

NPAIHB Weekly Update

February 18, 2025



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Information for Today's Call

Agenda

- Welcome & Introduction: Bridget Canniff
- Announcements, Events, & Resources
- NWTEC Update – Pertussis & Other Respiratory Illness: Bridget Canniff
- IHS & State Partner Updates
- Questions & Comments
- Please place yourself on mute unless speaking
- Please sign in, using chat box, with your full name and tribe/organization
- Use the chat box for questions, for Q&A after updates and announcements



Upcoming Indian Country ECHO Telehealth Opportunities

- **Dermatology ECHO** – 3rd Tuesday of every month at 3pm PT
 - Tuesday, February 18th at 3pm PT
 - Topic: *Bacterial Skin Infections*
 - To learn more and join: <https://www.indiancountryecho.org/program/dermatology-echo-program/>
- **Hepatitis C ECHO** – Wednesdays at 11am PT
 - Wednesday, February 19th at 11am PT
 - Topic: *IHS HCV Dashboard*
 - To learn more and join: <https://www.indiancountryecho.org/program/hepatitis-c/>
- **The Month in Virology ECHO (Formerly COVID-19 ECHO)** – 3rd Wednesday of every month at 12pm PT
 - Wednesday, February 19th at 12pm PT
 - Didactic Topic: *The Month in Virology Clinical Updates*
 - To learn more and join: <https://www.indiancountryecho.org/program/covid-19/>
- **Infectious Disease ECHO** – 3rd Thursday of every month at 11am PT
 - Thursday, February 20th at 11am PT
 - Didactic Topic: *Diagnosis and Treatment of Meningitis*
 - To learn more and join: <https://www.indiancountryecho.org/program/infectious-disease/>

Upcoming Indian Country ECHO Telehealth Opportunities

- **EMS ECHO** - 1st Tuesday & 3rd Thursday of every month at 5pm PT
 - Thursday, February 20th at 5pm PT
 - Didactic Topic: *Introduction to LVAD for Prehospital Providers*
 - To learn more and join: <https://www.indiancountryecho.org/program/emergency-medical-services-echo/>
- **emRIC ECHO**
 - Monday, February 24th at 8:30 am PT
 - Didactic Topic: *Recognition & Management of Pediatric Sepsis*
 - To learn more and join: <https://www.indiancountryecho.org/program/emergency-medicine-echo-program/>
- **Cardiology ECHO** – 3rd Monday of every month at 11am PT
 - Monday, February 24th at 11am PT
 - Didactic Topic: *Cardiovascular Disease and Pregnancy*
 - To learn more and join: <https://www.indiancountryecho.org/program/cardiology-echo-program/>

Next Weekly Update Topic

February 25: Legislative & Policy Updates, Health Policy Team



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Visit www.npaihb.org/weeklyupdate for upcoming topics, past presentations, and more!

Do you have children 0-12 years old?



Meet with local Indigenous Child Passenger Safety Technicians to learn about proper child safety seat use and installation

- These services are free
- **ALL** questions and concerns matter, we want to help

*Upcoming checkup station date:
Thursday Feb. 20th, 2 pm - 6 pm

Check up station location:

NW Portland Area Indian Health Board
2121 SW Broadway, Portland, OR 97201



Sign up to meet with a Child Passenger Safety Technician at our January checkup station!

Use the QR Code or input the URL below into your browser:

carseatcheckup.youcanbook.me/

Contact Olivia with any questions at **owhiting@npaih.org** or call/text **605-407-2417**

*Appointments are preferred for the check up station, those with appointments have priority, drop in checkups are taken as time allows

Child safety seat resources are available based on need for American Indian/Alaskan Native children
AND your child must be present



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Tribal Public Health Emergency Preparedness Conference and Training

May 5-9, 2025

Muckleshoot Casino

2402 Auburn Way S.
Auburn, WA 98002

REGISTRATION NOW OPEN!

CALL FOR PRESENTERS NOW OPEN!

Registration link:

<https://tinyurl.com/2025TPHEPRegistration>

Presenter Proposals:

https://www.surveymonkey.com/r/2025_call_for_presenters

Vendor applications:

<https://www.surveymonkey.com/r/TPHEP2025vendor>

Hotel Block: Reduced rate \$188.00 rooms available until **April 24, 2025.**
Call 253-804-4444 and ask for the Northwest Portland Area Indian Health Board
Group Rate or scan the QR Code or click the blue button:



Hotel
Reservations



Funding for this conference was made possible in part by Grant CDC-RFA-TP19-1901 from the Centers for Disease Control and Prevention (CDC). The views expressed in written conference materials or publications and by speakers and moderators do not reflect the official policies of the Idaho Department of Health and Welfare or the Centers for Disease Control and Prevention, nor does mention of trade names, commercial practices, or organizations imply endorsement by the US Government.



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Tribal Fishermen First Aid & Safety Training (FFAST)

Presented by NPAIHB Environmental Public Health Program

MAY
5-6
2025

 Location
Muckleshoot Casino Resort
2402 Auburn Way S.
Auburn, WA 98002

Who should attend:

Tribal fishers and non-fishers, Canoe Journey pullers and support crew, Environmental Public Health, Emergency Preparedness, and all Tribal community members.

Space is limited to 15 participants

If you have questions please contact Rebecca Washakie at rwashakie@npaihb.org

Your safety is the greatest catch of all. Whether you're fishing for sustenance, tradition, or trade, always be prepared for the unexpected. By prioritizing safety, you honor both the water and your community. Stay vigilant, prepared, and return home every time.



The Tribal Fishermen First Aid and Safety Training (FFAST) course is a two-day intensive first aid course. It is built around the principles of wilderness first aid to help Tribal commercial fishers prevent and treat injuries they are likely to encounter on the water.

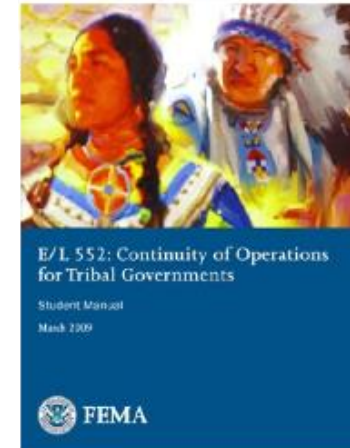
Training includes:

- Response to common fishery injuries and illnesses ranging from minor issues like seasickness or chapped hands to life-threatening injuries such as crush injuries or hypothermia
- Hands-on first aid skills and CPR
- Simulated accident or illness scenarios to practice your new first aid knowledge and skills.

L0584 Continuity of Operations (COOP) for Tribal Governments

May 5-6, 2025

Tribal Public Health Emergency Preparedness Conference
Muckleshoot, WA



Course Overview: This two-day course provides tribal representatives with an understanding of continuity roles and responsibilities, and provides them with the knowledge, skills, and tools necessary to help develop and maintain a viable continuity plan for their organization. By the end of the course students will possess the ability to build a draft continuity plan and understand the key roles necessary for developing critical mitigation strategies and key elements of a continuity capability. FEMA certification available upon completion.

Target Audience: Tribal emergency managers, tribal community response personnel, tribal government department heads, tribal government employees, tribal leaders.

Course Instructors:

- **Mary Reeves, Tribal Training Specialist, FEMA Emergency Management Institute**
- TBD
- TBD



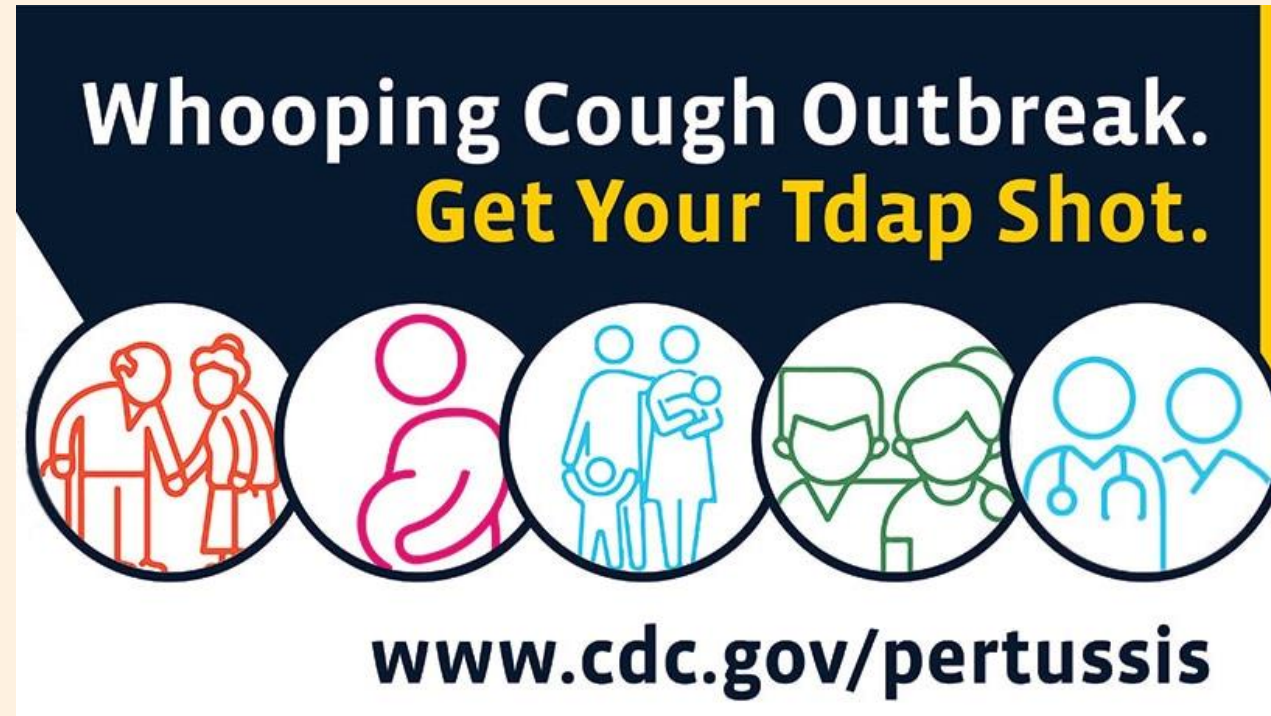
Pertussis Update

Bridget Canniff



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Pertussis (Whooping Cough)



- Whooping cough cases have been higher in 2024-2025
- Whooping cough outbreaks can be difficult to **identify** and **manage** for many reasons, including:
 - Cases may go unreported
 - Other respiratory bacteria and viruses often cause similar symptoms
 - Other bacteria and viruses can spread at the same time



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Pertussis Symptoms

- Whooping cough appears similar to a common cold early on. Healthcare providers often don't suspect or diagnose it until more severe symptoms appear.
- **Early symptoms** can last for 1 to 2 weeks and usually include:
 - Runny or stuffed-up nose
 - Low-grade fever (less than 100.4°F)
 - Mild, occasional cough
- **Later symptoms** may include coughing fits, usually lasting 1-6 weeks:
 - People may make a high-pitched “whoop” when they inhale after a coughing fit
 - Babies may not cough at all, but may struggle to breathe



Oregon's Weekly Communicable Disease Report

Data current as of February 11, 2025 §

A weekly report presenting preliminary data on case counts and trends for selected reportable diseases in Oregon.

Weekly Report Charts

Disease Data Tables

Statewide Data for the Week of February 2, 2025

Select a disease to view

Pertussis

Weekly Total Case Count

9

Year to Date Case Count

240

Prior 4 Weeks Case Count

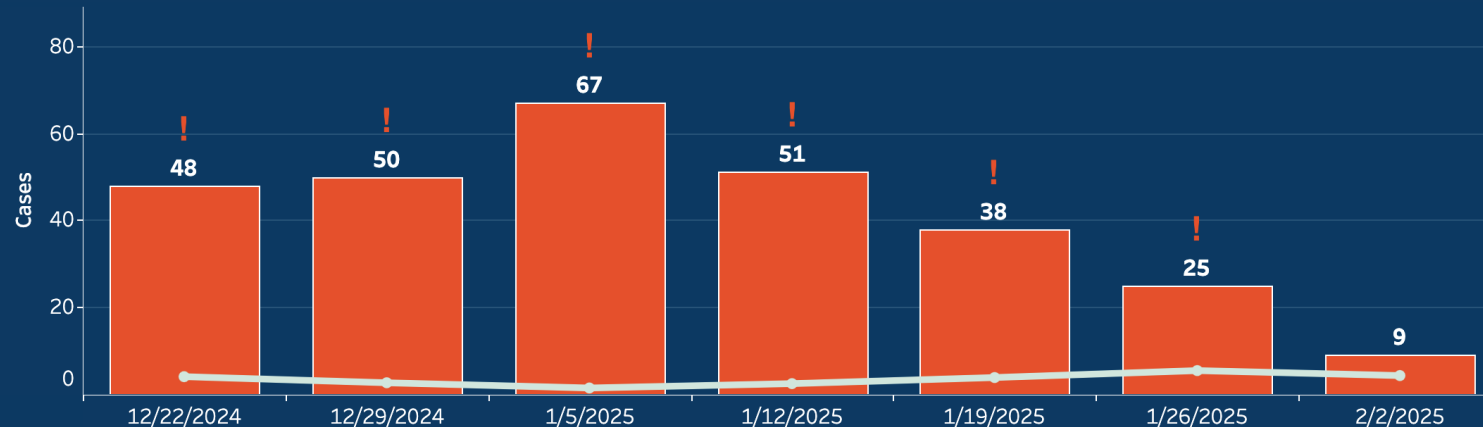
181

Pertussis Cases by Report Week*

Orange bars represent case counts for each report week over the past two months.

The **light blue line** shows the five-year average case count for that week.

Bars are marked with a **!** if the case count is more than two standard deviations above the five year average.†



Pertussis: Oregon Data



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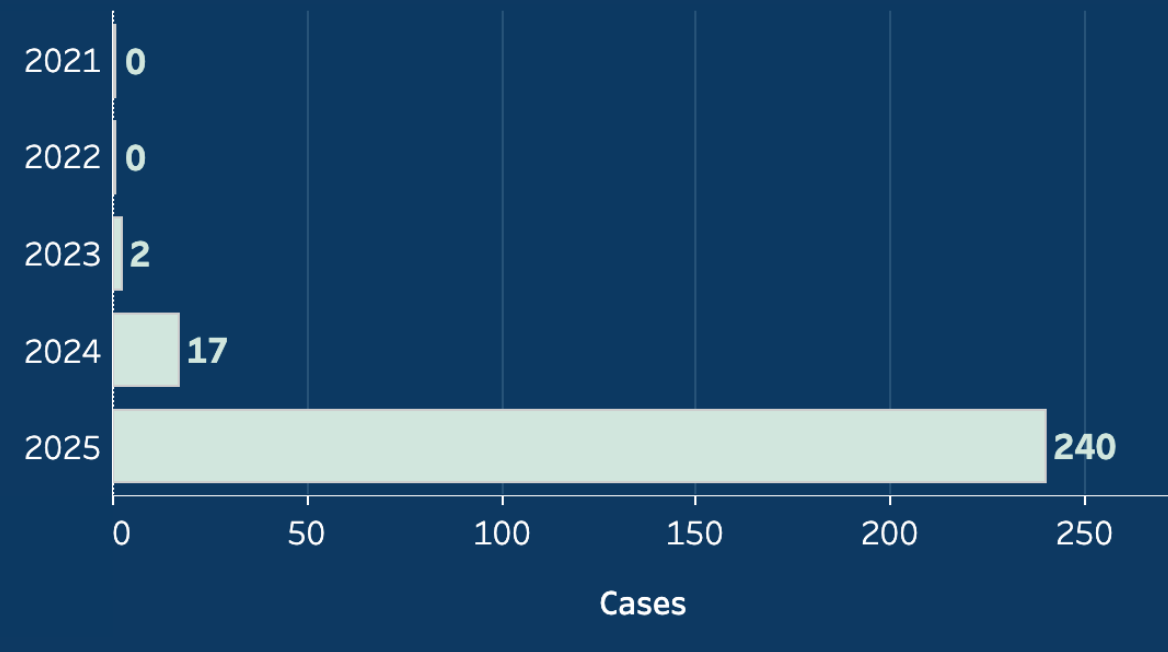
Source:

<https://public.tableau.com/app/profile/oregon.public.health.division.acute.and.communicable.disease.pre/viz/WeeklyCommunicableDiseaseReport/ACDPWeeklyReport>

Pertussis: Oregon Data

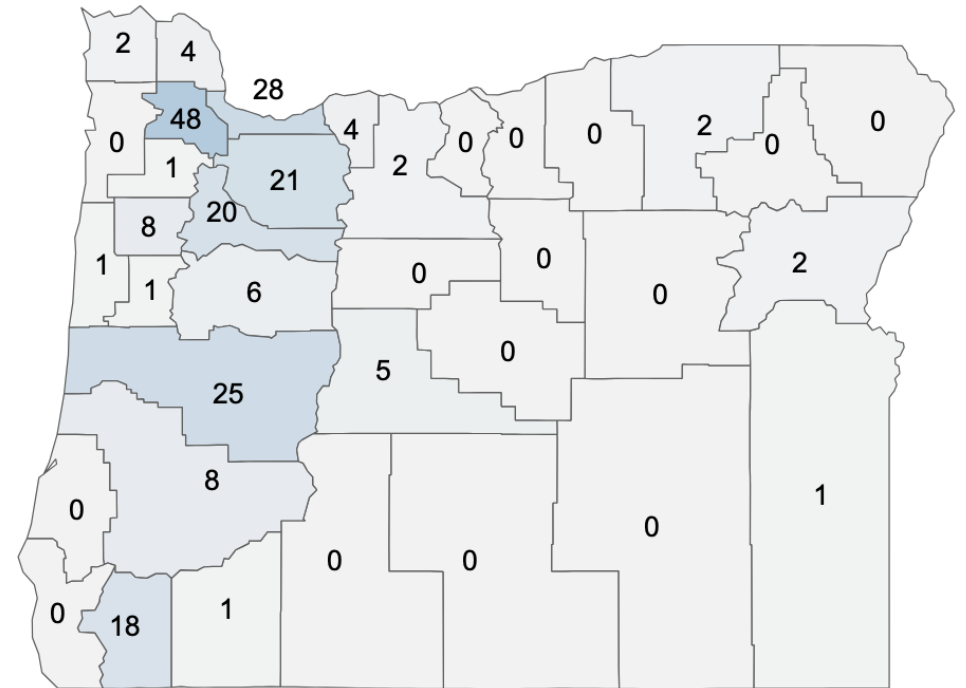
Year to date Pertussis cases, by year

The **light blue bars** show the year-to-date case count (week 1 – week 6) for each of the past five years.



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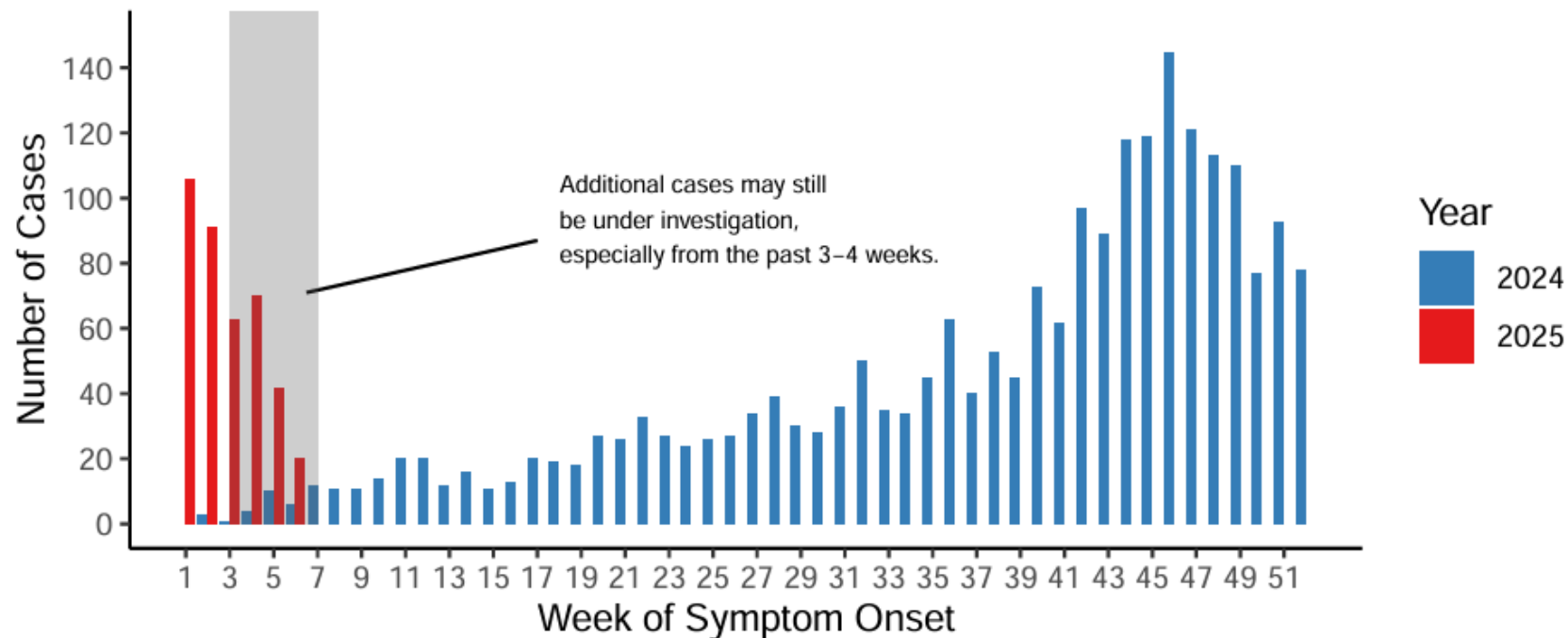
Map of Pertussis Cases by County: Oregon, January 2025 (Year to date)



** To protect confidentiality, data is suppressed whenever there are fewer than 6 cases in the state (or fewer than 6 cases in a category for lead poisoning, childhood lead poisoning, HIV, and pesticide poisoning).

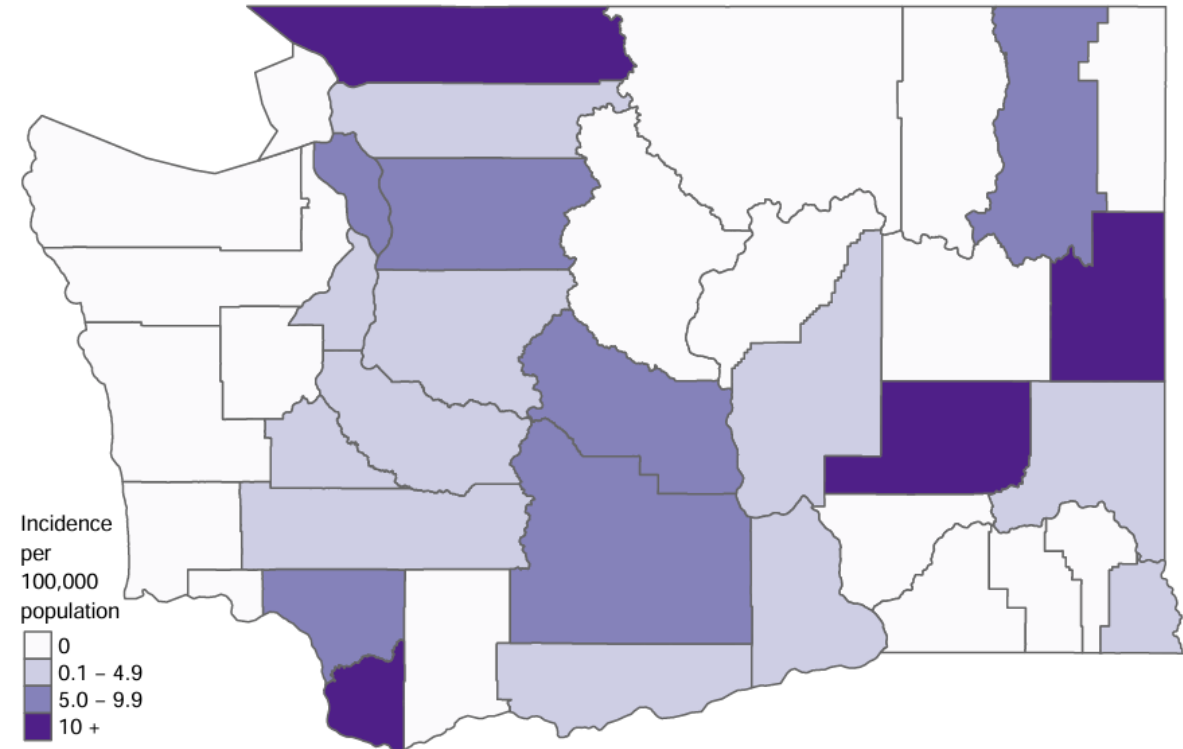
Pertussis: Washington Data

Figure 1: Number of Pertussis Cases Reported in Washington State by CDC Week of Symptom Onset: 2024 (blue) vs 2025 (red)



Pertussis: Washington Data

Figure 3: Six-Week Pertussis Incidence Rates by County, 2025 weeks 1 - 6



The incubation period for pertussis is up to 21 days, so six weeks represents two 21-day incubation periods. The map above uses the past six weeks of data to highlight areas where the potential for continuing outbreaks of pertussis exists based on current patterns of reported pertussis disease.



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Source:

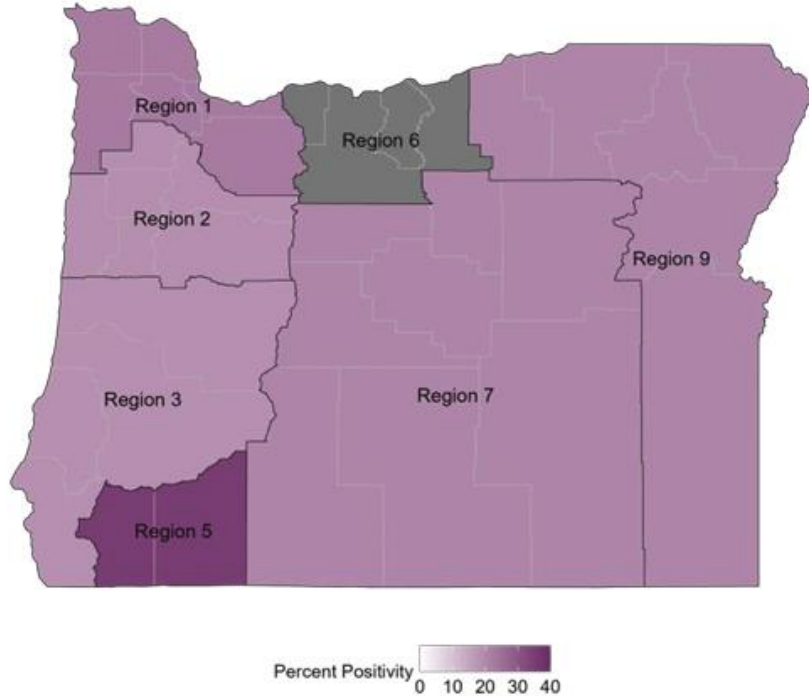
<https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/348-254-PertussisUpdate.pdf>

Influenza Data



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Oregon Influenza Percent Positivity by Region



Regions with insufficient data are displayed as grey

Source:

www.oregon.gov/oha/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/DISEASESURVEILLANCE/DATA/INFLUENZA/Documents/data/FluBites.pdf



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Public Health Division

Acute and Communicable Disease Prevention



FluBites

February 02, 2025- February 08, 2025

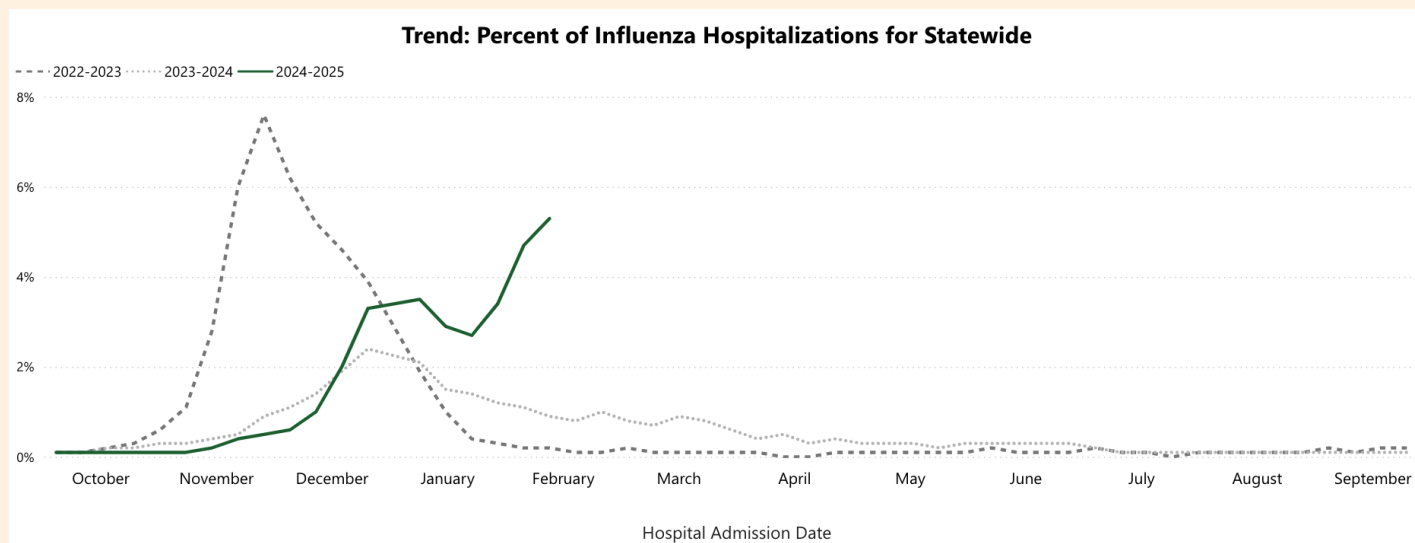
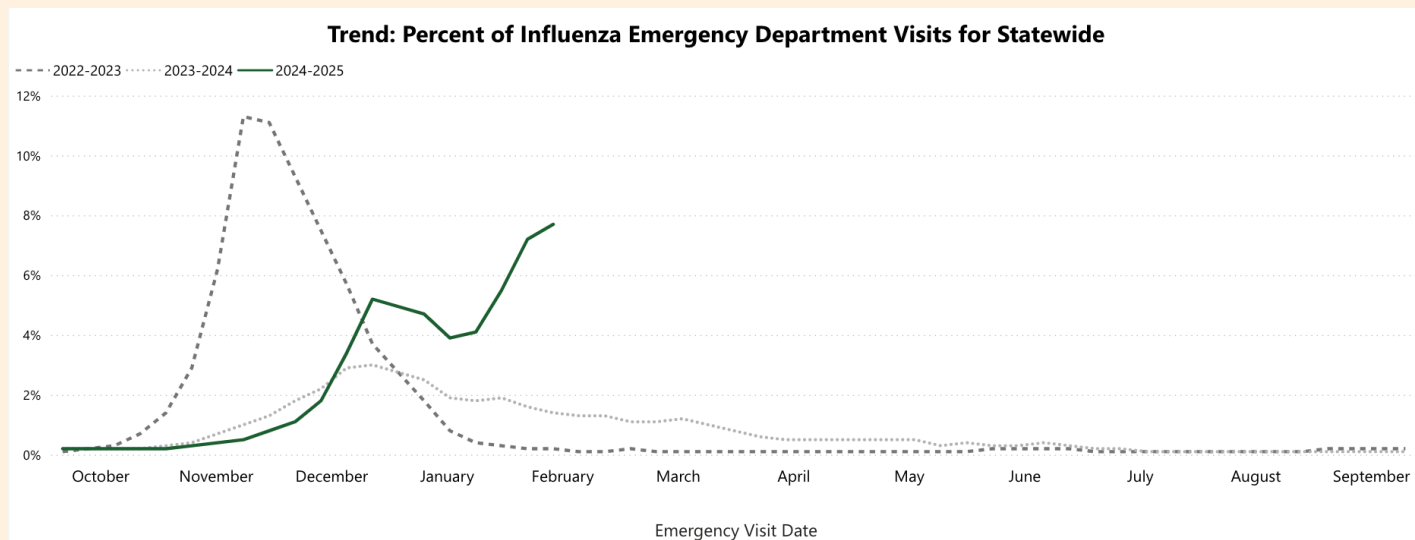
Influenza surveillance data at a glance		
	Percent Positivity ^a	Hospitalizations ^b
Current Week	24.0%	91
Previous Week	23.6%	129

^a Data from National Respiratory and Enteric Virus Surveillance System (NREVSS)

^b Hospitalization surveillance in Clackamas, Multnomah, and Washington counties only

Influenza Test Results in Oregon, NREVSS, Current Week				
Region	Influenza A	Influenza B	Total Tests	Percent Positivity
1	404 (22.0%)	15 (0.8%)	1,833	22.9%
2	103 (18.7%)	2 (0.4%)	552	19.0%
3	43 (18.0%)	2 (0.8%)	239	18.8%
5	277 (31.4%)	36 (4.1%)	883	35.4%
6	0 (0.0%)	0 (0.0%)	0	0.0%
7	196 (20.2%)	5 (0.5%)	971	20.7%
9	54 (18.9%)	5 (1.8%)	285	20.7%

WA Influenza Data



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Source: <https://doh.wa.gov/data-and-statistical-reports/diseases-and-chronic-conditions/communicable-disease-surveillance-data/respiratory-illness-data-dashboard>

Idaho Influenza Data



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Influenza Surveillance At a Glance for Week Ending February 8, 2025*

Percent of Outpatient Visits
for ILI

6.37%

Percent Emergency
Department & Urgent Care
Visits for ILI

6.5%

Influenza Geographic Spread

Widespread

Influenza Surveillance Season Summary Since September 29, 2024

Number of Influenza-
associated Deaths

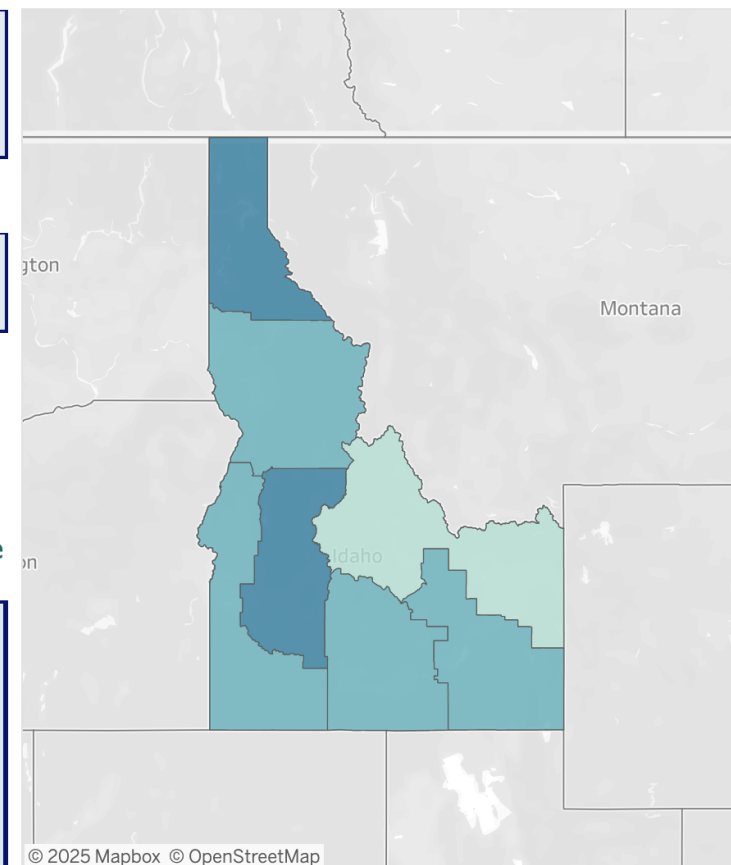
50

Predominant Circulating
Influenza Type or Subtype

Influenza AH3

Influenza Surveillance Activity Estimates† for Week Ending February 8, 2025*

Influenza Activity Estimate
0=No Activity, 1=Sporadic, 2=Local, 3=Regional, 4=Widespread



*Data are provisional and subject to change.

†Influenza activity estimates attempt to give an overall visualization of how influenza is affecting different regions of Idaho. To estimate influenza activity weekly, four Idaho surveillance indicators are reviewed and scored if they exceed established thresholds. Activity estimates range from no activity (0/4 surveillance indicators above baseline) to very high activity (all 4/4 surveillance indicators above baseline). This estimate may not accurately represent influenza activity in all communities. For additional detail see Surveillance Data Sources and Limitations tab.

Source: <https://www.getthehealthy.dhw.idaho.gov/infectious-diseases-seasonal-flu>

COVID-19



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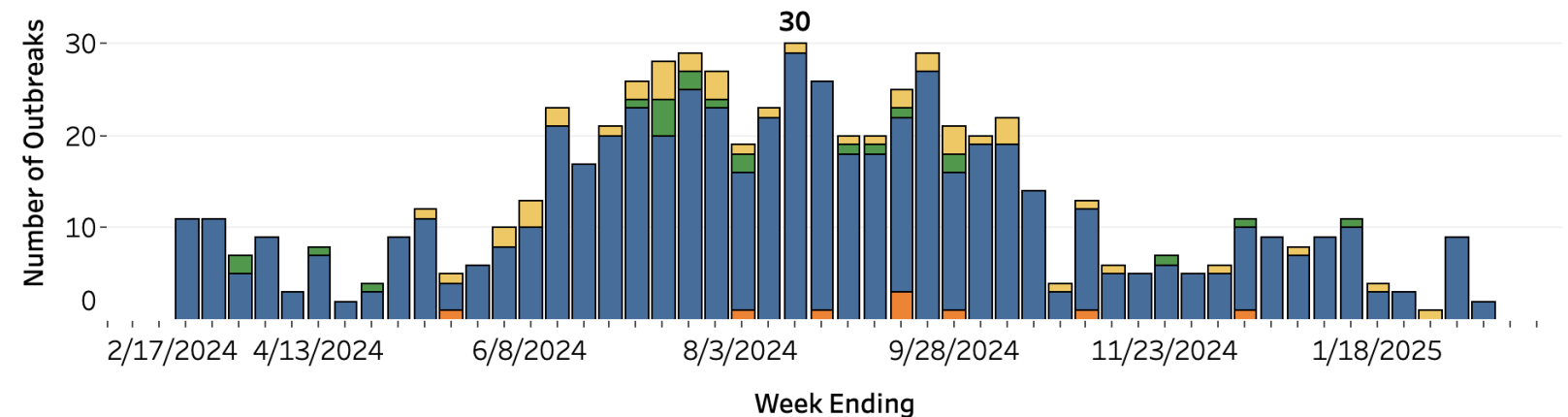
COVID-19: Oregon Data

COVID-19 outbreaks

COVID-19 outbreaks are reported to OHA in high-consequence residential settings, K-12 school and childcare settings, and other settings of concern as determined by Local Public Health Authorities (LPHA). This graph shows Hospital, Long Term Care Facility (LTCF), School/Daycare, and Other outbreaks reported by LPHAs to OHA through the Orpheus Outbreaks database. Other outbreak settings may include but are not limited to: prisons and jails, shelters, transitional housing, home health care, workplaces, outpatient clinics, or other congregate settings. Data are provisional and subject to change.

1. COVID-19 outbreaks in Oregon by setting over time

This bar chart shows the number of outbreaks by setting by the week the outbreak started.



The outbreak definition for high-consequence congregate settings and non-congregate healthcare settings was revised January 1, 2025 to a minimum of 3 cases and $\geq 10\%$ residents or staff affected.

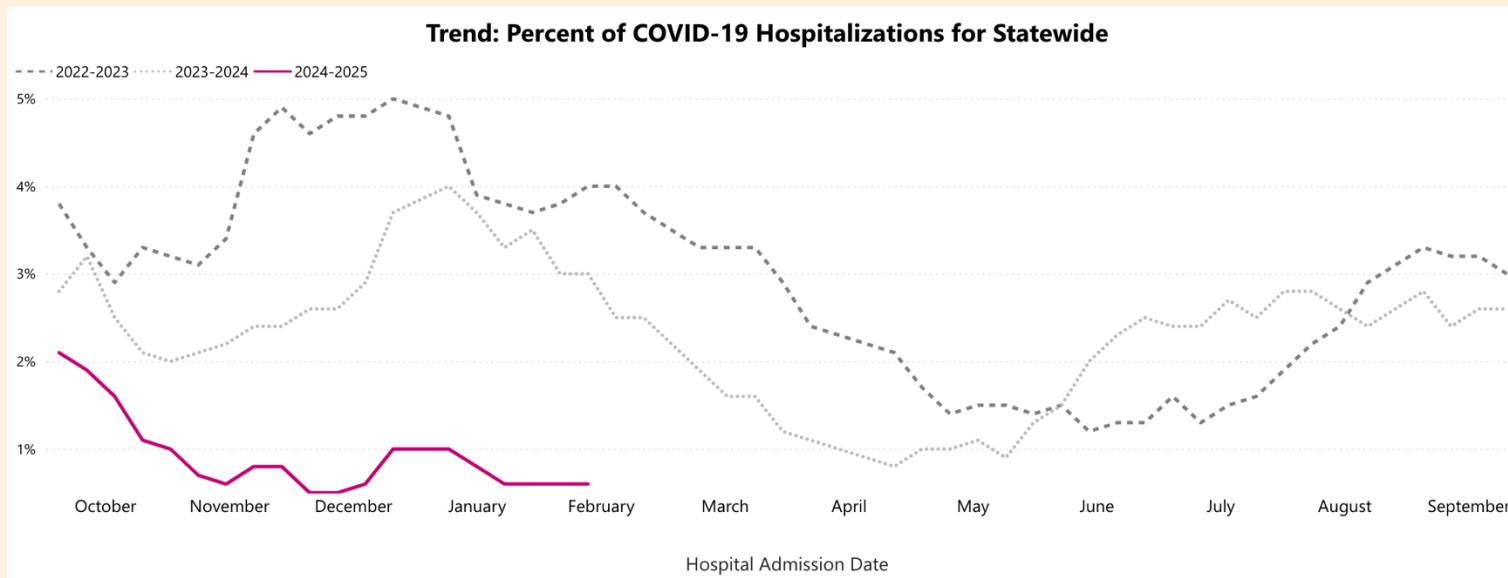
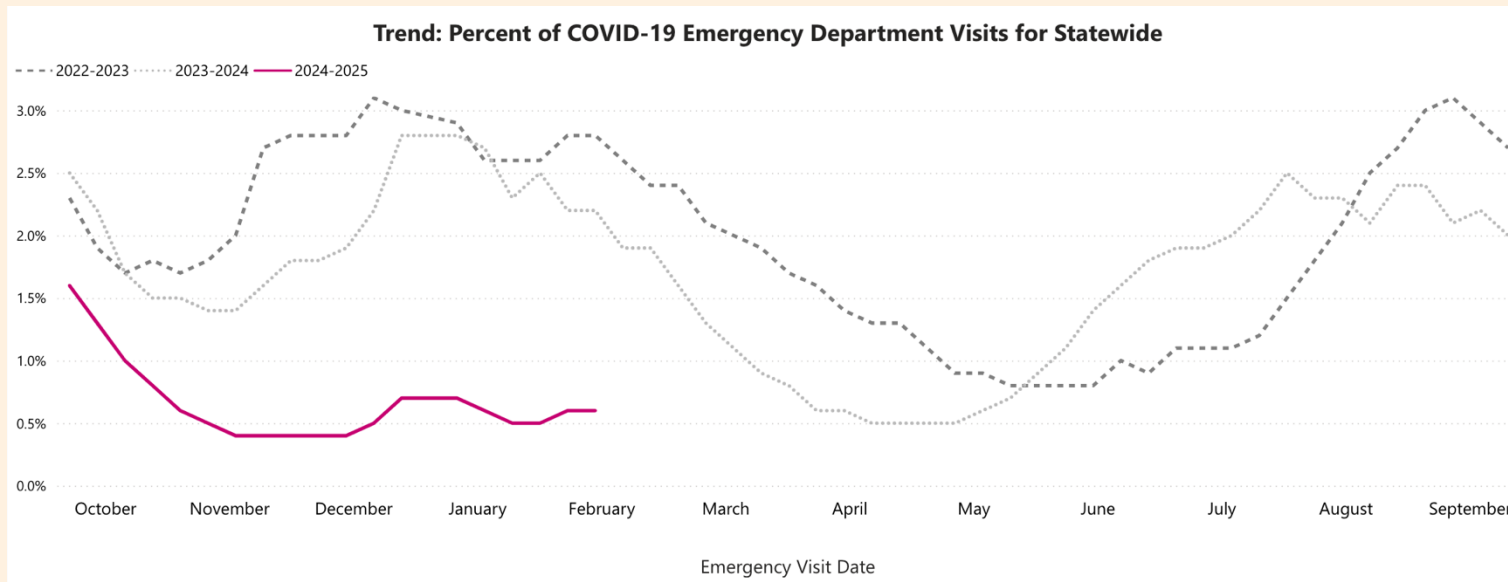


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Source:

<https://public.tableau.com/app/profile/oregon.public.health.division.acute.and.communicable.disease.pre/viz/OregonsRespiratoryVirusData/Outbreaks>

WA COVID-19 Data

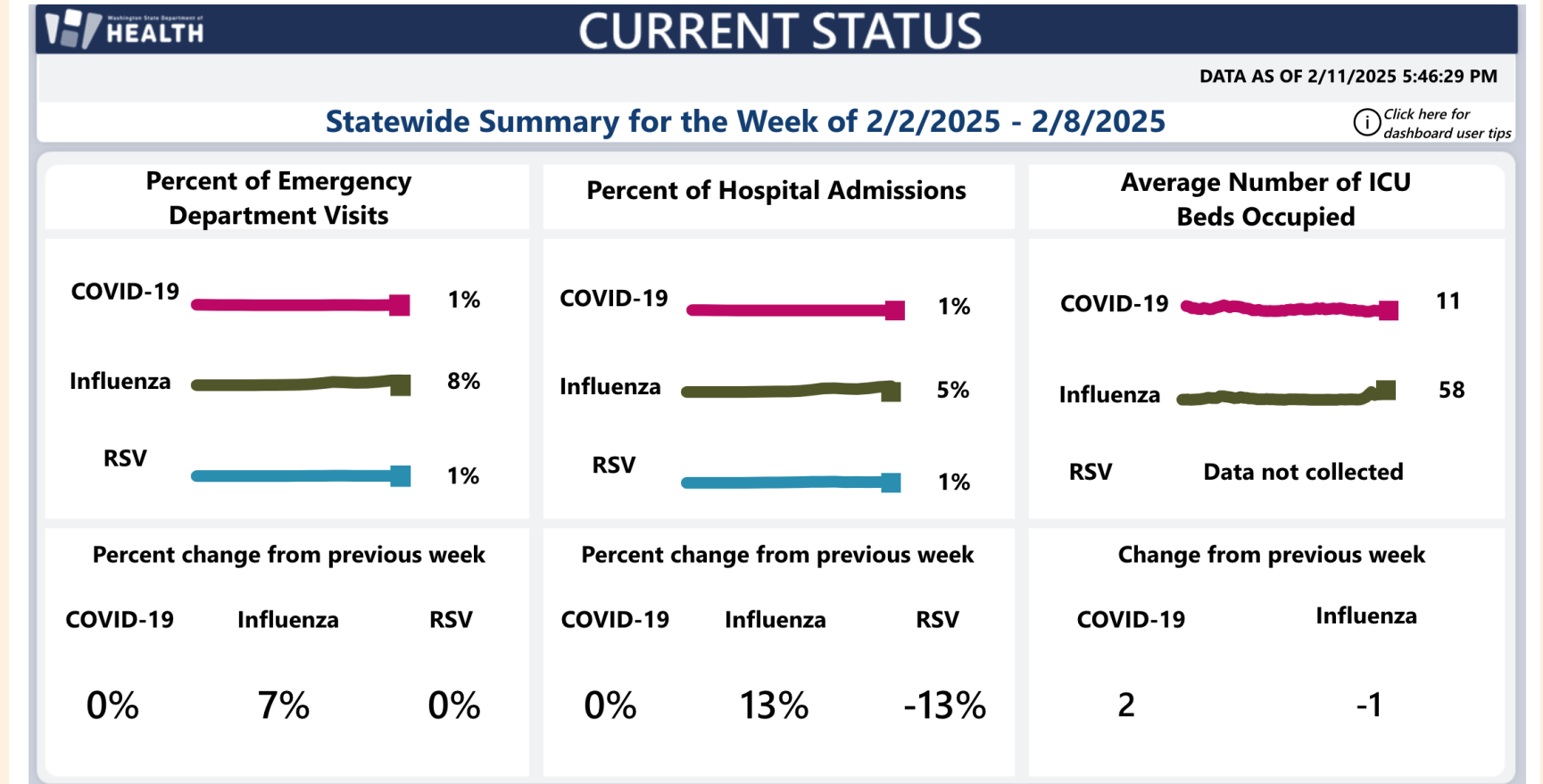


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Source: <https://doh.wa.gov/data-and-statistical-reports/diseases-and-chronic-conditions/communicable-disease-surveillance-data/respiratory-illness-data-dashboard>

Washington Respiratory Illness Data Summary

Wednesday, February 12, 2025: Death data for COVID-19, RSV, and influenza are current through February 1, 2025. Data for COVID-19, influenza, and RSV immunizations are current through February 10, 2025. All other data on this dashboard are current through February 8, 2025.



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Source: doh.wa.gov/data-and-statistical-reports/diseases-and-chronic-conditions/communicable-disease-surveillance-data/respiratory-illness-data-dashboard#CurrentStatus

Portland Area IHS Communicable Diseases Update

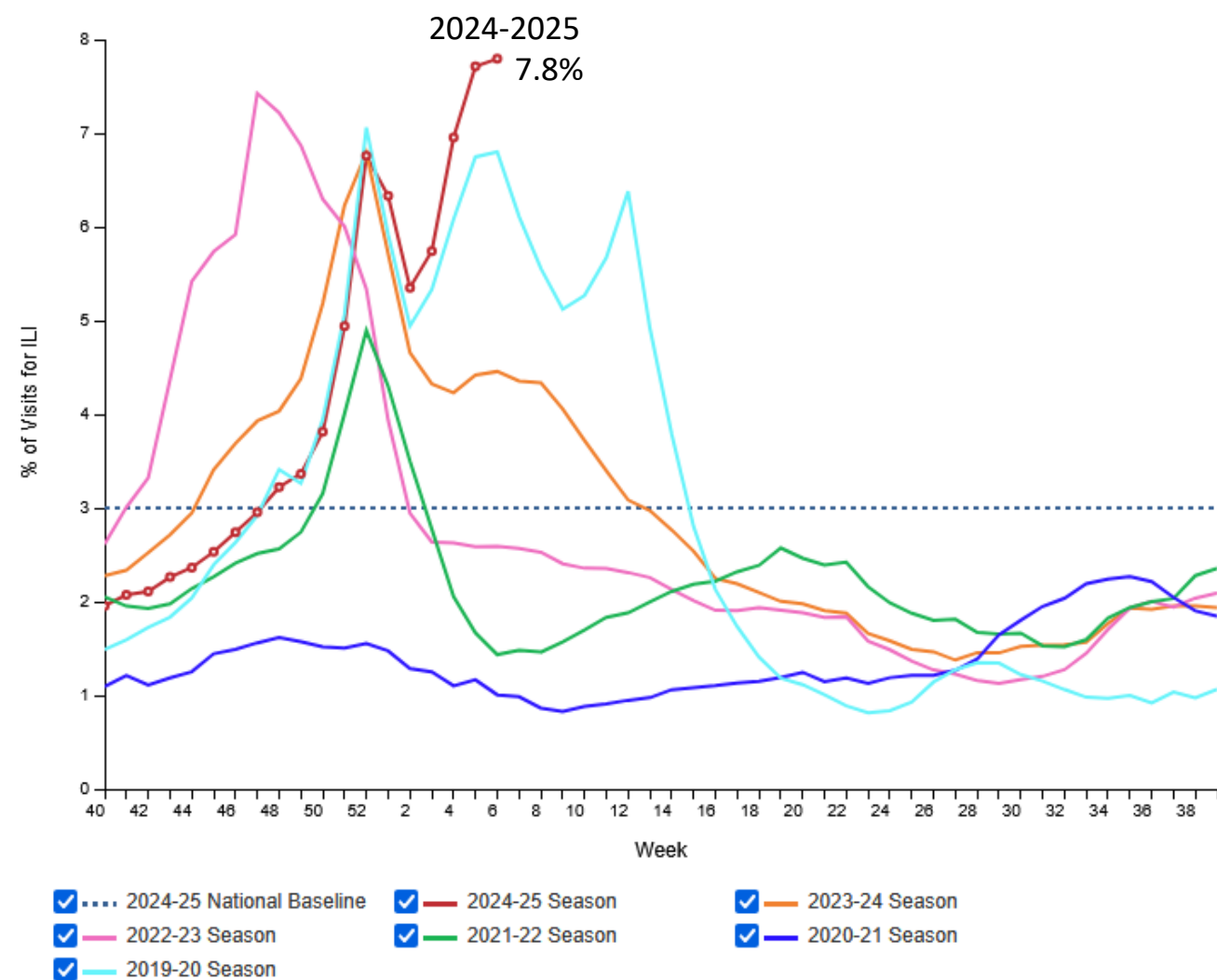
TARA PERTI, MD, MPH
MEDICAL EPIDEMIOLOGIST
OFFICE, PORTLAND AREA IHS
February 18, 2025



Outline

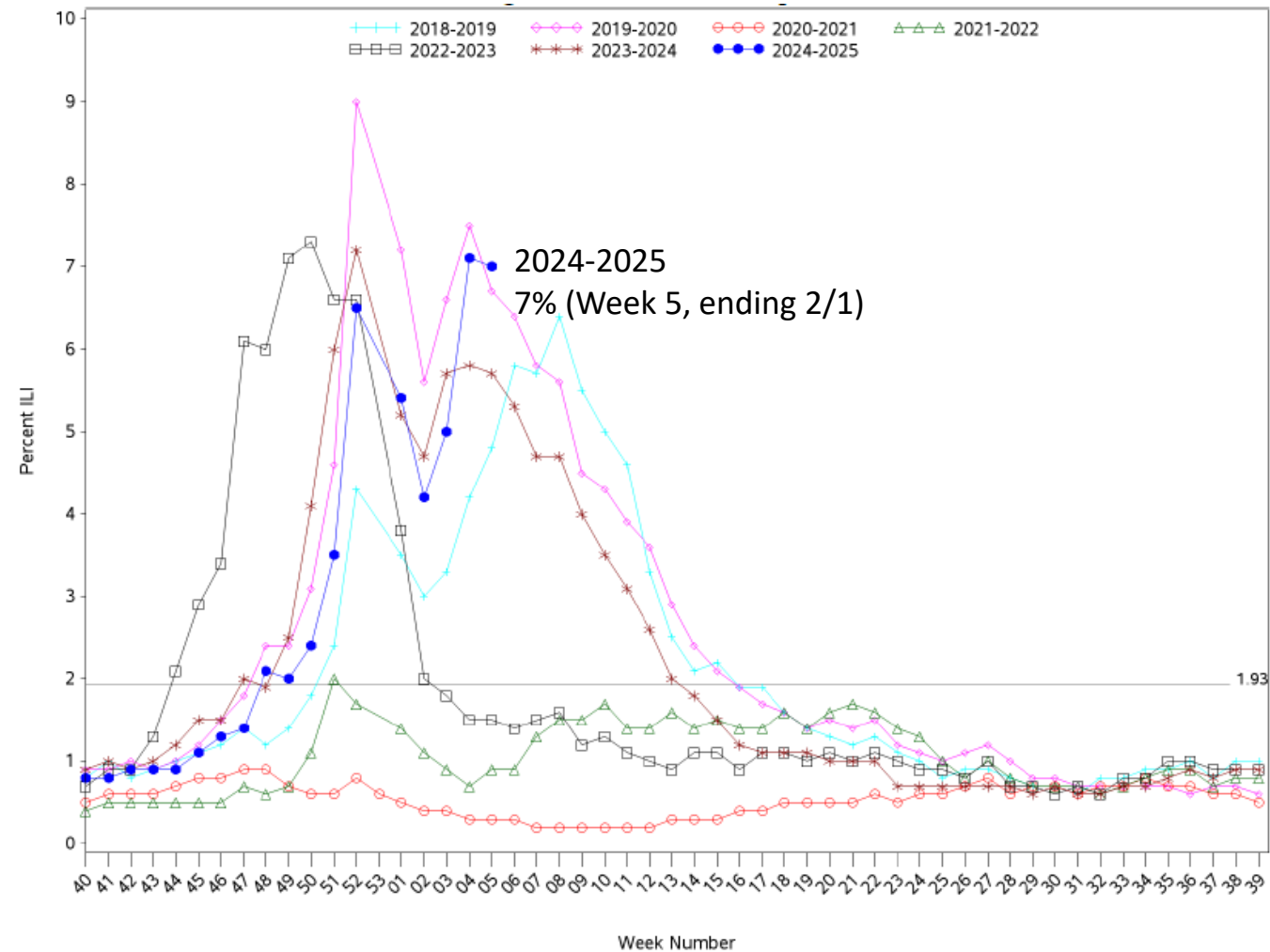
- Outpatient ILI Activity
- Percent Positive Tests for Influenza, COVID-19, and RSV in Washington, Oregon, and Idaho
- Hospitalizations Associated with Influenza, COVID-19, and RSV in Washington, Oregon, and Idaho
- Pertussis update
- Enteric infection: Norovirus update

Percentage of Outpatients Visits for Influenza-like Illness (ILI) — United States

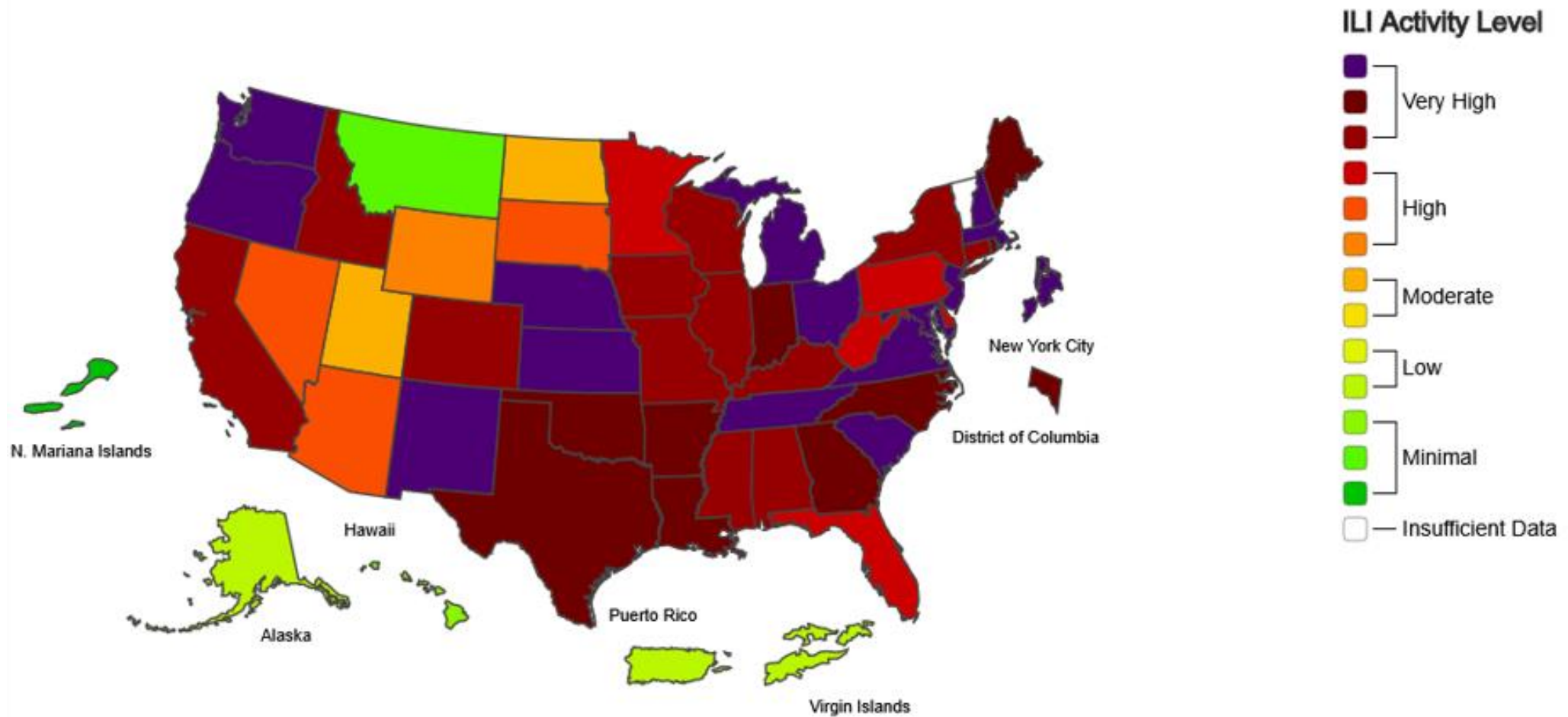


<https://www.cdc.gov/fluview/surveillance/2025-week-06.html>

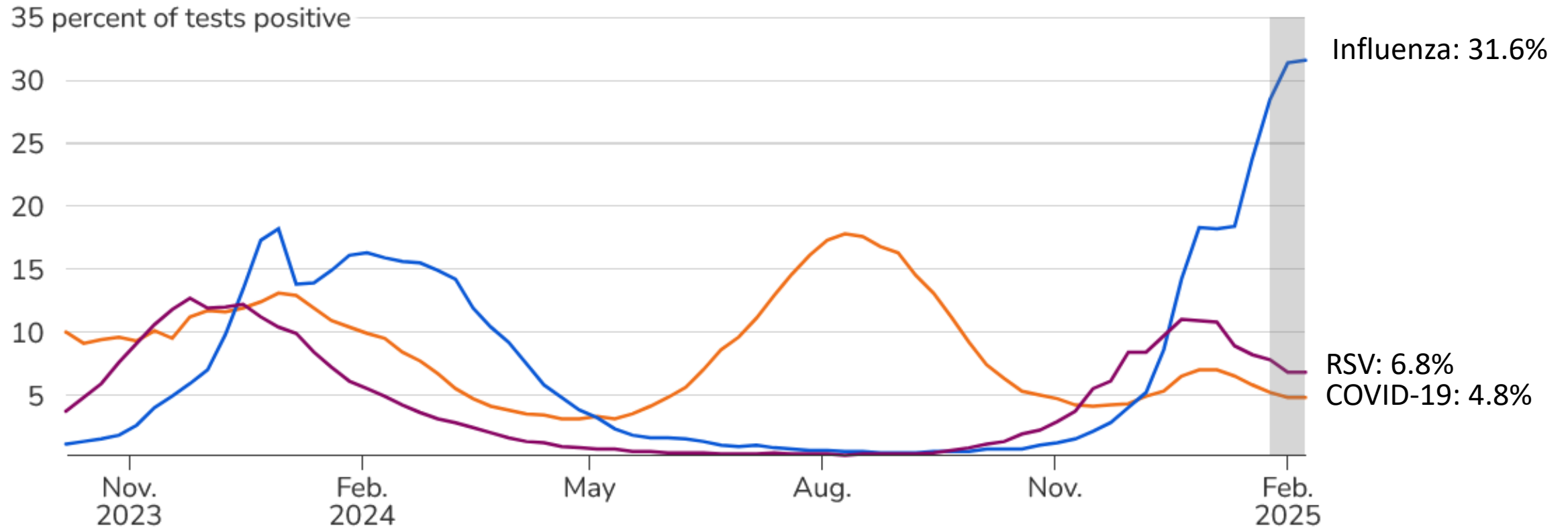
Percentage of Outpatients Visits for Influenza-like Illness — IHS (IHS Influenza Awareness System)



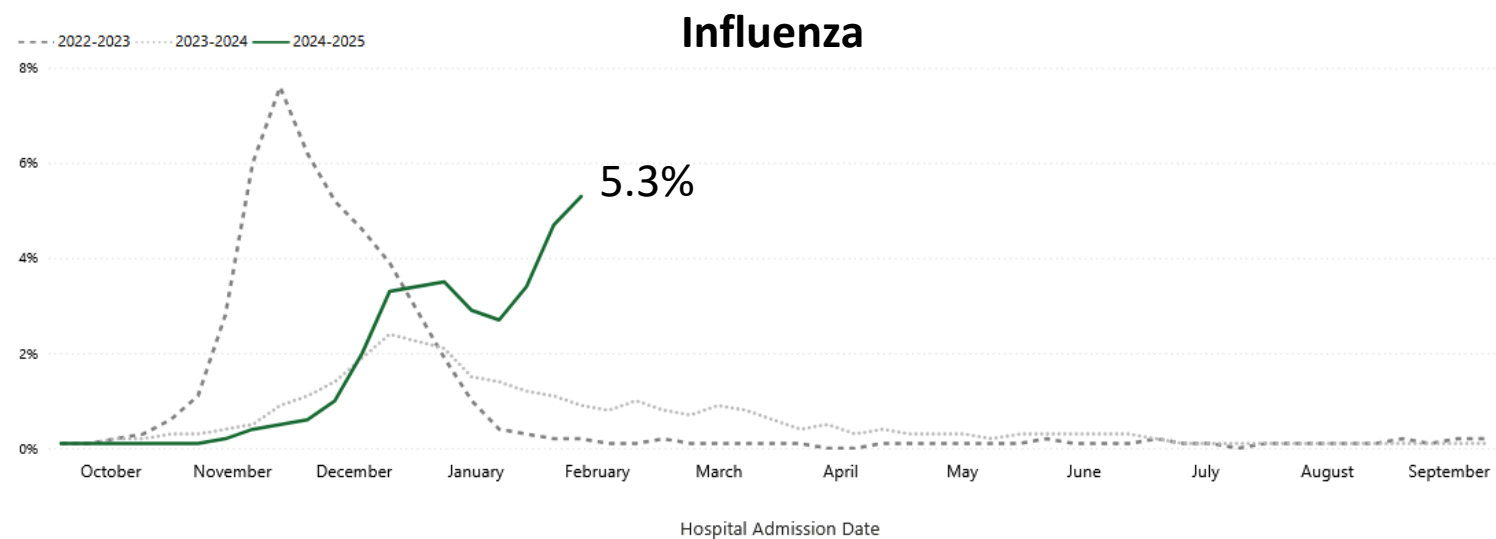
ILI Activity — United States, 2025 (Week 6)



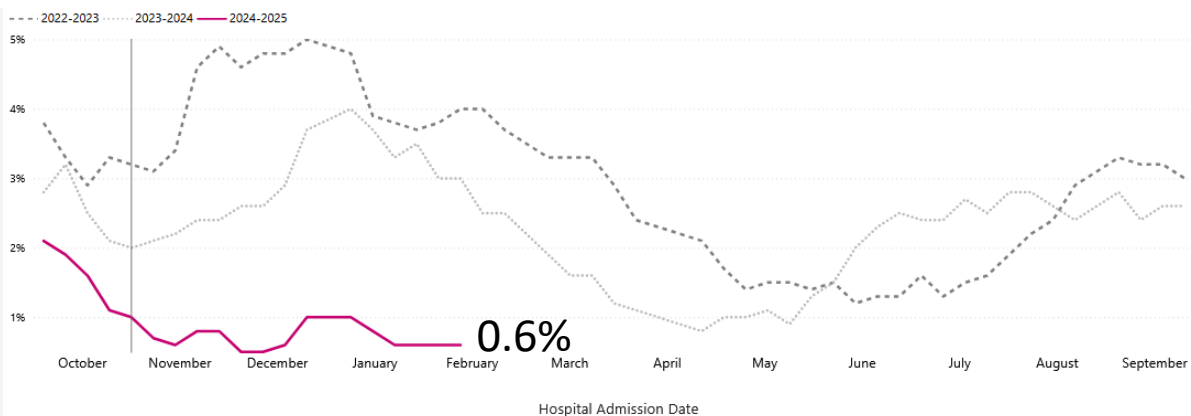
Percent of Tests Positive for Influenza, RSV, and COVID-19 — United States, 2024-25



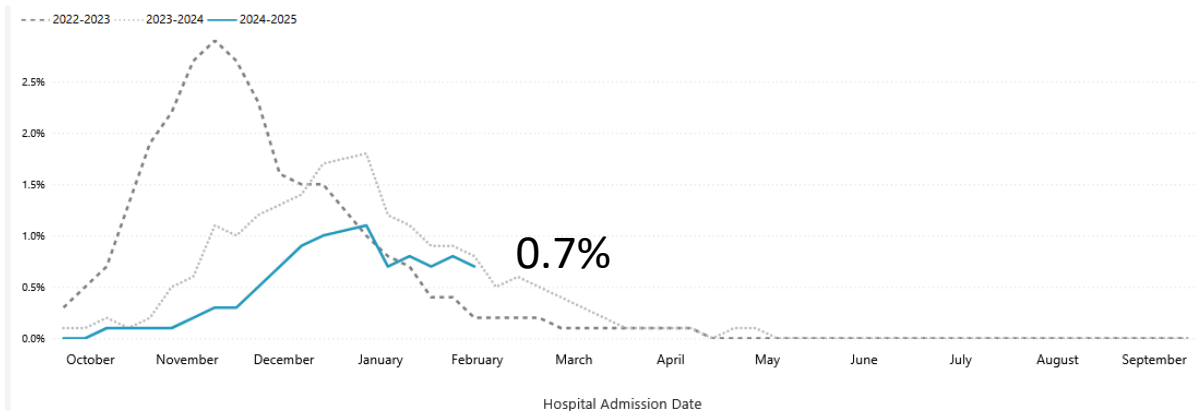
Percent of Hospitalizations Associated with Influenza, COVID-19, and RSV — Washington, 2024-25



COVID-19

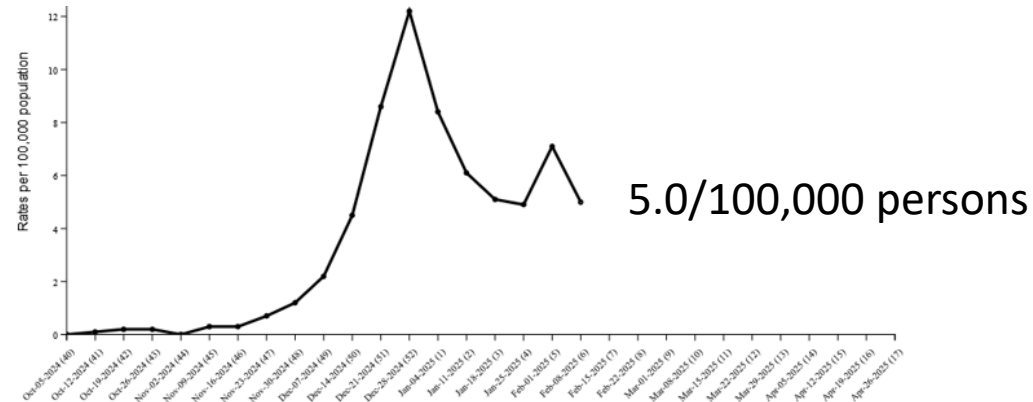


RSV

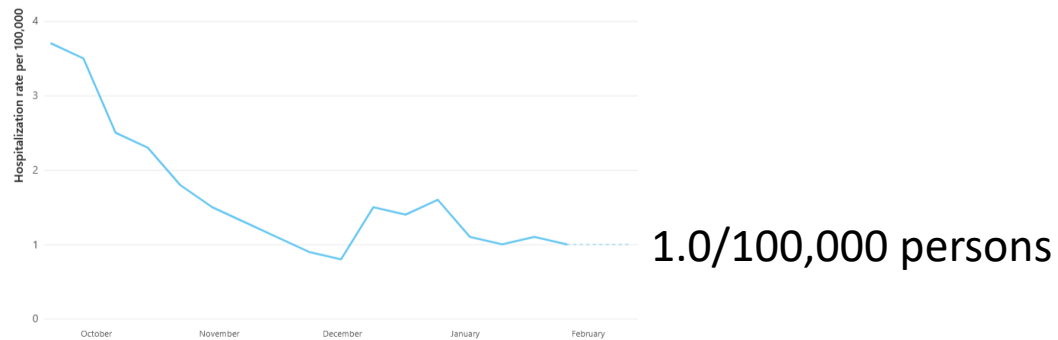


Weekly Rates of Hospitalizations Associated with Influenza, COVID-19, and RSV — Oregon, 2024-25

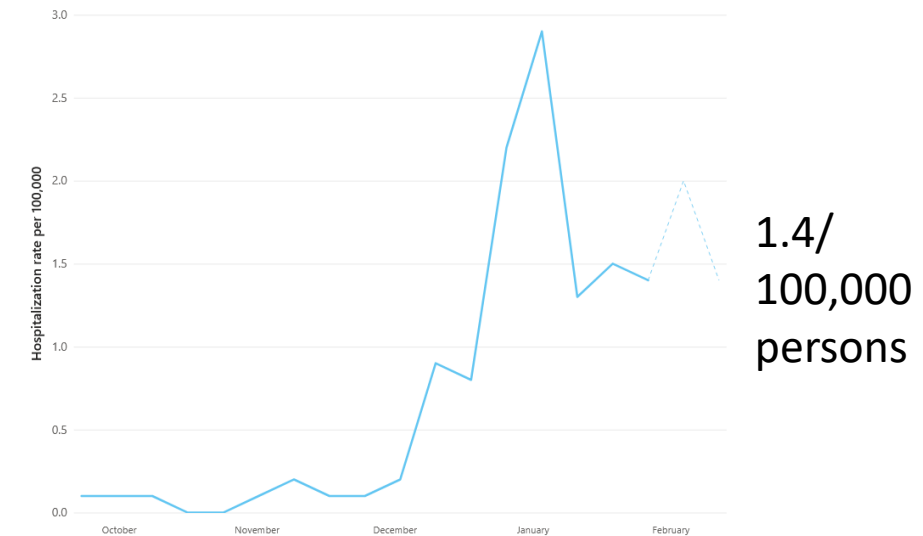
Influenza



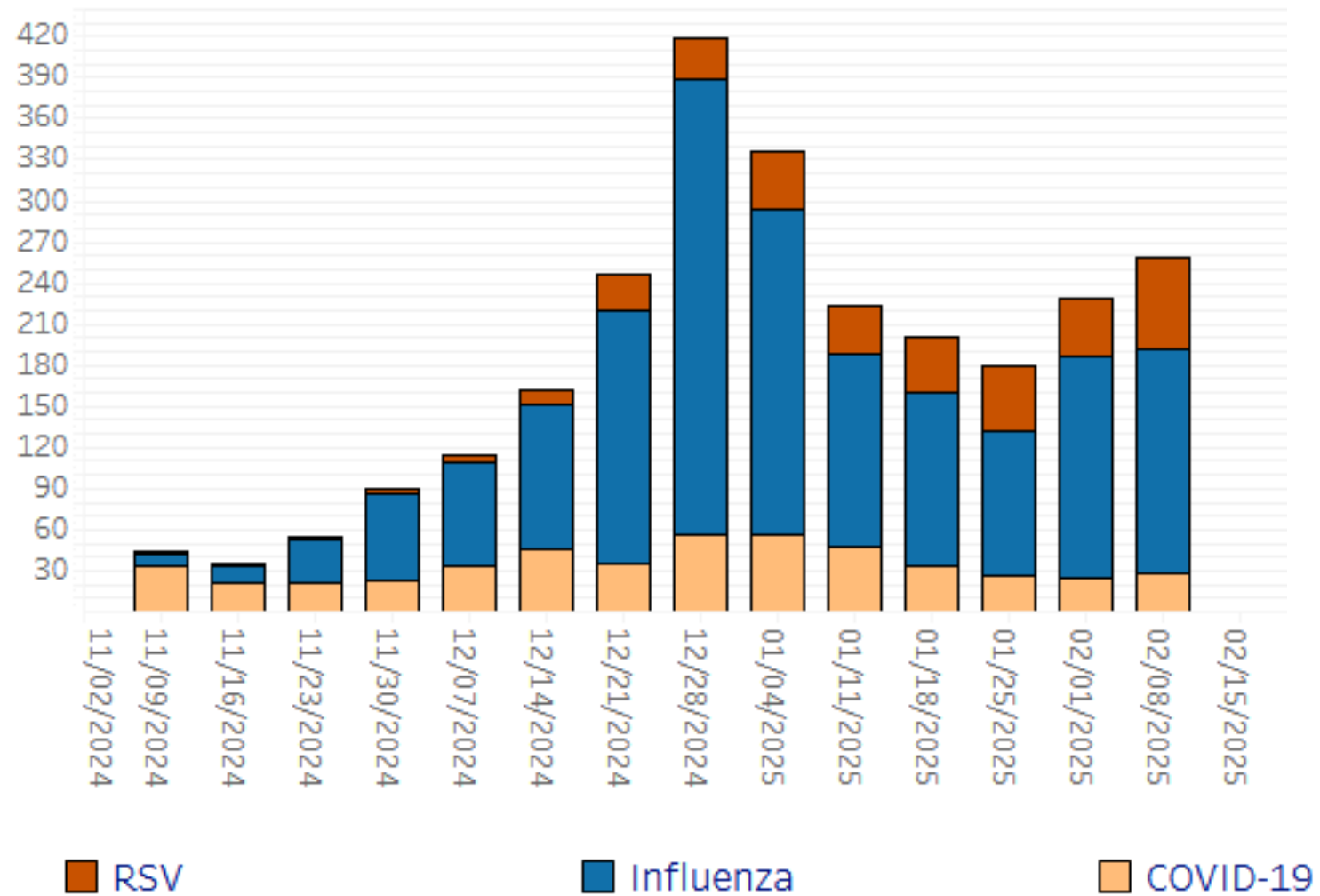
COVID-19



RSV



Number of Hospitalizations Associated with Influenza, COVID-19, and RSV — Idaho, 2024-25

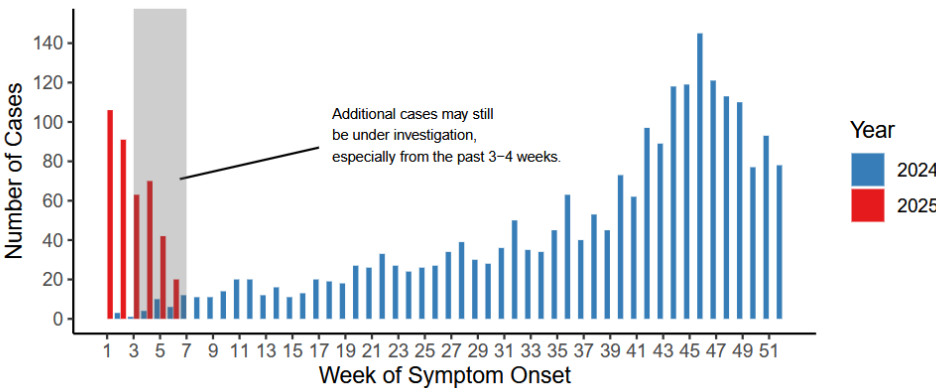


Wastewater Activity Level for Influenza, COVID-19 and RSV — Washington, Oregon, and Idaho, 2025 (Week 6)

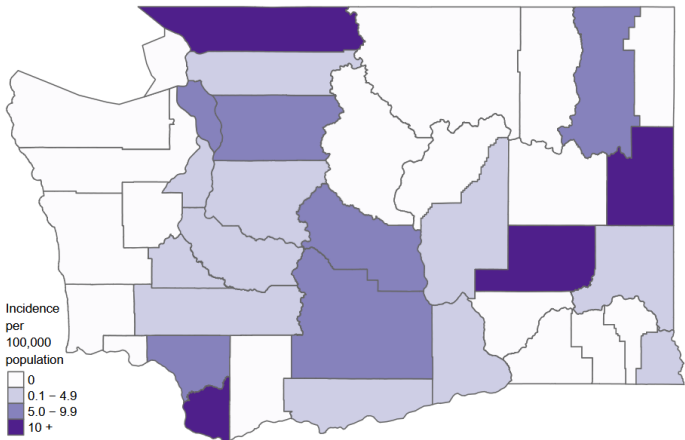
State	Influenza	COVID-19	RSV
Washington	Very High	Moderate	Minimal
Oregon	Very High	High	Minimal
Idaho	High	Moderate	High

Pertussis Update – Washington, Oregon, and Idaho

Pertussis Cases, Washington – 2024-2025



Pertussis Incidence, Washington – 2025 (week 1-6)



Washington 2025 YTD Cases: 392 (2024 YTD Cases: 32)

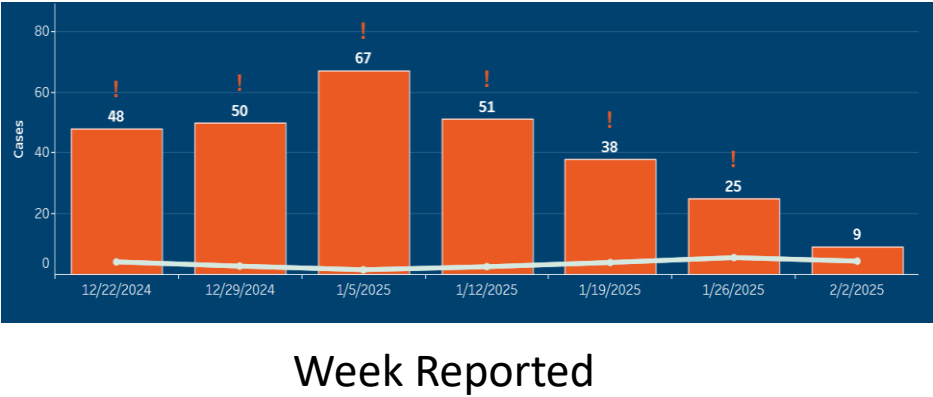
Idaho: 121 cases reported through week 5, mostly in following Public Health Districts:

- District 1 (Panhandle)
- District 3 (Southwest)
- District 4 (Central)



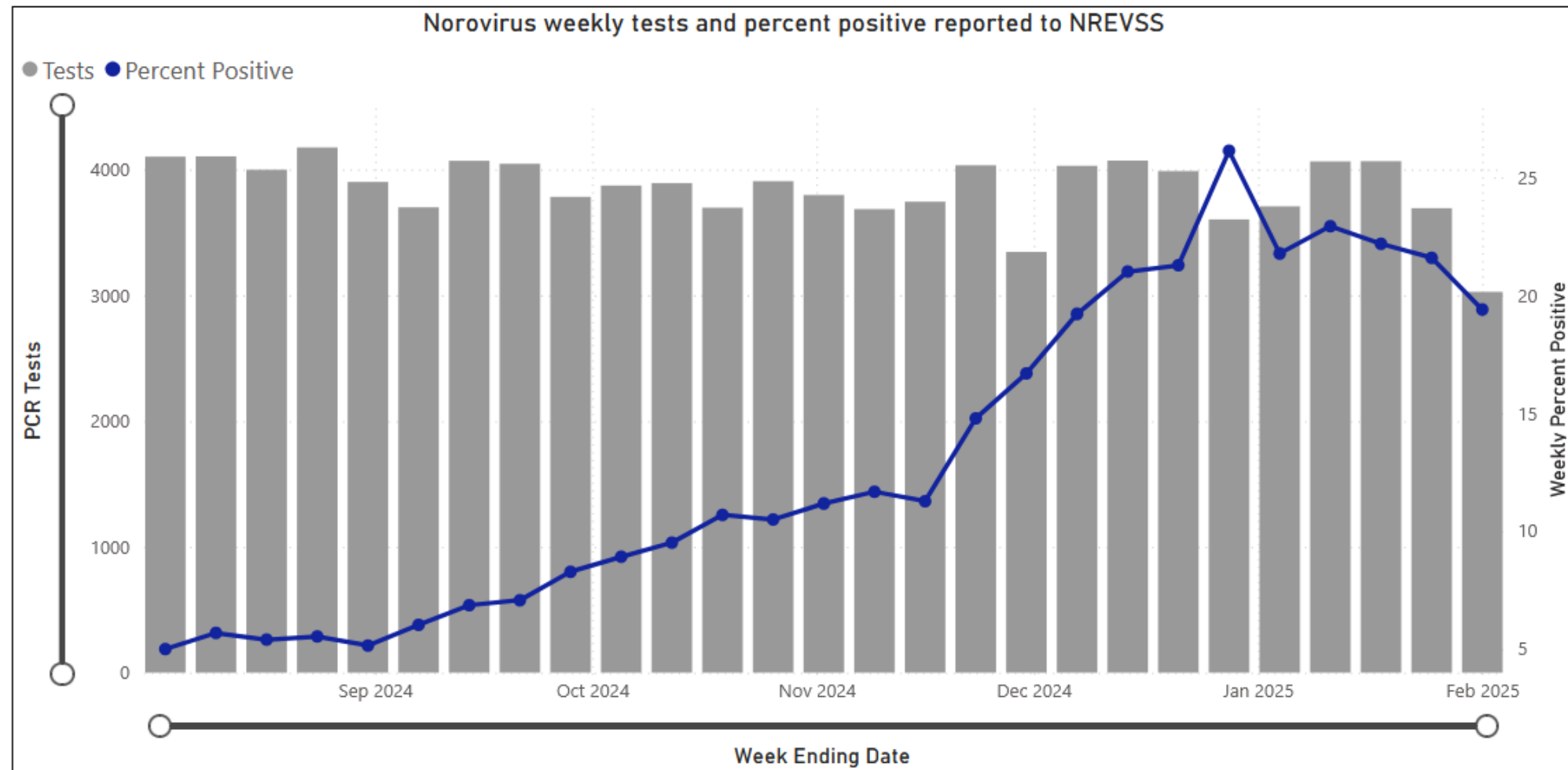
Oregon: 240 cases reported through week 6 (2024 YTD Cases: 17)

Pertussis Cases, Oregon – 2025



Week Reported

Percent of Tests Positive for Norovirus, United States – 2024-25



<https://www.cdc.gov/nrevss/php/dashboard/index.html>

Summary

- Outpatient visits for ILI are the highest they have been all season, and higher than the prior 5 seasons.
- ILI Activity is very high in Washington, Oregon, and Idaho.
- Influenza has been continuing to increase in the U.S.
- There has been an increase in Influenza-associated hospitalizations in Washington and Idaho.
- There has been an increase in RSV-associated hospitalizations in Idaho.
- Cases of pertussis are still above baseline in all 3 states.
- Norovirus continues to remain elevated nationwide, though has slightly declined.

Recommendations

- **Keep vaccinating** your patients for seasonal influenza!
- **Treat** patients with suspected or confirmed influenza as soon as possible.
- **Ensure your patients' immunizations are up to date.** IHS E3 Vaccine strategy: 1) Every patient at 2) Every encounter should be offered 3) Every recommended vaccine when appropriate.
 - Pertussis:
 - DTaP (5 doses): 3 dose primary series at 2, 4 and 6 months, followed by a booster dose at 15-18 months and 4-6 years.
 - Tdap: 1 dose at age 11-12 years, then either Td or Tdap every 10 years.
 - During **each** pregnancy, in the early part of 27-36 weeks gestation. Anyone who expects to be in close contact with the infant and is not up to date on pertussis immunizations should be immunized at least 2 weeks prior to meeting the infant.
 - **When pertussis is suspected, recommend testing. Consider treatment** prior to results for highly suspected cases of pertussis, those at high risk for severe disease, or those who will have contact with someone at high risk for severe disease (including pregnant women in their third trimester). **Consider post-exposure prophylaxis** for all household contacts, and other contacts who are either at high risk of severe infection or who will have contact with others at high risk.
 - **Isolation:**
 - Respiratory viruses: Stay home until symptoms are improving and no fever for 24 hours, with masking for an additional 5 days.
 - Pertussis: Stay home until 5 days of treatment or, if not treated, until 3 weeks after start of coughing paroxysms (6 weeks for infants < 1 year old).
 - Norovirus: Stay home until 2 days after symptoms stop. Do not cook, prepare, or serve food, or care for others until symptoms stopped for 2 days. Wash your hands with soap and water (not hand sanitizer). Clean surfaces with a bleach solution (5 to 25 tablespoons of household bleach [5% to 8%] per gallon of water) or use a disinfectant EPA-registered for norovirus.





Partner
Updates

Comments &
Questions



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