

NPAIHB Weekly Update

October 22, 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
- Tribes & UIHOs Health & Vaccine Updates:
Lisa Niels, WA DOH
- NWTEC Respiratory Disease Surveillance Update:
Victoria Warren-Mears
- IHS / State Partner Updates
- 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

- **Care and Access for Pregnant People ECHO** – 4th Tuesday of every month at 11am PT
 - Tuesday, October 22nd at 11am PT
 - Topic: *Providing Support to Indigenous Families Impacted by Pregnancy Loss and Stillbirth*
 - To learn more and join: <https://www.indiancountryecho.org/program/pregnancy-care-echo-program/>
- **Grand Rounds ECHO**
 - Tuesday, October 22nd at 12pm PT
 - Didactic Topic: *Providing Gender-affirming Care in I/T/U Facilities*
 - To learn more and join: <https://www.indiancountryecho.org/program/grand-rounds/>
- **Hepatitis C ECHO** – Wednesdays at 11am PT
 - Wednesday, October 23rd at 11am PT
 - Didactic Topic: *HCV Screening & Treatment in Non-Clinical Settings*
 - To learn more and join: <https://www.indiancountryecho.org/program/hepatitis-c/>

Upcoming Indian Country ECHO Telehealth Opportunities

- **Journey to Health ECHO** – 2nd & 4th Thursday of every month at 7am/12pm PT
 - Thursday, October 24th at 12pm PT
 - Didactic Topic: *Early Childhood*
 - To learn more and join: <https://www.indiancountryecho.org/program/journey-to-health-echo-program/>
- **VCI ECHO**
 - Monday, October 28th at 12pm PT
 - To learn more and join: <https://www.indiancountryecho.org/program/virtual-care-implementation/>

Weekly Update Schedule Preview: Next Week

October 29: Legislative & Policy Update

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



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Healthy Native Youth

When: 2nd Wednesday of the month
10:00-11:30 am PST

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

- November 13: Healthy Native Youth Implementation Toolbox: Gather & Choose
- December 11: Healthy Native Youth Implementation Toolbox: Prepare & Implement

More information and registration at www.healthynativeyouth.org/community-of-practice or text **HEALTHY** to 94449



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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



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Contact:

Katie Hunsberger

BHA Program Manager

khunsberger@npaihb.org

971-347-7888



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



www.TCHPP.org/bha-education-program

Tribes & UIHO's
Health & Vaccine Updates



October 22, 2024

COVID-19

INFLUENZA

RSV

← Select a Vaccine to View

LEARN MORE

Data for the 2024-2025 COVID-19 Season (2024 Updated Vaccines)

660,676

Doses Administered

8,448

Doses administered per 100,000 people

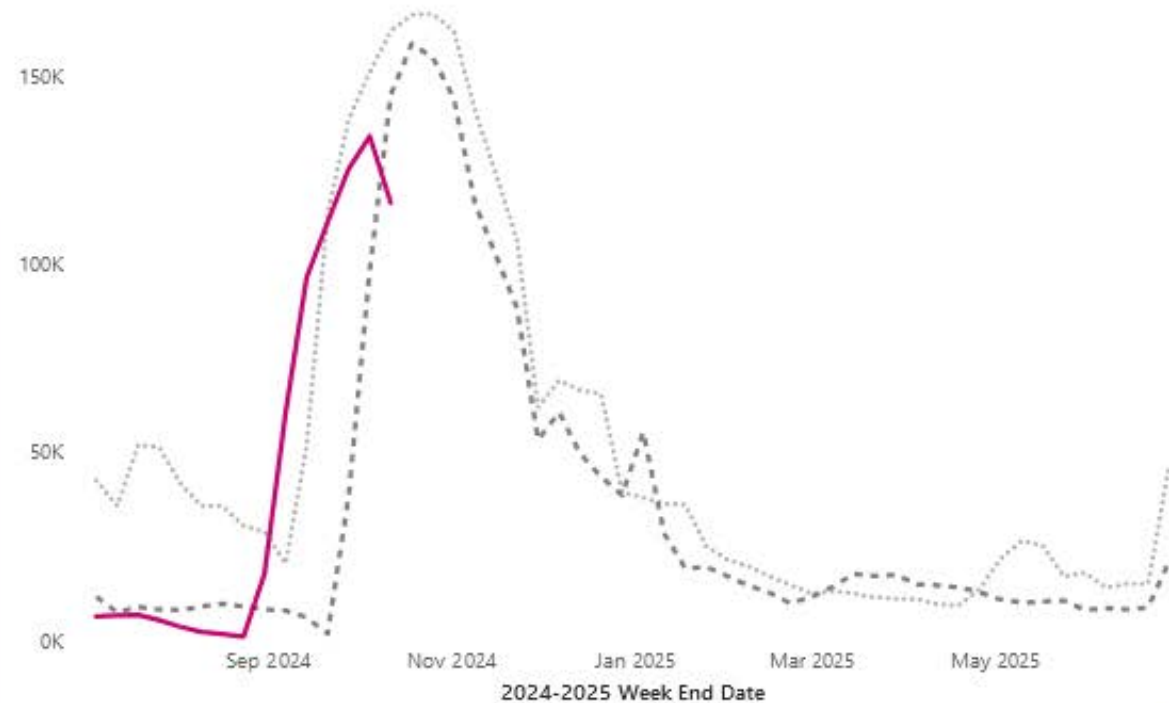


8.3%

Vaccinated with at least one dose during the current COVID season

Weekly Doses Administered Comparing Past and 2024-2025 COVID-19 Seasons

..... 2022-2023 - - - 2023-2024 — 2024-2025



Visit the full [COVID-19 vaccination dashboard](#) for more data.

COVID-19

INFLUENZA

RSV

← Select a Vaccine to View

LEARN MORE

Data for the 2024-2025 Flu Season

1,014,042 Doses administered

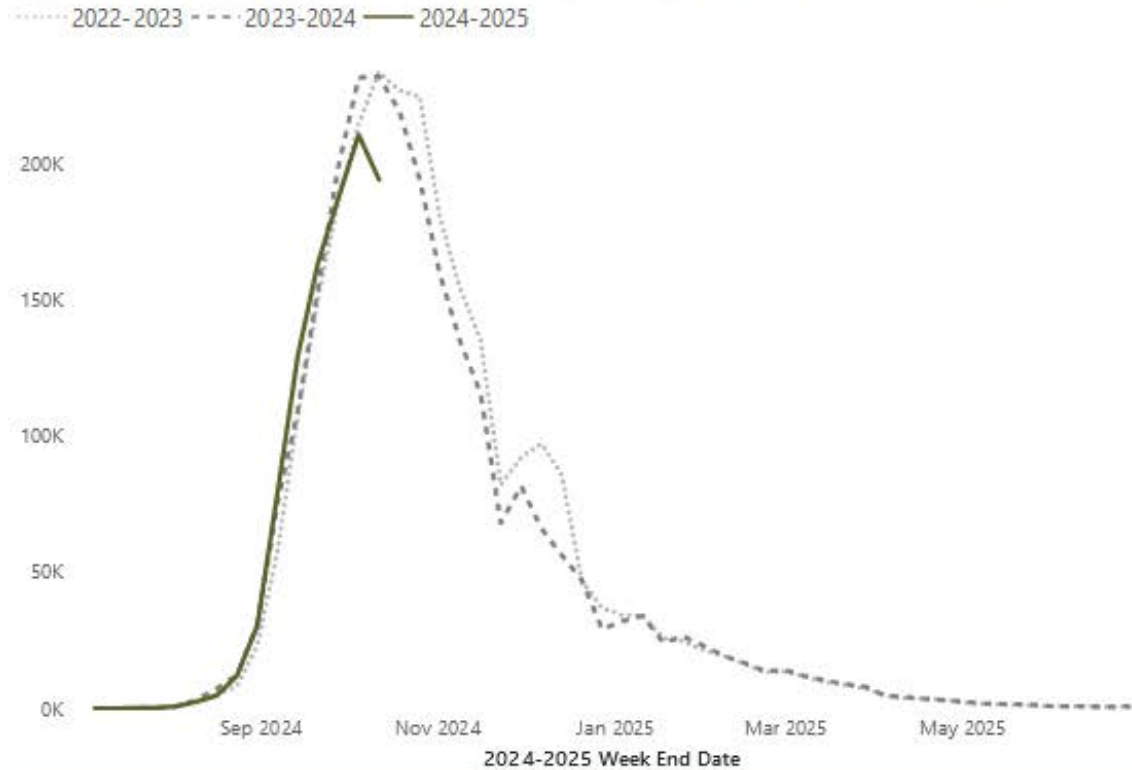
12,967 Doses administered per 100,000 people



12.6%

Vaccinated with at least one dose during the current flu season

Weekly Doses Administered Comparing Past and 2024-2025 Flu Seasons



Visit the full [influenza vaccination dashboard](#) for more data. →

COVID-19

INFLUENZA

RSV

← Select a Vaccine to View

[LEARN MORE](#)

Select a Population to View

Child

Adult

Weekly Doses Administered to Adults 18 Years and Older

Comparing the 2023-2024 and 2024-2025 RSV Seasons

Data for the 2024-2025 RSV Season

44,262

Doses administered to adults 18 years and older

4,015

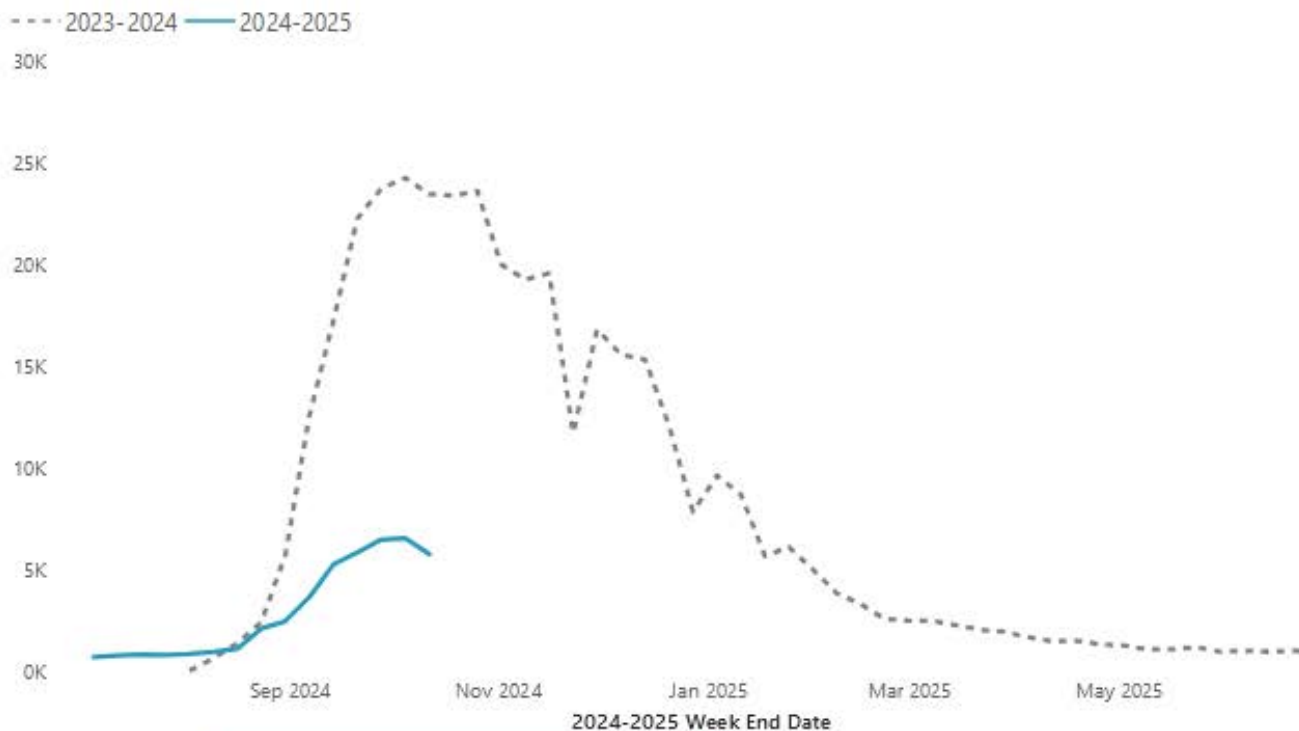
Doses to adults 18-49 years old

19,851

Doses to adults 60-74 years old

20,304

Doses to adults 75 years and older



Total Doses Administered

Total Adults Vaccinated

Statewide Summary for the Week of 10/6/2024 - 10/12/2024

[Click here for dashboard user tips](#)

Percent of Emergency Department Visits			Percent of Hospital Admissions			Average Number of ICU Beds Occupied	
COVID-19		1%	COVID-19		2%	COVID-19	25
Influenza		0%	Influenza		0%	Influenza	0
RSV		0%	RSV		0%	RSV	Data not collected
Percent change from previous week			Percent change from previous week			Change from previous week	
COVID-19	Influenza	RSV	COVID-19	Influenza	RSV	COVID-19	Influenza
-25%	0%	0%	-21%	0%	0%	4	0



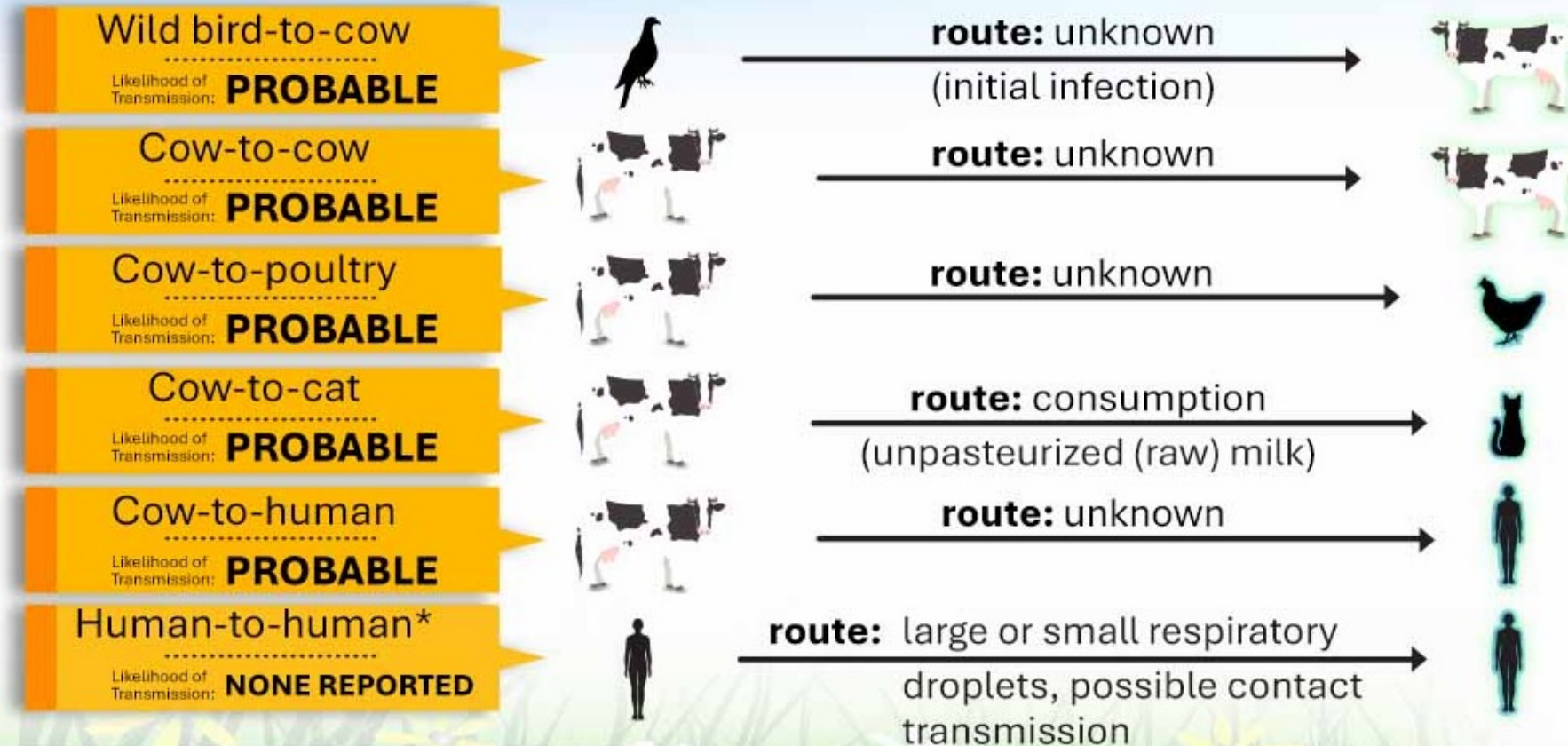
[Click here to Learn More about Respiratory Disease data.](#)



Agricultural /H2A Worker Outreach

H5N1 Bird Flu Outbreak in Dairy Cows

How is it Spreading?



*No human-to-human spread of H5N1 has been detected during the current outbreak in dairy cows.

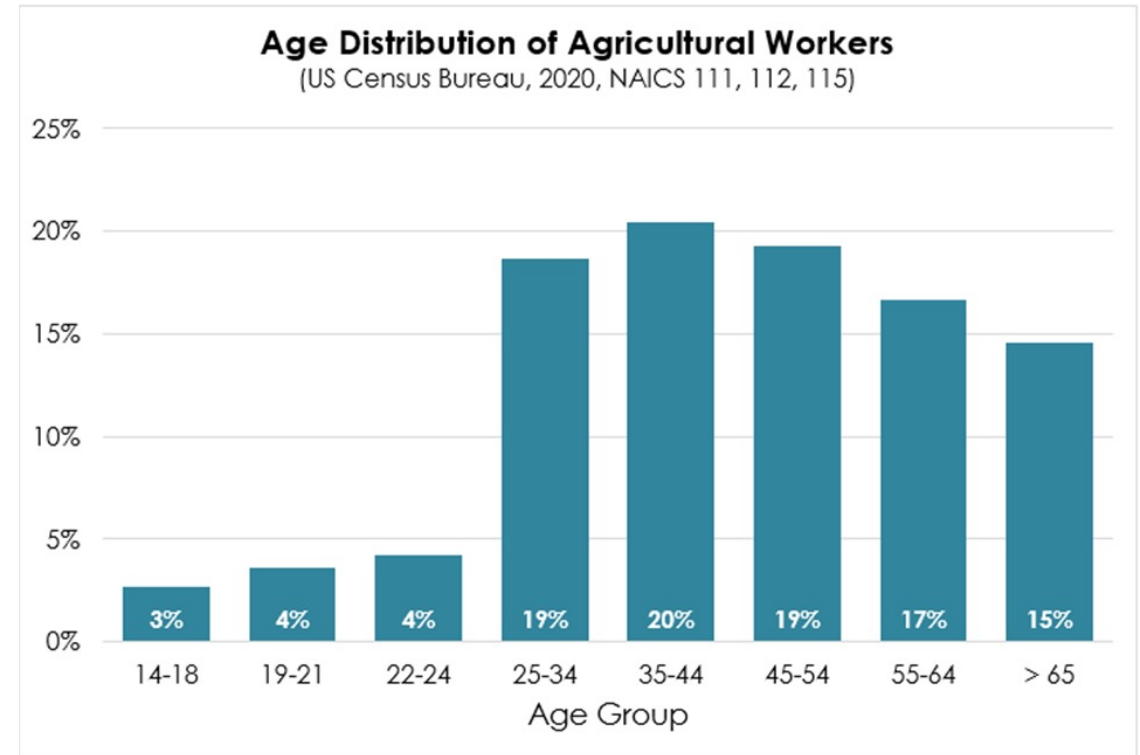


Background

- Agricultural workers include two groups: Migrant and seasonal domestic farmworkers, and H-2A workers.
- There are approximately 100,000 H-2A and domestic seasonal agriculture workers in Washington state annually employed within three sectors of the agricultural industry.
- Significant transmission of Flu can occur in congregate settings.
- Vaccination has shown to be the strongest measure to prevent serious disease and death caused by Flu.
- There are currently no vaccination mandates for migrant and seasonal domestic agricultural workers.
- Previously designated as “essential critical infrastructure workers,” and known as a highly vulnerable population, we are prioritizing agricultural workers to reduce risks of severe outcomes.

Demographics

- This chart shows the estimated age distribution using the NAICS codes.
- 78% of farmworkers in the U.S identify as Hispanic or Latino.



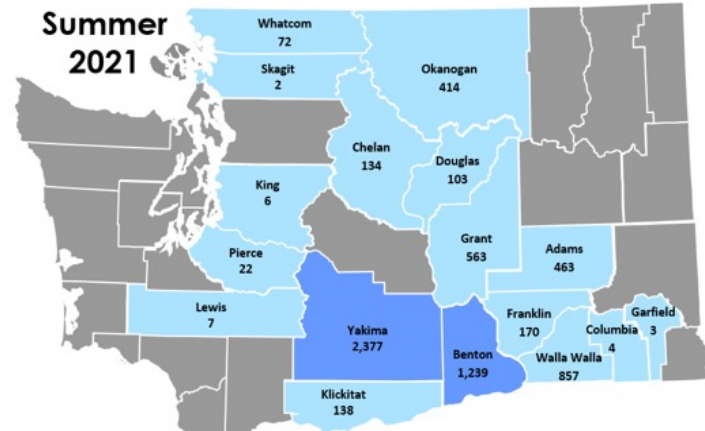
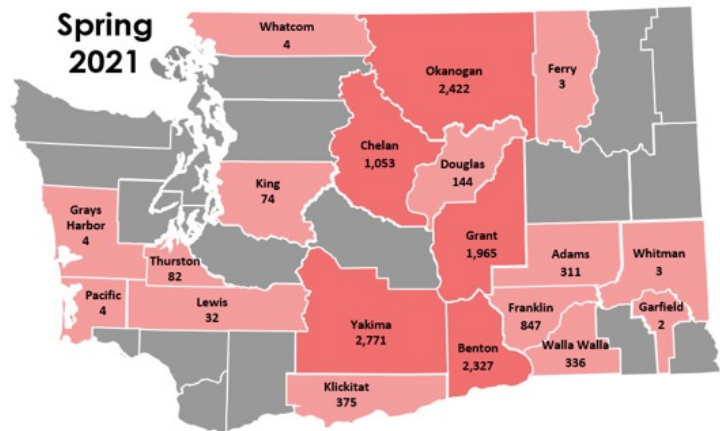
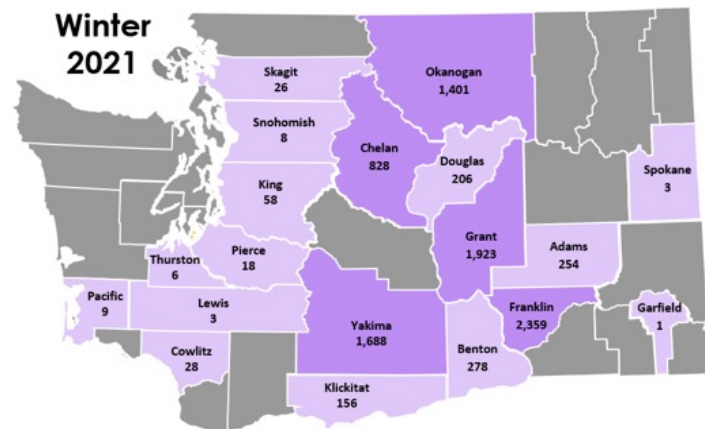
CDC Flu Recommendation for Ag workers

CDC: “While getting a seasonal flu vaccine only prevents seasonal flu and will not protect against H5N1 bird flu, **it is important that people who may have frequent exposure to infected or potentially infected birds or other animals get a seasonal flu vaccine, ideally 2 weeks before their potential exposure.**”

CDC: <https://www.cdc.gov/bird-flu/spotlights/h5n1-response-08022024.html>

- 8/2/24: CDC announced it's intention to focus on flu immunization to protect the health of farmworkers at heightened risk of exposure to H5N1 bird flu.

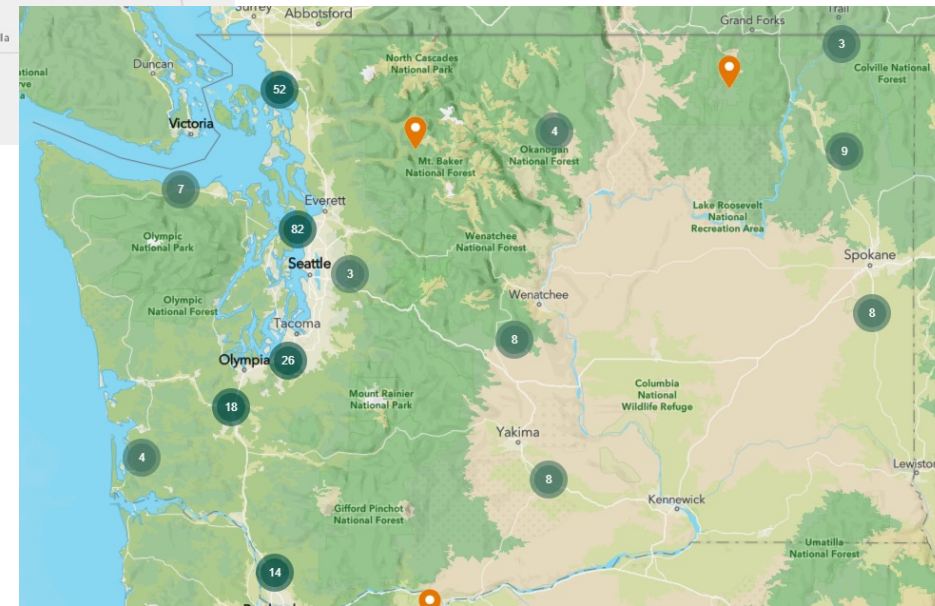
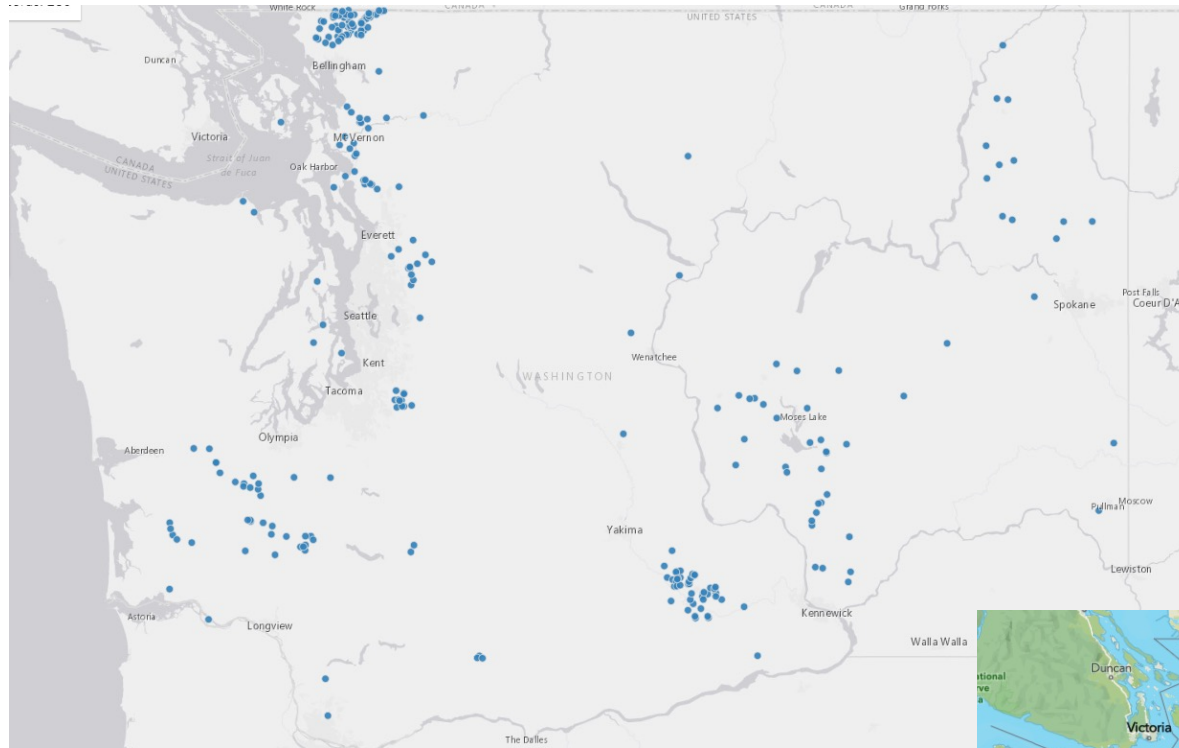
Population Distribution



The map shows the breakdown of domestic migrant and seasonal agricultural workers and H-2A workers by county.

Applicable Farm Distribution

[Dairy](#) (left) and [Poultry](#) (right) Farms



Agriculture Workers Vaccination Outreach Plan

The Department of Health (DOH) has established a workgroup dedicated to supporting the needs of H2A and agricultural workers in Washington State. Recognizing the critical importance of providing influenza immunization and information to this often underserved and vulnerable population, we are implementing several strategies:

- **Care- A- Van**

- Collaboration with partners to schedule a series of impactful Care-A-Van service events.

- **Culturally and Linguistically Appropriate Outreach:**

- We are developing outreach materials that are tailored to the cultural and linguistic needs of agricultural workers. These materials will provide essential information about influenza and the benefits of immunization. [DOH Flu Free Washington partner toolkit](#)

- **On-Farm Service Opportunities with Care-a-Van:**

- Our Care-a-Van program will offer on-site vaccination services at farms, including translation services to ensure clear communication and understanding among workers.

- **Outreach Planning Guide:**

- Information on how organizations and communities can support Agricultural workers in their region, what their barriers are, what successful actions we can build on together, and sharing our available tools towards success. [Guide Link](#)



Flu Vaccine Resources Available

There are a variety of research and resource tools currently available:

- [Community Engagement Guide \(wa.gov\)](#) - intended to assist with engaging communities.
- [Flu Vaccine – Immunize.Org](#) – Spanish Translation
- [Care-A-Van](#)
- [Promotoras: \(Community Health Workers\)](#)
- [Wa Licensed Dairy Farms Washington State Geospatial Open Data Portal](#)
- [Flu Free WA partner toolkit](#)
- [“Flu Free at Work” toolkit for employers](#)
- [Respiratory Illness Prevention co-brandable toolkit](#)

Future Vaccine Resources

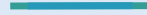
10/20/24: ASPR takes next steps to prepare vaccine against H5 influenza

- ASPR and BARDA is paying ~ \$72M to CSL Seqirus, Sanofi, and GSK to complete the next steps in influenza A(H5) vaccine as part of national preparedness.
- Companies will convert bulk doses into ready-to-use vials or pre-filled syringes, ready for distribution if needed.
- Companies also will manufacture additional bulk influenza antigen from seed stocks that match circulating strains.

<https://aspr.hhs.gov/newsroom/Pages/ASPR-Next-Steps-Against-H5-Influenza.aspx>

Simultaneous Administration of Vaccines

- In accordance with [General Best Practice Guidelines for Immunization](#), routine **administration of all age-appropriate doses of vaccines simultaneously is recommended** for children, adolescents, and adults if there are no contraindications at the time of the healthcare visit.
- There are additional considerations if administering an orthopoxvirus vaccine and COVID-19 vaccine



RSV Immunization

About Respiratory Syncytial Virus (RSV)



Common
respiratory virus



Causes mild,
cold-like
symptoms



Seasonal
epidemics



Spread through
respiratory
droplets, direct
contact, fomites

ACIP RSV Immunization Seasonal Recommendations Summary*

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Infants and children (nirsevimab)		Administer during October–March in most of the continental U.S.						Providers can adjust administration schedules based on local epidemiology.†				
Pregnant people (Pfizer, Abrysvo)	Administer during September–January in most of the continental U.S.					ONLY jurisdictions whose seasonality differs from most of the continental US may administer outside of September–January.†						
Adults 60+ (Abrysvo, Arexvy, mRESVIA approved 5/24)	Offer as early as vaccine is available using shared clinical decision making; continue to offer vaccination to eligible adults who remain unvaccinated.											

Recommended timing for immunization

Timing NOT recommended for immunization, except in limited situations (as indicated in chart)

Source: CDC/NCIRD/ISD All-Awardee Call (January 2024)

RSV Vaccine Recommendations for Older Adults

A **single life-time dose** of any RSV vaccine (Abrysvo, Arexvy, or mResvia) is recommended for:

- Adults age 75 years and older
- Adults age 60-74 years who are at increased risk of severe disease

Older Adults are not limited to seasonal administration and can receive it any time of the year.



(mRESVIA (mRNA-1345), approved in May 2024, a 60+ mRNA RSV vaccine)

Birthing Hospital Outreach

- Outreach to birthing hospitals regarding RSV Nirsevimab administration
- Identifying needs and barriers for hospitals
- Creating and implementing webinars
- Facilitating hospital enrollment in CVP



Recommendations for additional RSV vaccine doses in subsequent pregnancies

- People who received a maternal RSV vaccine during a previous pregnancy are not recommended to receive additional doses during future pregnancies
- Infants born to people who were vaccinated only during a prior pregnancy should receive nirsevimab
- Recommendations can be updated in the future if additional data are available



<https://www.cdc.gov/mmwr/volumes/72/wr/mm7241e1.htm>

Allocation Plan

% Allocation	Recipient	Additional information
50%	DOH Childhood Vaccine Program Providers	Pro rata distribution at the county level
40%	Birthing Hospitals	35% 50 mgs 5% 100 mgs Adjust based on demand
10%	Tribal Partners	Adjust based on demand

RSV Planning

- Nirsevimab to be front-loaded early in the season with bi-weekly allocation.
- We expect to receive sufficient supply for the season, but we have developed strategies for handling limited supply situations.



RSV Nirsevimab (Beyfortus) Ordering Update

(03 OCT 2024):

- **Total Doses Ordered to date: 14,569**

- 6,010 doses of 50 mg
- 8,520 doses of 100 mg
- 39 doses of Abrysvo

- **Orders processed on October 2nd**

- 78 orders processed
- 3,745 doses approved
 - 1,860 doses of 50 mg
 - 1,885 doses of 100mg

- **Doses Leftover: 3,335 doses**

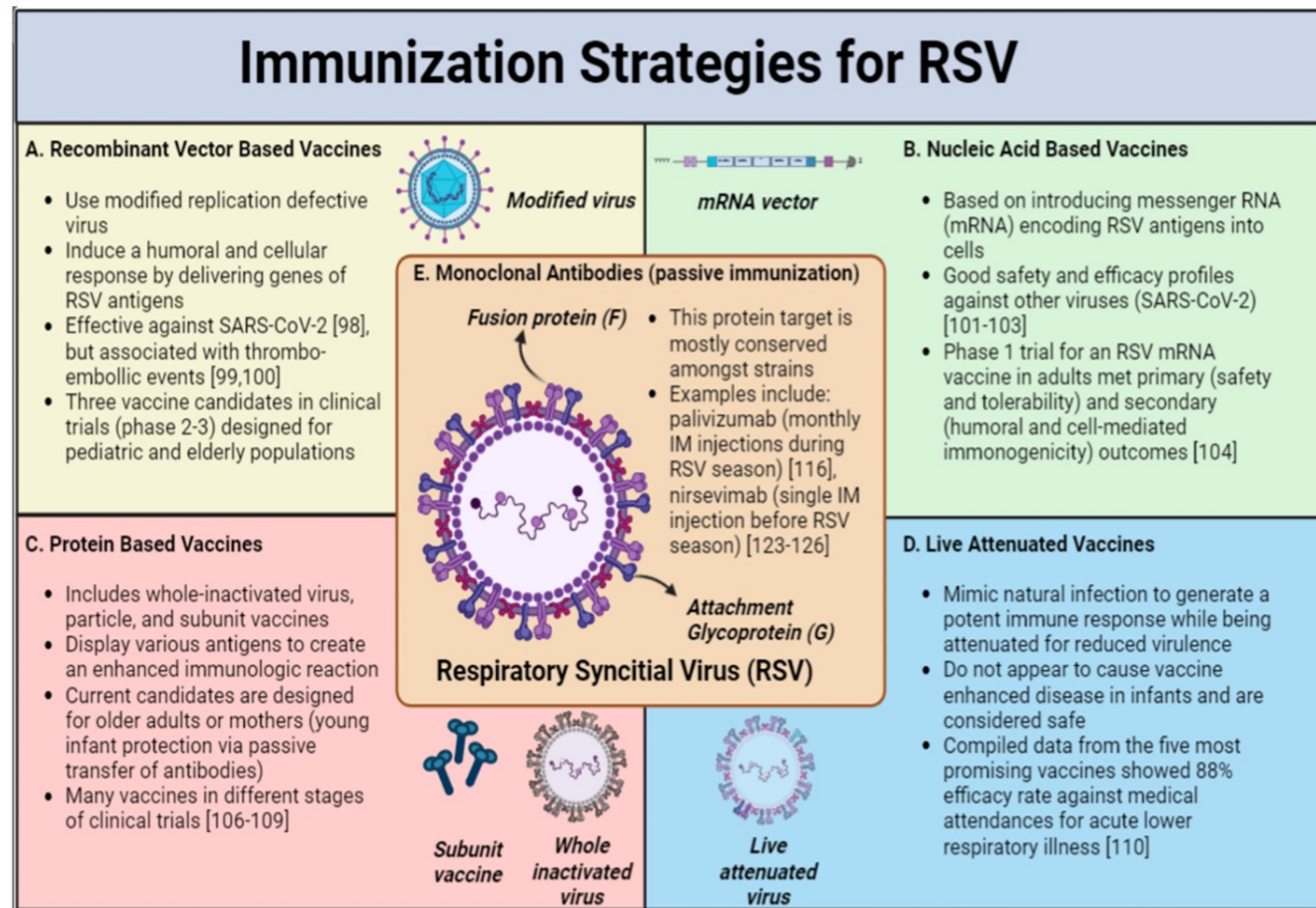
- 240 doses of 50 mg
- 3,095 doses of 100 mg

- **Tribal**

- 3 Total Tribal orders
- 110 Doses ordered
 - 5 doses of 50mg
 - 105 doses of 100mg

Nirsevimab Resources

- [DOH RSV Information](#)
- [Standing Orders for RSV](#)
- [CDC RSV Information](#)
- [Scientific Description of RSV Immunization Methodology](#)



Questions?

Covid.Vaccine@doh.wa.gov



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

NWTEC Respiratory Disease Surveillance Update

Victoria Warren-Mears



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Background: CDC Wastewater Surveillance

- CDC's National Wastewater Surveillance System (BWSS) tracks the presence of COVID-19, Influenza A, RSV, and Mpox in wastewater (sewerage) samples collected across the US
- Infected people (and animals) can shed viral RNA (genetic material from the virus) in their feces, which can be detected in community wastewater
- Wastewater surveillance can provide an early warning of disease spread in communities, show trends, and help guide prevention strategies
- Wastewater surveillance can capture the presence of viral material shed by people with and without symptoms, to help determine if infections are increasing or decreasing
 - Doesn't depend on people having access to healthcare; seeking care when sick; or availability, use, or reporting of disease testing



COVID-19 Surveillance



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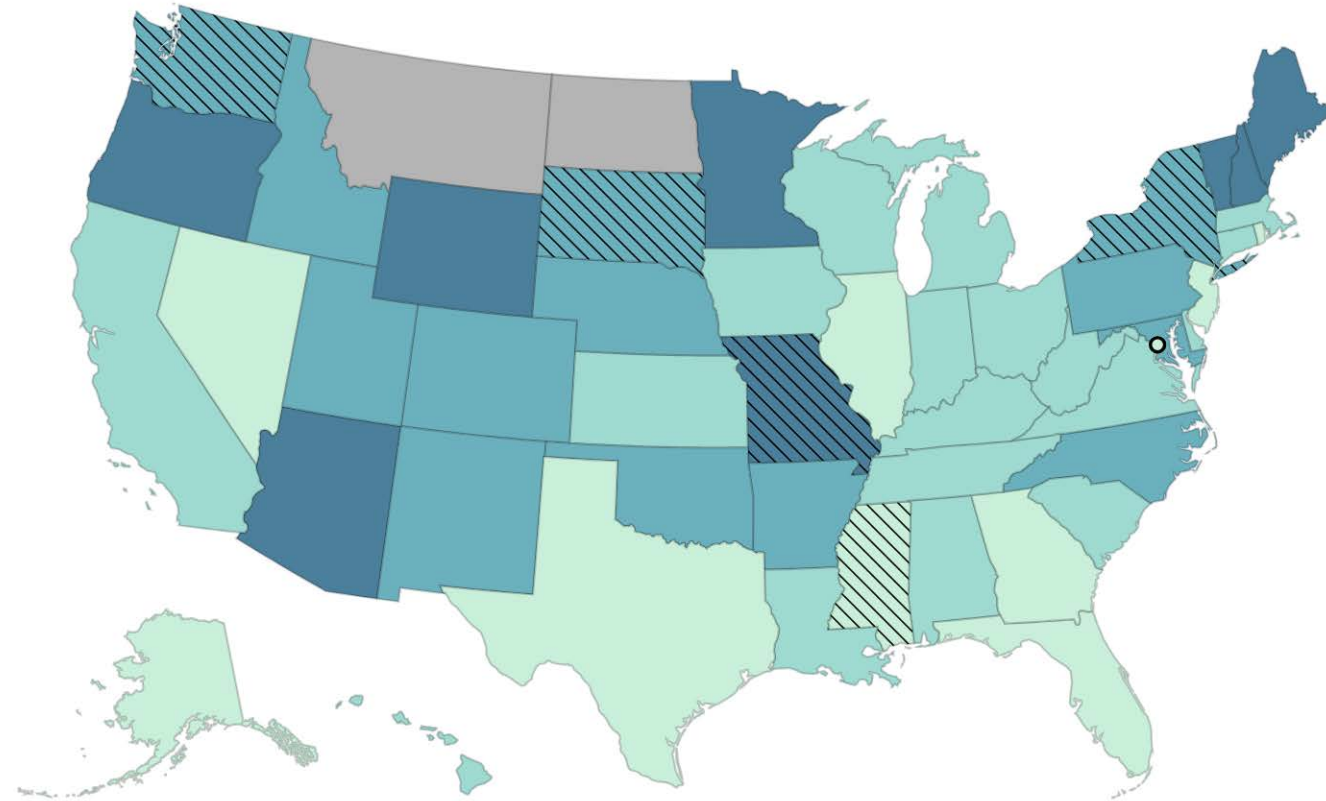
Time Period: October 06 - October 12, 2024

COVID-19 Current Wastewater Viral Activity Levels Map

<https://www.cdc.gov/nwss/rv/COVID19-currentlevels.html>



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GU VI

SARS-CoV-2 Wastewater Viral Activity Levels

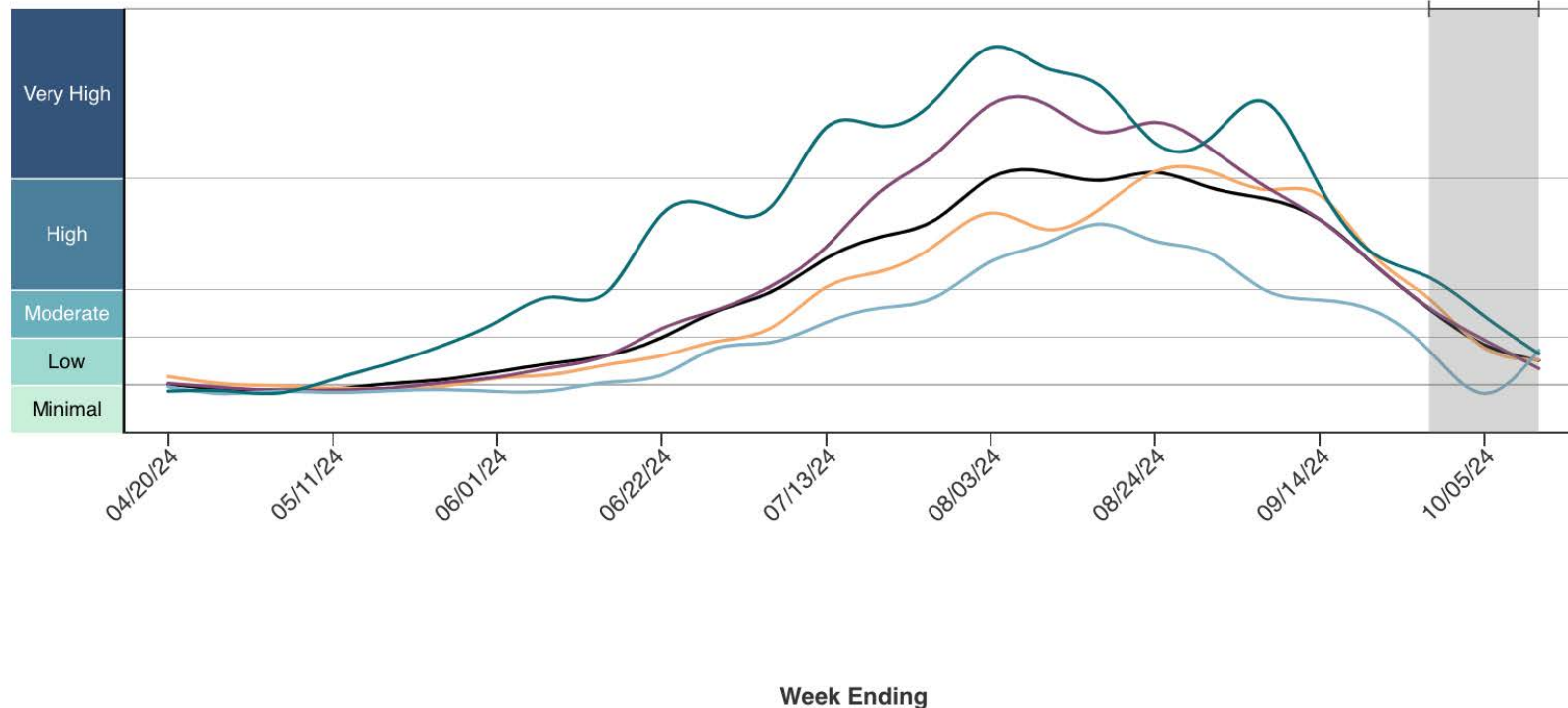
Select a level to add or remove from map.

● Very High ● High ● Moderate ● Low ● Minimal ● No Data ● *Limited Coverage

COVID-19 Wastewater Surveillance

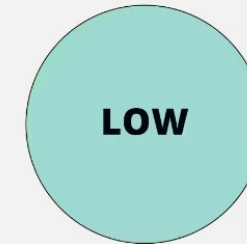
6 Months ▾

US Overview Week ending 10/12/24



Select a geography to add or remove it from the visualization.

● National ● Midwest ● South ● Northeast ● West



Nationally, the wastewater viral activity level for COVID-19 is currently **low**.

Region with the highest wastewater viral activity level for COVID-19:
Northeast

The Western reporting region includes 13 states and one territory: Alaska, Arizona, California, Colorado, Guam, Hawaii, **Idaho**, Montana, Nevada, New Mexico, **Oregon**, Utah, **Washington**, and Wyoming.

Source:

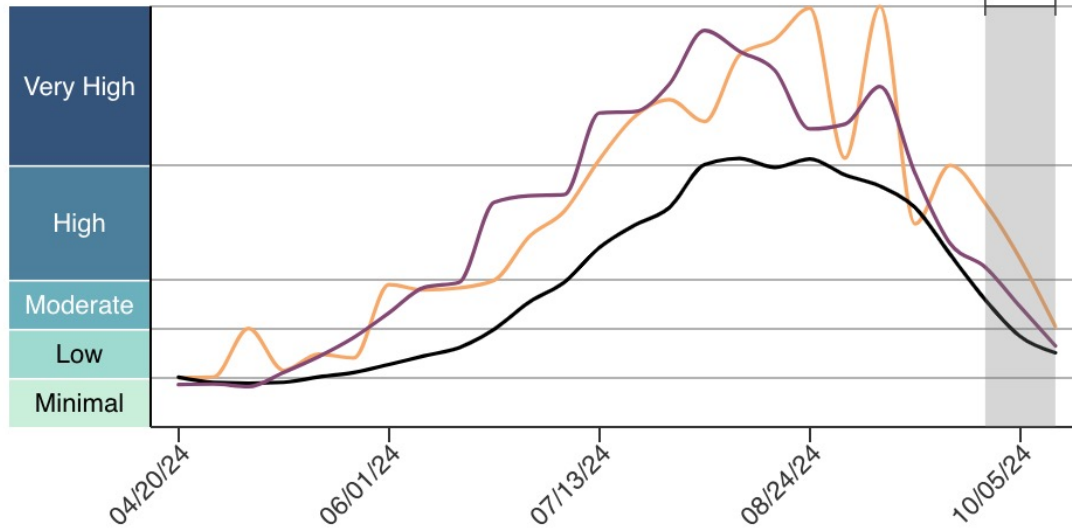
www.cdc.gov/nwss/rv/COVID19-nationaltrend.html

Date Period

6 Months

Idaho

Week ending 10/12/24



● Selected State
 ● National
 ● Regional

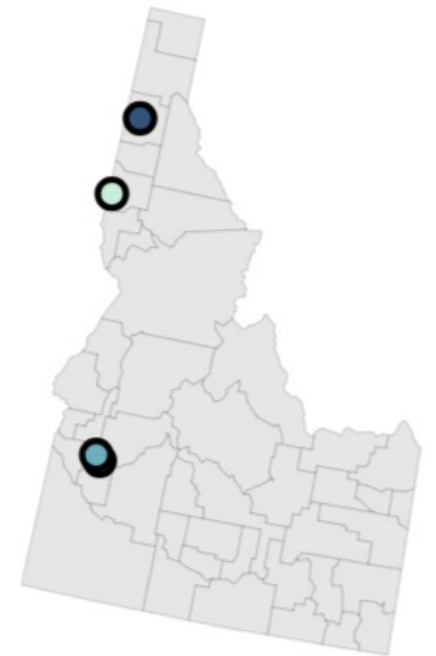
Data from the most recent two weeks may be incomplete due to delays in data reporting. These data sets are subject to change and are indicated by the gray shading.



Time Period:
October 06 - October 12, 2024

In **Idaho**, the wastewater viral activity level for COVID-19 is currently **Moderate**.

Sites reporting in the last week: **4**
 Sites reporting in the last 30 days: **4**



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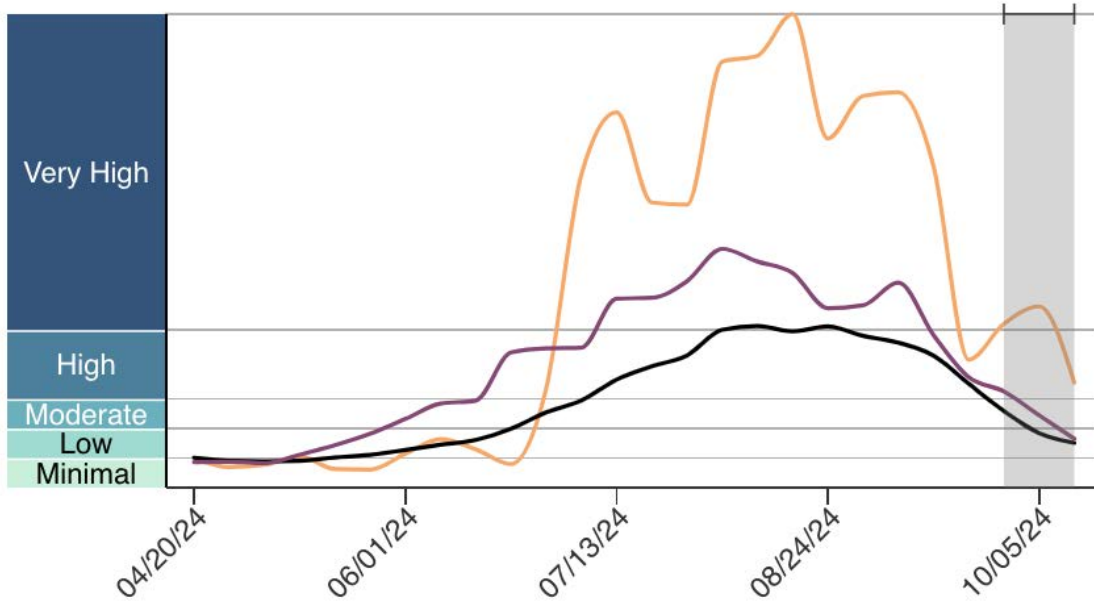
Source: www.cdc.gov/nwss/rv/COVID19-statetrend.html

Date Period

6 Months ▾

Oregon

Week ending 10/12/24



● Selected State
 ● National
 ● Regional

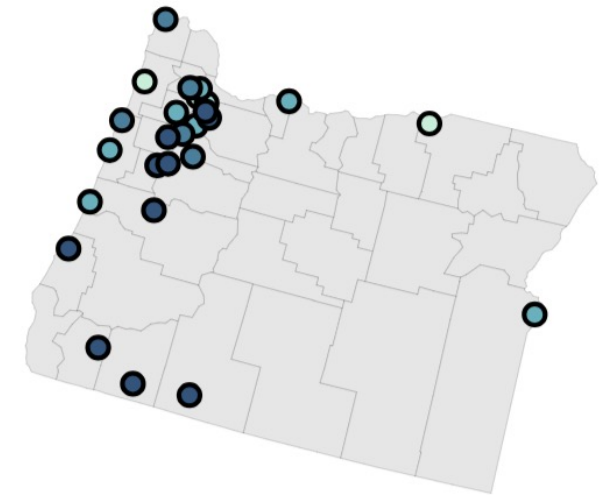
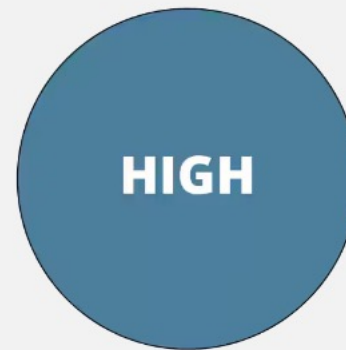
Data from the most recent two weeks may be incomplete due to delays in data reporting. These data sets are subject to change and are indicated by the gray shading.



Time Period:
October 06 - October 12, 2024

In **Oregon**, the wastewater viral activity level for COVID-19 is currently **High**.

Sites reporting in the last week: **26**
 Sites reporting in the last 30 days: **35**



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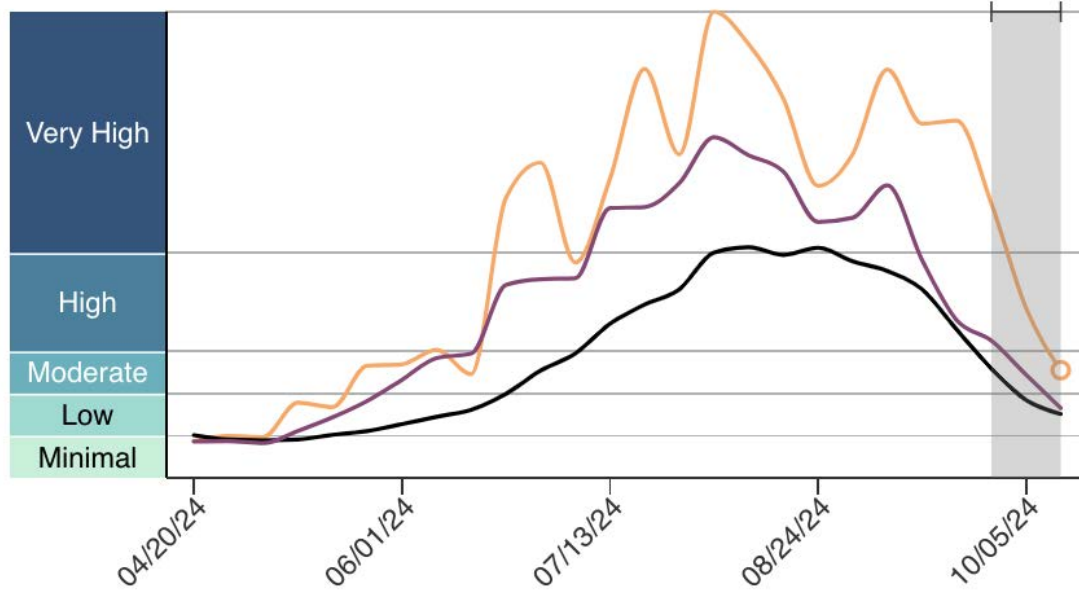
Source: www.cdc.gov/nwss/rv/COVID19-statetrend.html

Date Period

6 Months ▾

Washington

Week ending 10/12/24



● Selected State ● National ● Regional

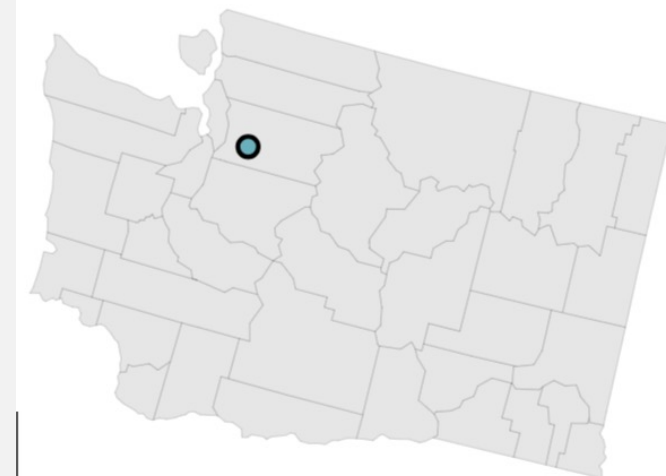
Data from the most recent two weeks may be incomplete due to delays in data reporting. These data sets are subject to change and are indicated by the gray shading.

Washington COVID-19 Wastewater Trends & Viral Activity Level

Time Period:
October 06 - October 12, 2024

In **Washington**, the wastewater viral activity level for COVID-19 is currently **Moderate**.

Sites reporting in the last week: **1**
Sites reporting in the last 30 days: **29**



MODERATE



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Source: www.cdc.gov/nwss/rv/COVID19-statetrend.html

COVID-19 Variants in Wastewater: National

Source:

covid.cdc.gov/covid-data-tracker/#variant-proportions



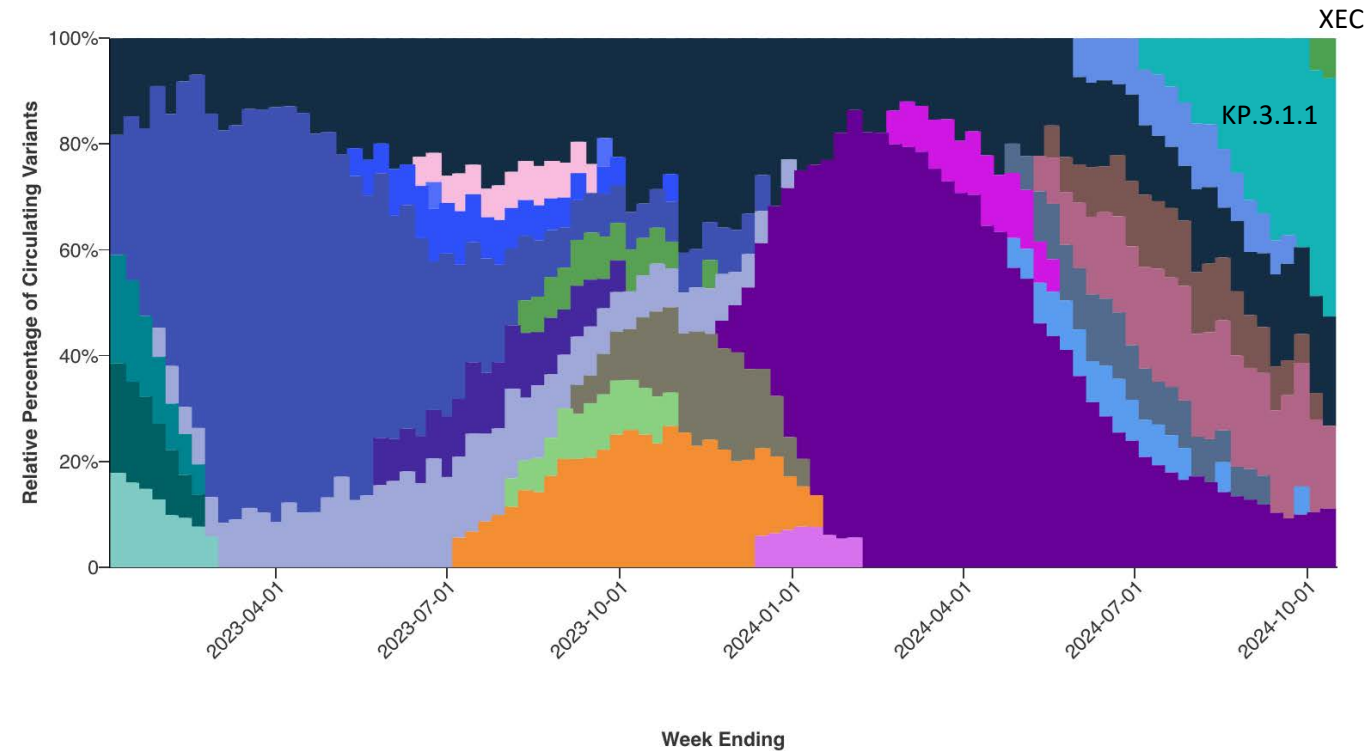
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This chart shows the average relative proportions of SARS-COV-2 virus variants in wastewater at the national level. Variants constituting less than 5% abundance are categorized as "Other."

Predominant Variant

KP.3.1.1

All lineages not enumerated in this graphic are aggregated with their parent lineages, based on Pango statement of nomenclature rules.



Select a variant to add or remove it from the visualization.

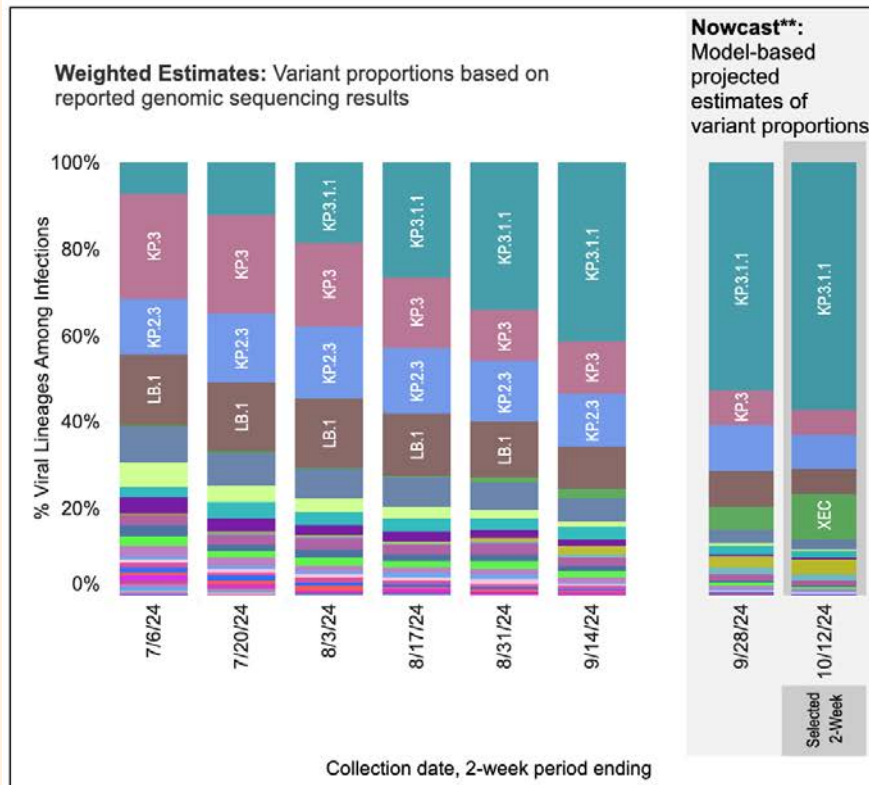
- BA.2
- BA.2.86
- BA.5
- BQ.1
- BQ.1.1
- EG.5
- FL.1.5.1
- HK.3
- HV.1
- JN.1
- XBB
- XBB.1.16
- XBB.1.16.1
- XBB.1.16.6
- XBB.1.5
- XBB.1.5.1
- XBB.1.5.59
- XBB.1.9.1
- XBB.1.9.2
- XBB.2.3
- JN.1.11.1
- JN.1.7
- JN.1.8.1
- KP.2
- KP.1.1
- KP.3
- LB.1
- Other
- KP.2.3
- KP.3.1.1
- XEC

COVID-19 Variants

HHS Region 10: AK, ID, OR, WA

Weighted and Nowcast Estimates in United States for 2-Week Periods in 6/23/2024 – 10/12/2024

Hover over (or tap in mobile) any lineage of interest to see the amount of uncertainty in that lineage's estimate.

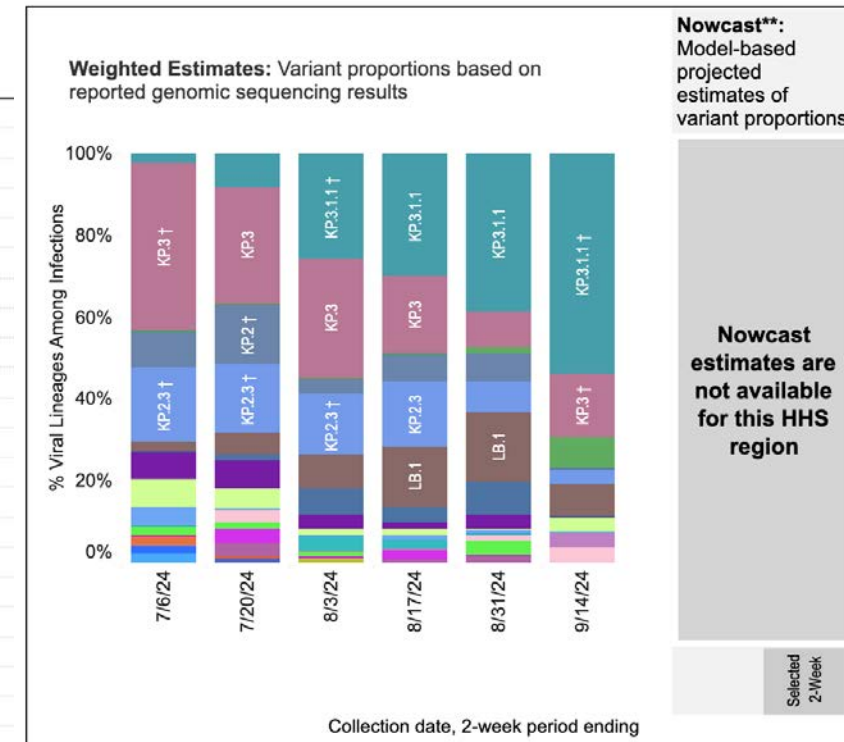


Nowcast Estimates in United States for 9/29/2024 – 10/12/2024

USA				
WHO label	Lineage #	US Class	%Total	95%PI
Omicron	KP.3.1.1		57.2%	53.4-61.0%
	XEC		10.7%	6.8-16.1%
	KP.2.3		7.8%	6.7-9.0%
	LB.1		5.8%	4.9-6.8%
	KP.3		5.7%	4.9-6.6%
	MC.1		3.6%	2.1-6.0%
	KP.2		2.0%	1.4-3.0%
	LB.1.3.1		1.6%	0.5-4.3%
	KP.1.1.3		1.3%	0.9-1.9%
	LP.1		1.1%	0.8-1.6%
	KP.1.1		0.6%	0.5-0.8%
	JN.1.18		0.5%	0.3-0.8%
	KS.1		0.4%	0.3-0.6%
	JN.1.16.1		0.4%	0.3-0.6%
	KP.2.15		0.3%	0.2-0.4%
	LF.3.1		0.2%	0.1-0.4%
	JN.1		0.2%	0.1-0.4%
	JN.1.11.1		0.2%	0.1-0.3%
	KP.4.1		0.1%	0.0-0.2%
	XDV.1		0.0%	0.0-0.1%
	KW.1.1		0.0%	0.0-0.1%
	JN.1.7		0.0%	0.0-0.0%
	JN.1.16		0.0%	0.0-0.0%

Weighted Estimates in HHS Region 10 for 2-Week Periods in 6/23/2024 – 10/12/2024

Hover over (or tap in mobile) any lineage of interest to see the amount of uncertainty in that lineage's estimate.



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** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates
Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one 2-week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all 2-week periods displayed. While all lineages are tracked by CDC, those named lineages not enumerated in this graphic are aggregated with their parent lineages, based on Pango lineage definitions, described in more detail here: <https://web.archive.org/web/20240116214031/https://www.pango.network/the-pango-nomenclature-system/statement-of-nomenclature-rules>.

Source: covid.cdc.gov/covid-data-tracker/#variant-summary

Influenza A Surveillance



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Influenza A (H5N1) in Wastewater

Wastewater and the current outbreak of Influenza A (H5N1) in birds, cattle, and other animals:

- Current wastewater monitoring methods detect Influenza A viruses but do not determine the subtype. This means that Avian Influenza A (H5N1) viruses can be detected but would not be distinguished from other Influenza A virus subtypes.
- Wastewater testing cannot determine the source of the Influenza A virus. It could come from a human or from an animal (like a bird) or an animal product (like milk from an infected cow).



Influenza A Current Wastewater Viral Activity Levels Map



Nationally, the wastewater viral activity level for Influenza A is currently **minimal**.

Influenza A Wastewater Viral Activity Levels

Select a level to add or remove from map.

● Very High ● High ● Moderate ● Low ● Minimal ● No Data ☒ *Limited Coverage

* Based on a small segment (less than 5%) of the population and may not be representative of the state/territory.

Data last updated 2024-10-17

Source:

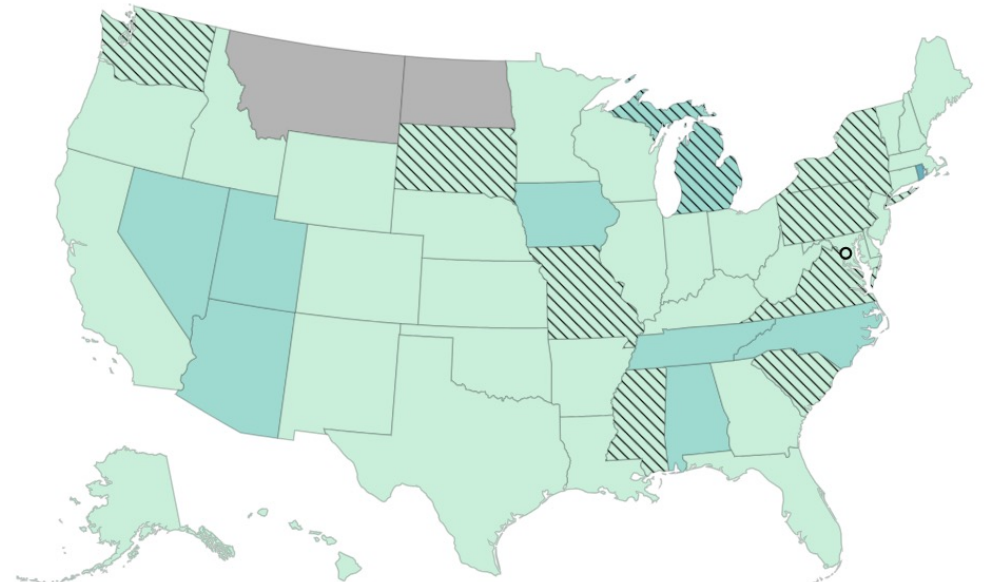
www.cdc.gov/nwss/rv/InfluenzaA-currentlevels.html



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This interactive map shows the current [wastewater viral activity level](#) of influenza A for each state or territory.

Time Period: October 06 - October 12, 2024



GU VI

RSV (Respiratory Syncytial Virus) Surveillance



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RSV Current Wastewater Viral Activity Levels Map



Nationally, the wastewater viral activity level for RSV is currently **minimal**.

RSV Wastewater Viral Activity Levels

Select a level to add or remove from map.

Very High High Moderate Low Minimal No Data *Limited Coverage

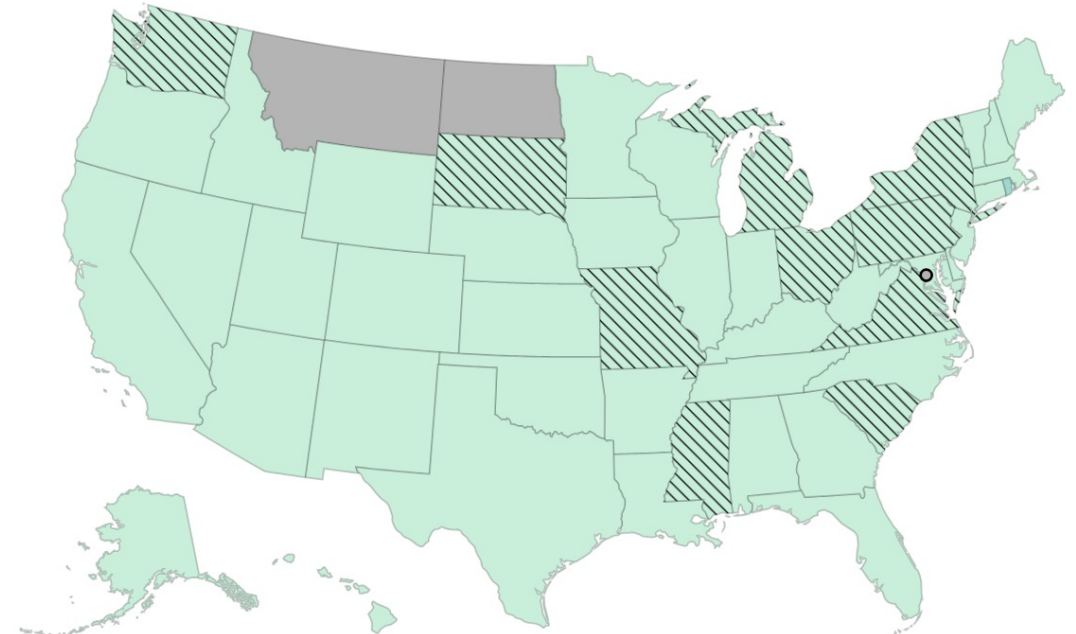
* Based on a small segment (less than 5%) of the population and may not be representative of the state/territory.

Data last updated 2024-10-17

Source: www.cdc.gov/nwss/rv/RSV-nationaltrend.html

This interactive map shows the current [wastewater viral activity level](#) of RSV (respiratory syncytial virus) for each state or territory.

Time Period: October 06 - October 12, 2024



GU VI



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COVID-19 Vaccination Data

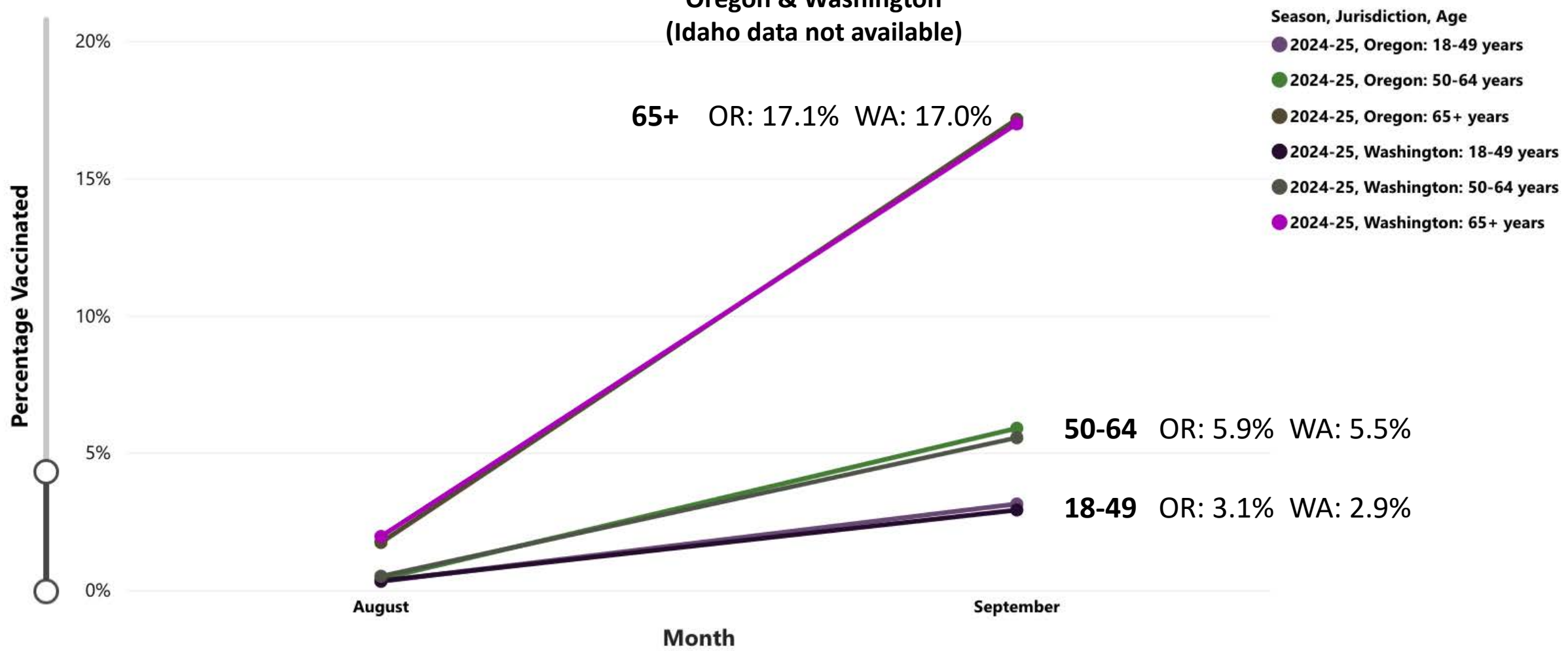


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Figure 4C. Monthly Cumulative Number and Percent of Adults 18 Years and Older Who Received 1+ updated 2024—25 COVID-19 Vaccination Doses^{*,†} by Season, Age Group and Jurisdiction, United States

Data Source: Jurisdictional Immunization Information Systems (IIS)

**Oregon & Washington
(Idaho data not available)**



Influenza Vaccination Data



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Figure 5C. Monthly Cumulative Number and Percent of Adults 18 Years and Older Who Received 1+ Influenza Vaccination Doses^{*,†}, by Influenza Season, Age Group, and Jurisdiction, United States
Data Source: Jurisdictional Immunization Information Systems (IIS)

Idaho

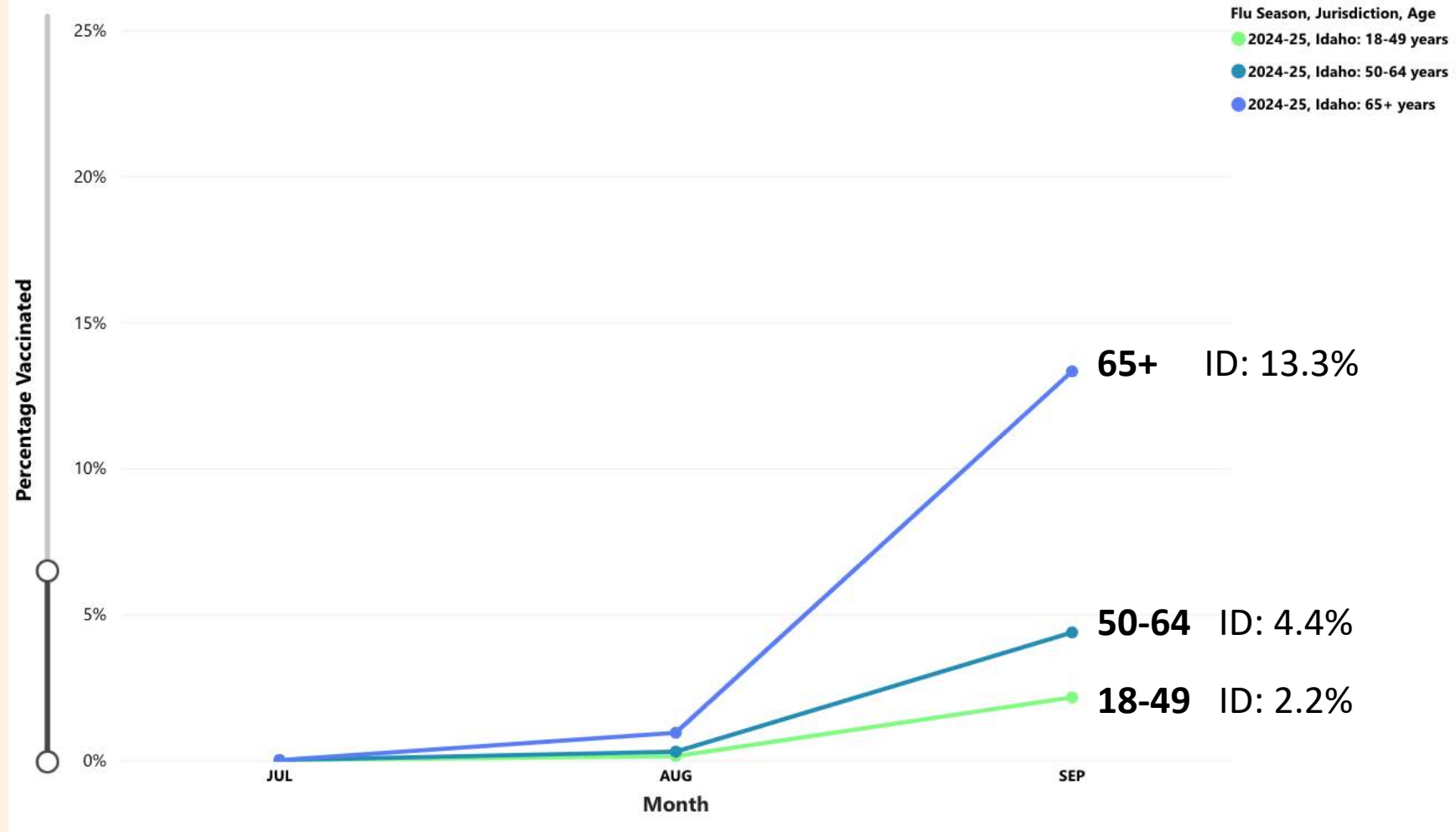


Figure 5C. Monthly Cumulative Number and Percent of Adults 18 Years and Older Who Received 1+ Influenza Vaccination Doses^{*,†}, by Influenza Season, Age Group, and Jurisdiction, United States
Data Source: Jurisdictional Immunization Information Systems (IIS)

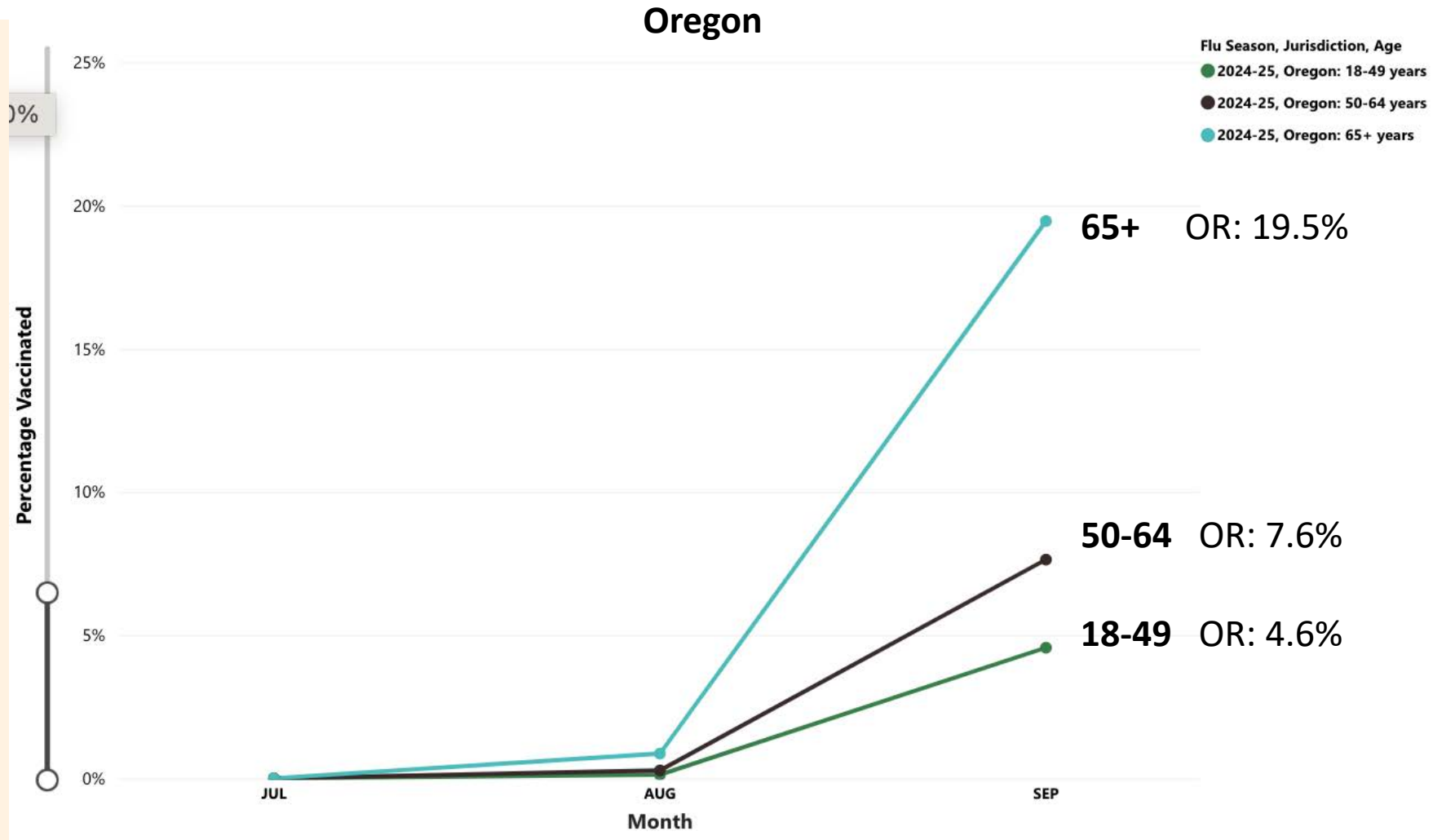
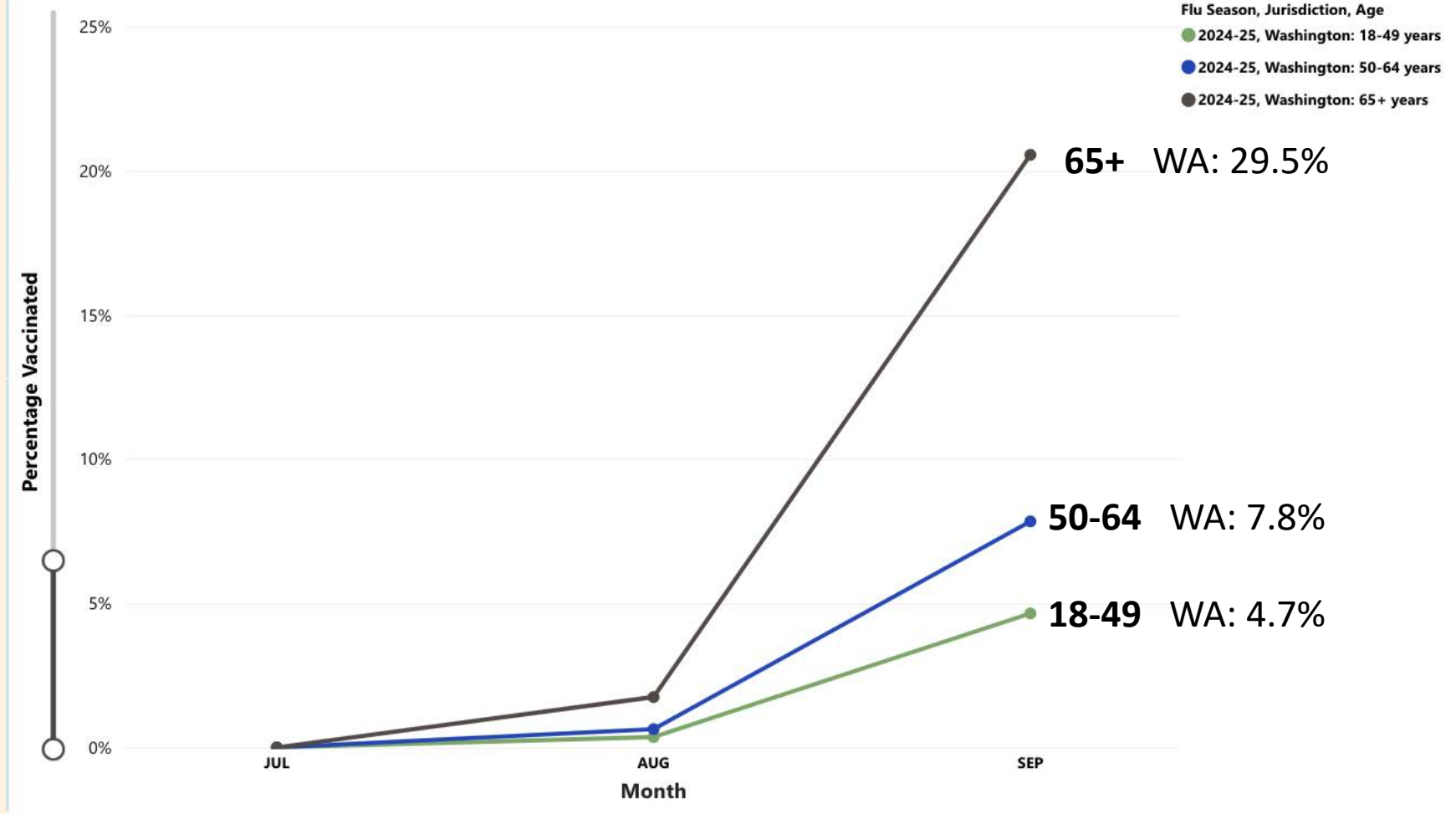


Figure 5C. Monthly Cumulative Number and Percent of Adults 18 Years and Older Who Received 1+ Influenza Vaccination Doses^{*,†}, by Influenza Season, Age Group, and Jurisdiction, United States
Data Source: Jurisdictional Immunization Information Systems (IIS)

Washington



Questions & Discussion

Reminder: NPAIHB vaccine-related resource materials are available at:

www.indiancountryecho.org/vaccinative



The screenshot shows the Vaccinative website interface. At the top, there is a teal header with the word "Vaccinative" in white. Below the header, there are six rounded rectangular buttons arranged in two rows of three. Each button contains an icon and a label: "Handouts" (heart and hand icon), "Videos" (film strip icon), "PowerPoints" (document with 'P' icon), "Social Media Toolkits" (share icon), "Educational Flip Chart" (book icon), and "Are you a health provider?" (clipboard icon). Below these buttons, the text "Protecting One Another" is followed by a paragraph: "To thrive our communities have worked hard to protect each member, including our most vulnerable. Today, one way we can protect ourselves and others is by getting vaccinated." Below this is another paragraph: "This site contains materials by Vaccinative - a national alliance of Elders, clinicians, and public health professionals dedicated to sharing accurate vaccine information for Native people by Native people." Below that is a paragraph: "To learn more about the [Vaccinative Alliance](#) or if you have questions, email us at Vaccinative@npaihb.org." At the bottom, there is a paragraph: "Physical copies of our materials are available to order at [Native Health Resources](#)." On the right side, there is a large circular logo for "VACCINATIVE" with the tagline "Vaccination information for Natives by Natives". The logo features stylized human figures in various colors (red, orange, yellow, green, blue) arranged in a circle. In the bottom right corner, there is a small grey speech bubble icon.



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State Partner Updates

Comments & Questions



Additional Resources & Links

- WA human bird flu infections: [Seattle Times article link](#)
- Increased risk to Native children from RSV & importance of protecting them with nirsevimab: [Pediatrics article link](#)
- Pacific NW Respiratory Dashboard: [UW link](#)
- Background on listeriosis disease: [WA DOH link](#)

