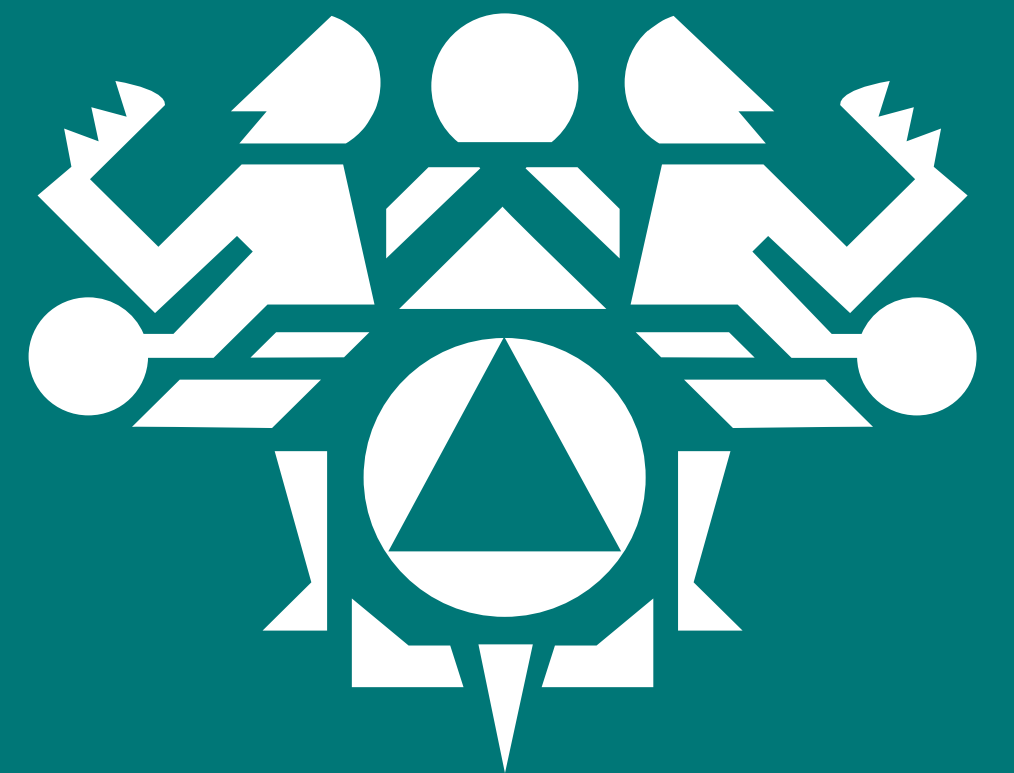


NPAIHB

Weekly Update

October 21, 2025





NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Agenda

- Welcome & Introduction: Nancy Bennett
- NPAIHB Announcements, Events, & Resources
- NWRRC Opioid Presentation: Crisandra Wilkie, Heidi Lovejoy, Sunny Stone
- Communicable Diseases Update: Dr. Tara Perti, Portland Area IHS
- 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

- **General Indian Country ECHO Session**

- Tuesday, October 21st at 12pm PT
- Didactic Topic: *CDC Injury Control Research Centers: Partnered Research with Native and Indigenous Communities* In this session, leaders from the CDC's Injury Control Research Centers (ICRCs) across the country discuss collaborative efforts with Indigenous and rural communities to prevent injuries such as suicide, overdose, firearm-related harm, drowning, and other causes of injury.
- To join via Zoom: <https://echo.zoom.us/j/537117924?pwd=OEExbERmK2pSUFFsMzV1SmVpb3g3dz09>

- **Hepatitis C ECHO** – Wednesdays at 11am PT

- Wednesday, October 22nd at 11am PT
- Didactic Topic: *Lost in Transaminases? A Map Through the Liver Maze*
- 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, October 22nd at 12pm PT
- Didactic Topic: *Time to Diagnosis and Treatment in Spinal Muscular Atrophy*
- 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, October 23rd at 12pm PT
- Didactic Topic: *Indigenous Food Systems in Community and Healthcare Settings*
- 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:

November 12, 10:00 – 11 AM Pacific

Upcoming date:
December 10

Registration:

<https://us06web.zoom.us/j/4ljNGZ62TgyX1kuFlsWOZA>

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



Western Tribal Diabetes Project Diabetes Management System Training Registration for 2025



The Western Tribal Diabetes Project (WTDP) conducts quarterly Resource and Patient Management System trainings in the use of the Diabetes Management System (DMS) package. Participants will receive in-person or online instruction in the use of the DMS, Visual DMS, Case Management System, and the population management tool iCare. For the in-person

training, WTDP uses a training server with mock patient data to demonstrate actions and reports in the database. Registrants who opt for the online instruction will be required to use their facility's database. WTDP highly recommends In-person to the online option. Online will continue as a refresher course.

Registration for the classes can be accessed through the following link:

https://www.surveymonkey.com/r/DMS_training2025

Remaining DMS training date for 2025

The training is 830a-300p Pacific Time on the first two days (Tuesday, Wednesday), and 830a-1130a on the third day (Thursday).

Training materials will be provided to registrants in-person. For online participants, a Zoom link and training materials will be emailed the day before the trainings commence.

December 2-4

Dondi Head
WTDP Manager
Alyssa Farrow
WTDP Specialist

920 NW 17th Avenue
Portland, OR 97209
Email: wtdp@npaihb.org
Website: www.npaihb.org



NPAIHB Weekly Update Schedule

- October 28: Legislative & Policy Updates
- November 4: TBD
- November 11: Holiday, no meeting
- November 18: N CREW Projects related to SUD: NPAIHB & Tribes
- November 25: Legislative & Policy Updates



Northwest Regional Research Center (NWRRC) Educational Sessions

Opioid Data Sources

Community Health Profiles and NW Tribal Data Hub





NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Community Health Profiles





Substance Use

- Alcohol Mortality
- Self-reported Alcohol Use
- All Drug Overdose Mortality
- Polysubstance Mortality
- Opioid Overdose Mortality

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Page 57: Pregnancy Risk Factors

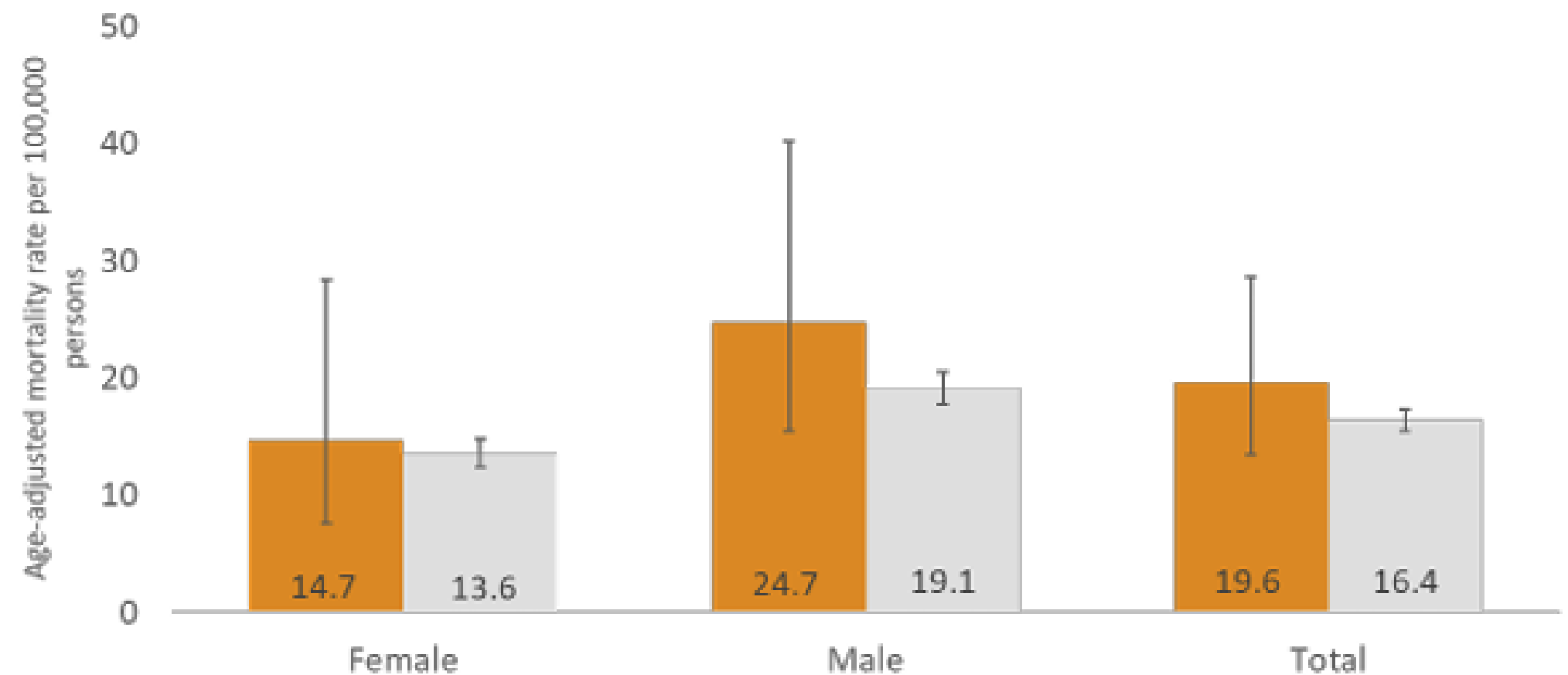
Page 58: Smoking During Pregnancy

Page 59: Infant Health

Opioid Overdose Mortality, Idaho

Overall, the drug overdose death rates among **AI/AN** were similar to the rates among their **NHW** counterparts.

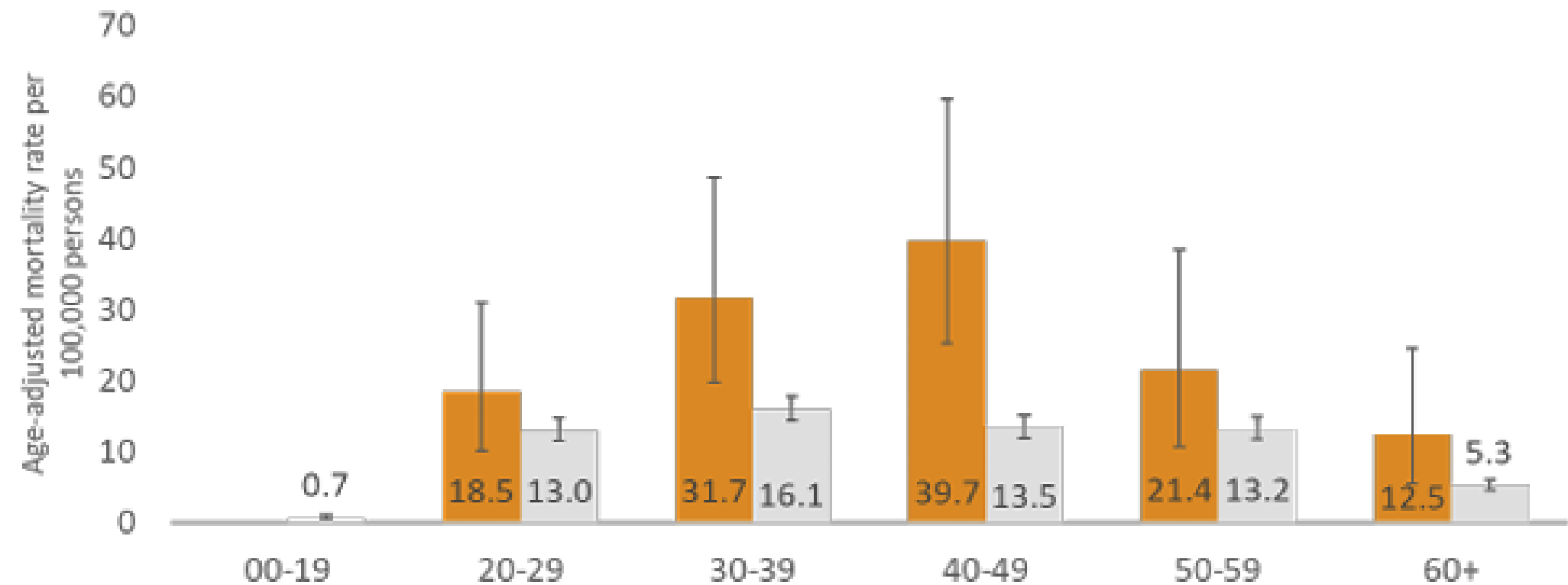
Fig. 5.3. Drug overdose death rate, **AI/AN** & **NHW**, by sex, 2011-2020



Opioid Overdose Mortality, Oregon

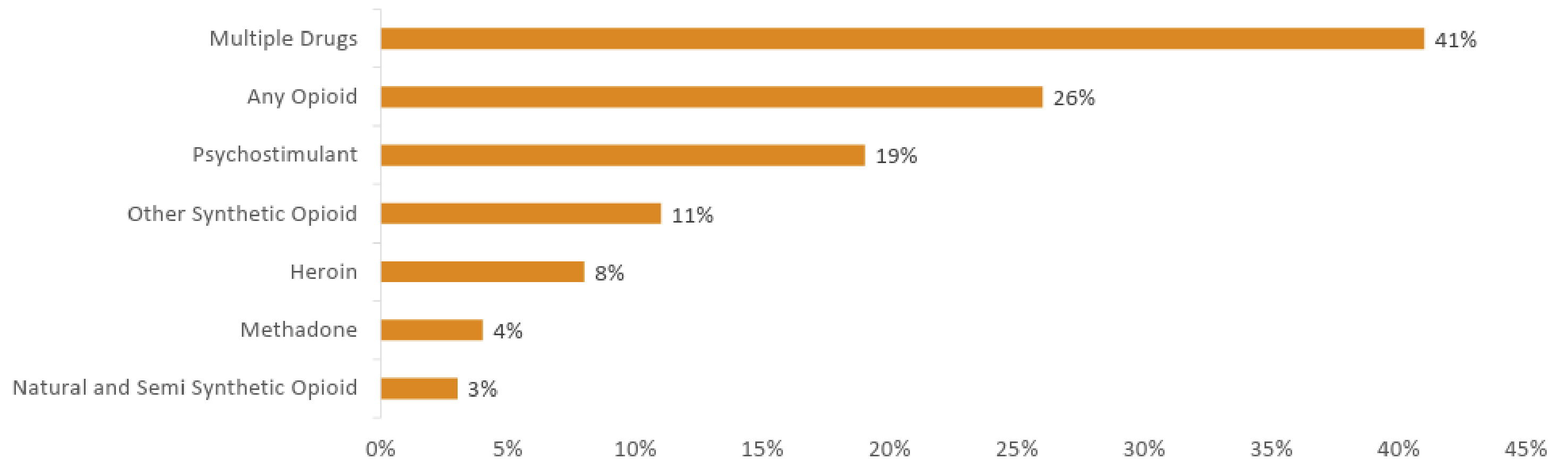
AI/AN aged **40-49** had a **higher** rate of opioid overdose deaths compared to their **NHW** counterparts.

Figure 5.10. Opioid overdose death rate, **AI/AN** & **NHW** by age, 2016-2020



Drug Overdose Mortality, Washington

Fig. 5.8. Percentage of drug type listed as cause of death among AI/AN, 2016-2020





Other Data Sources to Consider

Local-level Data

- Clinic electronic health record data (data on patient visits, labs, diagnoses, pharmacy orders, treatment and referrals)
- Community health assessments
- Law enforcement data
- Tribal surveys
 - Behavioral Risk Factor Surveillance System (BRFSS)
 - Youth and Elder Surveys
 - Topic-specific surveys (e.g., behavioral health)
 - Program evaluation surveys (e.g., client and staff satisfaction surveys)
 - Community readiness surveys (e.g., for policy development)
- Others



Other Data Sources to Consider

County and State-level data

- Vital records (births and deaths)
- Population surveillance systems
 - Hospital or Emergency Department data (e.g., Hospital discharge data, ESSENCE syndromic surveillance system)
 - Emergency Medical Services (EMS) data
 - State Unintentional Drug Overdose Reporting System (SUDORS)
- State poison control centers
- Survey-based surveillance systems
 - BRFSS
 - Healthy Youth/Healthy Teens survey

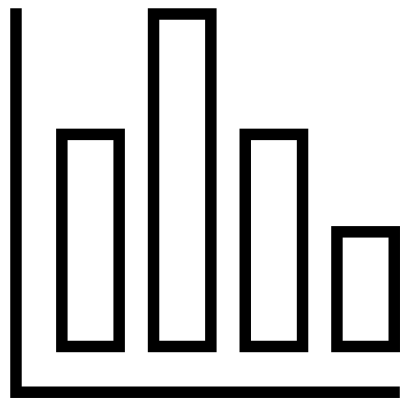


Other Data Sources to Consider

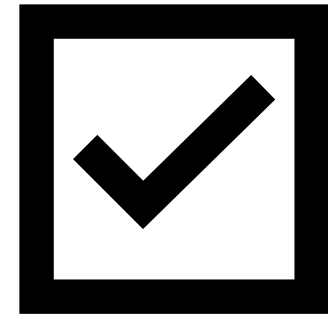
National-level Data

- Vital records (e.g., CDC WONDER)
- SAMHSA National Survey on Drug Use and Health (NSDUH)
- SAMHSA Treatment Episode Dataset (TEDS)
- Poison control data systems (e.g., National Poison Data Systems (NPDS))
- National Centers for Medicare and Medicaid Services (CMS)
- Federal Drug Enforcement Agency (DEA)

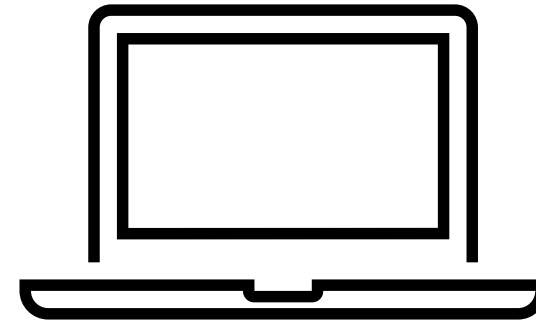
»» Data Requests and Technical Assistance



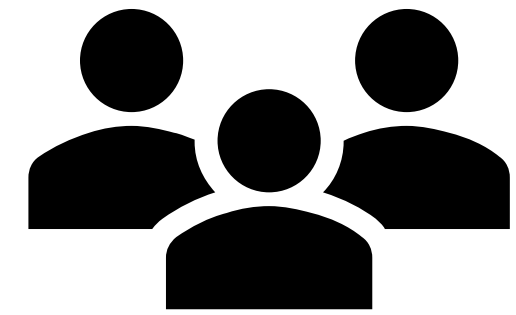
Data analysis
and
interpretation



Survey
development



Health data
literacy
trainings



Community
health
assessment
and
improvement
planning

Data Requests and Technical Assistance



Data Request & Technical Assistance Form (DRTA)

Northwest Portland Area Indian Health Board
Epi & Surveillance Unit

Instructions for Submitting a DRTA Form:

To submit a data request | technical assistance, please follow these steps:

1. Complete the online form: Fill out all required fields below.
2. After submitting, please check your spam/junk folder and email filters (e.g., Outlook's "Other" folder) for our response.

Requestor Details



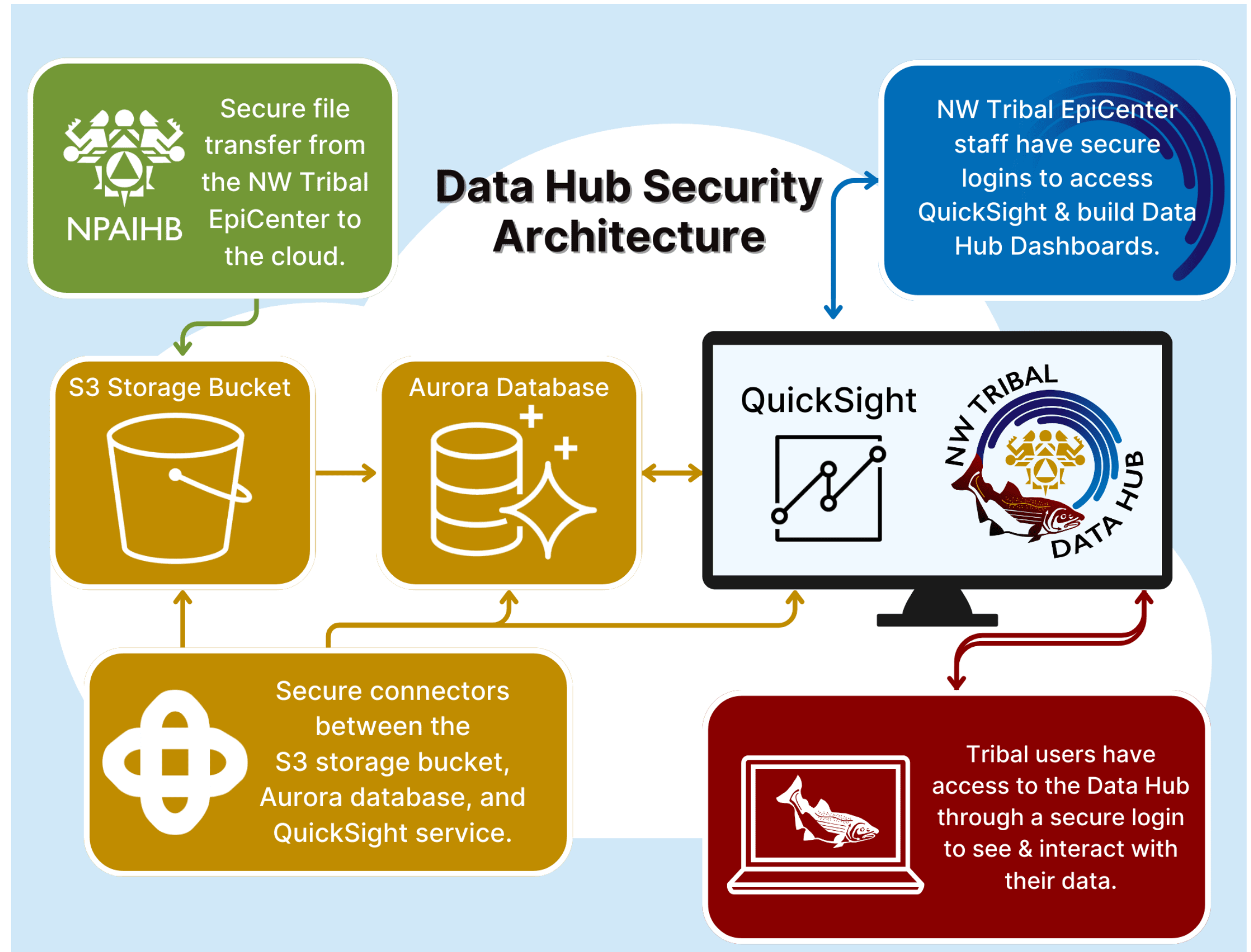


Introducing the NW Tribal Data Hub

- Developed by NWTEC to **modernize** the way we provide data to NW Tribes.
 - **On-demand** access to data dashboards - login whenever you need it.
 - Includes the most **up-to-date** data that we have.
- Uses our **linkage-corrected** data to improve AI/AN misclassification.
 - Currently death certificate data available, more to come.
- **Free**, secure access for NW Tribes.
- Empowers you through **community-focused** data (PRCDA level).

NW Tribal Data Hub Architecture

1. NWTEC gathers data from state and federal sources.
2. Data Hub team performs professional epidemiological analysis.
3. Data is displayed for Tribes in user-friendly dashboards.



➤➤ NW Tribal Data Hub Tour

The **NW Tribal Data Hub** (Data Hub) offers *interactive data dashboards* via a *secure, cloud-based, population health data platform*. It provides NW Tribal nations with accurate and reliable Tribal Area-specific data, empowering them to care for their people, develop informed health policy, engage in community planning, and secure funding.

Check out our digital fact sheets or contact us for more information:



Contact Us:
DataHub@npaihb.org
(971) 430-2607

Next Steps

Contact DataHub@npaihb.org to start the [Data Sharing Agreement \(DSA\)](#) process.

Access the Data Hub

1. Complete a [DSA \(with Data Hub Addendum\)](#).
2. Complete and submit a [User Request Form](#).
3. Securely access the NW Tribal Data Hub.

Access Data Request & Technical Assistance (DRTA)

1. Complete a [DSA \(with Data Exchange Addendum if sharing data\)](#).
2. Complete and submit a [DRTA Form](#).
3. Meet with Epidemiology and Surveillance Team to clarify the request.
4. Receive data/technical assistance.





Thank you!

Data Request & Technical Assistance

Email: DRTA@npaihb.org

Website:

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

Crisandra Wilkie, MPH

Substance Use Epidemiologist

cwilkie@npaihb.org

NW Tribal Data Hub

Email: DataHub@npaihb.org

Website: <https://datahub.npaihb.org/>

Phone number: (971) 430-2607

Heidi Lovejoy, MSc

Data Hub Lead Informatician

hlovejoy@npaihb.org

Sunny Stone, MPH, MCHES

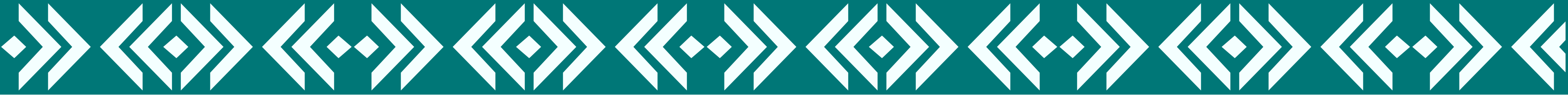
Data Hub Outreach Manager

sstone@npaihb.org

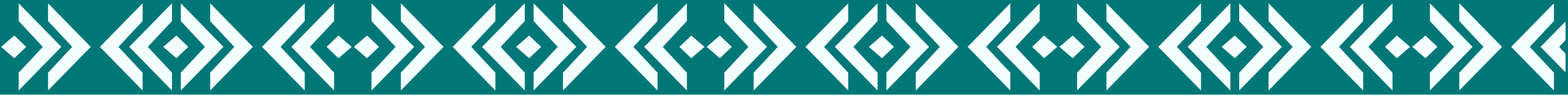
Portland Area IHS Communicable Diseases Update

TARA PERTI, MD, MPH
MEDICAL EPIDEMIOLOGIST
OFFICE, PORTLAND AREA IHS





Partner Updates



Questions & Comments

Portland Area IHS Communicable Diseases Update

TARA PERTI, MD, MPH
MEDICAL EPIDEMIOLOGIST
IHS, PORTLAND AREA OFFICE
October 21, 2025

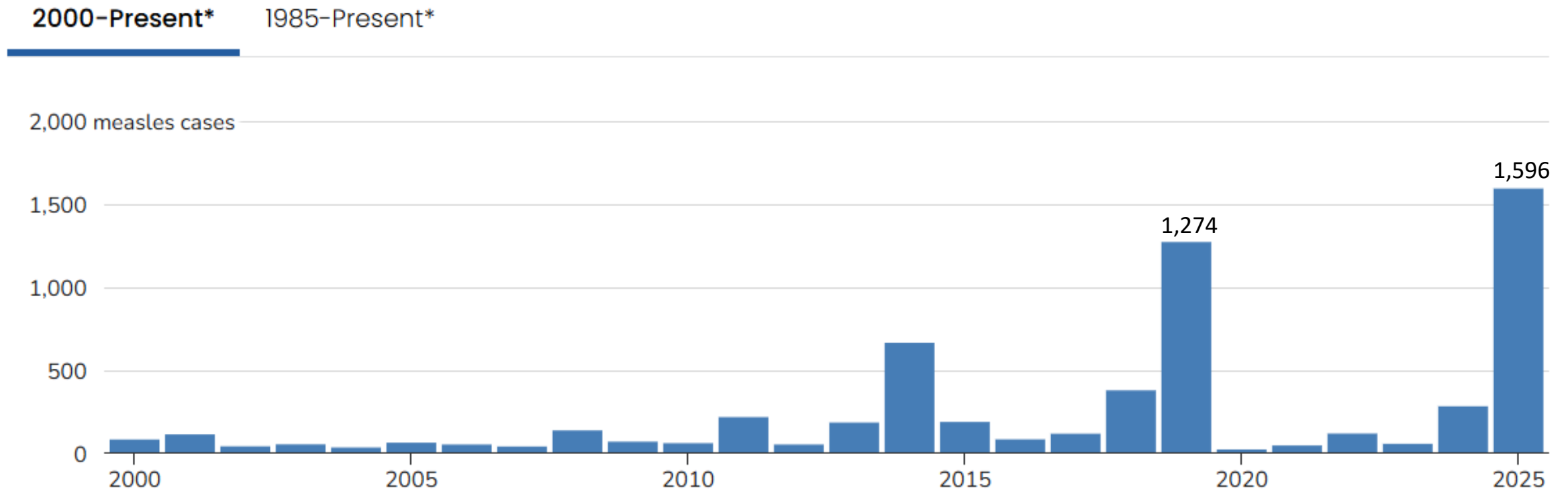


Outline

- Measles
- COVID-19
- Influenza

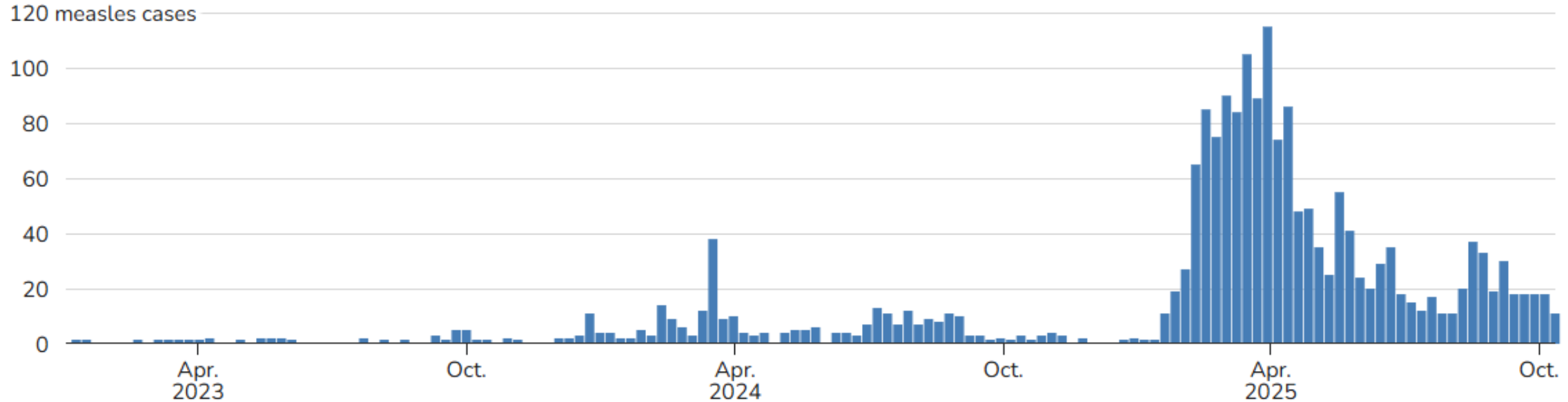
Yearly Measles Cases – United States, 2000-Present

as of October 14, 2025



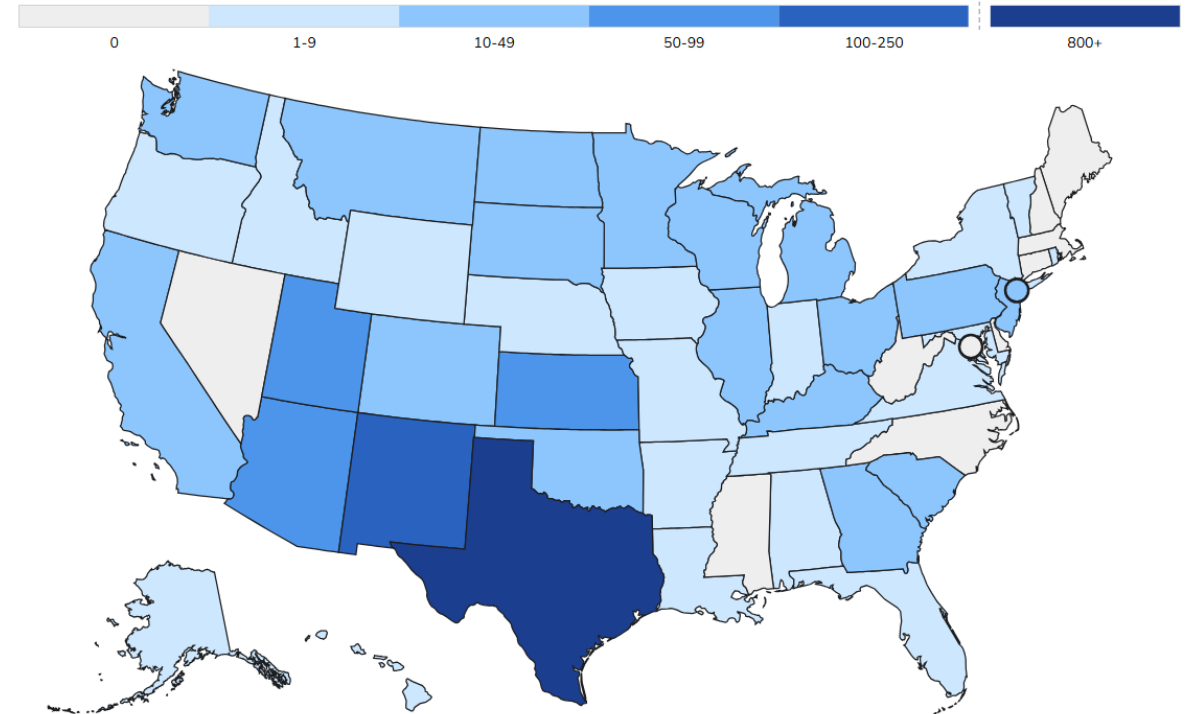
Measles – United States, 2023-2025 (through 10/14)

2023–2025* (as of October 14, 2025)



Measles — United States, 2025

- 1,596 confirmed cases among 41 states through 10/14.
- 86% of cases from one of 44 outbreaks (≥ 3 related cases).
- Age: 27% <5 years-old, 39% 5-19 years-old, 33% ≥ 20 years-old.
- 12% hospitalized overall (22% 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	Linked to First Case in Bonneville County

*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>

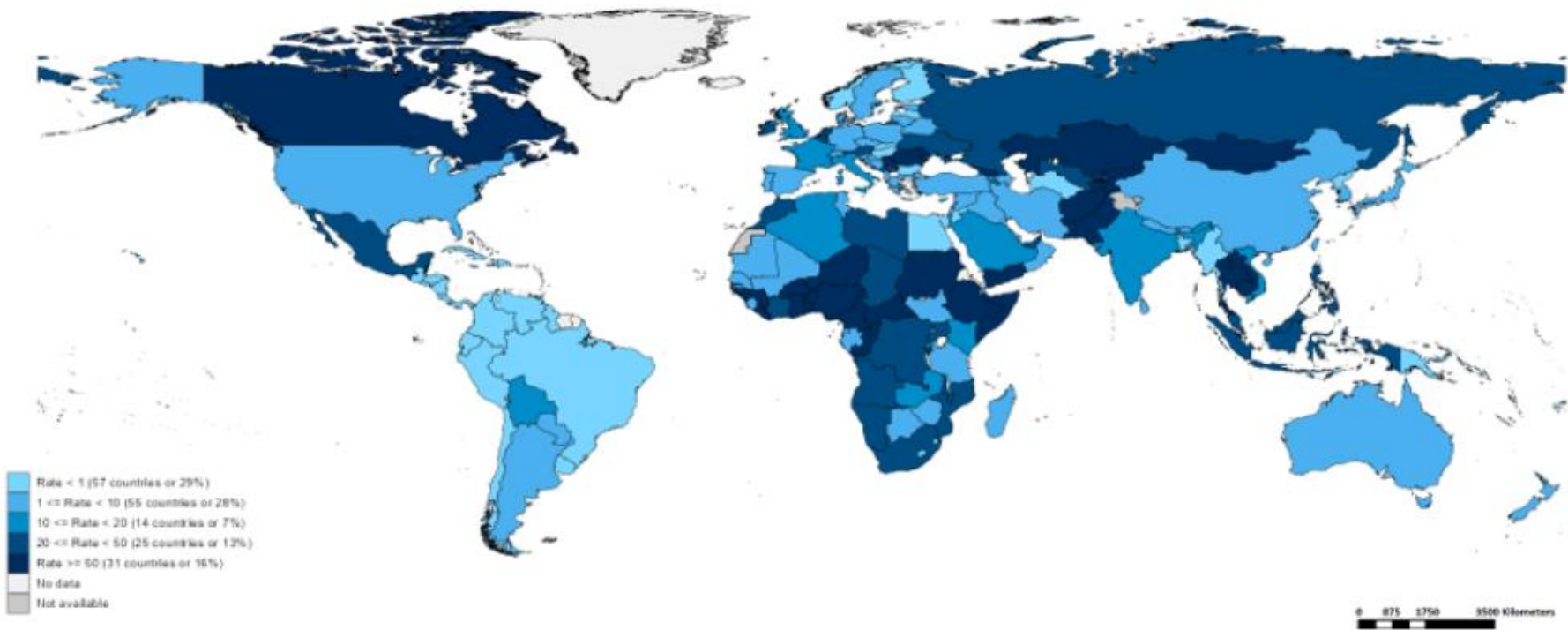
<5 year-old: 5 (46%), 5-17 years: 1 (9%), ≥ 18 years: 5 (46%)

*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 virus detected in wastewater from Marion County on 10/6/25. No cases reported yet.

Measles Incidence (Cases per Million), 9/2024-8/2025



Highest incidence rates

Country	Cases	Rate
Kyrgyzstan	10000	1,391.59
Yemen	33092	815.41
Mongolia	1617	465.25
Romania	7004	368.34
Afghanistan	10897	255.51
Tajikistan	2284	215.68
Lao People's Democratic Republic	1480	190.48
Georgia	697	183.05
Kazakhstan	2860	138.89
Serbia	727	107.92

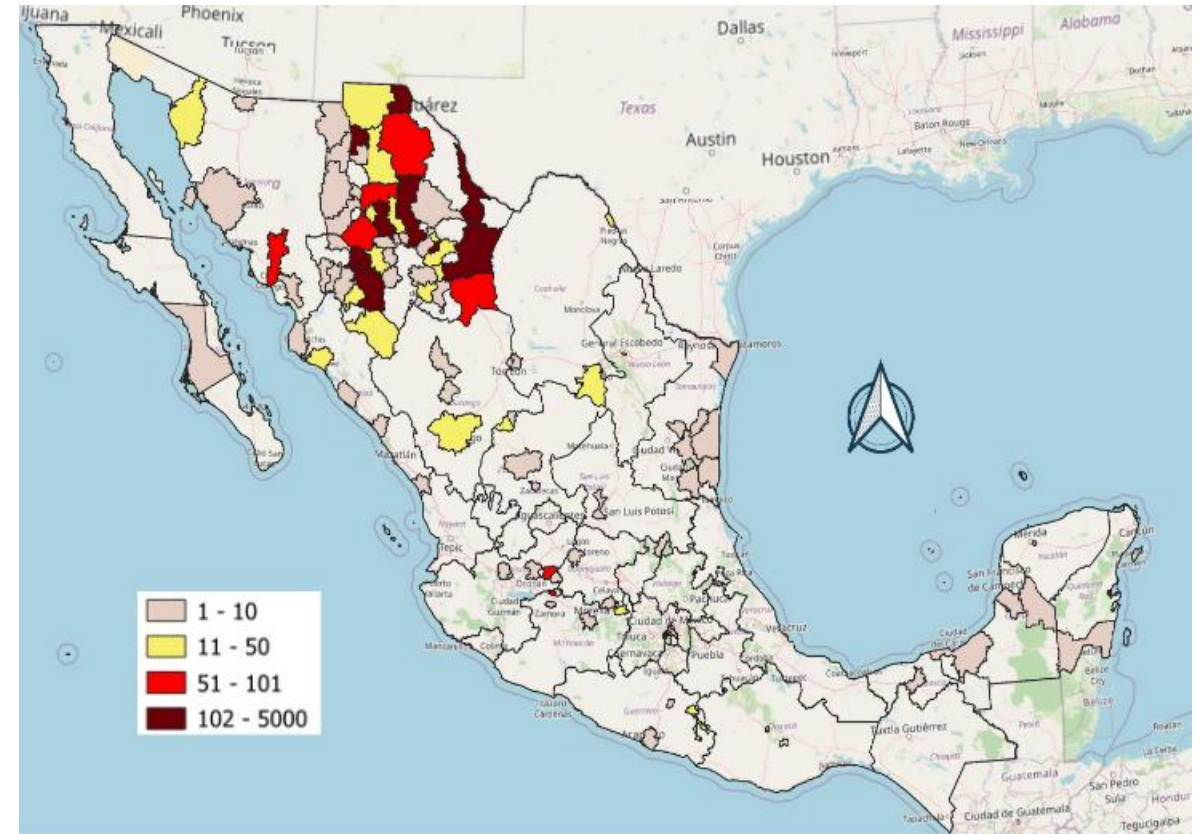
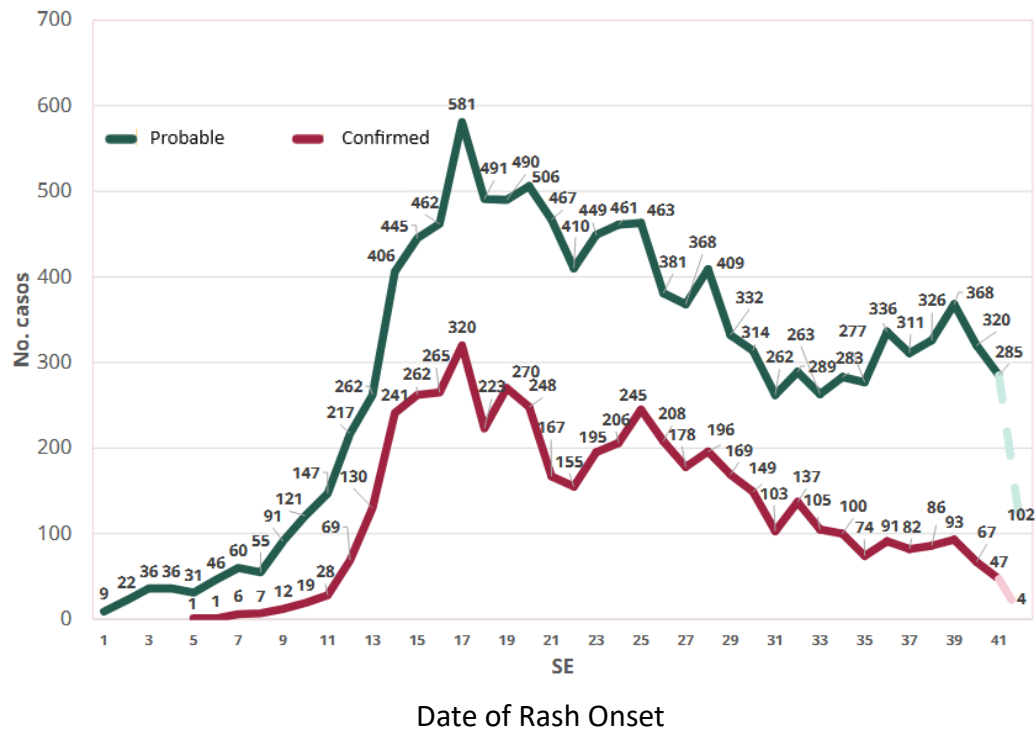


Map production: World Health Organization, 2025. All rights reserved
Data source: IHS Database

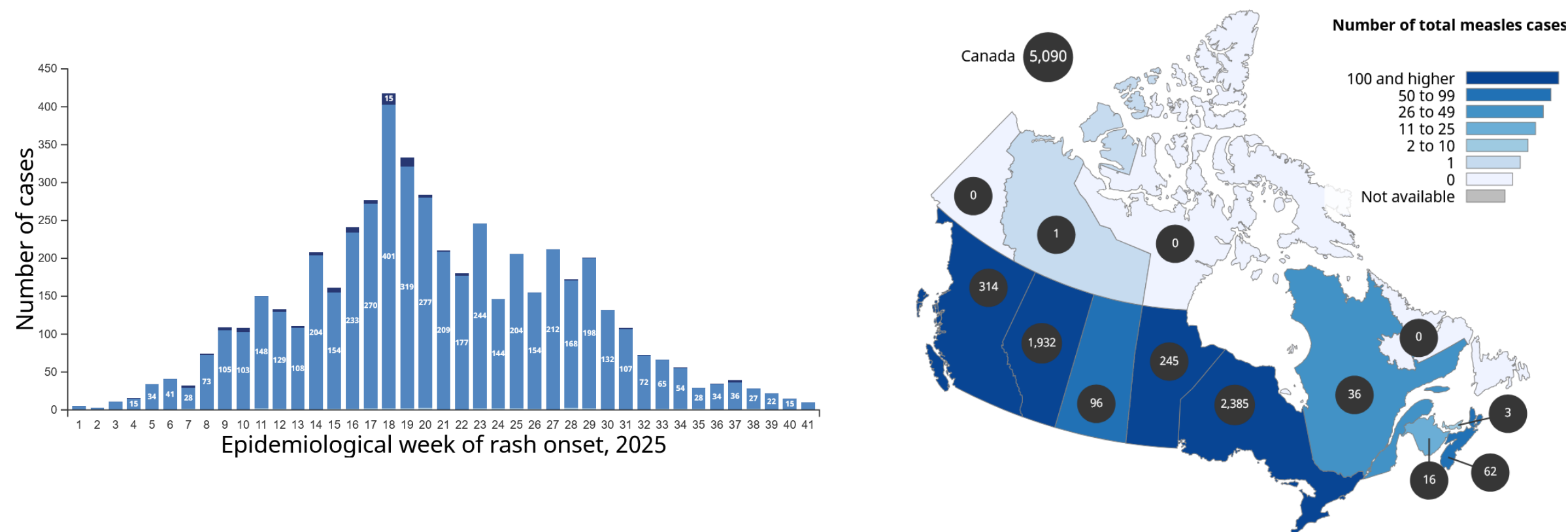
Disclaimer: The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation 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 10/17)

- 11,205 confirmed and probable cases; 4,959 confirmed cases as of 10/17/25
- 25 states; 4,401 (89%) confirmed cases in Chihuahua
- Deaths: **23** (Chihuahua: 21, Sonora: 1, and Durango: 1)

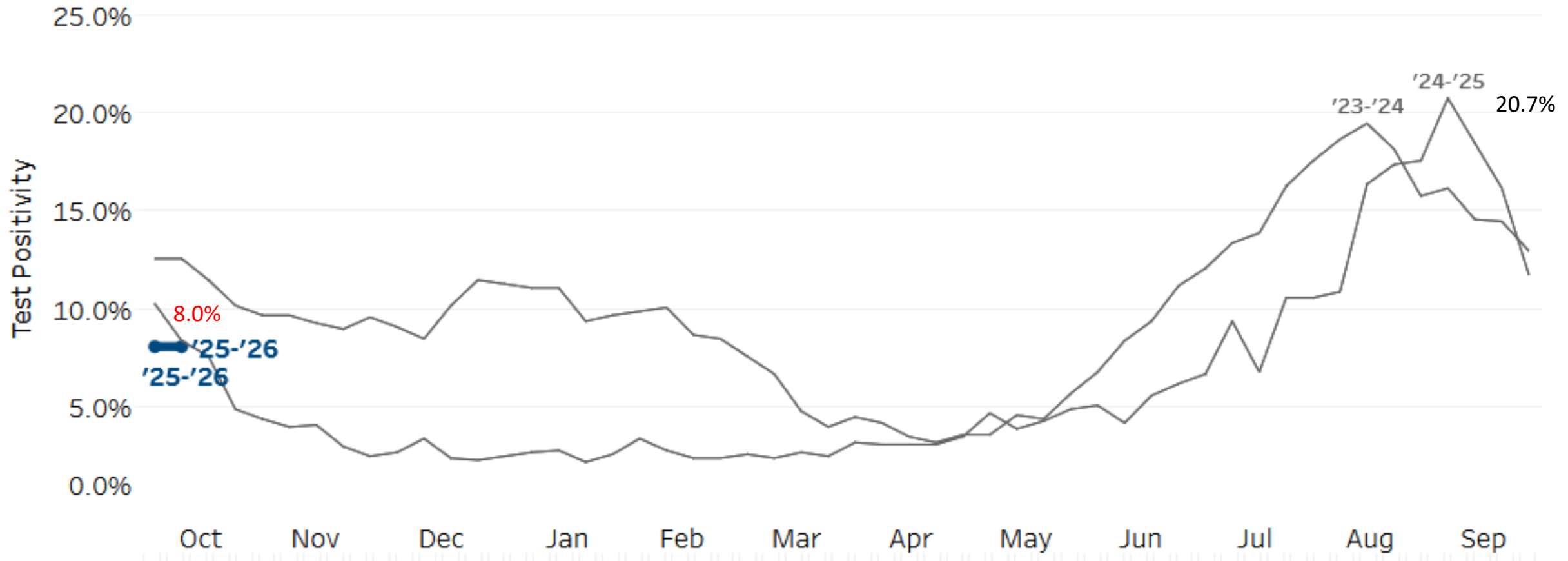


Measles — Canada, 2025 (through 10/11)

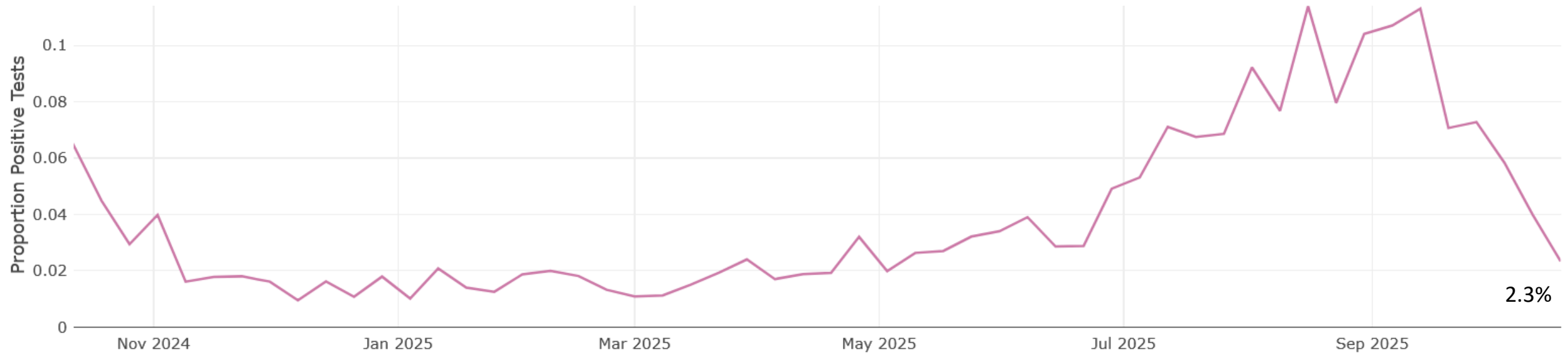


Number of confirmed cases: 4,729

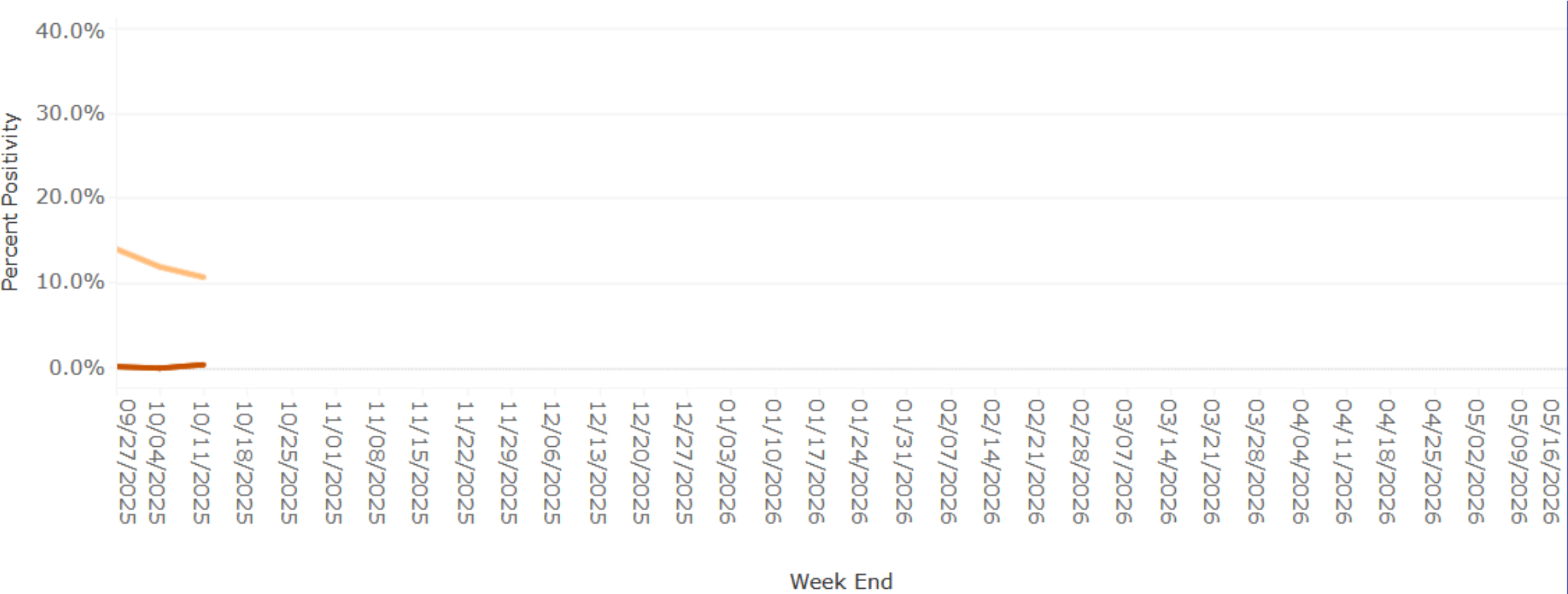
Percent of Tests Positive for COVID-19 — Oregon, 2025-26 (through 10/11) and Past Two Seasons



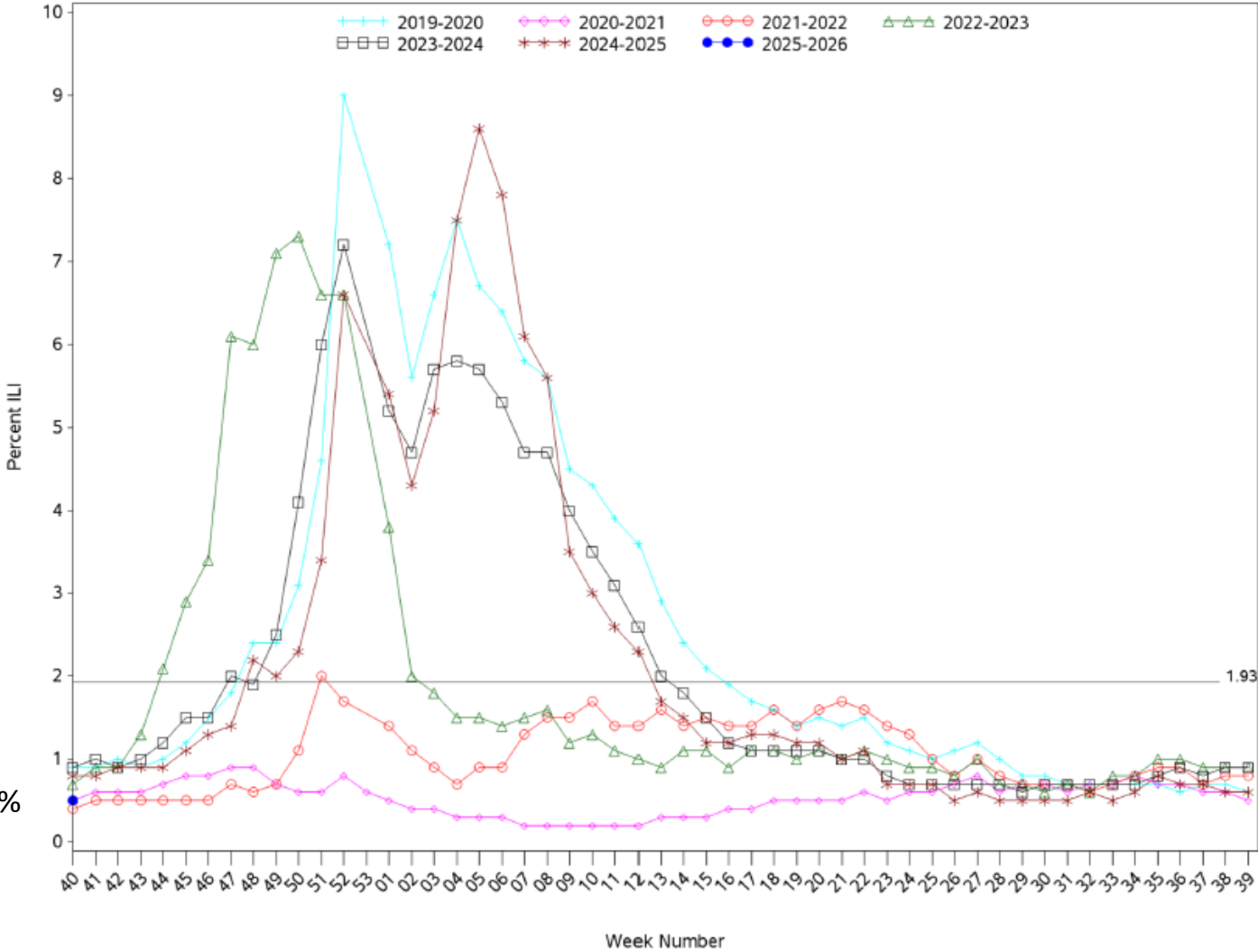
Proportion of Tests Positive for COVID-19 in the Northwest — University of Washington and Seattle Children's Hospital, 2024-2025 (through 10/18)



Percent of Tests Positive for COVID-19 and RSV — Idaho, 2025-26



Percentage of Outpatients Visits for Influenza-like Illness — IHS (IHS Influenza Awareness System), 2025-26 (through 10/4) and Past Six Seasons

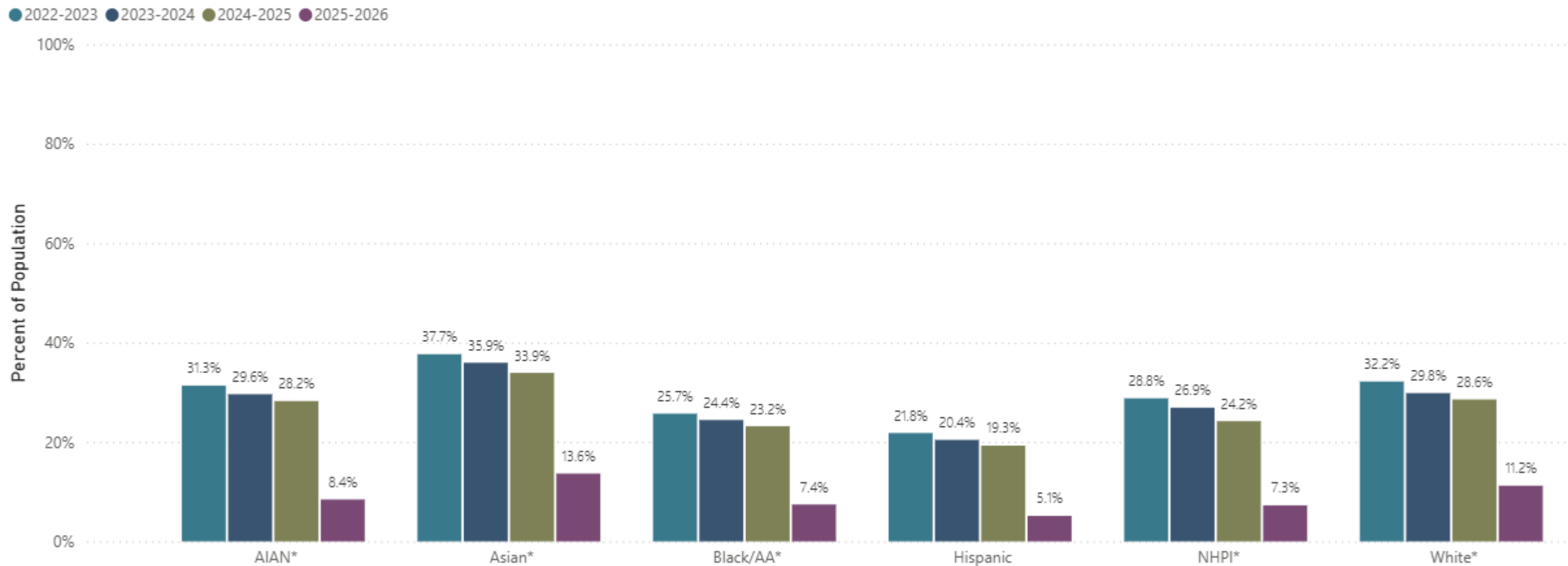


	% ILI Visits Week 39	% ILI Visits Week 40
Portland Area	0.2	0.0
National	0.6	0.5

Influenza Immunization Rates – IHS, Portland Area vs. Nationally, 2025-26 (through 10/4/25)

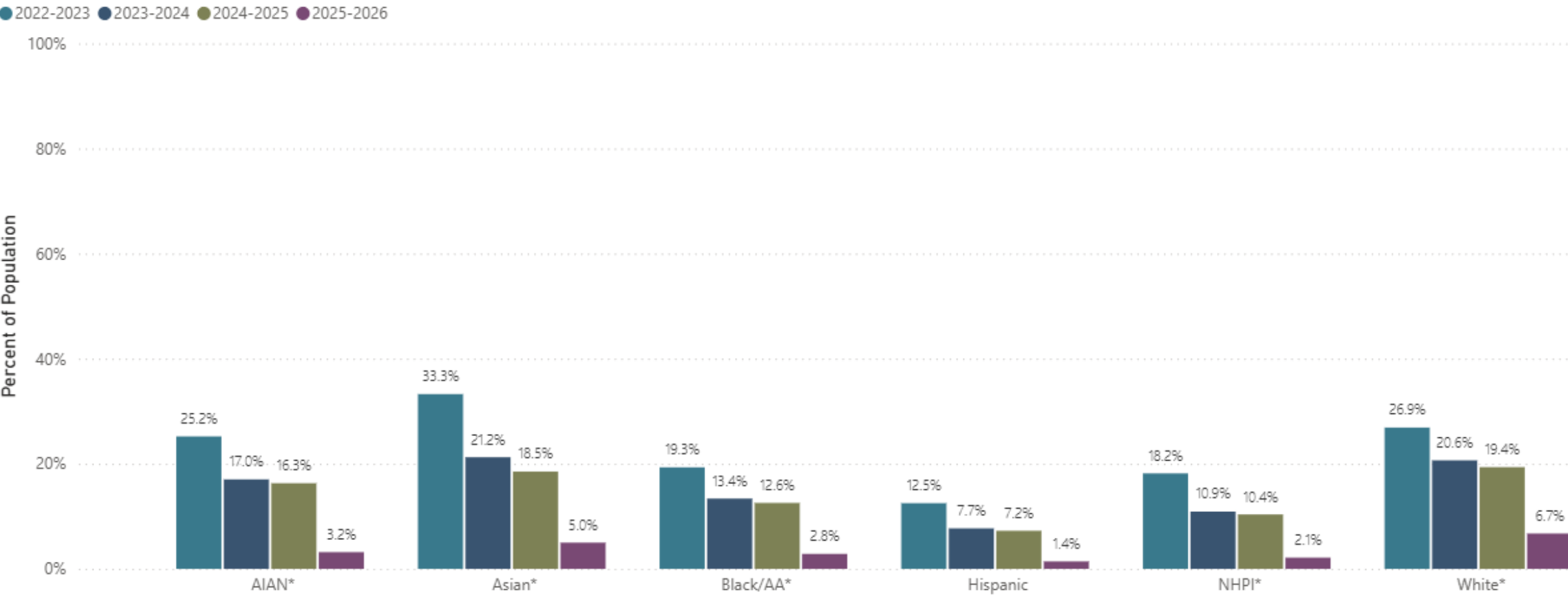
Age Group	% Vaccinated Portland Area	% Vaccinated Nationally
6 mo – 17 years	1.5	3.6
18+ years	5.0	5.4
65 + years	11.7	10.6
Overall (6 months +)	4.1	5.0

Percent of People who Received and Influenza Vaccine by Race/Ethnicity — Washington State, Current (through 10/13) and Past 3 Seasons

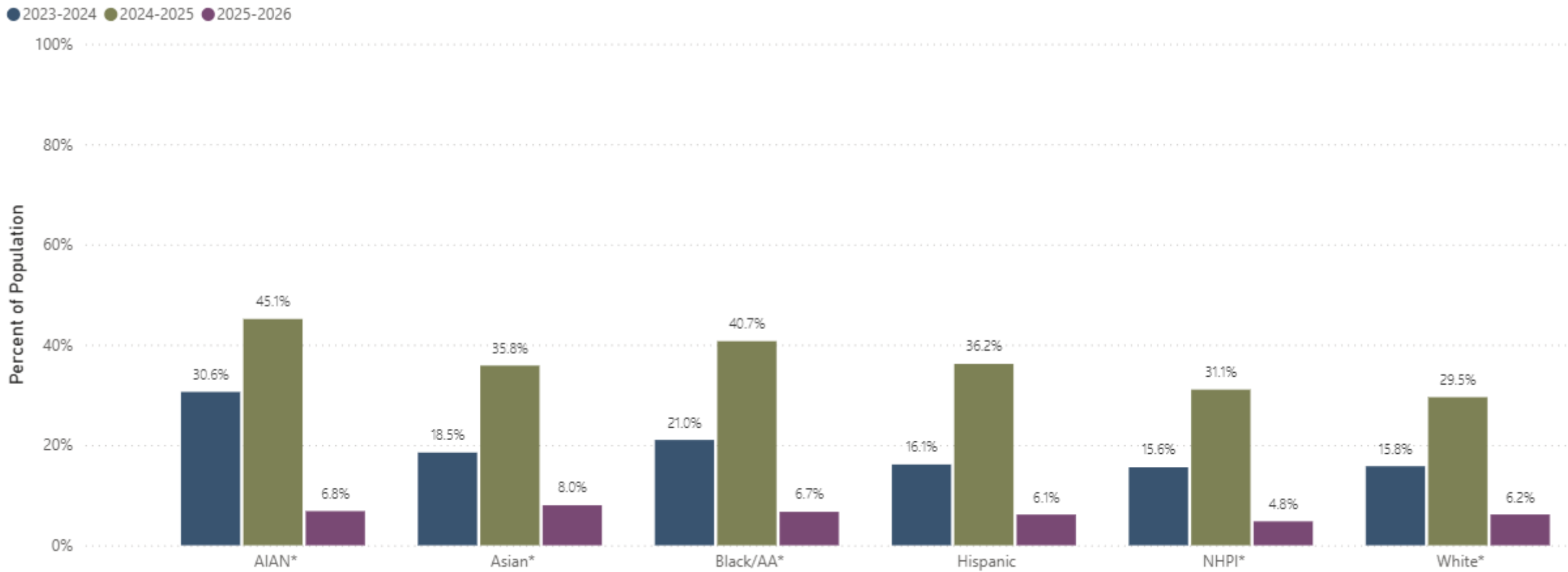


Percent of People who Received a COVID-19 Vaccine by Race/Ethnicity

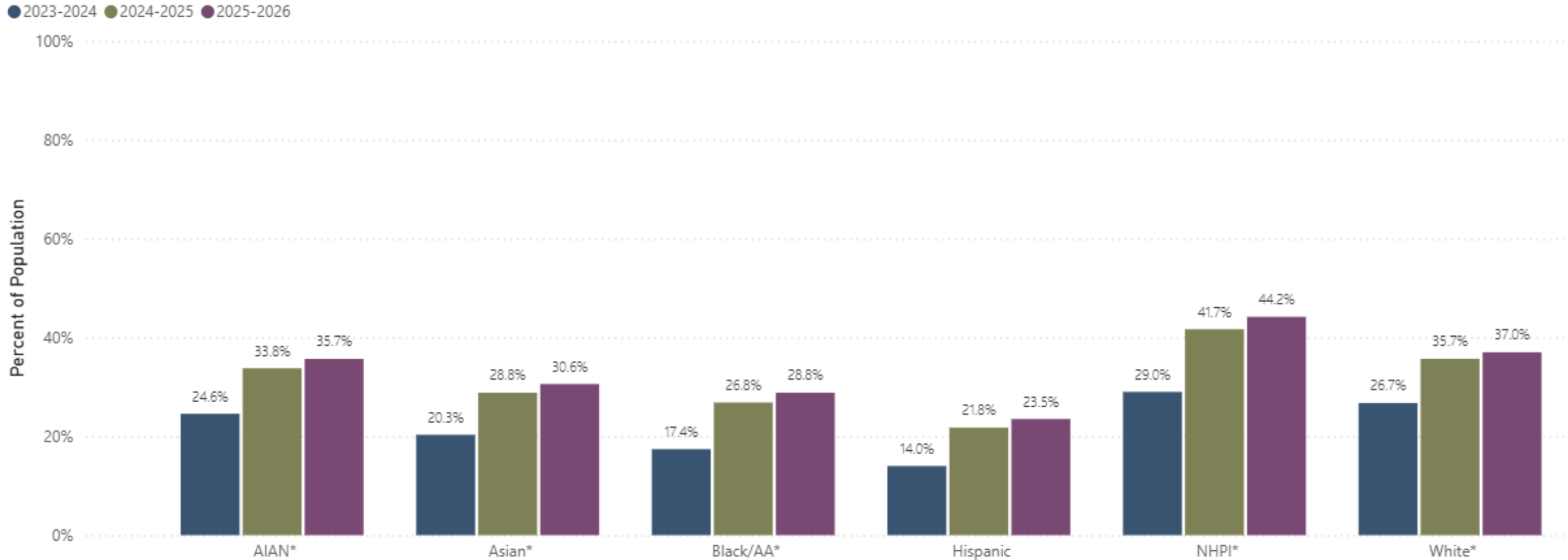
— Washington State, Current (through 10/13) and Past 3 Seasons



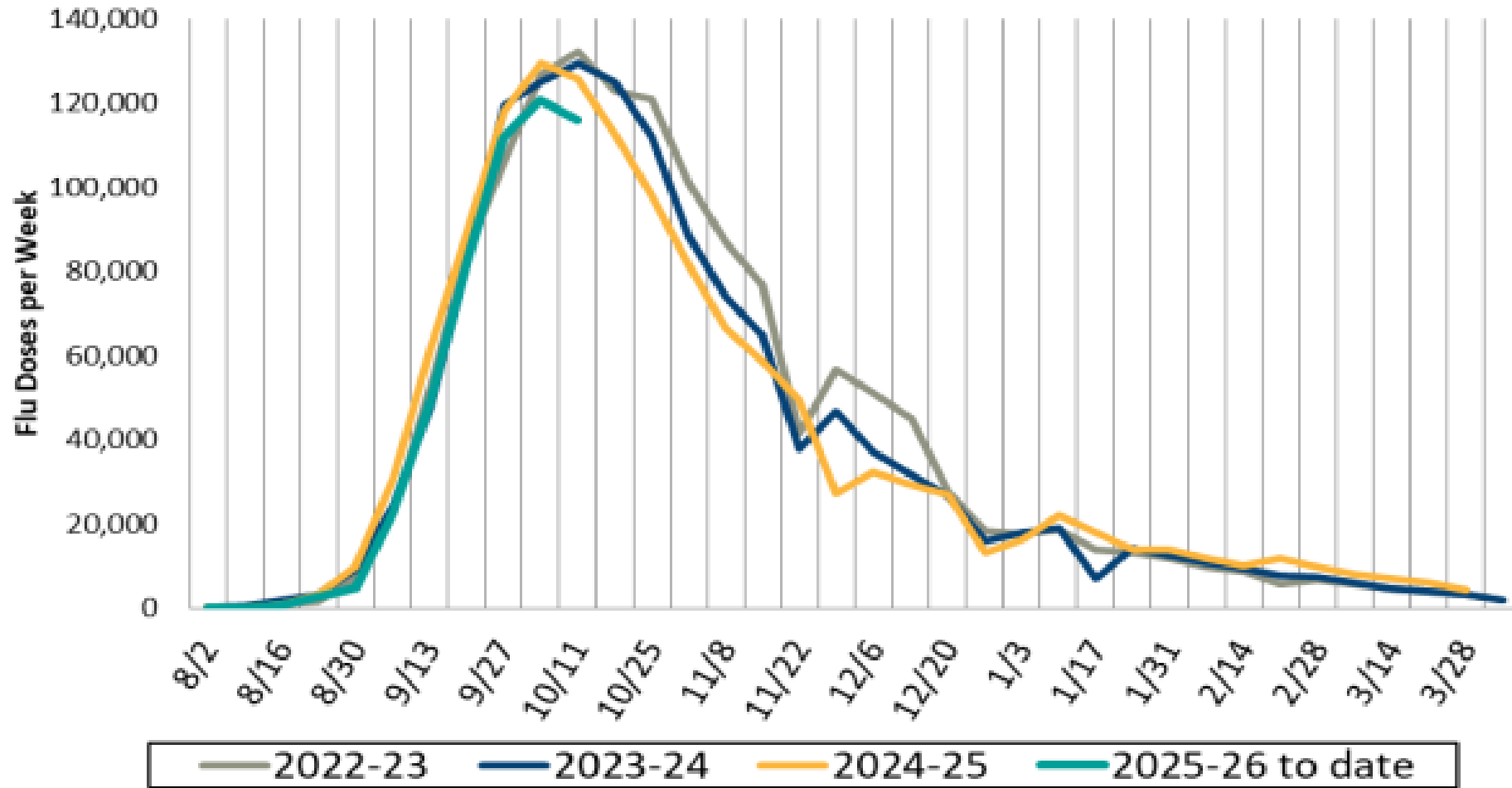
Percent of Infants 0-7 Months Old who Received a RSV Monoclonal Antibody by Race/Ethnicity — Washington State, Current (through 10/13) and Past 2 Seasons



Percent of Adults ≥ 75 years old Ever Vaccinated for RSV by Race/Ethnicity — Washington State, Current (through 10/13) and Past 2 Seasons



Weekly Number of Influenza Immunizations Administered — Oregon, Current (through 10/11) and Past 3 Seasons



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 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 linked cases reported in Bonneville County.
 - Washington: 11 cases of measles among Washington State residents (King, Snohomish, Whatcom, and Spokane Counties), most related to international travel; no outbreak so far.
 - Oregon: One case in Multnomah County reported on 6/24. Measles virus detected in wastewater from Marion County on 10/6. No new cases reported.
 - U.S.: 1,596 measles cases in 41 states (through 10/14) with 3 deaths. 92% unvaccinated or with unknown vaccination status. 87% of cases associated with one of 44 outbreaks.
- COVID-19: Test positivity and % of ER visits associated with COVID-19 has declined from summer surge.
- Influenza and RSV: Minimal activity so far, early in respiratory virus season.
- There is a window of opportunity now to vaccinate against influenza, COVID-19, and RSV prior to increased respiratory virus activity.

Recommendations

- **Ensure patients at your clinics are up to date on immunizations, including influenza, COVID-19 and RSV, to protect your patients, their families, and the community during respiratory virus season.**
- **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)).**

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

Informing “Individual Decision-Making” Discussions for COVID-19 Vaccines: AI/AN at Increased Risk for Severe COVID-19 Outcomes

ACIP recommendations: COVID-19 vaccination for all individuals ≥ 6 months old based on “individual decision-making” (i.e. shared clinical decision-making) with health care providers (including physicians, physician assistants, nurse practitioners, registered nurses, and pharmacists), noting 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.

When having discussions with patients or parents regarding COVID-19 vaccinations, as part of “individual decision-making,” it is important to consider that American Indians and Alaska Native people, including both children and adults, are at increased risk for severe outcomes from COVID-19, which is not accounted for by medical comorbidities alone.

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).

Patient Education Resources for Respiratory Viruses/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).

American Academy of Family Physicians. [COVID-19 Vaccine: Fall 2025-26 Immunization Recommendations](#)

American Academy of Pediatrics:
[Recommendations for COVID-19 Vaccines in Infants, Children, and Adolescents: Policy Statement.](#)
[Recommended Child and Adolescent Immunization Schedule](#)
<https://www.aap.org/immunization>; <https://www.healthychildren.org/immunizations> (e.g. [COVID-19 What Families Need to Know](#))

American College of Obstetricians and Gynecologists. [COVID-19 Vaccination Considerations for Obstetric–Gynecologic Care](#)

Children’s Hospital of Philadelphia: [Vaccine Education Center](#); [Vaccine and Vaccine Safety-Related Q&A Sheets](#) (e.g. [Q&A COVID-19 Vaccines What You Should Know](#))

[Boost Oregon: Videos and Resources](#)

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

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

[COVID-19](#); [DOH COVID-19 Vaccine Schedule](#); [Washington State Statewide Standing Order for COVID-19 Vaccine FAQs for the Public](#); [West Coast Health Alliance announces vaccine recommendations for COVID-19, flu, and RSV](#) | [Washington State Department of Health](#)

Oregon Health Authority: [Flu Prevention](#); [Immunization Resources](#); [Immunize.org: Influenza \(Flu\)](#)

Idaho Department of Health & Welfare: [Flu \(Seasonal and Pandemic\)](#); [Child and Adolescent Immunization](#) and [Adult Immunization](#); ; [COVID-19](#)

Centers for Disease Control and Prevention: [Preventing Seasonal Flu](#); [Flu Resources](#); [Preventing Spread of Respiratory Viruses When You're Sick](#)

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

