

NPAIHB Weekly Update

October 8, 2024

Please sign in using the chat box:

Enter the tribe or organization you are representing
and names of all people participating with you today



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Information for Today's Call

Agenda

- Welcome & Introduction: Bridget Canniff
- Upcoming Indian Country ECHO Sessions
- Upcoming NPAIHB Weekly Update Sessions
- Events, Resources & Announcements
- Preparation for Fall/Winter Viruses 2024 – RSV: Muthoni (Noni) Ehmann, OHA
- Questions & Comments

Guidelines

- Please place yourself on mute unless speaking
- Sign in, using chat box, with your tribe/organization and names of all participants
- Use the chat box for questions, for Q&A after updates and announcements



Upcoming Indian Country ECHO telehealth opportunities

- **NW Elders, Knowledge Holders and Culture Keepers ECHO** – 2nd Tuesday of every month at 12pm PT
 - Tuesday, October 8th 12pm PT
 - Didactic Topic: *The Healing Power of Song*
 - To learn more and join: <https://www.indiancountryecho.org/program/nw-elders-knowledge-holders-and-culture-keepers/>
- **Trauma Care ECHO** – 2nd Wednesday of every month at 6:30am PT
 - Wednesday, October 9th at 6:30am PT
 - Didactic Topic: *Airways*
 - To learn more and join: <https://www.indiancountryecho.org/program/trauma-care/>
- **Journey to Health ECHO** – 2nd & 4th Thursday of every month at 7am/12pm PT
 - Thursday, October 10th at 7am PT
 - Didactic Topic: *Kinaalda*
 - To learn more and join: <https://www.indiancountryecho.org/program/journey-to-health-echo-program/>

Upcoming Indian Country ECHO telehealth opportunities

- **Clinical Dementia ECHO** – 2nd Thursday of every month at 11am PT
 - Thursday, October 10th at 11am PT
 - Didactic Topic: *Behavioral Symptoms in Dementia and Delirium*
 - To learn more and join: <https://www.indiancountryecho.org/program/dementia-echo-program/>

- **Diabetes ECHO** – 2nd Thursday of every month at 12pm PT
 - Thursday, October 10th at 12pm PT
 - Didactic Topic: *Diagnosis of Diabetes: Review of ADA Standards of Care*
 - To learn more and join: <https://www.indiancountryecho.org/program/diabetes/>

Weekly Update Schedule Preview: October

October 15: No NPAIHB Weekly Update – QBM @ Yakama Nation

October 22: Health & Immunization Update: Lisa Niels, WA DOH

October 29: Legislative & Policy Update



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Visit www.npaihb.org/weeklyupdate for upcoming topics, past presentations, and more!

Healthy Native Youth

Community of Practice

Second Wednesday of the month, 10:00 – 11:30 AM Pacific

Who Should Attend?

Tribal health educators, teachers, parents, prevention specialists; people who share a commitment for improving the lives of Native youth.

Next session: **October 9 – Building Community with Youth**

More information and registration at:

<https://www.healthynativeyouth.org/community-of-practice/>



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Future sessions:

November 13: HNY Implementation Toolbox: Gather & Choose
December 1: HNY Implementation Toolbox: Prepare & Implement

COMMUNITY OF PRACTICE

BUILDING COMMUNITY WITH YOUTH

OCT 9TH

Join us as we share and learn from each other about best practices for building safe and inclusive learning environments in partnership with youth and community members.

WHEN?

October 9, 2024

90-minute virtual gathering.

Start Times:

9:00 AK, 10:00 PST, 11:00

MST, 12:00 CST, 1:00 EST



NPAIHB



COCA Call



CDC Clinician Outreach
and Communication Activity

Updates on Diagnostic Testing and Outpatient Treatment for COVID-19 and Influenza

Call Details

When:

Thursday, October 10, 2024,
2:00 PM – 3:00 PM ET

Webinar Link:

<https://www.zoomgov.com/j/1601317466> 

Webinar ID: 160 131 7466

Passcode: 701844

Dial In:

US: +1 646 828 7666



Overview

Though underutilized, antiviral treatment can prevent progression to severe disease from COVID-19 and influenza, regardless of vaccination status, which is especially important for people who are at higher risk of serious complications. Diagnostic tests are available to guide clinical decision-making and appropriate treatment for these viral respiratory diseases. During this COCA Call, subject matter experts will present an overview of COVID-19 and influenza testing and therapeutic options, including eligibility, indications, and other considerations such as drug interactions.

If you are unable to attend the live COCA Call, the recording will be available for viewing on the [COCA Call webpage](#) a few hours after the live event ends.

The slide set will be available on the day of the call on the [COCA Call webpage](#) under Call Materials.

[Free Continuing Education \(CE\)](#) will be offered for this COCA Call.

Registration is not required.



Save the Date!

Northwest Tribal Public Health Emergency Preparedness Conference & Training

May 5 – 9, 2025

Muckleshoot Casino Resort

2402 Auburn Way S.
Auburn, WA 98002

Who should attend?

- Tribal Health Directors and Program Staff
- Tribal Public Health Professionals
- Tribal Emergency Preparedness
- Tribal Emergency Management
- Tribal Leaders
- Tribal Public Safety
- Other Tribal Program Staff: Natural Resources, Youth, Elders, Social Services, etc.
- Local, State and National Partners

Questions?? Contact the planning team @ NPAIHB at tphep@npaihb.org

Conference funded by:

*Northwest Portland Area Indian Health Board
Oregon Health Authority Public Health Division
Washington State Department of Health
Idaho Department of Health and Welfare*



Funding for this conference was made possible in part by CDC-RFA-TP19-1901 from the Centers for Disease Control and Prevention (CDC). The views expressed in written conference materials or publications and by speakers and moderators do not reflect the official policies of the CDC nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



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Behavioral Health Aide (BHA) Education Program

Now recruiting for the 2025 cohort!

2025 Cohort – Key Dates

Applications Due: December 2024

Start Date: January 2025



2 Academic Institutions are offering BHA Education in the Northwest

Heritage University and Northwest Indian College offer culturally-specific pathways and various educational settings for Indigenous students.

What is the Application Process?

- There is a 2-step application process.
 1. Complete the Northwest Portland Area Indian Health Board (NPAIHB) BHA Stipend/Scholarship Cohort Application
 2. Academic Institution Application & Enrollment
- Reference letter (preferably from a Clinical Supervisor or Behavioral Health Department)
- Current Resume & Cover Letter

APPLICATION DUE: December 2024
START DATE: January 2025



Contact:
Katie Hunsberger
BHA Program Manager
khunsberger@npaihb.org
971-347-7888



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www.TCHPP.org/bha-education-program

**Order 4 free
At-home
COVID-19
Tests at:**



covidtests.gov



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PREPARATION FOR Fall/WINTER VIRUSES 2024

In the coming months, we expect increased

We are headed
towards respiratory
virus season

- **RESPIRATORY SYNCYTIAL VIRUS (RSV)**
- **COVID – 19**
- **INFLUENZA**

PREPARATION FOR WINTER VIRUSES

RESPIRATORY
SYNCYTIAL VIRUS
(RSV) symptoms



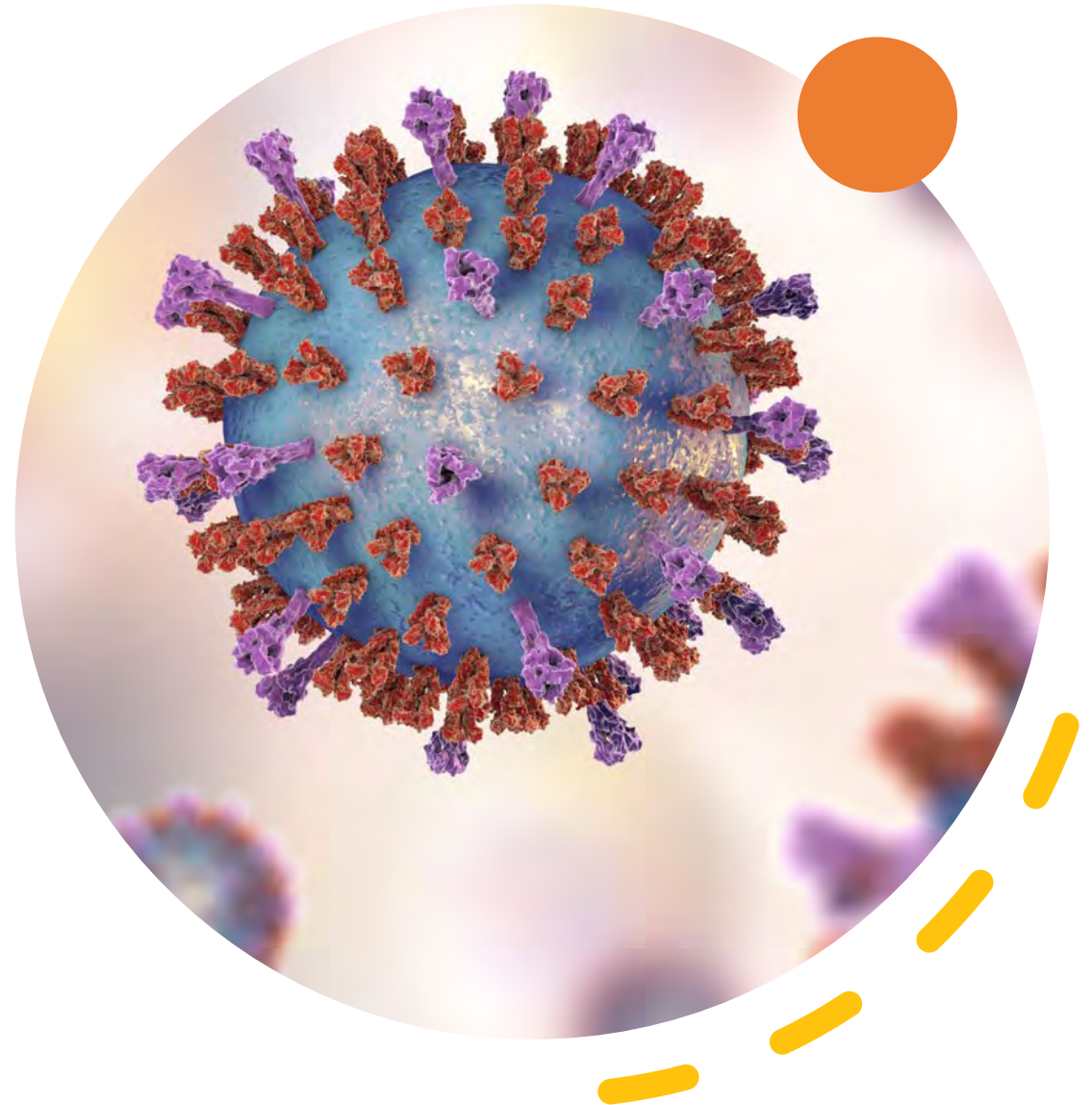
WHAT IS RESPIRATORY SYNCYTIAL VIRUS (RSV)

A common highly contagious virus that causes respiratory illness

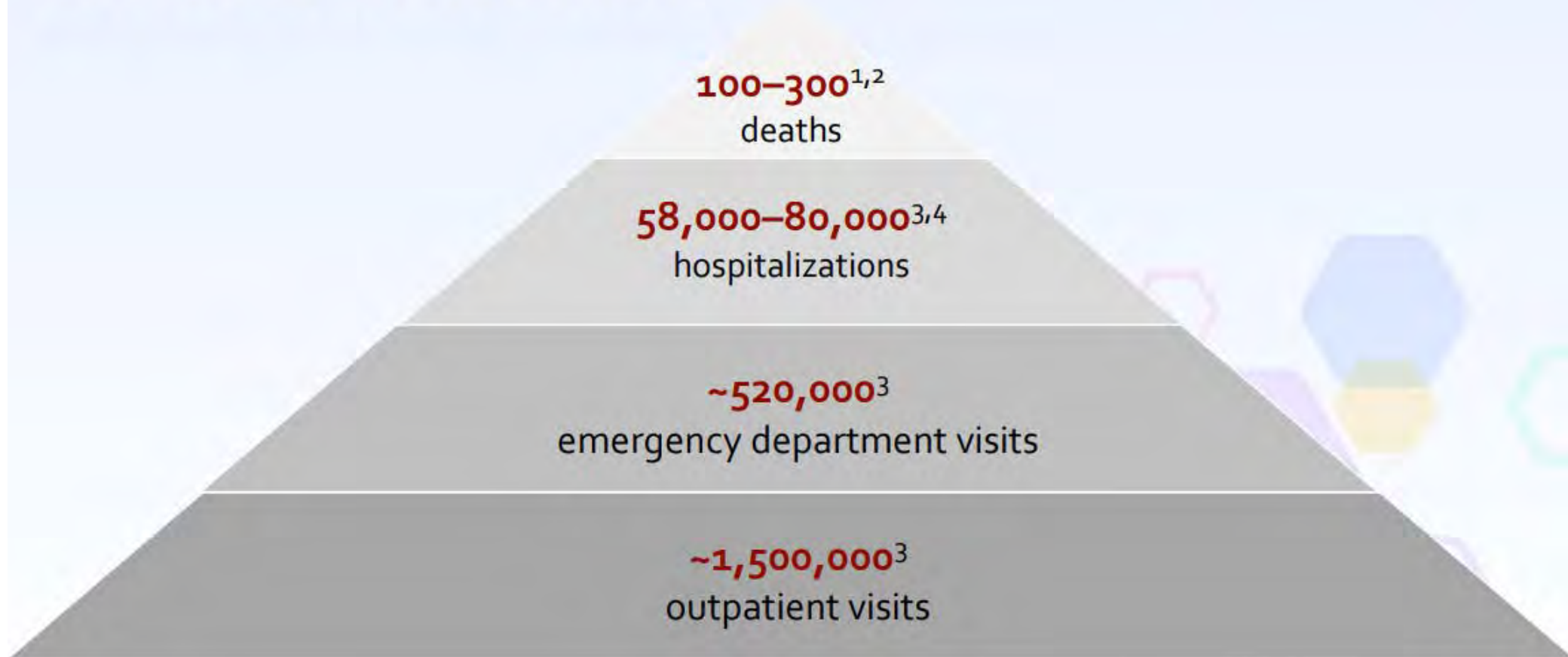
- Usually causes mild cold-like symptoms
- Can cause **more serious infections such as bronchiolitis and pneumonia**

Transmission

- Spreads by respiratory droplets
- Children are often exposed to RSV outside the home, such as in school or childcare
- People with RSV infection are usually contagious for 3 to 8 days
- RSV can survive for hours on hard surfaces
- RSV is most common in November – March



Each year in U.S. children aged less than 5 years, RSV is associated with...



Maternal/Pediatric RSV Workgroup, ACIP Meeting, S. Long, 9/22/23:
<https://www.cdc.gov/acip/downloads/slides-2023-09-22/01-RSV-Mat-Ped-Long-508.pdf>

WHO IS AT RISK FOR RSV INFECTIONS?

An estimated 58,000-80,000 children younger than 5 years are hospitalized due to RSV infection.

Children at greatest risk for severe illness from RSV include the following:

- Premature infants
- Infants up to 12 months, especially those 6 months and younger
- Children younger than 2 years with chronic lung disease or congenital (present from birth) heart disease
- Children with weakened immune systems
- Children who have neuromuscular disorders, including those who have difficulty swallowing or clearing mucus secretions



RSV disproportionately impacts AIAN children

- Recent studies show that some AIAN infants experience higher RSV-related hospitalization rates and ICU admission rates when compared to other U.S infants.
- Among AIAN children under 24 months of age and living on Tribal lands, RSV hospitalization rates are 4-10 times higher than the rate in the general population.
- Social determinants of health were found to be the underlying causes of higher hospitalizations among this group.

RSV in Very Young Infants

- Infants who get an RSV infection almost always show symptoms. This is different from adults, who can sometimes get RSV infections and not have symptoms. In very young infants (less than 6 months old), the symptoms of RSV infection may include:
 - Irritability
 - Decreased activity
 - Eating or drinking less
 - Apnea (pauses in breathing for more than 10 seconds)
 - Fever may not always occur with RSV infections.

<https://www.cdc.gov/rsv/infants-young-children/index.html>

At-home care for mild RSV symptoms

- **Manage fever and pain** with over-the-counter fever reducers and pain relievers, such as acetaminophen or ibuprofen. (Never give aspirin to children.)
- **Drink enough fluids.** It is important for people with RSV infection to drink enough fluids to prevent dehydration (loss of body fluids).
- **Talk to your healthcare provider** before giving your child nonprescription cold medicines. Some medicines contain ingredients that are not good for children.

RSV in Very Young Infants

- Two to three out of every 100 infants with RSV infection may need to be hospitalized. Those who are hospitalized may require oxygen, IV fluids (if they aren't eating and drinking), and mechanical ventilation (a machine to help with breathing). Most improve with this type of supportive care and are discharged in a few days.

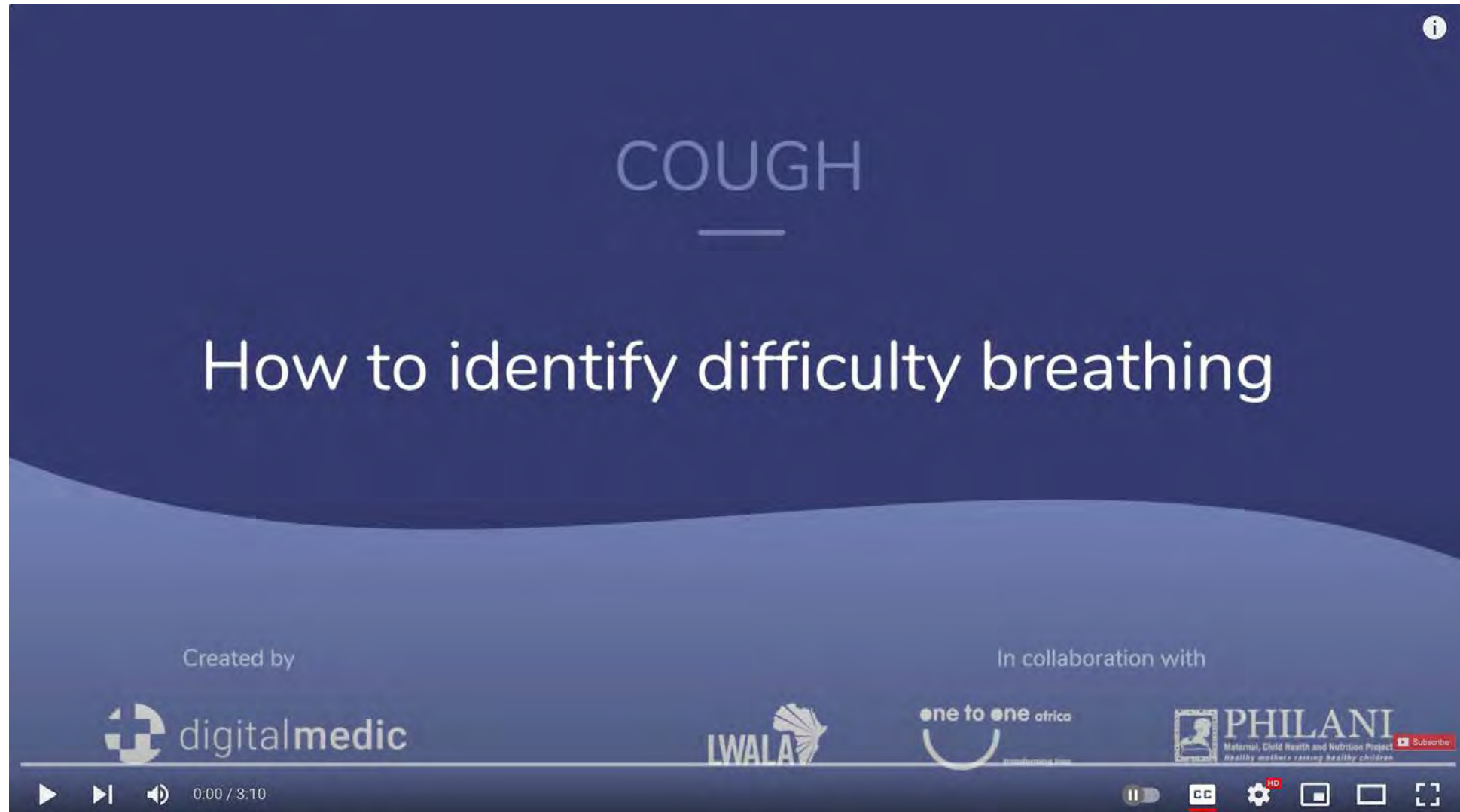
When to seek emergency care

- Call your healthcare provider if your child is having difficulty breathing, not drinking enough fluids, or experiencing worsening symptoms.

<https://www.cdc.gov/rsv/infants-young-children/index.html>

How to Identify Difficulty Breathing in Children

<https://www.youtube.com/watch?v=-dH4-DfFU0w>



The video player shows a dark blue background with the word "COUGH" in light blue at the top, underlined. Below it, the title "How to identify difficulty breathing" is displayed in white. At the bottom, there are logos for "digitalmedic", "LWALA", "one to one africa", and "PHILANI". The PHILANI logo includes the text "Maternal, Child Health and Nutrition Project" and "Healthy mothers raising healthy children". A "Subscribe" button is visible next to the PHILANI logo. The video player controls at the bottom show a play button, a progress bar at 0:00 / 3:10, and icons for volume, closed captions, settings, and full screen.

COUGH

How to identify difficulty breathing

Created by

In collaboration with

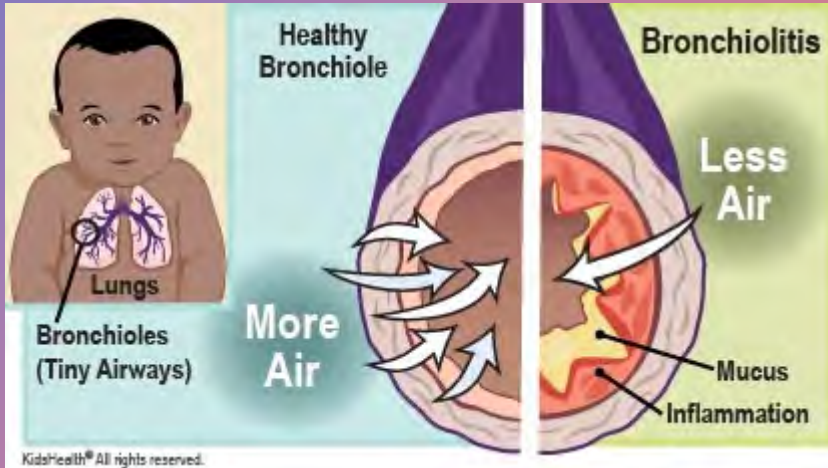
digitalmedic

LWALA

one to one africa

PHILANI
Maternal, Child Health and Nutrition Project
Healthy mothers raising healthy children

0:00 / 3:10



RSV Complications

- Pneumonia
- Bronchiolitis

From <https://kidshealth.org/en/parents/bronchiolitis.html>

WHO IS AT RISK FOR RSV INFECTIONS?

An estimated 60,000-160,000 older adults in the US are hospitalized each year

6,000-10,000 die due to RSV infection.

Adults at highest risk for severe RSV infection include:

- Adults ages 75 and older
- Adults with chronic heart or lung disease
- Adults with weakened immune systems
- Adults with certain other underlying medical conditions, like severe obesity and severe diabetes
- Adults living in nursing homes or long-term care facilities

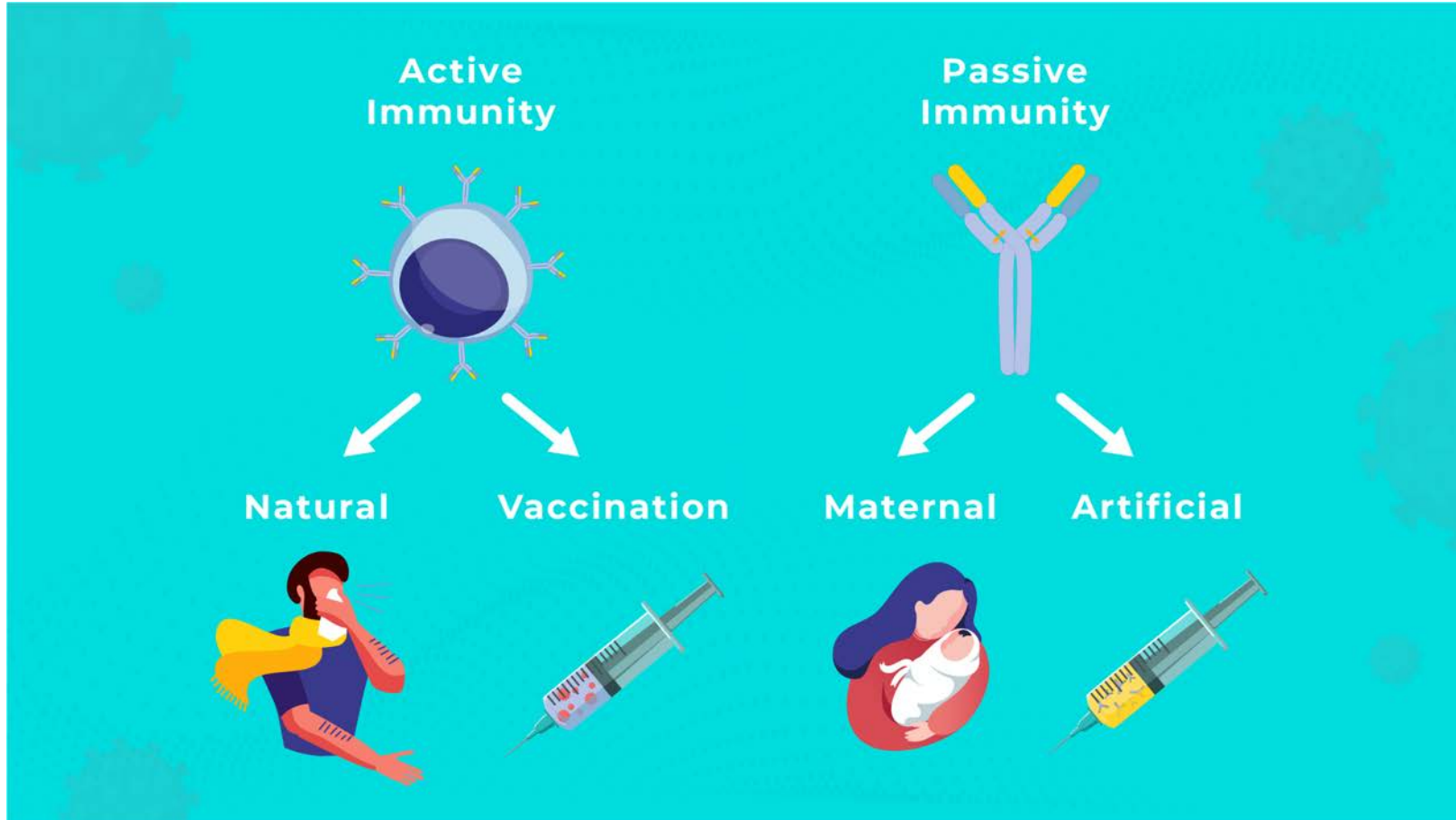


RSV PREVENTION

INFANTS AND BABIES



RSV PREVENTION

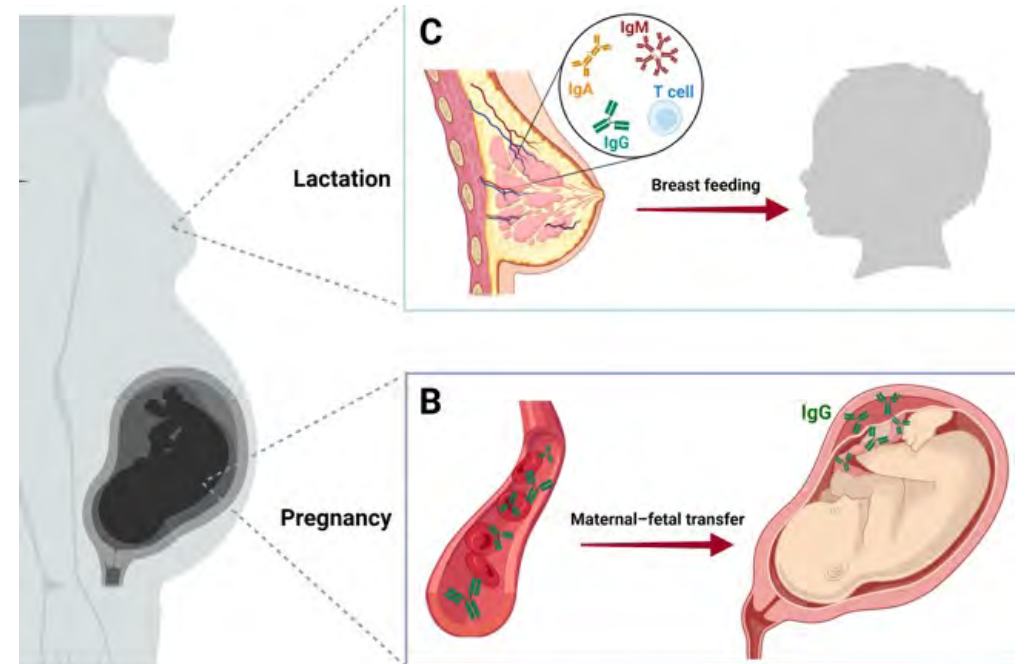


Infant RSV Prevention: Option 1

Maternal RSV vaccination

People **32 through 36 weeks pregnant from September through January** should get one dose of maternal RSV vaccine (Abrysvo) to protect their newborns by passive immunity.

- **Reduces risk of severe RSV disease** by 82% within 3 months and 69% within 6 months after birth.
- Can be **administered with other recommended vaccines** during pregnancy (Tdap, flu, COVID-19) without regard to timing.
- Babies born to mothers who get RSV vaccine at **least 2 weeks** before delivery will have protection and, in most cases, do not need nirsevimab.



Options for Infant RSV Prevention At-a-Glance (CDC):

<https://www.cdc.gov/vaccines/vpd/rsv/downloads/Infant-RSV-Prevention-At-A-Glance.pdf>

Infant RSV Prevention: Option 2

- A monoclonal antibody shot approved to protect babies and young children from severe disease from RSV infection
- All children aged less than 8 months born during or entering their first RSV season
- Infants and children 8-19 months who are at increased risk for severe RSV disease and entering their second RSV season
- Administer just before or during the RSV season - **October through March.**



Nirsevimab for Infants



- Monoclonal antibody that provides passive immunity
- May be administered concomitantly with other routine childhood vaccines
- Added to CDC's routine childhood immunization schedule
- Available through the Vaccines for Children (VFC) program and private insurers are covering

*The following children aged 8 through 19 months are recommended to receive a dose of Nirsevimab shortly before or during their second RSV season:

- American Indian/Alaska Native children
- Children with chronic lung disease of prematurity who require medical support during the six months before the start of their second RSV season
- Children with severe immunocompromise
- Children with severe cystic fibrosis

RSV
Immunization
Choices for
AIAN Families

Protect Your Child From RSV

Respiratory syncytial virus infection puts American Indian and Alaska Native (AIAN) infants and toddlers at risk of serious illness.

There are **2** steps you can take to protect your child from RSV

**Step
1**

Talk to your healthcare provider and determine which immunization option is best for you and your family:

**Maternal Vaccination
Abrysvo (uh- BRIZ -voh)**

Vaccination against RSV is recommended for individuals who are between 32 and 36 weeks pregnant from September to January in many parts of the United States.



-OR-

**RSV Preventive Antibody
nirsevimab (nir- SEV- i -mab)**

Infants under age 8 months, who were born during or entering their first RSV season, should receive one injection.




**Step
2**

Additional dose of RSV Preventive Antibody

All AIAN children ages 8 through 19 months entering their second RSV season should receive **nirsevimab**. This additional dose of nirsevimab is recommended even if maternal vaccination was received in the previous RSV season.





Protecting American Indian and Alaska Native Families from Respiratory Syncytial Virus:

<https://www.cdc.gov/rsv/downloads/RSV-toolkit-ai-an.pdf>

SIDE EFFECTS

Most common adverse reactions are rash (0.9%) and injection site reactions (0.3%)

Administer with caution in children with bleeding disorders

Contraindicated in persons with a history of severe allergic reaction (anaphylaxis)



RSV PREVENTION

OLDER ADULTS



RSV Vaccine for Adults 60 years and older

- Everyone **75 years of age or older** should receive RSV vaccination if they haven't been previously vaccinated.
- Adults **60 through 74 years** of age with certain medical conditions that increase their risk of severe RSV disease should receive one dose of RSV vaccine if they haven't received a dose previously.
- There are currently 3 licensed and recommended products for adults ≥ 60 years: Arexvy, Abrysvo and mRESVIA.
- Only one lifetime dose is currently recommended. Not annual.
- Administer late summer/early fall ideally, but can be administered anytime during the year.



Adults 60 and Older at Increased Risk of Severe RSV Disease



Underlying medical conditions associated with increased risk for severe RSV disease include:



Chronic lung disease (e.g., COPD and asthma)



Chronic kidney disease



Moderate or severe immunocompromise



Chronic cardiovascular disease (e.g., CHF and CAD)



Chronic liver disease



Chronic hematologic disorders



Chronic or progressive neurologic or neuromuscular conditions



Diabetes Mellitus



Any underlying *condition* that a provider determines might increase the risk of severe RSV disease

Other factors associated with increased risk for severe RSV disease include:



Frailty or advanced age, as determined by the healthcare provider



Residence in a nursing home or other long-term care facility



Any underlying *factor* a provider determines might increase the risk of severe RSV disease

[Healthcare Providers: RSV Vaccination for Adults 60 Years of Age and Over \(CDC\)](#)



Is there a preferred option for preventing severe RSV disease in infants (maternal vaccination with Abrysvo vs administration of nirsevimab to baby after birth)?

- No. There is no preferential recommendation for using Abrysvo vaccine during pregnancy or administering RSV monoclonal antibody, nirsevimab (Beyfortus) to the infant after birth.
- Both products have been shown to provide significant protection against RSV-associated Lower Respiratory Tract Infection (LRTI) in infants entering their first RSV season.
- Health care providers should inform pregnant people about both options. Providers should consider patient preferences and availability of products when determining whether to vaccinate the pregnant patient or to administer nirsevimab to the infant after birth.



Is Abrysvo RSV vaccine in the Vaccines For Children (VFC) program?

Yes. VFC-eligible pregnant adolescents younger than age 19 may receive VFC-funded Abrysvo during pregnancy, if indicated.

Thank you

Muthoni Ehmman, PA-C

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Comments & Questions



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