NPAIHB Weekly Update

December 9, 2025

NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Agenda

- Welcome & Introduction: Bridget Canniff
- NPAIHB Announcements, Events, & Resources
- Roles of GLP1, Benefits & Pitfalls: Dr. Frank James, Lummi
- 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

- **NW Elders, Knowledge Holders & Culture Keepers ECHO** – 2nd Tuesday of every month at 12pm PT
  - Tuesday, December 9th at 12pm PT
  - Didactic Topic: *NW NARCH Elder Health Project Update*
  - To join via Zoom: https://echo.zoom.us/j/82466510555?pwd=JPP3b5k9wU2dFHTxyDs7Pn7CWl5Bba.1

- **Trauma Rounds ECHO** – 2nd Wednesday of every month at 6:30am PT
  - Wednesday, December 10th at 6:30am PT
  - Didactic Topic: *Management of Acute Rib Fractures in the Trauma Patient*
  - To join via Zoom: https://echo.zoom.us/j/93729666650?pwd=bFhTZnA4NnlqTmR6Ylg4bnM1R1lZQT09

Upcoming Indian Country ECHO Telehealth Opportunities

- **Journey to Health ECHO** – 2nd & 4th Thursday of every month at 7am/12pm PT
  - Thursday, December 11th at 7am PT
  - Didactic Topic: *Environmental Exposures in Indigenous Communities and Connections to Health*
  - To join via Zoom: https://echo.zoom.us/j/93413601610?pwd=YVhMN1NUNllYWHZUZk1CUnF0TEY5QT09

- **Clinical Dementia ECHO** – 2nd Thursday of every month at 11am PT
  - Thursday, , December 11th at 11am PT
  - Didactic Topic: *Case Study Questions/Ask an Expert*
  - To join via Zoom: https://echo.zoom.us/j/99454243940?pwd=NG9aWGUvRTdKSmgwTGlldklmVDRWUT09

- **Diabetes ECHO** – 2nd Thursday of every month at 12pm PT
  - Thursday, , December 11th at 11am PT
  - Didactic Topic: *Diabetes & HCV*
  - To join via Zoom: https://zoom.us/j/91887405371?pwd=ekFJTUJiV2hWQ0ZPZEwrUDQ4eGxTZz09

Upcoming HNY CoP Sessions:

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.

NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Save the Date!

NPAIHB Quarterly Board Meeting

January 13-15, 2026

Portland, Oregon & via Zoom (Hybrid)

Register here by Friday, December 12
Hotel block available to book here through Sunday, December 14

NPAIHB Weekly Update Schedule

- December 16: N CREW Research Focus – Data Sovereignty & Data Sharing
- December 23: No Weekly Update

Happy Holidays!

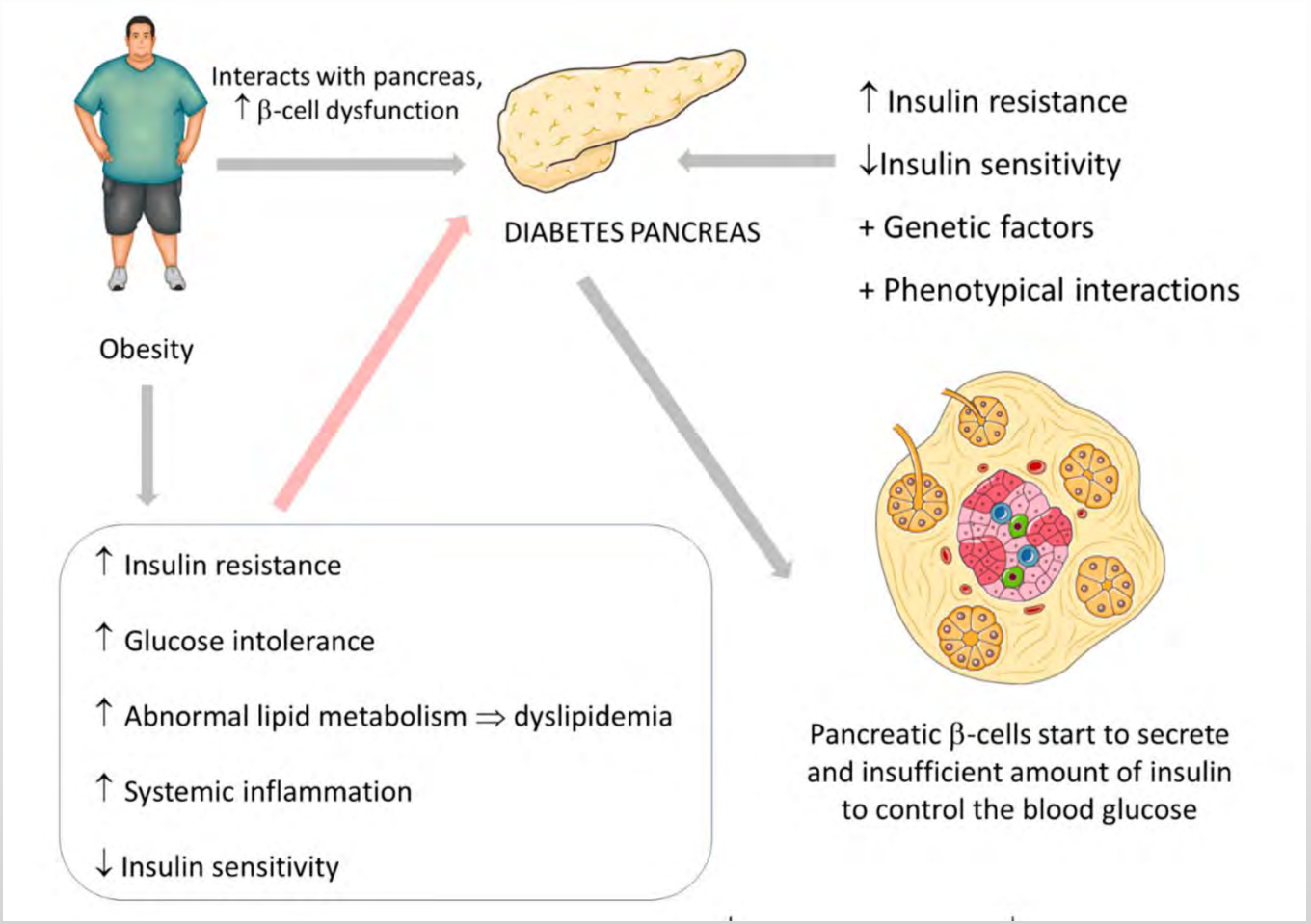
GLP-1 RA
GLUCAGON-LIKE PEPTIDE-1 RECEPTOR AGONISTS

FRANK JAMES MD
LUMMI NATION
HEALTH OFFICER

OZEMPIC (SEMAGLUTIDE)

- Developed to treat Type 2 diabetes
- Lower the risk of heart attack, stroke
- Lower the risk of worsening kidney problems and heart-related death in Type 2 diabetes and chronic kidney disease (CKD)

DIABETES


Interacts with pancreas,
↑ β-cell dysfunction
DIABETES PANCREAS
↑ Insulin resistance
↓Insulin sensitivity
+ Genetic factors
+ Phenotypical interactions
Obesity
↑ Insulin resistance
↑ Glucose intolerance
↑ Abnormal lipid metabolism ⇒ dyslipidemia
↑ Systemic inflammation
↓ Insulin sensitivity
Pancreatic β-cells start to secrete and insufficient amount of insulin to control the blood glucose

HOW OZEMPIC (SEMAGLUTIDE) WORKS

- Ozempic (semaglutide) a glucagon-like peptide-1 (GLP-1) agonist.
- It acts like the natural GLP-1 hormone . This hormone helps lower your blood sugar by:
  - making pancreas release more insulin
  - reducing the sugar made by liver
  - slowing down digestion
- Medication also reduces weight, lower blood pressure, and lowers inflammation which, can help protect both heart and kidneys

WHAT ARE THE SIDE EFFECTS OF OZEMPIC (SEMAGLUTIDE)?

Common Side Effects

- Nausea (16-20%)
- Diarrhea (9%)
- Vomiting (5-9%)
- Stomach pain (6-7%)
- Constipation (3-5%)

Other Side Effects <3%

- Indigestion
- Burping
- Gas
- Acid reflux
- Injection-site reactions
- Fast heart rate
- Tiredness
- Unusual taste in the mouth
- Dizziness

SERIOUS ADVERSE EVENTS

- **Risk of thyroid tumors:** lump in the neck, trouble breathing or swallowing, hoarseness
- **Vision changes (diabetic retinopathy)**: vision loss, blurred vision, floaters, seeing dark spots
- **Pancreatitis:** stomach or back pain that won't go away
- **Low blood sugar (hypoglycemia):** shaking, sweating, dizziness, confusion, blurred vision
- **Kidney problems:** changes in urination, swollen feet or ankles, tiredness, nausea
- **Severe stomach problems**: nausea, vomiting, diarrhea, bloating, heartburn
- **Gallbladder problems:** pain in stomach, fever, yellowing eyes, clay-colored stool
- **Serious allergic reaction:** trouble breathing, rash, hives, swollen face, fast heartbeat,

WHAT ARE POSSIBLE ADDITIONAL BENEFITS?

- Prevent Heart failure (with preserved ejection fraction)
- Semaglutide superior to placebo in improving heart failure-related symptoms an and reducing bodyweight in participants with obesity-related heart failure with preserved ejection fraction. Pooled analysis of 2 trials
- Reduction in major adverse cardiovascular events
  - MI
  - stroke

WHAT ARE POSSIBLE ADDITIONAL BENEFITS?

- Improved Renal function and CV function (GLP1+ GIP even better)
- Improvement in kidney outcomes: treatment with tirzepatide (GLP1 + GIP) was associated with significantly lower hazards of all-cause mortality and major adverse cardiovascular and kidney events compared with GLP-1
- **Glucose-dependent Insulinotropic Polypeptide (GIP)**
- Gastric inhibitory polypeptide (GIP)
- **Mounjaro** T2D **Zepbound** weight and sleep apnea.

WHAT ARE POSSIBLE ADDITIONAL BENEFITS?

- MASH, or metabolic dysfunction–associated steatohepatitis
- GLP-1RAs demonstrate benefit in patients with liver diseases
- The efficacy may depend on disease stage (e.g., presence of cirrhosis) and dosing regimens, highlighting the need for further studies

HOW COMMON IS MASLD?

- MASLD is the most common chronic liver condition in the United States. It’s estimated that about, most common cause for liver transplantation
- 25 percent of adults in the U.S. 38% globally
- Metabolic dysfunction-associated steatotic liver disease (**MASLD**) is the new name for nonalcoholic fatty liver disease (NAFLD)

PRELIMINARY EVIDENCE OF BENEFIT OF GLP-1: NEUROPROTECTIVE

- Potential reduction in neurodegenerative disease risk.
- Two large-scale trials to investigate the disease-modifying potential of semaglutide in participants with early-stage symptomatic AD
- The trials will provide data on the potential disease-modifying effects of semaglutide and will be important in evaluating its utility in the treatment of early-stage symptomatic AD

PRELIMINARY EVIDENCE OF BENEFIT OF GLP-1: NEUROPROTECTIVE

- Evoke trials complete in Sept 2026
- Demonstrated reduced risk in T2D patients of:
  - all-cause dementia
  - dementia due to AD

BUT recently completed prospective study does not show benefit for those with early AD!

https://pmc.ncbi.nlm.nih.gov/articles/PMC12372146/

Mechanisms of GLP-1 in Modulating Craving and Addiction: Neurobiological and Translational Insights

PRELIMINARY EVIDENCE OF BENEFIT OF GLP-1: SUBSTANCE USE DISORDER

Substance/Behavior	Preclinical Findings	Clinical Findings
Alcohol	↓ Ethanol intake, conditioned place preference, stress-induced reinstatement via VTA and NAc GLP-1R activation; ↓ DA release; and ↓ locomotor stimulation	Exenatide notably decreased heavy drinking days and overall alcohol consumption in a subgroup of obese patients (NCT03232112).Low-dose semaglutide shows initial evidence of reducing craving and some drinking outcomes, warranting larger trials for alcohol use disorder (NCT05520775).

PRELIMINARY EVIDENCE OF BENEFIT OF GLP-1: SUBSTANCE USE DISORDER

Substance/Behavior	Preclinical Findings	Clinical Findings
Nicotine	↓ Self-administration, cue-reactivity, hyperlocomotion; ↓ extracellular DA in NAc	GLP-1RAs reduced post-cessation weight gain, potentially supporting smoking cessation. Further randomized control trial (RCT) studies with a larger cohort are needed.Actively recruiting RCT with larger cohort: NCT05610800.

PRELIMINARY EVIDENCE OF BENEFIT OF GLP-1: SUBSTANCE USE DISORDER

Substance/Behavior	Preclinical Findings	Clinical Findings
Cocaine	↓ Cocaine-induced hyperlocomotion, DA overflow, and reinstatement behavior via NAc shell and lateral septum GLP-1Rs	No reduction in self-administration, euphoria, or craving after a single low-dose exenatide in CUD patients (RCT). Hormonal changes observed. The study is limited by acute dosing and a small sample. Actively ongoing RCTs such as NCT06252623 and NCT06691243.

PRELIMINARY EVIDENCE OF BENEFIT OF GLP-1: SUBSTANCE USE DISORDER

Substance/Behavior	Preclinical Findings	Clinical Findings
Food Addiction/Overeating	↓ Binge-like intake of high-fat/high-sugar foods; ↓ operant responding for sucrose; ↓ cue-potentiated feeding; and modulation of hypothalamic and mesolimbic circuits	semaglutide was associated with reduced reward-driven eating in observational studies.Liraglutide also significantly reduced binge eating scores and body weight in non-diabetic obese individuals, alongside improvements in metabolic and cardiovascular markers (NCT01739049). Actively ongoing RCT: NCT07042672.

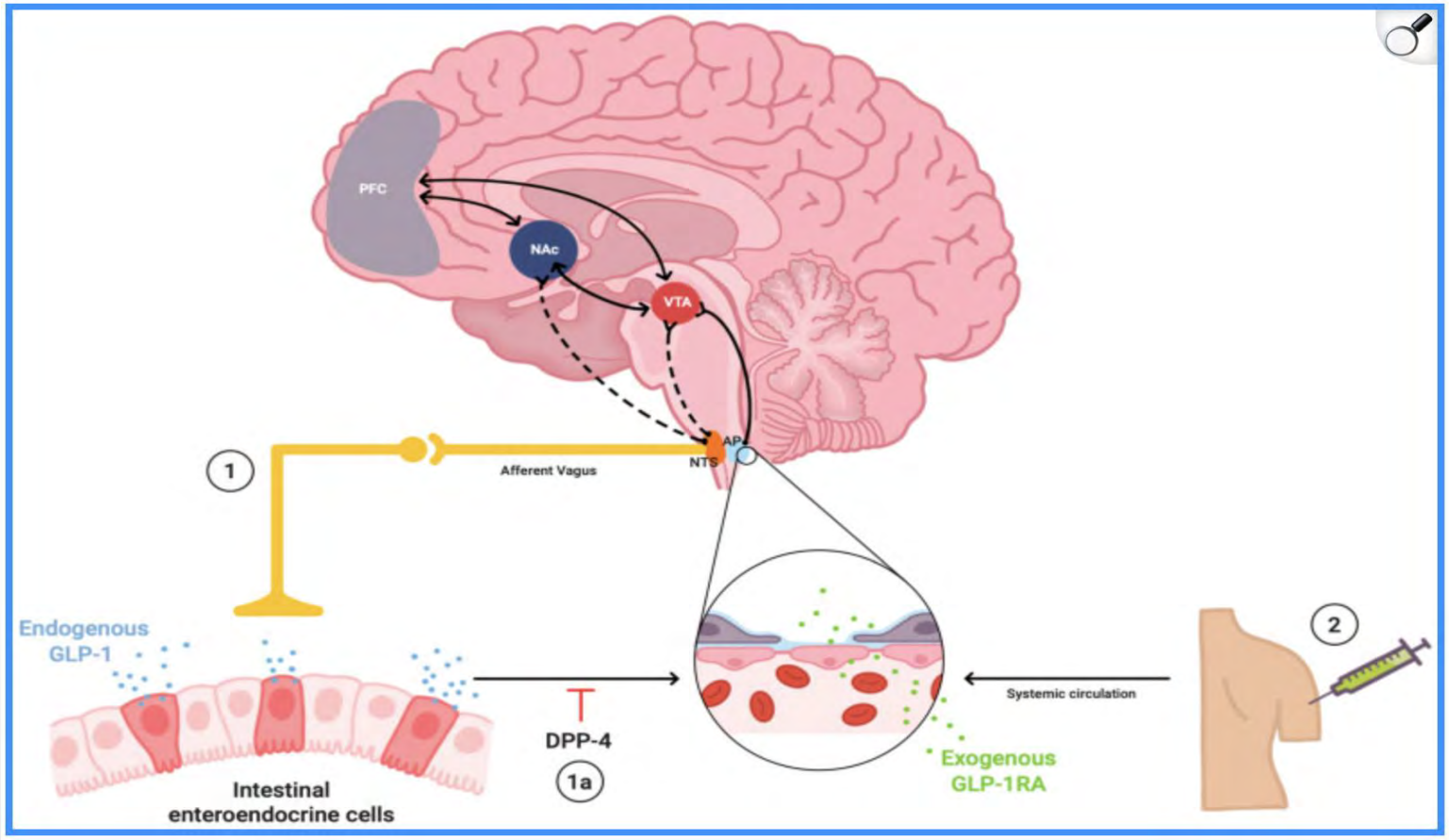
PRELIMINARY EVIDENCE OF BENEFIT OF GLP-1: SUBSTANCE USE DISORDER

Substance/Behavior	Preclinical Findings	Clinical Findings
Opioids	↓ Heroin, fentanyl, and oxycodone self-administration and reinstatement (cue-, drug-, stress-induced) via NAc shell and CeA; DPP-4 inhibition reduces withdrawal and anxiety symptoms	↓ Opioid craving by ~40% with liraglutide in individuals with OUD (preliminary RCT, NCT04199728; AAAS 2023 presentation); results pending peer-reviewed publication.

PRELIMINARY EVIDENCE OF BENEFIT OF GLP-1: SUBSTANCE USE DISORDER

(1) activation of vagal afferent fibers that project to the Nucleus Tractus Solitarius, (NTS)

(2) entry into the bloodstream, where it can access central structures such as the area postrema (AP), a circumventricular organ lacking a complete blood–brain barrier (BBB)



Semaglutide mimics and amplifies the exogenous pathway. Central GLP-1R activation in mesolimbic and mesocortical circuits, including the ventral tegmental area (VTA), nucleus accumbens (NAc), and prefrontal cortex (PFC), modulates dopaminergic, glutamatergic, and GABAergic signaling, thereby reducing reward sensitivity, craving, and substance-seeking behaviors, while also enhancing satiety and impulse control.

FEW TREATMENT OPTIONS FOR SUD

Current FDA- and EMA-approved pharmacological treatments for alcohol and substance use disorders

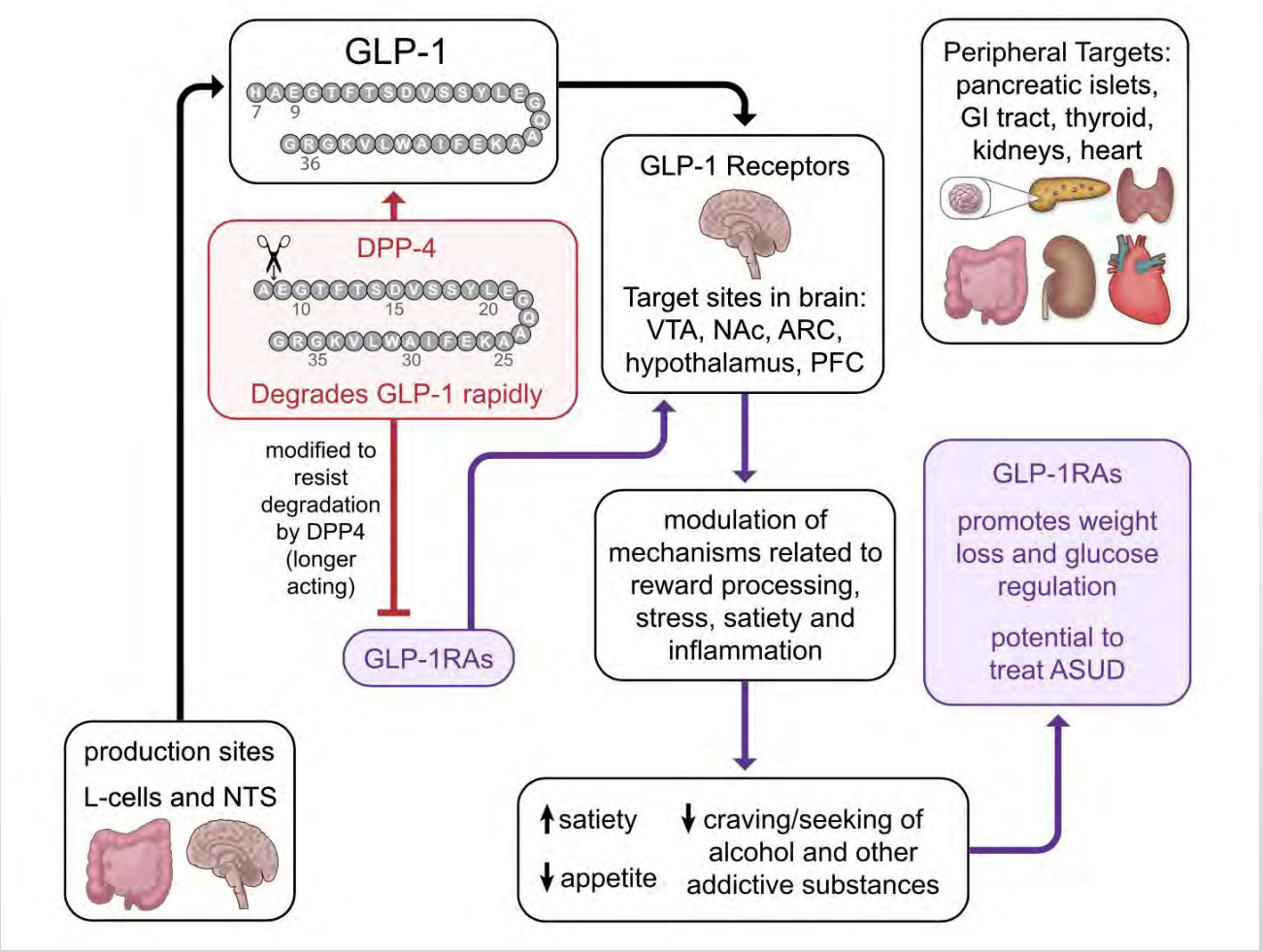
SUD	FDA and EMA approved	Reference
Alcohol (AUD)	Disulfiram, acamprosate, naltrexone, nalmefene (only EMA-approved)	Kranzler & Soyka, 2018
Cocaine (CUD)	No approved medications	Kampman, 2019
Stimulants	No approved medications	Lee et al., 2018
Opioids (OUD)	Opioid agonist therapy: methadone and buprenorphine, naltrexone, supervised injectable heroin (few countries)	Wang et al., 2019; European Monitoring Centre for Drugs and Drug Addiction, 2012
Nicotine	Bupropion, varenicline Nicotine replacement therapies: lozenges, patch, gum, spray, inhaler	Prochaska & Benowitz, 2016

PRELIMINARY EVIDENCE OF BENEFIT OF GLP-1: ALCOHOL CESSATION

- Reduced desire to drink with semaglutide has raised interest regarding potential therapeutic benefits for alcohol use disorders
- Retrospective cohort study electronic health records 83,825
- Patients with obesity, semaglutide compared with other anti-obesity medications had 50%-56% lower risk for incidence and recurrence of alcohol use disorder
- Consistent reductions were seen by gender, age group, race and with or without type 2 diabetes
- Similar findings are replicated in the study population with 598,803 patients with type 2 diabetes

PRELIMINARY EVIDENCE OF BENEFIT OF GLP-1: ALCOHOL CESSATION

Journal of the Endocrine Society, 2025, 9, bvaf141
https://doi.org/10.1210/jendso/bvaf141
9 October 2025

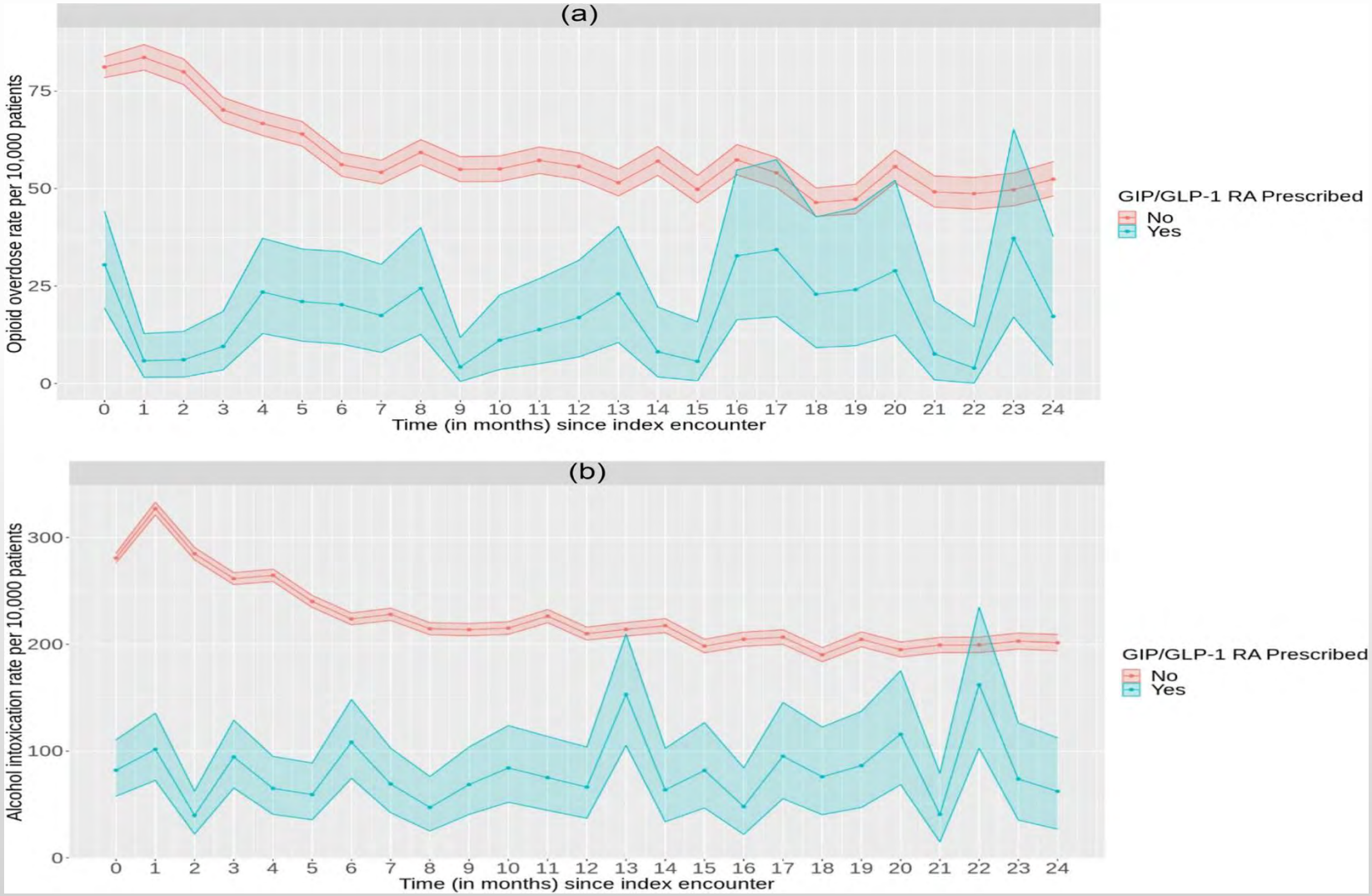


THE ASSOCIATION GLP1 AND/OR GIP PRESCRIPTIONS AND SUBSTANCE-RELATED OUTCOMES IN PATIENTS WITH OPIOID AND ALCOHOL USE DISORDERS

Addiction, Volume: 120, Issue: 2, Pages: 236-250,
First published: 16 October 2024, DOI:
(10.1111/add.16679)

Opioid Overdose

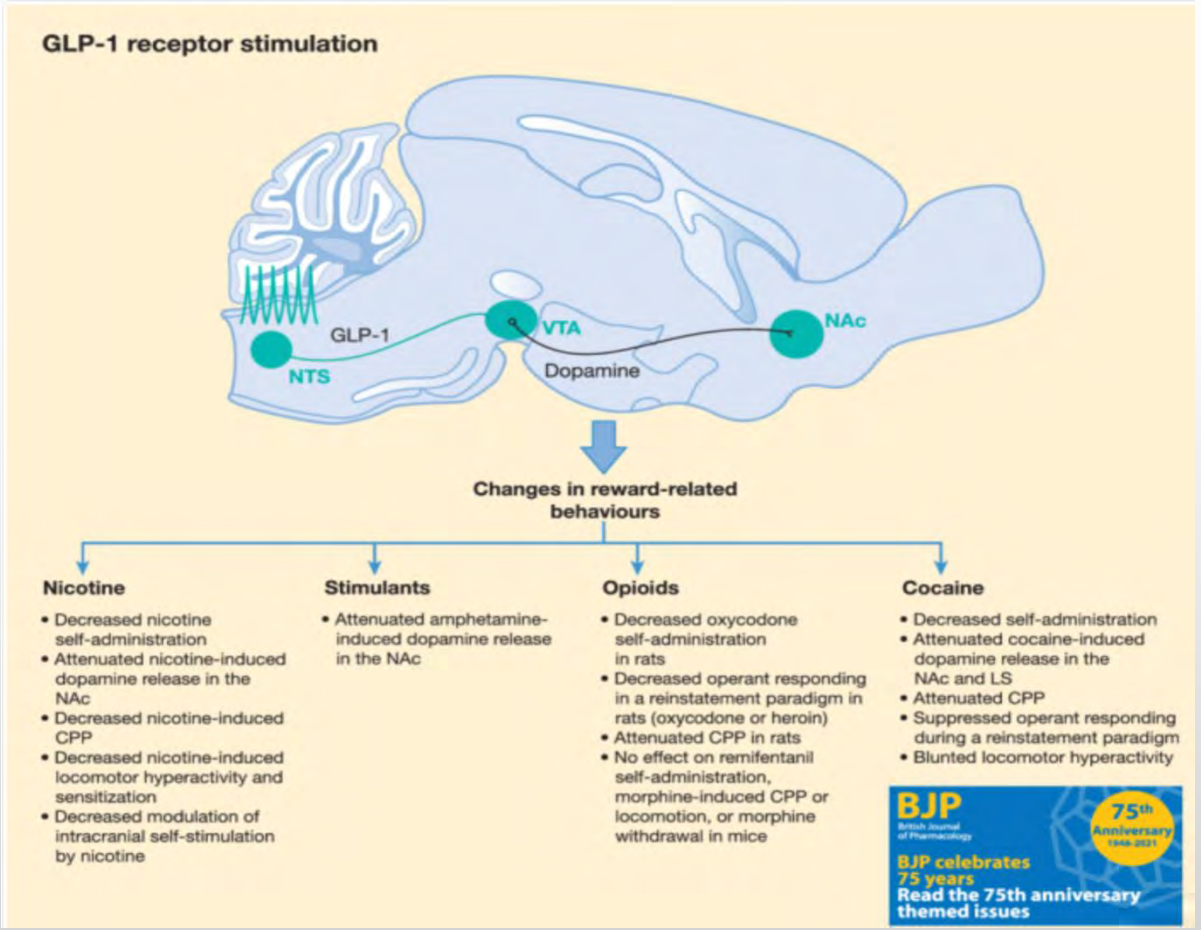
Alcohol Intoxication



https://pmc.ncbi.nlm.nih.gov/articles/PMC8820218/

Hernandez et al. (2019). Role of GLP-1 Receptor Agonists in Addiction: Preclinical and Emerging Clinical Evidence. Diabetes, Obesity and Metabolism

PRELIMINARY EVIDENCE OF BENEFIT OF GLP-1: OPIOIDS



SIDE EFFECTS AND ADVERSE EVENTS: GASTROINTESTINAL ISSUES

- The most common side effects observed for T2D dose 0.5 to 1mg
  - Nausea (15-23%)
  - Vomiting (5-9%)
  - Diarrhea (8-14%)
  - Constipation (3-7%)
  - Abdominal Pain (5-7%)

  But there is considerable variability higher doses have more side effects

  https://diabetesjournals.org/clinical/article/31/4/148/31734/Practical-Use-of-Glucagon-Like-Peptide-1-Receptor

OVERVIEW OF OTHER SIDE EFFECTS

- **Diabetic Retinopathy Complications:** In a 2-year study, 3% experienced versus 1.8% taking placebo. The risk is higher in patients with a history of the condition.
- **Gallbladder Problems (e.g., gallstones):** Occurred in about 1.5%, 0.4% on placebo.
- **Pancreatitis (inflammation of the pancreas):** less than 1%
- **Thyroid C-cell Tumors:** In animal studies, the active ingredient in Ozempic (semaglutide) caused tumors; it is unknown if this occurs in humans.
- **Hypoglycemia (low blood sugar):** Monotherapy, (1-4% of patients). Risk increases when used with other diabetes medications: Insulin (up to 30%) and sulfonylureas (up to 24%)
- **Severe Allergic Reactions:** Rare, occurring in less than 1% of patients

https://doi.org/10.1001/jamaophthalmol.2024.2296

JAMA Ophthalmol Published Online: July 3, 2024
2024;142;(8):732-739. doi:10.1001/jamaophthalmol.2024.2296

SIDE EFFECTS AND ADVERSE EVENTS: NON-ARTERITIC ANTERIOR ISCHEMIC OPTIC NEUROPATHY (NAION)

- Semaglutide is associated with a higher risk of NAION:
  - Type 2 diabetes (x4.3)
  - Obesity (x7.6)
  - Higher risk of NAION for patients receiving semaglutide (hazard ratio [HR], 4.28; 95% CI, 1.62-11.29); $P < .001$).
  - This was an observational study, a randomize, placebo controlled study is needed to prove causality. NAION leads to vision loss. Estimates are 1 in 10,000

https://jamanetwork.com/journals/jama/fullarticle/2810542

Risk of Gastrointestinal Adverse Events Associated With Glucagon-Like Peptide-1 Receptor Agonists for Weight Loss

SIDE EFFECTS AND ADVERSE EVENTS: PANCREATITIS

- Increased risk of acute pancreatitis, not been conclusively proven

BUT

- This study found that use of GLP-1 agonists for weight loss compared with use of bupropion-naltrexone was associated with increased risk of pancreatitis, gastroparesis, and bowel obstruction but not biliary disease
- Given the wide use of these drugs, these adverse events, although rare, must be considered by patients who are contemplating using the drugs for weight loss

See next slide for detais

SIDE EFFECTS AND ADVERSE EVENTS: PANCREATITIS

Table 1. Characteristics of Semaglutide, Liraglutide, and Bupropion-Naltrexone Users

	Semaglutide	Liraglutide	Bupropion-naltrexone
No.	613	4144	654
Age, mean (SD), y	53.5 (11.9)	51.3 (12.2)	45.2 (11.1)
Sex, %			
Male	55.8	61.0	82.4
Female	44.2	39.0	17.6
Follow-up, median (IQR), y	0.6 (0.2-1.1)	1.7 (0.8-3.1)	1.7 (0.7-2.9)
Covariates, %			
Alcohol[a]	2.9	0.4	0.6
Smoking[a]	8.7	12.5	9.9
Hyperlipidemia[b]	55.6	22.8	11.5
Abdominal surgery[c]	0	0.12	0
US region			
Northeast	18.3	25.8	18.3
Southeast	34.6	26.1	34.6
Midwest	33.1	30.3	33.1
Southwest	0.2	2.6	0.3
West	13.9	15.3	12.4
Incidence (No.)[d]			
Biliary disease	11.7 (5)	18.6 (162)	12.6 (16)
Pancreatitis	4.6 (2)	7.9 (71)	1.0 (1)
Bowel obstruction	0	8.1 (73)	1.7 (2)
Gastroparesis	9.1 (4)	7.3 (66)	3.1 (3)

[a] Alcohol and smoking were defined as any codes for alcohol use or smoking in 1 year prior to cohort entry.

[b] Hyperlipidemia was defined as any code for hyperlipidemia or dyslipidemia in 1 year prior to cohort entry.

[c] Any abdominal surgery in previous 30 days.

[d] Incidence per 1000 person-years.

SIDE EFFECTS AND ADVERSE EVENTS: THYROID CANCER

- Potential risk of thyroid C-cell tumors, not been conclusively proven.
- Meta-analysis of 25 studies showed that liraglutide was not significantly associated with an increased risk of thyroid cancer (OR: 1.54, 95% CI: 0.40-6.02), and no thyroid malignancies were reported with exenatide

- BUT see French study that did find an association in a large population based review-- next slide

SIDE EFFECTS AND ADVERSE EVENTS: THYROID CANCER

Diabetes Care 2023;46(2):384–390 https://doi.org/10.2337/dc22-1148

The use of GLP-1 receptor agonists is associated with an increased risk of thyroid cancer

GLP-1 receptor agonists and the risk of thyroid cancer

Bezin J., Gouverneur A., Pénichon M., Mathieu C., Garrel R., Hillaire-Buys D., Pariente A., Faillie J-L.

Nationwide population-based study on French SNDS database

3,746,672 individuals with type 2 diabetes treated with second-line antidiabetes drugs between 2006-2018

2,562 cases of thyroid cancers

45,184 matched control subjects

	Case subjects *n* = 2,572	Control subjects *n* = 45,184	Adjusted hazard ratio (95%CI)*
GLP-1 receptor agonists			
No use	2,255 (88.0)	40,836 (90.4)	Reference
Cumulative use ≤1 year	117 (4.6)	1,767 (3.9)	1.22 (0.99 to 1.50)
Cumulative use 1-3 years	112 (4.4)	1,419 (3.1)	1.58 (1.27 to 1.95)
Cumulative use >3 years	78 (3.0)	1,162 (2.6)	1.36 (1.05 to 1.74)
DPP-4 inhibitors			
No use	1,522 (59.4)	27,406 (60.7)	Reference
Cumulative use ≤1 year	333 (13.0)	5,209 (11.5)	1.12 (0.99 to 1.28)
Cumulative use 1-3 years	310 (12.1)	5,918 (13.1)	0.96 (0.84 to 1.10)
Cumulative use >3 years	397 (15.5)	6,651 (14.7)	1.19 (1.04 to 1.35)

*Adjusted for social deprivation index, goiter, hypo- and hyperthyroidism in the last year, and use of other antidiabetes drugs in the last 6 years considered in therapeutic class.

Surv Ophthalmol 2023 NovDec;68(6):1071-1083. doi:10.1016/j.survophthal.2023.07.002.

GLP-1 receptor agonists and diabetic retinopathy: A meta-analysis of randomized clinical trials

SIDE EFFECTS AND ADVERSE EVENTS: RETINOPATHY **POTENTIAL RISKS**

Increased risk of early-stage retinopathy:

- Studies show increased risk developing new or worsening diabetic retinopathy particularly in studies with longer follow-up periods

Association with HbA1c reduction:

- One analysis suggests that a rapid and significant reduction in HbA1c levels, a common effect of GLP-1 RAs, may be associated with an increased risk of early-stage retinopathy.

Surv Ophthalmol 2023 NovDec;68(6):1071-1083. doi:10.1016/j.survophthal.2023.07.002.

GLP-1 receptor agonists and diabetic retinopathy: A meta-analysis of randomized clinical trials

SIDE EFFECTS AND ADVERSE EVENTS: RETINOPATHY **POTENTIAL BENEFITS**

Reduced risk of severe complications:

- Pre-existing diabetic eye disease, GLP-1 RAs have been linked to a **lower** risk of developing sight-threatening complications, including vitreous hemorrhage, neovascular glaucoma, and blindness.

Reduced risk of vision loss:

- The overall use of GLP-1 RAs is associated with a reduction in the risk of diabetic retinopathy leading to vision loss.

https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2790392

Association of Glucagon-Like Peptide-1 Receptor Agonist Use With Risk of Gallbladder and Biliary Diseases: A Systematic Review and Meta-analysis of Randomized Clinical Trials

SIDE EFFECTS AND ADVERSE EVENTS: GALLBLADDER DISEASE

- Gallbladder AEs in up to 3%
- Significantly increases the risk of **cholelithiasis** in patients with type 2 diabetes mellitus
- Gallbladder and biliary diseases 37% increased risk (RR 1.37, 95% CI 1.23-1.52), especially with higher doses and longer durations

https://www.kidneymedicinejournal.org/article/S2590-0595(20)30269-7/fulltext

Volume 3, Issue 2
P282-285March-April, 2021

Acute Kidney Injury Associated With Semaglutide

SIDE EFFECTS AND ADVERSE EVENTS: ACUTE KIDNEY INJURY

How GLP-1 RAs cause AKI

- **Dehydration**: Gastrointestinal side effects, such as vomiting and diarrhea, are common, lead to dehydration, which is a major cause of AKI
- **Dose escalation**: Most AKI cases occur within the first two months of starting a GLP-1 RA, often during the dose escalation period
- **Underlying conditions**: Patients with moderate to severe chronic kidney disease (CKD) may have a higher risk because they have less kidney reserve

https://ascpt.onlinelibrary.wiley.com/doi/ftr/10.1002/cpt.2430

Clinical Pharmacology & Therapeutics

Incretin-Based Drugs and Risk of Intestinal Obstruction Among Patients With Type 2 Diabetes

SIDE EFFECTS AND ADVERSE EVENTS: INTESTINAL OBSTRUCTION

- Observational study: GLP-1 RA associated with 69% increased risk of intestinal obstruction compared to SGLT-2 inhibitors
- Risk peaking after 1.6 years of use
- Causality not established

Partner Updates

Portland Area IHS Communicable Diseases Update

TARA PERTI, MD, MPH

MEDICAL EPIDEMIOLOGIST

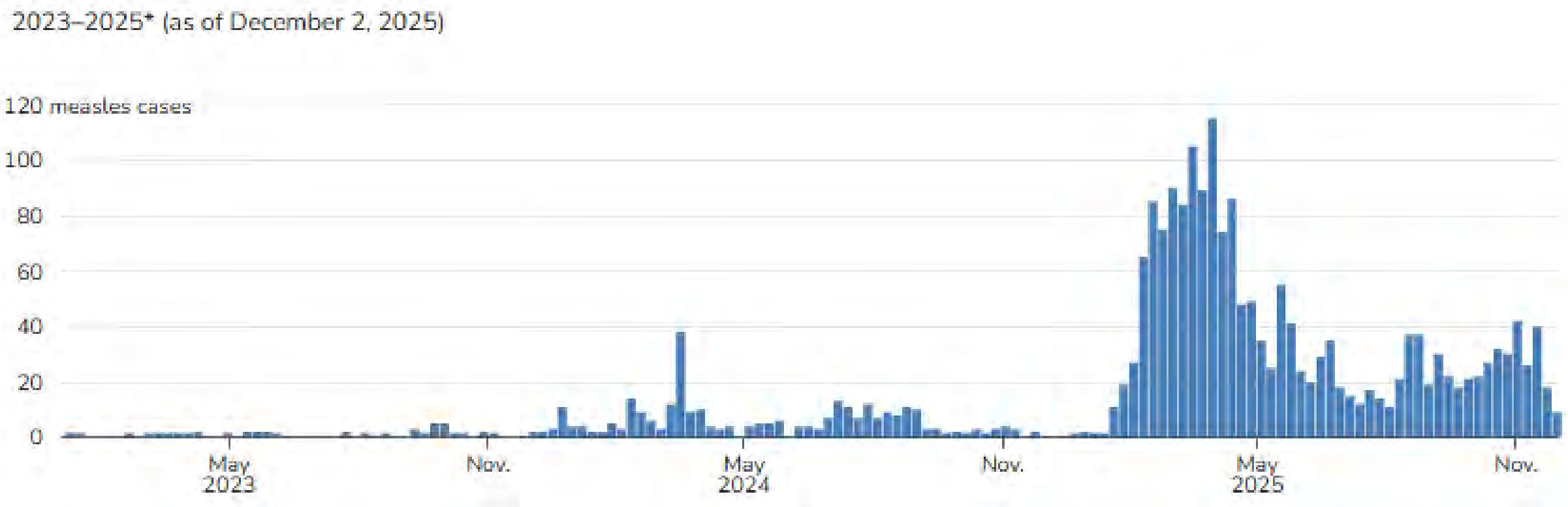
IHS, PORTLAND AREA OFFICE

December 9, 2025

Outline

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

Measles – United States, 2023-2025 (through 12/2)



Rash Onset Date

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

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

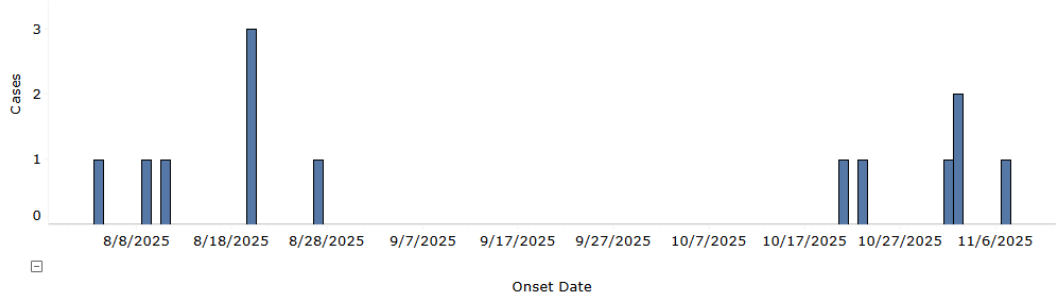
*On October 17, 2025 Public Health Seattle King County reported that an unvaccinated resident of Arizona was diagnosed with measles. There have also been a total of six cases among travelers to Washington State, who are not residents of Washington State.

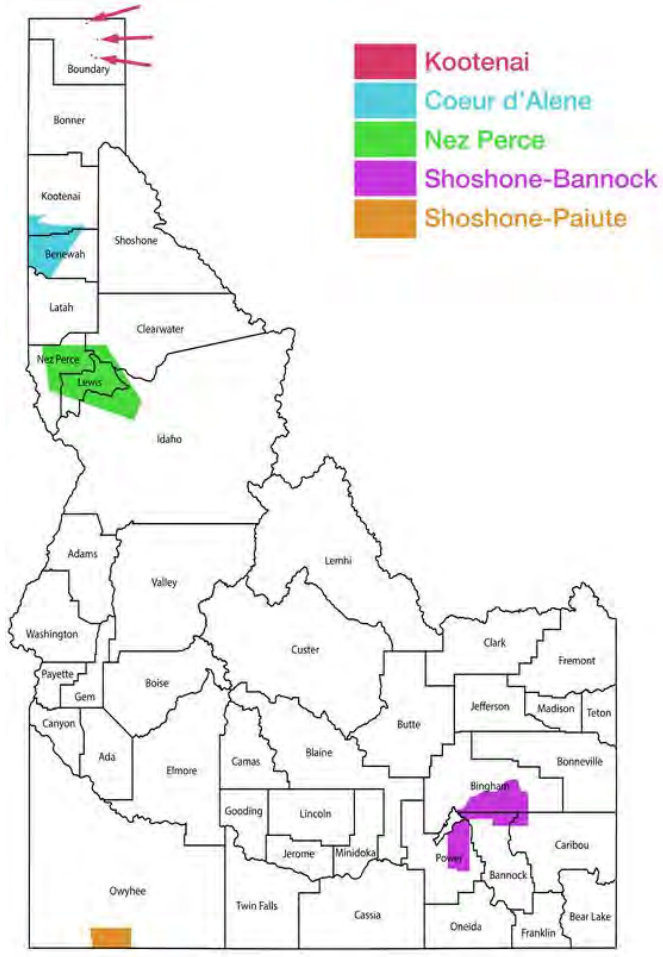
Washington State Department of Health. Measles Cases in Washington State 2025. Available at: https://doh.wa.gov/you-and-your-family/illness-and-disease-z/measles/measles-cases-washington-state-2025

Measles — Idaho, 2025 (N=13)

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)
~11/10/25	Boundary (Panhandle Health District)	3 additional cases	Same Household
~11/19/25 (last case with illness onset on 11/7)	Boundary (Panhandle Health District)	2 additional cases	Same Household

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





Map of Tribal Lands and Counties in Idaho
Source: PBS Learning Media

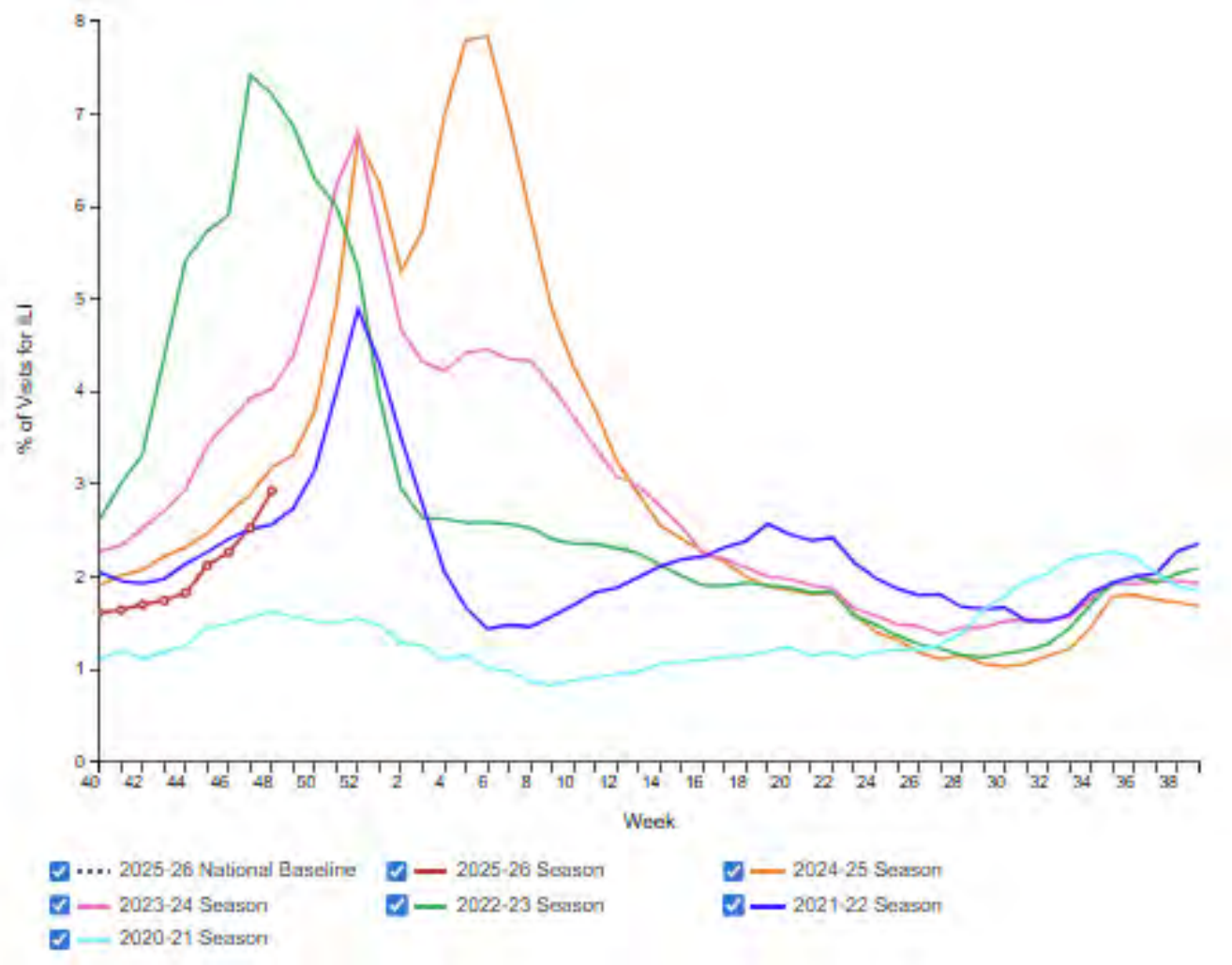
Idaho Department of Health and Welfare. Tracking Measles in Idaho. Available at: https://public.tableau.com/app/profile/idaho.division.of.public.health/viz/TrackingIdahoMeasles/StatewideSummary?publish=yes!
Idaho Department of Health and Welfare. Measles. Available at: https://healthandwelfare.idaho.gov/health-wellness/diseases-conditions/measles

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 and Josephine County on 10/30. No cases reported.

Percentage of Outpatients Visits for **Influenza-like Illness (ILI)** — United States (through week 48, 11/29/25)

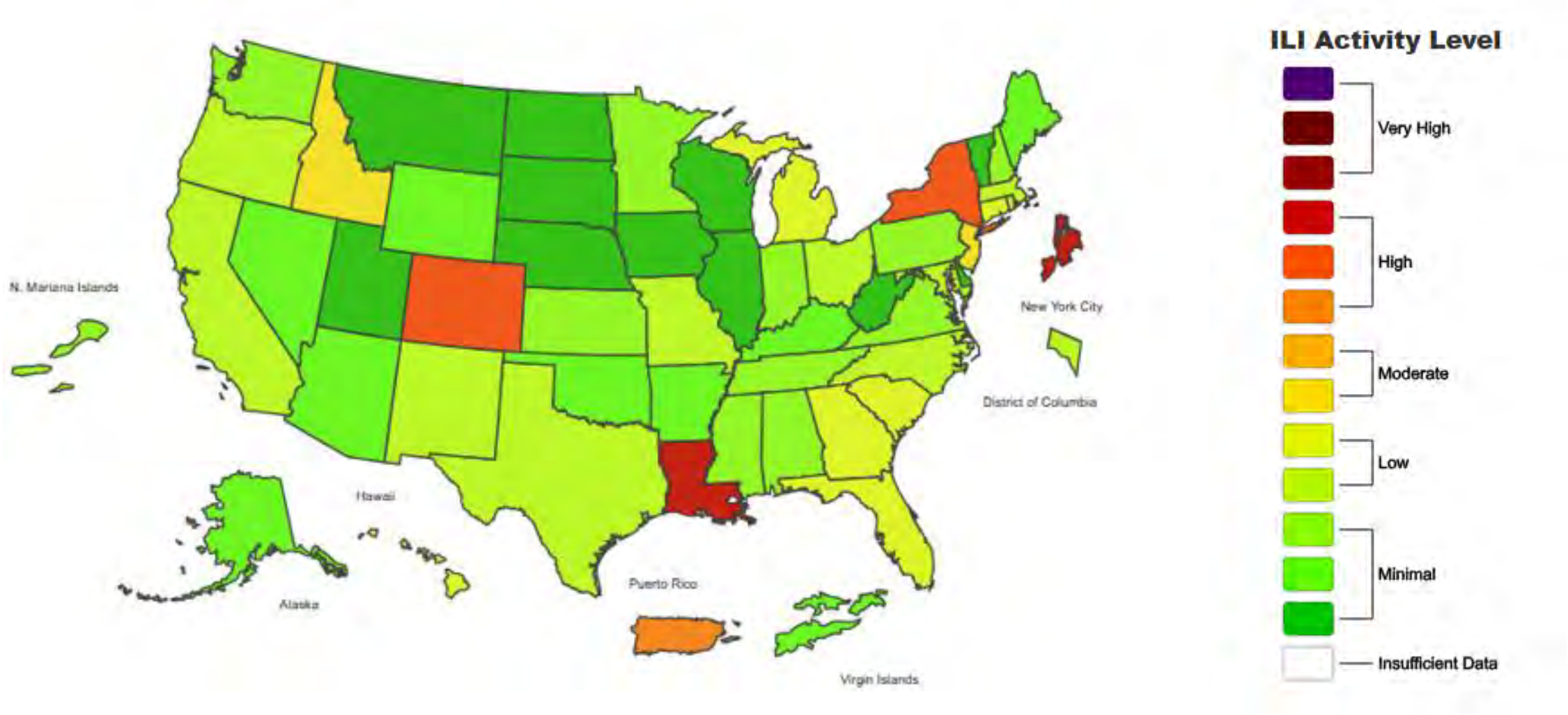


Influenza Subtyping

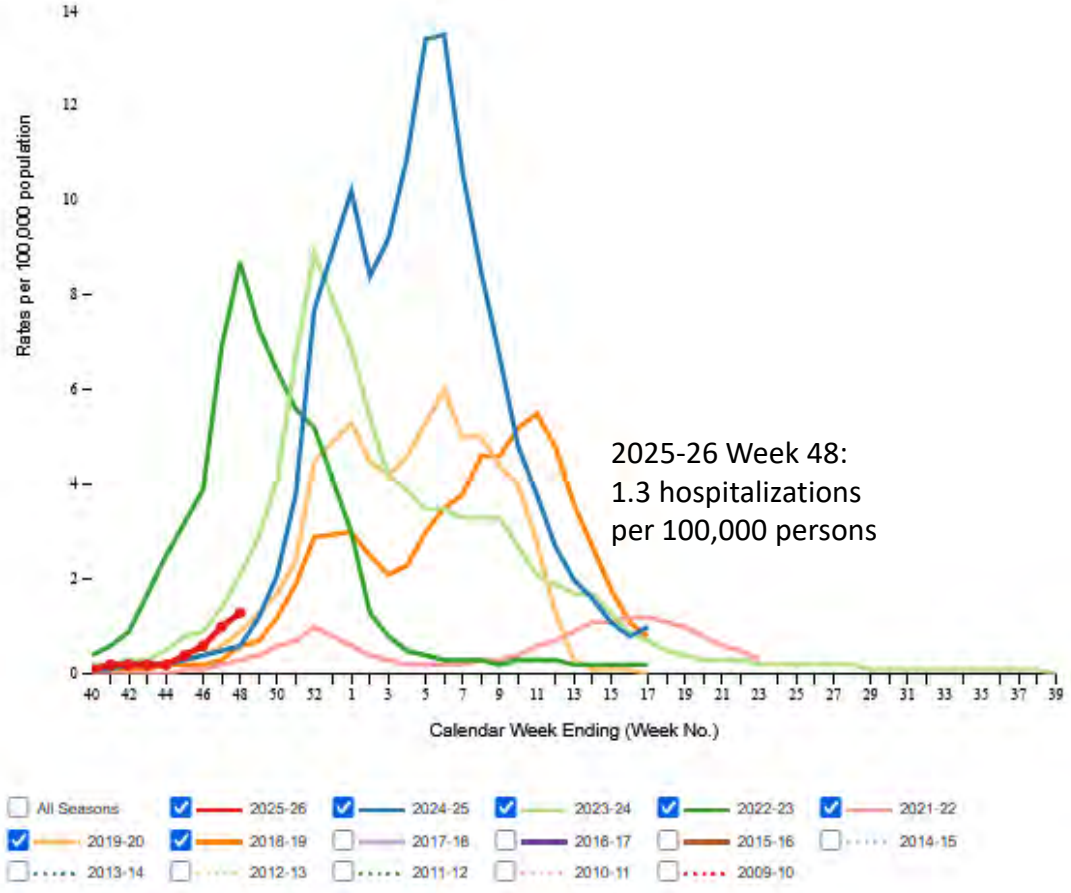
	Week 48	Cumulative for 2025-26 Season
Influenza A	98.0%	95.4%
H3N2	84.3%	76.8% (86.8% subclade K, 4.4% J.2.4, 3.3% J.2.3)
H1N1	28.3%	37.2%
H5	0	0.1% (one patient)
Influenza B	2.0%	4.6%

CDC. FluView. Weekly US Influenza Surveillance Report. Available at: https://www.cdc.gov/fluview/surveillance

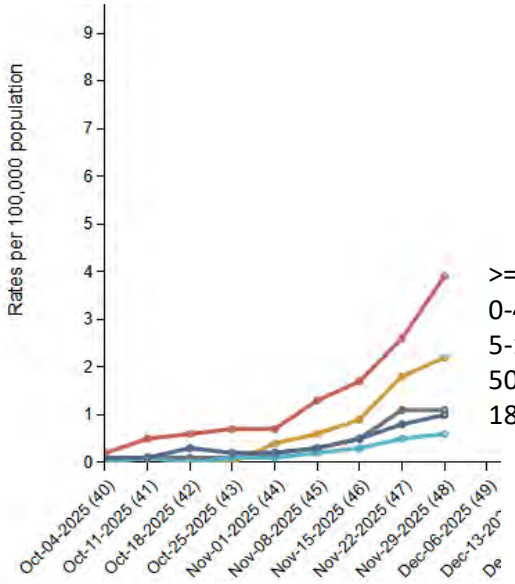
ILI Activity — United States, 2025 (Week 48)



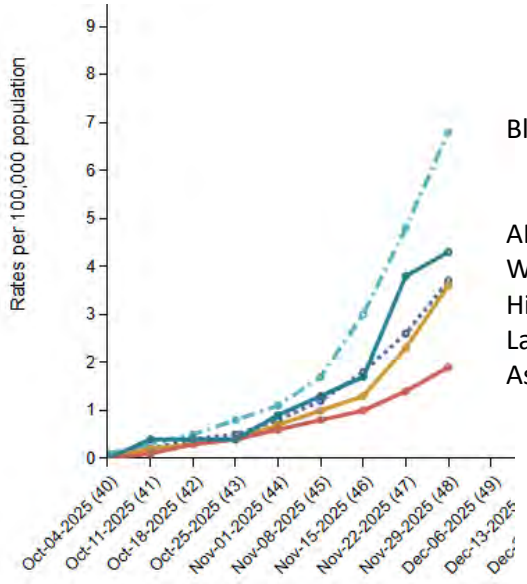
Hospitalizations Associated with Influenza — United States (FluSurv-Net), 2025-26 (through Week 48)



2025-26 Week 48:
1.3 hospitalizations
per 100,000 persons



>=65 y: 3.9
0-4 y: 2.2
5-17 y: 1.1
50-64 y: 1.0
18-49 y: 0.6



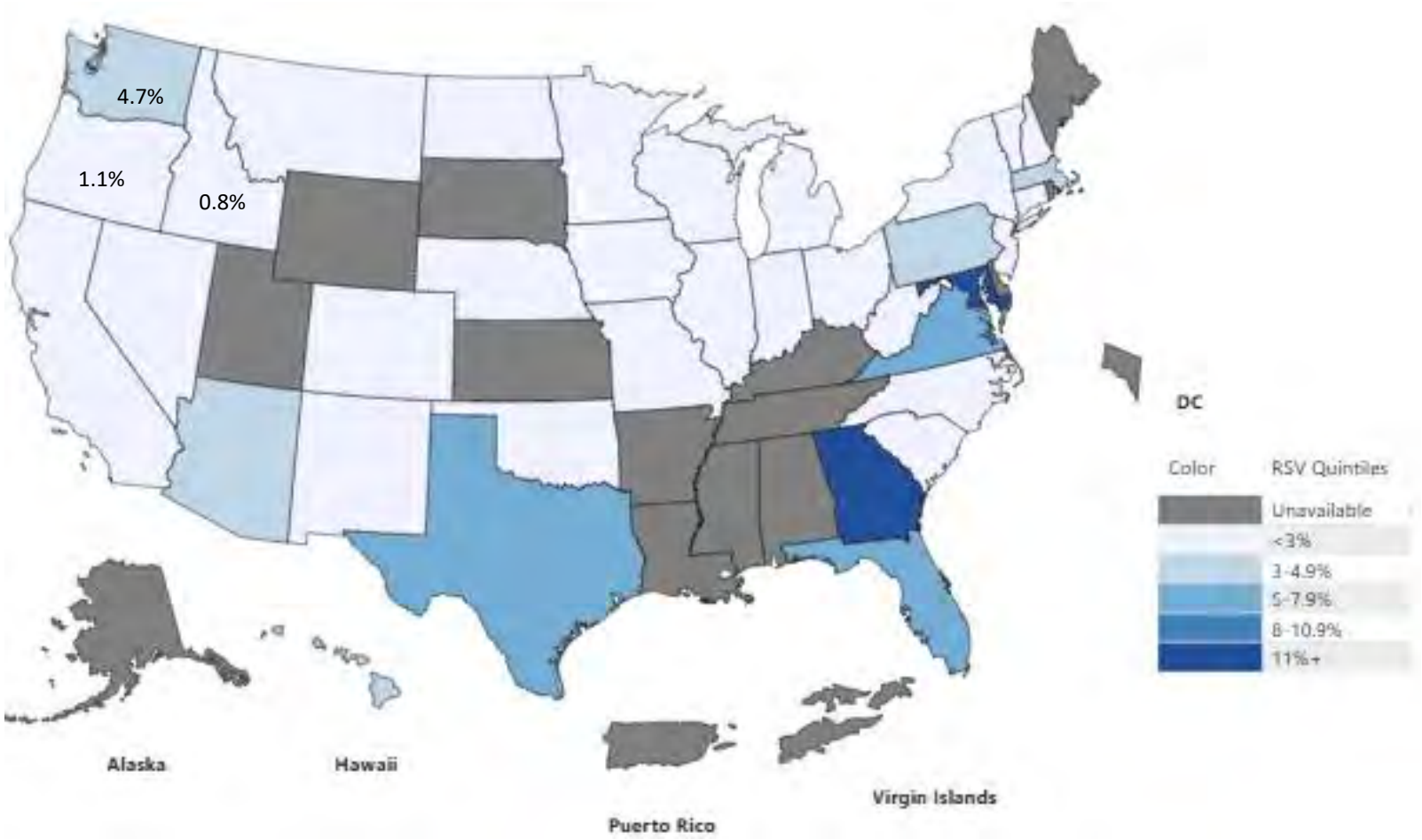
Black: 6.8

AI/AN: 4.3
White: 3.7
Hispanic/
Latino: 3.6
Asian/PI: 1.9

Calendar Week Ending (Week No.)

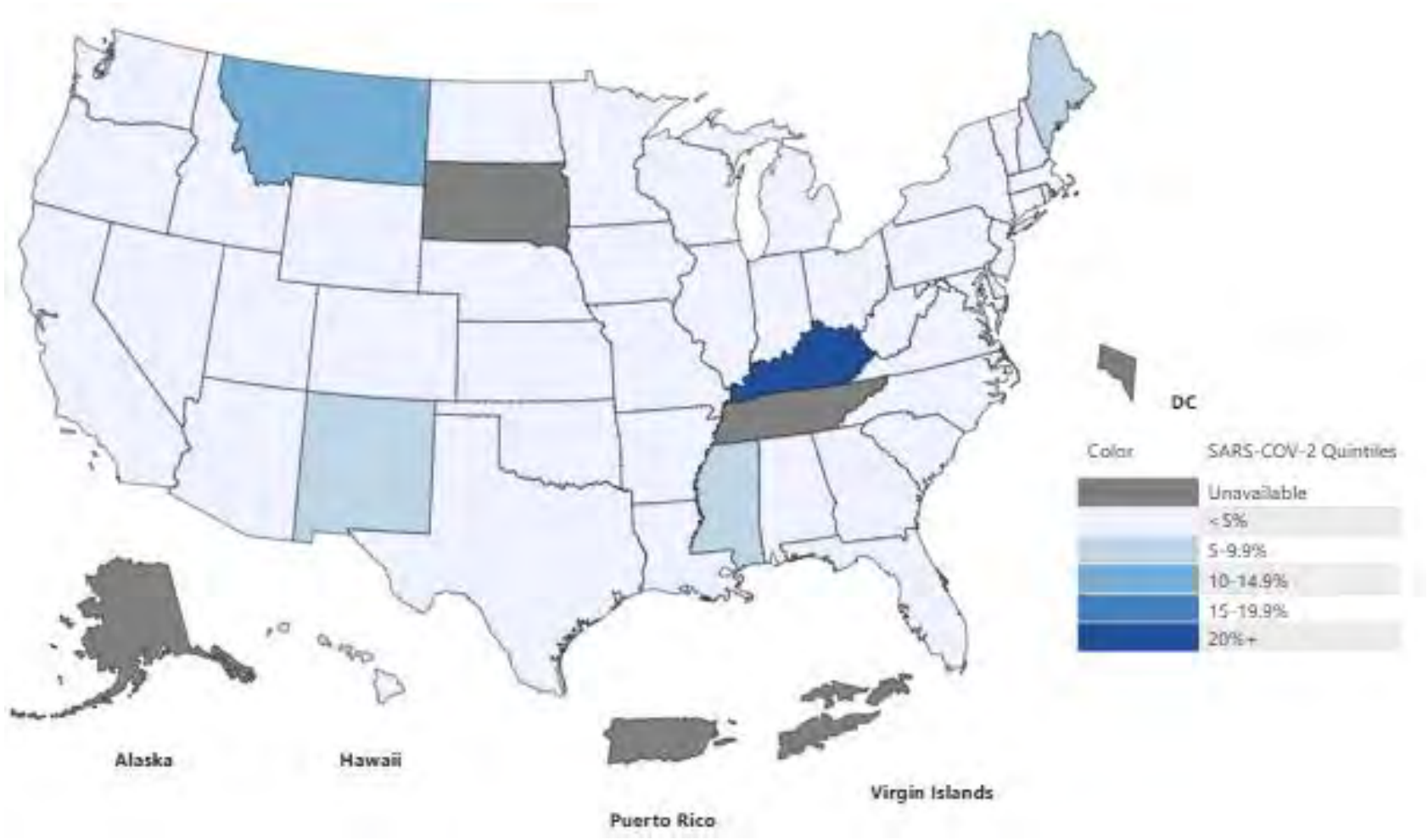
https://www.cdc.gov/fluview/surveillance/2025-week-11.html
https://gis.cdc.gov/GRASP/Fluview/FluHospRates.html

Percent of Tests Positive for RSV — United States, 2025 (week 48 through 11/29



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

Percent of Tests Positive for COVID-19 — United States, 2025 (week 48, through 11/29)



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

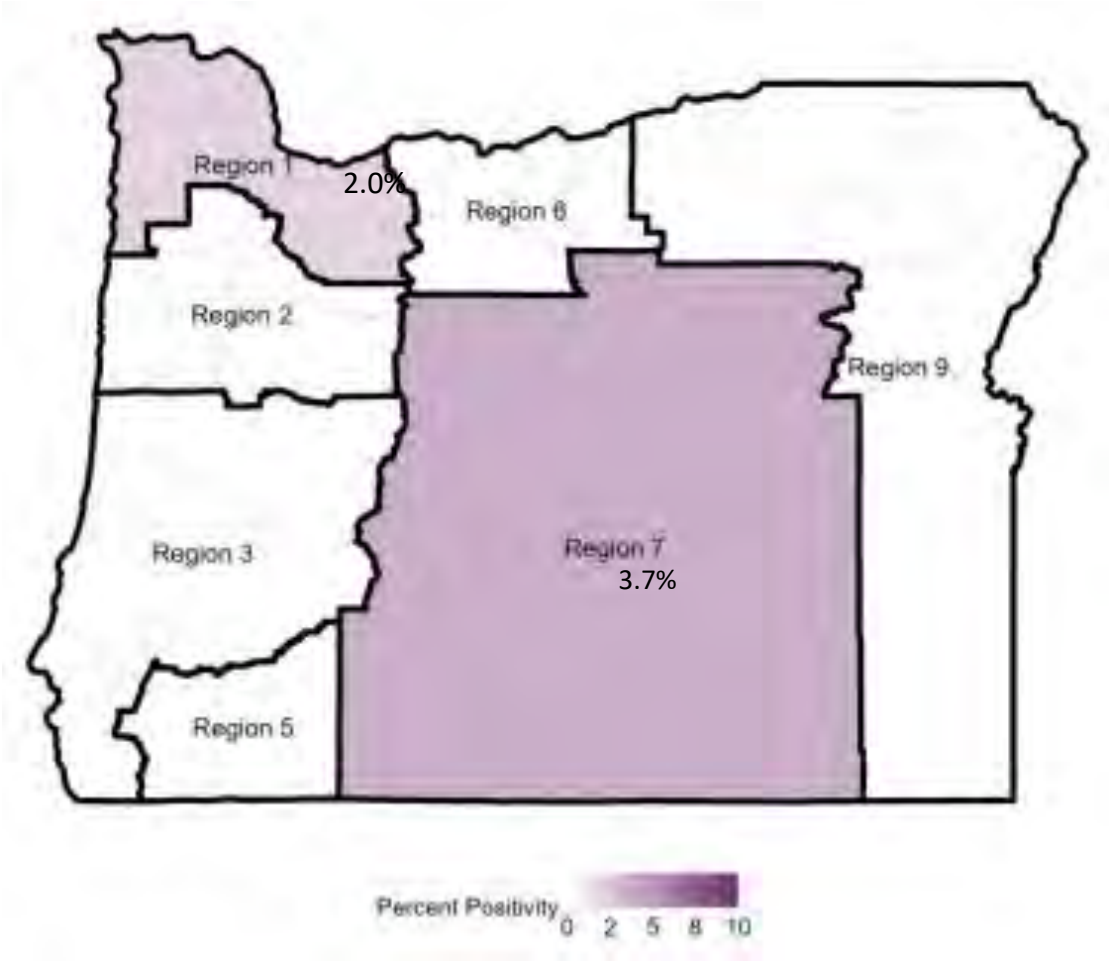
Percent of Tests Positive for Influenza — Oregon, 2025-2026 (through 11/29)

Influenza: 6.0%
(RSV: 1.5%)

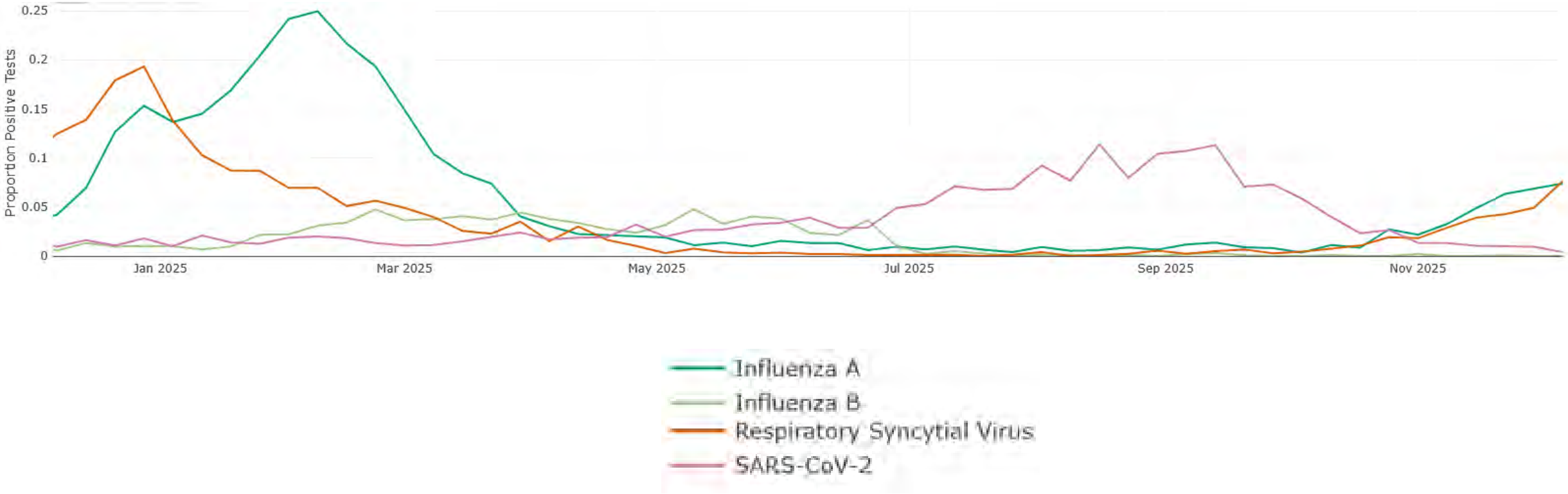
H1N1: 52.2%
H3N2: 47.8%
(all H3N2 for latest 2 weeks of data)

Percent of Tests Positive for RSV — Oregon, 2025-2026 (through 11/29)

Overall: 1.5%



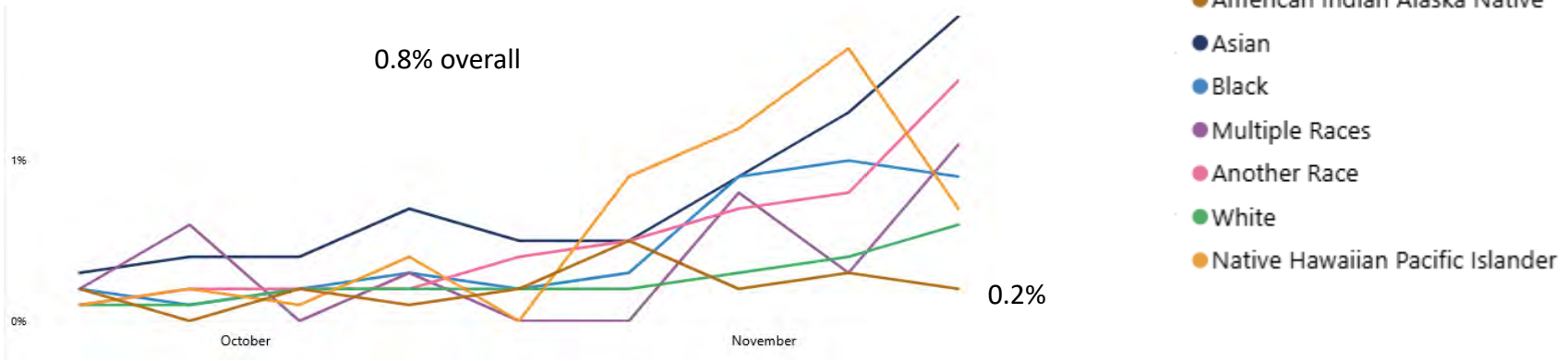
Proportion of Tests Positive for COVID-19, Influenza and RSV in the Northwest — University of Washington and Seattle Children's Hospital, 2025 (through 12/6)



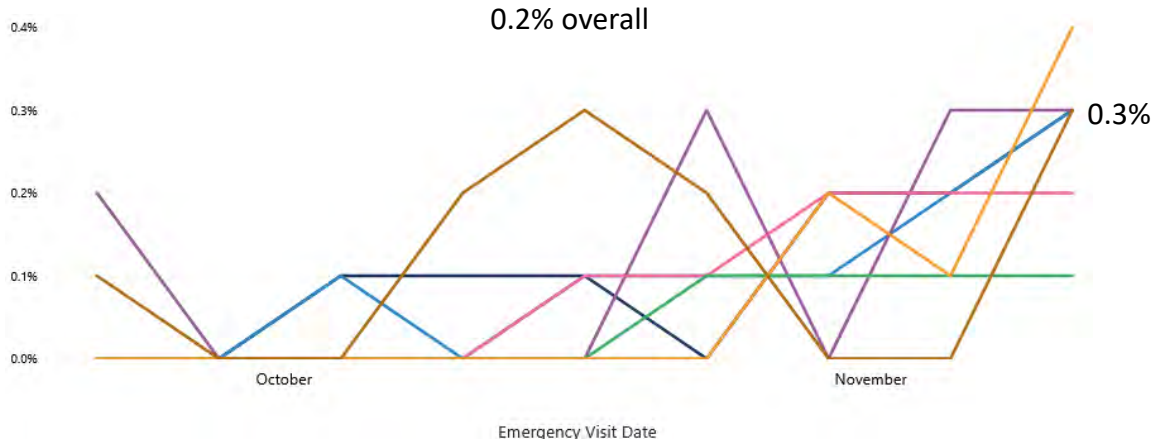
https://depts.washington.edu/labmed/pnw_respiratory_dashboard/

% ER Visits Associated with Influenza, COVID-19 and RSV for Facilities Located in Washington State by Race, 2025-26 (through 11/29)

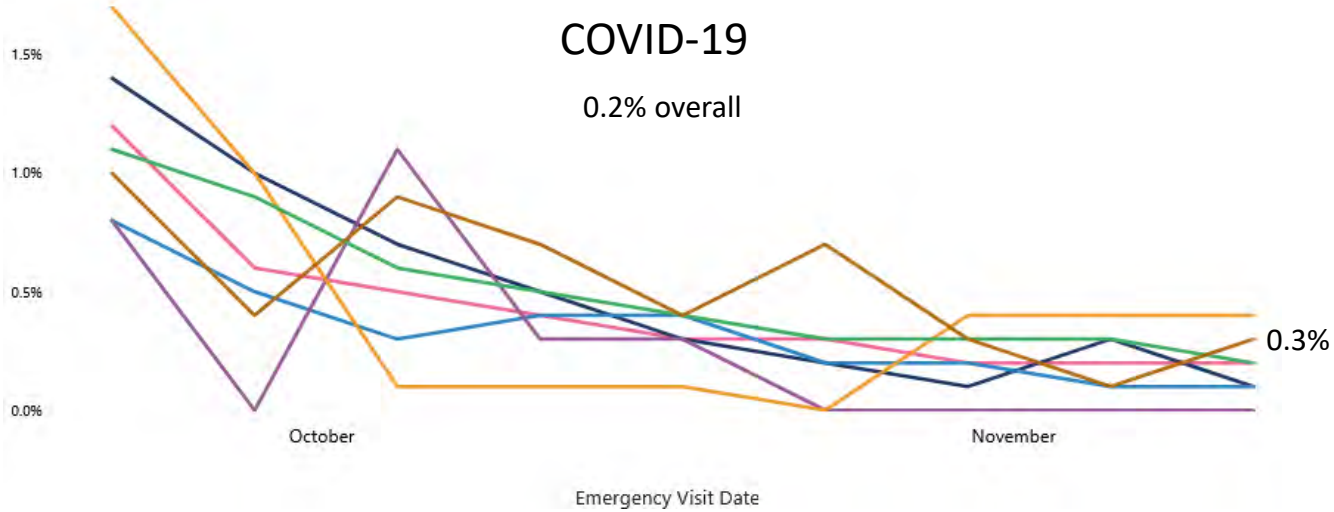
Influenza



RSV

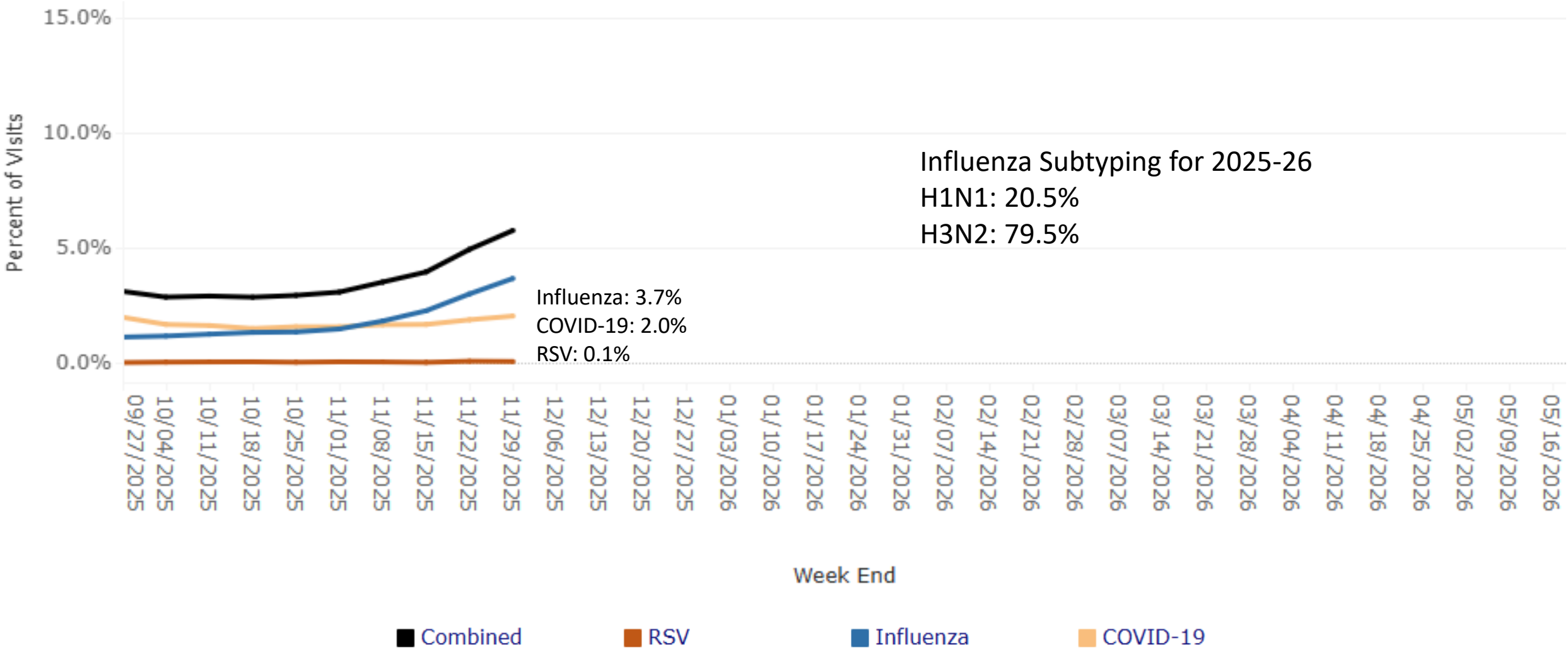


COVID-19



Washington State Department of Health. Respiratory Illness Dashboard. Available at: https://doh.wa.gov/data-and-statistical-reports/diseases-and-chronic-conditions/communicable-disease-surveillance-data/respiratory-illness-data-dashboard#emergency-visits

Percent of Healthcare Visits for Influenza, COVID-19 and RSV — Idaho, 2025-26 (through 11/29/25)



Influenza Immunization Rates – IHS, Portland Area vs. Nationally, 2025-26 (through 11/29/25)

Age Group	% Vaccinated Portland Area	% Vaccinated Nationally
6 mo – 17 years	8.3	15.5
18+ years	18.1	20.5
65 + years	38.7	38.1
Overall (6 months +)	15.5	19.1

* % Vaccinated with at least one dose

Summary

- Measles: No new cases in the Portland Area. Idaho: 13 cases. Washington: 12 cases. Oregon: 1 case. US: 1,828 measles cases in 42 states (through 12/2) with 3 deaths. 92% unvaccinated or with unknown vaccination status.
- Influenza
  - Increasing levels of influenza activity in the U.S. and Portland Area.
  - Influenza H3N2 is predominant; the H3N2 component of the 2025-26 influenza vaccine is not a good match with most of H3N2 viruses circulating nationally (subclade K, as well as J.2.3 and J.2.4).
  - Nationally, the rate of hospitalizations associated with influenza is higher than last year.
- RSV: Increasing in WA and Central Oregon.
- COVID-19: Low levels of activity currently.
- AI/AN have a higher risk of more severe disease due to influenza, COVID-19, and RSV, yet vaccination coverage is limited [Influenza: 15.5% for Portland Area IHS (11/29), for WA (as of 12/1), Influenza: 18.9%; COVID-19: 8.0%; RSV (age 75+): 37.7%].
- Vaccine effectiveness (VE) for influenza may be lower this season due to mismatch of the H3N2 component with circulating H3N2 viruses (vaccines are still important as they can still decrease risk of severe illness/hospitalization, offer protection from other subtypes (i.e. H1N1, Influenza B), and protect the community: when VE is lower, higher levels of coverage are required to prevent the spread of influenza.
- There is a window of opportunity now to vaccinate against influenza, COVID-19, and RSV prior to increased respiratory virus activity.
- H5: A person hospitalized in early November with H5N5 has died. This person was an older resident of Grays Harbor County with underlying health conditions who had a backyard poultry flock exposed to wild birds. This was the first case of avian influenza in WA in 2025 and in the U.S. since February. There has been on additional cases. There has been no human to human transmission in the U.S.

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. It is particularly important to ensure patients are immunized now, prior to holiday gatherings, as we are seeing increases in influenza and RSV.
- Vaccinating healthy children and young adults, in whom flu vaccines are more effective, can prevent the spread of flu to Elders and those with weakened immune systems – this is particularly important for multi-generational households.
- Wash hands regularly, clean high-touch areas frequently.
- When you have a cold, you can resume normal activities when improving and without a fever for 24 hours, but wear a face mask X 5 days when around others, physically distance from others, when coughing/sneezing cover your mouth/nose with a tissue or your sleeve and wash your hands afterwards.
- Counsel patients to seek health care as soon as possible after developing symptoms (e.g. fevers, body aches, cough, fatigue) as treatment for influenza (and COVID-19) are most effective when given early.
- 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).
- Ask patients with influenza A about exposures to wild and domestic animals (e.g. backyard flocks, cats, wild birds, commercial poultry/livestock operations) and animal products (e.g. raw dairy products, poultry, raw pet food). If risk factors present, specimens should be sent for subtyping (e.g. State PHL or Quest, Labcorp, ARUP). All specimens from hospitalized patients with influenza A should be sent for subtyping. Precautions for avian influenza: Standard, contact, and airborne with eye protection.
- Ensure anyone traveling internationally (e.g. Mexico and Canada) or to a community with an outbreak without presumptive evidence of measles immunity are vaccinated at least 2 weeks prior to travel (those ≥ 12 months old: 2 doses at least 28 days apart, infants ≥6 months old: 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.
CDC. Preventing Spread of Respiratory Viruses When You're Sick. Available at: https://www.cdc.gov/respiratory-viruses/prevention/precautions-when-sick.html
CDC. Preventing Respiratory Illnesses. Available at: https://www.cdc.gov/respiratory-viruses/prevention/index.html

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

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.

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).

Johns Hopkins Center for Indigenous Health. Knowledge Center: Resource Library

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

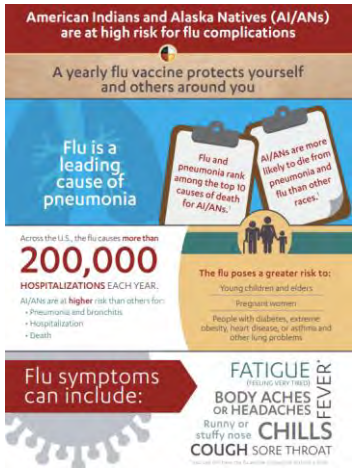
Washington State Department of Health: Flu Overview; Materials and Resources; Influenza (Flu) Information for Public Health and Healthcare

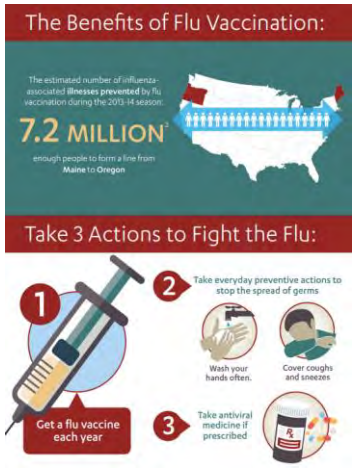
COVID-19; DOH COVID-19 Vaccine Schedule; Washington State Statewide Standing Order for COVID-19 Vaccine FAQs for the Public; West Coast Health Alliance announces vaccine recommendations for COVID-19, flu, and RSV | Washington State Department of Health

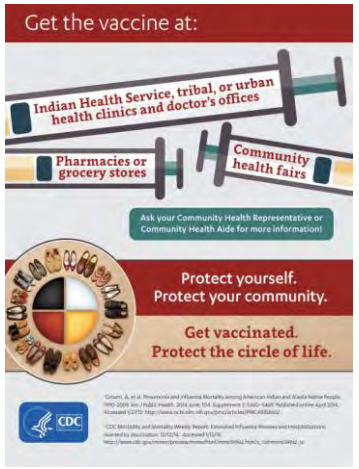
Oregon Health Authority: Flu Prevention; Immunization Resources; Immunize.org: Influenza (Flu)

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







Examples of Patient Education Resources from the Northwest Portland Area Indian Health Board (NPAIHB)

[Protecting Your Kids from Respiratory Illnesses]
[COVID-19 Vaccine]
[Vaccines When You are Pregnant or Breast/Chestfeeding]

NPAIHB: For access to the vaccine resource folder, email vaccinative@npaihb.org (while website is down; in the future, resources will be available at indiancountryecho.org).


INDIAN HEALTH SERVICE
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Office of Immunization

Washington State Department of HEALTH

Office of Immunization Updates

December 9, 2025

Hepatitis B Birth Dose – Key Message

See DOH Press Release from December 5, 2025.

- West Coast Health Alliance, WA DOH, and leading national medical groups continue to recommend the hepatitis B birth dose for all newborns.
- This aligns with the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and the Infectious Diseases Society of America.
- ACIP's vote to end universal newborn vaccination lacks credible evidence and reverses a strategy that reduced infections by 99%.
- Delaying the first dose increases infection risk and lowers completion of the full vaccine series.
- Many adults with hepatitis B are unaware they are infected: birth dose protects newborns from unrecognized household exposures.
- The vaccine is our best defense against disease; it is effective, and essential to protect infants from unrecognized exposures and prevent lifelong liver disease and cancer.

Washington State Department of HEALTH

Stronger Together - Mark Your Calendar!

WithinReach, in collaboration with the Washington State Department of Health and the Immunization Action Coalition of Washington, is excited to announce the 2026 Washington State Immunization Summit, taking place on **Thursday, March 19, 2026.**

This full-day event, will bring together public health professionals, healthcare providers, community leaders, and advocates to advance immunization efforts across Washington State.

For information on Virtual or In-Person Scholarships, CLICK HERE!

Register today!

Immunization Action Coalition of Washington (IACW) ACIP Debrief Call

Thursday, December 10th, 2025

12pm - 1pm

Register here

Join the Immunization Action Coalition of Washington for a lunchtime debrief Zoom call to review and discuss the key decisions and discussions from the CDC's Advisory Committee on Immunization Practices (ACIP) meeting—and what they mean for our work in Washington.

Immunity Community - IACW's ACIP Debrief Call

IACW Immunization Action Coalition of Washington

Office of Immunization

Washington State Department of HEALTH

CVP and AVP Holiday Shipping Calendar

- Please be mindful of shipping delays, limited or no shipping days, and plan your vaccine orders accordingly.
- Ensure your accountability reports are up to date prior to placing orders to ensure expedited processing.
- Update your shipping hours in your provider agreement if needed.
- Check out the holiday shipping calendar *(December 2025 and January 2026)* for more information.

- **December 9** is the last day you can submit a vaccine order to receive the delivery before January.
- **Please note:** No vaccine deliveries during the week of Christmas and New Year's.

You can place an order off your typical schedule if needed.

See Vaccine Blurbs #265 & AVP Newsletter for more details

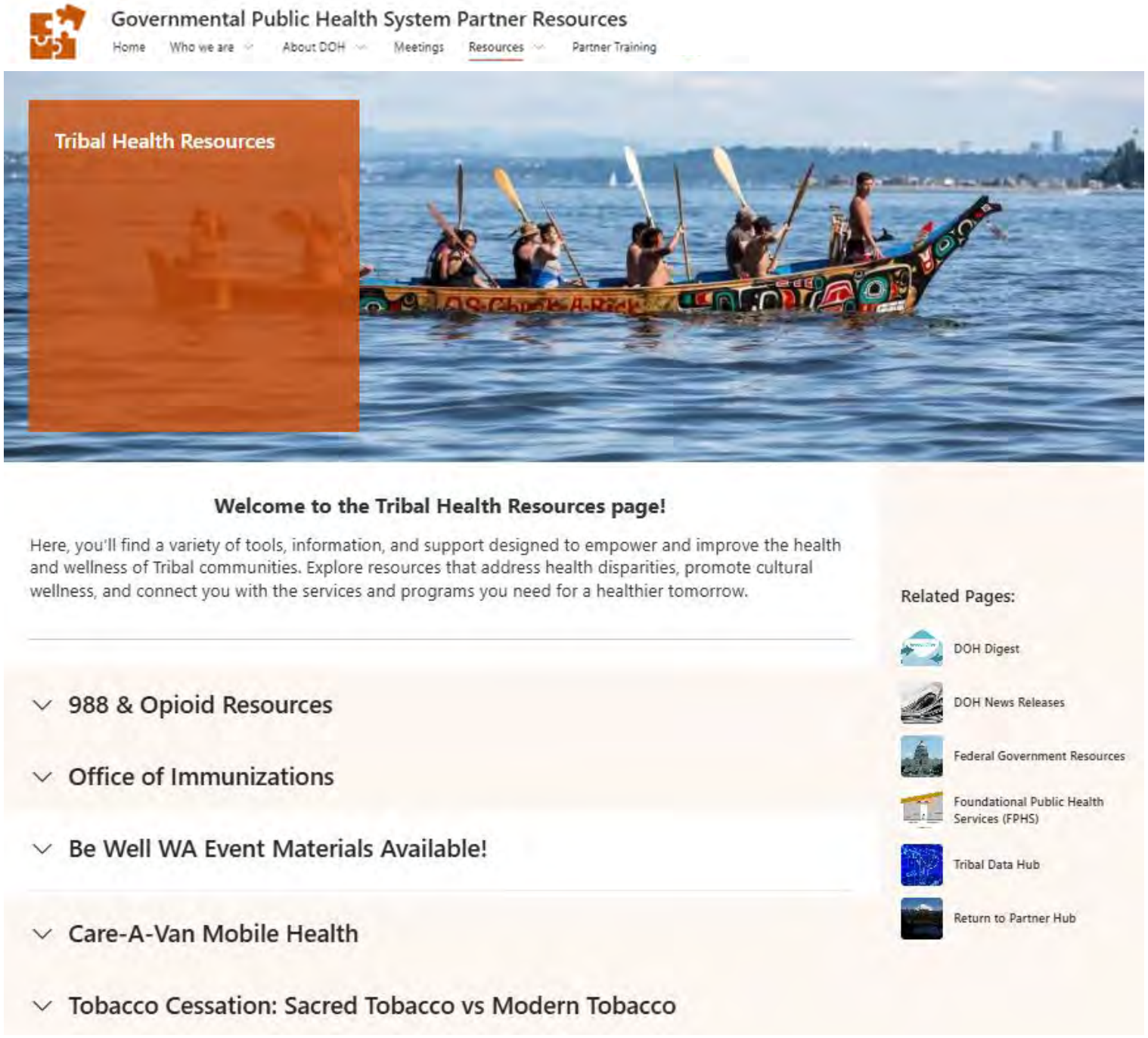
Vaccine Order Processing and Delivery Days

DECEMBER 2025

Monday	Tuesday	Wednesday	Thursday	Friday
1 Normal Ordering Normal Deliveries	2	3	4	5
8 Normal Ordering Normal Deliveries	9 Last day to place orders to ensure delivery before January	10	11	12 Orders processed by the state after this date may not ship prior to January 5
15 Normal Ordering Normal Deliveries	16	17	18	19
22 Normal Ordering Limited Deliveries	23 Normal Ordering Limited Deliveries	24 Normal Ordering No Deliveries	25 CLOSED No Ordering No Deliveries	26 Normal Ordering No Deliveries
29 Normal Ordering Limited Deliveries	30 Normal Ordering Limited Deliveries	31 Normal Ordering No Deliveries		

For Office of Immunization Updates

- Please check the [Tribal Resources PartnerHub](#) page for Office of Immunization updates and Newsletter!
- If you would like to be added to the OI Liaison emailing list and to PartnerHub, please email jessica.haag@doh.wa.gov



Questions
&
Comments