# NPAIHB Weekly Update

August 19, 2025

NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
*Indian Leadership for Indian Health*

# Agenda

- Welcome & Introduction: Bridget Canniff
- NPAIHB Announcements, Events, & Resources
- N CREW Award 2025-2026: Dr. Victoria Warren-Mears
- Portland Area Indian Health Service Updates: Dr. Tara Perti
- 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, August 20th at 11am PT
  - Topic: *Patient Case Presentations*
  - To join via Zoom: https://echo.zoom.us/j/537117924?pwd=OEExbERmK2pSUFFsMzV1SmVpb3g3dz09

- **The Month in Virology ECHO (Form. COVID-19 ECHO) –** 3rd Wednesday monthly at 12pm PT
  - Wednesday, August 20th at 12pm PT
  - Didactic Topic: *The Month in Virology Clinical Updates*
  - To join via Zoom: https://echo.zoom.us/j/807187455?pwd=cG1rcGhMVGtnTGdqSDhKMlhGVFI2QT09

- **Infectious Disease ECHO –** 3rd Thursday of every month at 11am PT
  - Thursday, August 21st at 11am PT
  - Didactic Topic: *Updates in Syphilis: Challenges and Opportunities*
  - 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, August 21st at 5pm PT
  - Didactic Topic: *Ear, Nose and Throat Emergencies in EMS*
  - To join via Zoom: https://echo.zoom.us/j/84832881641?pwd=SXllNlpJa0Vta1R1c28xcUh5V1dlUT09

# Advancing Tribal Public Health Through Data Modernization

## Tribal Implementation Center Q & A Webinar

- Monday, August 25 at 11:00 – 12:00pm PT
- Register here

Sign up for the DMI Tribal IC Mailing List
to receive program updates (Scan QR code)

NPAIHB Contact:
Inger Appanaitis, Data Modernization Senior Advisor
iappanaitis-c@npaihb.org

## Cancer Patient Navigator Training

September 9-11, Portland, OR

**Registration:**
www.surveymonkey.com/r/CancerPNTraining


**Next HNY CoP Session:**

September 10, 10:00 – 11 AM Pacific

**Registration:**
https://us06web.zoom.us/meeting/register/4IjNGZ62TgyX1kuFlsWOZA

For more information or to request CoP recording with materials, please email: native@npaihb.org.

**Download the flyer:**
www.npaihb.org/modernevent/native-fitness-xix-2025/


**Register:**
www.surveymonkey.com/r/2025NF19


**Savvy Caregiver in Indian Country**
September 16-18, 2025
Coeur d'Alene – Worley, ID

**Registration:**
https://www.surveymonkey.com/r/6GB7TSK

# NPAIHB Weekly Update Schedule

**August 26:** Legislative & Policy Updates

A revised schedule of September topics
is coming soon!

# N CREW Award 2025-2026

## How you can be involved

Victoria Warren-Mears, Director, NWTEC

# Overview

- What is N CREW?
- Introduction to N CREW Year 2
  - Pivot requested by NIDA
- How you can be involved
  - Grant goals and your tribe
- Tuesday topics to help you and your grant writers
- Timeline
- How can this benefit your tribe in the future?

# What is N CREW?

- N CREW is a National Institutes of Health Initiative:
  - Native Collective Research Effort to Enhance Wellness (N CREW) Program: Addressing Overdose, Substance Use, Mental Health, and Pain
- N CREW has three main goals:
  1) Support Tribes & Native American Serving Organizations (T/NASOs) to lead community prioritized research projects, including research elevating and integrating Indigenous Knowledge and culture
  2) Enhance capacity within T/NASOs to conduct locally prioritized research by developing and providing novel, accessible, culturally grounded technical assistance and training, resources, and tools
  3) Improve access to, and the quality of, data on substance use, pain, and related health and wellbeing factors to maximize their potential for use in local decision-making

# NCREW Year 2

Northwest Regional Research Center (NWRRC)

- Purpose: To enhance Tribal data science and ensure Tribal data sovereignty
- Guiding Vision: Tribes can conduct research that addresses meaningful issues for their communities. The NPAIHB is here to support this work through the NWRRC.
- NWRCC will be a multidisciplinary hub to advance Tribal health through innovative, data-driven, and Tribal centered research.
- Why the pivot in year two?

# NCREW Year 2

- Our Aims:
  - Build research support for Tribes and by Tribes for provider-researchers to address pressing public health challenges
  - Foster community-engaged and policy-relevant research partnerships to maximize impact
  - Strengthen the research workforce through training for provider-researchers and community scholars
  - Develop a practice-based public health research project co-created by healthcare provider(s) and the staff of the NWRRC

# How You Can Be Involved

Attend the third Tuesday trainings during the NPAIHB Weekly Update and invite others in your Tribe to attend too.

- Grant Writers
- Clinic Directors
- Public Health Directors
- Doctors
- Dentists
- Allied Health Professionals
- Tribal Council Members
- Anyone who might be interested in research!
  - Youth are always welcome

# How You Can Be Involved

Consider if your tribe and clinicians have questions about pain control or substance use in your community.

What questions do you have that you need more information on?

- Attend the Tuesday calls to learn more about drafting a research proposal OR if you would be interested in the NWRRC developing and application for your Tribe in partnership with others, let us know.

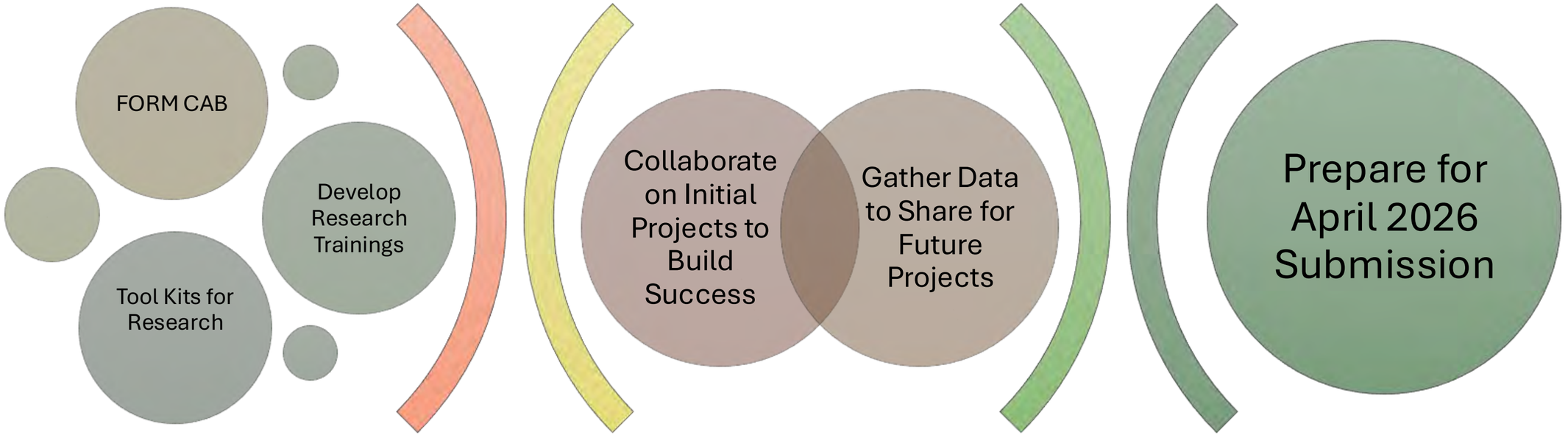
- Consider joining our Community Advisory Board (CAB) – more information will follow about the CAB.

- Let us know what research you feel needs to be done to improve your Tribal members' health

# Tuesday Calls

- Half an hour per month mini training sessions during the NPAIHB Weekly Update sessions (10 – 11 AM Pacific)
  - Research Topics
  - Each third Tuesday for ½ hour
  - Experts in each area will be present to talk about all things related to grants, data and evaluation

# Timeline




We Are Here

5-8 Months from Now

Prepare for the Future

# Questions

Contact: Victoria Warren-Mears at
vwarrenmears@npaihb.org or 503-998-6063

# Partner Updates

# Portland Area IHS Communicable Diseases Update

TARA PERTI, MD, MPH

MEDICAL EPIDEMIOLOGIST

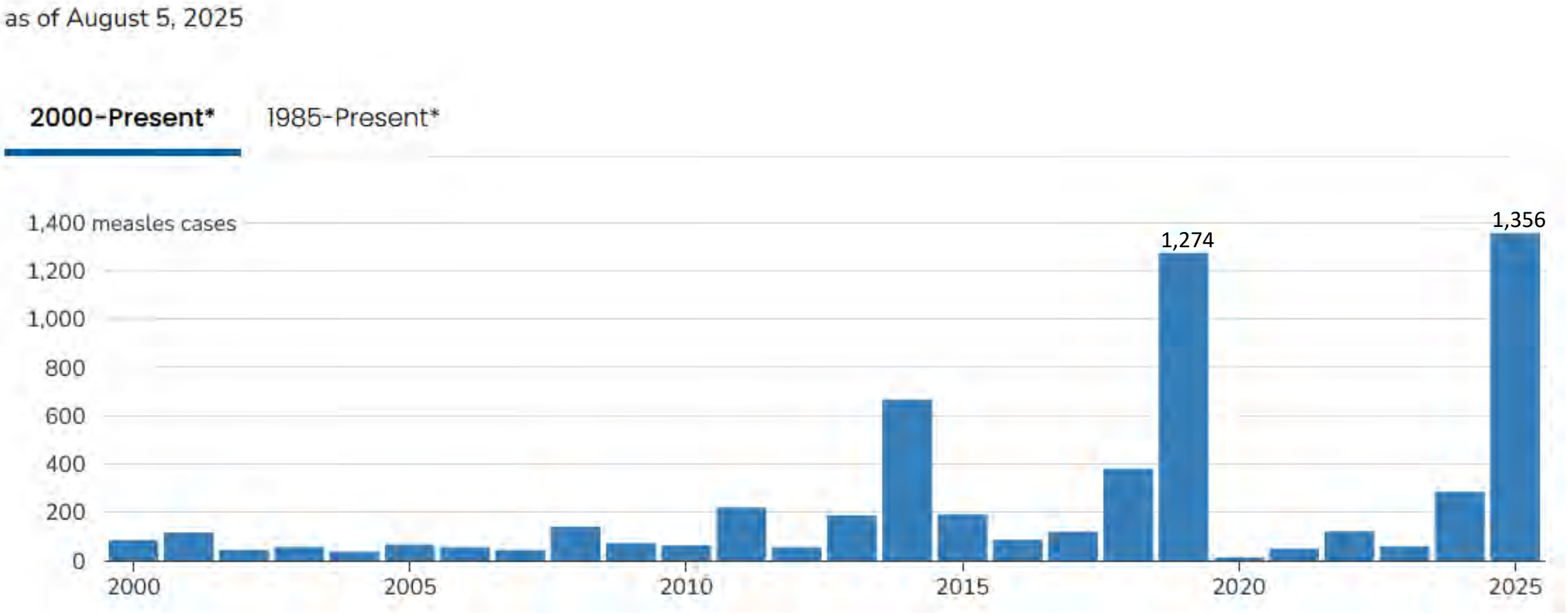
OFFICE, PORTLAND AREA IHS

August 19, 2025

# Outline

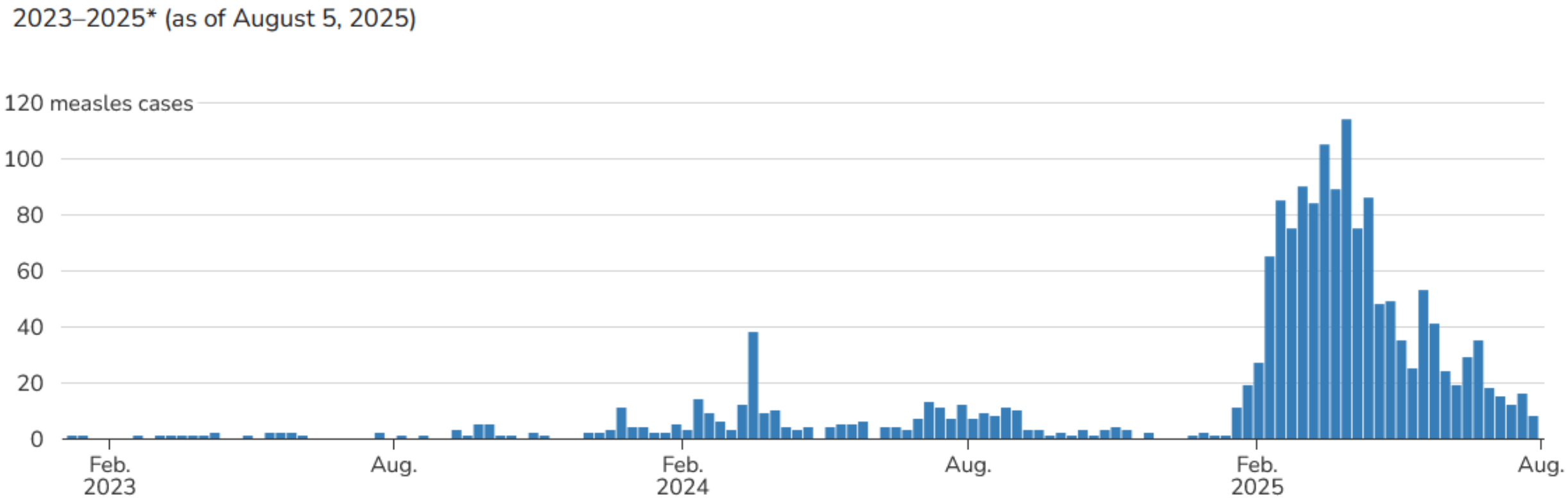
- Measles update
- COVID-19 update
- Syphilis: Update on Bicillin L-A shortage and alternative agents for treatment

# Yearly Measles Cases – United States, 2000-Present




Centers for Disease Control and Prevention. Measles Cases and Outbreaks. Available at: https://www.cdc.gov/measles/data-research/index.html

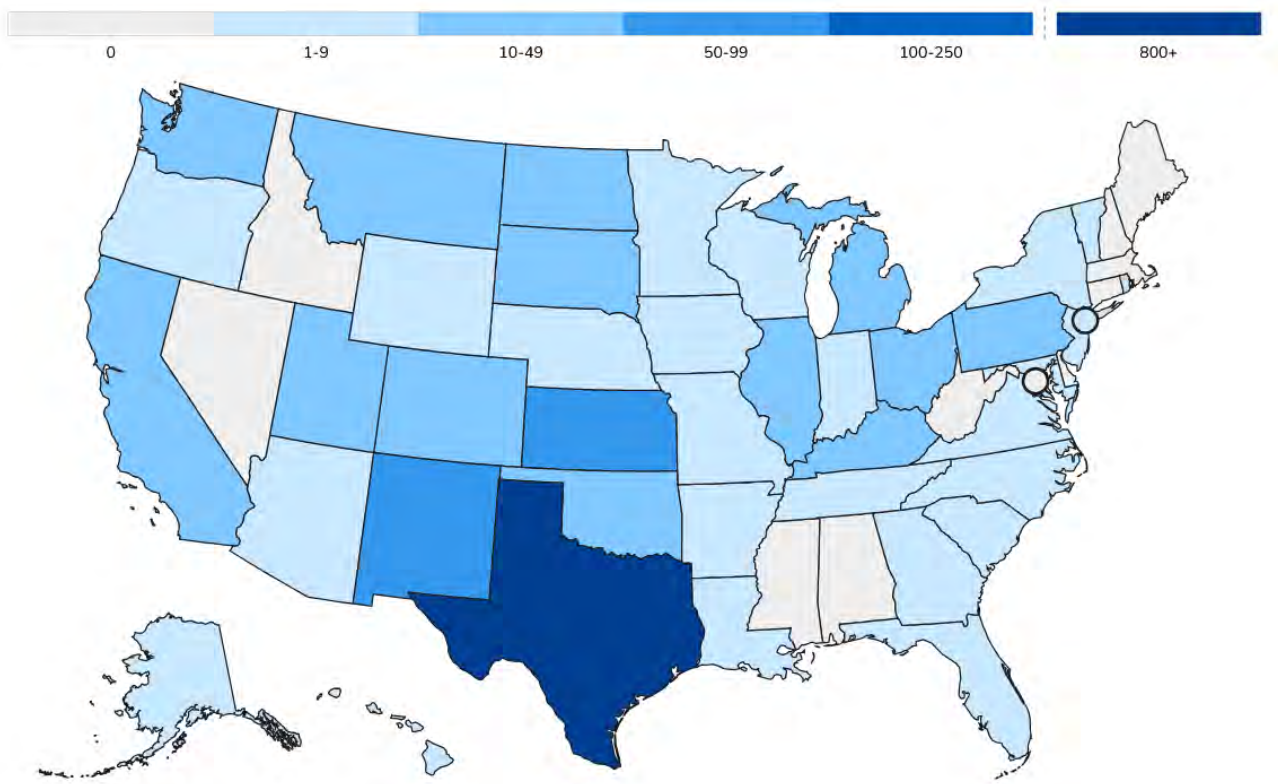
# Measles – United States, 2023-2025 (through 8/5)




Centers for Disease Control and Prevention. Measles Cases and Outbreaks. Available at: https://www.cdc.gov/measles/data-research/index.html

# Measles — United States, 2025

- 1,356 confirmed cases among 40 states through 8/5.
- 87% of cases from one of 32 outbreaks (≥3 related cases).
- Age: 28% <5 years-old, 37% 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 — Idaho, 2025

| Date Reported | County | Age | Exposure |
|---|---|---|---|
| 8/12/25 | Kootenai (Panhandle Health District) | Child | Unknown |
| 8/14/25 | Bonneville (Eastern Idaho Public Health) | Child | International Traveler (household) |

*There have been 2 additional cases among travelers to Idaho, who are not residents of Idaho (one reported on 8/7/25 in Bonneville County) and one previously reported on 5/23/25 by South Central Health District.

Eastern Idaho Public Health . First Confirmed Measles Case In Eastern Idaho Resident Since 1991. Available at: https://eiph.id.gov/wp-content/uploads/2025/08/8.14.25-First-Confirmed-Measles-Case-In-Eastern-Idaho-Resident-Since-1991-Press-Release.pdf

# Estimated MMR Vaccine Coverage Among Kindergartners – Washington, Oregon, Idaho and the United States, 2024-2025

| | 2 MMR Doses | Any Vaccine Exemption |
|---|---|---|
| Washington | 90.9% | 4.8% |
| Oregon | 90.5% | 9.8% |
| Idaho | 78.5% | 15.4% |
| National | 92.5% | 3.6% |

**≥95% coverage is needed to prevent outbreaks in communities!**

Centers for Disease Control and Prevention. Vaccination Coverage and Exemptions among Kindergartners. Available at: https://www.cdc.gov/schoolvaxview/data/index.html

# MMR Vaccination Rates by Area, June 30, 2025

| | 19-35 months % Vaccinated with 1 dose of MMR | 13-17 years % Vaccinated with 2 doses of MMR |
|---|---|---|
| **National** | **83.4** | **92.9** |
| Alaska | 87.9 | 96.8 |
| Albuquerque | 85.6 | 95.8 |
| Bemidji | 76.9 | 94.1 |
| Billings | 75.5 | 92.2 |
| California | 66.6 | 79.9 |
| Great Plains | 87.1 | 97.4 |
| Nashville | 82.3 | 94.2 |
| Navajo | 95.3 | 91.5 |
| Oklahoma | 74.2 | 84.7 |
| Phoenix | 79.0 | 96.7 |
| **Portland*** | **68.9** | **95.7** |
| Tuscon | 92.4 | 99.0 |

*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

# Measles — Washington and Oregon, 2025

Washington (N=10)*

| Date Reported | County | Age | Exposure |
|---|---|---|---|
| 2/26/25 | King | Infant | International Travel |
| 3/17/25 | Snohomish | Adult | Linked to 1st 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 1st Case in Whatcom County |
| 6/25/25 | King | 1 adult and 1 child in the same household | International Visitor |

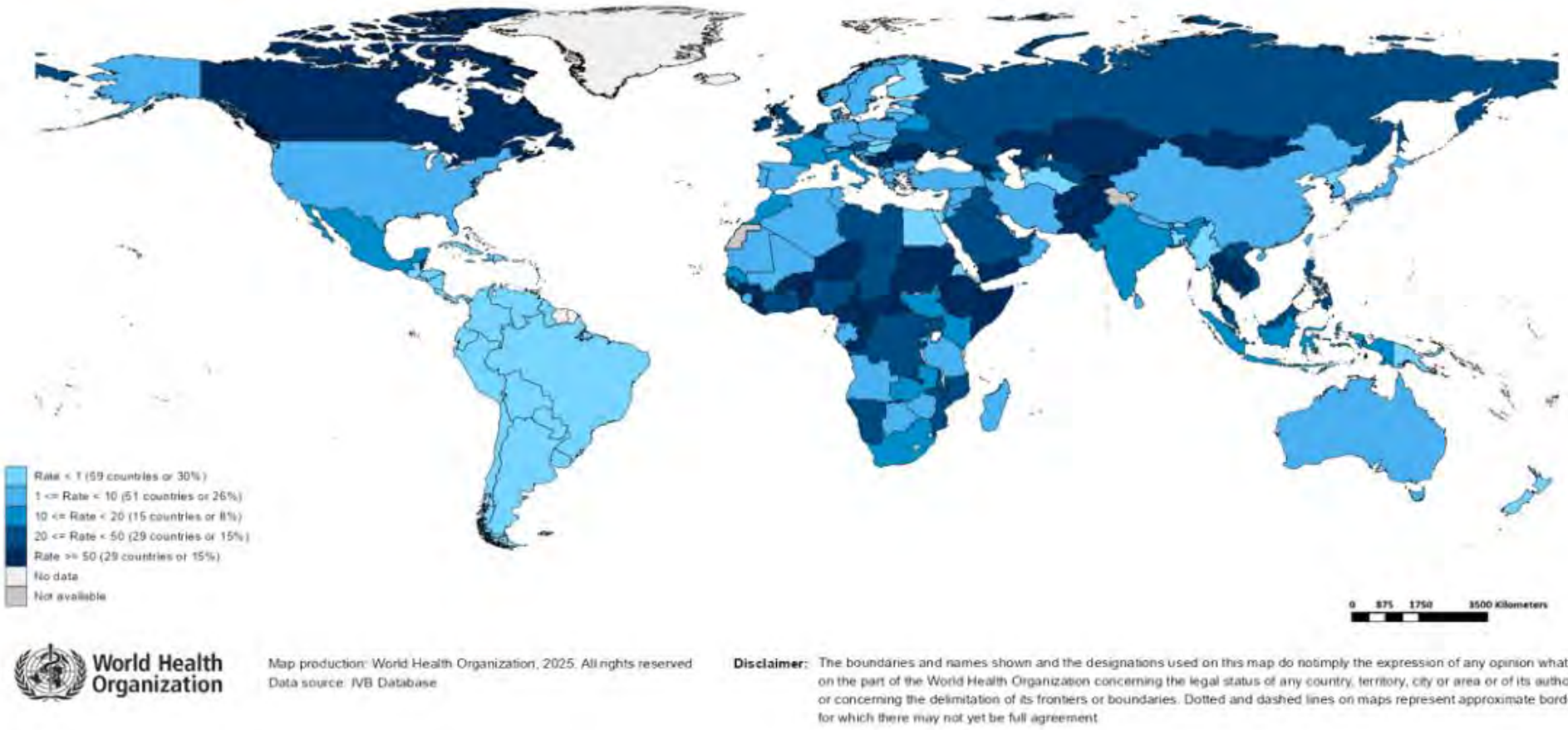
*There have also been 3 additional cases among travelers to Washington State, who are not residents of Washington State.

Oregon (N=1)

| Date Reported | County | Age | Exposure |
|---|---|---|---|
| 6/24/25 | Multnomah | Not provided | International Travel |

Washington State Department of Health. Measles. Available at: https://doh.wa.gov/you-and-your-family/illness-and-disease-z/measles
Oregon Health Authority. Oregon's first measles case of 2025 confirmed in Multnomah County. Available at: https://content.govdelivery.com/accounts/ORHA/bulletins/3e688b7

# Measles Incidence (Cases per Million), 6/2024-5/2025



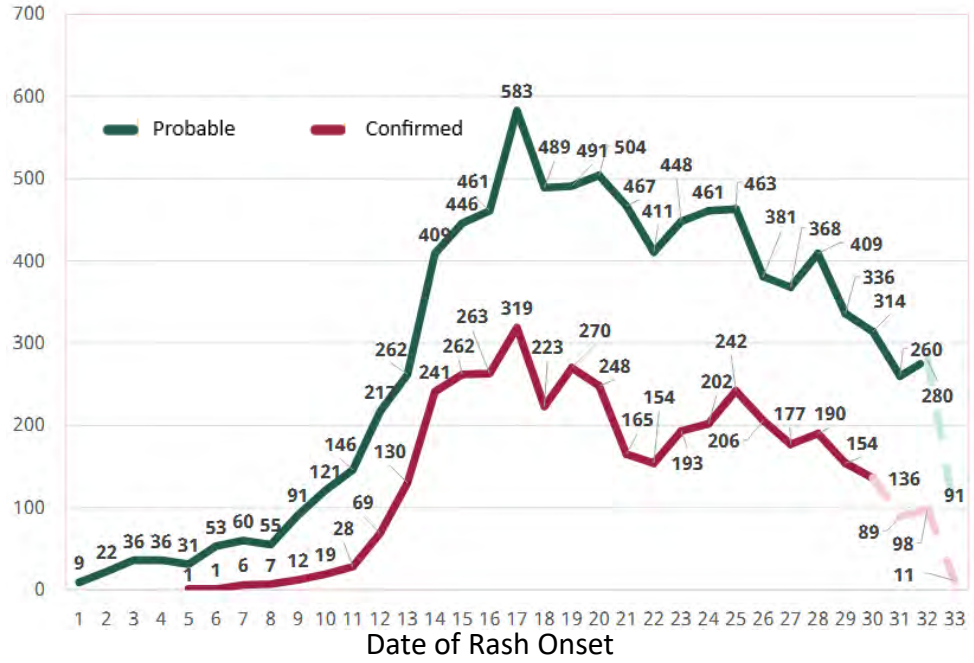

**Highest incidence rates**

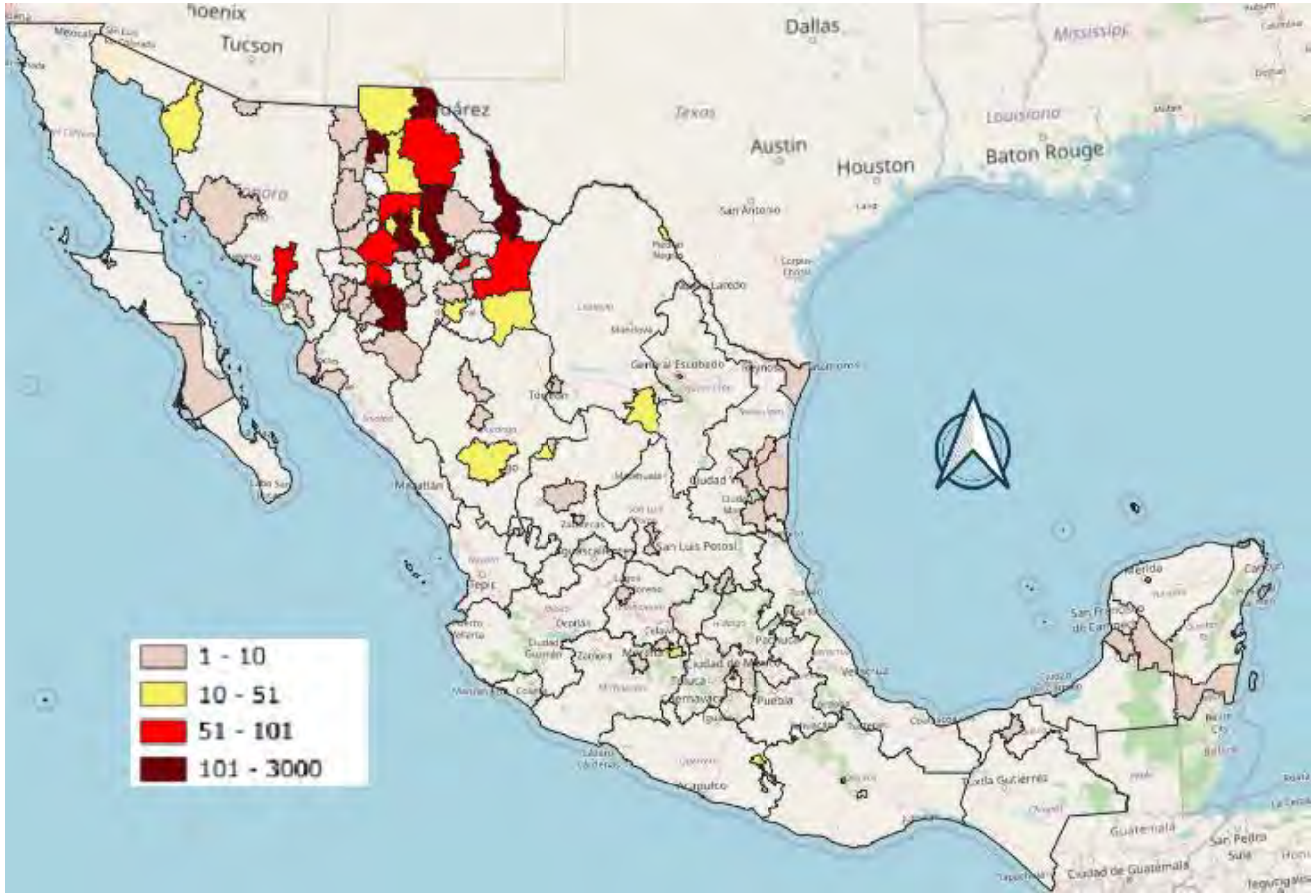
| Country | Cases | Rate |
|---|---|---|
| Kyrgyzstan | 10972 | 1,526.86 |
| Romania | 13071 | 687.40 |
| Yemen | 25987 | 640.34 |
| Afghanistan | 11631 | 272.72 |
| Georgia | 696 | 182.79 |
| Kazakhstan | 3275 | 159.04 |
| Tajikistan | 1676 | 158.25 |
| Serbia | 962 | 142.81 |
| Mongolia | 394 | 113.36 |
| Thailand | 7825 | 109.18 |

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

# Measles — Mexico, 2025 (through 8/15)

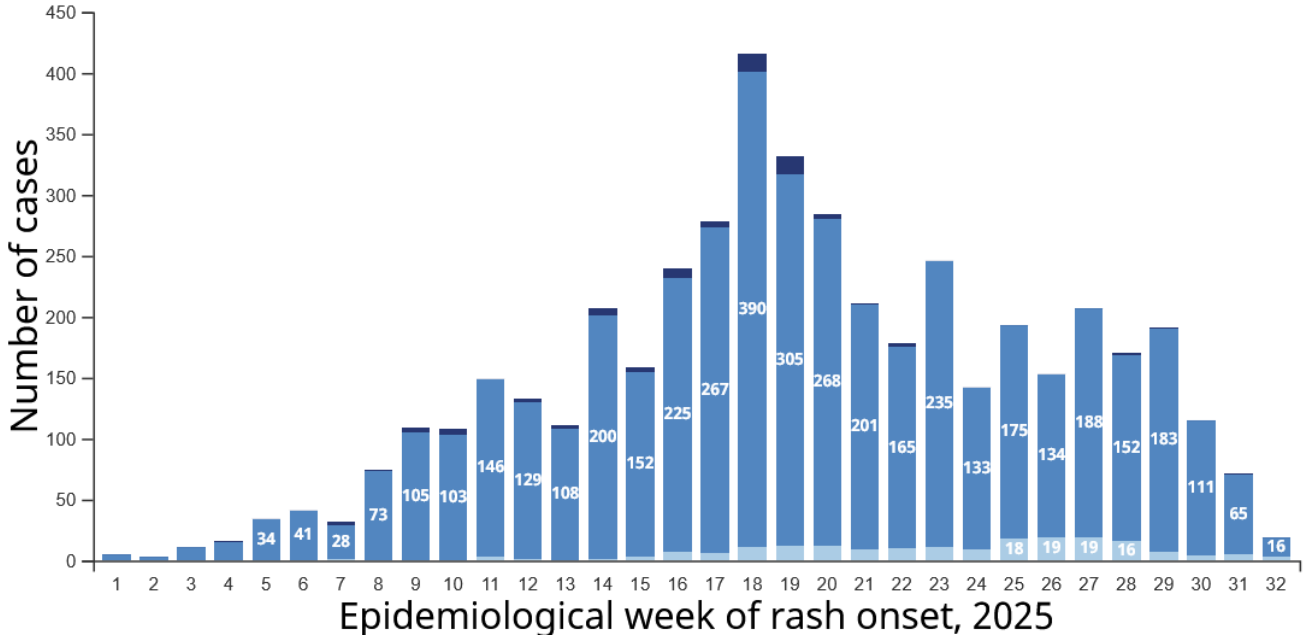
- 8,120 confirmed and probable cases; 4,116 confirmed cases as of 8/15/25
- 21 states; 3,832 (93%) confirmed cases in Chihuahua
- Deaths: **14** (13 in Chihuahua and 1 in Sonora)

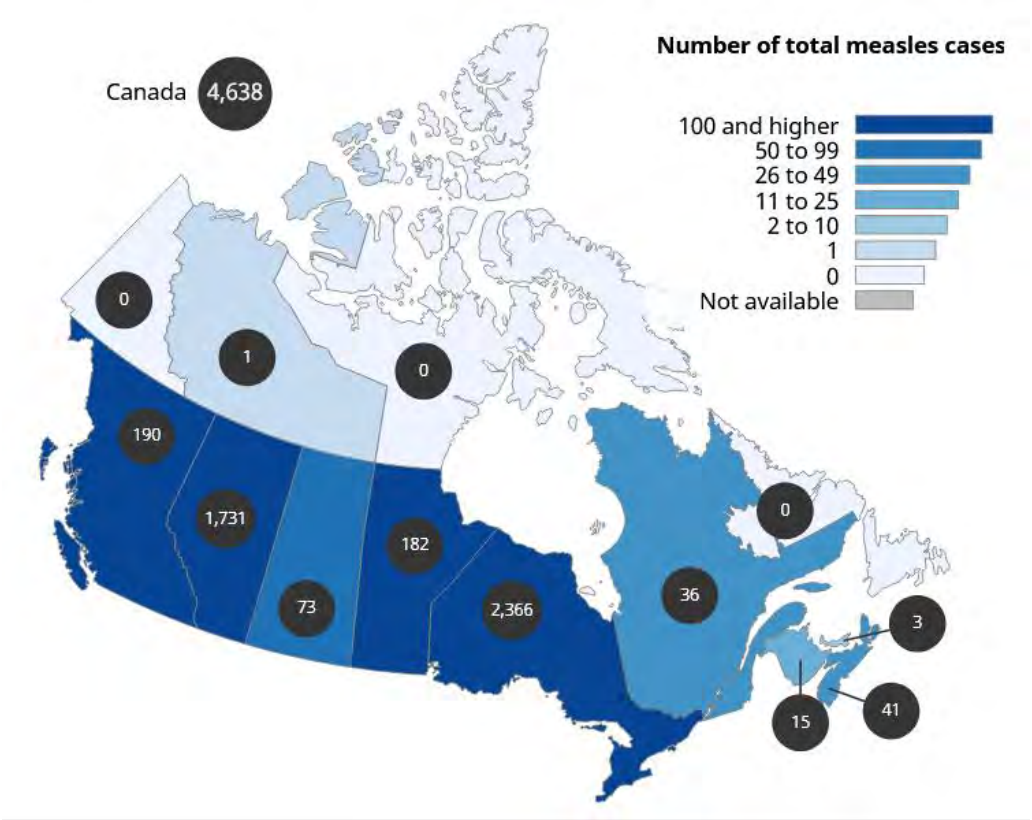



https://www.gob.mx/salud/documentos/informe-diario-del-brote-de-sarampion-en-mexico-2025

# Measles — Canada, 2025 (through 8/9)

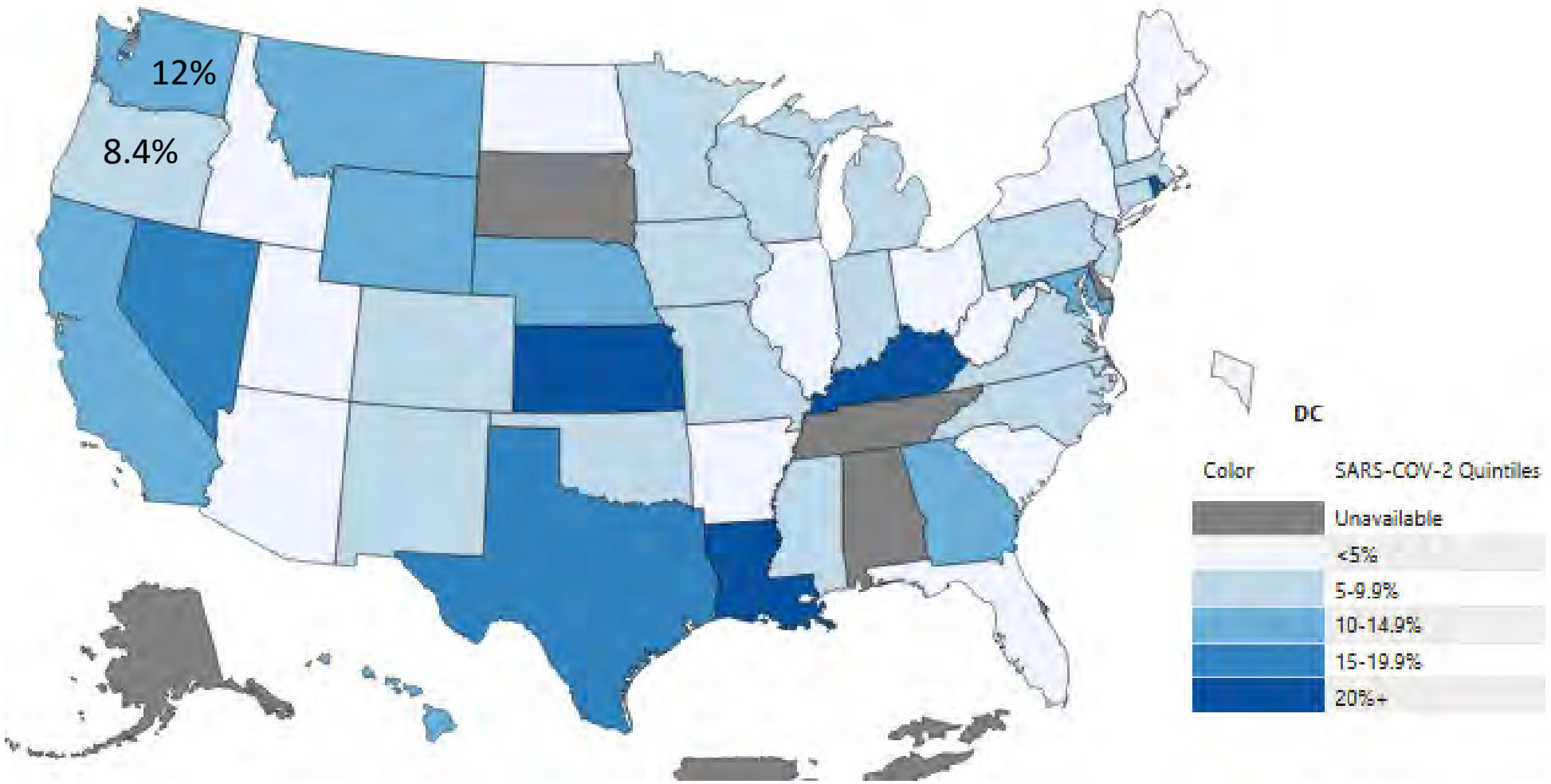



Number of confirmed cases: 4,310

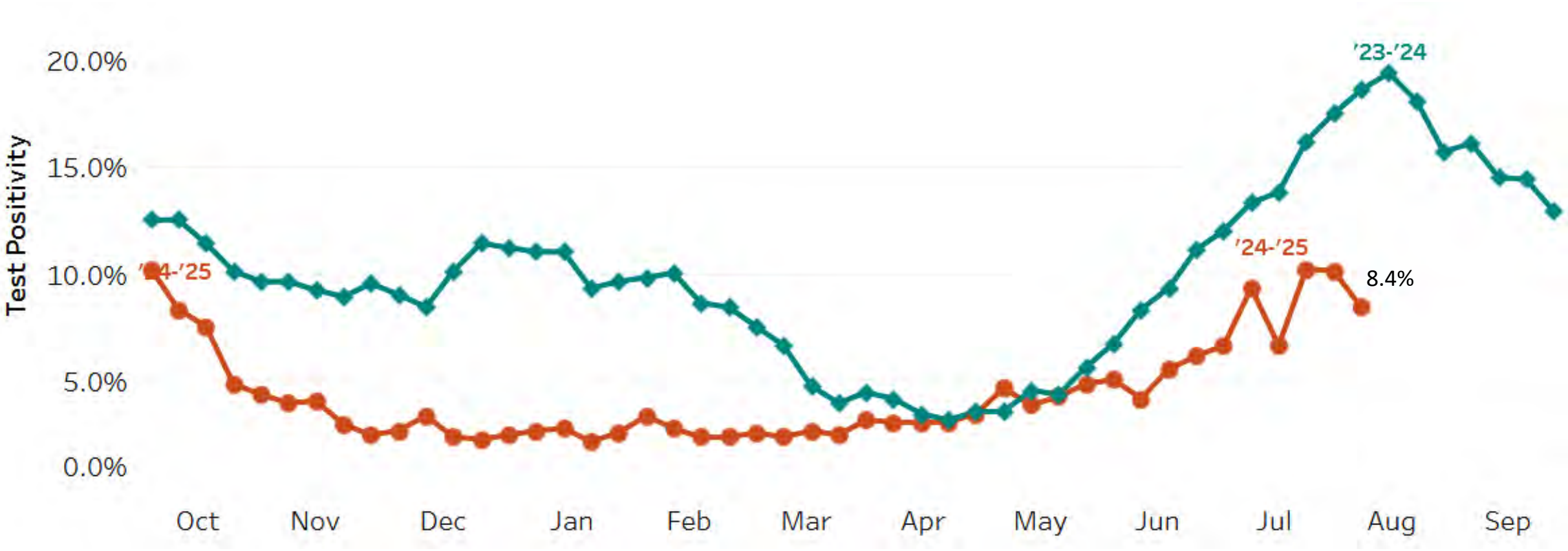
https://health-infobase.canada.ca/measles-rubella/

# COVID-19 % Positivity — United States, week ending 8/9/25



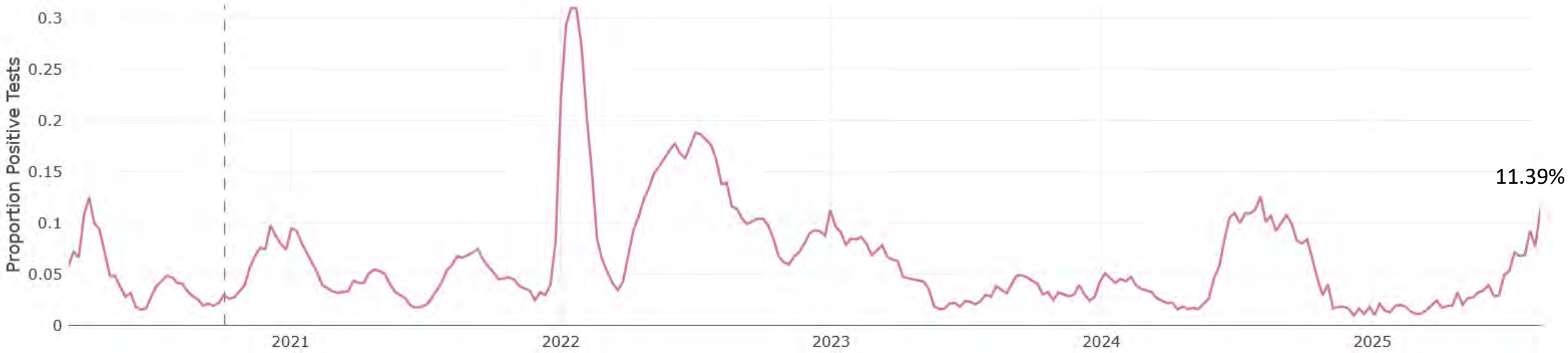

CDC. The National Respiratory and Enteric Virus Surveillance System (NREVSS) Interactive Dashboard. Available at: https://www.cdc.gov/nrevss/php/dashboard/index.html

# Percent of Tests Positive for COVID-19 — Oregon, 2023-2025 (through 8/9/25)




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

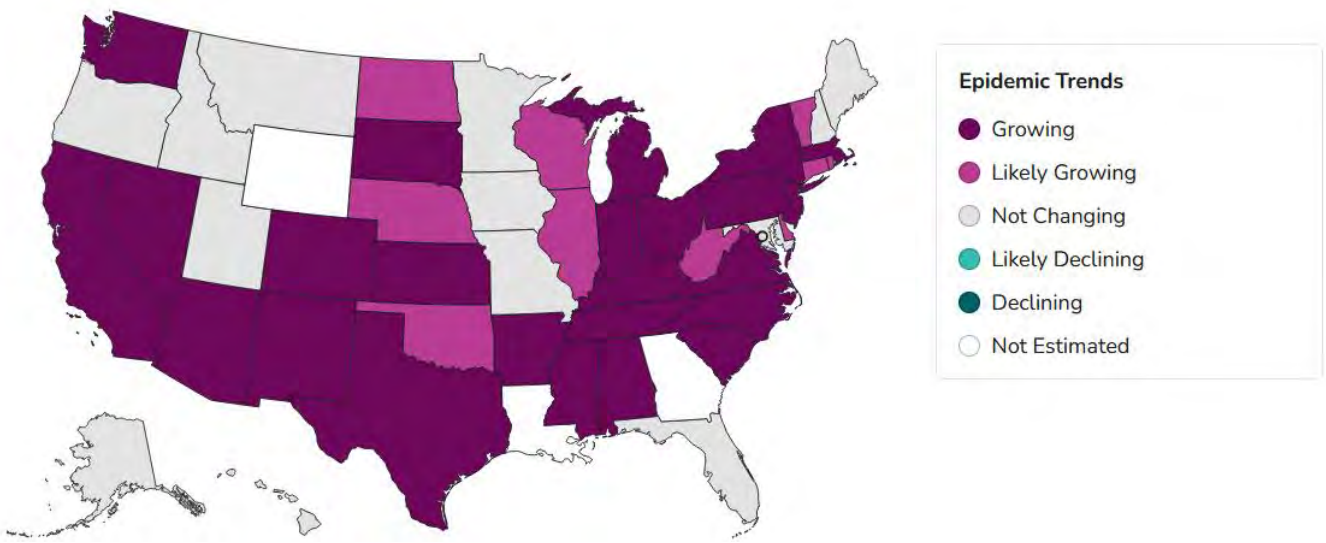
# Proportion of Tests Positive for COVID-19 in the Northwest — University of Washington and Seattle Children's Hospital, 2024-2025 (through 8/16)




https://depts.washington.edu/labmed/pnw_respiratory_dashboard/

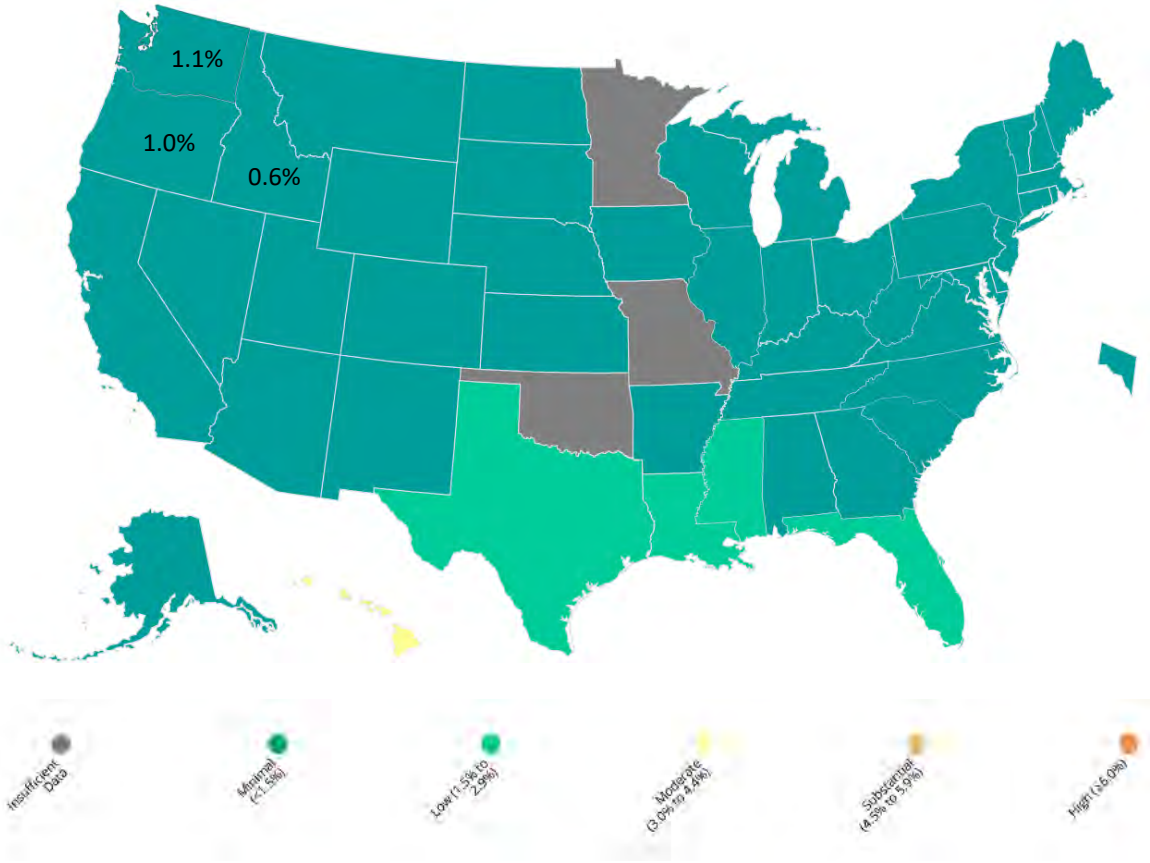
# ER visits with COVID-19 and Estimates of Trends — United States

## Estimates of COVID-19 Epidemic Trends



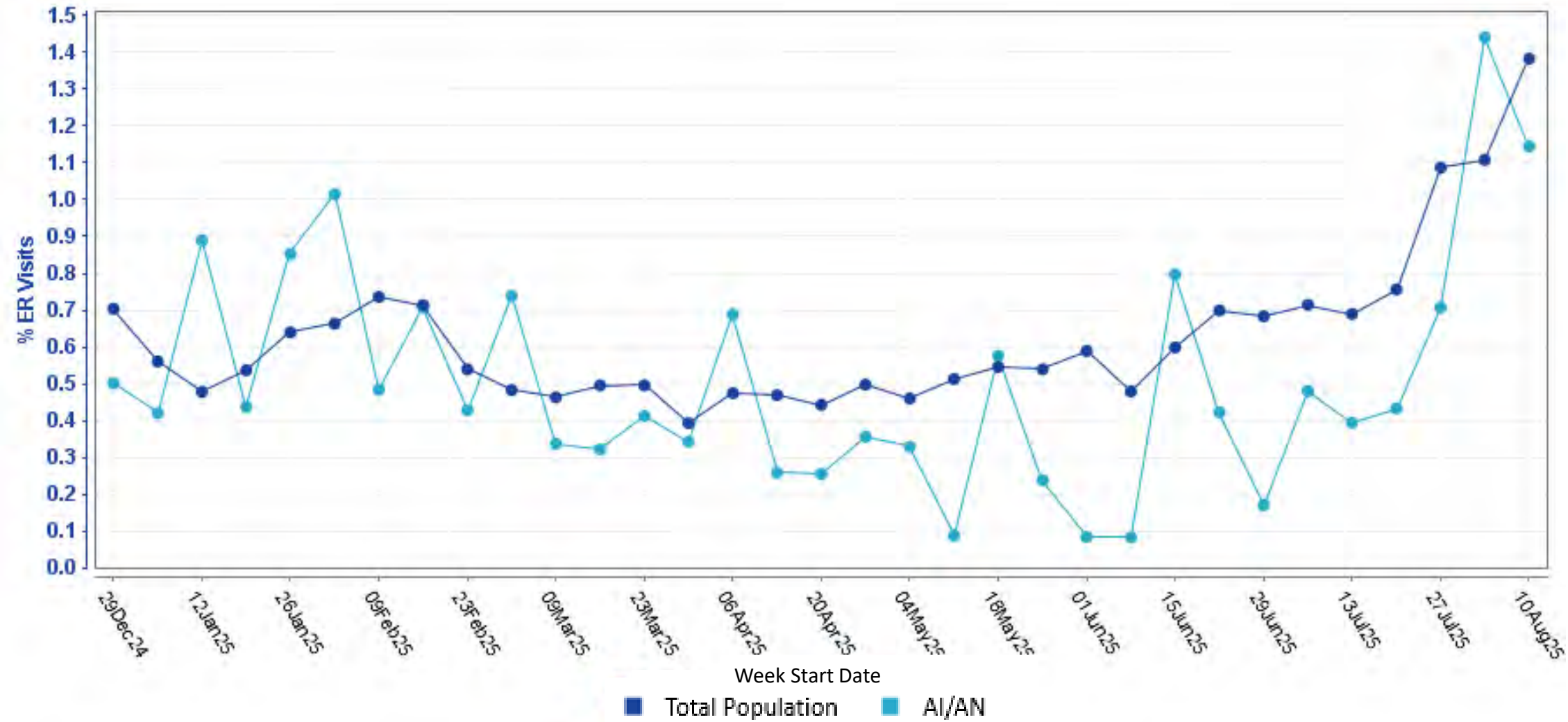

As of August 12, 2025

## Percentage of ER Visits with Diagnosed COVID-19 through August 9, 2025

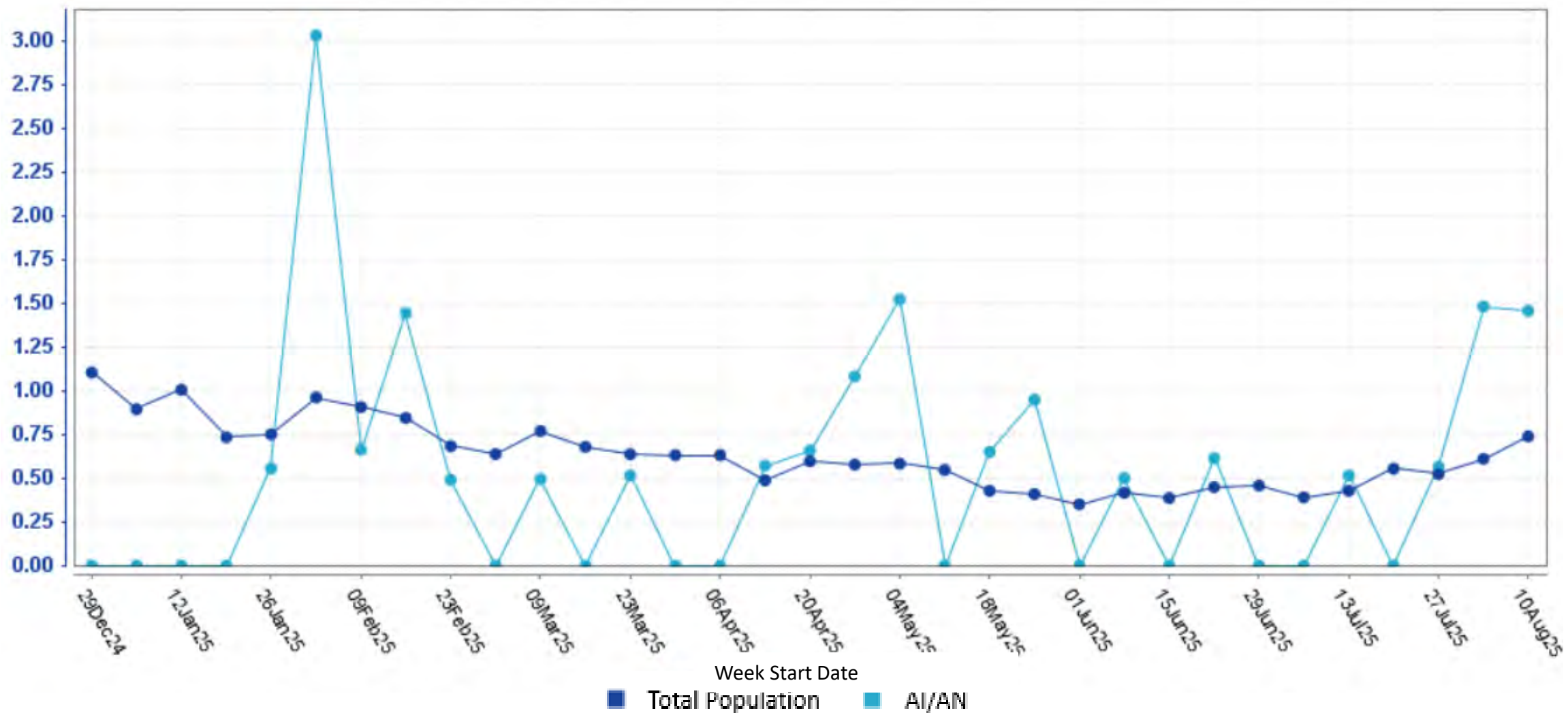



CDC. Current Epidemic Trends (Based on $R_t$) for States. Available at: https://www.cdc.gov/cfa-modeling-and-forecasting/rt-estimates/index.html
CDC. COVID Data Tracker. Available at: https://covid.cdc.gov/covid-data-tracker/#maps_percent-covid-ed

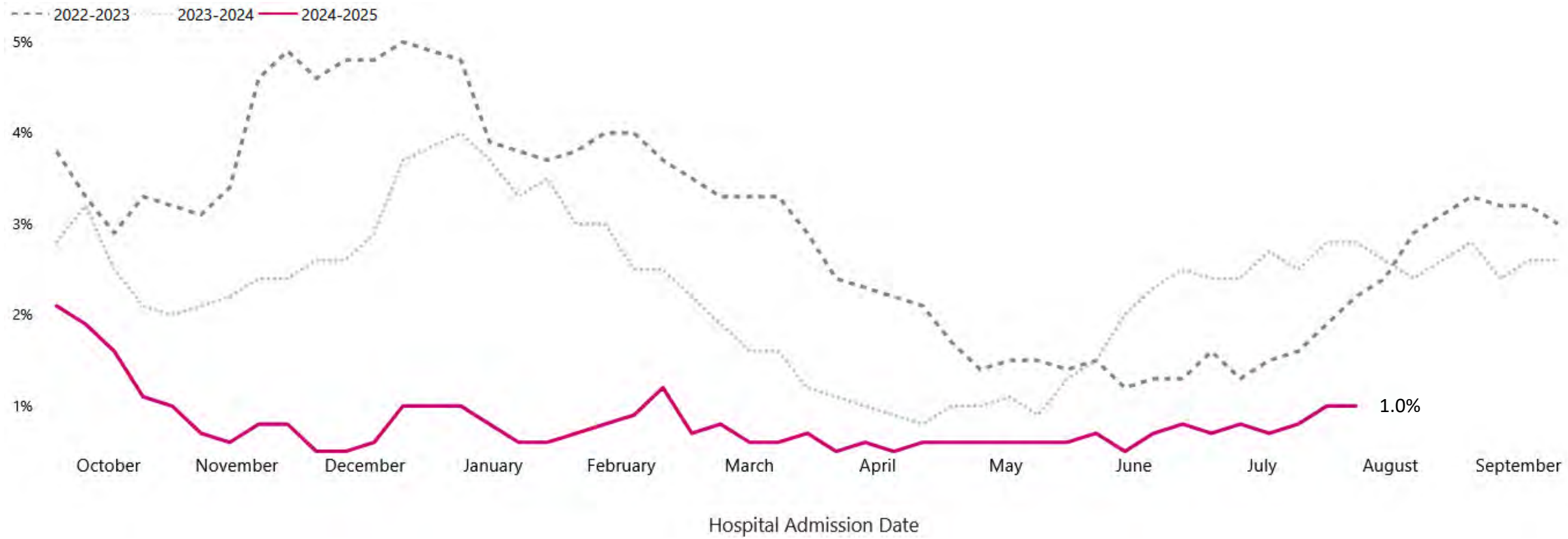
# % COVID-19 ER Visits, Total Population vs. AI/AN — Washington State, 2025 (through 8/16)



# % COVID-19 ER Visits, Total Population vs. AI/AN — Idaho, 2025 (through 8/16)

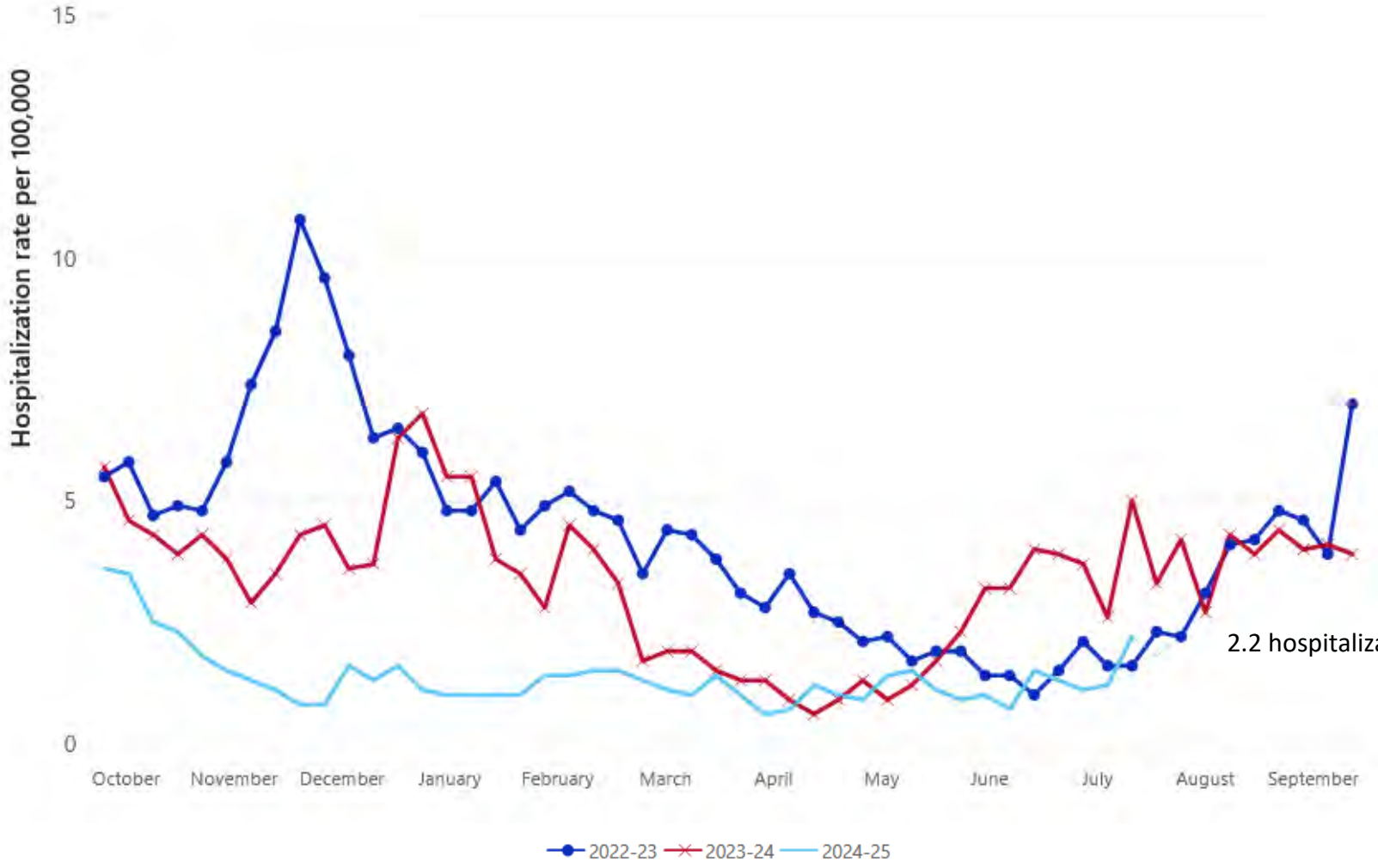


# Percent of Hospitalizations Associated with COVID-19 — Washington, 2024-25 vs. Recent Seasons, through 8/9/25




Washington State DOH. Respiratory Illness Data Dashboard. Available at: https://doh.wa.gov/data-and-statistical-reports/diseases-and-chronic-conditions/communicable-disease-surveillance-data/respiratory-illness-data-dashboard#DiseaseActivity

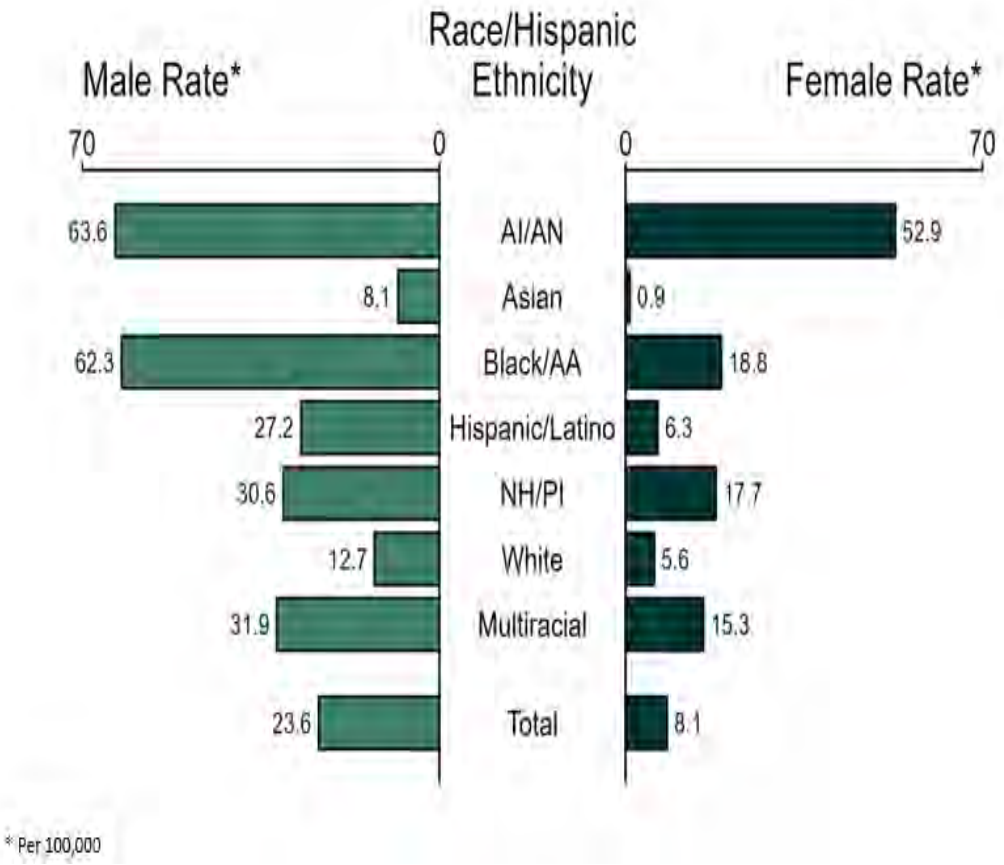
# Weekly Rates of Hospitalizations Associated with COVID-19 — Oregon, 2024-25 vs. Recent Seasons (through 8/9/25)

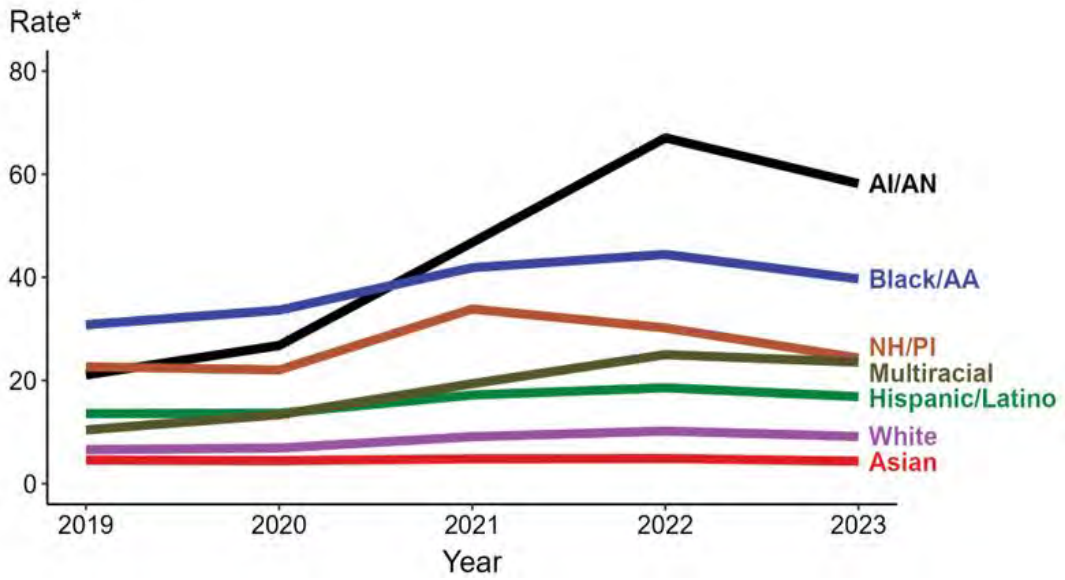



2.2 hospitalizations per 100,000 population

COVID-19 Net. Available at: https://www.cdc.gov/covid/php/covid-net/index.html

# Primary and Secondary Syphilis States – Rates of Reported Cases by Race/Hispanic Ethnicity and Sex, United States, 2023



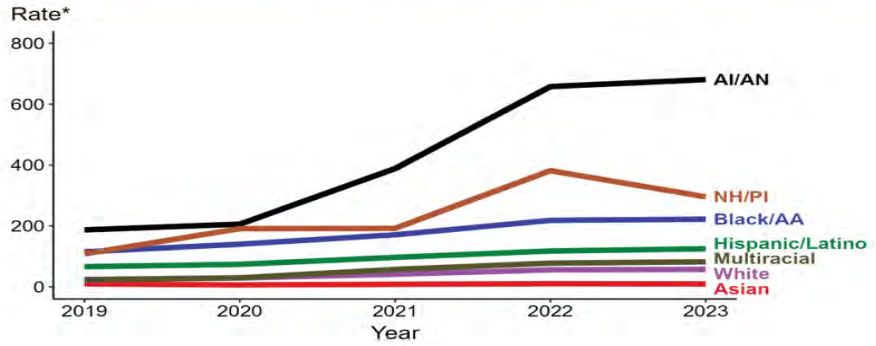




Centers for Disease Control and Prevention. Sexually Transmitted Infections Surveillance, 2023. Available at: https://www.cdc.gov/sti-statistics/annual/index.html

# Cases of Congenital Syphilis — Oregon, Washington, Idaho, and U.S., 2023-2024

| | 2023 | 2024 |
|---|---|---|
| Oregon | 30 | 45 |
| Washington | 57 | |
| Idaho | 0 | |
| U.S. | 3,800<br>Including 178 cases among AI/AN<br>Incidence among AI/AN: 680.8 cases/100,000 persons<br>Incidence among NHW: 57.3 cases/100,000 persons | |

**Congenital Syphilis — Rates of Reported Cases by Race/Hispanic Ethnicity of Birth Parent and Year of Birth, United States, 2019–2023**




Centers for Disease Control and Prevention. Sexually Transmitted Infections Surveillance, 2023. Available at: https://www.cdc.gov/sti-statistics/annual/index.html
Oregon Health Authority. Congenital Syphilis. Available at: https://www.oregon.gov/oha/ph/diseasesconditions/hivstdviralhepatitis/sexuallytransmitteddisease/pages/congenital-syphilis.aspxSyphilis.
Washington State Department of Health. Available at: https://doh.wa.gov/sites/default/files/2024-12/420-004-CDAnnualReport2023.pdf

# Bicillin Shortage: Background

- Shortages of Bicillin (first-line treatment for syphilis) since 2023.
- July 10, 2025: Recall of specific lots of Bicillin L-A due to particulates identified during visual inspection affecting large proportions of national stock.
- Bicillin L-A is currently not available from the IHS National Supply Service Center (NSSC) or IHS Pharmaceutical Prime Vendor.
- The NSSC has advised facilities to submit requests for Bicillin L-A directly to Pfizer using the Bicillin L-A Medical Request Form. As of July 10, 2025 Pfizer indicated Bicillin L-A would be available only through direct shipment through this process.
- IHS is procuring Lentocilin – facilities interested in purchasing Lentocilin can order through the NSSC via traditional Form 413 ordering process. Point of contact: Weston.Thompson@ihs.gov
- Lentocilin can also be ordered by contacting TopRx at support@toprx.com or 1-800-542-8677.
- Extencilline can also be ordered by contacting one of the authorized distributors: https://www.fda.gov/media/175366/download (e.g. Distribution@dsuccess.com or 1-877-404-3338)

CDC. Dear Colleague Letter – Bicillin LA- Priority Actions Following Recall. Available at: https://www.cdc.gov/sti/php/from-the-director/2025-07-bicillin-recall.html
FDA. Drug Shortages - Penicillin G Benzathine Injection. Available at: https://dps.fda.gov/drugshortages/activeingredient/penicillin-g-benzathine-injection

# Penicillin G Benzathine (e.g. Bicillin L-A) Prioritization (IHS National P&T Committee)

- 1. Highest Priority:
  - Pregnant women: [Bicillin L-A (or equivalent products: Lentocilin and Extencilline)] are the ONLY treatments recommended for pregnant patients (infection or exposure).
  - Also prioritized for: infants with congenital syphilis, partners of pregnant women, persons living with HIV and their partners.
- 2. Other persons with early syphilis (i.e. primary, secondary, or early latent) and their partners if supplies are adequate for # 1.
  - If inadequate supplies:
    - Doxycycline 100 mg po bid X 14 days for early syphilis
    - Doxycycline 100 mg po bid X 28 days for late latent syphilis or syphilis of unknown duration.
    - For early syphilis, ceftriaxone 1 g IM/IV daily X 10 d is an alternative option.

Available Tool for Bicillin Forecasting and Inventory: https://ncsddc.org/resource/bicillin-forecasting-and-inventory/

IHS National P&T Committee) Medication Update. *UPDATE*: Limited Supply of Penicillin G Benzathine (Bicillin® L-A) for treatment of Syphilis. Available at: https://www.ihs.gov/sites/nptc/themes/responsive2017/display_objects/documents/guidance/NPTC-Med-Update-Benzathine-Penicillin-G-Syphilis-July-2025-UPDATE.pdf

# Lentocilin (Powdered Benzathine Benzylpenicillin Tetrahydrate and Diluent)

- Can be used interchangeably with Bicillin L-A (benzathine benzylpenicillin is another name for penicillin G benzathine).
- It is supplied as a powder, which is reconstituted with diluent (4 mL water and 60 mg lidocaine contained in the box).
- Instructions on how to prepare and administer Lentocilin: https://www.fda.gov/media/182165/download?attachment
- The total volume is larger than the pre-filled syringes for Bicillin:
  - Volume after reconstitution for 1.2 MU is 4 mL (vs. 2 mL).
  - Please note that, as for Bicillin L-A, the dose for early syphilis (primary, secondary, and early latent syphilis) is 2.4 MU IM X 1 and for late latent syphilis or syphilis of unknown duration, the dose is 2.4 MU IM weekly for 3 weeks.
- Allergy to soybeans is a contraindication (Lentocilin contains soy phospholipids).
- Storage: < 25° C, in original package. It should be used immediately after reconstitution.

Laboratorios Atral, S.A. Dear Healthcare Provider Letter: Temporary Importation of Lentocilin©, (Benzathine Benzylpenicillin Tetrahydrate) Powder and diluent for suspension for injection, 1,200,000 units with Foreign, non-U.S. Labeling to Address Supply Shortage. Available at: https://www.fda.gov/media/182165/download?attachment

# Extencilline (Powdered Benzathine Benzylpenicillin and Diluent)

- Equivalent to Bicillin L-A, can be used interchangeably (benzathine benzylpenicillin is another name for penicillin G benzathine).
- It is supplied as a powder, which is diluted with water (contained in the box) or with lidocaine.
- Instructions on how to prepare and administer Extencilline: https://www.fda.gov/media/175365/download.
- The total volume is larger than in the pre-filled syringes for Bicillin:
  - Volume after reconstitution for 1.2 MU is 5 mL (vs. 2 mL) and for 2.4 MU, 7 mL (vs. 4 mL).
- It should be used immediately after reconstitution.
- Allergy to soybeans is a contraindication (Extencillin contains soy phospholipids).

Laboratoires Delbert. Dear Healthcare Provider Letter: Temporary Importation of Extencilline, (benzathine benzylpenicillin) Powder and diluent for reconstitution for injection, 1,200,000 units and 2,400,000 units with Foreign, non-U.S. Labeling to Address Supply Shortage. Available at: https://www.fda.gov/media/175366/download

Indian Health Service
National Pharmacy and Therapeutics Committee
Medication Update

*August 19, 2025*

# Authorized Alternative to Penicillin G Benzathine (Bicillin® L-A) for Treatment of Syphilis & Congenital Syphilis

A voluntary recall of specified lots of Bicillin® L-A (Penicillin G benzathine) injectable suspensions, namely the 1.2M units/2ml and 2.4M units/4 ml prefilled syringes, was issued by the manufacturer on July 10th, 2025 due to particulates identified during visual inspection. Penicillin G Benzathine remains the first-line recommended treatment for syphilis per U.S. Centers for Disease Control and Prevention guidelines.[1]

To address this product shortage, the U.S. Food and Drug Administration (FDA) has temporarily authorized two Bicillin® L-A alternatives, **Lentocilin**© (benzathine benzylpenicillin tetrahydrate) and **Extencilline**® (benzathine benzylpenicillin), from foreign manufacturers to be imported by U.S. healthcare facilities in the interim.[2] These products are not FDA-approved, but are considered interchangeable to Bicillin® L-A in safety and effectiveness. As an intermediate term solution, *Lentocilin*© offers the Indian Health Service (IHS) a clinically-appropriate, cost-effective solution to remedy the limited supply of Bicillin® L-A for the treatment of syphilis and congenital syphilis in American Indian/Alaska Native (AI/AN) populations. IHS is in the process of procuring a supply of *Lentocilin*© from an FDA-approved distributer to meet current and projected needs. Facilities interested in purchasing Lentocilin© (at their cost) may use the traditional Form 413 ordering process from the IHS National Supply Service Center.

## Product Information[3] - LENTOCILIN©

In terms of clinical indications and dosing for treatment of syphilis and congenital syphilis, Lentocilin© is deemed equivalent to Bicillin® L-A. However, subtle differences exist between the two product formulations, some of which are included below for clinician review and consideration.

***Notably, the product labeling states that Lentocilin©:***

- is supplied as powder for reconstitution (compared to prefilled disposable syringes for Bicillin® L-A)
- should be stored below 25ºC (room temperature), in the original package to protect from light and moisture. Following reconstitution, benzylpenicillin benzathine should be used immediately
- is only available in 1.2M unit intramuscular (IM) dose vials. The volume of Lentocilin© 1.2M units after reconstitution is around 4 mL (compared to 2 mL for Bicillin® L-A). Two IM injections may be needed
- must be administered exclusively by deep IM injection in the external upper quadrant of the buttock and an alternate site (other buttock) should be used in case of repeated doses
- contains soy phospholipids and may cause hypersensitivity reactions (urticaria, anaphylactic shock) in patients with a history of allergy to soybeans

Adverse reactions or quality problems experienced with the use of this product may be reported to the FDA's MedWatch Adverse Event Reporting program either online, by regular mail or by fax:

- *Complete and submit the report Online: www.fda.gov/medwatch/report.htm*
- *Regular Mail or Fax: Download form or call 1-800-332-1088 to request a reporting form, then complete and return to the address on the pre-addressed form or submit by fax to 1-800-332-0178*

## Summary

In conclusion, there remains ample supply of an authorized penicillin G benzathine alternative for the IHS. The IHS has approved use of Lentocilin© in accordance with appropriate indications and dosing for the treatment of syphilis and congenital syphilis in AI/AN patients. All healthcare facilities planning to procure and utilize Lentocilin© should review its Prescribing Information prior to administration.

References:
1. U.S. Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2021. Published July 23, 2021.
2. U.S. Centers for Disease Control and Prevention. Bicillin L-A. Sexually Transmitted Infections (STIs). Published July 18, 2025.
3. Lentocilin© (Benzathine Benzylpenicillin Tetrahydrate). PRESCRIBING INFORMATION. Laboratorios Aral, S.A. Portugal. June 11, 2024.

# Summary

- Measles
  - Idaho: Two cases among Idaho residents have been reported: one on 8/12 in Kootenai County, reported by the Panhandle Health District – not yet known how this child acquired measles, raising concern for additional unrecognized cases; the other case was reported on 8/14 in Bonneville County by Eastern Idaho Public Health, exposed to an international traveler with measles.
  - Washington: No new cases reported. Ten cases of measles among Washington State residents (King, Snohomish, and Whatcom Counties), most related to international travel; no outbreak so far. Last case reported on 6/25.
  - Oregon: No new cases reported. One case in Multnomah County reported on 6/24.
  - 1,356 measles cases in 40 states (through 8/5) with 3 deaths. 92% unvaccinated or with unknown vaccination status. 87% of cases associated with one of 29 outbreaks.
  - Overall numbers decreasing, but ongoing risk of outbreaks from imported cases.

- COVID-19
  - Test positivity has been increasing. WA: 12%, OR 8.4%.
  - % of ER visits associated with COVID-19 remains minimal (<1.5%) in most of U.S. including WA, OR and ID, though it has been increasing. Hospitalizations associated with COVID-19 have also been increasing, but remain much lower than last year.

- Syphilis
  - AI/AN have experienced a disproportionate burden in the U.S., with the highest rates of early syphilis and congenital syphilis.
  - Shortages of Bicillin, the first-line treatment for syphilis since 2023 worsened due to recall of specific lots of Bicillin L-A on July 10, 2025. Bicillin L-A is currently not available from the IHS National Supply Service Center (NSSC) or IHS Pharmaceutical Prime Vendor.

# Recommendations: Measles/COVID-19

- **Ensure patients at your clinics are up to date on immunizations, including COVID-19, to protect your patients and the community.**
- **Ensure anyone traveling internationally (including to Mexico and Canada) without presumptive evidence of immunity are vaccinated at least 2 weeks prior to travel (those ≥ 12 months old should receive 2 doses at least 28 days apart, infants ≥6 months old should receive 1 dose (revaccinated with 2 dose series starting at 12 months).**
- **Consider using multiple strategies to increase vaccination rates** (e.g. reminder/recall, electronic prompts, standing orders, increasing patient access, provider audit and feedback with benchmarks, CME on provider communication techniques (e.g. boostoregon.org webinars including on motivational interviewing), vaccine clinics, reviewing/addressing vaccination status with WIC beneficiaries, messaging utilizing trusted messengers).
- **Prepare for measles:**
  - Ensure all health care workers have presumptive evidence of measles immunity and that N95 Respirator Fit Testing has been done in the past year.
  - If a measles case is identified in your community:
    - Develop signage and a protocol to screen patients for possible measles (e.g. fever and rash, with international travel, travel to a community with a measles outbreak, or known exposure to measles in the past 21 days).
    - Provide patients with possible measles a mask to wear and to immediately bring back to a designated room available (e.g. airborne infection isolation room if available).
    - Train staff, including front-desk to recognize, isolate, and evaluate patients with possible measles and in infection prevention (e.g.Project Firstline: Measles Infection Control Microlearn with discussion guide).
    - Ensure you have supplies for measles testing.
- **Consider measles** in anyone with a fever and generalized maculopapular rash with recent international travel or travel to an area with a measles outbreak, or exposure to a measles case.
- **Recommend testing performed in collaboration with local health jurisdiction** (throat or NP swab for measles PCR in viral transport media, possibly urine for measles PCR, blood for measles IgM and IgG).

# Recommendations: Syphilis

- **Determine if you have any recalled Bicillin L-A** if not done already: https://www.pfizerhospitalus.com/sites/default/files/news_announcements/Bicillin%20Recall%20Letter.pdf
- **Monitor Bicillin L-A inventory and forecast needs** based on patterns of use.
- **Order** additional supply of Bicillin or equivalents as needed.
  - NSSC has advised facilities to submit requests for Bicillin L-A directly to Pfizer using the Bicillin L-A Medical Request Form.
  - IHS is procuring Lentocilin – facilities interested in purchasing Lentocilin can order through the NSSC via traditional Form 413 ordering process. Point of contact: Weston.Thompson@ihs.gov
  - Lentocilin can be ordered by contacting TopRx at support@toprx.com or 1-800-542-8677.
  - Extencilline can also be ordered by contacting one of the authorized distributors: https://www.fda.gov/media/175366/download (e.g. Distribution@dsuccess.com or 1-877-404-3338)
- **Prioritize Bicillin L-A or equivalent products, lentocilin or extencilline, based on supply.** These are the ONLY treatments recommended for pregnant patients. See: IHS National P&T Committee Recommendations.
- **Continue to screen for syphilis.** Screening is recommended by IHS annually for everyone age 13 years or older and for all pregnant women three times: first prenatal visit, beginning of 3rd trimester, and delivery. Prior IHS Recommended Guidelines for Syphilis Testing, Treatment, and Prevention.

# Patient Education Resources for Immunizations for Measles and Other Vaccine Preventable Diseases

- IHS: https://www.ihs.gov/epi/health-surveillance/educational-resources/; https://www.ihs.gov/NIPHC/public-health-messaging/
- NPAIHB: Email vaccinative@npaihb.org to access the vaccine resource folder (while website is down; in the future, resources will be available at indiancountryecho.org).
- Centers for Disease Control and Prevention: https://www.cdc.gov/measles/resources/index.html
- Washington State Department of Health: https://doh.wa.gov/you-and-your-family/illness-and-disease-z/measles; https://doh.wa.gov/you-and-your-family/immunization; https://doh.wa.gov/sites/default/files/2025-03/820310-MeaslesCommunicationsToolkit.pdf
- Oregon Health Authority: https://www.oregon.gov/oha/ph/diseasesconditions/diseasesaz/pages/measles.aspx; https://www.oregon.gov/oha/ph/preventionwellness/vaccinesimmunization/gettingimmunized/pages/index.aspx
- Idaho Department of Health & Welfare: https://healthandwelfare.idaho.gov/services-programs/children-families/child-and-adolescent-immunization; https://healthandwelfare.idaho.gov/services-programs/children-families/adult-immunization
- American Academy of Pediatrics: https://www.aap.org/immunization; https://www.healthychildren.org/immunizations
- Boost Oregon: https://boostoregon.org
- Immunize.org: https://www.immunize.org/clinical/a-z/?wpsolr_fq%5B0%5D=audiences_str%3AVaccine%20Recipients&wpsolr_fq%5B1%5D=imm_language_str%3AEnglish
- Vaccine Education Center at Children's Hospital of Philadelphia: https://www.chop.edu/vaccine-education-center

  https://www.chop.edu/vaccine-update-healthcare-professionals/resources/vaccine-and-vaccine-safety-related-qa-sheets
- Indian Country ECHO/UNM Project ECHO: https://projectecho.app.box.com/s/piod28mg2rv66c7zpbf13u9lr3hzhiup

"Making a Strong Vaccine Recommendation: Vaccine Communication"; "MMR Vaccine Outreach Strategies; "Current Measles Response and Clinical and Prevention Best Practices"

# Additional Resources


American Academy of Pediatrics. Measles. In: Kimberlin DW, Banerjee R, Barnett ED, Lynfield R, Sawyer MH, Long SS, eds. Red Book: 2024–2027 Report of the Committee on Infectious Diseases. 33rd Edition. Itasca, IL:
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Centers for Disease Control and Prevention. Adult Immunization Schedule by Age. Available at: https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.html.

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Filardo TD, Mathis A, Raines K, et al. Measles. In: Roush SW, Baldy LM, Mulroy J, eds. Manual for the Surveillance of Vaccine Preventable Diseases. Atlanta, GA: Centers for Disease Control and Prevention. Paged last reviewed:05/13/2019. 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

Oregon Health Authority. Measles / Rubeola (vaccine-preventable). Available at: https://www.oregon.gov/oha/ph/diseasesconditions/diseasesaz/pages/measles.aspx

Washington State Department of Health. Measles. Available at: https://doh.wa.gov/you-and-your-family/illness-and-disease-z/measles; https://doh.wa.gov/public-health-provider-resources/notifiable-conditions/measles

**June 11, 2024**

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**IMPORTANT PRESCRIBING INFORMATION**

**Subject:**

**Temporary Importation of Lentocilin©, (Benzathine Benzylpenicillin Tetrahydrate) Powder and diluent for suspension for injection, 1,200,000 units with Foreign, non-U.S. Labeling to Address Supply Shortage**

Dear Healthcare Provider,

To address the shortages of Bicillin® L-A (penicillin G benzathine injectable suspension) in the United States, Mark Cuban Cost Plus Drug Company, PBC ("MCCPDC") is coordinating with the U.S. Food and Drug Administration (FDA) to temporarily import Lentocilin© (Benzathine Benzylpenicillin Tetrahydrate) Powder and diluent for suspension for injection, 1,200,000 units into the United States. Benzathine benzylpenicillin is another name for Penicillin G benzathine.

Lentocilin©, (Benzathine Benzylpenicillin Tetrahydrate) Powder and diluent for suspension for injection 1,200,000 units, manufactured and marketed in Portugal by Laboratórios Atral S.A., is not FDA-approved.

Effective immediately, MCCPDC will distribute the following presentations of Lentocilin©, (Benzathine Benzylpenicillin Tetrahydrate) Powder and diluent for suspension for injection 1,200,000 units to address the shortage:

| Product Description | Strength | Pack Size | NDC # | Batch # | Expiration Date |
|---|---|---|---|---|---|
| LENTOCILIN S 1200 1,200,000 units/4ML | 1,200,000 units/4 ml | 1 unit | 84383-110 | V055V007497V | 03/31/2028 |

**The barcode on the imported product label may not register accurately on the U.S. scanning systems**. Institutions should manually input the imported product information into their systems and confirm that the barcode, if scanned, provides correct information. Alternative procedures should be followed to assure that the correct drug product is being used and administered to individual patients.

In addition, the packaging of the imported product does include serialization information. Lab Atral does not meet the Drug Supply Chain Security Act (DSCSA) requirements for the Interoperable Exchange of Information for Tracing of Human, Finished Prescription Drugs. However, the company is not registered in the GS1 system in US, thus the tracking function is not available.

There are key differences between the FDA approved Bicillin® L-A and Lentocilin©

- Lentocilin© labeling does not have a boxed warning. Please refer to the Bicillin L-A boxed warning.
- Lentocilin© carton labeling does not have the warning "Fatal if given by other routes". However, Lentocilin's product information states that "Lentocilin S Suspension for injection must be administered EXCLUSIVELY by DEEP INTRAMUSCULAR (IM) injection.".
- Lentocilin© contains soy phospholipids and may cause hypersensitivity reactions (urticaria, anaphylactic shock) in patients with a history of allergy to soybeans.
- Lentocilin© is supplied as powder for reconstitution compared to prefilled disposable syringes for Bicillin L-A. Follow instructions for the preparation of an intramuscular injection of Lentocilin® in the Preparation section below.
- **The volume of Lentocilin© 1,200,000 units after reconstitution is around 4 mL compared to 2 mL for Bicillin L-A 1,200,000 units.**
- Lentocilin© labeling includes detailed instructions for deep intramuscular administration in the Warnings section below:
    - Administer Lentocilin S suspension EXCLUSIVELY by DEEP INTRAMUSCULAR INJECTION in the external upper quadrant of the buttock.
    - In children and infants, the IM injections should be done, preferably, in the middle of the external lateral side of the thigh.
    - In infants younger than 2 years, and if considered necessary, the dosage may be divided and administered in two separate sites.
    - The IM injection site should be changed in case of repeated doses.
- Lentocilin© should be stored below 25ºC, in the original package to protect from light and moisture. Following reconstitution, benzylpenicillin benzathine should be used immediately.
- Lentocilin© will be available only by prescription in the U.S. However, the imported product does not have the statement "Rx only" on the labeling. An equivalent expression is included in carton box (Medicinal product subject to medical prescription).

**Reporting Adverse Events:**

Healthcare providers should report adverse events associated with the use of Lab Atral's Lentocilin© to MCCPDC by phone: 682-428-8081; email: dtc_quality@costplusdrugs.com. Adverse reactions or quality problems experienced with the use of this product may be reported to the FDA's MedWatch Adverse Event Reporting program either online, by regular mail or by fax:

- Complete and submit the report Online: www.fda.gov/medwatch/report.htm
- Regular Mail or Fax: Download form https://www.accessdata.fda.gov/scripts/medwatch/index.cfm or call 1-800-332-1088 to request a reporting form, then complete and return to the address on the pre-addressed form or submit by fax to 1-800-FDA-0178 (1-800-332-0178).

Please ensure that your staff and others in your institution who may be involved in the administration of Lab Atral's Lentocilin© receive a copy of this letter and review the information.

**To place an order**, please contact TopRx at support@toprx.com or 1-800-542-8677.

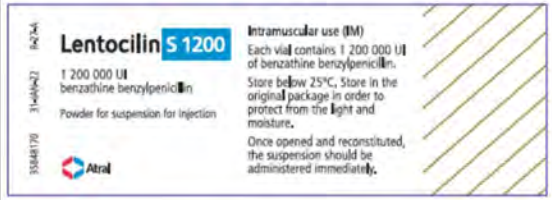
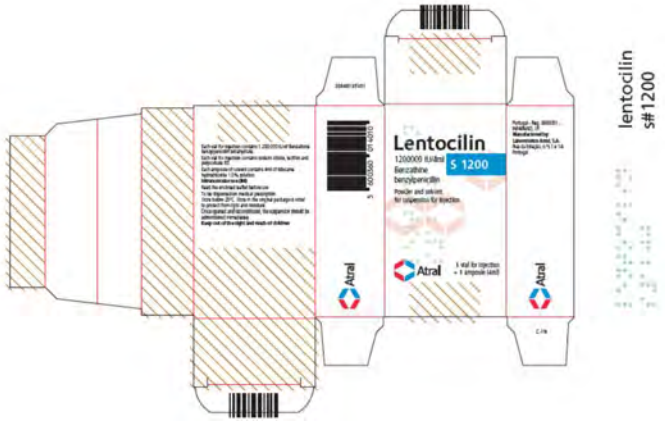
This letter is not intended as a complete description of the benefits and risks related to the use of Lab Atral's Lentocilin©. Please refer to the enclosed full prescribing information.

For additional information, please contact Mark Cuban Cost Plus Drug Company, PBC. at 682-428-8081; email: dtc_quality@costplusdrugs.com.

Sincerely,

**Eduardo Oliveira**
Regulatory Affairs Director

## Side-by-Side Product Comparison of Bicillin L-A and Lentocilin©

| | US Product | Imported Product |
|---|---|---|
| **Product Name** | **Bicillin L-A** | **Lentocilin S 1200** |
| **Dosage Form** | **injectable suspension** | **Powder and diluent for suspension for injection** |
| **Label** |  |  <br>  |

LABORATÓRIOS ATRAL, S.A.
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Matrícula na Conservatória do Registo Comercial de Vila Franca de Xira /NIPC: 500162085, Capital Social: 2.717.100,00 Euros

| | US Product | Imported Product |
|---|---|---|
| **Composition** | Bicillin L-A contains penicillin G benzathine in aqueous suspension with sodium citrate buffer and, as w/v, approximately 0.65% sodium citrate, 0.59% povidone, 0.54% carboxymethylcellulose sodium, 0.53%<br>lecithin, 0.12% methylparaben, and 0.013% propylparaben.<br><br>Bicillin L-A contains approximately 0.11 mEq of sodium per 600,000 units of penicillin G (approximately 2.59 mg of sodium per 600,000 units of penicillin G). | **Vial – Powder for suspension for injection:**<br>• Benzylpenicillin benzathine tetrahydrate – 1,200,000 units<br>• Sodium citrate - 37 mg<br>• Lecithin (0.5-1.5% used in Benzathine benzylpenicillin)- N.D.<br>• Polysorbate 80 (0.1-0.3%used in Benzathine benzylpenicillin)- N.D.<br>**Diluent for Parental use:**<br>• Lidocaine hydrochloride monohydrate - 60 mg<br>• Water for injections - 4 ml |
| | Bicillin L-A suspension in the disposable-syringe formulation is viscous and opaque. It is available in a 1 mL, 2 mL, and 4 mL sizes containing the equivalent of 600,000 (actual volume of 1.17 mL contains 620,100), 1,200,000 (actual volume of 2.34 mL contains 1,240,200), and 2,400,000 (actual volume of 4.67 mL contains 2,475,100) units respectively of penicillin G as the benzathine salt. | |
| **Indications** | The following infections will usually respond to adequate dosage of intramuscular penicillin G benzathine:<br>Mild-to-moderate infections of the upper-respiratory tract due to susceptible streptococci.<br>Venereal infections—Syphilis, yaws, bejel, and pinta.<br>Medical Conditions in which Penicillin G Benzathine Therapy is indicated as Prophylaxis:<br>Rheumatic fever and/or chorea—Prophylaxis with penicillin G benzathine has proven effective in preventing recurrence of these conditions. It has also been used as follow-up prophylactic therapy for rheumatic heart disease and acute glomerulonephritis. | Lentocilin S is indicated for the treatment of the following infections in adults and children:<br>- Upper respiratory tract infections, namely group A streptococcal infections<br>- Primary and secondary syphilis<br>- Latent syphilis<br>- Tertiary syphilis (in adults)<br>- Congenital syphilis (in children)<br>- Yaws<br>- Bejel<br>- Pinta<br><br>Lentocilin S is also indicated prophylactically in the following situations:<br>- Rheumatic fever<br>- Diphtheria (including elimination of the asymptomatic carrier state)<br><br>Consideration should be given to official guidelines for appropriate use of antimicrobial agents. |

| | US Product | Imported Product |
|---|---|---|
| **Contraindications** | A history of a previous hypersensitivity reaction to any of the penicillins is a contraindication. | Hypersensitivity to the active substance, to other penicillin or to any of the excipients.<br>Hypersensitivity to lidocaine or local anesthetics of the amide type. |
| **Precautions** | PRECAUTIONS:<br>Prescribing Bicillin L-A in the absence of a proven or strongly suspected bacterial infection or a prophylactic indication is unlikely to provide benefit to the patient and increases the risk of a development of drug-resistant bacteria. | Before initiating therapy with benzylpenicillin, careful inquiry should be made concerning previous hypersensitivity reactions to penicillin, cephalosporins, and other beta-lactam antibiotics.<br><br>Contact with the penicillin during handling the product should be avoided due to the possibility of skin sensitization.<br><br>To minimize the overgrowth of resistant bacteria and maintain the effectiveness of benzylpenicillin, this medicine should only be used in the treatment of infections proven to be caused by susceptible bacteria. Therapy should be based on bacteriological studies (including sensitivity tests) and the patient's clinical response.<br><br>Prolonged administration of Lentocilin S can occasionally result in overgrowth of non-susceptible organisms particularly Candida, Pseudomonas or Enterobacter.<br><br>Antibiotic treatment modifies the commensal flora of the colon, allowing the growth of Clostridium difficile. This microorganism produces toxins, which are responsible for diarrhea associated to antibiotherapy, which can range from mild diarrhea to fatal colitis. Patients with diarrhea during or even up to two months after treatment with antibiotics should be subject to investigation and differential diagnosis. Confirming pseudomembranous colitis, treatment should be discontinued and, if necessary, use supportive hydro-electrolyte measures, recommended antibiotherapy and protein supplement.<br><br>Because of the risk of neurotoxicity, caution is recommended especially in the case of administration of high doses of benzylpenicillin to renal impaired patients.<br><br>During prolonged treatment with high doses of benzylpenicillin is recommended to monitor the renal and haematological functions. The use of benzylpenicillin for more than 2 weeks may be associated with an increased risk of neutropenia and incidence of |

| | US Product | Imported Product |
|---|---|---|
| | | immune complex self-limited sickness-like reactions. Special precautions should be taken in order to avoid intravenous and intraarterial administration or injection into or near major peripheral nerve or blood vessel, since such injections may produce severe and/or permanent neuromuscular damage. In case of evidence of impaired blood flow at the injection site - proximal or distal – an appropriate specialized physician should be immediately consulted.<br><br>Special caution is recommended when treating patients with spirochetal infections, particularly syphilis, due to the possibility of a Jarisch - Herxheimer reaction. This is a very common reaction when benzylpenicillin is used to treat syphilis, occurring in 50% of patients with primary syphilis, 75% of those treated for secondary syphilis and 30% of those treated for neurosyphilis. This reaction usually occurs 2-12 hours after initiation of penicillin therapy and is characterized by the occurrence of headache, fever, chills, sweating, sore throat, myalgia, arthralgia, malaise, increased heart rate and an increase in blood pressure followed by its decrease.<br>This reaction is probably caused by the release of endotoxins from the treponemes and should not be confused with a hypersensitivity reaction. The reaction may be dangerous in cardiovascular syphilis or when there is a serious risk of increased local lesions such as optic atrophy.<br><br>It is recommended the use of oxidative enzymatic methods when testing glucose in urine during therapy with benzylpenicillin. False positive results can occur with the use of non-enzymatic methods.<br><br>Benzylpenicillin may interfere with other diagnostic tests such as the Coombs test, tests for the determination of proteins in plasma and urine and the test for the determination of plasmatic uric acid (copper-chelate method).<br><br>Due to the lidocaine content (present in the ampoule), Lentocilin S should be used with caution in the following situations:<br>- presence of cardiovascular, hepatic or renal dysfunction, inflammation and/or infection at the injection site or sensitivity to local anesthetics of the amide type, |

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| | | - children, the elderly and patients with acute illnesses or debilitated,<br>- patients on concomitant CNS depressant drugs. |
| **Interactions** | - Tetracycline, a bacteriostatic antibiotic, may antagonize the bactericidal effect of penicillin, and concurrent use of these drugs should be avoided.<br>Concurrent administration of penicillin and probenecid increases and prolongs serum penicillin levels by decreasing the apparent volume of distribution and slowing the rate of excretion by competitively inhibiting renal tubular secretion of penicillin. | Bacteriostatic antibiotics: Bacteriostatic antibiotics, such as tetracycline, erythromycin and chloramphenicol, may antagonize the bactericidal effect of benzylpenicillin by interfering with active bacterial growth necessary to benzylpenicillin's effect.<br><br>Oral contraceptives: The efficacy of oral contraceptives may be impaired in case of concomitant therapy with benzylpenicillin, which may result in an unwanted pregnancy.<br>Women taking oral contraceptives should be alerted to this situation and should be informed about the need to adopt alternative methods of contraception.<br><br>Methotrexate: Penicillins may reduce the renal excretion of methotrexate causing a potential increase in its toxicity.<br><br>Probenecid: Probenecid decreases the renal tubular secretion of benzylpenicillin. Its concomitant use with benzylpenicillin can prolong blood levels of benzylpenicillin. Probenecid may be used therapeutically for this purpose. |
| **Warnings** | NOT FOR INTRAVENOUS USE. DO NOT INJECT INTRAVENOUSLY OR ADMIX WITH OTHER INTRAVENOUS SOLUTIONS. THERE HAVE BEEN REPORTS OF INADVERTENT INTRAVENOUS ADMINISTRATION OF PENICILLIN G BENZATHINE WHICH HAS BEEN ASSOCIATED WITH CARDIORESPIRATORY ARREST AND DEATH. Prior to<br>administration of this drug, carefully read<br>the WARNINGS, ADVERSE REACTIONS, and DOSAGE AND ADMINISTRATION sections of the labeling.<br>Anaphylaxis<br>SERIOUS AND OCCASIONALLY FATAL HYPERSENSITIVITY (ANAPHYLACTIC) REACTIONS HAVE | Lentocilin S suspension for injection should ONLY be administered by INTRAMUSCULAR ROUTE. To avoid injury, Lentocilin S suspension should not be administered by intravenous, intraarterial or subcutaneous route, in the adipose layer, into or near a peripheral nerve or blood vessel.<br><br>Before injecting the suspension, the position of the needle should be controlled by aspiration. If blood shows up in the syringe, pull back the needle and inject on another site.<br><br>Administer Lentocilin S suspension EXCLUSIVELY by DEEP INTRAMUSCULAR INJECTION in the external upper quadrant of the buttock. In children and infants, the IM injections should be done, preferably, in the middle of the external lateral side of the thigh. In infants younger than 2 years, and if considered necessary, the dosage may |

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| | BEEN REPORTED IN PATIENTS ON PENICILLIN THERAPY. THESE REACTIONS ARE MORE LIKELY TO OCCUR IN INDIVIDUALS WITH A HISTORY OF PENICILLIN HYPERSENSITIVITY AND/OR A HISTORY OF SENSITIVITY TO MULTIPLE ALLERGENS. THERE HAVE BEEN REPORTS OF INDIVIDUALS WITH A HISTORY OF PENICILLIN HYPERSENSITIVITY WHO HAVE EXPERIENCED SEVERE REACTIONS WHEN TREATED WITH CEPHALOSPORINS. BEFORE INITIATING THERAPY WITH BICILLIN L-A, CAREFUL INQUIRY SHOULD BE MADE CONCERNING PREVIOUS HYPERSENSITIVITY REACTIONS TO PENICILLINS, CEPHALOSPORINS, OR OTHER ALLERGENS. IF AN ALLERGIC REACTION OCCURS, BICILLIN L-A SHOULD BE DISCONTINUED AND APPROPRIATE THERAPY INSTITUTED. SERIOUS ANAPHYLACTIC REACTIONS REQUIRE IMMEDIATE EMERGENCY TREATMENT WITH EPINEPHRINE. OXYGEN, INTRAVENOUS STEROIDS AND AIRWAY MANAGEMENT, INCLUDING INTUBATION, SHOULD ALSO BE ADMINISTERED AS INDICATED.<br>Severe cutaneous adverse reactions<br>Severe cutaneous adverse reactions (SCAR), such as Stevens-Johnson syndrome (SJS), toxic epidermal necrolysis (TEN), drug reaction with eosinophilia and systemic symptoms (DRESS), and acute generalized exanthematous pustulosis (AGEP) have been reported in patients taking penicillin G (the active moiety in Bicillin L-A). When SCAR is suspected, Bicillin L-A should be discontinued immediately and an alternative treatment should be considered.<br>Clostridioides difficile Associated Diarrhea Clostridioides difficile associated-diarrhea (CDAD) has been reported with use of nearly all antibacterial agents, including Bicillin L-A, and may range in severity from mild diarrhea to fatal colitis. Treatment with antibacterial agents alters the normal flora of the colon leading to overgrowth of C. difficile. | be divided and administered in two separate sites. The IM injection site should be changed in case of repeated doses.<br><br>Deep IM administration of this medicine requires a rigorous technique and should be performed only by experienced health technicians and in places prepared for the emergency treatment of a possible anaphylactic reaction.<br><br>**A needle to use in the administration of the injectable suspensions should have a minimum internal diameter of 0.8 mm (caliber: 18 gauge).**<br><br>**The deep IM injection should be made slowly and with a constant flow rate to prevent needle blockage. If the needle is clogged, replace it with a new needle.**<br><br>The deep IM injection should be discontinued if there are signs or symptoms of immediate acute pain, especially in children and infants.<br><br>Serious hypersensitivity reactions (anaphylactic reactions), sometimes fatal, have been reported in patients on penicillin therapy. These reactions are more likely to occur in individuals with a history of penicillin hypersensitivity and in atopic individuals. If an allergic reaction occurs, therapy with Lentocillin S should be discontinued immediately and the appropriate therapy instituted.<br>In case of severe anaphylactic reaction, immediate emergency treatment (including adrenaline, corticosteroids, airway management, oxygen) is required.<br>Usually, subcutaneous, or intravenous adrenaline is the treatment of choice for an immediate or accelerated hypersensitivity reaction to a penicillin. |

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| | C. difficile produces toxins A and B which contribute to the development of CDAD. Hypertoxin producing strains of C. difficile cause increased morbidity and mortality, as these infections can be refractory to antimicrobial therapy and may require colectomy.<br>CDAD must be considered in all patients who present with diarrhea following antibacterial use. Careful medical history is necessary since CDAD has been reported to occur over two months after the administration of antibacterial agents.<br>If CDAD is suspected or confirmed, ongoing antibiotic use not directed against C. difficile may need to be discontinued.<br>Appropriate fluid and electrolyte management, protein supplementation, antibiotic treatment of C. difficile, and surgical evaluation should be instituted as clinically indicated.<br>Method of Administration<br>Do not inject into or near an artery or nerve. See administration instructions below.<br>Injection into or near a nerve may result in permanent neurological damage.<br>Inadvertent intravascular administration, including inadvertent direct intra-arterial injection or injection immediately adjacent to arteries, of Bicillin L-A and other penicillin preparations has resulted in severe neurovascular damage, including transverse myelitis with permanent paralysis, gangrene requiring amputation of digits and more proximal portions of extremities, and necrosis and sloughing at and surrounding the injection site consistent with the diagnosis of Nicolau syndrome. Such severe effects have been reported following injections into the buttock, thigh, and deltoid areas. Other serious complications of suspected intravascular administration which have been reported include immediate pallor, mottling, or cyanosis of the extremity both distal and proximal to the injection site, followed by bleb formation; severe edema requiring anterior and/or posterior compartment fasciotomy in the lower extremity. The above-described severe effects and complications have most often occurred in infants and small children. Prompt consultation with an appropriate specialist is | |

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| | indicated if any evidence of compromise of the blood supply occurs at, proximal to, or distal to the site of injection.1–9 (See PRECAUTIONS, and DOSAGE AND ADMINISTRATION sections.)<br>FOR DEEP INTRAMUSCULAR INJECTION ONLY. There have been reports of inadvertent intravenous administration of penicillin G benzathine which has been associated with cardiorespiratory arrest and death. Therefore, do not inject intravenously or admix with other intravenous solutions. (See DOSAGE AND ADMINISTRATION section.)<br>Administer by DEEP INTRAMUSCULAR INJECTION ONLY in the upper, outer quadrant of the buttock (dorsogluteal) or the ventrogluteal site. Quadriceps femoris fibrosis and atrophy have been reported following repeated intramuscular injections of penicillin preparations into the anterolateral thigh. Because of these adverse effects and the vascularity of this region, administration in the anterolateral thigh is not recommended. | |
| **Dosage and Administration** | Streptococcal (Group A) Upper Respiratory Infections (for example, pharyngitis)<br>Adults—a single injection of 1,200,000 units; older pediatric patients—a single injection of 900,000 units; infants and pediatric patients under 60 lbs.—300,000 to 600,000 units.<br>Syphilis<br>Primary, secondary, and latent—2,400,000 units (1 dose). Late (tertiary and neurosyphilis)—2,400,000 units at 7-day intervals for three doses.<br>Congenital—under 2 years of age: 50,000 units/kg/body weight; ages 2 to 12 years: adjust dosage based on adult dosage schedule.<br>Yaws, Bejel, and Pinta—1,200,000 units (1 injection).<br>Prophylaxis—for rheumatic fever and glomerulonephritis.<br>Following an acute attack, penicillin G benzathine (parenteral) may be given in doses of 1,200,000 units once a month or 600,000 units every 2 weeks.<br>METHOD OF ADMINISTRATION<br>BICILLIN L-A IS INTENDED FOR INTRAMUSCULAR | Lentocilin S suspension for injection is to be EXCLUSIVELY administered by DEEP INTRAMUSCULAR (IM) INJECTION. Deep IM administration of this medicine requires a rigorous technique and should be performed only by experienced health technicians and in places prepared for the emergency treatment of a possible anaphylactic reaction.<br><br>Posology<br>Adults<br>Group A streptococcal infections - Upper respiratory tract infections: 1,200,000 units in a single dose.<br>Primary, secondary and early latent syphilis: 2,400,000 units in a single dose (injection at two different sites).<br>Late latent syphilis or of unknown duration: 2,400,000 units (injection at two different sites) weekly for 3 consecutive weeks.<br>Tertiary syphilis: 2,400,000 units (injection at two different sites) weekly for 3 consecutive weeks. |

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| | INJECTION ONLY. DO NOT INJECT INTO OR NEAR AN ARTERY OR NERVE, OR INTRAVENOUSLY OR ADMIX WITH OTHER INTRAVENOUS SOLUTIONS. (SEE WARNINGS SECTION.)<br>Administer by DEEP INTRAMUSCULAR INJECTION in the upper, outer quadrant of the buttock (dorsogluteal) or the ventrogluteal site. In neonates, infants and small children, the midlateral aspect of the thigh may be preferable. Administration in the anterolateral thigh is not recommended due to the adverse effects observed (see WARNINGS section), and vascularity of this region. When doses are repeated, vary the injection site. Because of the high concentration of suspended material in this product, the needle may be blocked if the injection is not made at a slow, steady rate.<br>Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration whenever solution and container permit. | Yaws, bejel and pinta: 1,200,000 units in a single dose.<br><br>Prophylaxis of rheumatic fever: 1,200,000 units every 4 weeks. In high-risk patients it is recommended administration every 3 weeks.<br><br>Prevention of diphtheria, including elimination of the asymptomatic carrier state: 1,200,000 units in a single dose.<br><br>Newborns aged ≥ 1 month<br>Asymptomatic congenital syphilis: 50,000 units/kg in a single dose (maximum dose: 2,400,000 units/dose).<br>Benzathine benzylpenicillin is not recommended in newborns with proven or highly probable congenital syphilis.<br><br>Children<br>Group A Streptococcal infections - Upper respiratory tract infections:<br>25,000 - 50,000 units/kg in a single dose (maximum dose: 1,200,000 units/dose) or<br>weight < 27 kg: 300,000-600,000 units in a single dose<br>weight ≥ 27 kg: 1,200,000 units in a single dose.<br><br>- Primary, secondary and early latent syphilis: 50,000 units/kg (maximum dose: 2,400,000 units/dose) in a single dose.<br>- Late latent syphilis or latent syphilis of unknown duration: 50,000 units/kg (maximum dose: 2,400,000 units/dose) weekly for 3 weeks.<br><br>- Yaws, bejel and pinta: 300,000 units as a single dose in children aged less than 6 years or 1,200,000 units in a single dose in children aged 6 years and older.<br><br>-Prophylaxis of rheumatic fever: 25,000 - 50,000 units/kg in a single dose (maximum dose: 1,200,000 units/dose) or<br>weight < 27 kg: 300,000 - 600,000 units in a single dose |

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| | | weight ≥ 27 kg: 1,200,000 units in a single dose.<br><br>Prevention of diphtheria (including elimination of the asymptomatic carrier state):<br>- children aged < 6 years (or weight < 30 kg): 600,000 units in a single dose<br>- children aged ≥ 6 years (or weight ≥ 30 kg): 1,200,000 units in a single dose.<br><br>Special populations<br><br>Elderly - Dose adjustment is not necessary. However, since the elderly have a higher likelihood of decreased renal function, this must be taken into consideration during the selection of the posology and may be useful to monitor renal function.<br><br>Renal insufficiency - Toxic concentrations of benzylpenicillin following administration of the usually recommended dose are not expected.<br><br>Liver insufficiency - Dose adjustment is not necessary. |
| **Preparation** | | **<u>Follow carefully the next instructions, to ensure obtaining a homogeneous suspension before intramuscular administration.</u>**<br><br>The diluent is provided as 4ml of 1.5% lidocaine hydrochloride solution contained in an amber Type I glass ampoule.<br><br>The deep IM administration of this medicine requires a rigorous technique and should only be performed by experienced health technicians and in places prepared for the emergency treatment of a possible anaphylactic reaction.<br><br>The needle to use in the administration of the injectable suspensions should have a minimum internal diameter of 0.8 mm (caliber: 18 gauge). |

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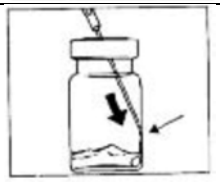
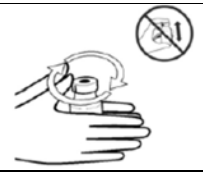
| | |  Disinfect the rubber stopper of the vial with alcohol and insert the needle through its center.<br>  Without touching the powder deposited on the bottom, carefully inject the liquid of the ampoule in the vial, making it slide through the inside face of the same. Do not inject the liquid directly into the powder. Remove the needle from the vial.<br>  Homogenize the suspension by rotating the vial tightly between the hands for about 20 seconds.<br><br>The final concentration of suspension for injection prepared as per the above procedure is 1,200,000 units/4 ml. The final volume of suspension for injection is approximately 4 mL<br><br>After preparation and complete homogenization of the suspension in the vial, transfer it immediately to the syringe and proceed to its administration as soon as possible. Whenever possible use a recently prepared suspension.<br><br>The deep IM injection should be made slowly and with a constant flow rate to prevent needle blockage and should be discontinued if there are signs or symptoms of immediate acute pain, especially in children and infants. If the needle is clogged, replace it with a new needle (internal diameter greater than 0.8 mm, i.e. 18 gauge). |
| **Overdosage** | Penicillin in overdosage has the potential to cause neuromuscular hyperirritability or convulsive seizures. | Cases of overdose have not been described. However, the penicillins have the potential to cause neuromuscular hyperirritability or seizures. |

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| | | In case of overdose a doctor should be contacted immediately. Since there is no antidote, treatment must be symptomatic and supportive.<br>Benzylpenicillin is removed by dialysis. |
| **Adverse Reactions** | As with other penicillins, untoward reactions of the sensitivity phenomena are likely to occur, particularly in individuals who have previously demonstrated hypersensitivity to penicillins or in those with a history of allergy, asthma, hay fever, or urticaria.<br>As with other treatments for syphilis, the Jarisch-Herxheimer reaction has been reported.<br>The following adverse reactions have been reported with Bicillin L-A during post-marketing experience:<br>Skin and Appendages: Stevens-Johnson syndrome (SJS) and drug reaction with eosinophilia and systemic symptoms (DRESS). (See WARNINGS)<br>The following have been reported with parenteral penicillin G (the active moiety in Bicillin L-A):<br>General: Hypersensitivity reactions including the following: skin eruptions (maculopapular to exfoliative dermatitis), urticaria, laryngeal edema, fever, eosinophilia; other serum sickness-like reactions (including chills, fever, edema, arthralgia, and prostration); and anaphylaxis including shock and death: severe cutaneous adverse reactions (SCAR), such as toxic epidermal necrolysis (TEN) and acute generalized exanthematous pustulosis (AGEP). (See WARNINGS.) Note: Urticaria, other skin rashes, and serum sickness-like reactions may be controlled with antihistamines and, if necessary, systemic corticosteroids.<br>Whenever such reactions occur, penicillin G should be discontinued unless, in the opinion of the physician, the condition being treated is life-threatening and amenable only to therapy with penicillin G.<br>Serious anaphylactic reactions require immediate emergency treatment with epinephrine. Oxygen, intravenous steroids, and airway management, including intubation, should also be administered as indicated.<br>Gastrointestinal: Pseudomembranous colitis. Onset of pseudomembranous colitis symptoms may occur during or after | The most common undesirable effects of benzylpenicillin are hypersensitivity reactions, especially skin rashes. Anaphylactic reactions occurred occasionally, which have sometimes been fatal. The overall incidence of allergic reactions to penicillin ranges between 1 and 10%. Anaphylactic reactions occur in approximately 0.05% of patients, usually after parenteral administration.<br><br>The following undesirable effects were observed with benzylpenicillin:<br>Blood and lymphatic system disorders - Eosinophilia and hemolytic anemia (both with immunological basis), leukopenia and thrombocytopenia. These effects are usually reversible after discontinuation of treatment.<br><br>Immune system disorders - Hypersensitivity reactions to penicillin cause a wide variety of clinical syndromes. Immediate reactions include anaphylaxis, laryngeal edema, angioedema, urticaria and maculopapular rashes. Late reactions include hemolytic anemia and immune complex self-limited sickness-like reactions, characterized by fever, malaise, urticaria, arthralgia, myalgia, lymphadenopathy and splenomegaly. In order to determine which patients will probably develop severe allergic reactions, hypersensitivity skin tests may be used. Jarisch – Herxheimer reaction.<br><br>Nervous system disorders - Benzylpenicillin is very irritating to the central and peripheral nervous systems. Neurotoxic reactions include anxiety, asthenia, cerebrovascular accident (CVA), confusion, dizziness, euphoria, nervousness, hallucinations, headache, neuropathy, neurovascular injury, localized or generalized seizures, coma, tremor and vasospasm at the administration site, and occur after parenteral administration of benzylpenicillin potassium. These reactions are most common when the benzylpenicillin is given daily in doses of more than 20,000,000 IU intravenously to renal impaired patients. |

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| | antibacterial treatment. (See WARNINGS section.) Hematologic: Hemolytic anemia, leukopenia, thrombocytopenia. Neurologic: Neuropathy.<br>Urogenital: Nephropathy.<br>The following adverse events have been temporally associated with parenteral administration of penicillin G benzathine (a component of Bicillin L-A):<br>Body as a Whole: Hypersensitivity reactions including allergic vasculitis, pruritus, fatigue, asthenia, and pain; aggravation of existing disorder; headache, Nicolau syndrome.<br>Cardiovascular: Cardiac arrest; hypotension; tachycardia; palpitations; pulmonary hypertension; pulmonary embolism; vasodilation; vasovagal reaction; cerebrovascular accident; syncope.<br>Gastrointestinal: Nausea, vomiting; blood in stool; intestinal necrosis.<br>Hemic and Lymphatic: Lymphadenopathy.<br>Injection Site: Injection site reactions including pain, inflammation, lump, abscess, necrosis, edema, hemorrhage, cellulitis, hypersensitivity, atrophy, ecchymosis, and skin ulcer.<br>Neurovascular reactions including warmth, vasospasm, pallor, mottling, gangrene, numbness of the extremities, cyanosis of the extremities, and neurovascular damage.<br>Metabolic: Elevated BUN, creatinine, and SGOT. Musculoskeletal: Joint disorder; periostitis; exacerbation of arthritis; myoglobinuria; rhabdomyolysis.<br>Nervous System: Nervousness; tremors; dizziness; somnolence; confusion; anxiety; euphoria; transverse myelitis; seizures; coma. A syndrome manifested by a variety of CNS symptoms such as severe agitation with confusion, visual and auditory hallucinations, and a fear of impending death (Hoigne's syndrome), has been reported after administration of penicillin G procaine and, less commonly, after injection of the combination of penicillin G benzathine and penicillin G procaine. Other symptoms associated with this syndrome, such as psychosis, seizures, dizziness, tinnitus, cyanosis, | The accidental injection of preparations of benzylpenicillin into or near the nerves may produce neuromuscular damage, which rarely may be permanent.<br>Rarely, inadvertent intravascular administration of benzathine benzylpenicillin or procaine benzylpenicillin, including direct administration into an artery - or adjacent to an artery - causes occlusion, thrombosis and severe neurovascular injury, especially in children.<br>Deep injection in the gluteal muscles can cause paralysis, dysfunction and painful irritation of the sciatic nerve.<br>Repeated intramuscular injection of benzylpenicillin preparations in the anterolateral side of the thigh of newborns has rarely caused generalized muscular contractions, as well as atrophy and fibrosis of the quadriceps femoris muscle.<br>After intramuscular administration of benzathine benzylpenicillin Hoigné syndrome may occur, characterized by agitation accompanied by symptoms such as fear of impending death and visual and auditory hallucinations. Transversal myelitis with permanent paralysis, gangrene requiring amputation of fingers and the more proximal regions of the extremities, and necrosis with formation of scars surrounding the site of injection, have occurred after injections in the buttocks, thighs and deltoid muscle.<br><br>Eye disorders - Blurred vision, transient blindness.<br><br>Cardiac disorders - Hypotension, palpitations, syncope, tachycardia, vasodilation and vasovagal syndrome characterized by anxiety, sweating, hypotension, peripheral arterial vasodilation and bradycardia.<br>Cardiopulmonary arrest and death due to inadvertent IV administration.<br><br>Respiratory, thoracic and mediastinal disorders - Apnea, dyspnea, hypoxia, pulmonary embolism and pulmonary hypertension.<br><br>Gastro-intestinal disorders - Intestinal necrosis, melena, nausea, vomiting, and pseudomembranous colitis, which can arise during or after treatment. |

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| | palpitations, tachycardia, and/or abnormal perception in taste, also may occur.<br>Respiratory: Hypoxia; apnea; dyspnea.<br>Skin: Diaphoresis.<br>Special Senses: Blurred vision; blindness.<br>Urogenital: Neurogenic bladder; hematuria; proteinuria; renal failure; impotence; priapism. | Hepatobiliary disorders - Transient increases in SGOT, hepatitis and cholestatic jaundice.<br><br>Skin and subcutaneous tissue disorders - Diaphoresis, pruritus and urticaria.<br><br>Musculo-skeletal, connective tissue and bone disorders - Arthritis, arthropathy, myoglobinuria, periostitis and rhabdomyolysis.<br><br>Renal and urinary disorders - Hematuria, neurogenic bladder, renal impairment, proteinuria and increased serum BUN and creatinine.<br><br>Reproductive system and breast disorders - Impotence and priapism<br><br>General disorders and administration site conditions - Parenteral administration of benzylpenicillin preparations may cause dose-related injection site reactions and are the result of a direct toxic effect of the drug. IM administration of high doses of benzylpenicillin benzathine (in particular more than 600,000 IU of benzylpenicillin) in a single injection site can result in painful tumefaction and endothelial injury on site. IM administration of benzylpenicillin has been associated with the occurrence of the following side effects at the administration site: inflammation, pain, abscess, edema, hemorrhage, cellulitis, atrophy and cutaneous ulceration. It has also been reported cases of fever and fatigue associated with the use of benzylpenicillin. |
| **Usage in pregnancy** | Safe use in pregnancy and lactation has not been established; therefore, use in pregnant women, nursing mothers or women who may become pregnant requires that possible benefits be weighed against possible hazards to mother and child. | The safe use of benzylpenicillin during pregnancy has not been clearly established. There are no adequate and controlled studies on the use of benzylpenicillin during pregnancy. Human experience with penicillins during pregnancy has not shown any effect on fertility or fetal harm when mice, rats and rabbits were exposed to benzylpenicillin. As with all medicines, use of Lentocilin S during pregnancy should be avoided unless the physician considers its prescription essential. |

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| **Storage Conditions** | Store in a refrigerator, 2° to 8°C (36° to 46°F). Keep from freezing. | Store below 25ºC. Store in the original package to protect from light and moisture. Following reconstitution, benzylpenicillin benzathine should be used immediately. |
| **How Supplied** | 2 mL size, containing 1,200,000 units per syringe, (21 gauge, thin-wall 1-1/2-inch needle), with 0.22 mEq of sodium per 1,200,000 units of penicillin G (5.17 mg of sodium per 1,200,000 units of penicillin G), NDC 60793-701-10.<br>4 mL size, containing 2,400,000 units per syringe (18 gauge, × 1–1/2-inch needle), with 0.45 mEq of sodium per 2,400,000 units of penicillin G (10.32 mg of sodium per 2,400,000 units of penicillin G), NDC 60793-702-10. | 1 vial and<br>1 amber glass ampoule of diluent for reconstitution |


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Washington State Department of HEALTH

# WA DOH Office of Tribal Public Health & Relations

@WaDeptHealth

## Tuesday August 19, 2025
## NPAIHB Meeting

NPAIHB
Indian Leadership for Indian Health

# Agenda

OTPHR Updates

Upcoming Events

Contact Info & Closing

# Secretary Worsham Update

## Secretary of Health's Initial 100-Day Plan

*Listen, Learn, and Lead*—a commitment rooted in partnership, purpose, and possibility. As I transition into this role, my foremost priority is to understand how our systems and work can better serve every community in Washington state. That understanding begins with you.

This plan isn't complex; it's intentional. It's a space to elevate voices, build trust, and co-create steps forward. Over the next several months, I'll be engaging with a wide range of partners across sectors and communities, hearing your insights, honoring your expertise, and exploring solutions together.

# Dear Tribal Leader Letters

## 2025

| Date | Letter Subject | Meeting Information | Additional Materials |
|---|---|---|---|
| August 5 | Informative – information on agency rulemaking for July 16-31, 2025 (PDF) | | |
| August 4 | Informative – CDC public health emergency preparedness notice of award budget period 2 2025-2026 (PDF) | | |
| July 18 | Informative – information on agency rulemaking for July 1-15, 2025 (PDF) | | |
| July 17 | Collaborative – Department of Health 2026 proposed legislative package review webinar (PDF) | • Tribal webinar: 3-4 p.m. **August 26** - Teams link<br>• General webinar: 3-4 p.m. **August 27** - Registration link | |
| July 17 | Collaborative – updates to Tribal Shellfish Consent Decree and attachments of minimum position requirements (PDF) | • Listening session: 2-4 p.m. **August 12** - Zoom link | Collaborative updates handout (PDF) |
| July 17 | Informative – 988 contact hubs application process (PDF) | | |
| July 17 | Informative – Opioid Treatment Program (OTP) federal accreditation update (PDF) | | |
| July 15 | Consultation closure – Tribal foundational public health services funding allocation for state biennium 2025-2027 (PDF) | | Consultation closure slides (PDF)<br>Tribal funding agreement template (PDF)<br>Tribal statement of work template (PDF) |
| July 1 | Informative – end of the 2025-2026 legislative session (PDF) | | |
| July 1 | Informative – information on agency rulemaking for June 16-30, 2025 (PDF) | | |
| June 17 | Collaborative – environmental justice grants listening sessions (PDF) | • Listening session 1: 8:30-10 a.m. **August 14** - Zoom link<br>• Listening session 2: 10-11:30 a.m. **August 21** - Zoom link | |
| June 17 | Informative – Tribal distribution list for monthly emergency medical services opioid surveillance reports (PDF) | | |
| June 16 | Informative – information on agency rulemaking for June 1-15, 2025 (PDF) | | |
| June 9 | Informative – opportunity to participate in the Washington Syndemic Planning Group (PDF) | | |
| June 3 | Collaborative – environmental health disparities map listening sessions (PDF) | • Listening session 1: 10-11:30 a.m. **June 20**<br>• Listening session 2: 2-4 p.m. **July 15** | |
| June 3 | Informative – information on agency rulemaking for May 16-31, 2025 (PDF) | | |
| May 28 | Collaborative – listening session for revising the 2026 Behavioral Risk Factor Surveillance System (BRFSS) (PDF) | • Listening session: 10 a.m. **June 6** | |

# TFPHS Agreements

**NEW BIENNIUM:** ***Began July 1, 2025***

Statement of Work Templates sent on July 18, 2025.

Please ensure SOWs are completed and returned to Michaela Marshall at DOH.

| | |
|---|---|
| SOWs Received | 13 Tribes, 3 Tribal Orgs |
| Sent for Signature by DOH | 0 Tribes, 1 Tribal Org |
| Fully Executed Agreements (Tribes) | 0 |
| Full Executed (Tribal Orgs) | 1 |
| A-19s Sent | 0 |

Washington State Department of HEALTH

Washington State Department of HEALTH

# FPHS Tribal Agreement Process Map

FIRST → NEXT → THEN → FINALLY

## Review & Indicate

- Review SOW
- Indicate foundational programs and foundational capabilities
- Send back to Michaela.Marshall@doh.wa.gov at the DOH

## Sign Agreement

- DOH will send the agreement to your organization for signature
- Review and sign the agreement

## Sign A19

- After DOH signs the returned agreement DOH will prepare and send a A19 document
- Sign and return the A19 Document

## Payment

- After DOH receives the signed A19 document a payment will be processed and sent to your organization

Washington State Department of HEALTH

# Upcoming Listening Sessions, Roundtables, & Consultations

| Date/Time | Meeting Title/Type | Meeting Platform | DTLL |
|---|---|---|---|
| ~~Thursday August 14, 2025 at 8:30-10:00 am~~ | ~~Collaborative – Environmental Justice Grants Listening Session #1~~ | Zoom Meeting | ~~Collaborative – Environmental Justice Grants Listening Sessions~~ |
| Thursday August 21, 2025 at 10-11:30 am | Collaborative – Environmental Justice Grants Listening Session #2 | Zoom Meeting | Collaborative – Environmental Justice Grants Listening Sessions |
| Tuesday August 26, 2025 at 3-4:00pm | DOH Tribal Webinar – DTLL DOH 2026 Proposed Legislative Package Review | Teams Link | DTLL – Collaborative-Department of Health 2026 Proposed Legislative Package Review Webinar |

# Statewide 2026 FIFA World Cup Surveillance Workgroup

- Bi-monthly meeting for epidemiologists and others responsible for epidemiological investigation or data collection to collaborate on public health surveillance during the 2026 FIFA World Cup
  - Share information
  - Discuss key topics
  - Develop and provide feedback on tools, resources, and procedures
- **2nd & 4th Tuesdays of each month, 2-3pm**
  - 2nd Tuesday: Meeting Link
  - 4th Tuesday: Meeting Link

If you have any questions, you can reach Emily Laskowski, CSTE Applied Epidemiology Fellow in the Office of Communicable Disease Epidemiology at Emily.laskowski@doh.wa.gov , Kacey Ingalls Kacey.Ingalls@doh.wa.gov and Michelle Holshue michelle.holshue@doh.wa.gov .

# 36TH ANNUAL CENTENNIAL ACCORD MEETING


**SAVE THE DATE!**

**36th Annual Centennial Accord**
**October 20-23, 2025**
**ilani Casino Resort – 1 Cowlitz Way, Ridgefield, WA**
**Hosted by the Cowlitz Indian Tribe**
**Online Registration coming soon!**

**The Governor's Office of Indian Affairs (GOIA) is excited to announce that the 36th Annual Centennial Accord will be graciously hosted by the Cowlitz Indian Tribe at the ilani Casino Resort located at** 1 Cowlitz Way, Ridgefield, WA on October 20-23, 2025.

Please note that meetings on Monday, October 20 will be held virtually and, due to space limitations on Tuesday, October 21, in-person attendance for the hybrid meetings will be limited to 2 representatives per Tribe. **All other attendees are asked to participate using the virtual option that will be sent out at a later date.** Wednesday, October 22 and Thursday, October 23 will be held in the Cowlitz Ballroom with in-person and virtual options available for all attendees.

**Host Hotel – ilani Casino Resort**
**ilani Casino Resort Hotel Room Block -** or by calling 1.877.GO.ilani
**The cutoff for the room block and rate is Tuesday, September 30, 2025.**

**More detailed information including online registration and agendas will be forthcoming and posted to the GOIA homepage.**


## 2025 WASHINGTON STATE PUBLIC HEALTH ASSOCIATION CONFERENCE

- Tuesday October 21, 2025 – Thursday October 23, 2025
- Yakima, WA
- Registration and Rates - Early Bird Registration Extended to 8/11/25

# International Overdose Awareness Day
# August 31st, 2025

On this day, we remember and honor those we've lost to overdose and acknowledge the grief of the family and friends left behind. We grieve the loss of life, love, and potential.

**Events will be happening all over the state!**

Visit www.overdoseday.com/usa/washington to find an event near you. If you know of an event in your area that isn't on this list, please encourage them to share their event on the webpage.

**Many events include:**

- Story sharing
- Candle lighting
- Harm reduction and prevention resources
- Group walks

Email the Opioid Response Communicator with questions or for event sharing support: beth.payne@doh.wa.gov

## IOAD 2025 theme:

## One big family, driven by hope


Visit overdoseday.com to get campaign resources, share a tribute, register an event, or learn more about overdose prevention.

# Please join us in a workshop focused on children!

**WHAT**: Workshop for governmental public health partners focused on how we can work together to better serve children.

**WHEN**: Wednesday, September 3rd from 9 AM – 3 PM at UW Tacoma

**WHO**: Governmental public health partners invested in children and families

**OVERVIEW**: During this workshop, we will be exploring a "design challenge" focused on how we might **organize governmental public health system partners** to **work together** to increase **collective commitment** and **investment** in **children and families**.

This work builds from previous convenings, which we shared in Dear Tribal Leader Letters dated April 24, 2024 and July 26, 2024. Previous participation is not required to attend!

If you are interested in learning more or attending the workshop, please contact Astrid Newell at astrid.newell@doh.wa.gov or call 564-669-8392.  Space is limited!

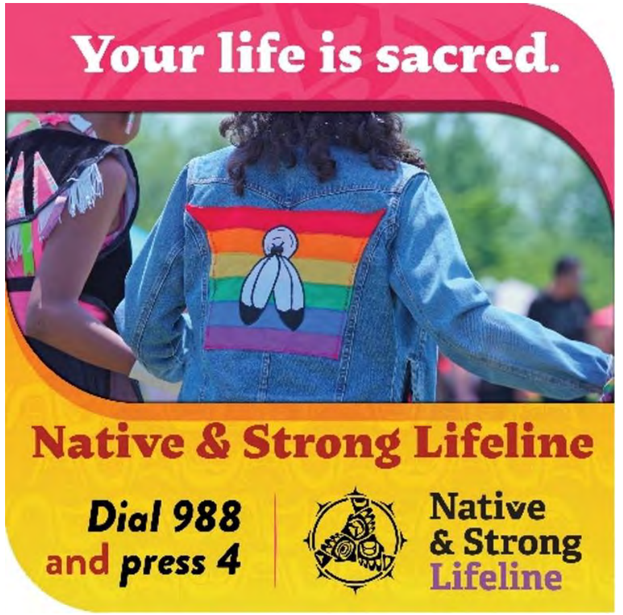
# DOH Tribal 988 Updates

***Expansion of Native and Strong Lifeline with Text and Chat capability***

- Chat and text expansion scheduled for soft launch August 18, 2025 and operational by the following week.
- For text message: Text N8V to 988
- Online chat pre-survey will ask if help-seeker wants to be connected to WA Native and Strong Lifeline
- DTLL forthcoming

***988 LGBTQIA2S+ Youth Line no longer in operation***

- As of July 17, 2025 988 LGBTQIA2S+ youth line will no longer be in operation, as the US Department of Health and Human Service's budget discontinued its funding of this subnetwork.
- 988 is still in operation, and anyone can call anytime and reach a trained crisis counselor
- DOH is exploring options with other states, including California and Oregon, to provide specialized 988 services for LGBTQIA2S+ youth
- You Matter, and You Have Options for Support | by Washington State Department of Health | Public Health Connection | Jul, 2025 | Medium – this DOH article provides resources for LGBTQIA2S+ youth



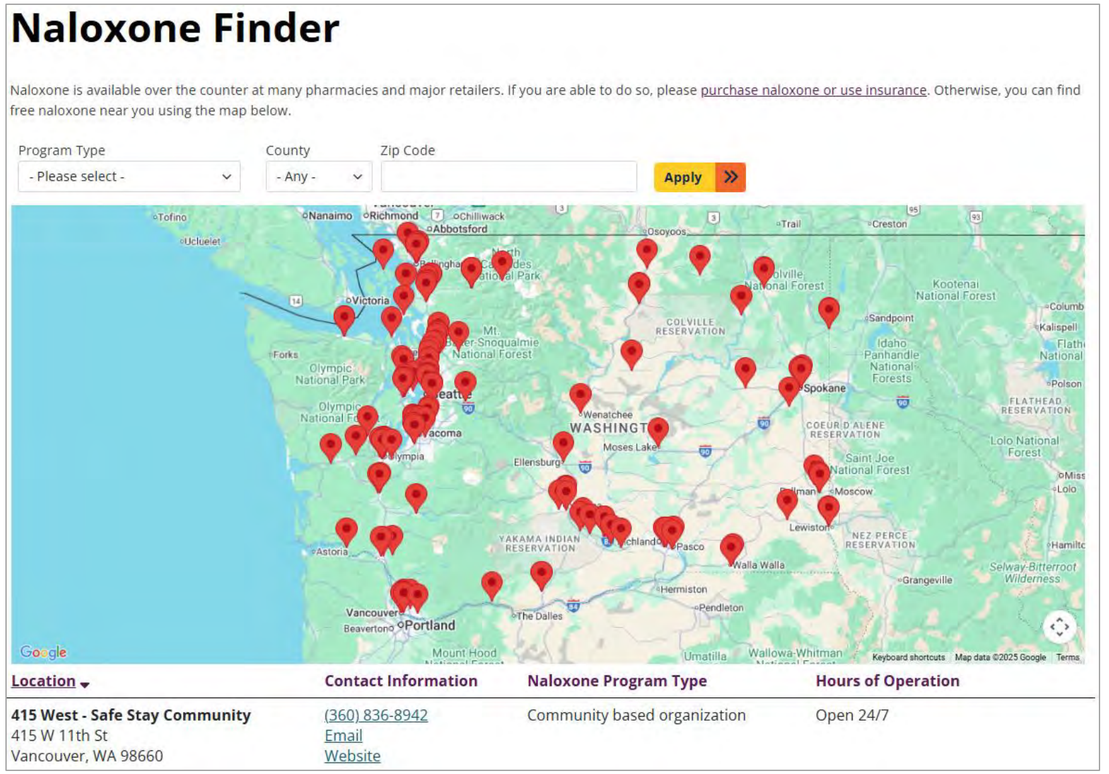

# DOH Naloxone Finder Tool

The Naloxone Finder is now hosted on the DOH website, making it easier for the public to find **free** naloxone in their area.

**Map data is from organizations that provide free naloxone to the public**

**Epis on the Drug User Health Team in DCHS manage these partnerships and the database, which will be updated on a regular basis**

**DOH Web Team helped build the webpage and will provide ongoing maintenance**




From 2018 until recently, a similar tool was developed and managed by the Addictions, Drug & Alcohol Institute (ADAI) at the University of Washington as part of StopOverdose.org.


# Tribal Health Resources on the Partner Hub

**Washington State Department of Health**

The Tribal Health Resources page is a dedicated space within the The Partner Hub, designed to support Tribal health partners in easily finding and accessing Dep artment of Health information, meetings, training, and tools that are most relevant to your work and communities.

**To register for access to The Partner Hub, visit the website and click "Request Access" or email PartnerHub@doh.wa.gov to request access.**

1

As part of the broader Partner Hub, the Tribal Health Resources page reflects the priorities of Tribal Leaders across WA. It supports a stronger, more resilient, and better-connected public health system.

2

The Partner Hub is designed to:

- Connect our Tribal partners with relevant information.
- Serve as a central location to find DOH resources, meeting information, program sites, and more.
- Host relevant public health training.

3

The Partner Hub doesn't replace one-on-one interactions with Department of Health. If you would like to connect with DOH leaders, staff, or resources, reach out to us!

**Let us know what you would like to see on the Tribal Health Resources page!**

**Are you a Governmental Public Health System Partner?**
**Register for The Partner Hub by visiting the website or emailing PartnerHub@doh.wa.gov**

# The Office of Immunization 5-year Strategic Plan Survey

- The Office of Immunization is developing a 5-year strategic plan to guide our work and strengthen our impact across Washington State. This plan will align with the Immunization Cooperative Agreement with the Centers for Disease Control and Prevention (CDC).
- To help inform the plan, we are launching a survey to learn more about your experiences, priorities, and ideas for the future. Your input will help identify shared goals, challenges, and opportunities across the Office of Immunization.
- The survey is confidential *(your name will not be collected)*. All feedback will be reviewed and displayed in aggregate.

**Survey Details**

- Time to complete: About 15 to 20 minutes
- Deadline: Please complete the survey by August 15, 2025
- Click here to take the survey: DOH Office of Immunization: Strategic Planning Survey
  - *Please feel free to forward this survey link to other staff/contractors involved in immunization work.*

*If you have any trouble accessing the survey or have questions, please email jessica.haag@doh.wa.gov*

# OTPHR


## Office of Tribal Public Health & Relations

OTPHR@doh.wa.gov

| Candice Wilson<br>Quatz'tenaut – Lummi | Jill Edgin | Amber Arndt<br>Nisqually | Rosalinda Fivekiller-Turk<br>Cherokee | Michaela Marshall<br>Lummi | Lois Scott |
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