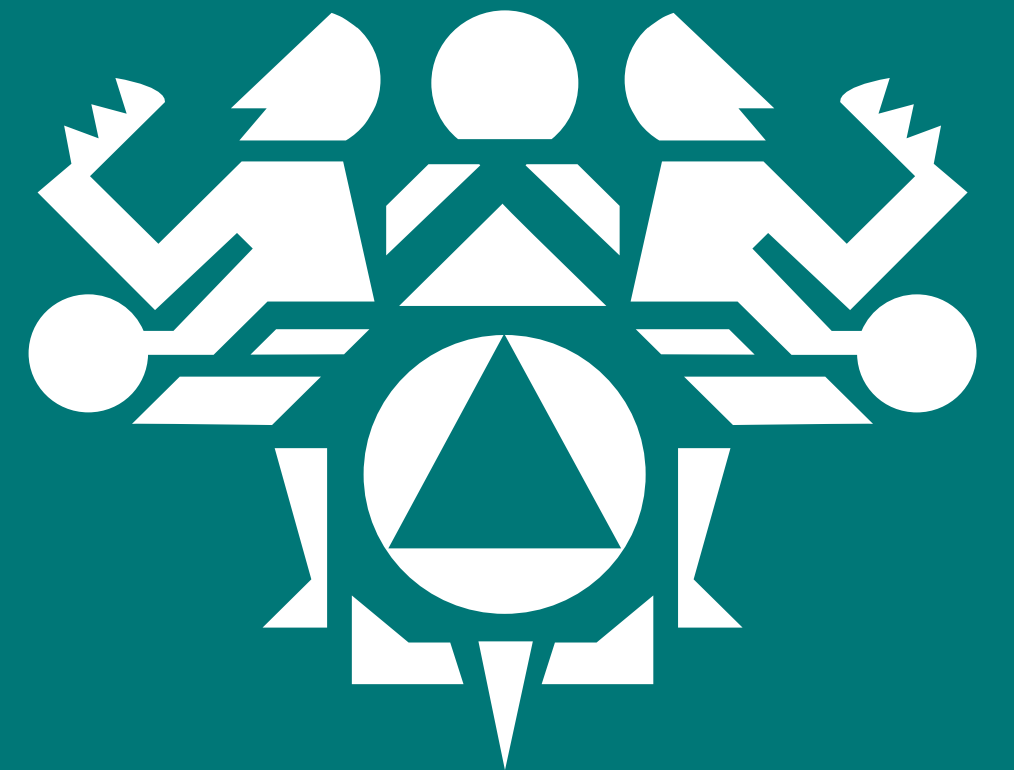


NPAIHB

Weekly Update

July 15, 2025





NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Agenda

- Welcome & Introduction: Bridget Canniff
- NPAIHB Announcements, Events, & Resources
- IHS-PAO Updates: Dr. Tara Perti
- Strategies & Tips for Improved Immunization Rates: Marc Mason, RN, Warm Springs Health & Wellness Center
- State & Tribal Partner Updates
- Questions & Comments

Please sign in, using the chat box, with your full name and tribe or organization

Upcoming Indian Country ECHO Telehealth Opportunities

- **Hepatitis C ECHO** – Wednesdays at 11am PT
 - Wednesday, July 16th at 11am PT
 - Topic: *Overview of IHS HIV Syndemic Dashboard*
 - To join via Zoom:
<https://echo.zoom.us/j/537117924?pwd=OEExbERmK2pSUFFsMzV1SmVpb3g3dz09>
- **Infectious Disease ECHO** – 3rd Thursday of every month at 11am PT
 - Thursday, July 17th at 11am PT
 - Didactic Topic: *Point-of-Care Syndemic Testing Outside the Clinic*
 - To join via Zoom:
<https://echo.zoom.us/j/97240849538?pwd=TzJUMWo5M082K1kxMitOV2diY3BaQT09>
- **EMS ECHO** - 1st Tuesday & 3rd Thursday of every month at 5pm PT
 - Thursday, July 17th at 5pm PT
 - Didactic Topic: *Introduction to LVAD for Prehospital Providers*
 - To join via Zoom:
<https://echo.zoom.us/j/84832881641?pwd=SXllNlplJa0Vta1R1c28xcUh5V1dlUT09>

Upcoming Indian Country ECHO Telehealth Opportunities

- **emRIC ECHO** – 3rd Monday of every month at 8:30am PT
 - Monday, July 21st at 8:30am PT
 - Didactic Topic: *Tele-health Urgent Care, Tele for EMS*
 - To join via Zoom:
<https://echo.zoom.us/j/89810907975?pwd=d1gydTAvdFUxSU4wb1d2TINEUTIEQT09>
- **Cardiology ECHO** – 3rd Monday of every month at 11am PT
 - Monday, July 21st at 11am PT
 - Didactic Topic: *Endocarditis*
 - To join via Zoom:
<https://echo.zoom.us/j/81476475100?pwd=ZnBsK2xmYnFYRW9tUVdxWDROeWtMQT09>

2025 Northwest Tribal Brain Health & Dementia Summit



Who Should Attend?

Youth & Elders, Caregivers, CHRs, Social Workers, Tribal Health Promotion and Prevention staff, Clinical Health providers

Join us to hear presentations on:

Dementia Care Clinical Workflow

Virtual Dementia Tour

Caregiver resource's

New Road Map for AI/AN



**Suquamish Clearwater
Casino Resort**

Book your stay!!

August 12th & 13th

**SAVE
THE
DATE**

Register Here!!

This social media post is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$900,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

Public Health Equity Grant

20 25



Areas for Funding

- Environmental Public Health
- Lower Umatilla Basin Ground Water Management Area/Domestic Wells
- Preventing Environmental Exposures for Children's Health
- Commercial Tobacco Prevention
- Adolescent and School Health
- Overdose Prevention
- Community Resilience: Community Connection and Empowerment
- Community Resilience: Emergency Preparedness and Response
- Communicable Disease: Sexual Health and Prevention of Sexually Transmitted Infections
- Communicable Disease: Immunization

Info session:

07/15/25

12:00pm - 2:00pm PST

[Registration link](#)

NPAIHB Weekly Update Schedule

July 22: Tribal Data Sovereignty

July 29: Legislative & Policy Updates

August 5: Indian Country ECHO



Warm Springs Health & Wellness Center

STRATEGIES AND TIPS FOR IMPROVED IMMUNIZATION
RATES



Marc R Mason, RN

Community Health Nurse &

Immunization Coordinator

Warm Springs Community Health Programs



Factors We Attribute Our Success To!

While the focus currently is on MMR vaccination rates, the processes I follow will increase rates across the board for all vaccines within your clinic's RPMS reports.



Manual Audits

Due letter, pull up chart, pull patient up in Alert, compare, chart note, rinse, repeat.



Marc R Mason, RN
Immunization Coordinator

Manual Entry

Updating outside Imms BEFORE creating visit defaults to Historical immunization entry, which reduces the number of clicks and fields you have to do.

The screenshot displays a medical software interface with a patient record for MASON, MARC R. The 'Visit not selected' status is highlighted in yellow. The 'Reproductive Factors' section is visible, showing 'Last' date as 09/29/2023 and 'Status' as LACTATING. The 'Add Vaccine' dialog box is open, showing 'Vaccine' as DTaP-Hep B-IPV, 'Documented By' as MASON, MARC R, and 'Event Date' as 06/13/2019. The 'Add Vaccine' dialog box has three radio buttons: 'Current', 'Historical' (selected), and 'Not Done'. The 'Immunizations from Outside Sources' table is also visible, showing a list of immunizations with columns for Source, Reaction, Date, Volume, Inj. Site, and Lot. The table includes a redacted row and a row for 'DTaP-Hep B-IPV' with a date of 22-May-2007. The 'Actions' dropdown menu is open, showing options: 'Add', 'Print Record', and 'Due Letter'.

Visit not selected
MASON, MARC R

Ehr, Doctor MD PHD

POC Lab Entry

CIC DIA

Postings CWAD

Reports Consults Well Child

Reproductive History Infant Feeding Personal Health

Reproductive Factors

Menstrual Period

Last 09/29/2023

Lactation

Status LACTATING

Family Planning

Add Edit

Add Vaccine

Vaccine DTaP-Hep B-IPV

Documented By MASON, MARC R

Event Date 06/13/2019

Location

☒ IHS/Tribal Facility
☐ Other

Admin Notes

OK Cancel

Current
Historical
Not Done

State Immunization Profile

Immunizations from Outside Sources

Errors: No Query Response: DEMO, PATIENT EIGHT Refresh States

Contraindications

Source	Reaction	Date
DTP	Other Allergy	26-Apr-2004
VARICELLA	Hx of Chicken Pox	26-Nov-2004
HEP B PED	Patient Refusal	26-Nov-2004
DTaP	Other Allergy	22-May-2007

Visit Date	Age@Visit	Location	Reaction	Volume	Inj. Site	Lot
10/04/2024	70 yrs	WARM SPRINGS HEALTH & WE		1	Left Thigh SQ	UK171A4
10/04/2024	70 yrs	WARM SPRINGS HEALTH & WE			Right Deltoid IM	UK171A4
01/10/2024	69 yrs	WARM SPRINGS HEALTH & WE			Left Deltoid IM	HM0172
01/10/2024	69 yrs	WARM SPRINGS HEALTH & WE			Right Deltoid IM	3031900

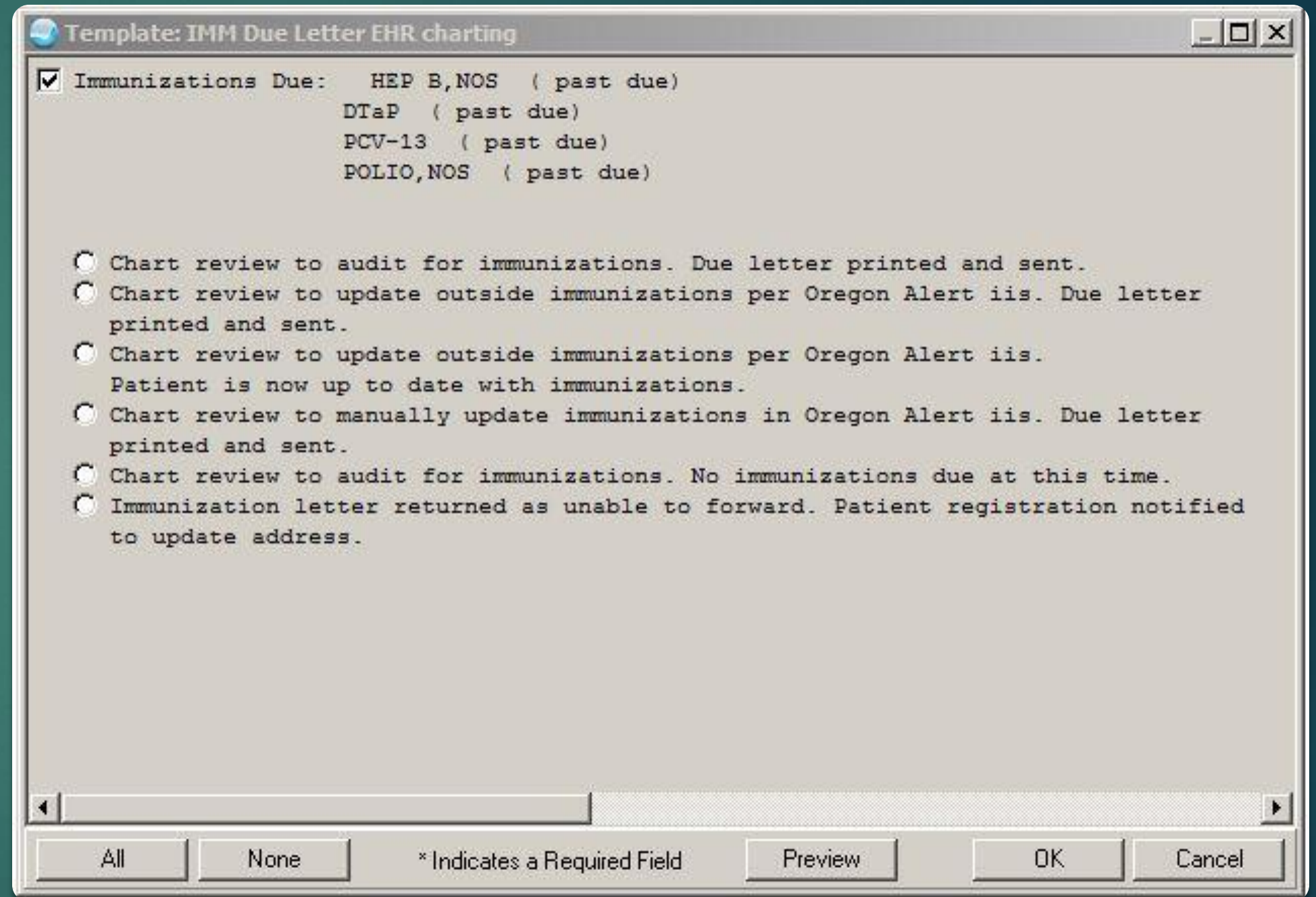
Actions

Add
Print Record
Due Letter

Immunization Due Letter Chart Review Template

This has sped up due letters significantly.

Kindly created for me by Jim Gemelas.



The screenshot shows a software window titled "Template: IMM Due Letter EHR charting". The window contains a form with the following elements:

- A checked checkbox labeled "Immunizations Due:" followed by a list of immunizations: HEP B,NOS (past due), DTaP (past due), PCV-13 (past due), and POLIO,NOS (past due).
- A series of radio buttons for selecting a chart review action:
 - Chart review to audit for immunizations. Due letter printed and sent.
 - Chart review to update outside immunizations per Oregon Alert iis. Due letter printed and sent.
 - Chart review to update outside immunizations per Oregon Alert iis. Patient is now up to date with immunizations.
 - Chart review to manually update immunizations in Oregon Alert iis. Due letter printed and sent.
 - Chart review to audit for immunizations. No immunizations due at this time.
 - Immunization letter returned as unable to forward. Patient registration notified to update address.
- A horizontal scrollbar at the bottom of the form area.
- A row of buttons at the bottom: "All", "None", "* Indicates a Required Field", "Preview", "OK", and "Cancel".

Due letters!

So, **SO** many due letters.

Community Health Programs
1270 Kotnum Rd
Warm Springs, OR 97761

04-Oct-2019

Date of Birth: 23-Nov-2014 (58 mths)
Chart#: 777777

Parent/Guardian of:
PATIENT DEMO
PO BOX 10
MADRAS, OR 97741

- - -
Dear Parent or Guardian:

Your child, PATIENT, is due for the immunizations listed below:

HEP B
DTaP
PCV-13
POLIO

If you feel our records are not correct, please notify us so that we may make the corrections to update our records. Otherwise, please call Community Health Programs to set up a time to update your child's immunizations.

Sincerely,

Warm Springs Community Health Nurses
541-553-2460

WIC Staff

Our WIC staff are invaluable in capturing due patients.



WIC's Schedule

When able, I scrub the patient charts on the WIC schedule and notate patients that are due for shots.

They have also been great at offering parents for us to get the flu shot!

15	:00	RC DT
	:15	
	:30	RC DT ***Flu shot Due*** -
	:45	MRM
16	:00	RC DT ***IMMS Due*** -MRM
	:15	
	:30	
	:45	
	:00	

Walk-ins!

The majority of our immunization visits are from either the aforementioned WIC schedule, or are walk-ins.

I do my utmost to be available for shots when not needed elsewhere.



Actually me, on
October 1st, every
year.

....Who am I kidding...This is me
EVERY day.



Vaccine Waste Reduction Efforts

Pyxis System

The number of unaccounted for doses plummeted after installation of the Pyxis In Medical.



Vaccine Waste Log

Form I created in order to track immunization wastes and look for trends in this data.

Vaccine Waste Log

Date	VFC or Adult	Vaccine Name	Lot Number	Reason Wasted	Chart Number	Staff Initials	Staff Signature

For each vaccine DOSE, use a separate line. If spoiled or expired, DO NOT WASTE, instead, take affected doses to community health for appropriate disposal.

Resource Sheet

Created in order to keep providers up to date on formulation changes, and get new providers up to speed rapidly.

IMMUNIZATIONS KEPT IN STOCK

As of 9/13/19

Text in red =differences between adult & VFC stock

VFC Immunizations

- VFC DTaP (Infanrix) Pre-filled syringes
- VFC DTaP-Hep B-IPV (Pediarix) **Pre-filled syringes**
- VFC DTaP-Polio (Kinrix) Pre-filled syringes **4-6 years old ONLY**
- VFC Hep A (Havrix Peds 2 Dose) Pre-filled syringes
- VFC Hep B (Engerix B Peds) **Pre-filled syringes**
- VFC HIB (Pedvaxhib) Single-dose vial
- VFC HPV9 (Gardasil) **Pre-filled syringes**
- VFC Influenza iiv (**Flulaval** Quad PF) 0.5 ml **6 months-18 years**
- VFC Mencv4 (Menveo) (Reconstitute with lyophilized vaccine component in box)
- VFC MMR (MMR II) –Frozen, single-dose vial, diluent on shelf
- VFC MMRV (Proquad) Frozen, single-dose vial, diluent on shelf **4 years and older ONLY**
- VFC PCV-13 (Prenar13)- Pre-filled syringe
- VFC Polio (IPOL) Multi-dose vial
- VFC Rota (Rotarix)- Two part oral vaccine- both components in box
- VFC TDaP (Adacel) **Pre-filled syringes**
- VFC Varicella (Varivax) –Frozen, single-dose vial, diluent on shelf

Adult NON-VFC Immunizations

- Hep A (Havrix Adult)- Pre-filled syringe
- Hep B (Engerix B – Adult) **Single-dose vial**
- HPV9 (Gardasil) **Single-dose vial**
- Influenza iiv (**Fluarix** Quad PF 0.5 mL)
- MMR (MMRII) Frozen, single-dose vial, diluent on shelf
- PCV13 (Prenar13)- Pre-filled syringe
- Pneumo23/**PPSV23** (Pneumovax 23) Single-dose vial
- Recombinant Zoster (Shingrix) Reconstitute two-part vaccine- **both components in box**
- TD (Tenivac)- Pre-filled syringe
- TDaP (Adacel) **Single-dose vial-** *((Sometimes Boostrix pre-filled syringes))*
- Varicella (Varivax) Frozen, single-dose vial, diluent on shelf

Immunizations for Babies

A Guide for Parents

These are the vaccinations your baby needs!

At birth ^{1,2}	HepB RSV-mAb ¹ 0–7 mos												
2 months ^{1,2}	HepB 1–2 mos ²	+	DTaP	+	PCV	+	Hib	+	Polio	+	RV		
4 months ^{1,2}	HepB ³	+	DTaP	+	PCV	+	Hib	+	Polio	+	RV		
6 months ^{1,2}	HepB 6–18 mos ²	+	DTaP	+	PCV	+	Hib ⁴	+	Polio 6–18 mos ²	+	RV ⁵	+	Influenza ⁶ + COVID ⁷
12 months and older ^{1,2}	MMR 12–15 mos ²	+	DTaP 15–18 mos ²	+	PCV 12–15 mos ²	+	Hib 12–15 mos ²	+	Chickenpox 12–15 mos ²	+	HepA ⁸ 12–23 mos ²	+	Influenza ⁶

- Check with your doctor or nurse to make sure your baby is receiving all vaccinations on schedule. Many times vaccines are combined to reduce the number of injections. Be sure you ask for a record card with the dates of your baby's vaccinations; bring this with you to every visit.

Here's a list of the diseases your baby will be protected against:

HepB: hepatitis B, a serious liver disease

DTaP: diphtheria, tetanus (lockjaw), and pertussis (whooping cough)

PCV: pneumococcal conjugate vaccine protects against a serious blood, lung, and brain infection

Hib: *Haemophilus influenzae* type b, a serious brain, throat, and blood infection

Polio: polio, a serious paralyzing disease

RSV: respiratory syncytial virus, a serious lung infection

RV: rotavirus infection, a serious diarrheal disease

Influenza: a serious lung infection

MMR: measles, mumps, and rubella

COVID-19: a serious and highly infectious disease

HepA: hepatitis A, a serious liver disease

Chickenpox: also called varicella

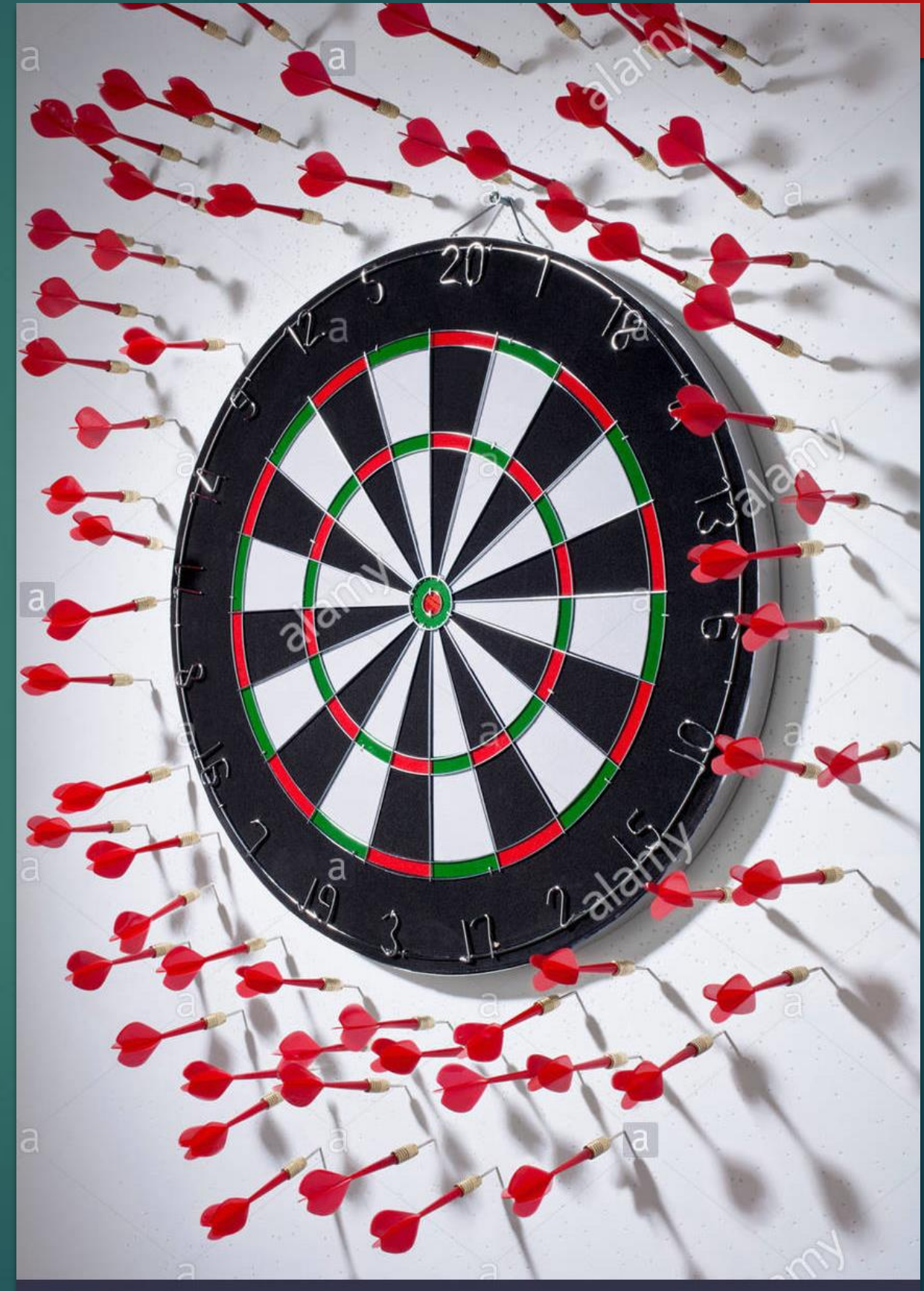
Notes to above chart:

1. From October through March, infants age birth through 7 months may need RSV preventive antibody (RSV-mAb) if RSV vaccine was not given during pregnancy. Certain older infants age 8 through 19 months may need RSV-mAb during their second RSV season.
2. This is the age range in which this vaccine should be given.
3. Your baby may not need a dose of Hep B vaccine at age 4 months, depending on the vaccine used. Check with your doctor or nurse.
4. Your baby may not need a dose of Hib vaccine at age 6 months, depending on the vaccine used. Check with your doctor or nurse.
5. Your baby may not need a dose of RV vaccine at age 6 months, depending on the vaccine used. Check with your doctor or nurse.
6. All children age 6 months and older should be vaccinated against influenza in the fall or winter of each year.
7. Your child will need 2 or 3 doses, depending on the brand of COVID-19 vaccine given.
8. Your child will need 2 doses of HepA vaccine, given at least 6 months apart.



Missed Opportunities!

In the process of going through due letters, I started auditing missed opportunities.



Totals!

Over 562 Chart reviews, I found...

177 Patients

*With a combined 437 MISSED
OPPORTUNITIES*

**Totaling of 352 vaccines NOT given
across these patients.**

Portland Area IHS Communicable Diseases Update

TARA PERTI, MD, MPH
MEDICAL EPIDEMIOLOGIST
OFFICE, PORTLAND AREA IHS
July 15, 2025

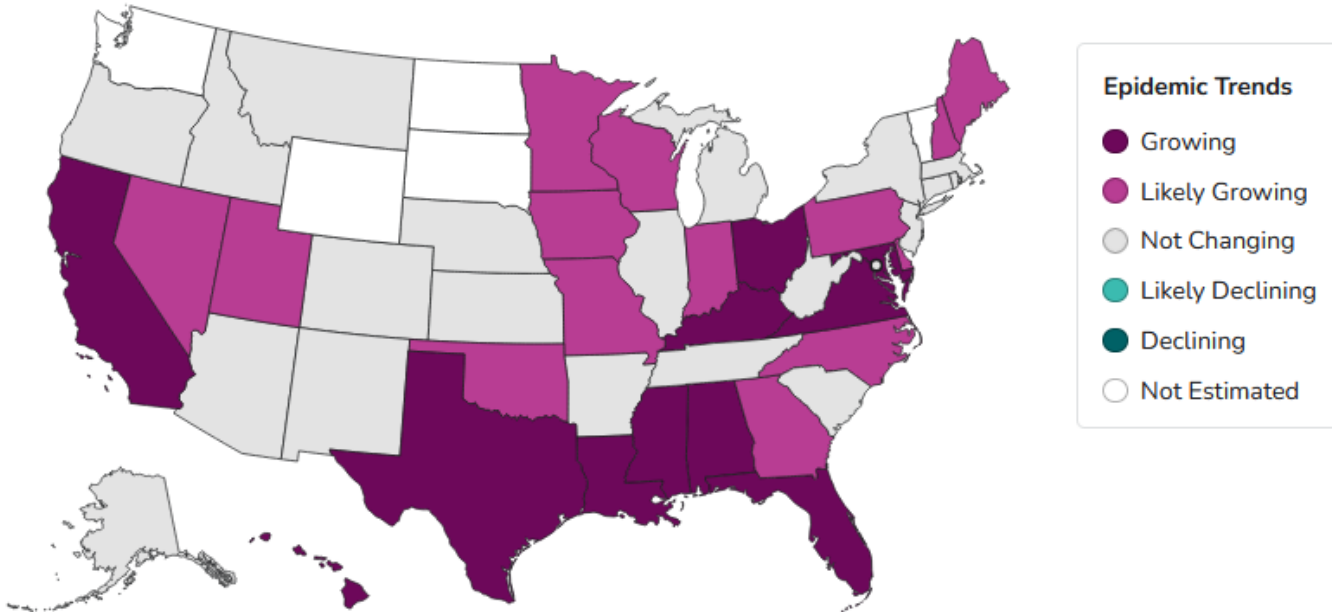


Outline

- COVID-19 Update
- Measles Update

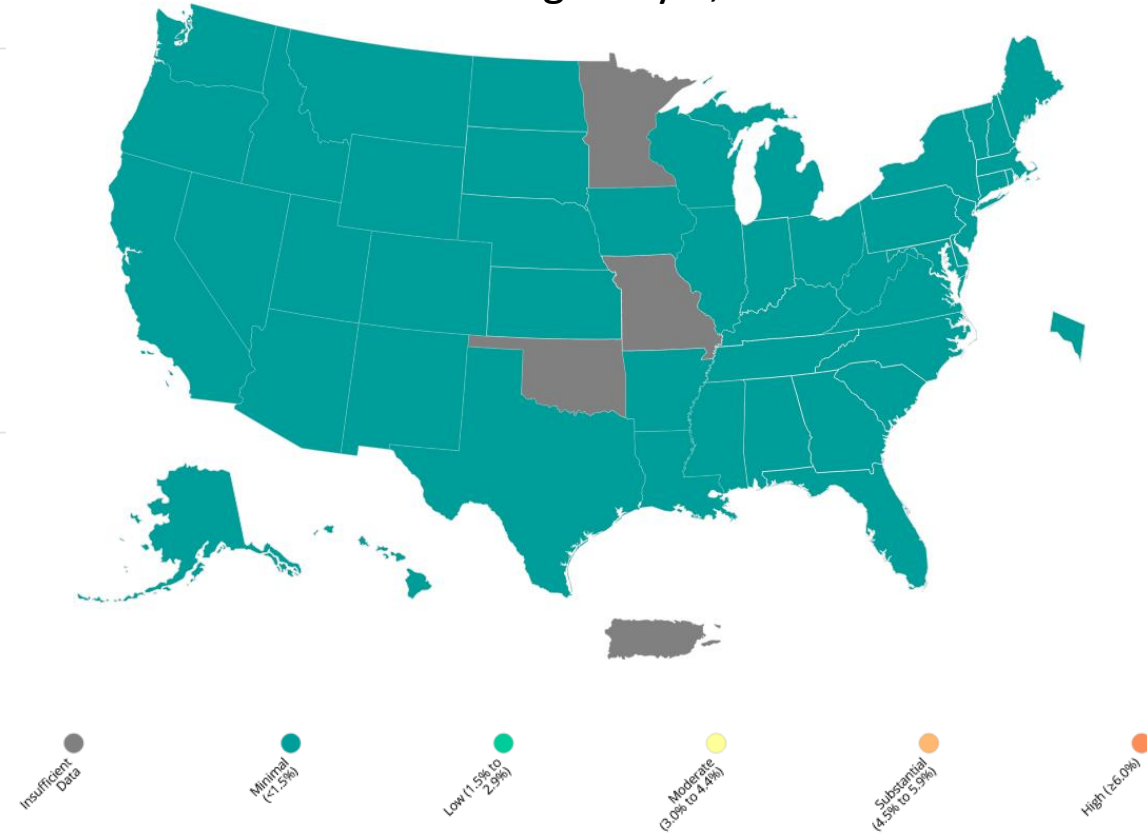
ED visits with COVID-19 and Estimates of Trends — United States

Estimates of COVID-19 Epidemic Trends

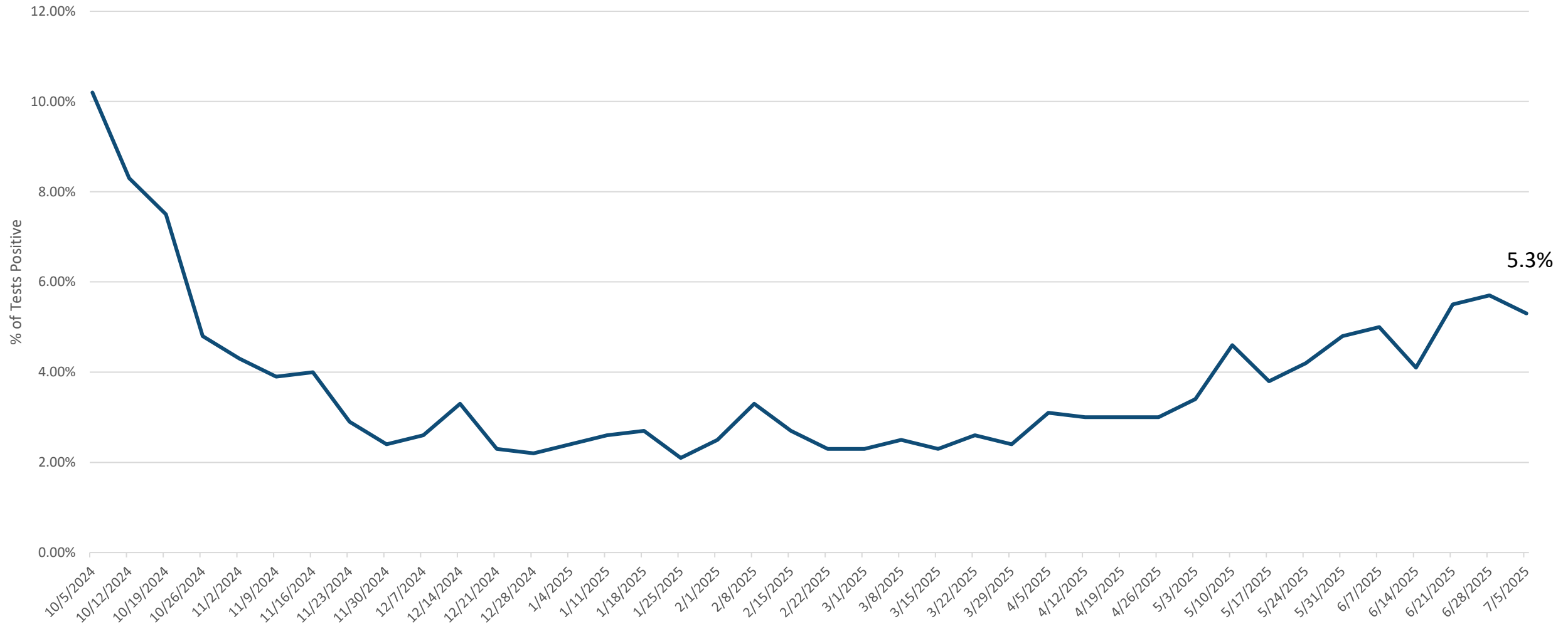


As of July 8, 2025

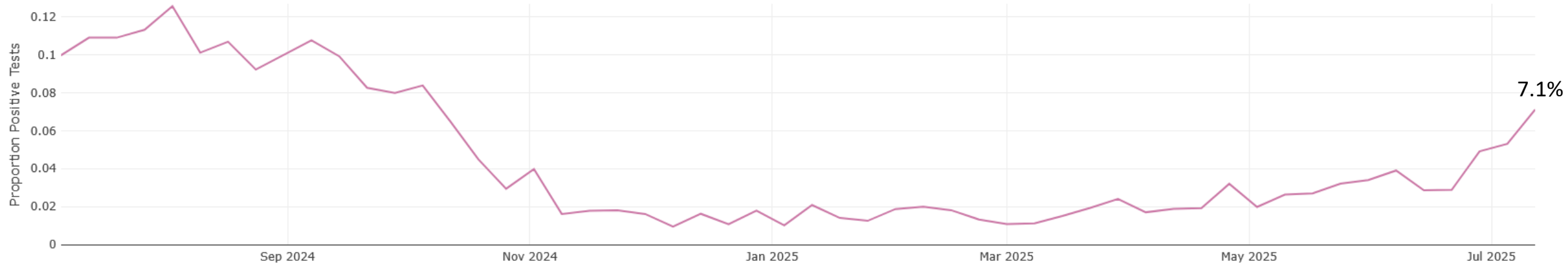
Percentage of ED Visits with Diagnosed COVID-19 through July 5, 2025



Percent of Tests Positive for COVID-19 — Oregon, 10/5/24-7/5/25



Proportion of Tests Positive for COVID-19 in the Northwest — University of Washington and Seattle Children's Hospital, 2024-2025 (through 7/12)

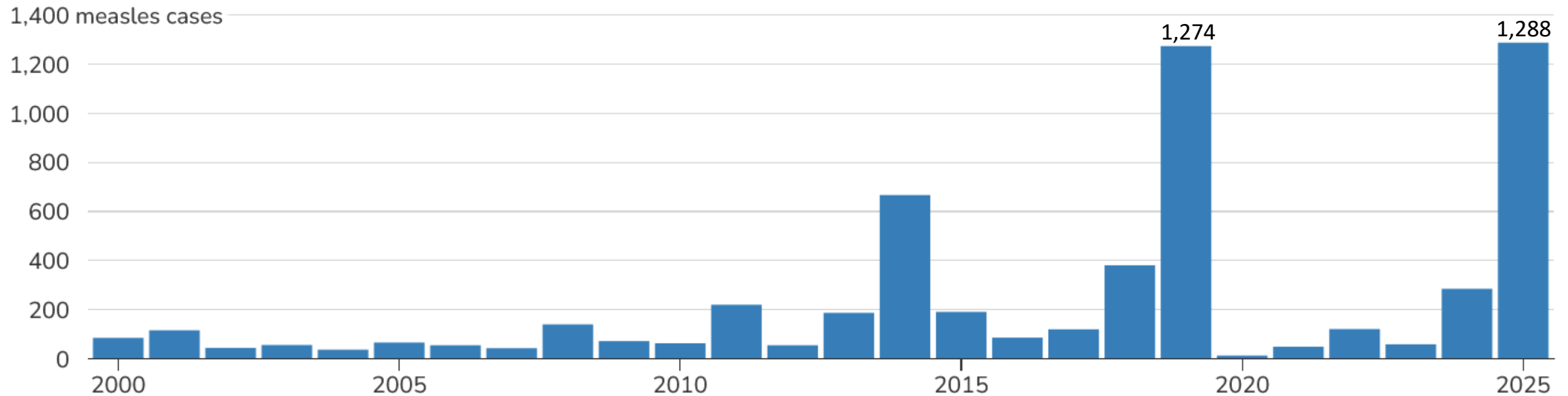


Yearly Measles Cases – United States, 2000-Present

as of July 8, 2025

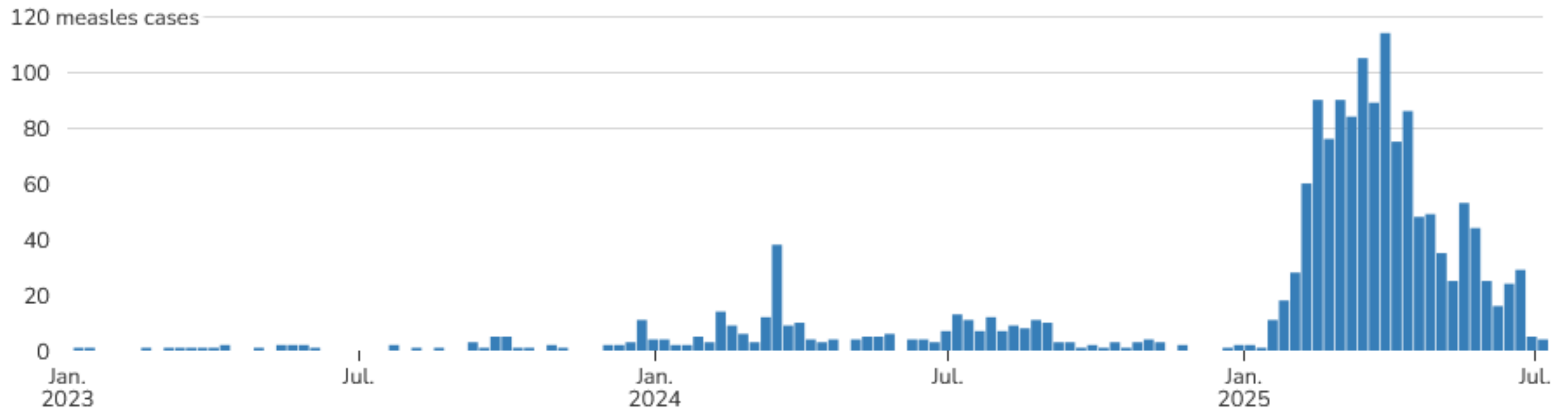
2000–Present*

1985–Present*



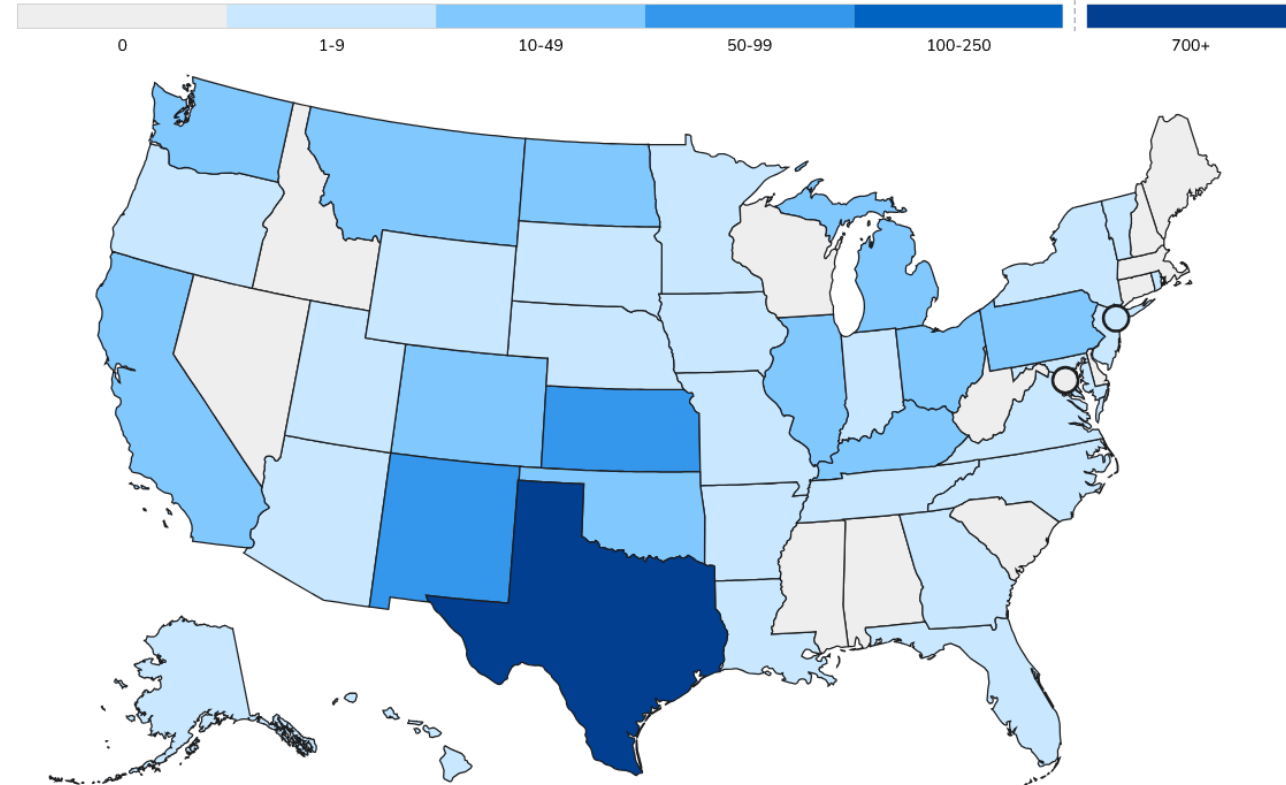
Measles – United States, 2023-2025 (through 7/8)

2023–2025* (as of July 8, 2025)



Measles — United States, 2025

- 1,288 confirmed cases among 38 states through 7/8.
- 88% of cases from one of 27 outbreaks (≥ 3 related cases).
- Age: 29% <5 years-old, 36% 5-19 years-old, 34% ≥ 20 years-old, 1% unknown.
- 13% hospitalized overall (21% of those <5 years-old hospitalized).
- 3 deaths among unvaccinated individuals, including 2 healthy school-aged children.
- 92% unvaccinated or with unknown vaccination status, 4% one MMR dose, 4% two MMR doses.



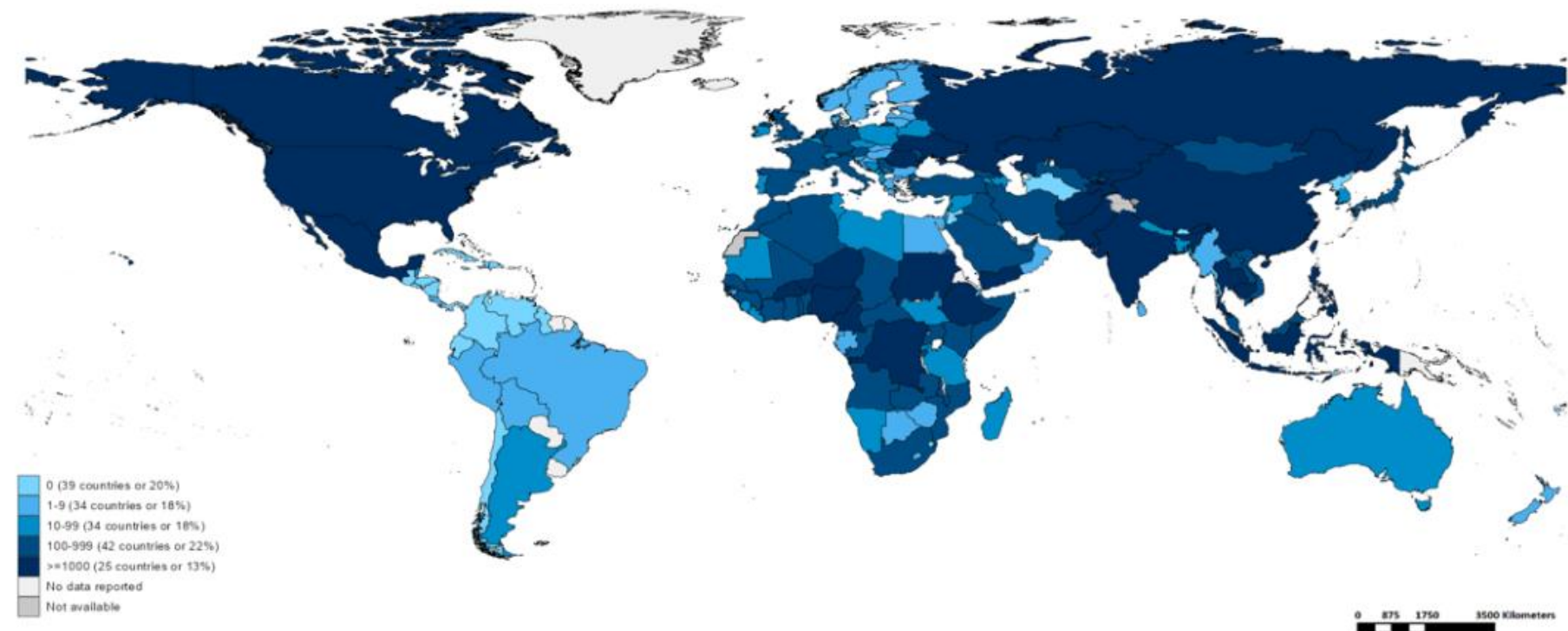
Measles — Portland Area Residents, 2025

Date Reported	County	<u>Washington (N=10)*</u>		Exposure
		Age		
2/26/25	King	Infant		International Travel
3/17/25	Snohomish	Adult		Linked to 1 st Case
4/1/25	Snohomish	Adult		International Travel
4/4/25	King	Adult		International Travel
4/20/25	King	Infant		International Travel
5/20/25	King	Adult		International Travel
6/20/25	Whatcom	Not provided		Not Provided
6/23/25	Whatcom	Not provided	Linked to 1 st Case in Whatcom County	
6/25/25	King	1 adult and 1 child in the same household		International Visitor

*There have also been 3 additional cases among travelers to Washington State, who are not residents of Washington State.

Date Reported	County	<u>Oregon (N=1)</u>		Exposure
		Age		
6/24/25	Multnomah	Not provided		International Travel

Number of Measles Cases Globally, 12/2024-5/2025



Country	Cases*
Yemen	15,683
Pakistan	12,732
India**	10,299
Kyrgyzstan	8,497
Afghanistan	7,615
Ethiopia	5,370
Romania	4,739
Nigeria	3,395
Canada	3,053
Russian Federation	2,781



Map production: World Health Organization, 2025. All rights reserved
Data source: IVB Database

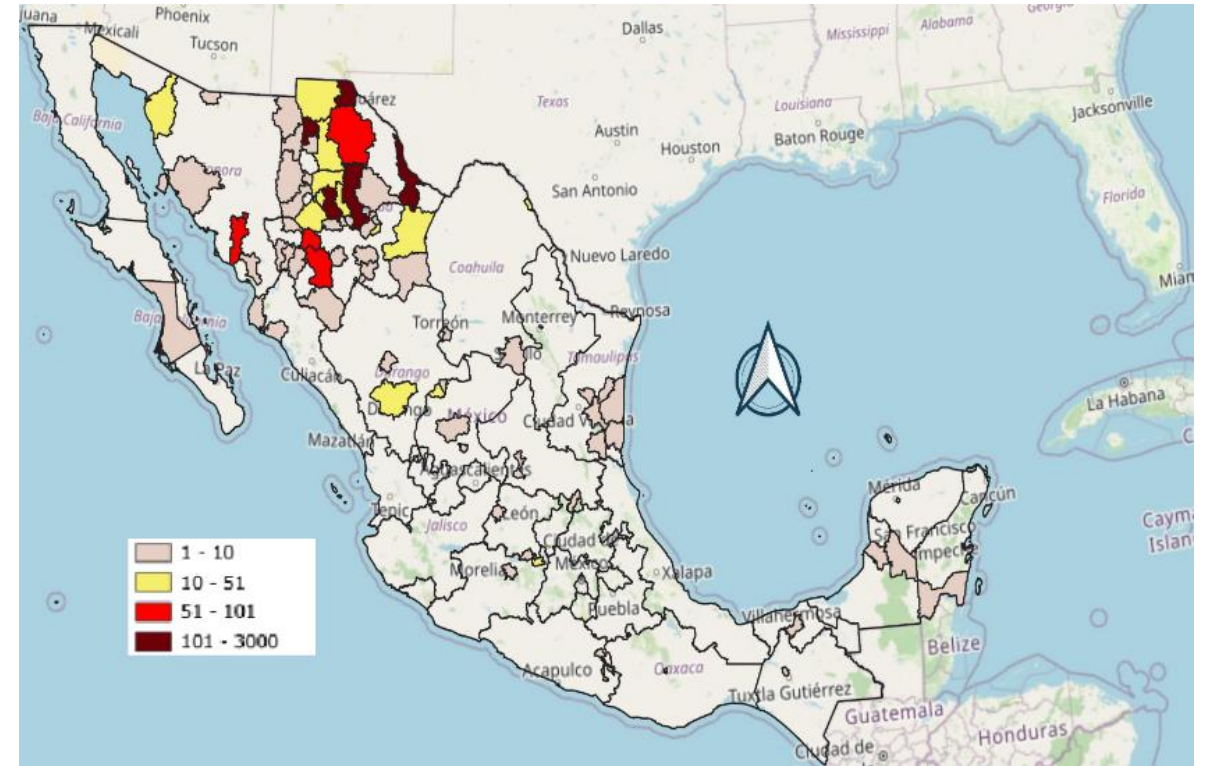
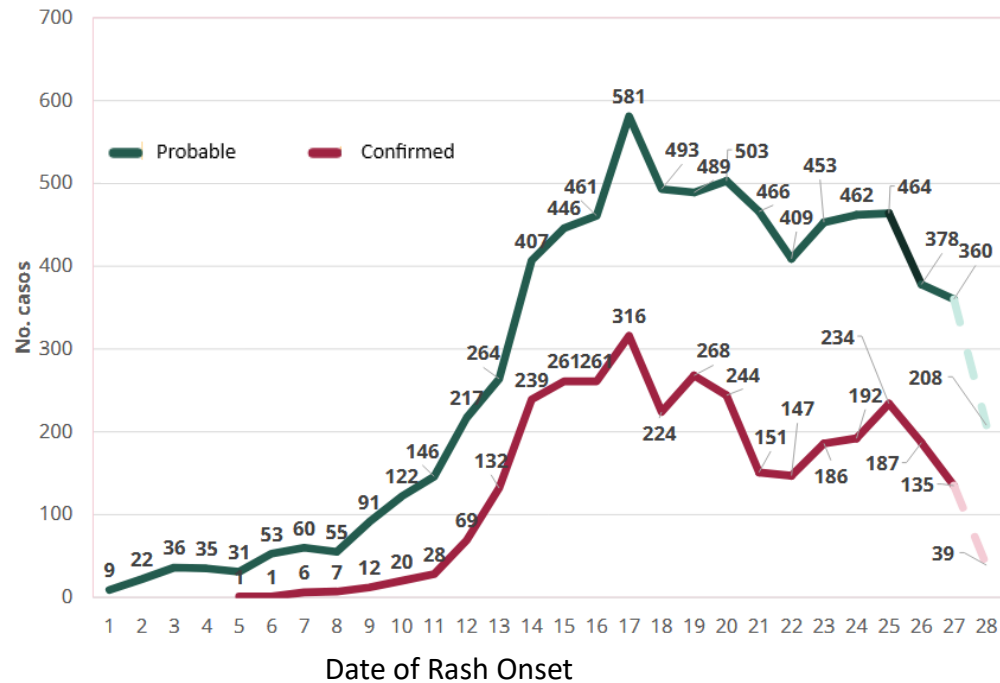
Disclaimer: The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

CDC: Over ½ of the importations this year have been from Mexico, Canada, Vietnam and the Philippines.

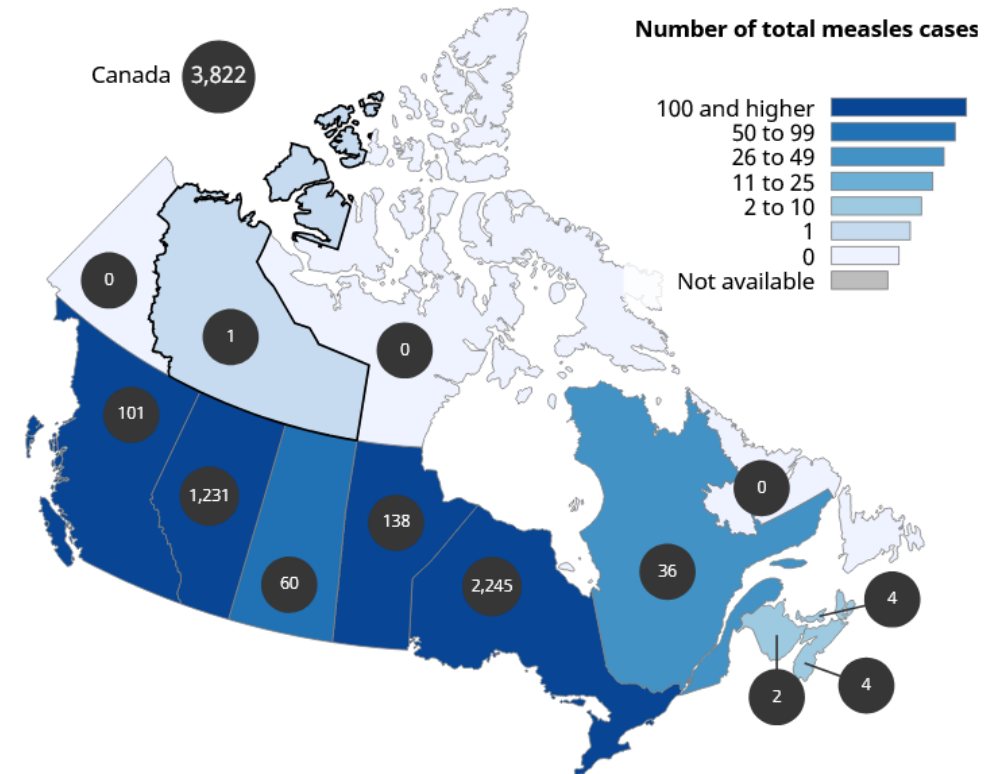
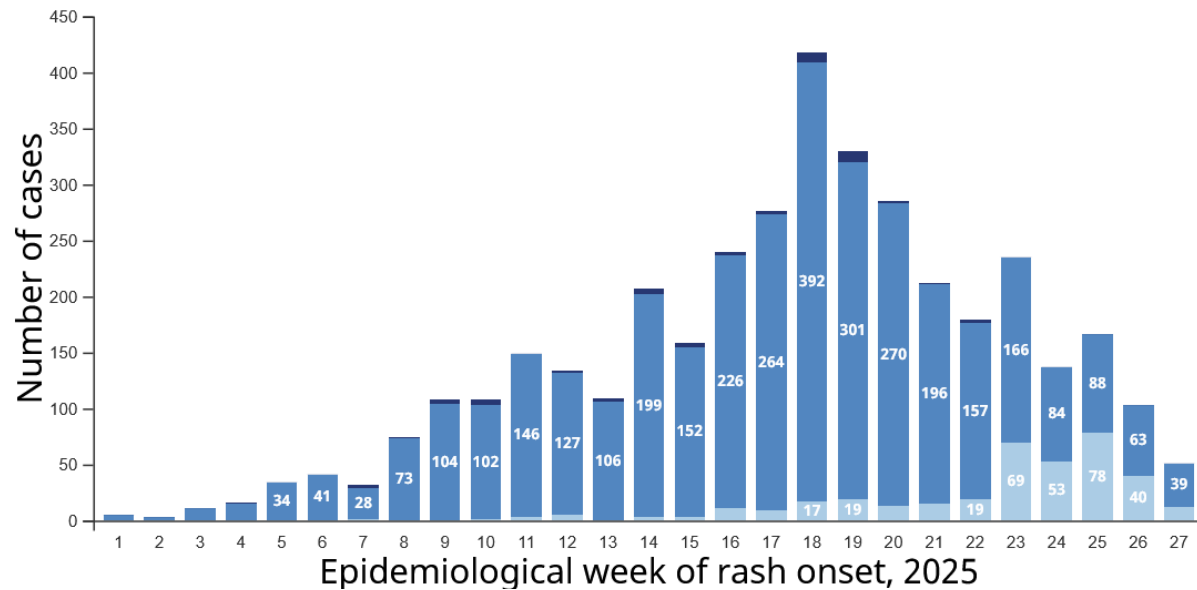
WHO. Measles and Rubella Global Update March 2025. Available at: https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fimmunizationdata.who.int%2Fdocs%2Flibrariesprovider21%2Fmeasles-and-rubella%2Fglobal-mr-update.pptx%3Fsfvrsn%3D3547ebab_9&wdOrigin=BROWSELINK
Centers for Disease Control and Prevention. Clinical Overview of Measles. Available at: <https://www.cdc.gov/measles/data-research/index.html>; Filardo TD, Mathis A, Raines K, et al. Measles. In: Manual for the Surveillance of Vaccine Preventable Diseases. 2019. 10 Available at: https://www.cdc.gov/surv-manual/php/table-of-contents/chapter-7-measles.html?CDC_AAref_Val=https://www.cdc.gov/vaccines/pubs/surv-manual/chpt07-measles.html

Measles — Mexico, 2025 (through 7/14)

- 3,360 confirmed cases as of 7/14/25
- 20 states; 3,129 (93%) confirmed cases in Chihuahua
- Deaths: 9 (8 in Chihuahua and 1 in Sonora)



Measles — Canada, 2025 (through 7/14)



Number of confirmed cases: 3517

Prevention: MMR Immunization!

- Children: Dose #1 at 12-15 months; Dose #2 at 4-6 years old, before school entry.
- International travelers or those living or traveling to a community with an outbreak: Infants should receive dose #1 early, at ≥ 6 months, prior to international travel.
- If vaccinated before 12 months, they should be revaccinated with the 2 dose series, starting at 12-15 months.
- Dose #2 can also be given early, at least 28 days after Dose #1.
- Those ≥ 12 months old should receive 2 doses at least 28 days apart prior to travel.
- Adults without presumptive evidence of immunity (i.e. documentation of 1 or 2 doses of MMR vaccine (depending upon risk), laboratory evidence of immunity, laboratory-confirmed disease, or birth before 1957) should also be immunized, with the number of doses depending upon their risk. Those who should receive 2 doses of MMR vaccine (separated by at least 28 days):
 - International travelers (2nd dose at least two weeks prior to travel). This should also be considered for those living or traveling to a community with an outbreak.
 - College students.
 - Household/close contacts of immunosuppressed persons.
 - People with HIV infection with CD4 >200 (live vaccines contraindicated in immunosuppressed persons and pregnant women).
 - Healthcare workers (those born before 1957 and without presumptive immunity should consider 2 doses of MMR vaccine; this is more strongly recommended for communities with outbreaks).
 - Those vaccinated between 1963-1967 and received a killed or unknown type of measles vaccine or a measles vaccine given together with immune globulin should also be immunized (2 doses if above risk factors).

HHS: All individuals should consult with their health care providers to understand their options regarding vaccinations.

MMR Vaccination Rates by Area, March 31, 2025

	19-35 months % Vaccinated with 1 dose of MMR	13-17 years % Vaccinated with 2 doses of MMR
National	82.0	94.3
Alaska	88.1	97.2
Albuquerque	84.1	83.9
Bemidji	69.7	93.1
Billings	69.8	92.4
California	73.1	81.7
Great Plains	85.1	97.7
Nashville	81.1	96.1
Navajo	94.1	96.9
Oklahoma	74.1	92.9
Phoenix	75.8	96.3
Portland*	69.2	95.8
Tuscon	87.8	99.2

* Based on 11 (24.4%) of 45 reporting facilities

IHS National Immunization Reporting System Reports. Available at: <https://www.ihs.gov/nonmedicalprograms/ihpes/Immunizations/index.cfm?module=immunizations&option=reports>

Strategies to Increase Vaccination Rates

- Clinic processes
 - Reminder/recall: Contacting patients when due/overdue via their preferred communication method
 - Electronic prompts to remind the provider and patient when vaccines are overdue
 - Standing orders to allow immunizations by others without direct provider involvement (e.g. nurses, medical assistants, or pharmacists)
 - Access: Extended hours, walk-in vaccinations, transportation
 - Provider audit and feedback with benchmarks
- Provider communication
 - Presumptive (assume that the patient is going to receive due vaccines today) recommendations (e.g. Tommy is due for his 12 month shots today). Also recommended for other team members to use this approach.
 - Provide clear, strong recommendations
 - CASE Method: Corroborate, About me, Science, Explain (see Indian Country ECHO/UNM Project ECHO)
 - Motivational interviewing (e.g. elicit-provide-elicit; asking about their reasons FOR vaccination to help reinforce)

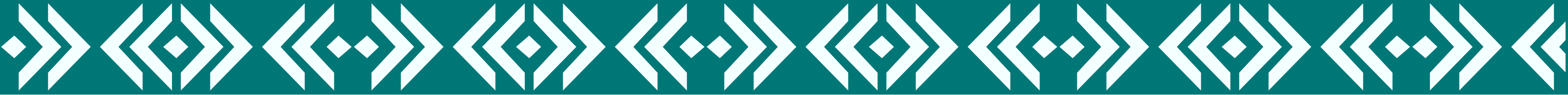
Strategies to Increase Vaccination Rates (cont.)

- Public Health
 - Vaccine clinics
 - Reviewing/addressing vaccination status with WIC beneficiaries
 - Messaging utilizing trusted messengers
- Schools
 - Vaccination or referral for vaccination
 - Education
- Laws
 - Vaccine requirements for school entry: removal of non-medical exemptions



MMR Vaccine Coverage Among Kindergartners in States without non-Medical Exemptions, 2023-2024	
State	2 MMR Doses
California	96.2%
New York	97.7%
Connecticut	97.7%
Maine	97.5%
West Virginia	98.3%





Partner Updates

Questions & Comments