member who left the Hondius in Tenerife and has been isolating in the Netherlands since then

Weekend – a Spanish national who has been quarantining at home, tested positive through daily monitoring → biocontainment unit

Basic Timeline

Figure Credit: YLE

Ebola Virus

Patient Zero (suspected)

April 24

- Health worker reported onset of symptoms including fever, hemorrhaging, vomiting, intense malaise
- Died at a medical center in Bunia

https://www.who.int/emergencies/disease-outbreak-news/item/2026-DON602

World Health Organization

May 5

- WHO is notified of “unknown illness with high mortality”
- 4 health workers died within four days
- Mongbwalu Health Zone, Ituri Province, DRC

May 13

- Rapid response team investigation in Mongbwalu & Rwampara HZ

May 15

- 246 suspected cases, 80 deaths
  - 3 health zones: Mongbwalu (3 health areas), Rwampara (6 health areas), Bunia HZ
  - 24 suspected cases in isolation
- Outbreak confirmed as Bundibugyo virus disease (BVD)
  - Ministry of Public Health, Hygiene, and Social Welfare declared 17th Ebola Virus Disease outbreak in the DRC
  - Unusual clusters of community deaths with similar symptoms being investigated

https://www.who.int/emergencies/disease-outbreak-news/item/2026-DON602

Ebola Epidemiology & Distribution

Three types of orthoebolavirus

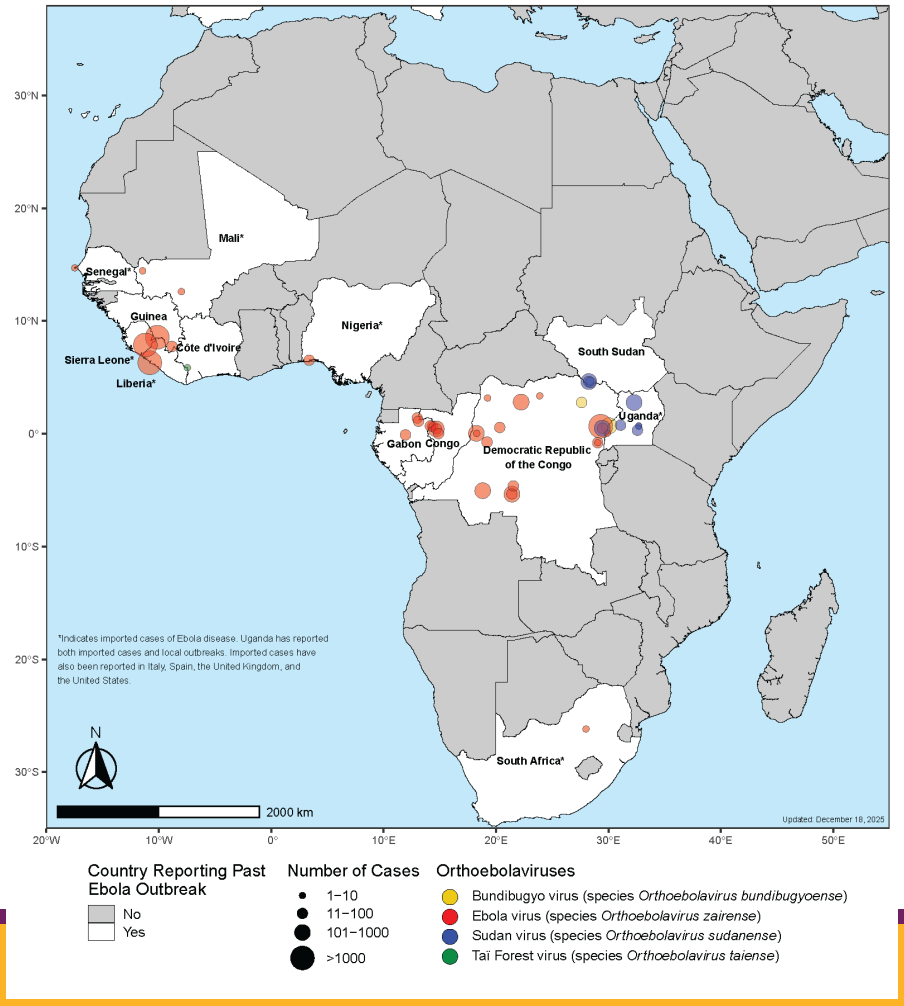
Ebola Virus, CFR ~90% without treatment (1976)
- First recognized in DRC Equateur Province, 1976: 318 cases, 280 death, CFR 88%, 38 confirmed survivors

Sudan Virus, CFR ~50% (1976)
- Nzara, Maridi, surrounding areas, Sudan. Possibly started with workers at a cotton factory (37% infected)
- 284 cases, 151 deaths, CFR 53%

Bundibugyo Virus, CFR ~30% (2007)
- Bundibugyo District, Uganda
- 131 cases, 42 deaths, CFR 32%

Reston Strain (1989)
- 4 asymptomatic people, 0 deaths
- Primate holding facilities, Reston, VA; Philadelphia, PA; Alice, TX
- Monkeys imported from the Philippines

Ebola disease outbreaks by species and size, since 1976



https://www.cdc.gov/ebola/faq/index.html

Signs & Symptoms

Exposure

- Blood, body fluids of infected person (urine, saliva, sweat, feces, vomit, breast milk, amniotic fluid)
- Objects contaminated with blood, body fluids (clothes, bedding, needles)
- Hunting or handling infected animals (**bats**, primates, forest antelopes)
- Semen from someone who has recovered from EVD

Early Symptoms

- 2-21 days after exposure (usually 8-10)
- "Dry" (generic) Symptoms: fever, muscle & joint aches, headache, weakness & fatigue, sore throat

Later Symptoms

- "Wet" Symptoms (4-5 days after dry)
- Loss of appetite, Unexplained bleeding
- Nausea, abdominal pain, D/V

Other Symptoms

- Chest pain, SOB, confusion
- Red eyes, skin rash, hiccups, seizures

Treatment

Case fatality rate depends on strain

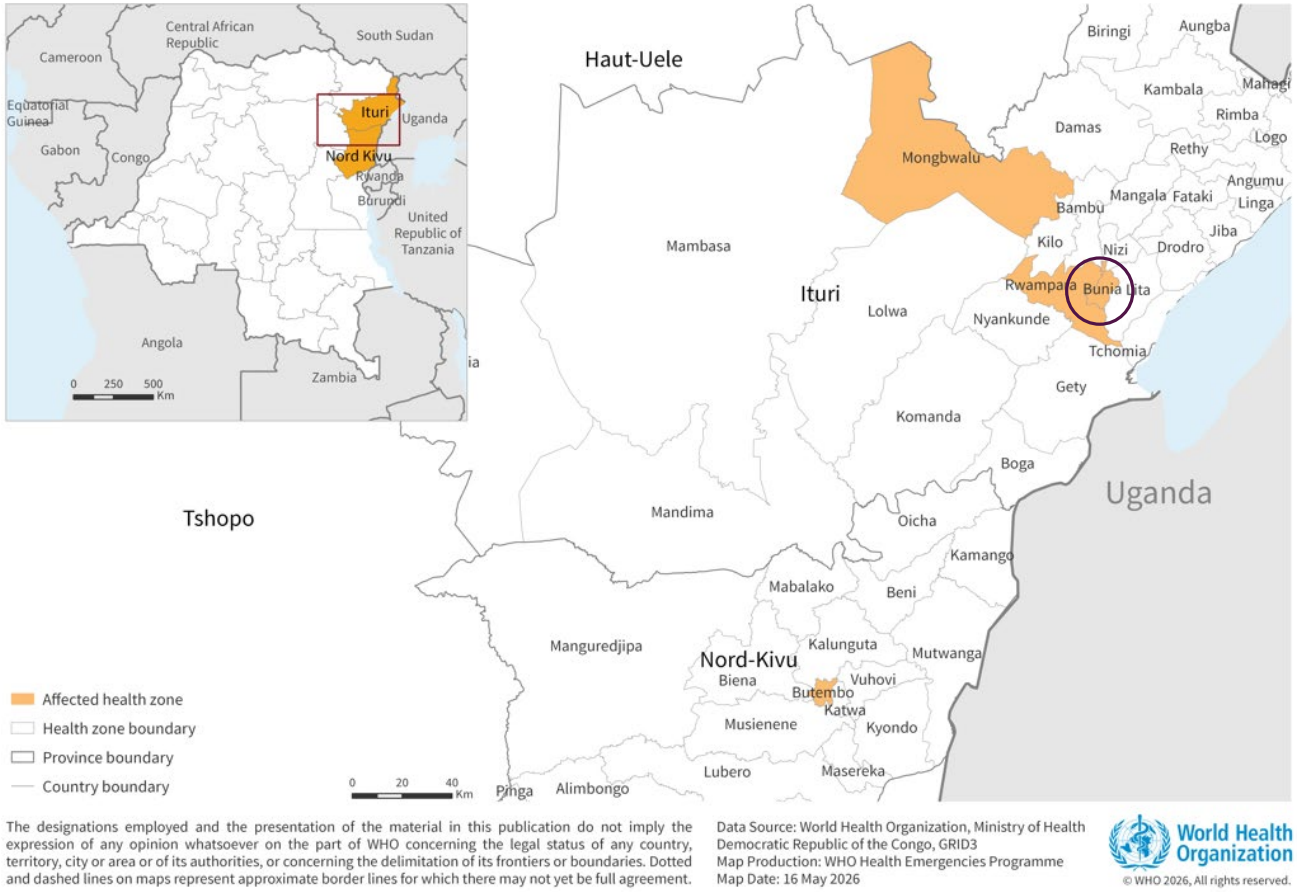
Supportive care

- Early supportive care
- Intensive care unit

2 vaccines are approved for Zaire strain (ring vaccination), none for Bundibugyo

https://www.cdc.gov/ebola/faq/index.html

Geographic Distribution Current Outbreak



https://www.who.int/emergencies/disease-outbreak-news/item/2026-DON602

The Situation Continues

Most suspected cases are between 20-39 years old, females ~ 60% (risk with caregiver and household transmission)

May 15
- 65 contacts being traced (15 high-risk)
- Follow up weak; several got sick and died before isolation
- Uganda declares outbreak
  - Imported case from DRC: elderly man admitted to private hospital on May 11, died May 14
  - Sample collected from May 11 confirmed as Bundibugyo on May 14

COCA Call Today
May 28, 2pm

May 16
- Uganda confirms second case
- WHO Director General declared the situation a Public Health Emergency of International Concern

May 19
- IHR Emergency Committee convened, temporary recommendations issued

May 21
- 746 suspected cases, 176 deaths in DRC
- 85 confirmed cases (2 in Uganda, 83 in DRC) and 10 deaths (1 in Uganda)

May 22
- CDC posted a Level 3 (Reconsider Nonessential Travel) Travel Notice for the DRC

https://www.who.int/emergencies/disease-outbreak-news/item/2026-DON602

And Continues…

May 25

- Confirmed/Suspected case count = 997 (in one week), suspected deaths = 228 (CFR 14.3%)
  - Likely an undercount – test positivity is ~50%, only about 20% of contacts are being traced, cases are popping up with no connection
  - Suggests widespread and undetected community transmission
  - Growth is fast, cases are now spread across 16 health zones with multiple epicenters

May 27

- CDC bumped travel restriction to level 4 (Restrict All Travel) for DRC, Uganda, and South Sudan
  - Currently are being diverted to Houston, Atlanta, or DC for further screening (fever, travel history)
  - Plans to send high-risk travelers to a mandatory quarantine in Kenya before they are allowed to return

Uganda

- 7 cases, 1 death (CFR 14.3%)
- 2 healthcare workers tested positive with uncertain exposure history
- Closed border between Uganda and DRC

Open Discussion

Save the Dates

2026 Upcoming Quarterly Meetings

Online, 2:00 – 3:30 pm

- August 27
- November 19

2026 Immunization Summit

- December 15, 12:30 – 5:00 pm
- Ammon Auditorium, Christiana Hospital, Newark, DE