NPAIHB Weekly Update

September 16, 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 – Writing Research Questions: 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, September 17th at 11am PT
  - Topic: *HIV Prep, STI Post and Pre Exposure Prophylaxis*
  - 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, September 17th 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, September 18th at 11am PT
  - Didactic Topic: *Anti-MRSA Coverage and Antimicrobial Stewardship Updates*
  - 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, September 18th at 5pm PT
  - Didactic Topic: *Hypothermia and Cold Injuries*
  - To join via Zoom: https://echo.zoom.us/j/84832881641?pwd=SXllNlpJa0Vta1R1c28xcUh5V1dlUT09

CULTURAL CONNECTEDNESS DISCUSSION

NPAIHB Delegates, Tribal Leaders, Health Directors & Tribal Staff, and Tribal and Urban AI/AN community members are invited to join this conversation with NPAIHB staff

Goal: Gather feedback around appropriateness of cultural connectedness instruments or measures for Northwest Tribes

Session: September 30th
5:15pm-6:30pm

Location: Muckleshoot Casino Resort

Dinner provided for those who register. Register here by September 5th.

More info:
Crisandra Wilkie,
cwilkie@npaihb.org
Kacey Little, klittle@npaihb.org

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD
Indian Leadership for Indian Health

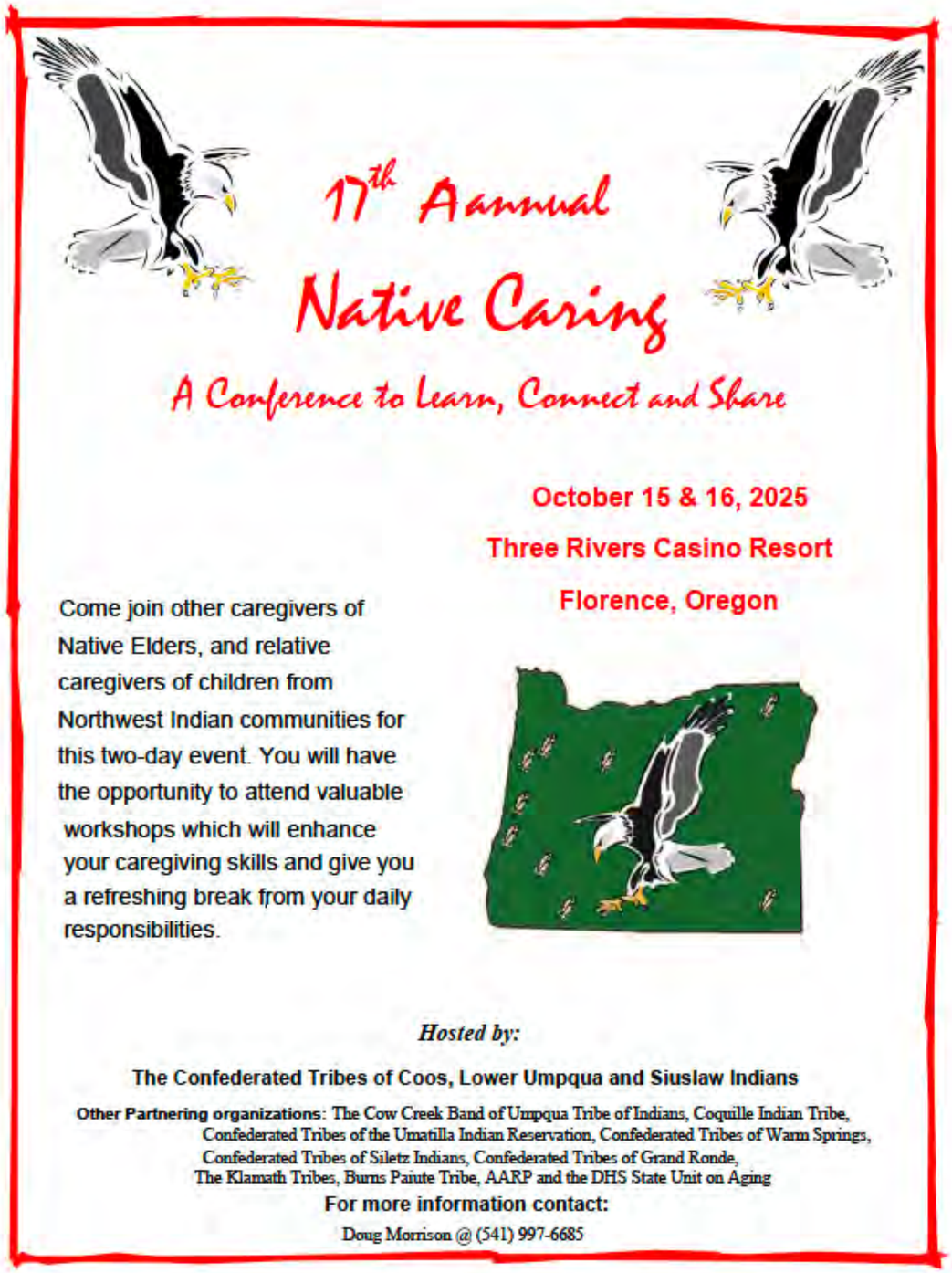
Next HNY CoP Session:

October 8, 10:00 – 11 AM Pacific

Upcoming dates:
November 12th, December 10th.

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

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



Native Caring: A Conference to Learn, Connect, and Share

October 15-16, 2025
Florence, OR

Registration Fees:
$185 before September 18
$250 on/after September 19

For more information,
please contact Doug Morrison
at (541) 997-6685

NPAIHB Weekly Update Schedule

September 23: Legislative & Policy Update

September 30: No Weekly Update – QBM

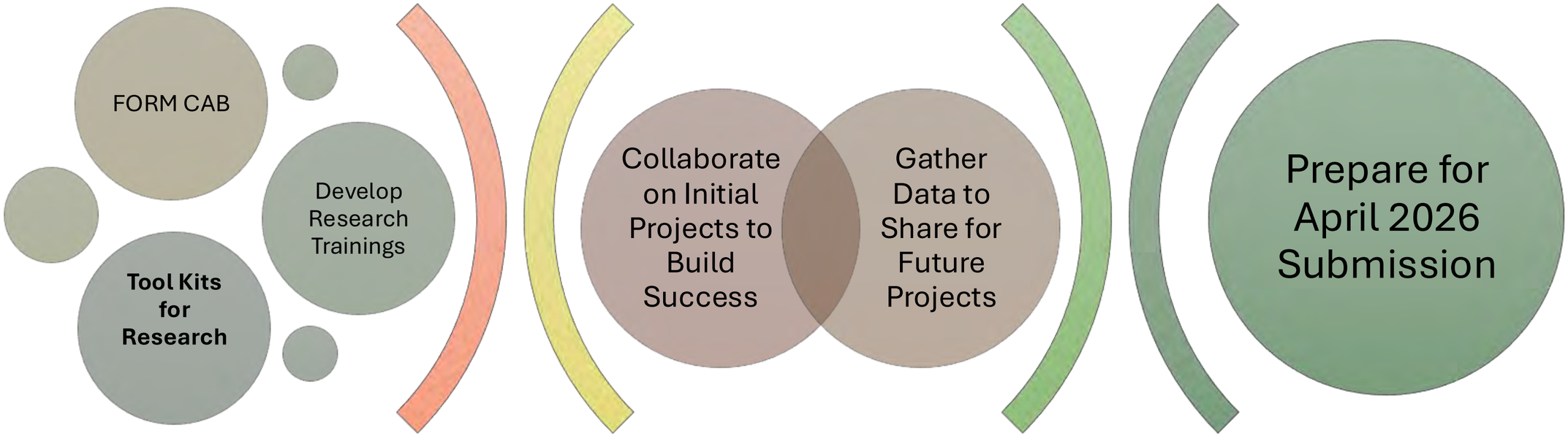
Next N CREW Research Session
October 21: Existing Opioid Data –
Data Hub & Community Health Assessment

NCREW Award 2025-2026

Victoria Warren-Mears, PhD, RDN, FAND

Writing Research Questions

Timeline



We are here

5-8 months from now

Prepare for the Future

Date		Topic	
9/16/2025		N CREW Research Topic Focus - Define a Question	
10/21/2025		Existing Opioid Data - Data HUB and Community Health Assessment	
11/18/2025		Projects Related to SUD - NPAIHB and Tribes	
12/16/2025		Tribal Data Sovereignty and Data Sharing Agreements	
1/20/2026		How to write a compelling background and specific aims	
2/17/2026		Writing Methods, including data collection and Strengthing Applications	
3/17/2026		Indigenous Evaluation Methods	
4/21/2026		Budgeting	
5/19/2026		Best Practices in Grant Submission	
6/16/2026		Reporting Research to your Nation and to others	

Steps to Compelling Research Questions

- **Choose a topic:** Select a broad topic that interests you and is relevant to your field of study.
- **Conduct preliminary research:** Look for existing studies and identify gaps in the literature.
- **Ask open-ended questions:** Formulate questions that require synthesis and analysis of ideas and sources.

Steps to Compelling Research Questions

- **Evaluate your question:** Ensure it is clear, focused, and significant enough to warrant investigation.
- **Use frameworks:** Consider using frameworks like the socioecological model or social cohesion as examples.
- **Seek feedback:** Share your question with peers or instructors to refine it for clarity and relevance.

Let’s Look at This Article

https://www.nature.com/articles/s41398-025-03484-3

Article: Translational Psychiatry

- TY - JOUR
  AU - Bachi, Keren
  AU - Hurd, Yasmin L.
  AU - Salsitz, Edwin A.
  PY - 2025
  DA - 2025/08/01
  TI - Substance use disorders: a call for a staging paradigm
  JO - Translational Psychiatry
  SP - 261
  VL - 15
  IS - 1
  AB - Despite advances in the characterization of substance use disorders (SUDs) as chronic brain disorders, specific clinical stages have yet to be established similar to other chronic illnesses. A dynamic structured staging model for SUDs that incorporates multidimensional factors including social determinants of health, could improve personalized treatment and enhance clinical translation of addiction research.
  SN - 2158-3188
  UR - https://doi.org/10.1038/s41398-025-03484-3
-

Translational Psychiatry

Substance use disorders: a call for a staging paradigm

Keren Bachi[1,2,3], Yasmin L. Hurd[1,2,4,5] and Edwin A. Salsitz[1,2]

Table 1. Hypothetical staging model in substance use disorders.

	Psychiatric comorbidity	Medical comorbidity	Psycho-social state / SDOH factors	Trauma history impact	Duration of illness /# past treatments	Treatment nonadherence	Lack of self-efficacy/ motivation for change	SUD diagnosis (DSM)
Stage I	None/Well managed 0–3	None/well managed 0–3	Mild 0–3	None/low 0–3	None/few <5	Low (compliant) 0–3	Low 0–3	Mild 2–3
Satge II	Moderate-active 4–6	Moderate-active 4–6	Moderate 4–6	Moderate 4–6	Several >5	Moderate (intermitantly compliant) 4–6	Moderate 4–6	Moderate 4-6
Stage III	Severe-active 7–10	Severe-active 7–10	Persistent-major 7–10	Severe 7–10	Many >10	High (noncompliant) 7–10	High 7–10	Severe >6

Translational Psychiatry

Substance use disorders: a call for a staging paradigm

Keren Bachi[1,2,3], Yasmin L. Hurd[1,2,4,5] and Edwin A. Salsitz[1,2]

Table 1. Hypothetical staging model in substance use disorders.

Notes: Psychiatric and Medical comorbidities are defined as conditions, primary or secondary to SUD diagnosis, that require brief or ongoing medication and monitoring; Psychosocial state/ SDOH refers to social determinanats of health as well as status of employment, socioeconomic management, housing, criminal justice involvement, family and social support; Trauma history refers to past and/or current impact of adverse interpersonal experiences which result in functional impairment; Treatment nonadherence refers to level of compliance with either medication and/or psychosocial interventions; Lack of self-efficacy refers to the extent of an individual's responsibility of change process including motivation, resilience/resourcefulness, and engagement in treatment. For example, for patients *J'* and *P'* would rank Early (score = 10) and Late (score = 54) stages, respectively, thus guiding different individualized treatments. Considerations in developing a dynamic SUD staging model would include factors based on structured measurements as well as clinical and SDOH factors. Current hypothetical values would be populated instead with evidence-based thresholds. Data from empirical studies would provide guidance regarding optimal number of stages, thresholds to be met for each stage, and individualized treatment. The hypothetical general treatments suggested for each stage would be populated instead with specific treatment protocols in a staging model. Staging would be dynamic so patients would move bidirectionally between the various stages as their condition improves or declines.
Stage I: Early = 2–24.
Stage II: Moderate = 25–50.
Stage III: Advance/ Late > 50.
Examples of treatment strategies:
Stage I: Medication; Psychsocial; outpatient-based; Harm reduction.
Stage II: Medication; Psychosocial syndemic-focused; Harm reduction.
Stage III: Medication; Psychosocial as requested; Palliative care; Harm reduction.

Questions to consider:

What was the question researchers were attempting to answer?

Is there a similar question that you can think of for people living in Tribal Nations?

Could you build on the work presented here?

Time for Your Questions and Comments

Portland Area IHS Communicable Diseases Update

TARA PERTI, MD, MPH

MEDICAL EPIDEMIOLOGIST

OFFICE, PORTLAND AREA IHS

September 16, 2025

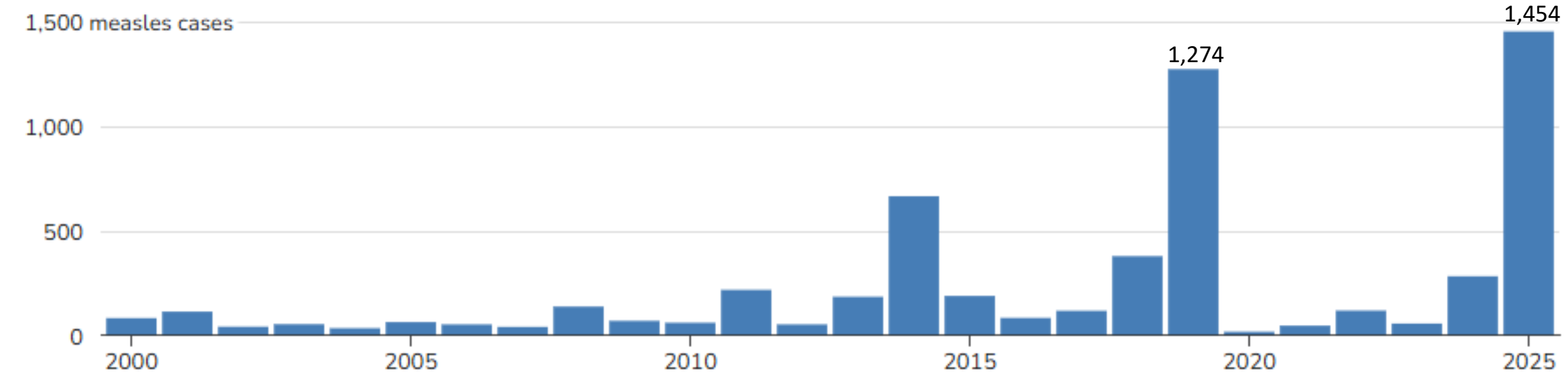
Outline

- Measles
- COVID-19

Yearly Measles Cases – United States, 2000-Present

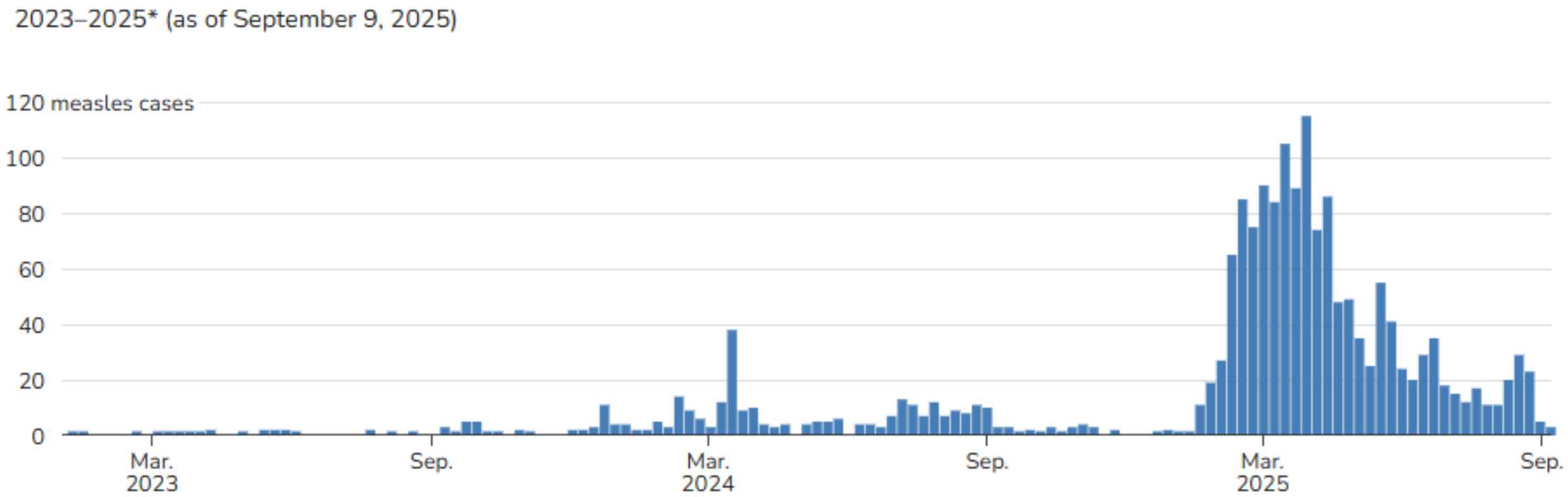
as of September 9, 2025

2000-Present* 1985-Present*



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

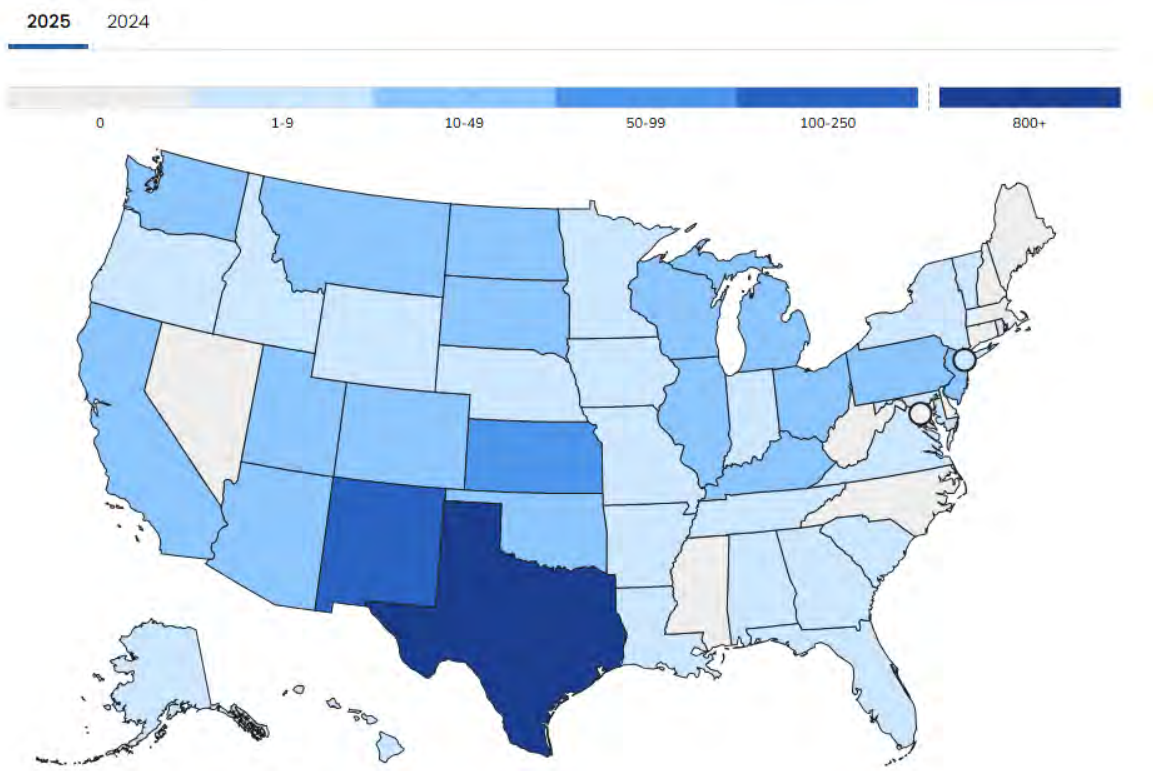
Measles – United States, 2023-2025 (through 9/9)



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

- 1,454 confirmed cases among 41 states through 9/9.
- 86% of cases from one of 37 outbreaks (≥3 related cases).
- Age: 28% <5 years-old, 38% 5-19 years-old, 34% ≥ 20 years-old.
- 12% 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.



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

Measles — Idaho, 2025 (N=7)

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)
8/20/25	Bonner (Panhandle Health District)	Child	Unknown
~9/12/2025	Bonneville (Eastern Idaho Public Health)	4 individuals – details not provided	Details not provided

*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 (Cassia County).

Idaho Department of Health and Welfare. Measles. Available at: https://healthandwelfare.idaho.gov/health-wellness/diseases-conditions/measles
Idaho Department of Health and Welfare. Measles circulating among Idaho communities--Health officials urge consultation with healthcare provider if ill. Available at: https://healthandwelfare.idaho.gov/news/measles-circulating-among-idaho-communities-health-officials-urge-consultation-healthcare
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

Measles — Washington and Oregon, 2025

Washington (N=11)*

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
8/25/25	Spokane	Not Provided	Linked to Case from North Idaho

<5 year-old: 5 (46%), 5-17 years: 1 (9%), ≥ 18 years: 5 (46%)

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

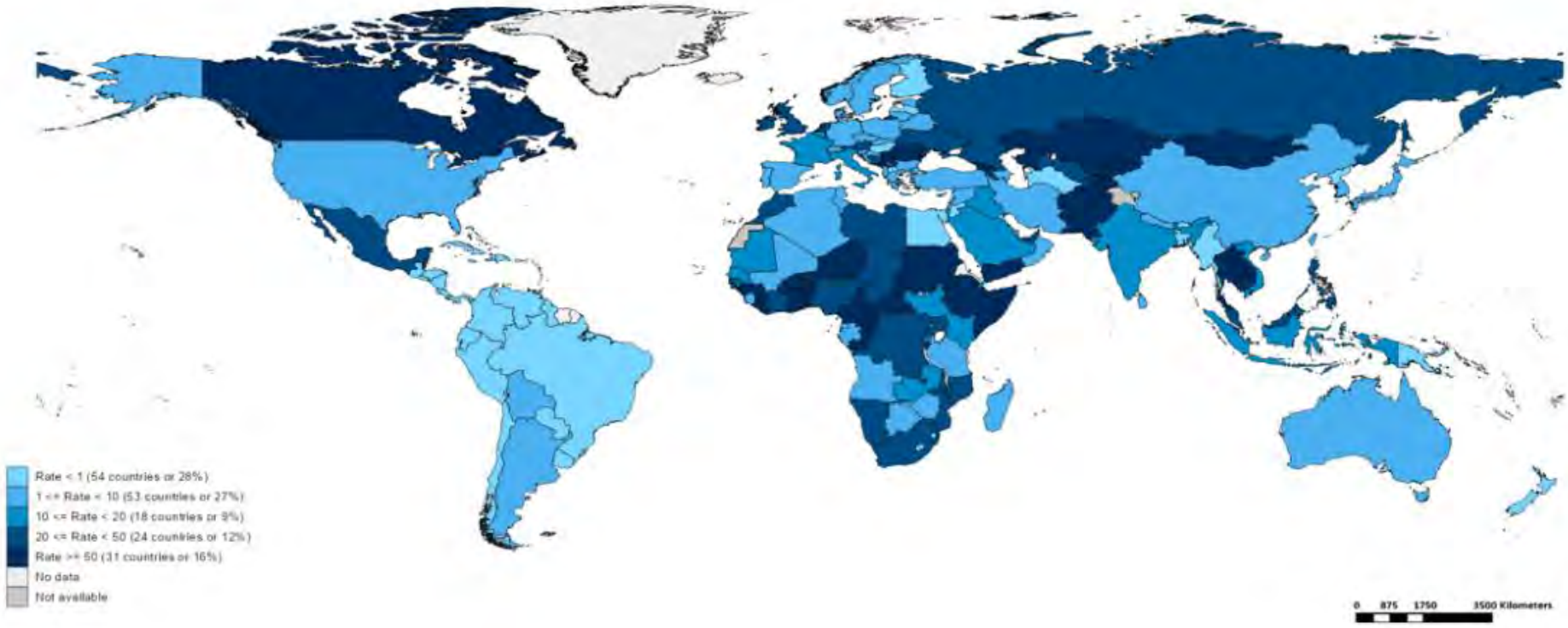
Estimated MMR Vaccine Coverage Among Kindergartners – Washington, Oregon, Idaho and the United States, 2024-2025

	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

Measles Incidence (Cases per Million), 7/2024-6/2025



World Health Organization

Map production: World Health Organization, 2026. All rights reserved
Data source: IVB Database

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

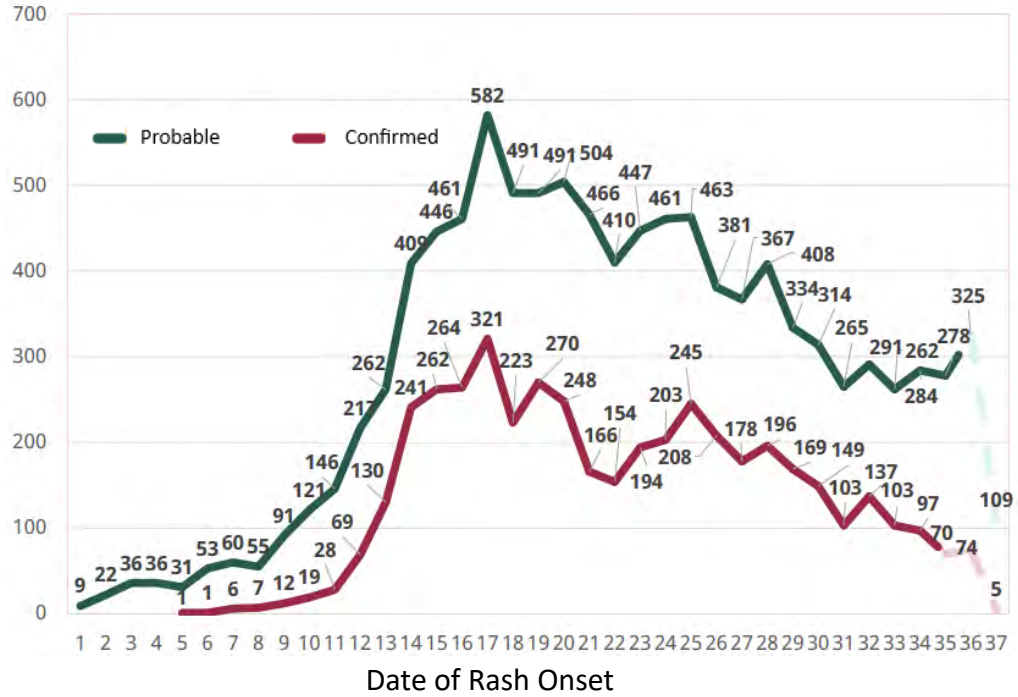
Highest incidence rates

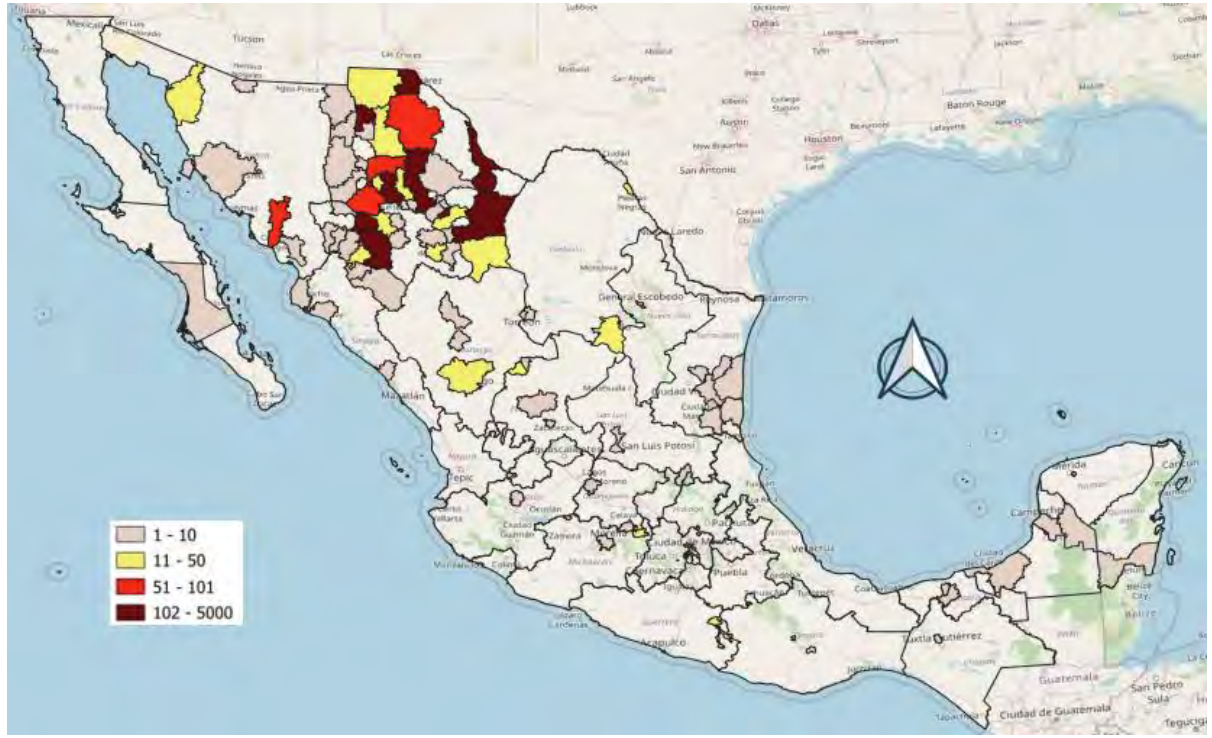
Country	Cases	Rate
Kyrgyzstan	10462	1,455.88
Yemen	30568	753.22
Romania	9875	519.32
Mongolia	1199	344.98
Afghanistan	11142	261.26
Tajikistan	2177	205.55
Georgia	712	186.99
Kazakhstan	3112	151.12
Serbia	900	133.61
Thailand	7526	105.01

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 9/12)

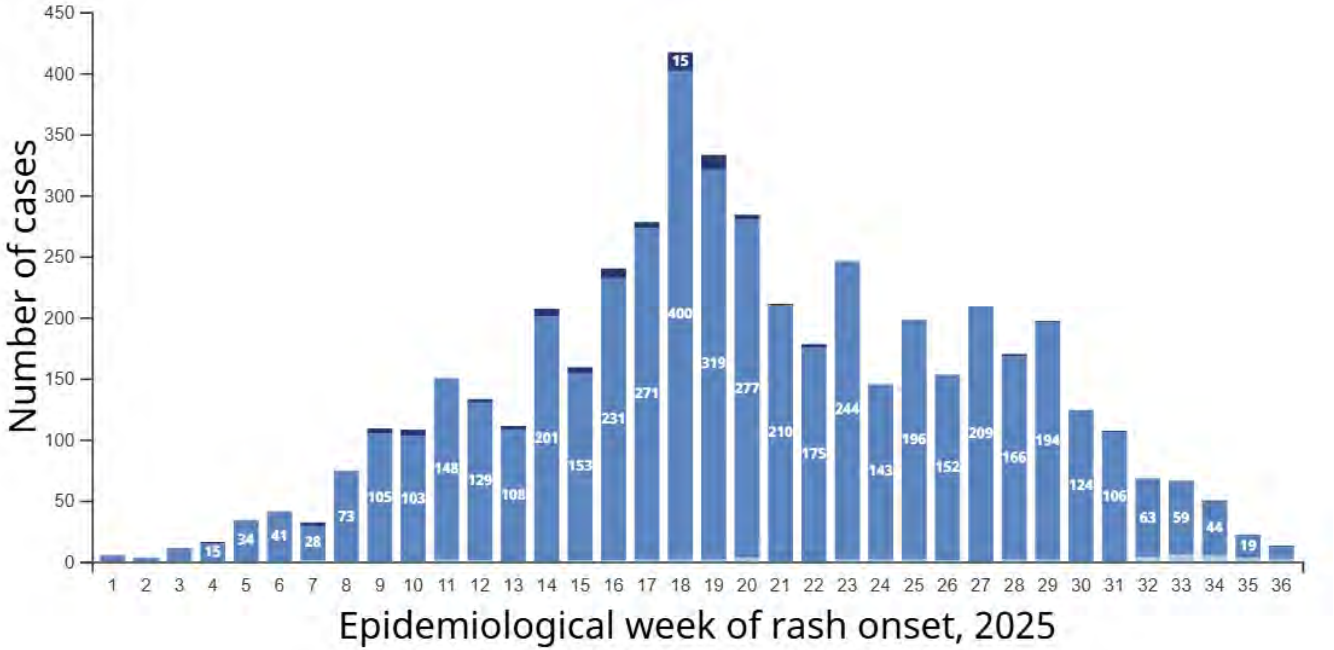
- 9,615 confirmed and probable cases; 4,553 confirmed cases as of 9/12/25
- 23 states; 4,231 (93%) confirmed cases in Chihuahua
- Deaths: **19** (18 in Chihuahua and 1 in Sonora)

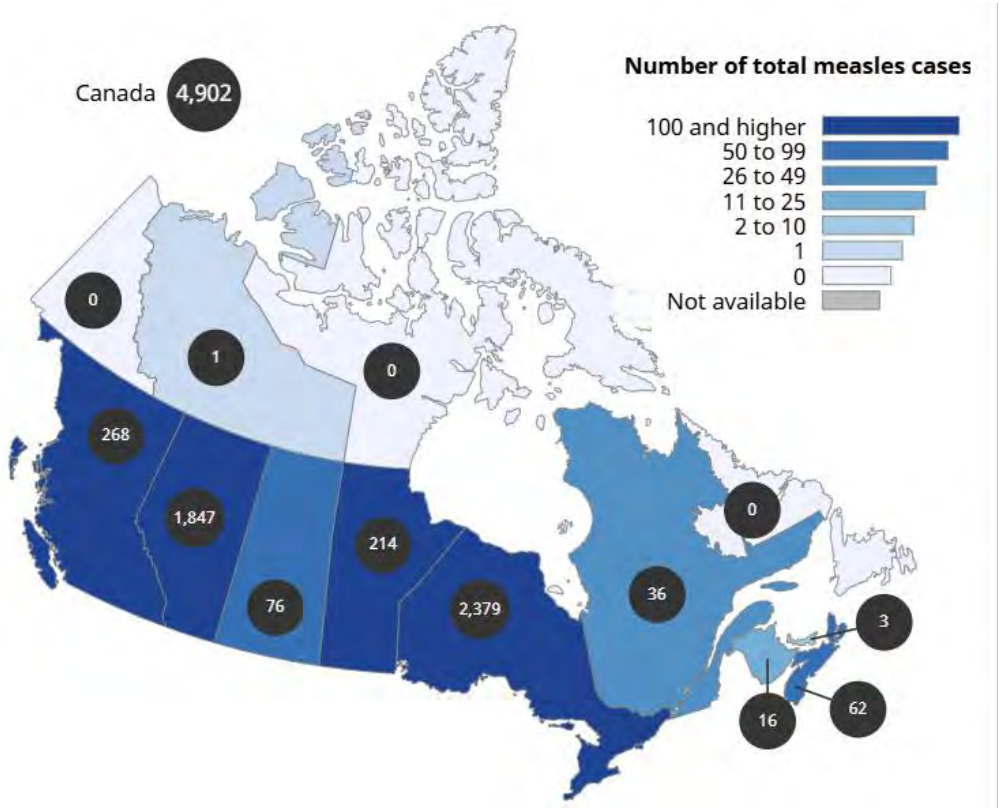




https://www.gob.mx/salud/documentos/informe-diario-del-brote-de-sarampion-en-mexico-2025

Measles — Canada, 2025 (through 9/6)

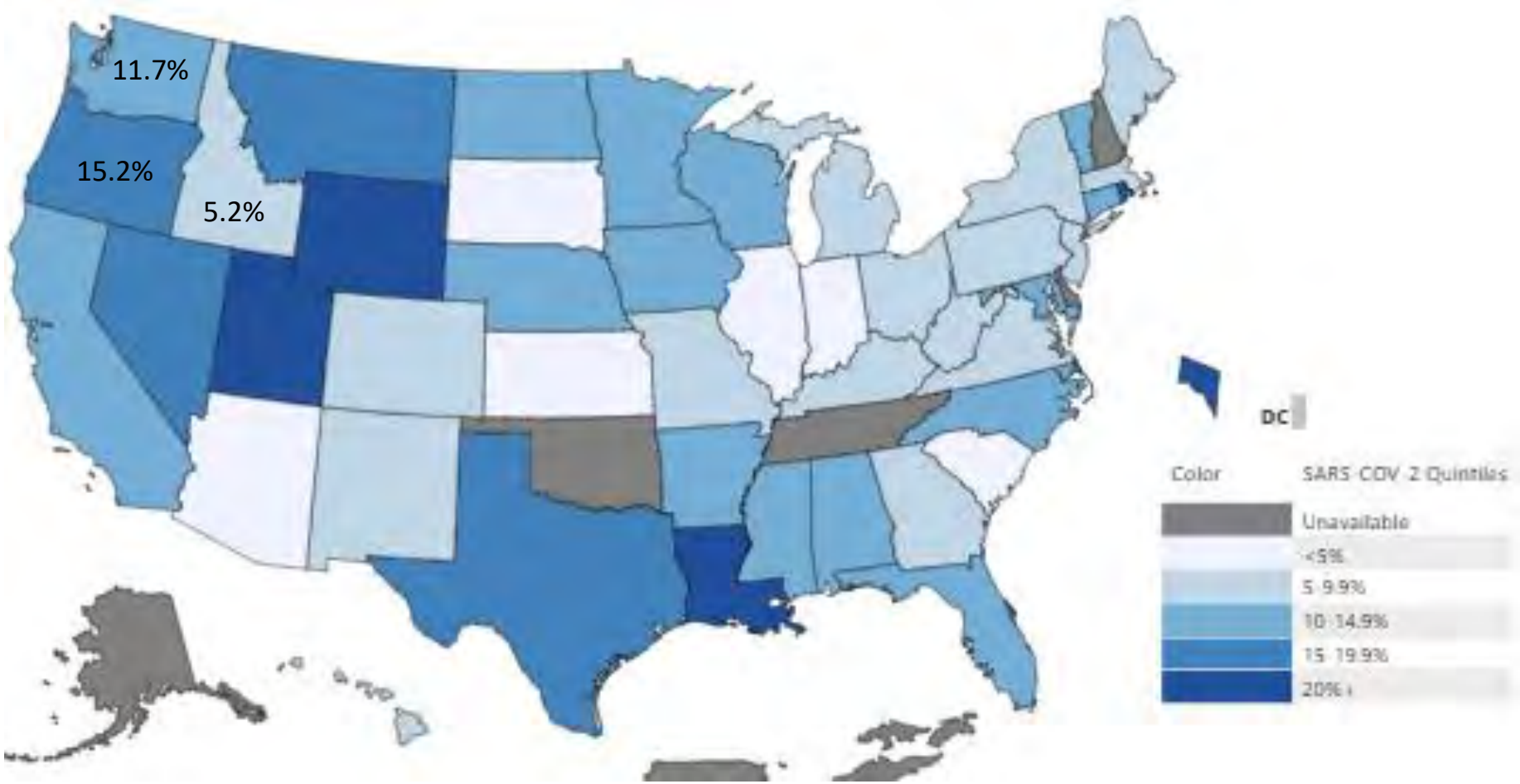




Number of confirmed cases: 4,549

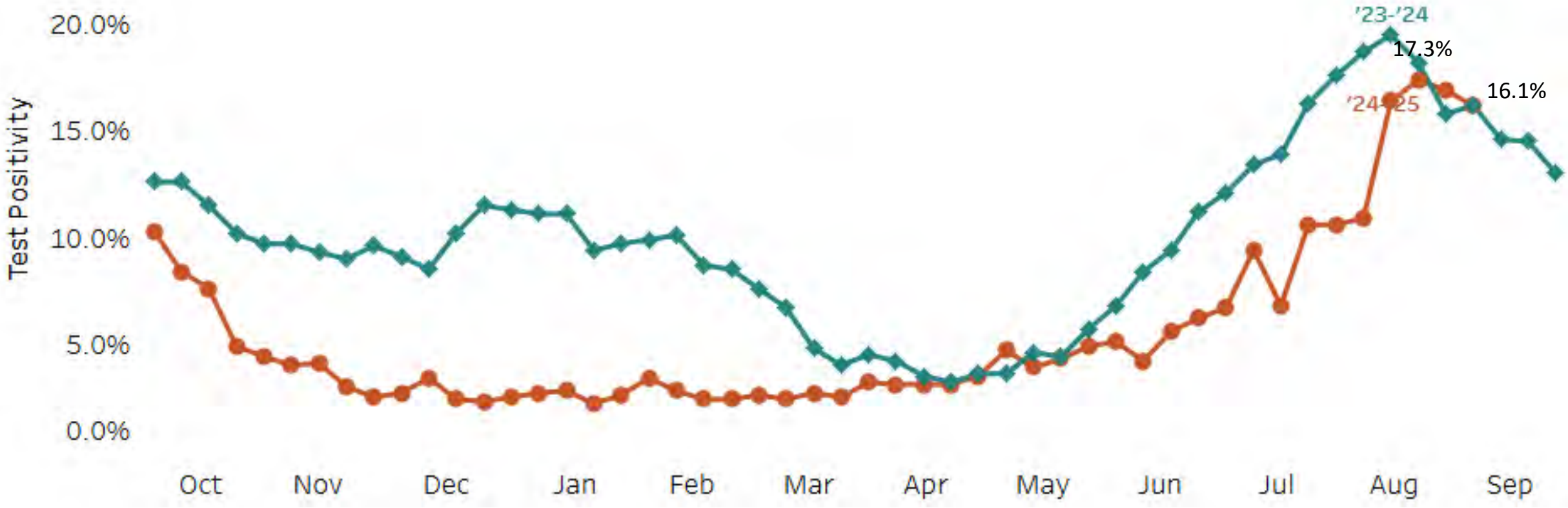
https://health-infobase.canada.ca/measles-rubella/

COVID-19 % Positivity — United States, week ending 9/6/25



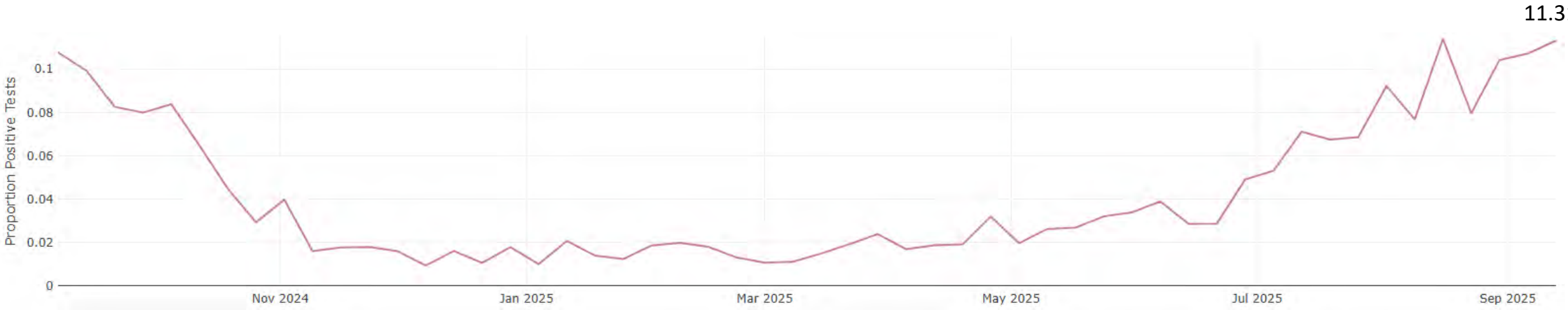
CDC. The National Respiratory and Enteric Virus Surveillance System (NREVSS) Interactive Dashboard. Available at: https://www.cdc.gov/nrevss/php/dashboard/index.html

Percent of Tests Positive for COVID-19 — Oregon, 2023-2025 (through 9/6/25)



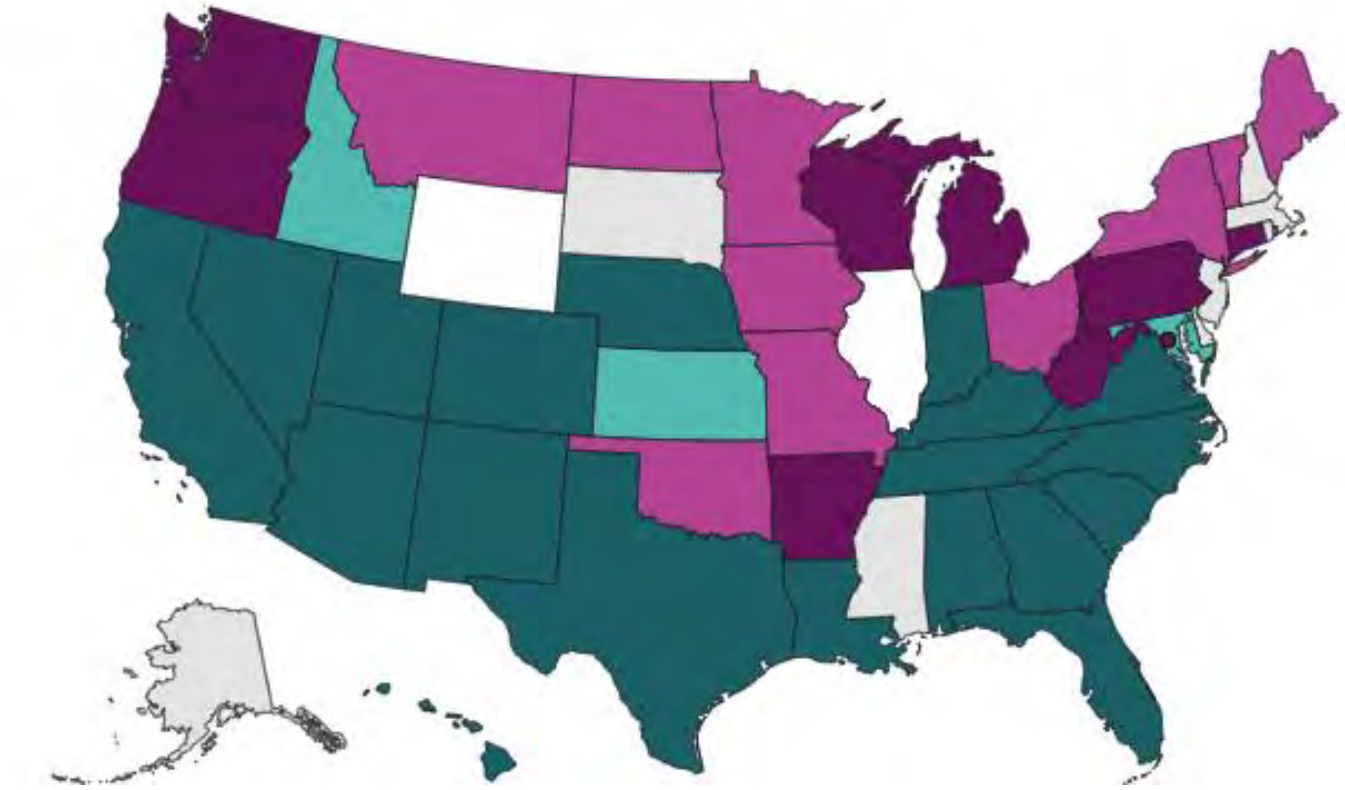
https://public.tableau.com/app/profile/oregon.public.health.division.acute.and.communicable.disease.pre/viz/OregonsRespiratoryVirusData/TestPositivity

Proportion of Tests Positive for COVID-19 in the Northwest — University of Washington and Seattle Children's Hospital, 2024-2025 (through 9/13)



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

Estimates of Epidemic Trends for States

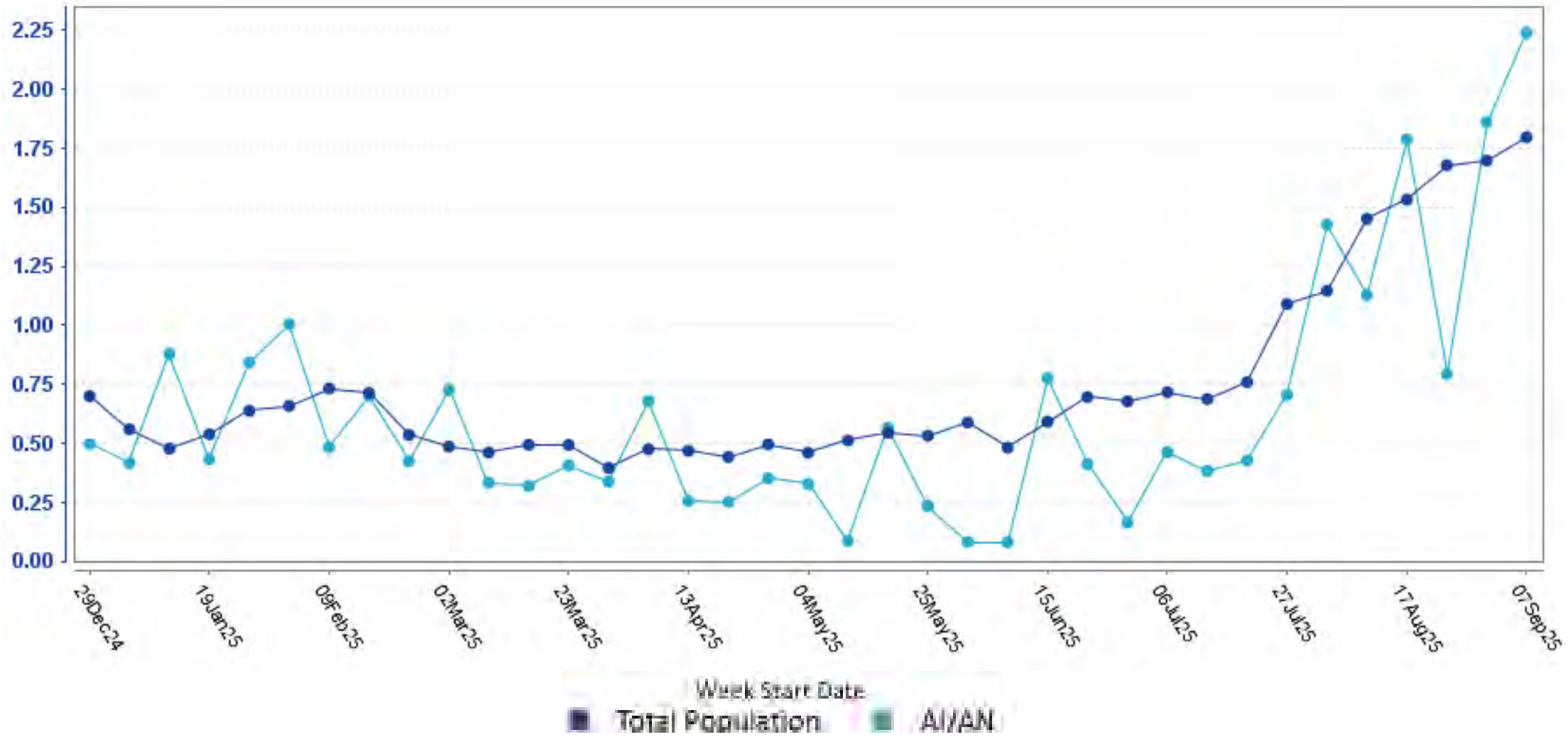


As of September 9, 2025

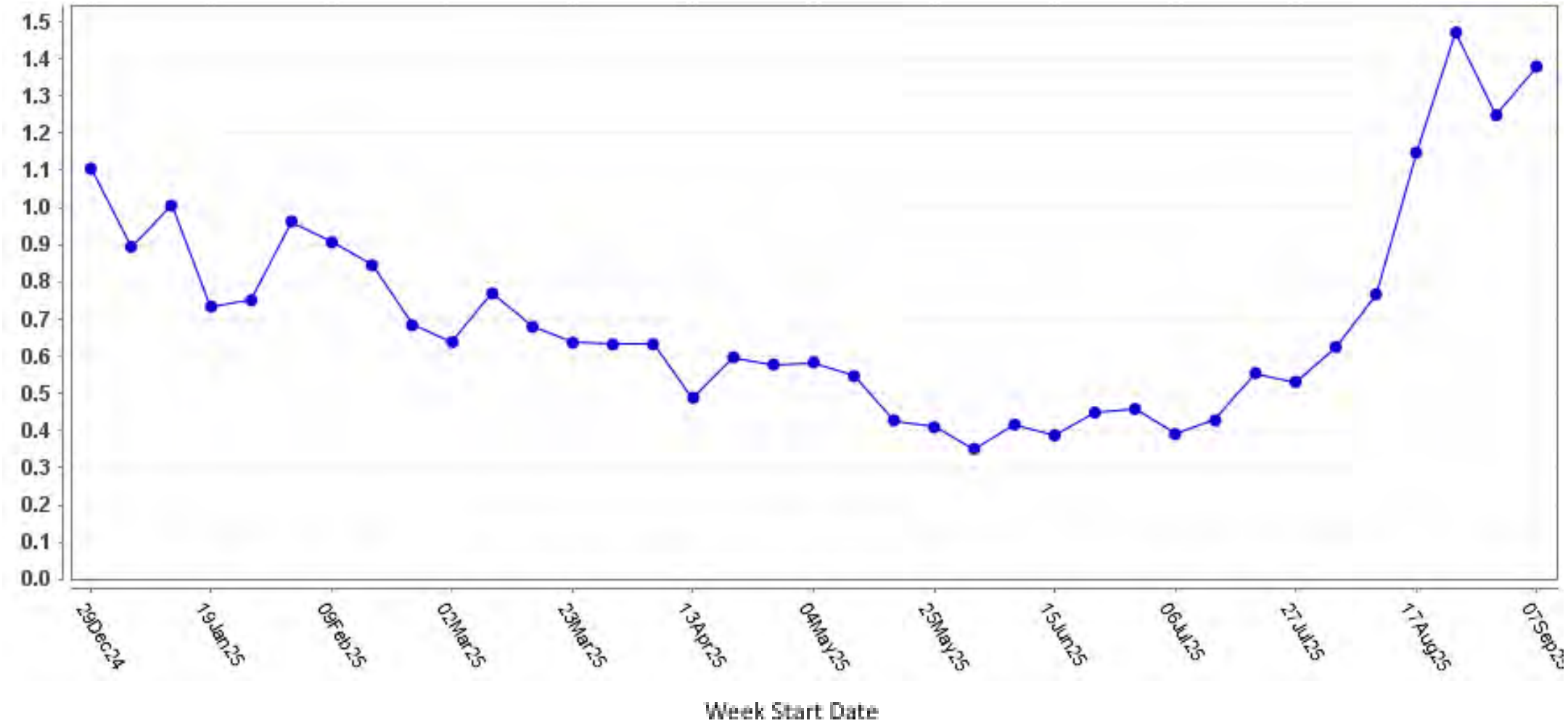
% of ER Visits Associated with COVID-19 During Week Ending 9/6/25:
Washington: 1.7%
Oregon: 1.7%
Idaho: 1.3%

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. Respiratory Virus Activity Levels. Available at: https://www.cdc.gov/respiratory-viruses/data/activity-levels.html?CDC_AAref_Val=https://www.cdc.gov/respiratory-viruses/data-research/dashboard/activity-levels.html#cdc_data_surveillance_section_3-emergency-department-visits-for-viral-respiratory-illness

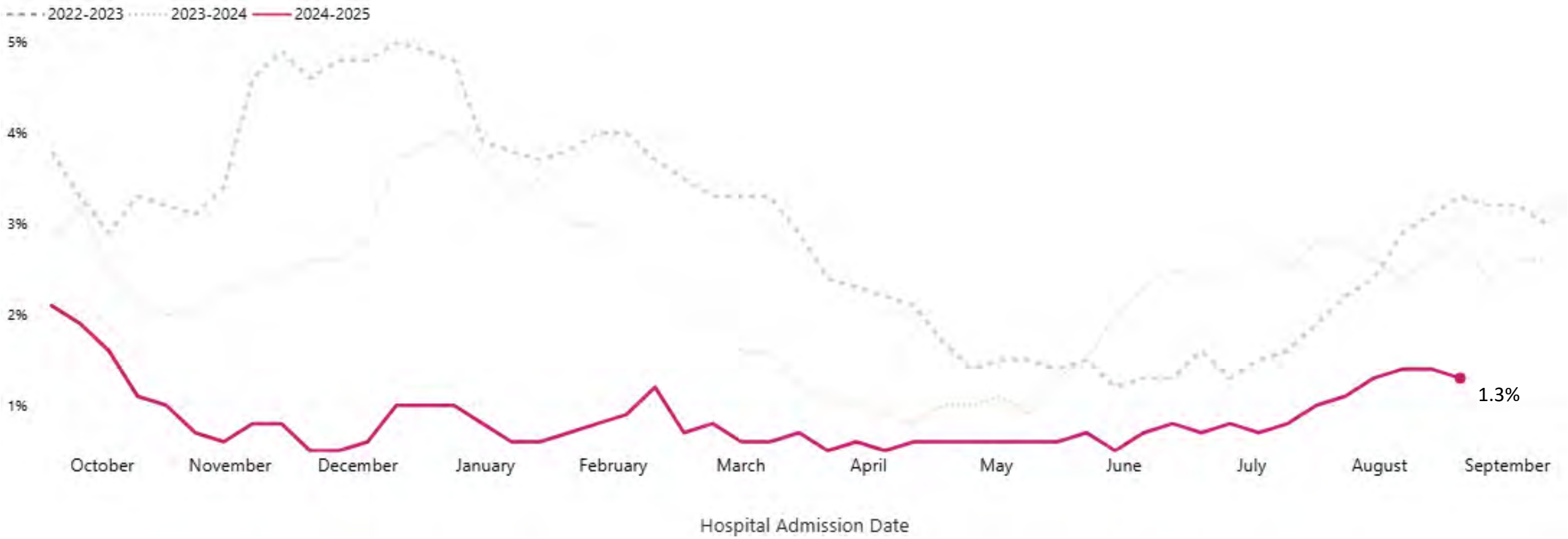
% COVID-19 ER Visits by Facility Location, Total Population vs. AI/AN — Washington State, 2025 (through 9/13)



% COVID-19 ER Visits by Facility Location — Idaho, 2025 (through 9/13)

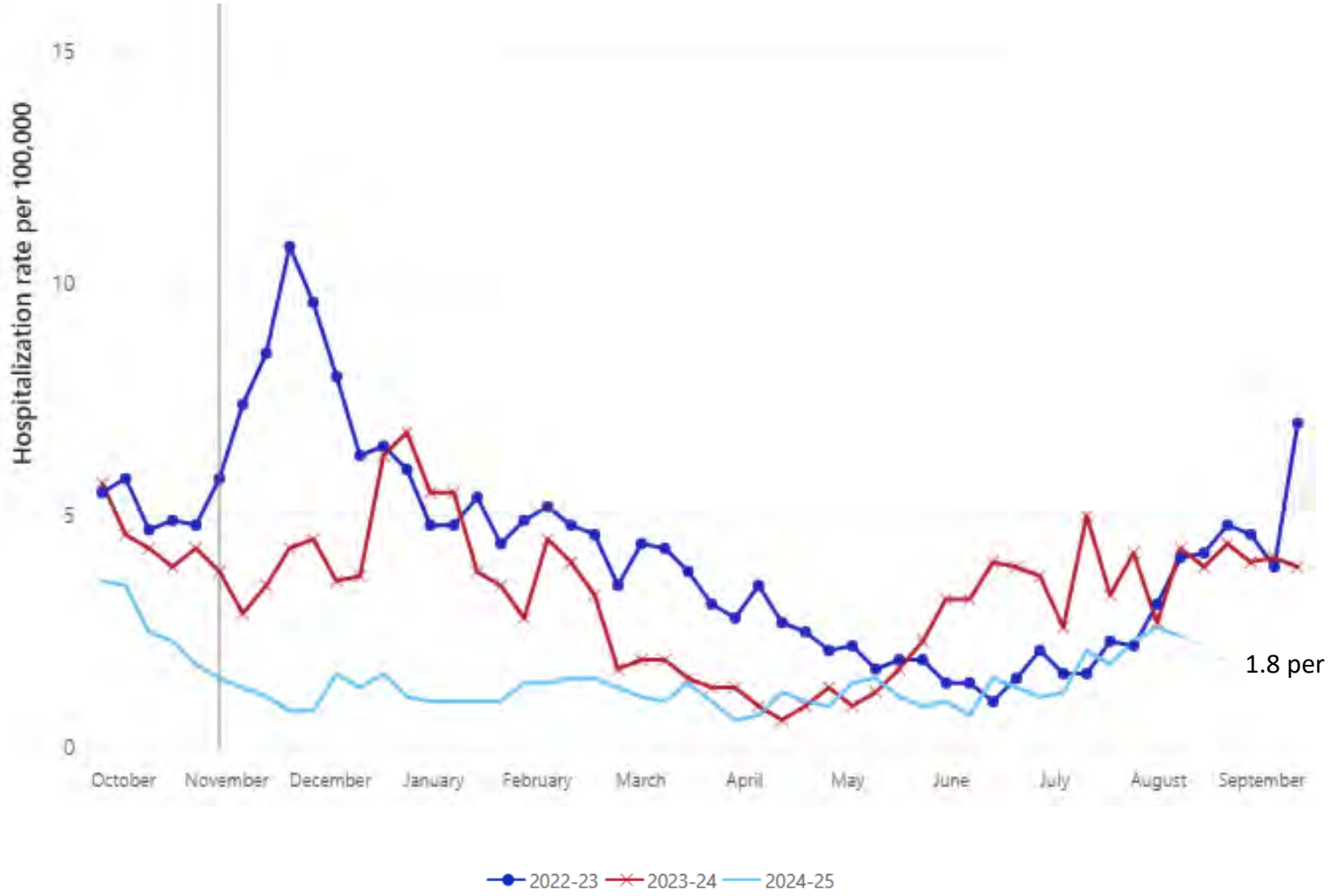


Percent of Hospitalizations Associated with COVID-19 — Washington, 2024-25 vs. Recent Seasons, through 9/6/25



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 9/6/25)



1.8 per 100,000 persons

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

2025-2026 COVID-19 Vaccines and Revised FDA Eligibility Criteria

Manufacturer	Trade Name	Type	Target	FDA Approval	Minimum Age
Pfizer-BioNTech	COMIRNATY	mRNA	LP.8.1	≥ 65 years old 5-64 years old with at least one underlying condition that puts them at high risk for severe outcomes from COVID-19	5 years
Moderna	SPIKEVAX	mRNA	LP.8.1	≥ 65 years old 6 months – 64 years with at least one underlying condition that puts them at high risk for severe outcomes from COVID-19	6 months
Moderna	MNEXSPIKE	mRNA	LP.8.1	≥ 65 years old 12 – 64 years with at least one underlying condition that puts them at high risk for severe outcomes from COVID-19	12 years
Novavax	NUVAXOVID	Adjuvanted protein subunit	JN.1	≥ 65 years old 12 – 64 years with at least one underlying condition that puts them at high risk for severe outcomes from COVID-19	12 years

Underlying Conditions and the Higher Risk for Severe COVID-19 | COVID-19 | CDC
People with Certain Medical Conditions and COVID-19 Risk Factors | COVID-19 | CDC

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

COVID-19 and Pregnancy

- Increased risk for severe disease from COVID-19 infection (e.g. ICU admission, need for mechanical ventilation, and death)
- Adverse pregnancy outcomes: increased risk for pre-term birth, stillbirth
- Infants < 6 months at increased risk for severe disease
  - Highest hospitalization rate among all age groups except for those 75 years or older during October 2022-April 2024
    - 1,470 COVID-19 associated hospitalizations: 22% admitted to ICU, 4.8% mechanically ventilated, 0.8% died.
    - 87.5% of mothers of hospitalized infants had no documentation of COVID-19 vaccination during pregnancy.

Zambrano LE, et al. MMWR. 2020
CDC. Pregnant and Recently Pregnant People. 25 October 2022. Available at: https://archive.cdc.gov/www_cdc_gov/coronavirus/2019-ncov/need-extra-precautions/pregnant-people.html
Havers FP, et al. COVID-NET Surveillance Team. MMWR. 2024.
American College of Obstetricians and Gynecologist. COVID-19 Vaccination Considerations for Obstetric–Gynecologic Care. Available at: https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/12/covid-19-vaccination-considerations-for-obstetric-gynecologic-care

Vaccine Effectiveness and Safety in Pregnant Women

- Vaccine effectiveness (Moderna, Pfizer-BioNTech, and Janssen COVID-19 vaccines) among pregnant women, 18-45 years old, during June 2022 to August 2023:
  - During pregnancy, VE: 52% (95% CI, 29%–67%)
  - <6 months prior to pregnancy, VE: 28% (95% CI, 11% to 42%)
  - ≥ 6 months prior to pregnancy, VE: 6% (95% CI, −11% to 21%)

Vaccine safety: No evidence of increased risk in maternal or infant safety outcomes.

Ciesla AA, et al. Open Forum Infectious Diseases. 2024.
Ciapponi A, et al. Safety and Effectiveness of COVID-19 Vaccines During Pregnancy: A Living Systematic Review and Meta-analysis. 2024;47:991-1010.
American College of Obstetricians and Gynecologist. COVID-19 Vaccination Considerations for Obstetric–Gynecologic Care. Available at: https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/12/covid-19-vaccination-considerations-for-obstetric-gynecologic-care

Recommendations from American College of Obstetricians and Gynecologists (ACOG)

- Continues to recommend that pregnant and lactating women receive updated COVID-19 vaccines, noting that "All clinicians should provide a strong recommendation for updated COVID-19 vaccination to their pregnant and lactating patients."

- Vaccination recommended in any trimester, at earliest opportunity, and can be given with other vaccines (e.g. Influenza, RSV and TdaP).

American College of Obstetricians and Gynecologist. COVID-19 Vaccination Considerations for Obstetric–Gynecologic Care. Available at: https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/12/covid-19-vaccination-considerations-for-obstetric-gynecologic-care

Recommendations from the American Academy of Pediatrics

Age	Indication	Vaccine	Doses
6-23 months	• **Everyone** without contraindications (due to high risk for severe COVID-19)	• Moderna Spikevax	2 doses at 0 and 4-8 weeks. (If previously completed vaccination series, then 1 dose)
2-4 years	• High-risk for severe COVID-19 • Residents of long-term care facilities or other congregate settings • Never been vaccinated against COVID-19 • Household contacts at high risk for severe COVID-19 • Parent/guardian desires their protection against COVID-19.	• Moderna Spikevax	1 dose
5-11 years		• Moderna Spikevax or • Pfizer-BioNTech Comirnaty	
12-18 years		• Moderna Spikevax or • Moderna mNEXSPIKE or • Pfizer-BioNTech Comirnaty or • Novavax Nuvaxovid	

*See Immunization Schedule for detailed recommendations regarding children who have had incomplete vaccinations or for children with moderate to severe immunocompromise.

American Academy of Pediatrics. Recommendations for COVID-19 Vaccines in Infants, Children, and Adolescents: Policy Statement. Pediatrics. 2025. Available at: https://publications.aap.org/pediatrics/article/doi/10.1542/peds.2025-073924/203222/Recommendations-for-COVID-19-Vaccines-in-Infants?autologincheck=redirected
American Academy of Pediatrics' Recommended Child and Adolescent Immunization Schedule. Available at: https://publications.aap.org/redbook/resources/15585/

Recommendations from the American Academy of Family Physicians

- All adults ≥ 18 years-old should receive a COVID-19 vaccine
  - Especially important for those ≥ 65 years-old, at increased risk for severe COVID-19 infection, or have never received a COVID-19 vaccine.
  - Age 19-64: 1 dose of Moderna or Pfizer-BioNTech or, if unvaccinated, 2 doses of Novavax (0, 3-8 weeks).
  - Age ≥65: Additional 2nd dose 6 months later (minimum interval 2 months).
- Recommended for pregnant women during any trimester and during lactation.
- All children age 6-23 months should be vaccinated against COVID-19.
- Risk-based approach for children 2-18 years; supports access for any family wanting to be vaccinated against COVID-19.

AAFP Immunization Schedules: https://www.aafp.org/family-physician/patient-care/prevention-wellness/immunizations-vaccines.html?

American Academy of Family Physicians. COVID-19 Vaccine: Fall 2025-26 Immunization Recommendations. Available at: https://www.aafp.org/family-physician/patient-care/public-health-emergencies/recent-outbreaks/covid-19/covid-19-vaccine.html

COVID-19 Vaccine Access

- During 2024-2025, pharmacies administered over 90% of COVID-19 vaccines.
- Some pharmacies have required prescriptions to administer COVID-19 vaccines, including pharmacies in Oregon for now (OHA: Getting Vaccines in Oregon).

Washington State Department of Health COVID-19 Vaccine Standing Order

- COVID-19 Vaccine Standing Order, effective 9/4/2025.
- Authorizes qualified health care providers, including pharmacists, to vaccinate persons aged 6 months or older without contraindications, including pregnant women.
- Applies to any available COVID-19 vaccine appropriate by age and health status as determined by administering health care provider, and includes “off-label” use.
- References guidance from AAP for children age 6 months-18 years, ACOG for pregnant women, and AAFP for adults.

Standing Orders | Washington State Department of Health

Washington State Statewide Standing Order for COVID-19 Vaccine FAQs for the Public

Washington State Statewide Standing Order for COVID-19 Vaccine FAQs for Health Care Providers

DOH COVID-19 Vaccine Schedule (**Minimum ages apply:** 6 months for Moderna Spikevax, 5 years for Pfizer Comirnaty, 12 years for Novavax Nuvaxovid and Moderna mNEXSPIKE).

Washington State: COVID-19 Vaccine Insurance Coverage

- Apple Health (Medicaid) covers COVID-19 vaccinations for those 6 months+, including pregnant women c/w WA DOH recommendations.

- Whether other health plans cover COVID-19 vaccines needs to be verified with the health plan administrator of the Office of the Insurance Commissioner

Influenza Vaccination Recommendations for 2025-2026

- Routine annual influenza vaccination is recommended for all persons aged ≥6 months who do not have contraindications.
- Adults ≥65 years old recommended to preferentially receive a high dose or adjuvanted influenza vaccine (i.e. HD-IIV3, RIV3, or aIIV3); another age-appropriate influenza vaccine can be used if not available.
- FluMist, a live attenuated influenza vaccine (LAIV3) administered as a nasal spray, previously approved for persons age 2 through 49 years of age, was approved for self-administration for those age 18 years or older and caregiver administration for those age 2 through 17 years old (no longer requiring administration by a health care provider) in September 2024.
  - LAIV3 should not be given to pregnant or immunocompromised persons, close contacts and caregivers of severely immunosuppressed persons, children < 2 years-old, children age 2-4 years with asthma or history of wheezing in the past 12 months (asthma in persons ≥ 5 years is a precaution), or children receiving aspirin or salicylate containing therapy], persons with cochlear implants and persons with communication between the CSF and upper respiratory tract or any other cranial CSF leak. Precaution is advised for persond with a medical condition that increases the risk of complications after influenza infection [e.g. chronic pulmonary (including asthma), cardiovascular (excluding isolated hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus)].
- FluBlok, a recombinant influenza vaccine (RIV3), previously approved for persons 18 years or older, was approved for persons 9 years or older in March 2025.
- ACIP recommended that single-dose formulations are used which do not contain thimerosal as a preservative (This recommendation was not reviewed with a standard systematic review and evaluation of evidence. This topic was not discussed and the recommendation was not provided by the ACIP Influenza Workgroup).
- Timing: Start in September (now) or October and offer for entire flu season as long as flu viruses are circulating. Avoid delay particularly for:
  - Pregnant women in the third trimester.
  - Children who need 2 doses (children aged 6 months through 8 years who have never received influenza vaccine or who have not previously received a lifetime total of ≥2 doses) should receive their first dose as soon as possible after vaccine becomes available to allow the second dose (which must be administered ≥4 weeks later) to ideally be received by the end of October.
  - Patients for which concern exists that later vaccination might not be possible.

Grohskopf, LA, et al. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP)—United States, 2025-26 Influenza Season Summary of Recommendations. MMWR. Available: https://www.cdc.gov/flu/hcp/acip/index.html

RSV Vaccination Recommendations for Adults

- ≥ 75 years-old: One-time vaccine
- Ages 50-74 at increased risk
  - Chronic heart, lung, or liver disease, end-stage renal disease, diabetes mellitus (c/b nephropathy, retinopathy, or other end organ damage or requiring treatment with insulin or a SGLT2 inhibitor), neurologic or neuromuscular condition affecting airway clearance or resulting in respiratory muscle weakness, hematologic disorder, morbid obesity ≥ 40 kg/m^2, moderate-severe immunocompromise, residence in nursing home, frailty, or residence in a remote community

CDC. RSV Vaccine Guidance for Adults. Available at: https://www.cdc.gov/rsv/hcp/vaccine-clinical-guidance/adults.html#cdc_cg_special_populations_health_outcomes-overview

RSV Prevention for Infants and Toddlers

- September-January: RSV vaccination with Pfizer's Abrysvo (only RSV vaccine approved for pregnancy) recommended for those 32-36 weeks pregnant who did not receive RSV vaccine during a prior pregnancy.
- Monoclonal antibody:
  - For babies born to mothers who did not receive the maternal RSV vaccine during pregnancy or received it <2 weeks before delivery (if mother received RSV vaccine during a *prior* pregnancy, monoclonal antibody recommended for baby).
    - If born during October through March, nirsevimab (FDA approved in 2023) or clesrovimab (FDA approved in June 2025) should be given within 1 week after birth.
    - For others age < 8 months born outside of RSV season, administer nirsevimab or clesrovimab before RSV season (October-March; typically peaks in December/January).
    - Dose: < 5 kg: 50 mg IM X 1, ≥5kg: 100 mg IM X 1.
  - Children age 8-19 months at increased risk for severe RSV (all AI/AN children and others at increased risk including those with chronic lung disease of prematurity, severe immunocompromise, severe cystic fibrosis) prior to entering their 2nd RSV season regardless of prior receipt of monoclonal antibody or vaccination of mother during pregnancy. Nirsevimab is the only approved monoclonal antibody for this indication. Dose: 200mg (100 mg IM given in 2 different sites).

ACOG. Maternal Respiratory Syncytial Virus Vaccination. https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2023/09/maternal-respiratory-syncytial-virus-vaccination
AAP. AAP Recommendations for the Prevention of RSV Disease in Infants and Children. Available at: https://publications.aap.org/redbook/resources/25379/AAP-Recommendations-for-the-Prevention-of-RSV
CDC. Immunizations to Protect Infants. Available at: https://publications.aap.org/redbook/resources/25379/AAP-Recommendations-for-the-Prevention-of-RSV

Summary

- Measles
  - Idaho: Seven cases among Idaho residents have now been reported.
    - **Panhandle Health District (N=2)**: One case reported on 8/12 in Kootenai County and one on 8/20 in Bonner County – it is not yet known how these children acquired measles and they are not linked to each other, raising concern for additional unrecognized cases in the area
    - **Eastern Idaho Public Health (N=5):** One case reported on 8/14 in Bonneville County, exposed to an international traveler with measles. Four additional cases reported in Bonneville County.
  - Washington: A case linked to the case from Bonner County in the Panhandle Health District was identified by Spokane County, exposed in the Providence Sacred Heart ED. Now 11 total confirmed cases of measles among Washington State residents (King, Snohomish, Whatcom, and Spokane Counties), most related to international travel; no outbreak so far.
  - Oregon: No new cases reported. One case in Multnomah County reported on 6/24.
  - 1,454 measles cases in 41 states (through 9/9) with 3 deaths. 92% unvaccinated or with unknown vaccination status. 86% of cases associated with one of 37 outbreaks.

- COVID-19
  - Test positivity in Washington (11.7%) and Oregon [16.1% (OHA)] during the week ending on 9/6.
  - % of ER visits associated with COVID-19 increasing for Washington (low) and Oregon (low) and has plateaued for Idaho (minimal). Hospitalizations associated with COVID-19 have remained lower than last year and have begun to decrease in Washington and Oregon.

Recommendations

- **Ensure patients at your clinics are up to date on immunizations, including COVID-19, influenza, and RSV, 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 increasing cases of COVID-19**, ensuring adequate supplies of test kits, PPE, and Paxlovid.
- **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).

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 for Measles

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:
American Academy of Pediatrics; 2024: 570-585.

Centers for Disease Control and Prevention. Adult Immunization Schedule by Age. Available at: https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.html.

Centers for Disease Control and Prevention. Child and Adolescent Immunization Schedule by Age. Available at: https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html

Centers for Disease Control and Prevention. Guidelines for Environmental Infection Control in Health-Care Facilities. Available at: https://www.cdc.gov/infection-control/media/pdfs/guideline-environmental-h.pdf. 2003.

Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings. Available at: https://www.cdc.gov/infection-control/hcp/measles/index.html

Centers for Disease Control and Prevention. Measles. In: Hall E., Wodi A.P., Hamborsky J., et al., eds. Epidemiology and Prevention of Vaccine-Preventable Diseases. 14th ed. Washington, D.C.: Public Health Foundation; 2021. Available at: https://www.cdc.gov/pinkbook/hcp/table-of-contents/chapter-13-measles.html

Centers for Disease Control and Prevention. Routine Measles, Mumps, and Rubella Vaccination. Available at: https://www.cdc.gov/vaccines/vpd/mmr/hcp/recommendations.html#hcp

Centers for Disease Control and Prevention. Questions About Measles. Available at: https://www.cdc.gov/measles/about/questions.html\

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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