NPAIHB Weekly Update

November 4, 2025

NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Agenda

- Welcome & Introduction: Victoria Warren-Mears
- NPAIHB Announcements, Events, & Resources
- Environmental Public Health Update – Lead in Drinking Water Services for Schools & Childcare: Holly Thompson Duffy
- 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

- **EMS ECHO -** 1st Tuesday & 3rd Thursday of every month at 5pm PT
  - Tuesday, November 4th at 5pm PT
  - Didactic Topic: *The Five Deadliest Causes of Abdominal Pain: Prehospital Considerations*
  - To Join via Zoom: https://echo.zoom.us/j/84832881641?pwd=SXllNlpJa0Vta1R1c28xcUh5V1dlUT09

- **Hepatitis C ECHO** – Wednesdays at 11am PT
  - Wednesday, November 5th at 11am PT
  - Didactic Topic: *HCV Treatment Monitoring: Keeping it Simple*
  - To join via Zoom: https://echo.zoom.us/j/537117924?pwd=OEExbERmK2pSUFFsMzV1SmVpb3g3dz09

- **SUD ECHO** – 1st Thursday of every month at 11am PT
  - Thursday, November 6th at 11am PT
  - To Join via Zoom: https://echo.zoom.us/j/806554798?pwd=WVQyUFJnYkR3SXBjcUdIemRnNmZ6Zz09

Upcoming HNY CoP Sessions:

November 12, 10:00 – 11 AM Pacific

December 10, 10:00 – 11 AM Pacific

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

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

BHA Education Program

Next Application Due Date:
November 26, 2026

Cohort Start Date:
January 5, 2026

More info:

www.tchpp.org/students

khunsberger@npaihb.org

971-437-7888

MORE INFORMATION

NPAIHB

WHAT IS A BHA?

A Behavioral Health Aide (BHA) is a counselor, health educator, and advocate. BHAs help address individual and community-based behavioral health needs, including those related to alcohol, drug, and tobacco misuse. They also provide trauma-informed approaches to mental and spiritual health care such as depression and anxiety resources, suicide prevention, grief support, and self-care tools. BHAs seek to achieve balance in the community by integrating their sensitivity to cultural needs with specialized training in behavioral health concerns and culturally appropriate approaches to treatment.

An earn while you learn opportunity through stipends of up to $13,500

Students have the opportunity to be nationally certified BHAs through the Portland Area CHAP Certification Board (PACCB).

Be a part of a community of support and circle of care as we grow into a Tribally-specific workforce.

What Support does Northwest Portland Area Indian Health Board (NPAIHB) Offer?

Stipend funding, school supply support, connection to Tribal Elders and knowledge holders, leadership development opportunities, opportunities to network with Indigenous clinicians who deliver culture-based services, and academic advising support through coordination with the institution partners.

NORTHWEST INDIAN COLLEGE

BHA PROGRAM ATA

Yakaiyastai Gorman-Etl

- **B.A., NWIC Alum**
- ***Navajo - Diné***
- **Behavioral Health Aide Coordinator and Professor**
- **Email: yngorman@nwic.edu**

BUILDING NATIONS

NWIC grounds their Behavioral Health Aide Education Program within a Associate of Technical Arts degree.

Program Specifics:

- Two-year program
- Online courses
- Term based // 4 quarters

LOCATED IN BELLINGHAM, WASHINGTON

For more information: check out NWIC's website here

DMS Training: Portland & Online
December 2-4, 2025

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

Register Online Here

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

- November 11: Veterans Day Holiday, no update
- November 18: N CREW NWRRC Update – NPAIHB & Tribal Substance Use Disorder (SUD) Projects
- November 25: Legislative & Policy Updates

Environmental Public Health Project: Testing Drinking Water for Lead at Schools & Childcare

Holly Thompson Duffy
Environmental Health Science Manager
Environmental Public Health

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Children's Health & Lead

- Routes of exposures- inhalation & ingestion
- There is no safe level of exposure
- Children >6 and pregnant women are most at risk
- Low dose exposures and neurological effects
- BLL testing is the only way to know a child's lead level→ 3.5ug/dL reference level

- Drinking water is only one source of lead exposure
  - Paint (old buildings)
  - Toys (unregulated)
  - Contaminated soils
  - Foods, cosmetics & traditional medicines
  - Antiques (dishware, furniture, jewelry)

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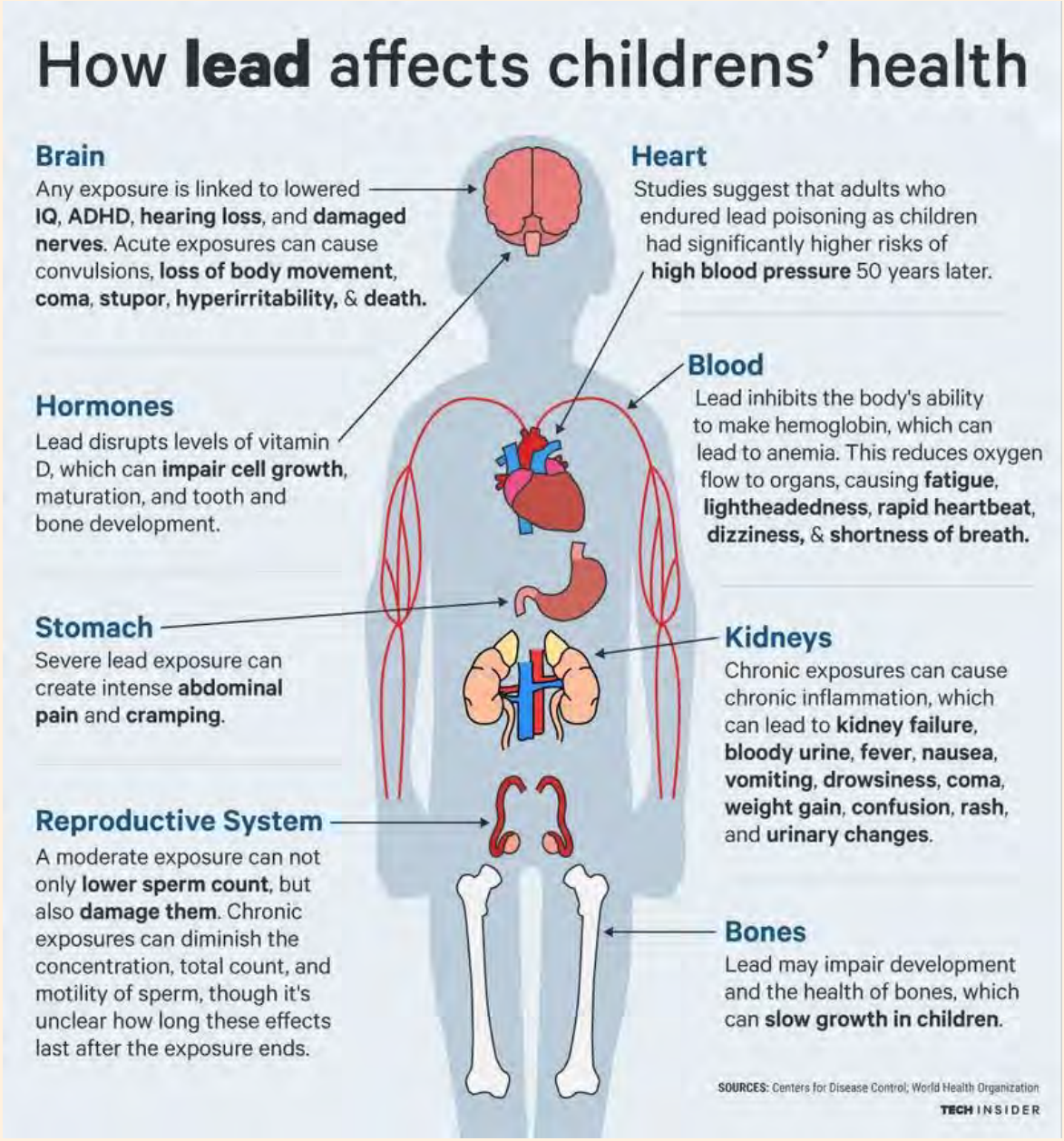

Lead in Drinking Water: Sources

- 1986 Amend. to SDWA- “lead free” plumbing for DW- 8%
- 2011 RLDWA- lowers “lead free” to .25%
- Primary cause is corrosion of lead containing plumbing materials
- Lead is usually highest after water sits in pipes for a long period
- Hot water leaches more lead
- The only way to know if there is lead in water is to TEST

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National Primary Drinking Water Regulations

- Legally enforceable standards & treatment techniques that apply to public water systems
- Regulated through the Safe Drinking Water Act [40 CFR 141]
  - Enforceable standard = "**Maximum Contaminant Load**" or **MCL**
  - Have an identified "**Maximum Contaminant Load Goal**" or **MCLG**
- **Lead and Copper Rule establishes action level for lead:**
  - MCL =15ppb or 15 mg/L
  - MCLG = 0*

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Head Start, Children & Lead

- Head Start Performance Standards
- Requiring and asking about testing
- Action Level 5ppb

- Requires BLL testing for students
  - CMS requires all children covered by Medicaid and CHIP receive a BLL test at 12 and 24 months.

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WIIN Grant Background & Goals

"The WIIN ACT addresses, supports, and improves America's drinking water infrastructure. The WIIN Act authorized tribal grant programs to promote public and environmental health by providing investment in tribal public water systems in small and disadvantaged communities and tribal schools and childcare facilities to address lead exposure in drinking water, other contaminants, and compliance issues."

To reduce lead exposure and protect children's health at tribal schools and childcare facilities by

- Testing for lead
- Identifying the source
- Developing a plan to reduce risks
- Providing funds for mitigation

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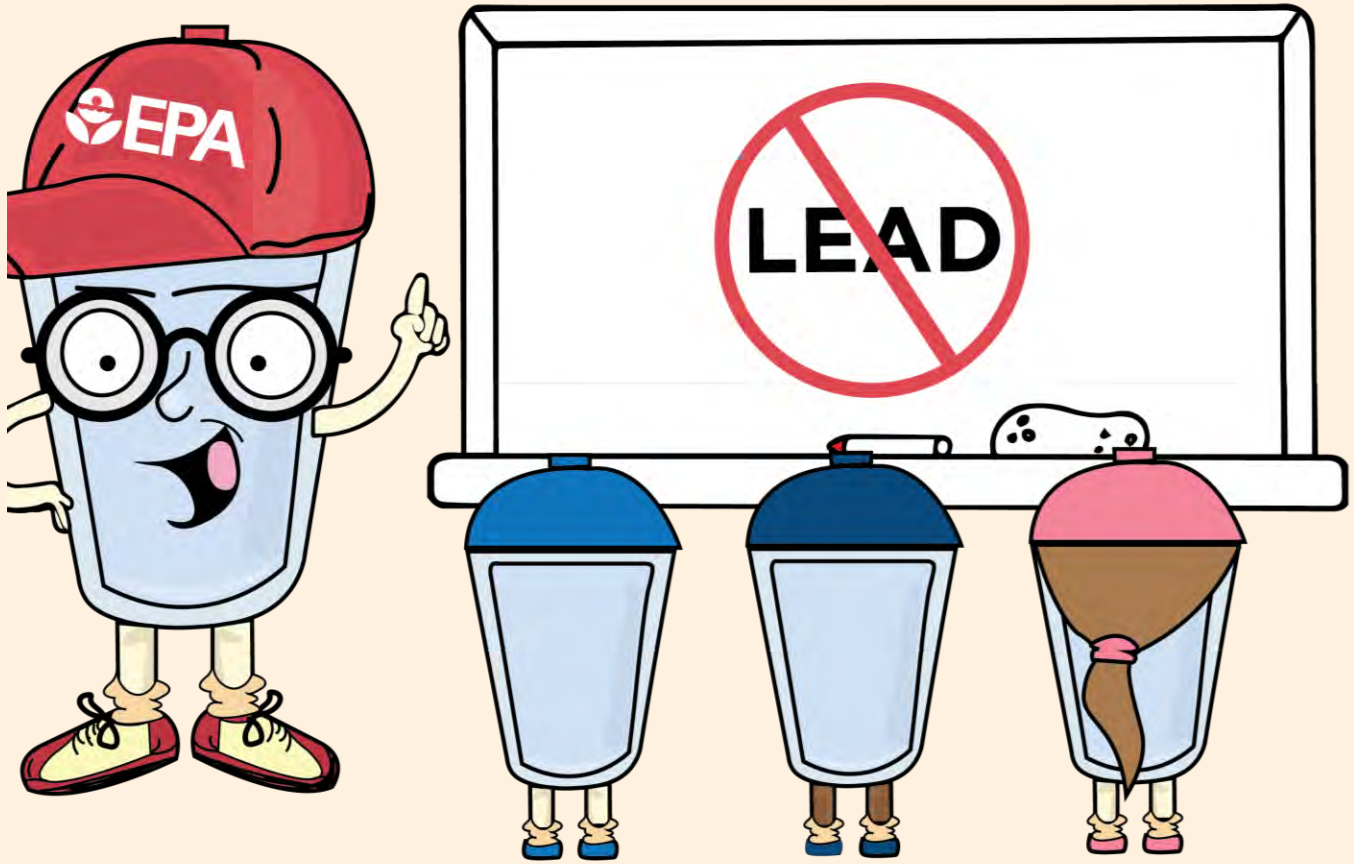
NPAIHB WIIN Grant Services Overview

- Testing drinking water in schools & childcares
- Interpreting & Communicating Data
- Results report & action plan including tailored recommendations
- Financial & Technical Support for remediation or mitigation activities
- Education, Outreach & Training
- 35 facilities serving 2900 children

EPA 3Ts for Reducing Lead in Drinking Water in Schools & Childcares

- TRAINING
- TESTING
- TAKING ACTION



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Using 3Ts to Test Water

- Stagnation period of 8-18 hours. Fixtures must not be used preceding the sampling event.
  - No weekends No Mondays No holidays
  - Must happen during a regular week to ensure the results reflect daily usage
- First draw vs. flush sample
- All taps that may be used for drinking, cooking or teethbrushing

Interpreting Results

- We receive results from lab
- We interpret results
- We conduct QA/QC
- We reformat results
- We identify action items
- We send results to facility
- We follow up
- Repeat every 2-5 years

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Sample Results

Sample: 23452200/Kitchen	Collected: 11/8/23 06:18	Temp: 15.9 °C	Matrix: Drinking Water
Lab ID: 23-013503-0001	Received: 11/15/23 11:40	Evidence of Cooling: Y	

Method: EPA 200.8 in mg/l

Analyte	Result	Limit	Units	LOQ	Dil.	Batch	Start/Extract	Analyzed	Notes
Lead*	3.61	15.000	µg/l	0.2	1.00	2312917		11/17/23 11:59	

Sample Results

Sample: 23452201/Kitchen	Collected: 11/8/23 06:19	Temp: 15.9 °C	Matrix: Drinking Water
Lab ID: 23-013503-0002	Received: 11/15/23 11:40	Evidence of Cooling: Y	

Method: EPA 200.8 in mg/l

Analyte	Result	Limit	Units	LOQ	Dil.	Batch	Start/Extract	Analyzed	Notes
Lead*	0.612	15.000	µg/l	0.2	1.00	2312917		11/17/23 12:01	

Faucet and location	Results- see key below	
	First draw*	Flush*
Kitchen – Sink 1	3.61	0.612
Kitchen – Sink 2	3.16	0.435
Kitchen – Sink 3	6.24	0.432
Kitchen – Sink 4	3.99	0.676

EPA Action Level for Lead in Drinking water = 15 ug/L
Limit of Quantification (LOQ) in laboratory analysis = .2 ug/L

	Below the EPA Action Level for Lead in Drinking Water (under 10ug/)
	Approaching the EPA Action Level for Lead in Drinking Water (10-14 ug/l)
	At or Exceeds the EPA Action Level for Lead in Drinking Water (15 ug/l or higher)

“Taking Action” Examples

Short Term

- Establish routine best practices
- Install filters at problem taps (POE vs POU)
- Turn off taps
- Use only bottled water
- Additional testing & investigation
- Outreach & Education

Long Term

- Maintain routine best practices
- Maintain water filters
- Replace taps
- Pipe replacement
- Follow up and/or routine testing
- Outreach & Education

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Thank You!

Holly Thompson Duffy

Northwest Portland Area Indian Health Board

Environmental Health Science Manager

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Ethan White Temple

Northwest Portland Area Indian Health Board

Environmental Health Specialist

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Acknowledgement

"This project has been funded wholly or in part by the United States Environmental Protection Agency under assistance agreement (number) to (recipient). The contents of this document do not necessarily reflect the views and policies of the Environmental Protection Agency, nor does the EPA endorse trade names or recommend the use of commercial products mentioned in this document."

EPA

Partner Updates

Portland Area IHS Communicable Diseases Update

TARA PERTI, MD, MPH

MEDICAL EPIDEMIOLOGIST

IHS, PORTLAND AREA OFFICE

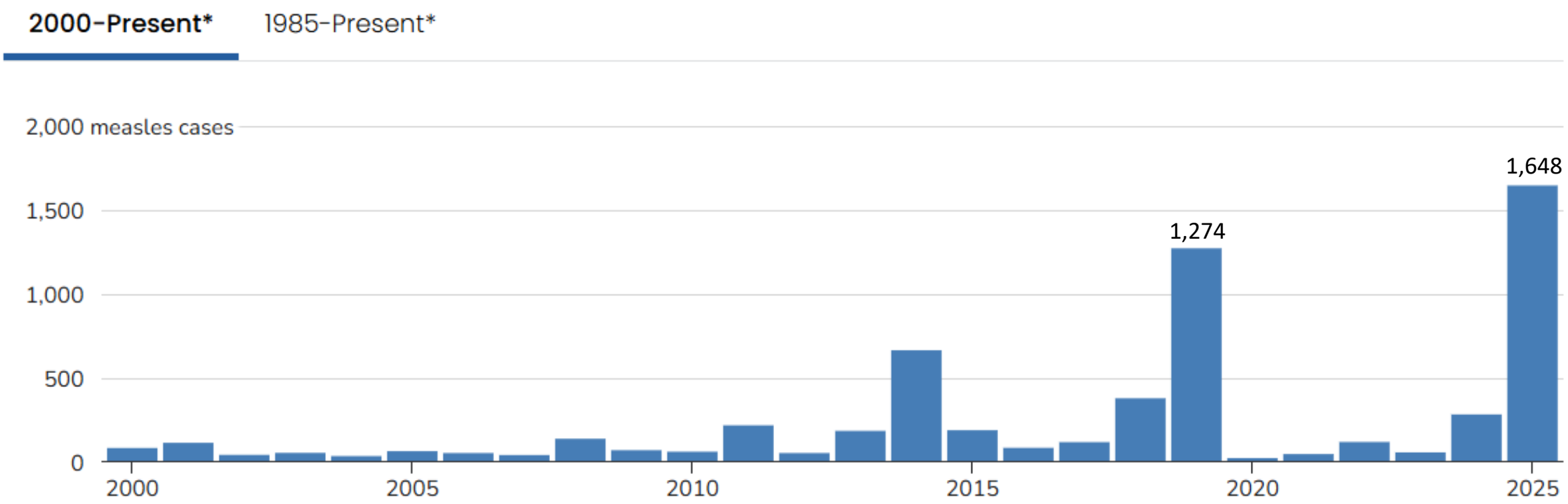
November 4, 2025

Outline

- Measles
- Respiratory Virus Season (COVID-19, Influenza, RSV) Update

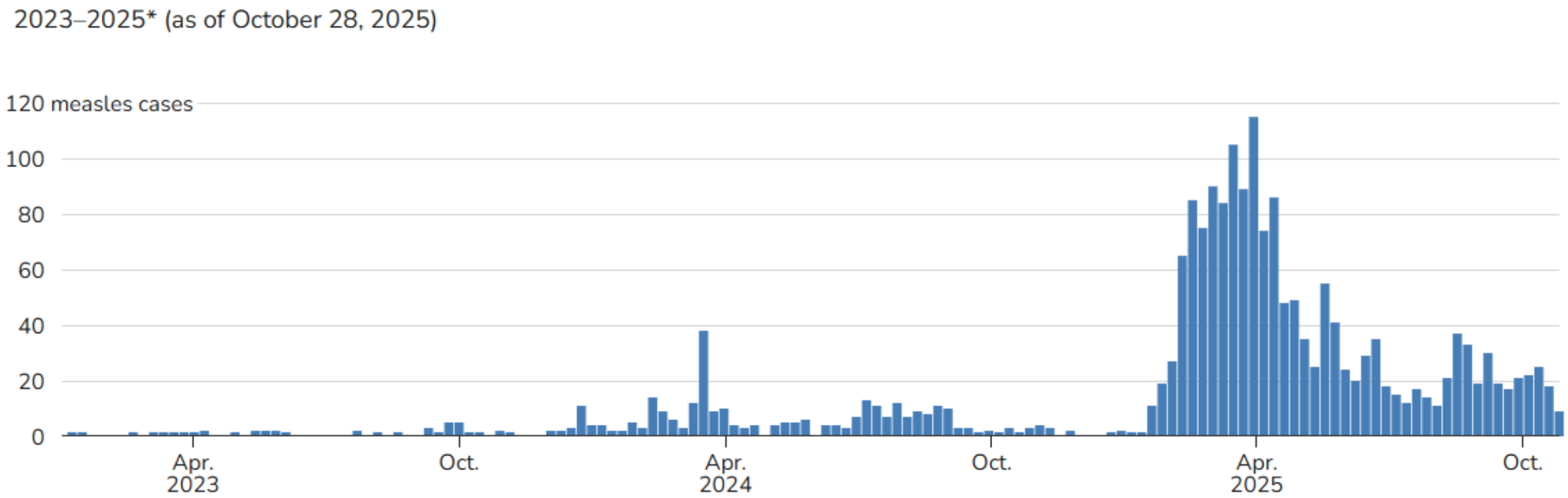
Yearly Measles Cases – United States, 2000-Present

as of October 28, 2025



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

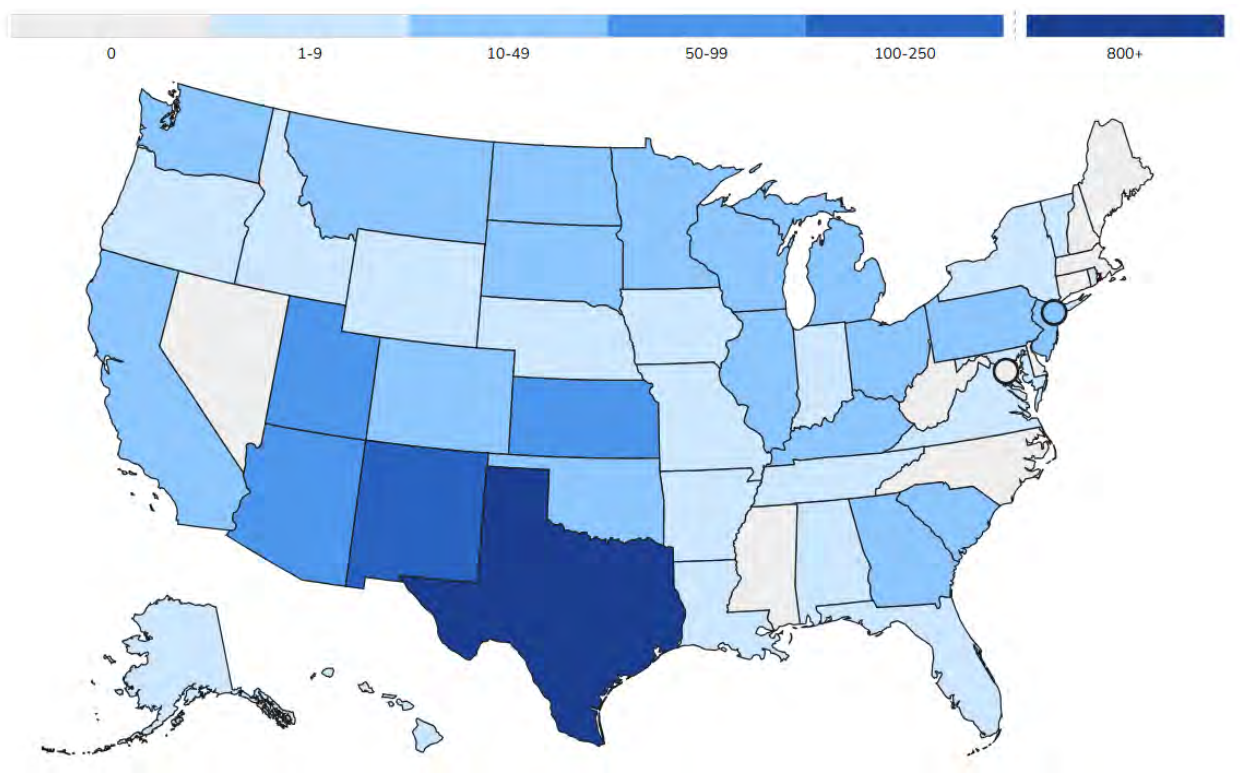
Measles – United States, 2023-2025 (through 10/28)



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

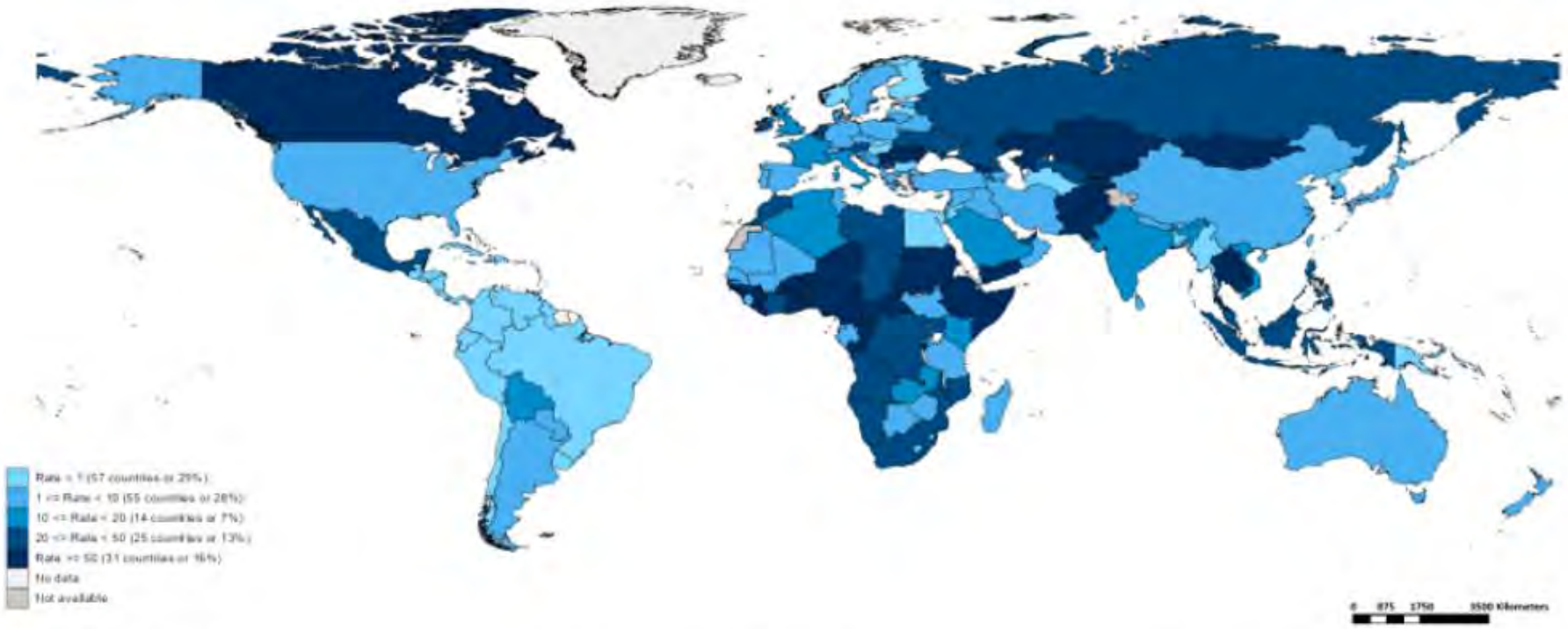
Measles — United States, 2025

- 1,648 confirmed cases among 41 states through 10/28.
- 87% of cases from one of 43 outbreaks (≥3 related cases).
- Age: 27% <5 years-old, 40% 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.



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

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



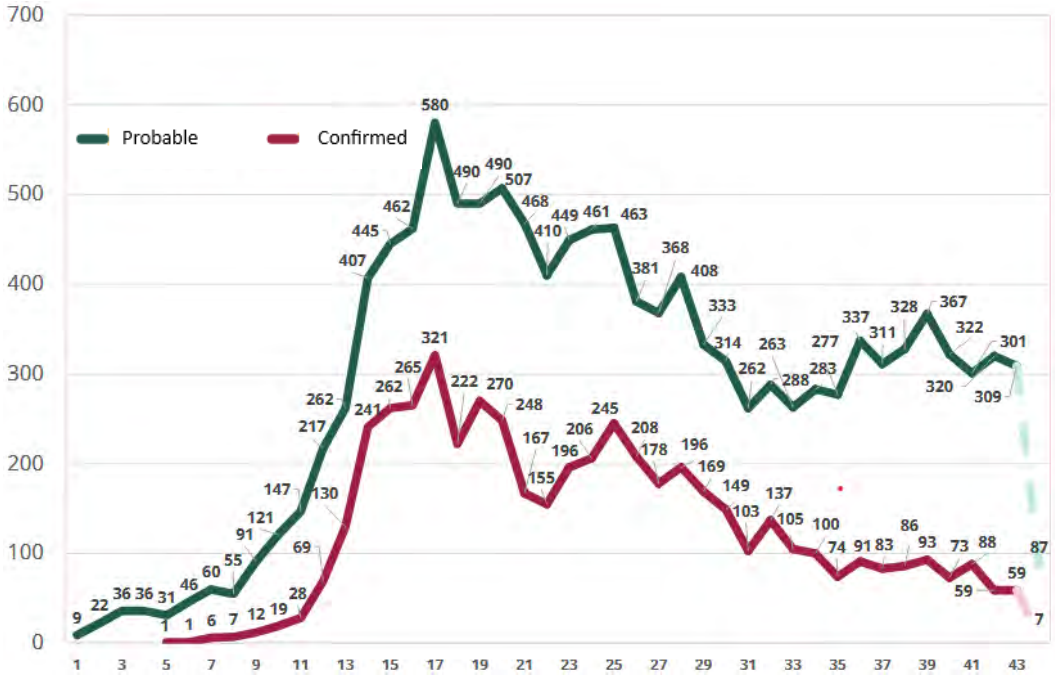
Highest incidence rates

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	215.66
Lao People's Democratic Republic	1480	190.48
Georgia	697	183.05
Kazakhstan	2860	138.89
Serbia	727	107.92

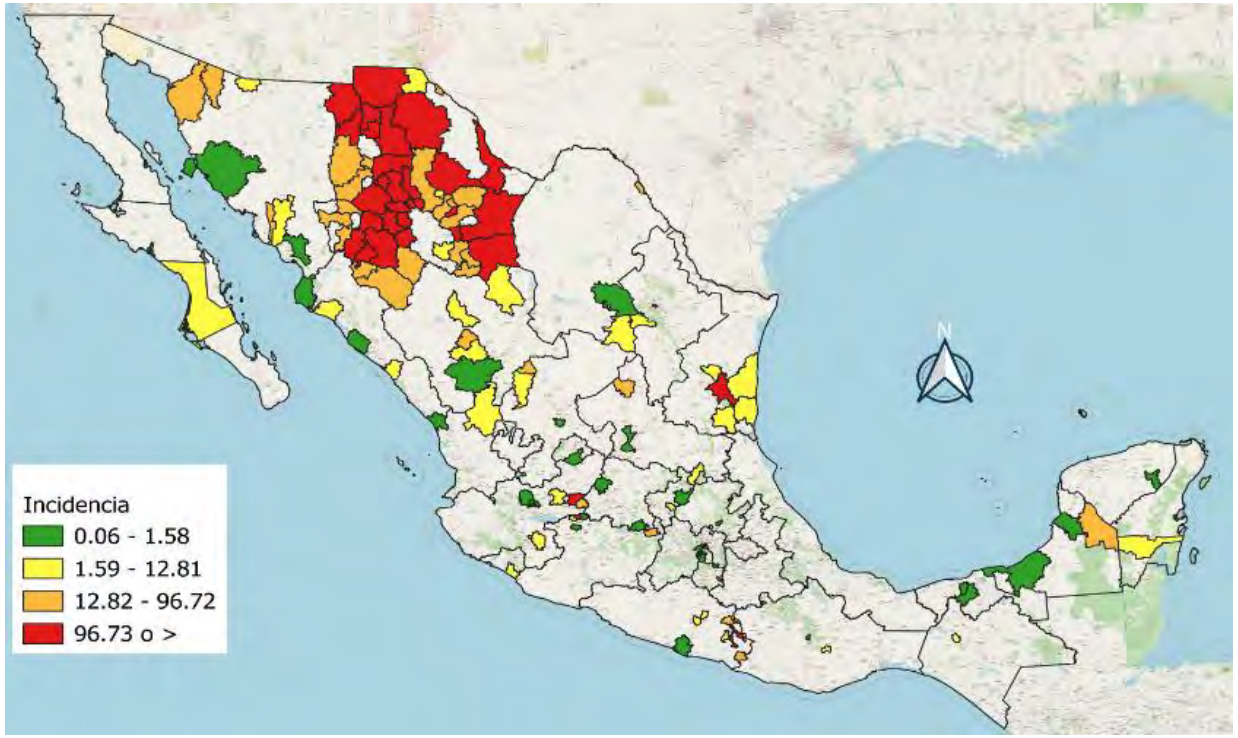
WHO. Measles and Rubella Global Update March 2025. Available at: https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fimmunizationdata.who.int%2Fdocs%2Flibrariesprovider21%2Fmeasles-and-rubella%2Fglobal-mr-update.pptx%3Fsfvrsn%3D3547ebab_9&wdOrigin=BROWSELINK

Measles — Mexico, 2025 (through 10/31)

- 12,068 confirmed and probable cases; 5,129 confirmed cases as of 10/31/25
- 27 states; 4,414 (86%) confirmed cases in Chihuahua
- Deaths: **23** (Chihuahua: 21, Sonora: 1, and Durango: 1)

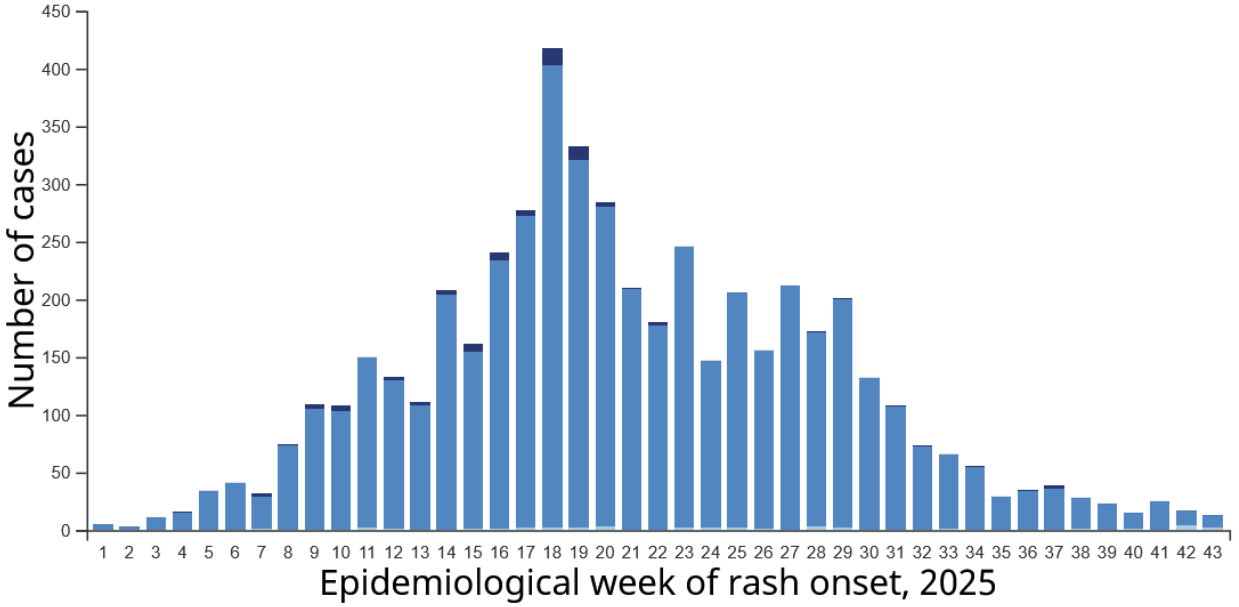


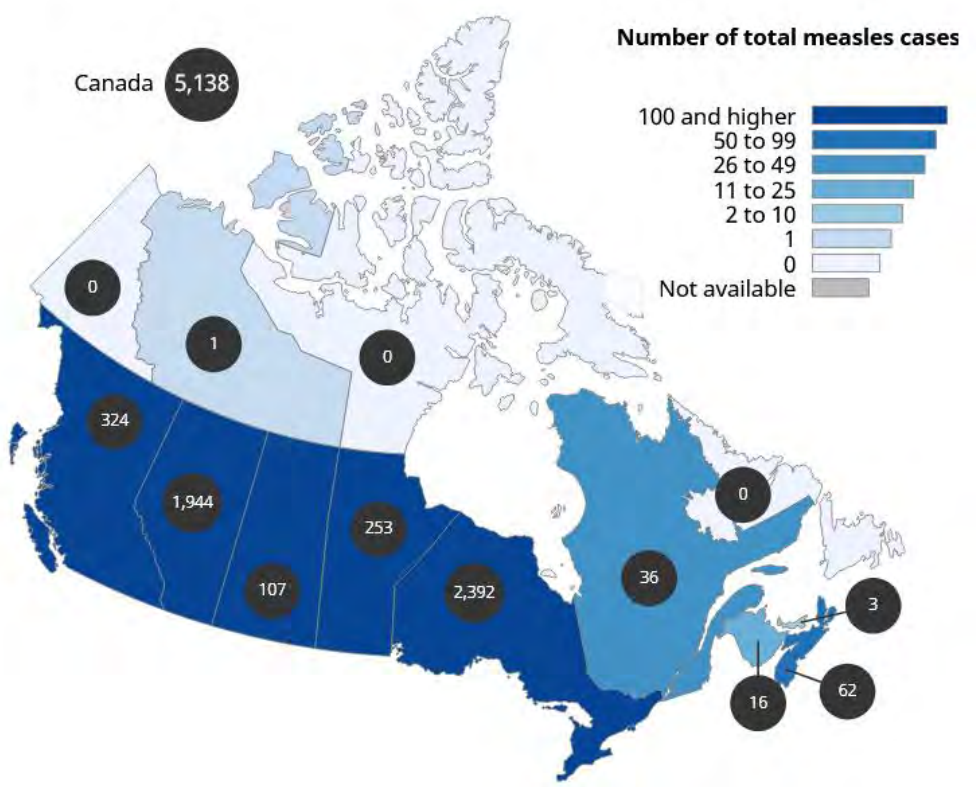
Date of Rash Onset



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

Measles — Canada, 2025 (through 10/25)





Number of confirmed cases: 4,777

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

Measles — Washington, 2025 (N=12)*

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
10/28/25	King	Adult	Linked to Traveler from Arizona

*On October 17, 2025 Public Health Seattle King County reported that an unvaccinated resident of Arizona was diagnosed with measles. There have also been a total of four cases among travelers to Washington State, who are not residents of Washington State.

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

Locations of Possible Exposure to the Public in Washington State

- 10/22-10/24/25 (7 AM-9 PM): Toyota of Renton. Monitor for symptoms through 11/12-11/14.
- 10/25/25 (4 PM-7 PM): YangGuoFu MalaTang Restaurant, Tukwila. Monitor for symptoms through 11/15.
- 10/26/25 (11 AM-3 PM): ShoWare Center Disney on Ice, Kent. Monitor for symptoms through 11/16.
- 10/26-10/27/25 (8:10 PM-2 AM) Valley Medical Center Emergency Department Entrance and Waiting Rooms. Monitor for symptoms through 11/17.

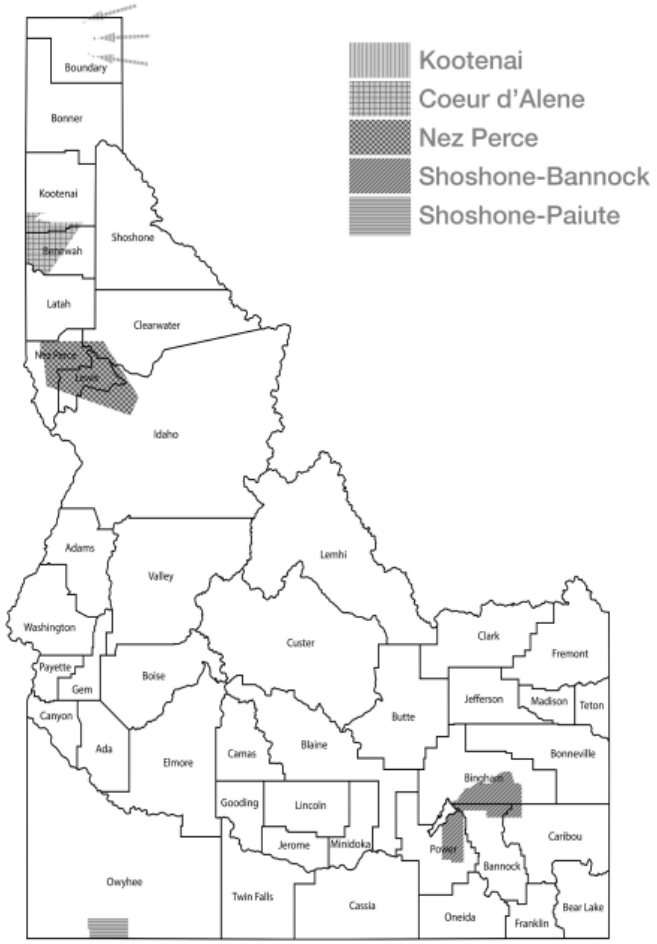
Additional Details: https://publichealthinsider.com/2025/10/17/measles-case-in-visitor-to-king-county-possible-exposures-at-seattle-tacoma-international-airport/

- Anyone who was at one of these locations should check their immunization records to see if they are protected from measles and to ensure they get vaccinated if not immune.
- Anyone at one of these locations should monitor for symptoms through the date above. If symptoms develop they should call the clinic or hospital ahead to notify them of the need for evaluation for measles.

https://publichealthinsider.com/2025/10/28/new-measles-case-in-king-county-resident-with-link-to-previous-case/

Measles — Idaho, 2025 (N=8)

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
~9/12/25	Bonneville (Eastern Idaho Public Health)	4 individuals (details not provided)	Linked to First Case in Bonneville County
10/30/25	Boundary (Panhandle Health District)	Child	Recent travel (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).

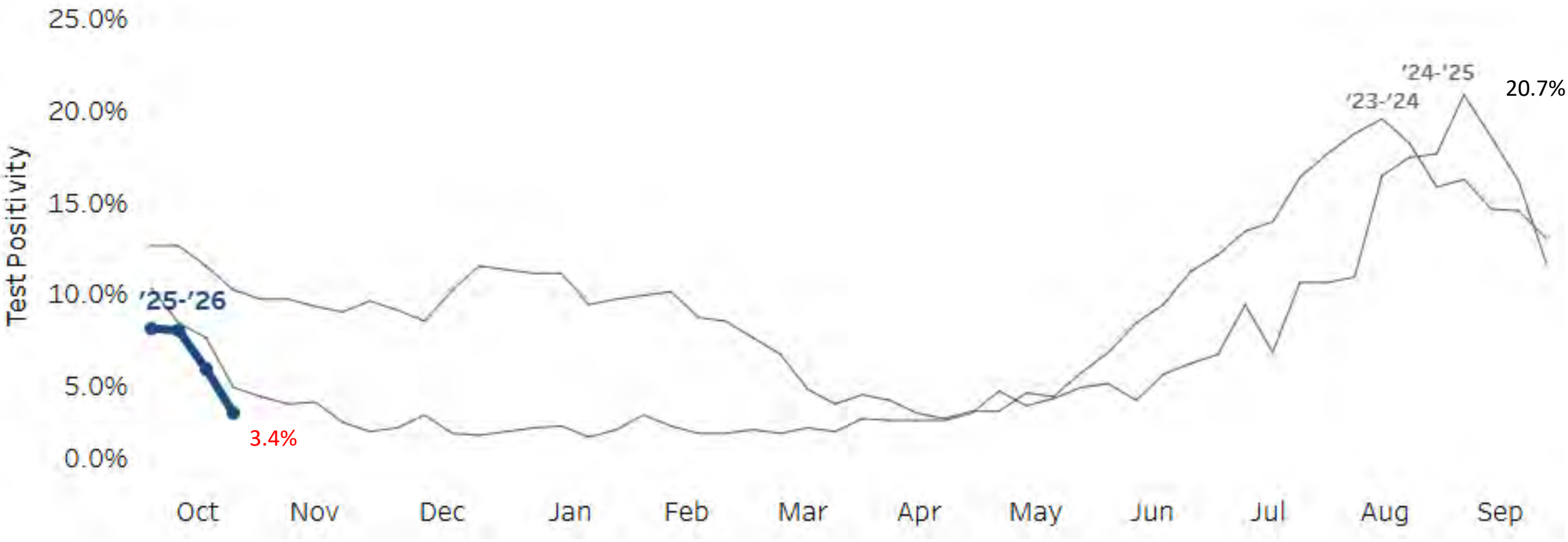
Idaho Department of Health and Welfare. Measles. Available at: https://healthandwelfare.idaho.gov/health-wellness/diseases-conditions/measles; Eastern Idaho Public Health . Epidemiology & Communicable Disease | Eastern Idaho Public Health
Idaho Department of Health and Welfare. Measles circulating among 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 — Oregon, 2025 (N=1)

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

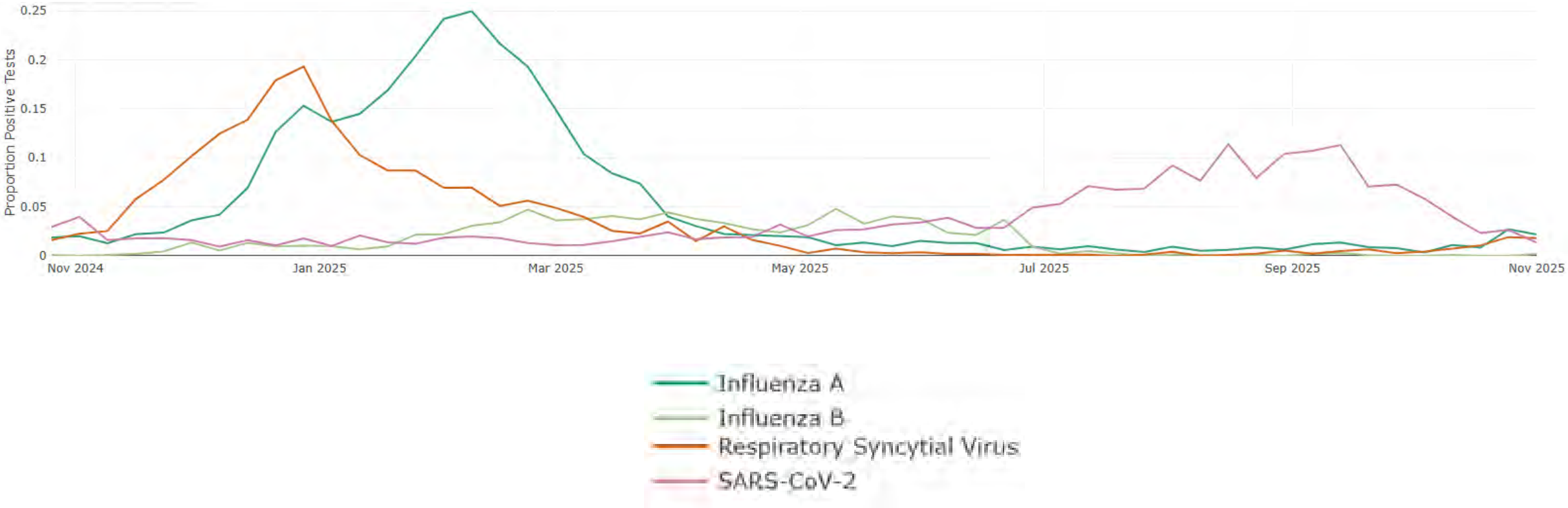
* Measles virus detected in wastewater from Marion County on 10/6/25. No cases reported yet.

Percent of Tests Positive for COVID-19 — Oregon, 2025-26 (through 10/25) and Past Two Seasons



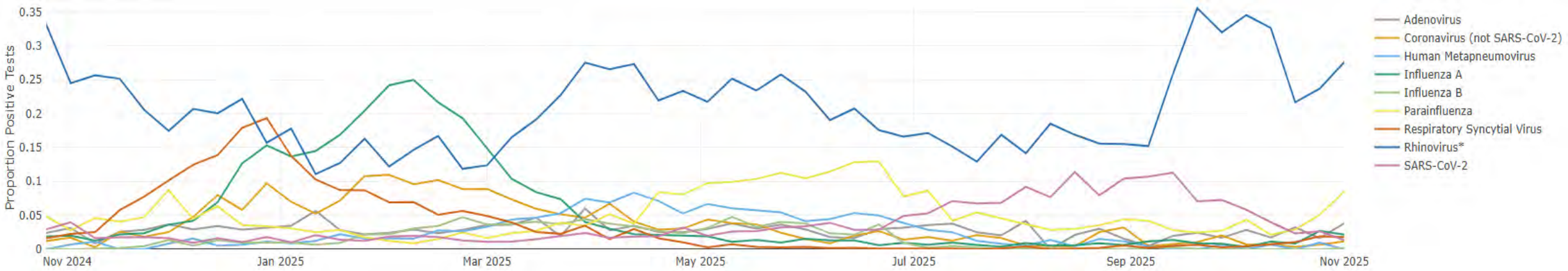
https://public.tableau.com/app/profile/oregon.public.health.division.acute.and.communicable.disease.pre/viz/OregonsRespiratoryVirusData/TestPositivity

Proportion of Tests Positive for COVID-19, Influenza and RSV in the Northwest — University of Washington and Seattle Children's Hospital, 2024-2025 (through 11/1)



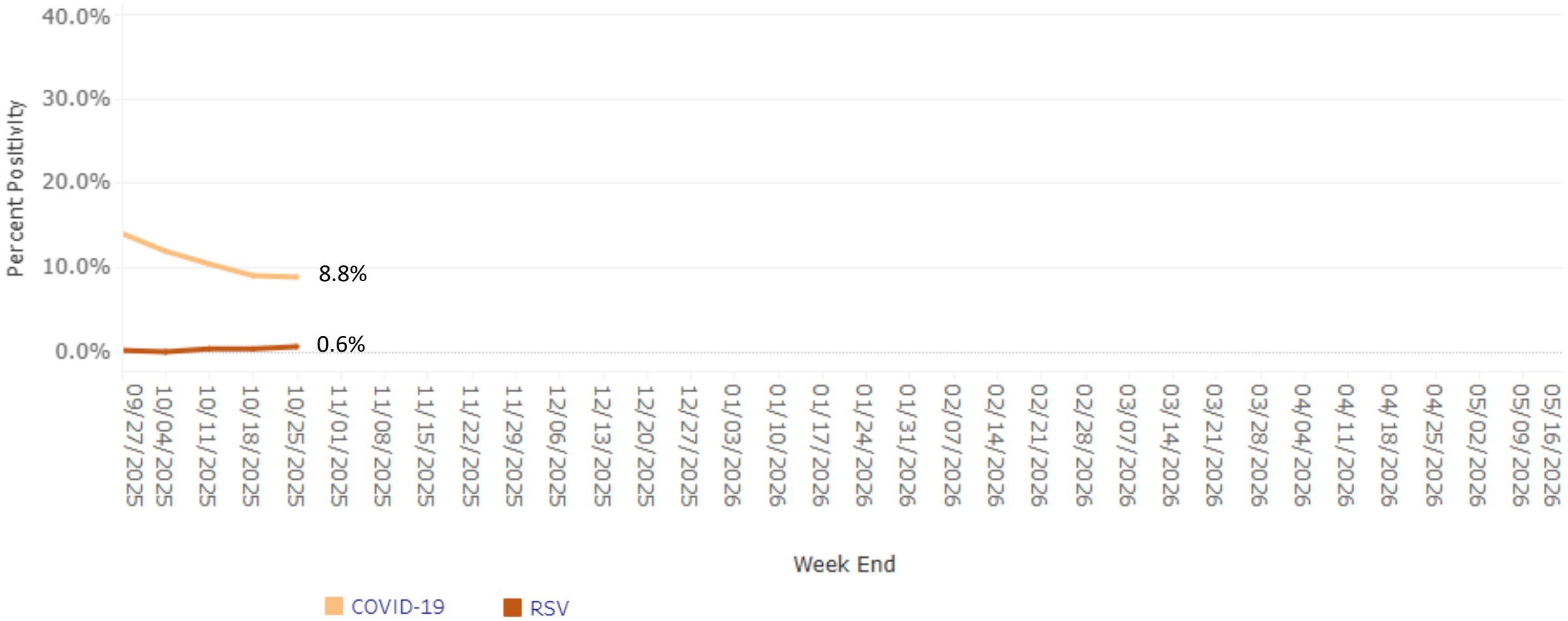
https://depts.washington.edu/labmed/pnw_respiratory_dashboard/

Proportion of Tests Positive for Respiratory Viruses in the Northwest — University of Washington and Seattle Children's Hospital, 2024-2025 (through 11/1)

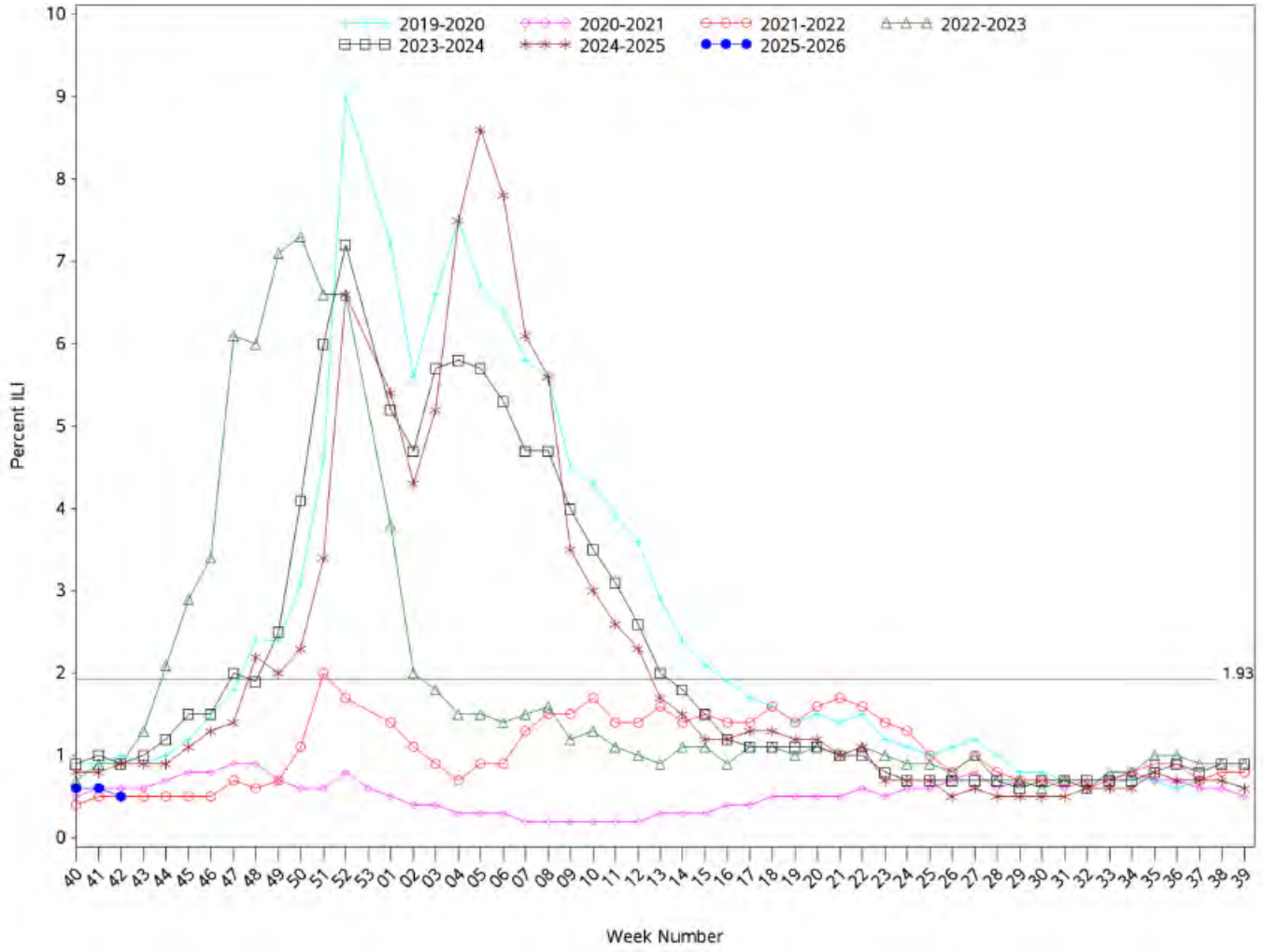


https://depts.washington.edu/labmed/pnw_respiratory_dashboard/

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 10/18) and Past Six Seasons



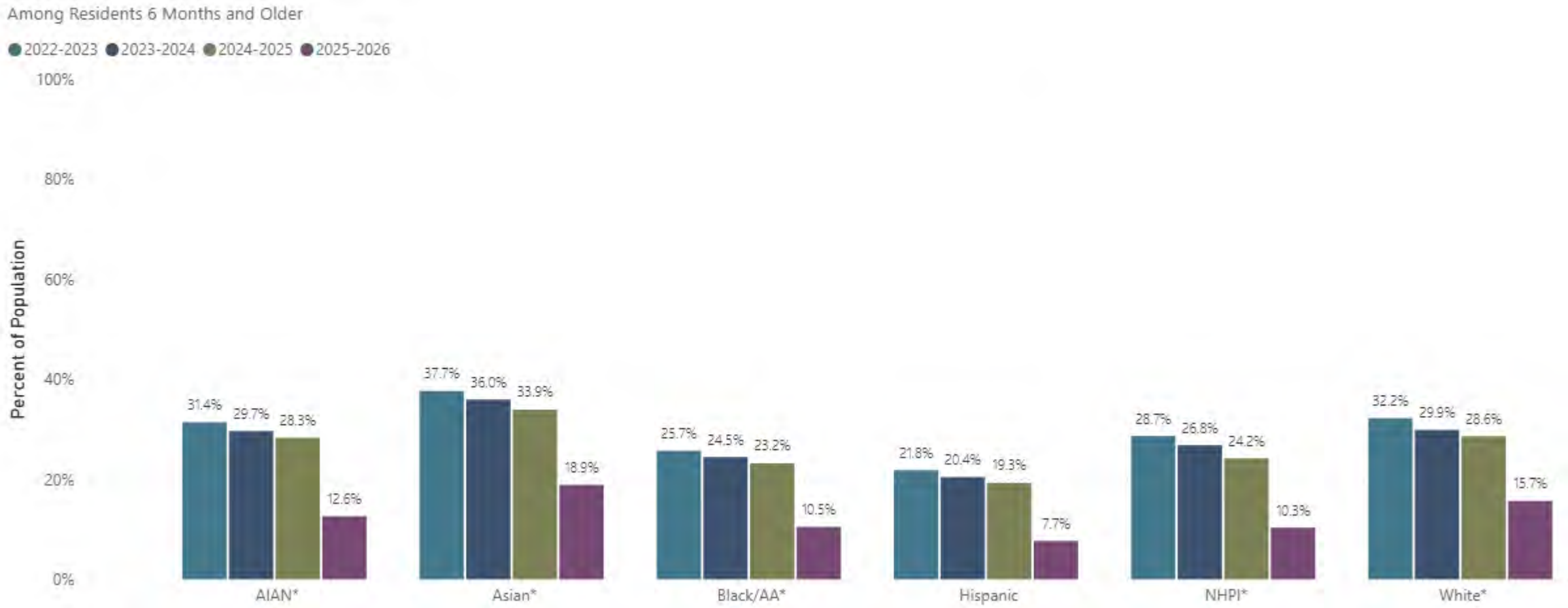
	% ILI Visits Week 41	% ILI Visits Week 42
Portland Area	0.3	0.3
National	0.6	0.5

Influenza Immunization Rates – IHS, Portland Area vs. Nationally, 2025-26 (through 10/18/25)

Age Group	% Vaccinated Portland Area	% Vaccinated Nationally
6 mo – 17 years	2.7	7.0
18+ years	8.7	10.4
65 + years	19.5	19.9
Overall (6 months +)	7.1	9.4

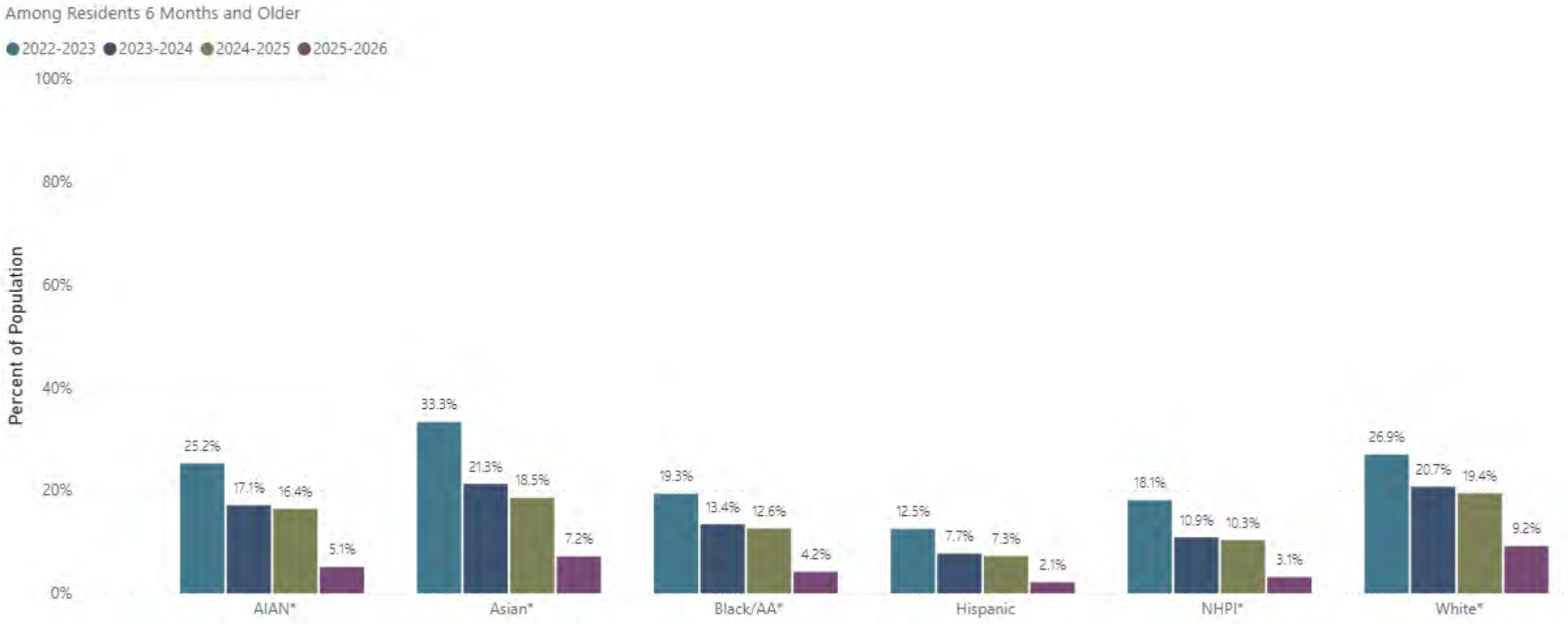
* % Vaccinated with at least one dose

Percent of People who Received and Influenza Vaccine by Race/Ethnicity — Washington State, Current (through 10/27) and Past 3 Seasons



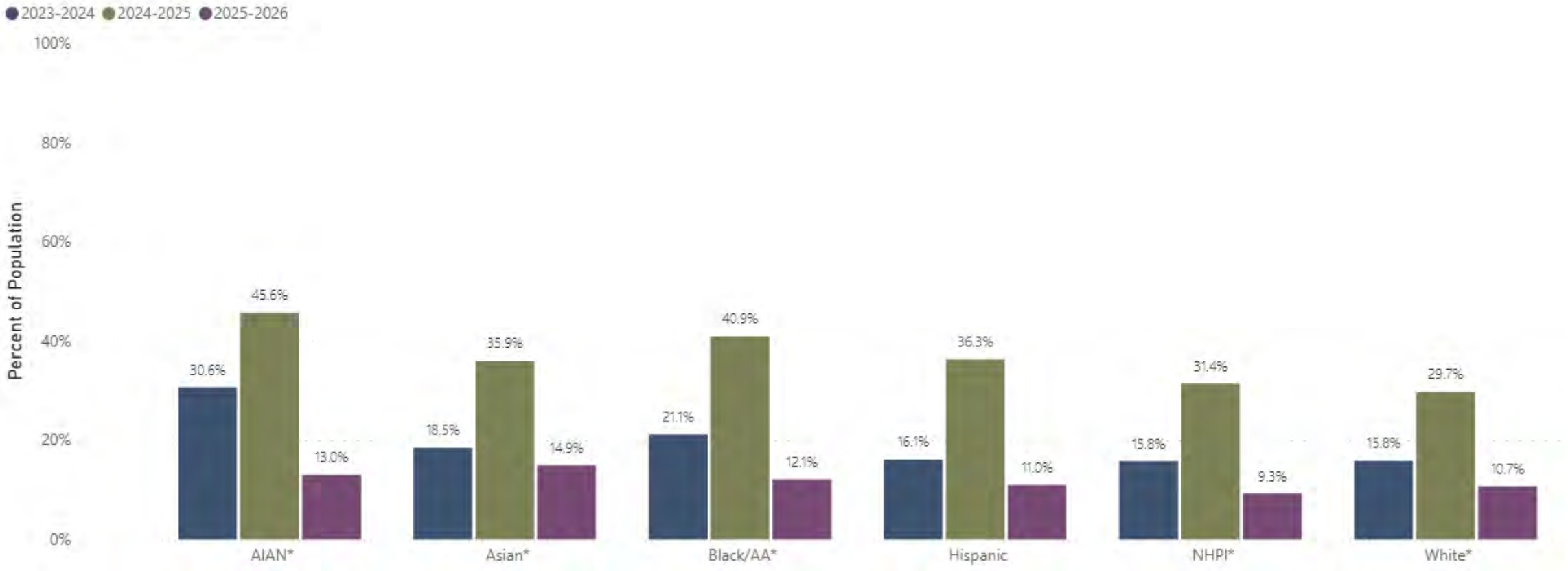
Washington DOH. Respiratory Immunization Data. Available at https://doh.wa.gov/data-statistical-reports/health-behaviors/immunization/respiratory-immunization-data

Percent of People who Received a COVID-19 Vaccine by Race/Ethnicity — Washington State, Current (through 10/27) and Past 3 Seasons



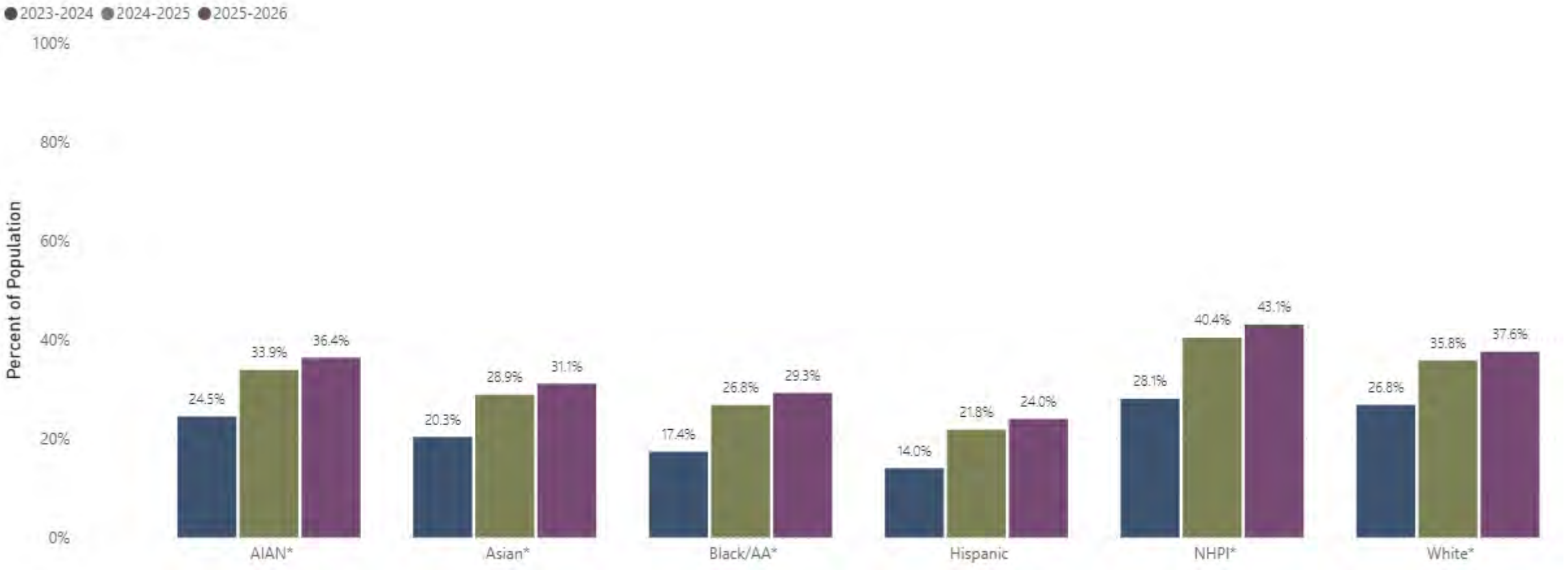
Washington DOH. Respiratory Immunization Data. Available at https://doh.wa.gov/data-statistical-reports/health-behaviors/immunization/respiratory-immunization-data

Percent of Infants 0-7 Months Old who Received a RSV Monoclonal Antibody by Race/Ethnicity — Washington State, Current (through 10/27) and Past 2 Seasons



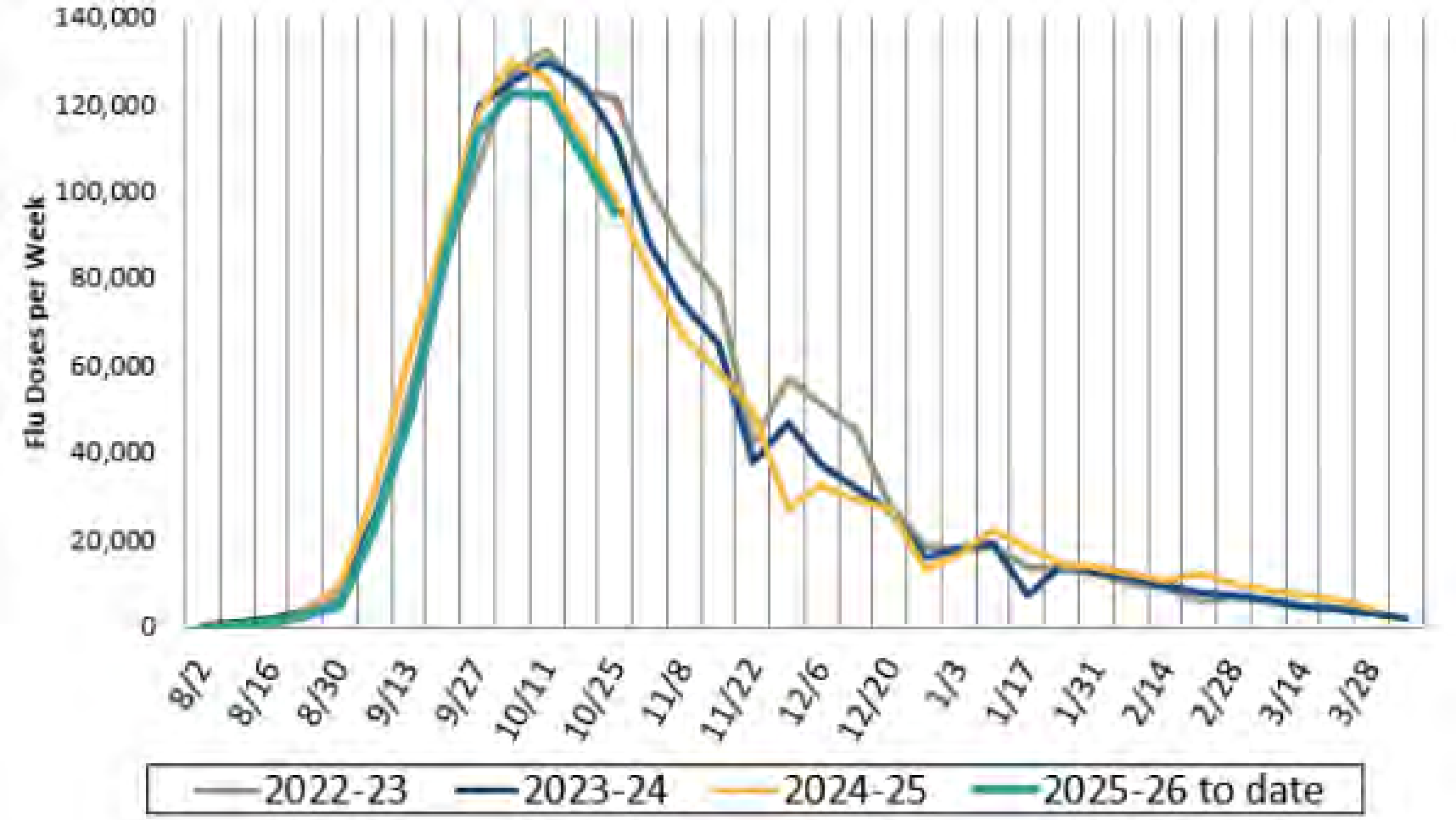
Washington DOH. Respiratory Immunization Data. Available at https://doh.wa.gov/data-statistical-reports/health-behaviors/immunization/respiratory-immunization-data

Percent of Adults ≥ 75 years old Ever Vaccinated for RSV by Race/Ethnicity — Washington State, Current (through 10/27) and Past 2 Seasons



Washington DOH. Respiratory Immunization Data. Available at https://doh.wa.gov/data-statistical-reports/health-behaviors/immunization/respiratory-immunization-data

Weekly Number of Influenza Immunizations Administered — Oregon, Current (through 10/25) and Past 3 Seasons



Oregon Health Authority. FluBites. Available at: https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/DISEASESURVEILLANCEDATA/INFLUENZA/Documents/data/FluBites.pdf

Summary

- Measles
  - Washington: 12 cases of measles among Washington State residents (King, Snohomish, Whatcom, and Spokane Counties), most related to international travel; no outbreak so far. Most recent case reported in King County on 10/28, linked to a traveler from Arizona on the same plane.
  - Idaho: Eight cases among Idaho residents have been reported (Bonneville, Kootenai, Bonner, and Boundary Counties). Most recent case reported in Boundary County on 10/29.
  - 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.
  - US: 1,648 measles cases in 41 states (through 10/28) with 3 deaths. 92% unvaccinated or with unknown vaccination status. 87% of cases associated with one of 43 outbreaks.
- COVID-19, Influenza, and RSV: Still early in respiratory virus season with low levels of activity.
- AI/AN have a higher risk of more severe disease due to influenza, COVID-19, and RSV, yet vaccination coverage is limited (Influenza: 7.1% for Portland Area IHS (10/18), 12.6% for WA (10/27); COVID-19: 5.1% for WA; RSV: 36% (75+), monoclonal antibody (0-7 months): 13%.
- 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.

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 (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).

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

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; Protecting Babies from RSV: What You should Know; RSV & Adults: What You Should Know); Influenza: 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 SickIndian Country ECHO/UNM Project ECHO: Making a Strong Vaccine Recommendation: Vaccine Communication; RSV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Questions

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