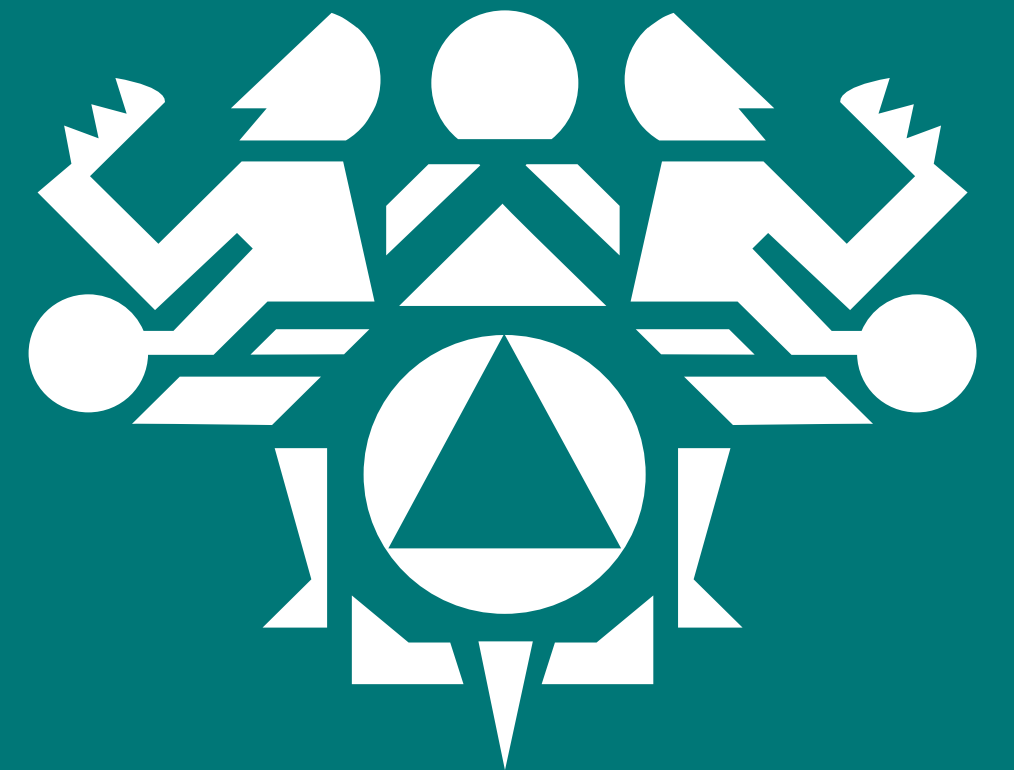


NPAIHB

Weekly Update

September 23, 2025





NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Agenda

- Welcome & Introduction: Bridget Canniff
- NPAIHB Announcements, Events, & Resources
- Immunization Updates: Advisory Committee on Immunization Practices & West Coast Health Alliance
- 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

- **Care and Access for Pregnant People ECHO** – 4th Tuesday of every month at 11am PT
 - Tuesday, September 23rd at 11am PT
 - Didactic Topic: *Preventable Maternal Mortality: Suicide and Overdose*
 - To join via Zoom: <https://echo.zoom.us/j/87128078680?pwd=c2hMOEFnWU9QWVZMd2dpL0J0ODNidz09>
- **Hepatitis C ECHO** – Wednesdays at 11am PT
 - Wednesday, September 24th at 11am PT
 - Didactic Topic: *Evaluation of Infectious Diseases in People With Substance Use Disorders: An Opportunity for Disease Elimination*
 - To join via Zoom: <https://echo.zoom.us/j/537117924?pwd=OEExbERmK2pSUFFsMzV1SmVpb3g3dz09>
- **Early Relational Health (ERH) ECHO – Formerly MCH ECHO** – 4th Wednesday of every month at 12pm PT
 - Wednesday, September 24th at 12pm PT
 - Didactic Topic: *Screening & Assessment Approaches Rooted in Culturally Strength Based Values*
 - To join via Zoom: <https://echo.zoom.us/j/86327376612?pwd=YVRiY0dxeXV1Ukl2ZE9objU2U2hrZz09>
- **Journey to Health ECHO** – 2nd & 4th Thursday of every month at 7am/12pm PT
 - Thursday, September 25th at 12pm PT
 - Didactic Topic: *Strengthening Suicide Intervention with Culture*
 - To join via Zoom: <https://echo.zoom.us/j/93413601610?pwd=YVhMN1NUNllyWHZUZk1CUhF0TEY5QT09>



COMMUNITY OF PRACTICE 2025-2026

As a community, we share our strengths and experiences about how we can uplift and support our Native youth.

Sessions include new resources and opportunities to engage with adolescent health experts.



REGISTER VIA THE
EVENTS CALENDER
<https://www.npaihb.org/>

CONTACT US:
native@npaihb.org



WHEN?

Virtual gatherings are held the second Wednesday of each month starting in September 2025.

Start Time:
10:00 AM PT

Next HNY CoP Session:

October 8, 10:00 – 11 AM Pacific

Upcoming dates:

November 12th, December 10th.

Registration:

<https://us06web.zoom.us/meeting/register/4ljNGZ62TgyX1kuFlsWOZA>

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



17th Annual Native Caring



A Conference to Learn, Connect and Share

October 15 & 16, 2025

Three Rivers Casino Resort

Florence, Oregon

Come join other caregivers of Native Elders, and relative caregivers of children from Northwest Indian communities for this two-day event. You will have the opportunity to attend valuable workshops which will enhance your caregiving skills and give you a refreshing break from your daily responsibilities.



Hosted by:

The Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians

Other Partnering organizations: The Cow Creek Band of Umpqua Tribe of Indians, Coquille Indian Tribe, Confederated Tribes of the Umatilla Indian Reservation, Confederated Tribes of Warm Springs, Confederated Tribes of Siletz Indians, Confederated Tribes of Grand Ronde, The Klamath Tribes, Burns Paiute Tribe, AARP and the DHS State Unit on Aging

For more information contact:

Doug Morrison @ (541) 997-6685

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 30: No Weekly Update – QBM

October 7: Tribal Vaccination Success Story:
Muckleshoot Tribe

October 14: Topic TBD

October 21: Existing Opioid Data –
Data Hub & Community Health Assessment

October 28: Legislative & Policy Update



Immunization Updates:

Advisory Committee on Immunization Practices
& West Coast Health Alliance





ACIP Update: COVID-19

Advisory Committee on Immunization Practices (ACIP)

- ACIP is a federal advisory committee that develops recommendations on the use of vaccines in the civilian population of the United States
- CDC sets adult and childhood immunization schedules based on recommendations from ACIP
- ACIP holds three regular meetings each year to review scientific data and vote on vaccine recommendations. Additional meetings may be held as needed.

Source: <https://www.cdc.gov/acip/about/index.html> and <https://www.cdc.gov/acip/meetings/index.html>

➤➤ ACIP Meeting: September 18-19

On the agenda:

- Measles, Mumps, Rubella, and Varicella (MMRV) Vaccines
- Hepatitis B Vaccine
- COVID-19 Vaccines

Source: <https://www.cdc.gov/acip/downloads/agendas/final-posted-2025-09-19-508.pdf>

ACIP Meeting: COVID-19 Vaccines

ACIP Recommends COVID-19 Immunization Based on Individual Decision-making

- Applies to all individuals six months and older
- Emphasizes that the risk-benefit of vaccination in individuals under age 65 is most favorable for those who are at an increased risk for severe COVID-19 and lowest for individuals who are not at an increased risk, according to the CDC list of COVID-19 risk factors
- Allows for immunization coverage through all payment mechanisms including entitlement programs such as the Vaccines for Children Program, Children's Health Insurance Program, Medicaid, and Medicare, as well as insurance plans through the federal Health Insurance

Source: <https://www.hhs.gov/press-room/acip-recommends-covid19-vaccination-individual-decision-making.html>



West Coast Health Alliance (WCHA)




- **Members:** Oregon, Washington, California, and Hawaii
- Providing unified recommendations on immunizations to residents of these states
- Jointly announced **Consensus 2025-26 Respiratory Virus Immunization Recommendations** for COVID-19, influenza, and respiratory syncytial virus (RSV) vaccines

Source:

<https://doh.wa.gov/newsroom/west-coast-health-alliance-announces-vaccine-recommendations-covid-19-flu-and-rsv>

<https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINESIMMUNIZATION/GETTINGIMMUNIZED/Documents/2025-26-Respiratory-Virus-Vaccine-Recommendations.pdf>

WCHA Guidance

Age/Condition	COVID-19	Influenza	RSV
Children 	<ul style="list-style-type: none">• All 6-23 months• All 2-18 years with risk factors or never vaccinated against COVID-19• All who are in close contact with others with risk factors¹• All who choose protection¹	<ul style="list-style-type: none">• All 6 months and older	<ul style="list-style-type: none">• All younger than 8 months²• All 8-19 months with risk factors
Pregnancy 	<ul style="list-style-type: none">• All who are planning pregnancy, pregnant, postpartum or lactating	<ul style="list-style-type: none">• All who are planning pregnancy, pregnant, postpartum or lactating	<ul style="list-style-type: none">• 32-36 weeks gestational age²
Adults 	<ul style="list-style-type: none">• All 65 years and older• All younger than 65 years with risk factors• All who are in close contact with others with risk factors• All who choose protection	<ul style="list-style-type: none">• All	<ul style="list-style-type: none">• All 75 years and older• All 50-74 years with risk factors

¹ COVID-19 vaccine is available for persons 6 months and older.

² Protect infants with either prenatal RSV vaccine or infant dose of nirsevimab or clesrovimab.

Source:

<https://doh.wa.gov/newsroom/west-coast-health-alliance-announces-vaccine-recommendations-covid-19-flu-and-rsv>



For Discussion

- What questions do you have about the ACIP recommendations or West Coast Health Alliance guidance?
- What additional information do you do need for your clinic and health programs?

Join the Public Health Committee Meeting at the NPAIHB Quarterly Board Meeting (QBM), hosted by Muckleshoot Tribe, on Tuesday, September 30, for more info and discussion.

<https://www.npaihb.org/oct2025qbm/>

Portland Area IHS Communicable Diseases Update

TARA PERTI, MD, MPH
MEDICAL EPIDEMIOLOGIST
OFFICE, PORTLAND AREA IHS
September 23, 2025

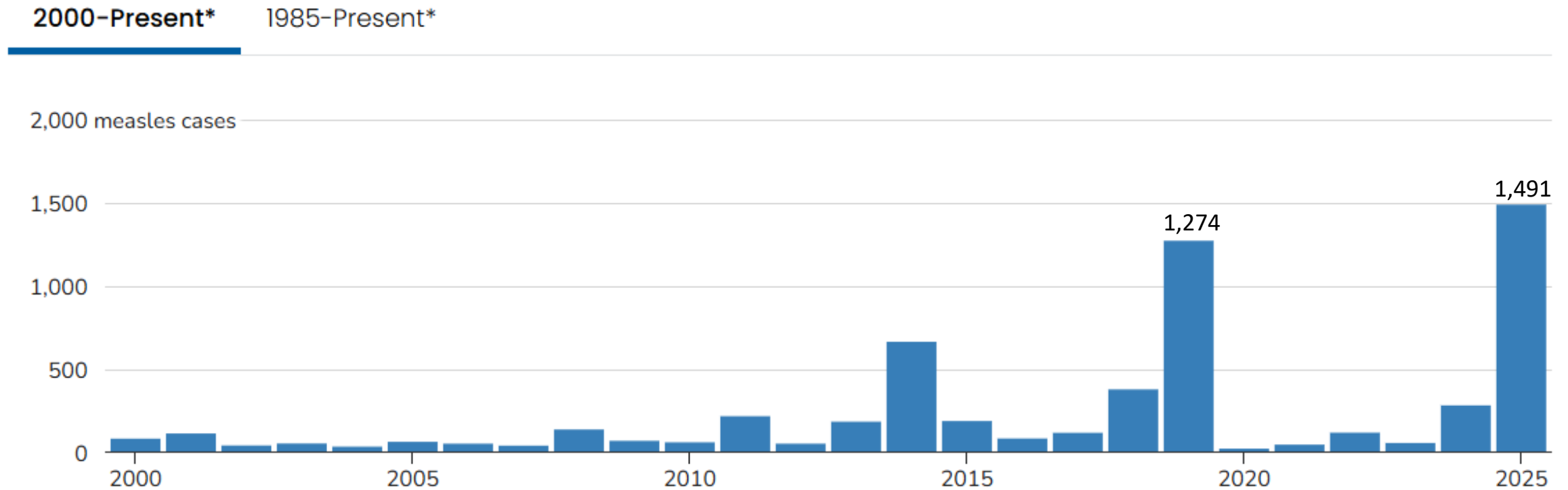


Outline

- Measles
- COVID-19, Influenza, RSV

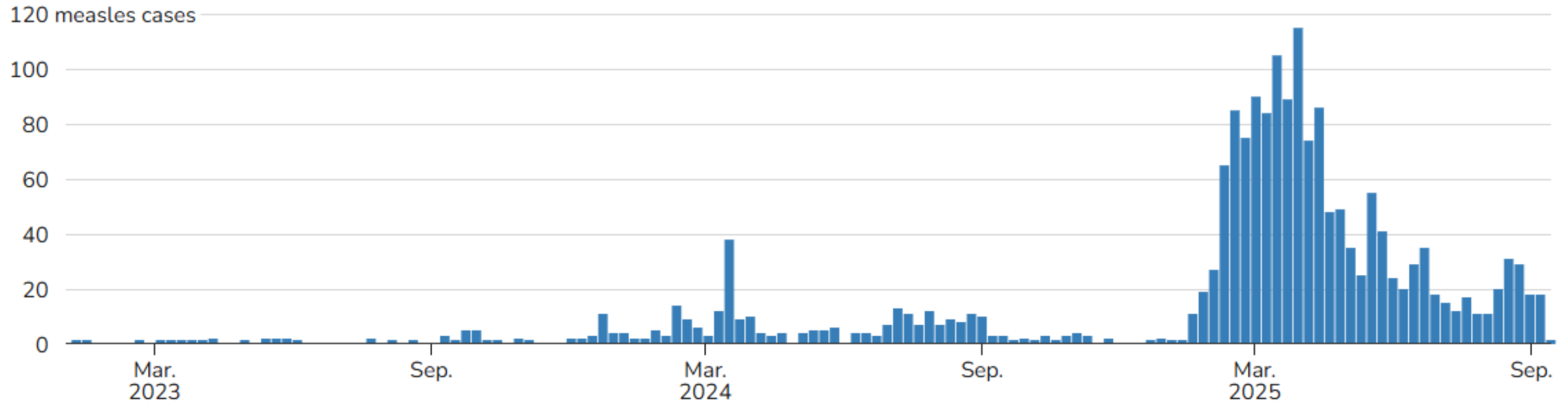
Yearly Measles Cases – United States, 2000-Present

as of September 16, 2025



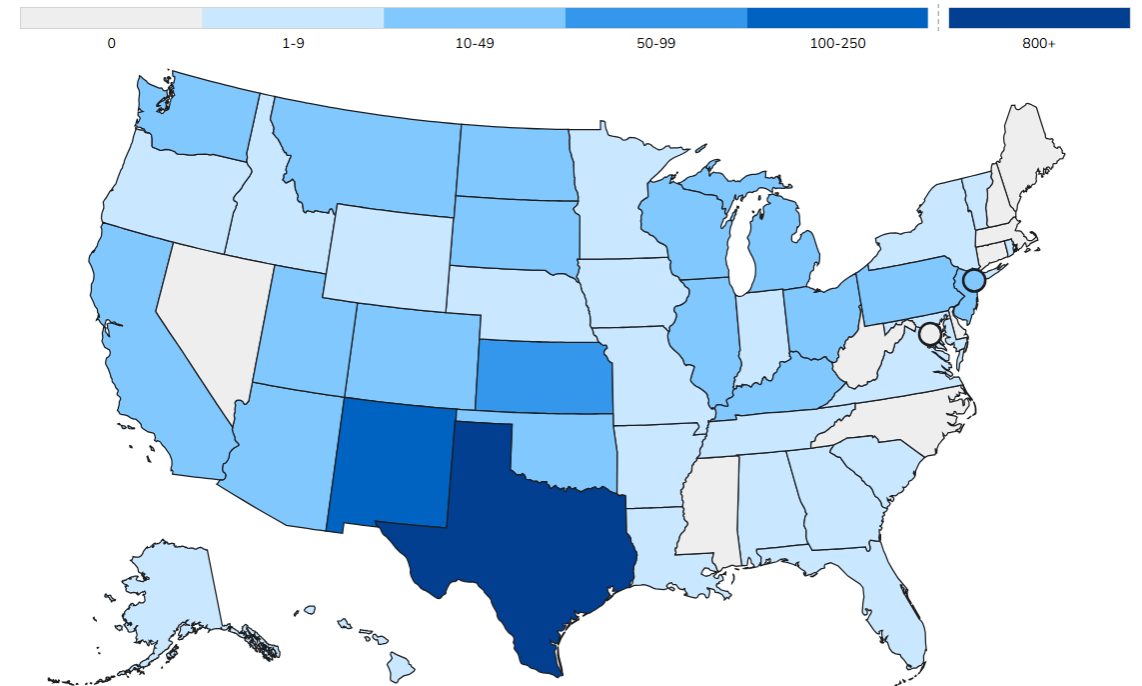
Measles – United States, 2023-2025 (through 9/16)

2023–2025* (as of September 16, 2025)



Measles — United States, 2025

- 1,491 confirmed cases among 41 states through 9/16.
- 86% of cases from one of 38 outbreaks (≥ 3 related cases).
- Age: 27% <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.



Measles — Idaho, 2025 (N=7)

Date Reported	County	Age	Exposure
8/12/25	Kootenai (Panhandle Health District)	Child	<u>Unknown</u>
8/14/25	Bonneville (Eastern Idaho Public Health)	Child	International Traveler (household)
8/20/25	Bonner (Panhandle Health District)	Child	<u>Unknown</u>
~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).

Measles — Washington and Oregon, 2025

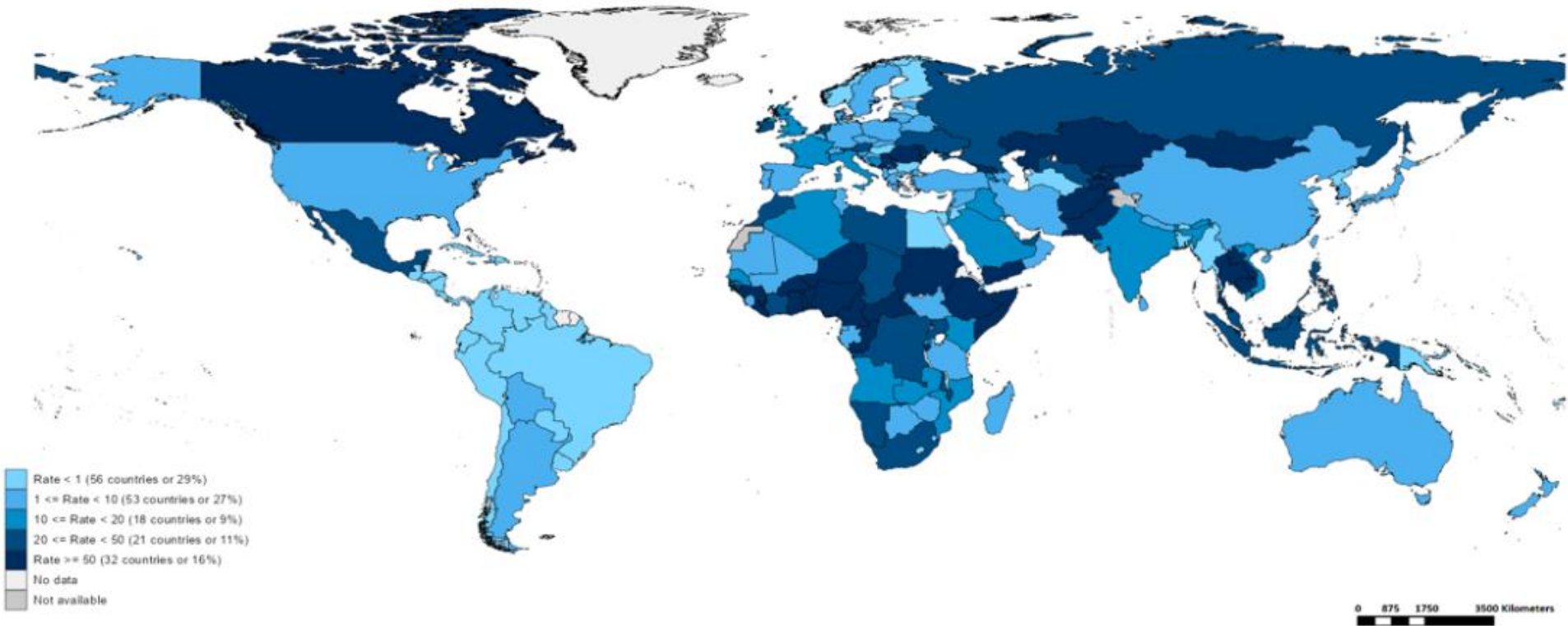
Date Reported	County	<u>Washington (N=11)*</u>		Exposure
		Age		
2/26/25	King	Infant		International Travel
3/17/25	Snohomish	Adult		Linked to 1 st Case
4/1/25	Snohomish	Adult		International Travel
4/4/25	King	Adult		International Travel
4/20/25	King	Infant		International Travel
5/20/25	King	Adult		International Travel
6/20/25	Whatcom	Not provided		Not Provided
6/23/25	Whatcom	Not provided		Linked to 1 st Case in Whatcom County
6/25/25	King	1 adult and 1 child in the same household		International Visitor
8/25/25	Spokane	Not Provided		<u>Linked to Case from North Idaho</u>

<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.

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

Measles Incidence (Cases per Million), 8/2024-7/2025



Highest incidence rates

Country	Cases	Rate
Kyrgyzstan	10097	1,405.09
Yemen	32037	789.42
Romania	7883	414.57
Mongolia	1196	344.12
Afghanistan	11104	260.37
Tajikistan	2264	213.77
Georgia	707	185.68
Kazakhstan	2849	138.35
Serbia	819	121.58
Lao People's Democratic Republic	869	111.84

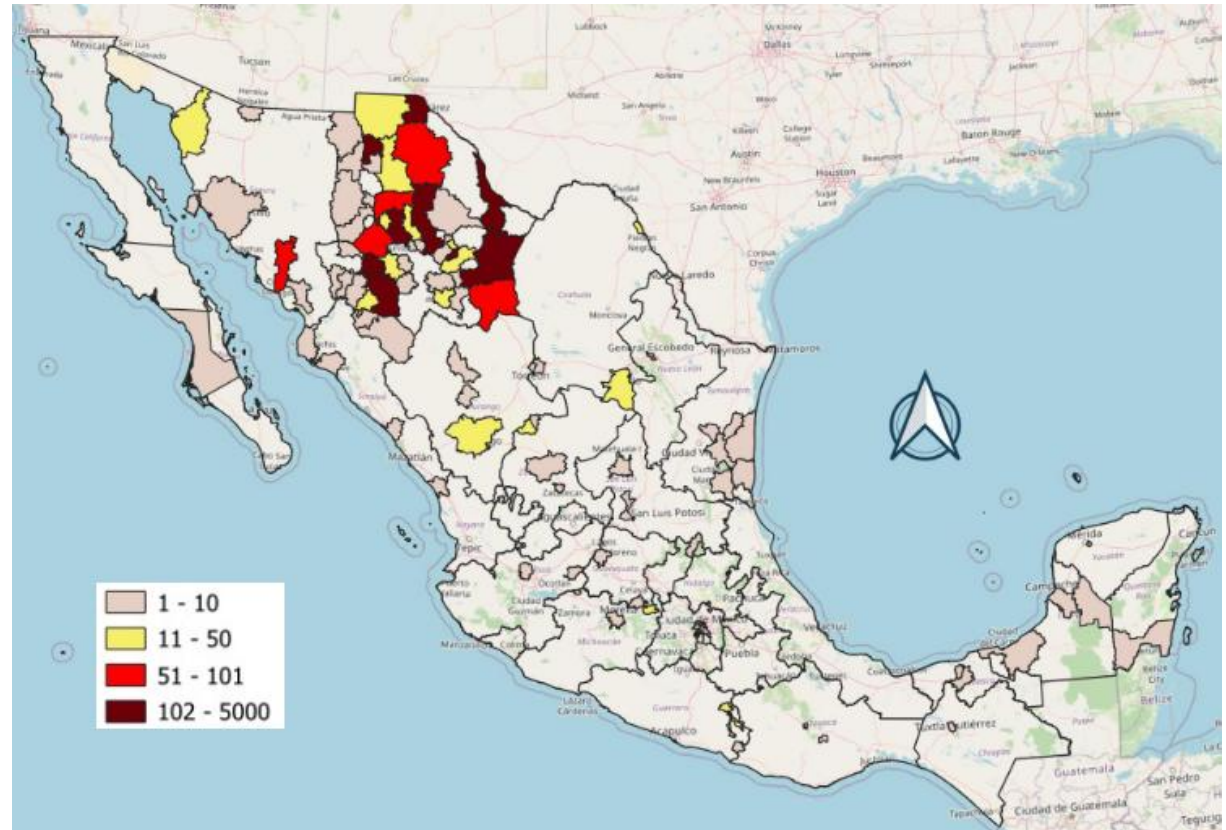
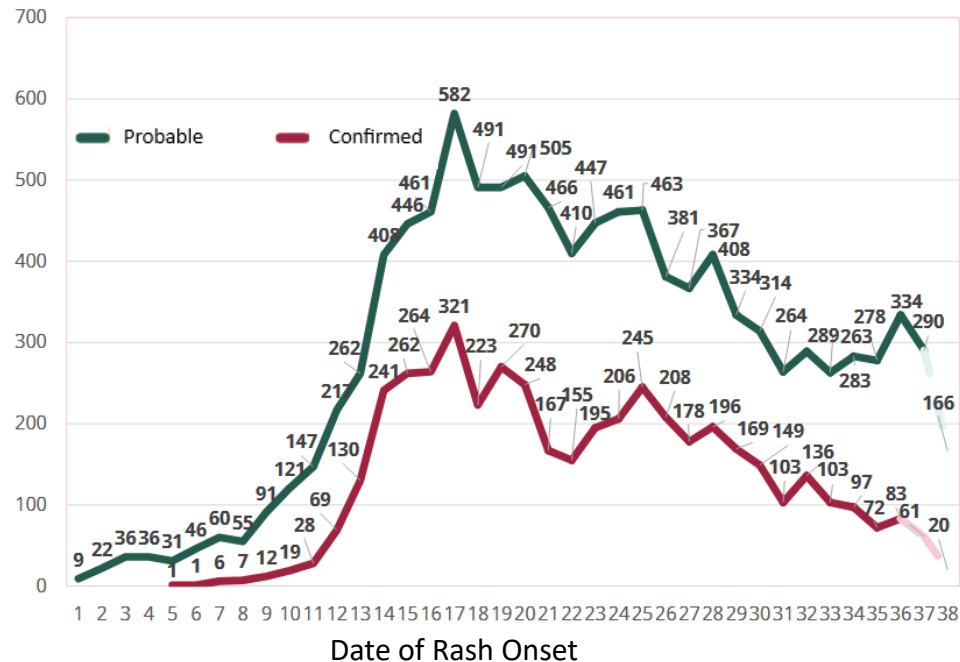


Map production: World Health Organization, 2025. All rights reserved
Data source: IVB Database

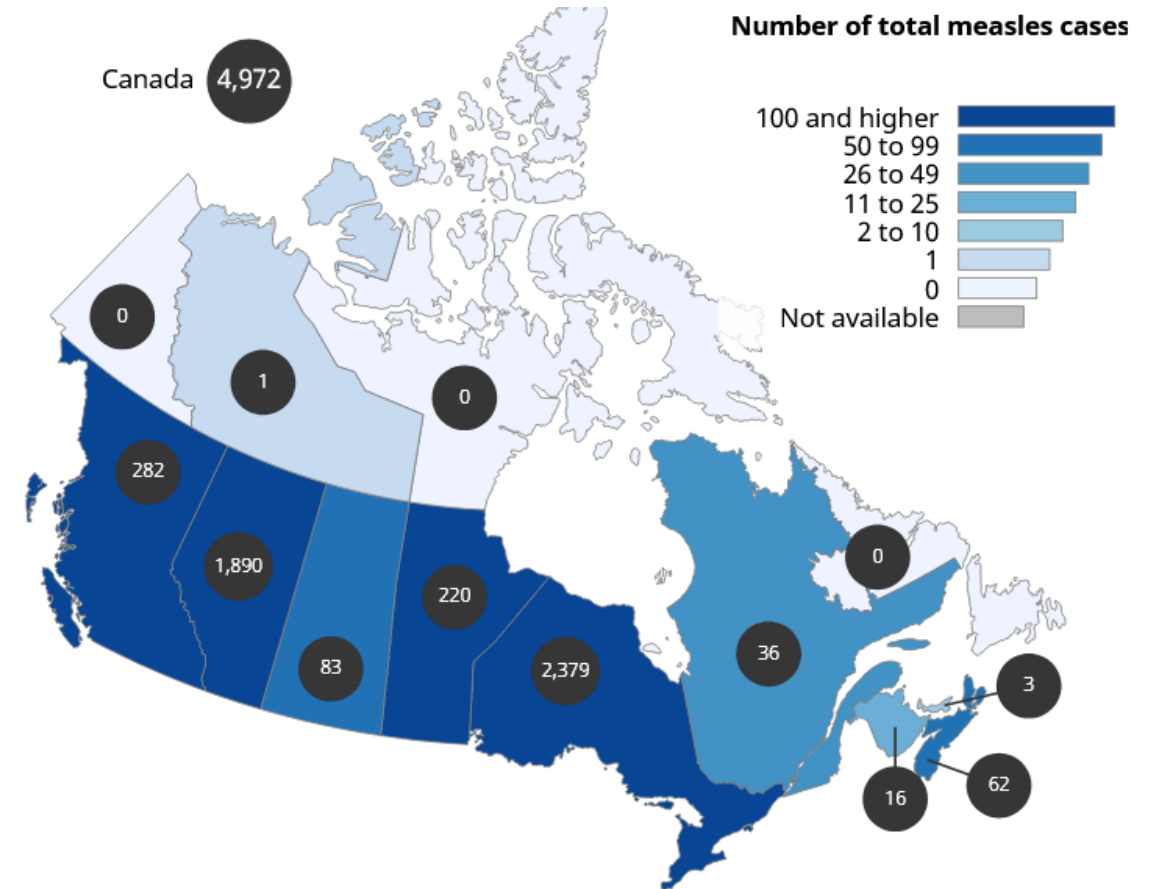
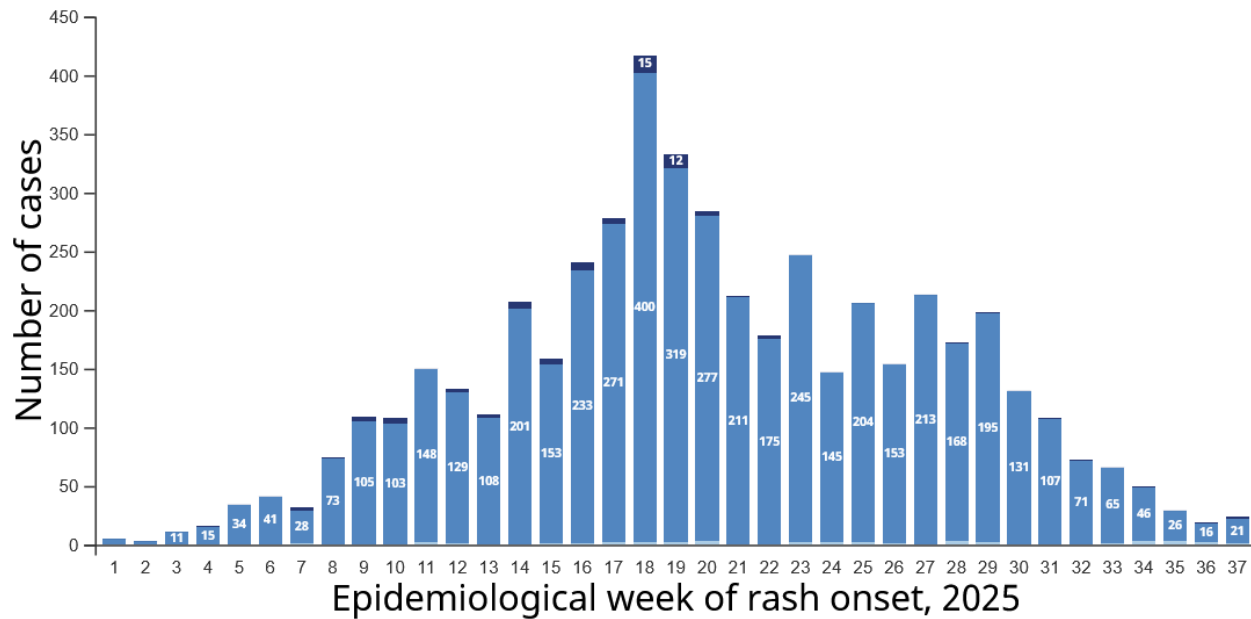
Disclaimer: The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation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

Measles — Mexico, 2025 (through 9/22)

- 9,913 confirmed and probable cases; 4,645 confirmed cases as of 9/22/25
- 23 states; 4,288 (92%) confirmed cases in Chihuahua
- Deaths: **21** (20 in Chihuahua and 1 in Sonora)

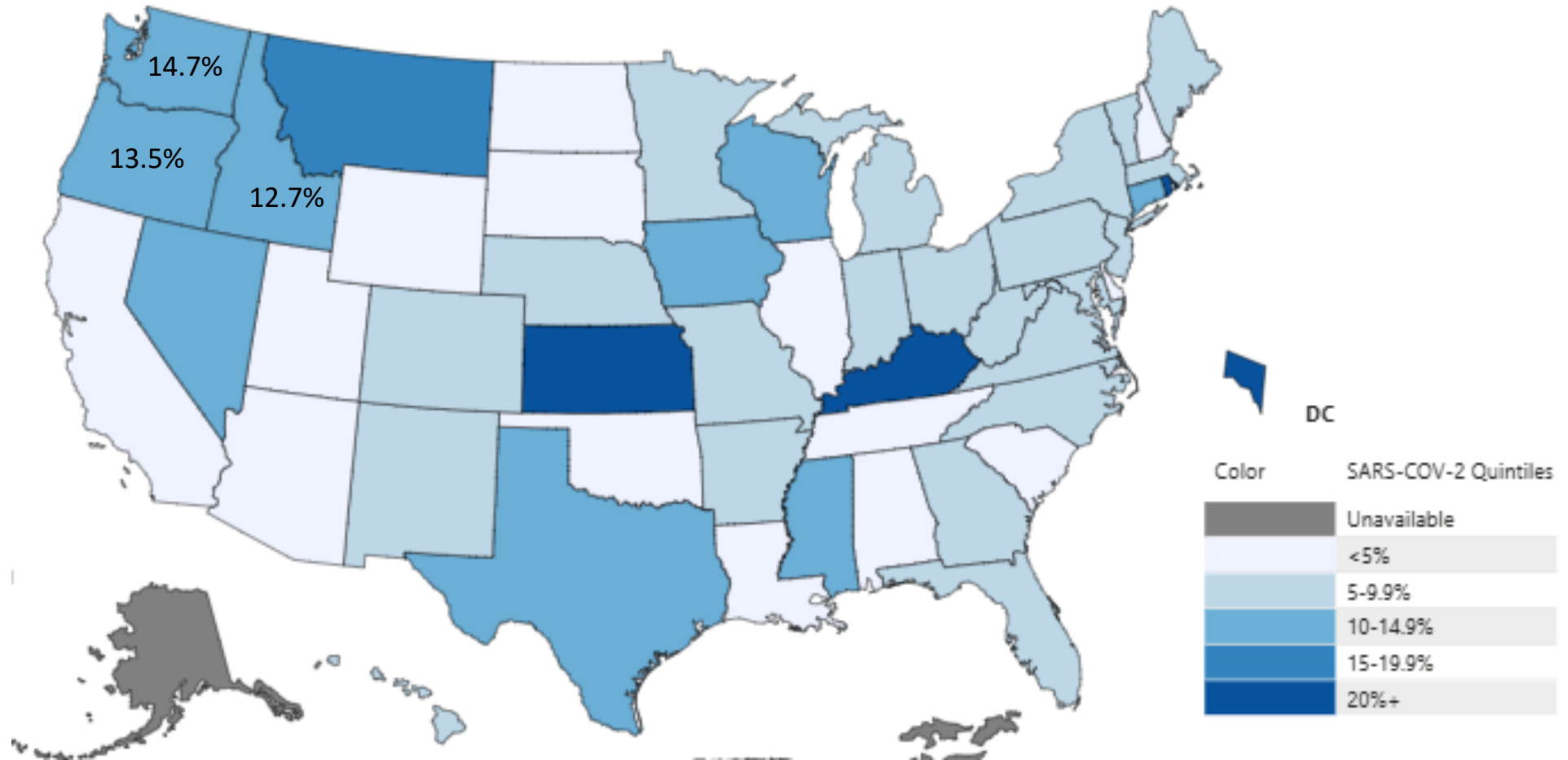


Measles — Canada, 2025 (through 9/13)

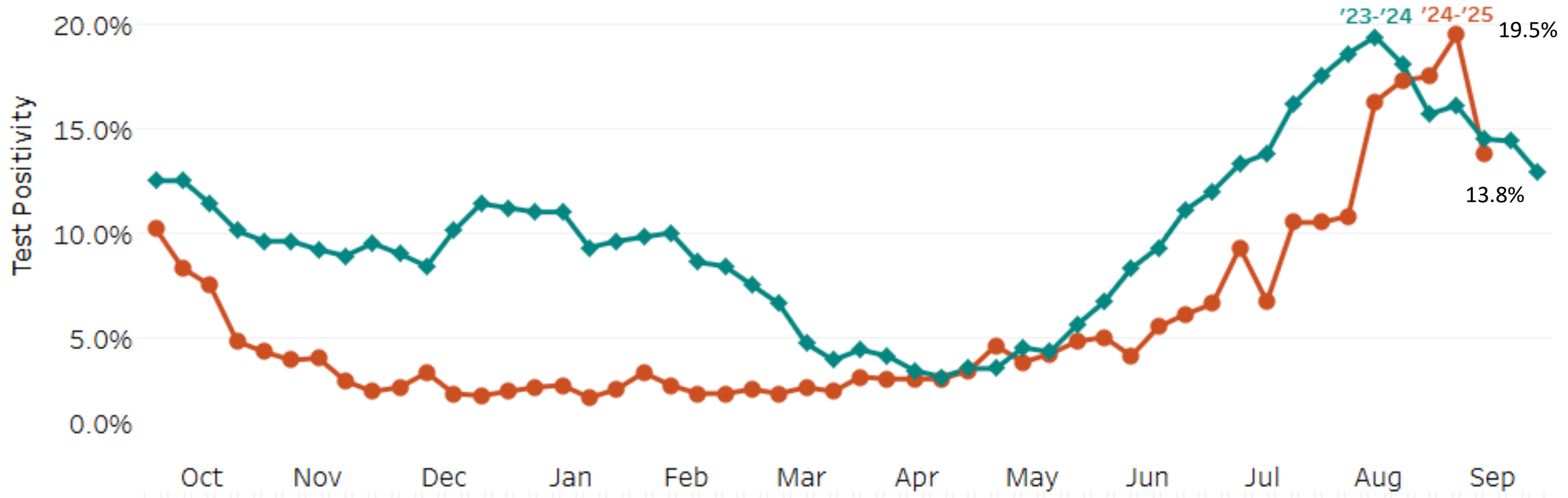


Number of confirmed cases: 4,619

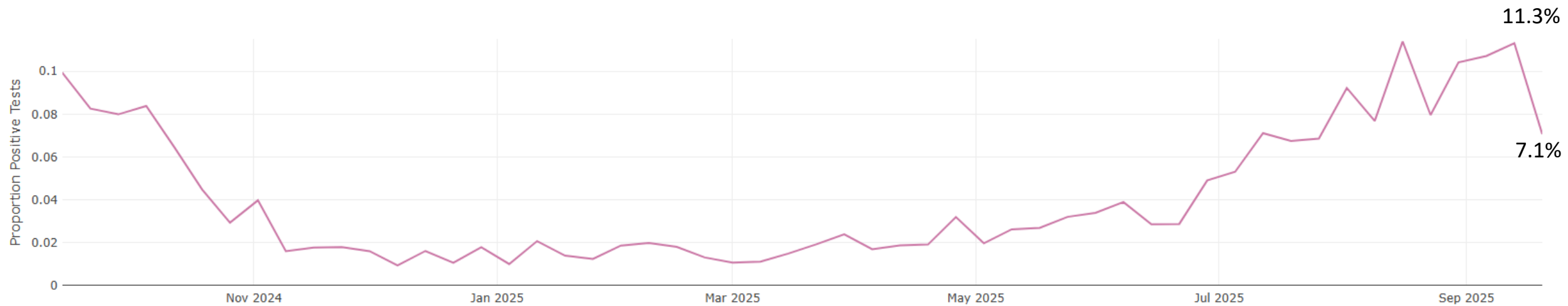
COVID-19 % Positivity — United States, week ending 9/13/25



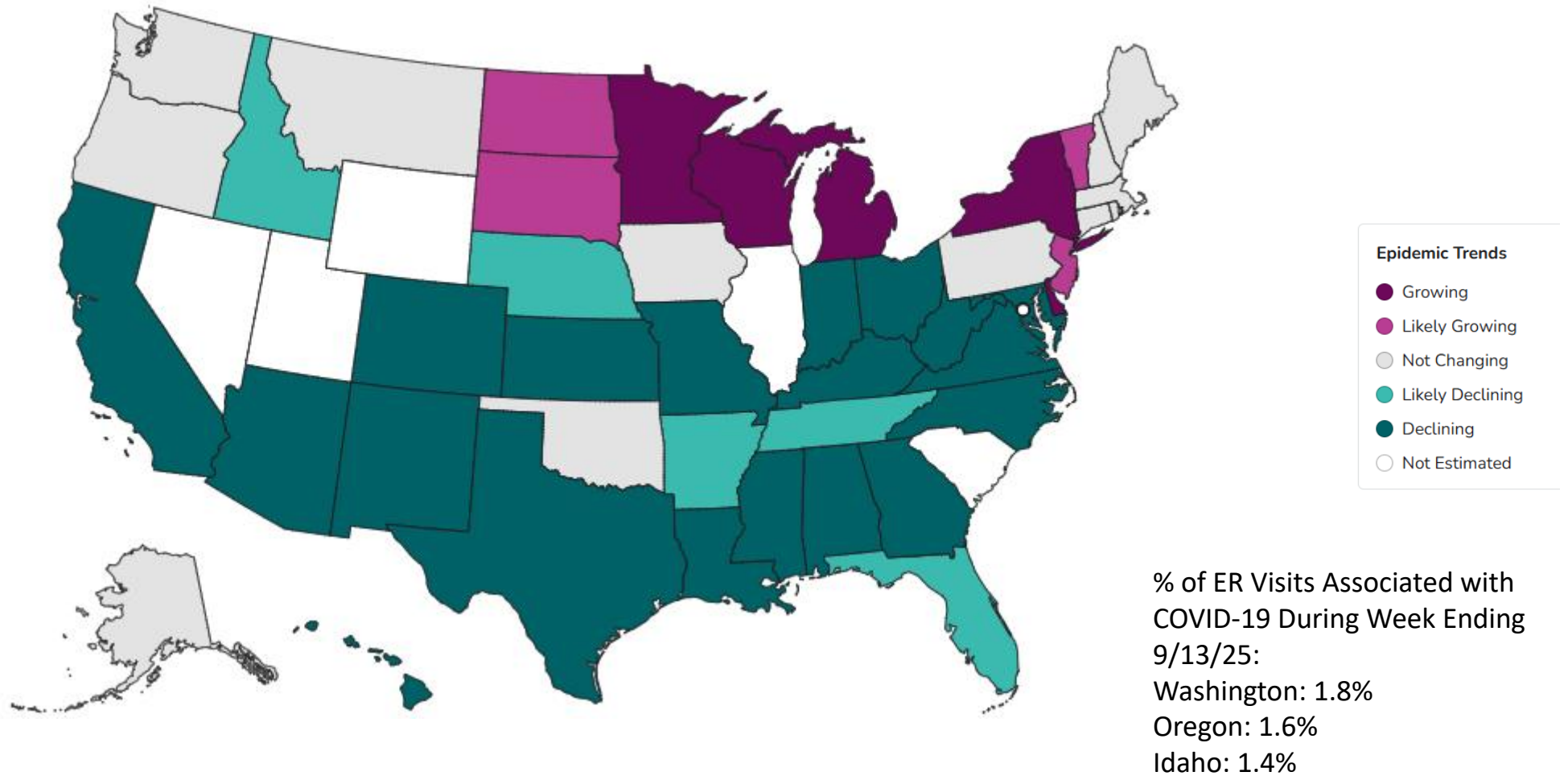
Percent of Tests Positive for COVID-19 — Oregon, 2023-2025 (through 9/13/25)



Proportion of Tests Positive for COVID-19 in the Northwest — University of Washington and Seattle Children's Hospital, 2024-2025 (through 9/20)

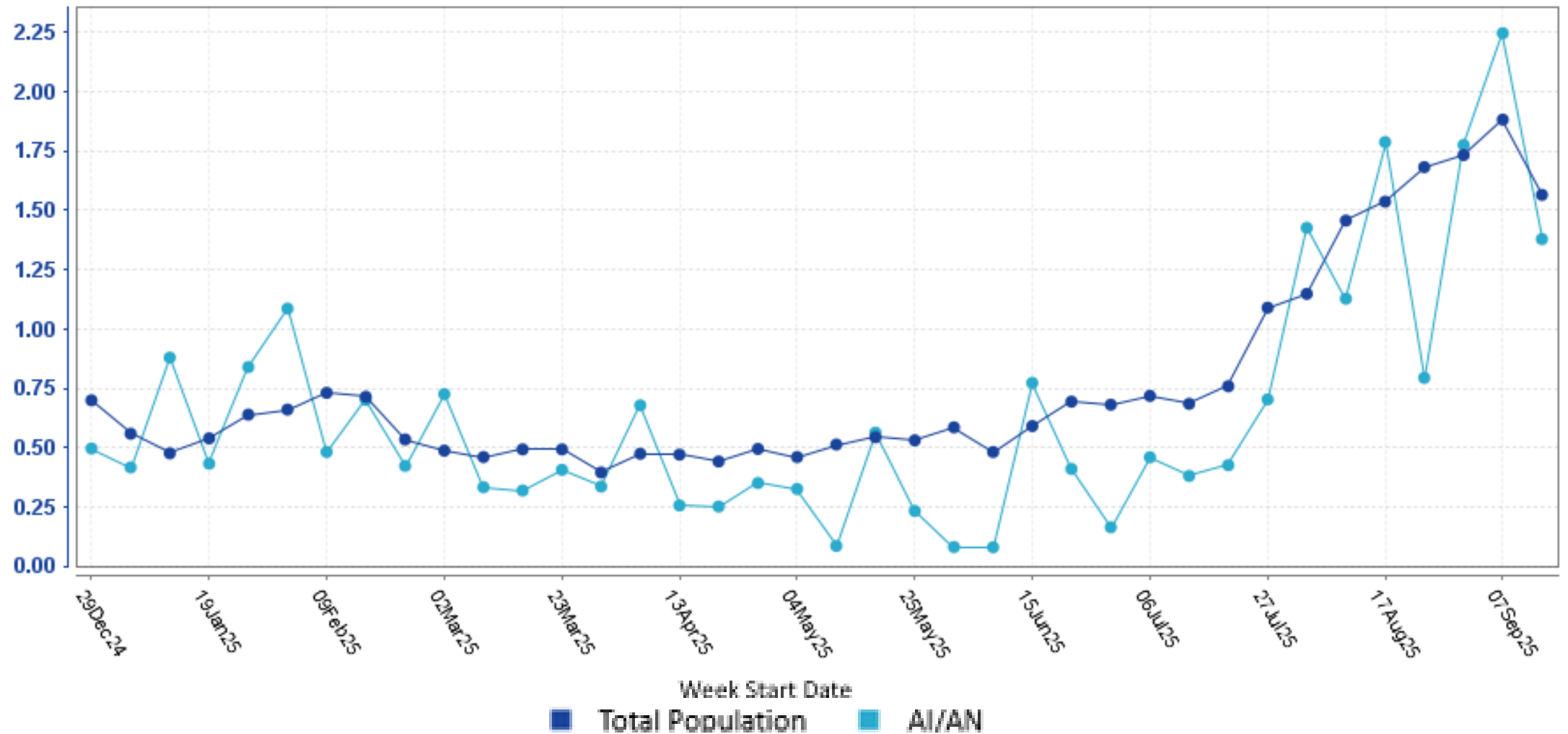


Estimates of Epidemic Trends for States

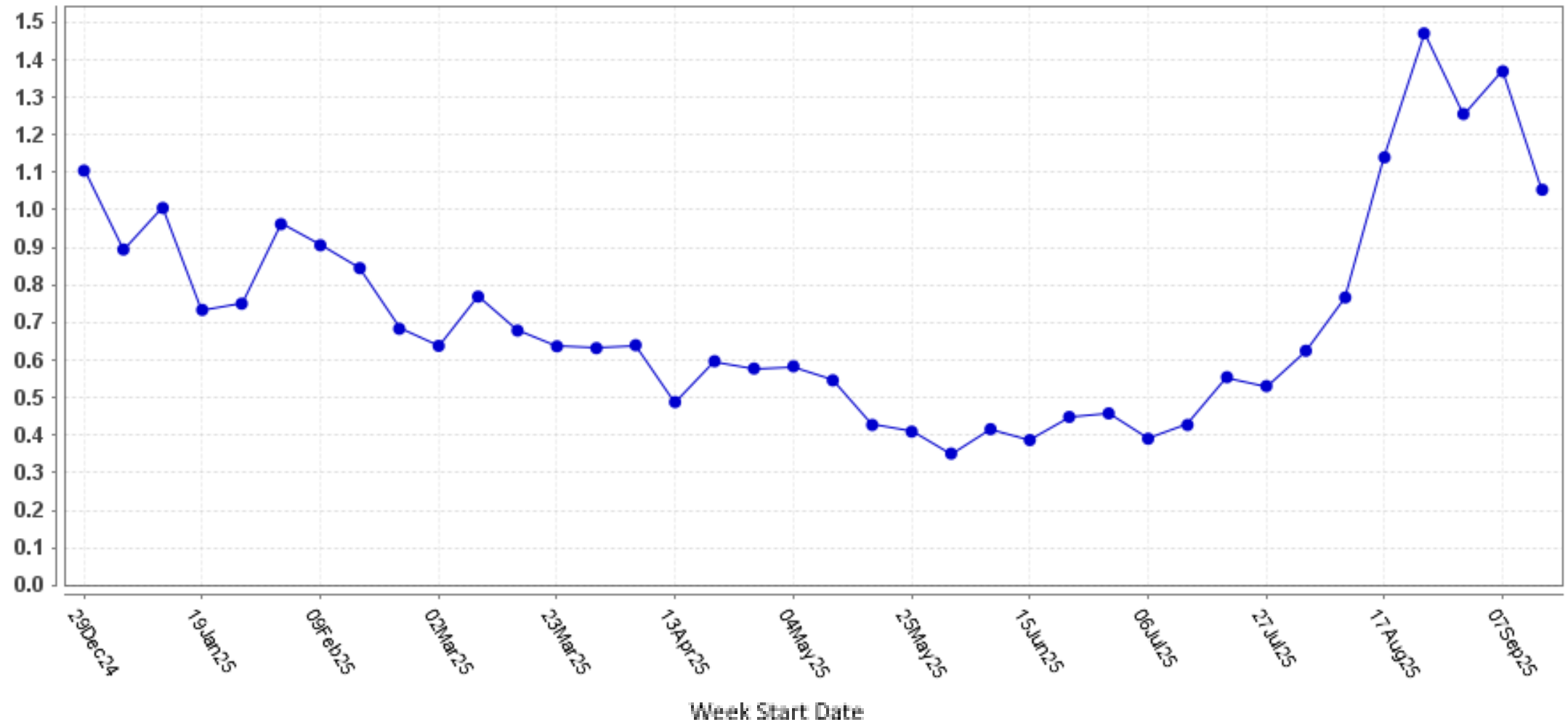


As of September 16, 2025

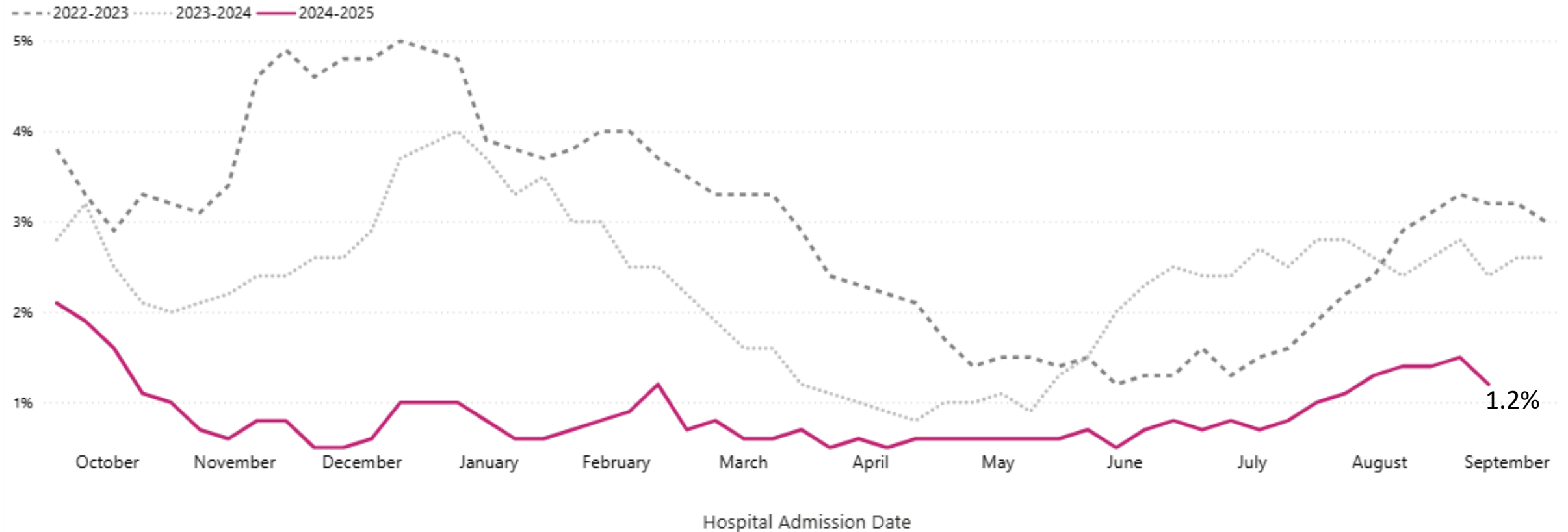
% COVID-19 ER Visits by Facility Location, Total Population vs. AI/AN — Washington State, 2025 (through 9/20)



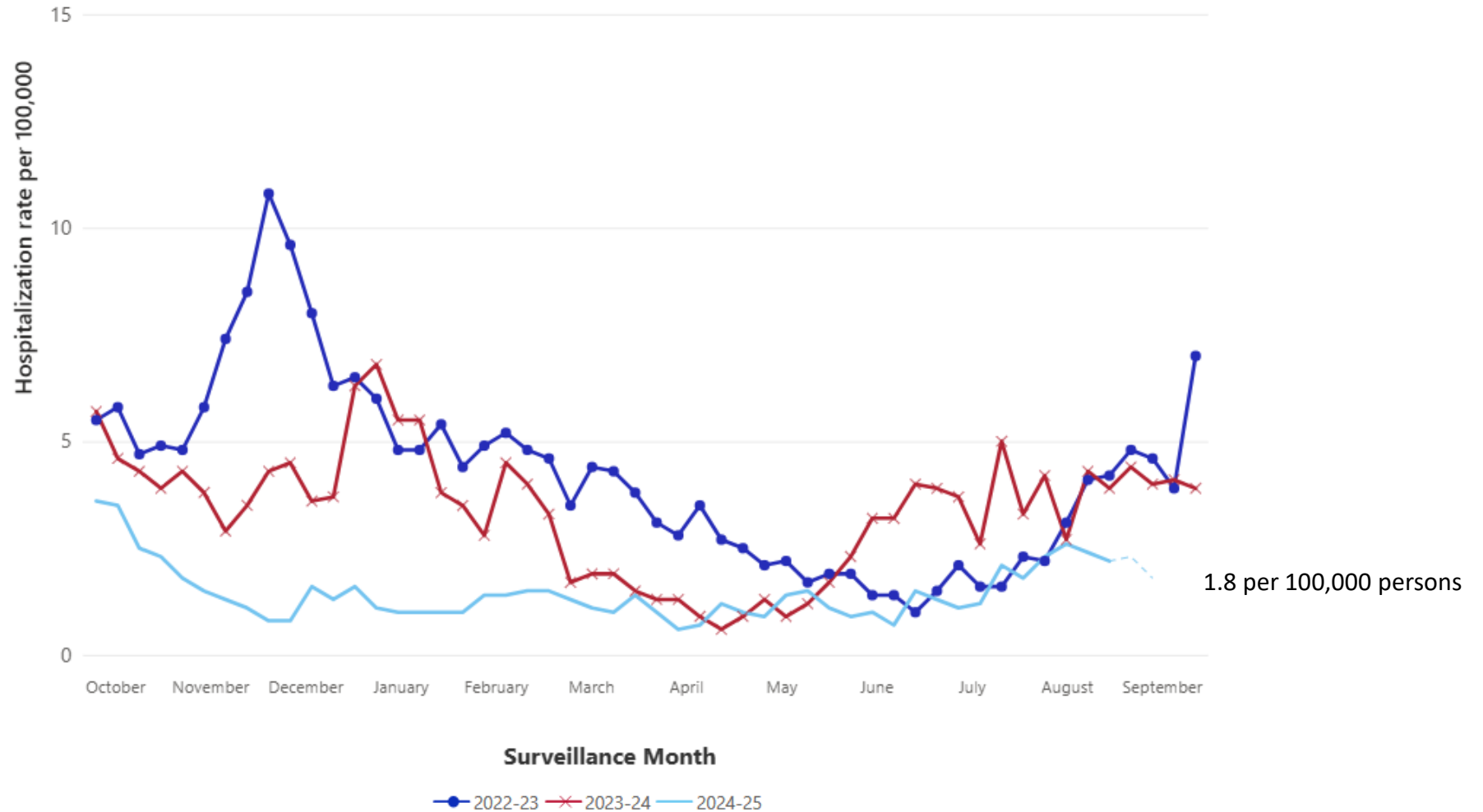
% COVID-19 ER Visits by Facility Location — Idaho, 2025 (through 9/20)



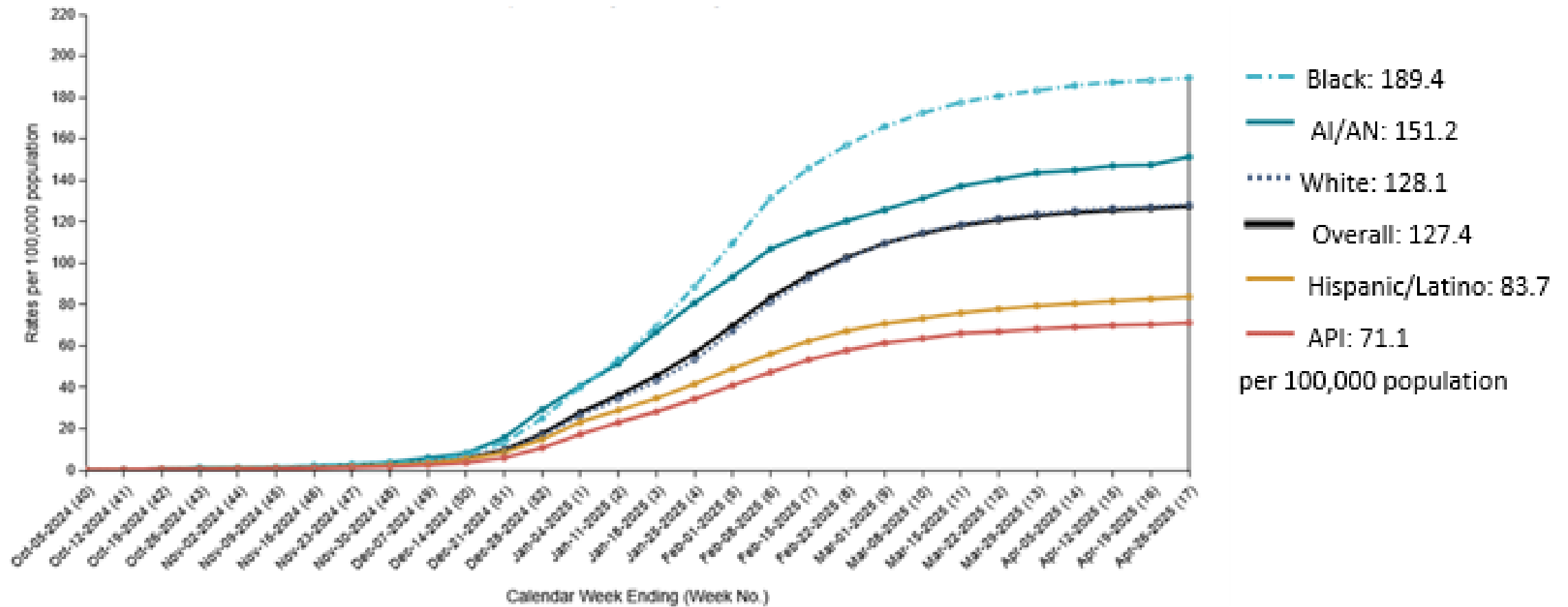
Percent of Hospitalizations Associated with COVID-19 — Washington, 2024-25 vs. Recent Seasons, through 9/13/25



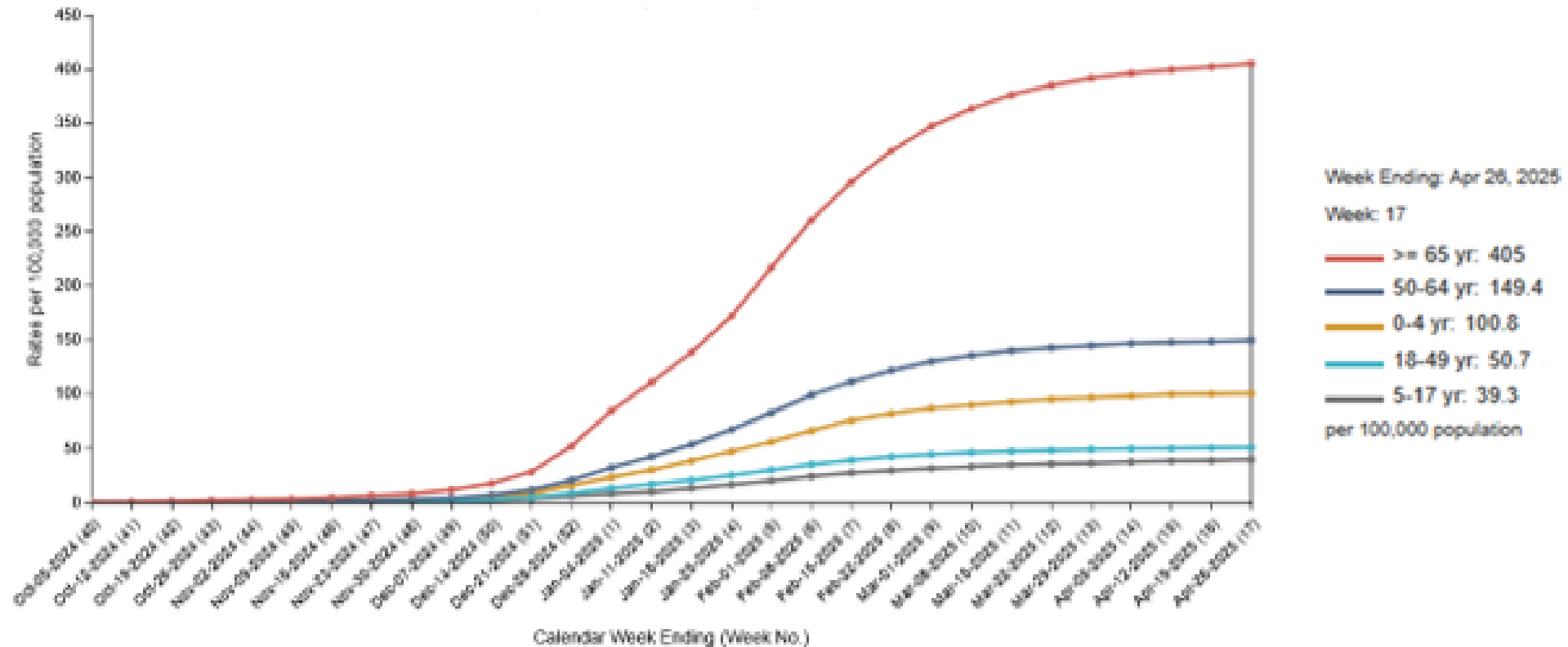
Weekly Rates of Hospitalizations Associated with COVID-19 — Oregon, 2024-25 vs. Recent Seasons (through 9/13/25)



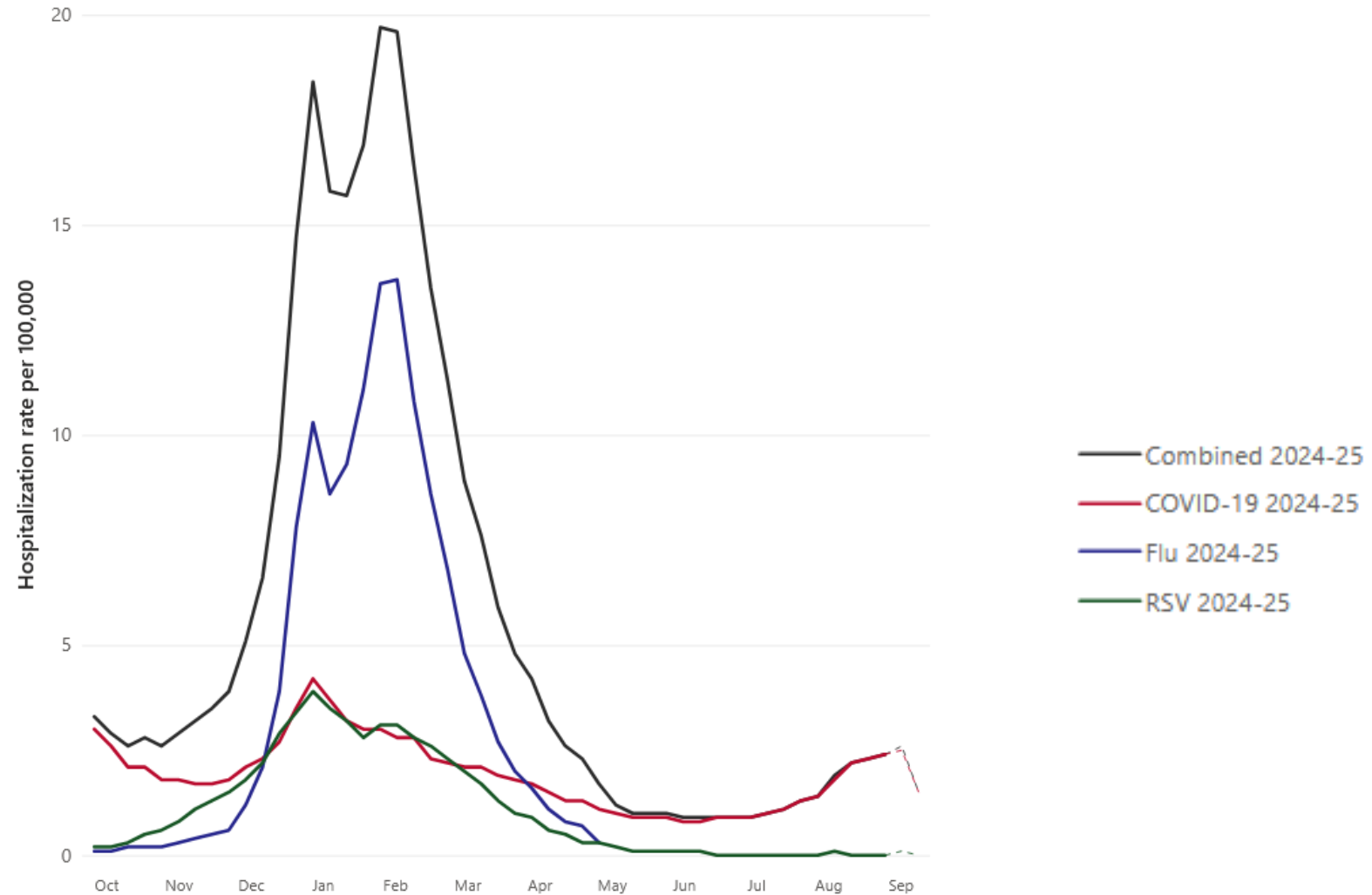
Cumulative Hospitalization Rate Associated with Influenza by Race/Ethnicity — United States (FluSurv-Net), 2024-2025



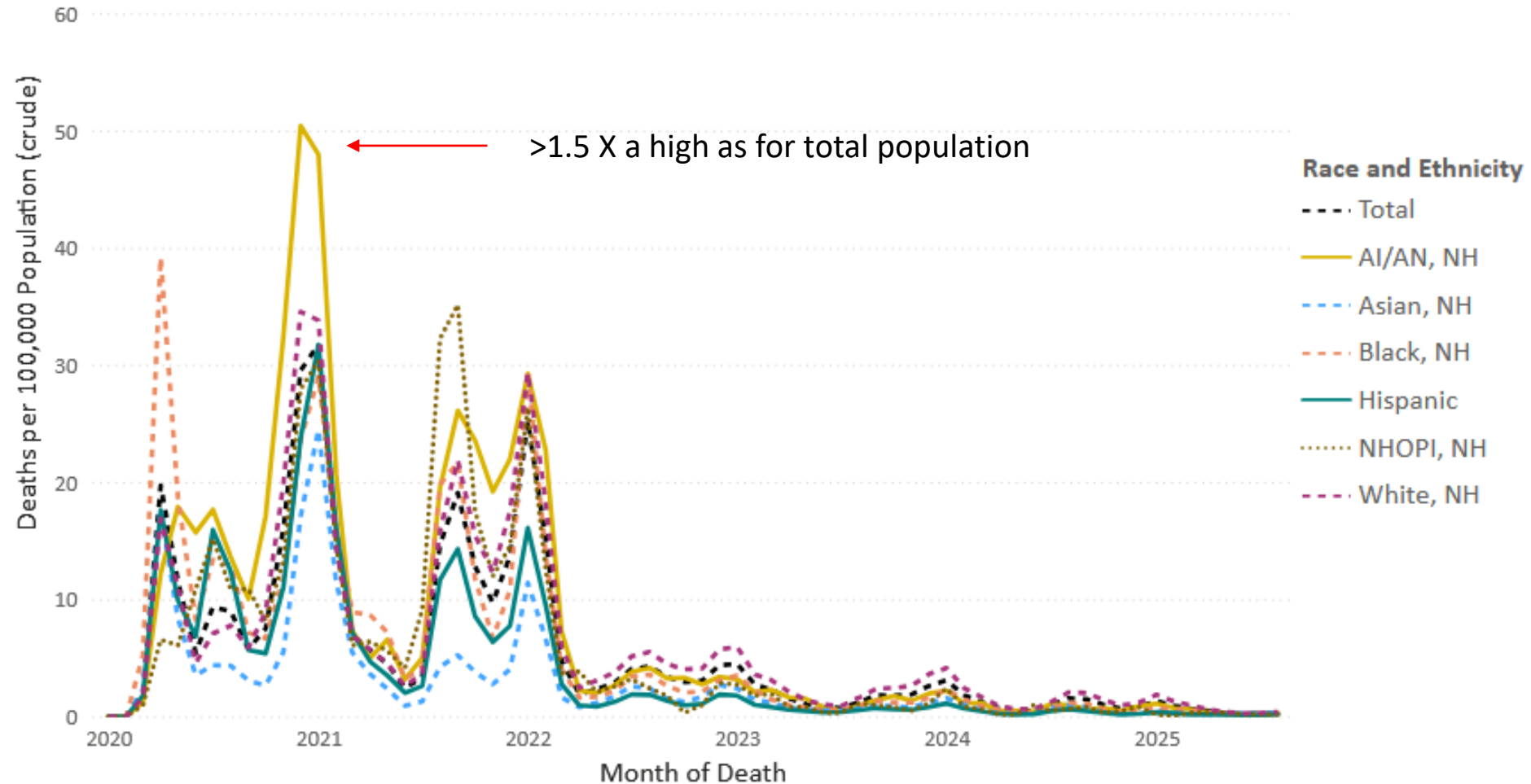
Cumulative Hospitalization Rate Associated with Influenza by Age Group— United States (FluSurv-Net), 2024-2025



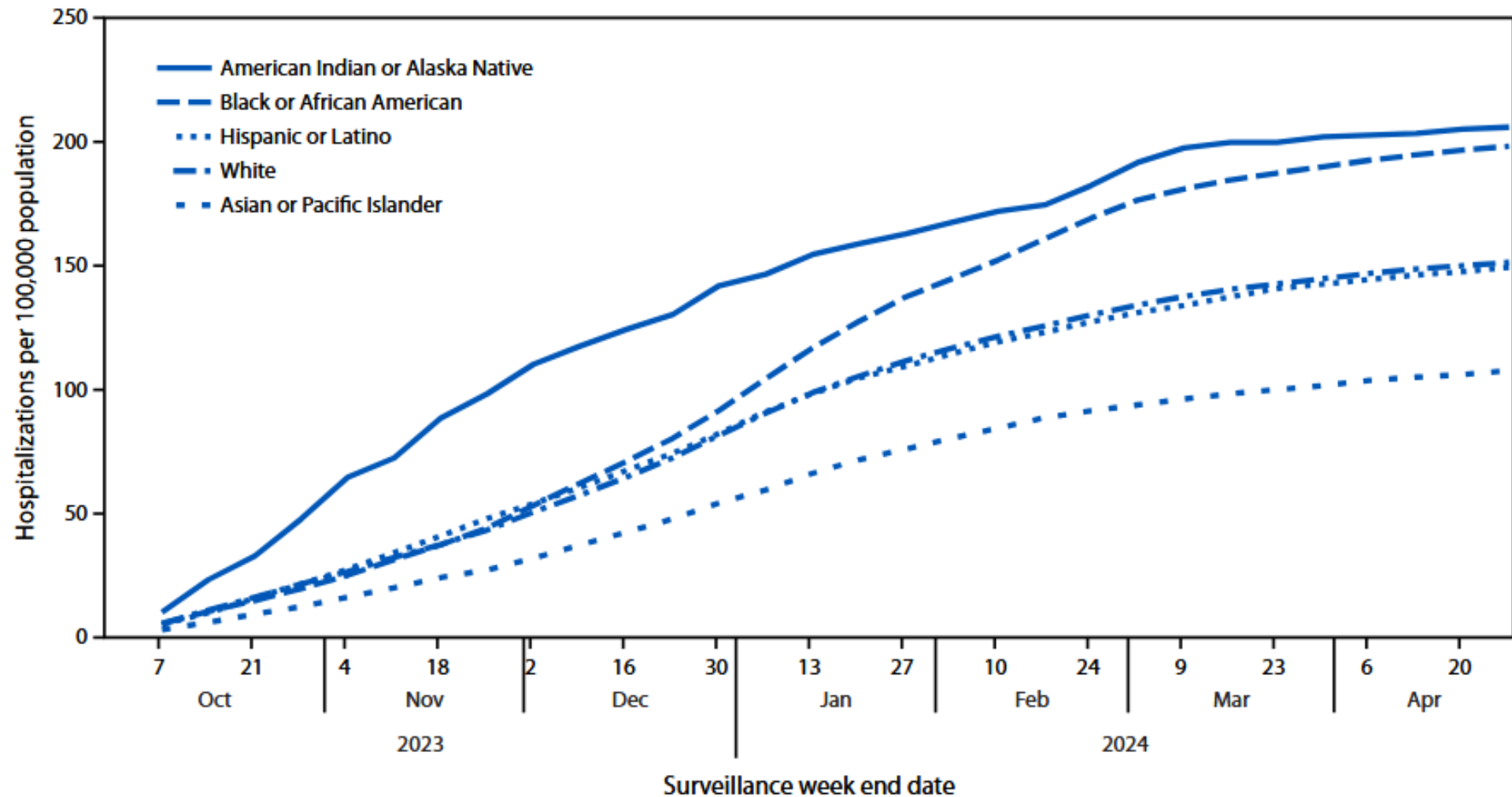
Weekly Rates of Respiratory Virus-Associated Hospitalization — United States, 2024-2025



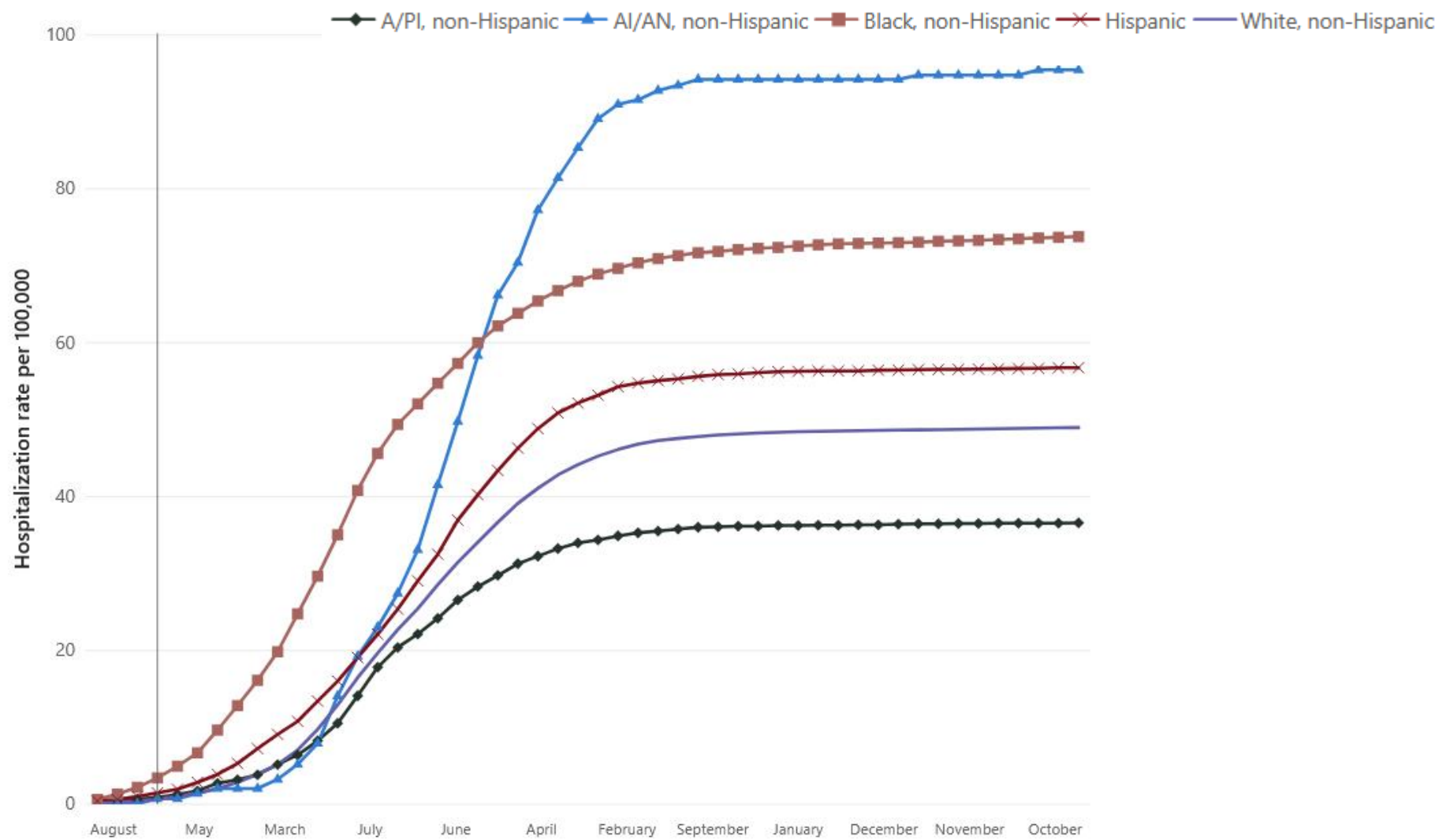
Monthly COVID-19 Deaths per 100,000 Population by Race/Ethnicity — United States, January 1, 2020-August 31, 2025



Cumulative Age-Adjusted COVID-19 Hospitalization Rates Among Adults by Race/Ethnicity — United States, October 1, 2023–April 27, 2024



Cumulative Age-Adjusted RSV Hospitalization Rates by Race/Ethnicity — United States, 2024-2025



Summary

- Measles
 - Idaho: Seven cases among Idaho residents have 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.
 - 1,491 measles cases in 41 states (through 9/16) with 3 deaths. 92% unvaccinated or with unknown vaccination status. 86% of cases associated with one of 38 outbreaks.
- COVID-19
 - Test positivity in Washington (14.7%) and Oregon (13.5%) during the week ending on 9/13. UW/SCH data during the week ending on 9/20 down to 7.1%.
 - % of ER visits associated with COVID-19 is decreasing.
 - During 2023-2024, the cumulative hospitalization rate for AI/AN in the U.S. was higher than for any other group.
- Influenza: During 2024-2025, the cumulative influenza-associated hospitalization rate in the U.S. was higher than any prior season since 2009-2010. AI/AN had the 2nd highest cumulative influenza-associated hospitalization rate of any racial/ethnic group in the U.S.
- RSV: During 2024-2025, the cumulative RSV-associated hospitalization rate for AI/AN was higher than for any other racial/ethnic group in the U.S.

Recommendations

- **Ensure patients at your clinics are up to date on immunizations, including influenza, COVID-19 and RSV, as respiratory virus season approaches to protect your patients and the community.**
- **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).
- **Ensure anyone traveling internationally (including to Mexico and Canada) without presumptive evidence of measles 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)).**
- **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).

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 or cranial CSF leak.
- 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 now 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.

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/m², moderate-severe immunocompromise, residence in nursing home, frailty, or residence in a remote community.

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 (nirsevimab or clesrovimab):
 - 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).

COVID-19 Vaccination 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).

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

COVID-19 Vaccination Recommendations from the American Academy of Pediatrics

Age	Indication	Vaccine	Doses
6-23 months	<ul style="list-style-type: none"> Everyone without contraindications (due to high risk for severe COVID-19) 	<ul style="list-style-type: none"> Moderna Spikevax 	2 doses at 0 and 4-8 weeks. (If previously completed vaccination series, then 1 dose)
2-4 years	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Moderna Spikevax 	1 dose
5-11 years		<ul style="list-style-type: none"> Moderna Spikevax or Pfizer-BioNTech Comirnaty 	
12-18 years		<ul style="list-style-type: none"> 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.

COVID-19 Vaccination 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, those at increased risk for severe COVID-19 infection, or those who have never received a COVID-19 vaccine.
 - Age 19-64: For unvaccinated, 1 dose of Moderna or Pfizer-BioNTech, or 2 doses of Novavax (0, 3-8 weeks). If previously vaccinated than 1 dose for all.
 - 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>?

Patient Education Resources for Influenza/Immunizations

IHS Division of Epidemiology and Disease Prevention Educational Resources; National IHS Public Health Council Public Health Messaging

Northwest Portland Area Indian Health Board (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: [Preventing Seasonal Flu](#); [Flu Resources](#); [Preventing Spread of Respiratory Viruses When You're Sick](#)

Washington State Department of Health: [Flu Overview](#); [Materials and Resources](#); [Influenza \(Flu\) Information for Public Health and Healthcare](#)

Idaho Department of Health & Welfare: [Flu \(Seasonal and Pandemic\)](#); [Child and Adolescent Immunization](#) and [Adult Immunization](#)

Oregon Health Authority: [Flu Prevention](#); [Immunization Resources](#)

American Academy of Pediatrics: HealthyChildren.org

Boost Oregon: [Videos and Resources](#)

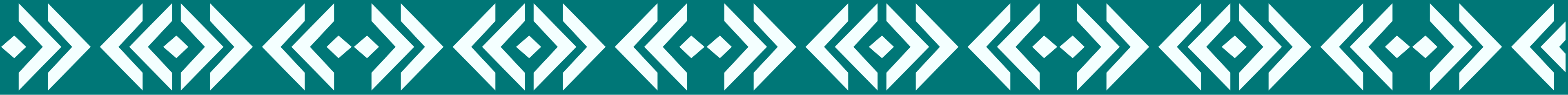
Immunize.org: [Influenza \(Flu\)](#)

Children's Hospital of Philadelphia: [Vaccine Education Center](#); [Vaccine and Vaccine Safety-Related Q&A Sheets](#)

Personal Testimonies: [Families Fighting Flu: Our Stories](#)

Indian Country ECHO/UNM Project ECHO: [Making a Strong Vaccine Recommendation: Vaccine Communication](#)





Questions & Comments