

NPAIHB Weekly Update

December 3, 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
- Events, Resources & Announcements
- Respiratory Disease Surveillance Updates: Bridget Canniff
- 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



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Upcoming Indian Country ECHO telehealth opportunities

- **Harm Reduction ECHO** - 1st Tuesday of every month at 12pm PT
 - Tuesday, December 3rd at 12pm PT
 - To learn more and join: <https://www.indiancountryecho.org/program/harm-reduction/>
- **EMS ECHO** - 1st Tuesday & 3rd Thursday of every month at 5pm PT
 - Tuesday, December 3rd at 5pm PT
 - Didactic Topic: *Special Populations: LGBTQ+ Concerns*
 - To learn more and join: <https://www.indiancountryecho.org/program/emergency-medical-services-echo/>
- **Hepatitis C ECHO** – Wednesdays at 11am PT
 - Wednesday, December 4th at 11am PT
 - Didactic Topic: *HCV in Pregnancy*
 - To learn more and join: <https://www.indiancountryecho.org/program/hepatitis-c/>
- **SUD ECHO** – 1st Thursday of every month at 11am PT
 - Thursday, December 5th at 11am PT
 - Didactic Topic: *Recharge, Reflect, Resilience: Self-Care for the SUD Workforce*
 - To learn more and join: <https://www.indiancountryecho.org/program/substance-use-disorder/>

Upcoming Indian Country ECHO telehealth opportunities

- **VCI ECHO** – 2nd Monday of every month at 12pm PT
 - Monday, December 9th at 12pm PT
 - Didactic Topic: *How telehealth and other virtual health services will solve the primary care shortage*
 - To learn more and join: <https://www.indiancountryecho.org/program/virtual-care-implementation/>

NEW 988 Videos!

- 2 new THRIVE 988 Suicide Prevention Project videos
- Created to help connect Tribal callers to call centers on a more personal level
- Contain information and content about the first Tribal Crisis Lifeline taking 988 calls, the Volunteers of America Western Washington Native & Strong Lifeline in Washington State
- **Come Tour a Call Center with us**
<https://www.youtube.com/watch?v=fmXKjWU-Voo&t=2s>
- **Employee Spotlight** <https://www.youtube.com/watch?v=Iz5ipTV-BIg&t=29s>



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NPAIHB 2025 Community Health Representative (CHR) Courses:

Core CHR Course – online, 8 weeks

Apply by February 28, 2025

Advanced CHR Course – online, 6 weeks

Apply by January 10, 2024

Get paid while you learn and earn a certificate for the CHR Program at no cost – scholarship funding available!

Contact the CHR team to learn more at:

mlouie@npaihb.org



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**BECOME A
COMMUNITY HEALTH REPRESENTATIVE (CHR)**

WHAT IS THE CHR PROGRAM?

The Community Health Representative (CHR) Program is a unique concept for providing health care, health promotion, and disease prevention services. CHRs have demonstrated how they assist and connect with the community, and their work has become essential to the spectrum of Tribal community-oriented primary health care services. CHRs are great advocates, in part because they come from the communities they serve and have tribal cultural competence. Their dedicated work has assisted many to meet their healthcare needs. The health promotion and disease prevention efforts that CHRs provide have also helped people from the community improve and maintain their health. By providing health education and reducing hospital readmissions, CHRs have contributed to lowering mortality rates. The demand for CHRs continues to grow. **CHRs are frontline public health workers who are trusted members of the community with a close understanding of the community, language, and traditions.**

EXAMPLES OF CHR TASKS

- ▶ Provides health screenings and basic medical care
- ▶ Helps patients fill out medical forms
- ▶ Transports patients to and from appointments
- ▶ Advocates for individuals and communities
- ▶ Home checks for elders
- ▶ Coordinates care for community members
- ▶ Provides patient outreach

LEARN MORE

Please don't hesitate to reach out with questions!



Stephannie Christian
TCHP Education Director
schristian@npaihb.org



MorningRose Louie
TCHP Education Data Coordinator
mlouie@npaihb.org

BENEFITS



**Career
Advancement**

Apply your knowledge as a CHR to advance in any discipline in the community health field! CHR topics apply to students of any age and a wide spectrum of health career paths.



**Education
Pathways**

CHR is a great place to advance in the Community Health Program. Recruiting for Community Health Aides, Behavioral Health Aides, and Dental Health Aides often happens through the CHR program.



**Community
Health**

Keep indigenous talent in your community and Tribal Health Organization rather than having it drawn out of the community. A thriving CHR program supports the entire health delivery system.

CORE COURSE



AT A GLANCE

Designed for students who are new to the medical field and are looking for an entry level position.

- Students receive educational supplies as part of student support.
- Northwest students receive priority enrollment.

Course Information:

Start Date: **March 13th, 2025**

Completed over **8 weeks**

37 hours of online coursework

12 hours of interactive live Zoom sessions

8 live Zoom sessions on **Thursdays, 3-4:30pm PT**

COURSE TOPICS

Boundaries in Health Care

Cultural Competency

Communication Skills

Health Disparities

Outreach and Advocacy

Health Literacy

Interviewing

Health Insurance

Tribal Health Systems

Self-Care

Health Equity

Get paid while you learn!

New students are eligible to receive up to **\$2,950** in scholarship funding

Now recruiting!
Apply by **February 28th, 2025**

For more information or questions contact:



MorningRose Louie
TCHP Education Data Coordinator

mlouie@npaihb.org

ADVANCED COURSE



Eligible for 40 hours of CEUs

AT A GLANCE

Designed for students who are already CHR's looking to advance their education into becoming a Community Health Aide (CHA), Behavioral Health Aide (BHA), or Dental Health Aide (DHA).

- Students receive educational supplies as part of student support.
- Northwest students receive priority enrollment.

Course Information:

Start Date: **January 14th, 2025**

Completed over **6 weeks**

38 hours of online coursework

18 hours of interactive live Zoom sessions

12 live Zoom sessions on **Tuesdays and Thursdays, 3-4:30pm PT**

COURSE TOPICS

Introduction to CHA, BHA, and DHA

Ethics and Professionalism

Medical-Legal Informations

Indigenous Oral Health

Healing from Historical Trauma

Health & Wellness

Vital Signs

Emergency Preparedness

Aging and Elder Issues

Diabetes

Get paid while you learn!

New students and returning students from the CHR Core Course are eligible for up to **\$2,200** in scholarship funding

Now recruiting!
Apply by **January 10th, 2025**

For more information or questions contact:



MorningRose Louie
TCHP Education Data Coordinator

mlouie@npaihb.org



Weekly Update Schedule Preview: December

December 10: Public Health Update – Pertussis, Noni Ehmann, OHA
New 988 Videos, NPAIHB THRIVE Team

December 17: NWTEC Data & Surveillance Update

December 24: No NPAIHB Weekly Update – Holiday Closure

December 31: No NPAIHB Weekly Update – Holiday Closure



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

NWTEC Update: Respiratory Disease Surveillance

Bridget Canniff, Project Director

Public Health Improvement & Training (PHIT)



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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

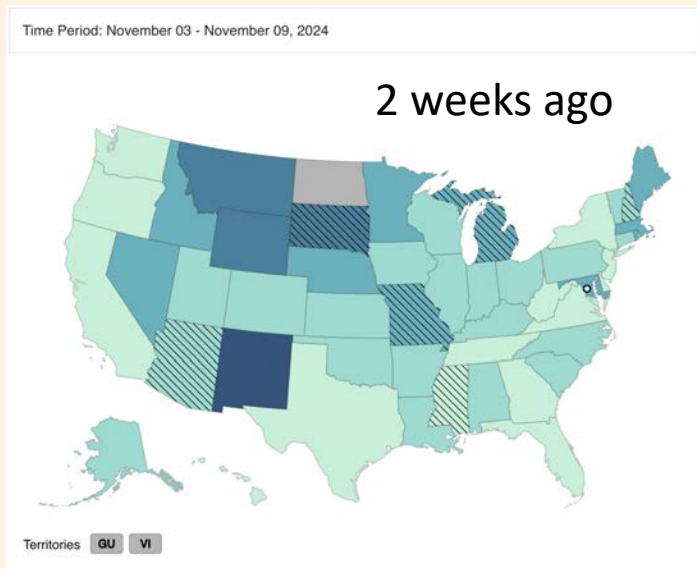


COVID-19 Surveillance



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COVID-19 Current Wastewater Viral Activity Levels Map

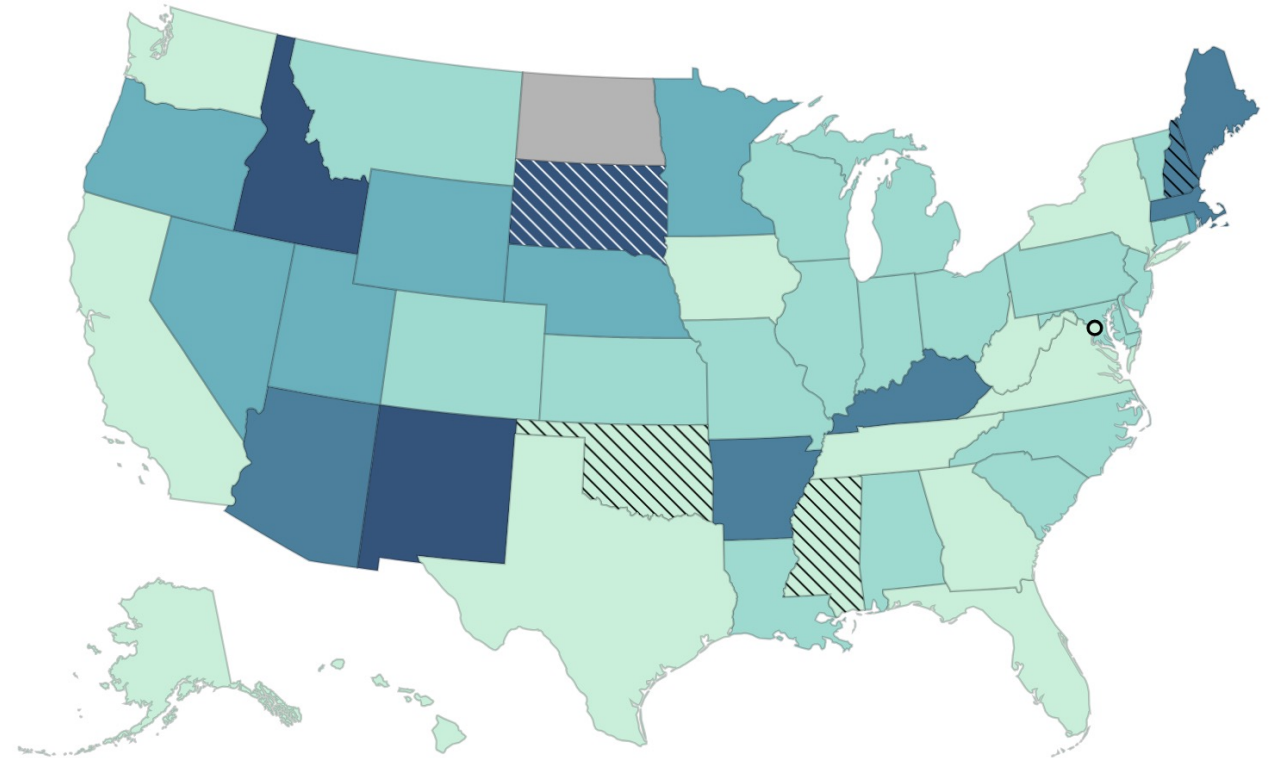


<https://www.cdc.gov/nwss/rv/COVID19-currentlevels.html>



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Time Period: November 17 - November 23, 2024



Territories GU VI

SARS-CoV-2 Wastewater Viral Activity Levels

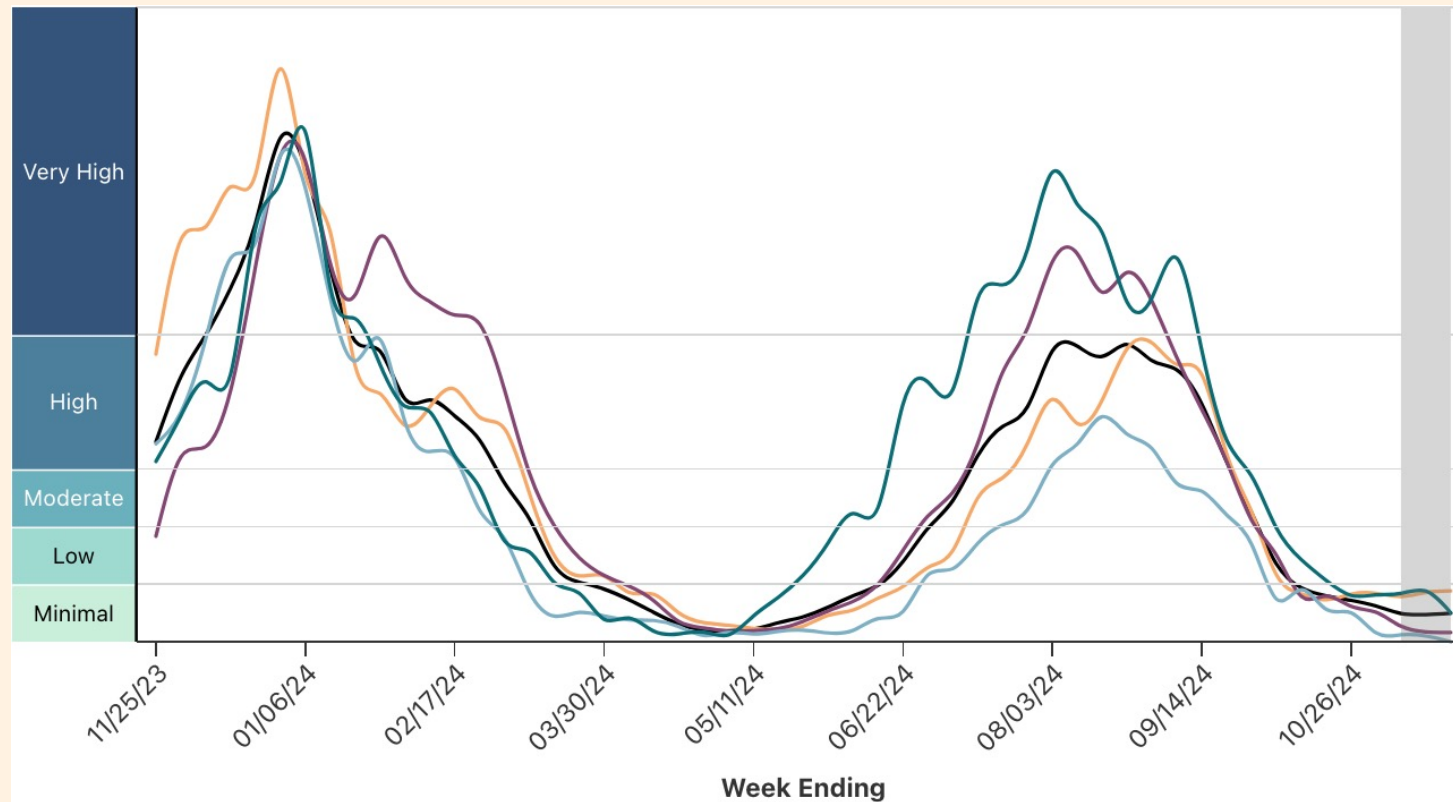
Select a level to add or remove from map.

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

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

Data last updated 2024-11-29

COVID-19 Wastewater Surveillance

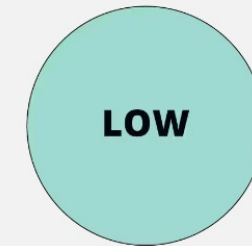


Select a geography to add or remove it from the visualization.

● National_WVAL ● Midwest_WVAL ● South_WVAL ● Northeast_WVAL ● West_WVAL

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.

Data last updated 2024-11-29



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

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

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:

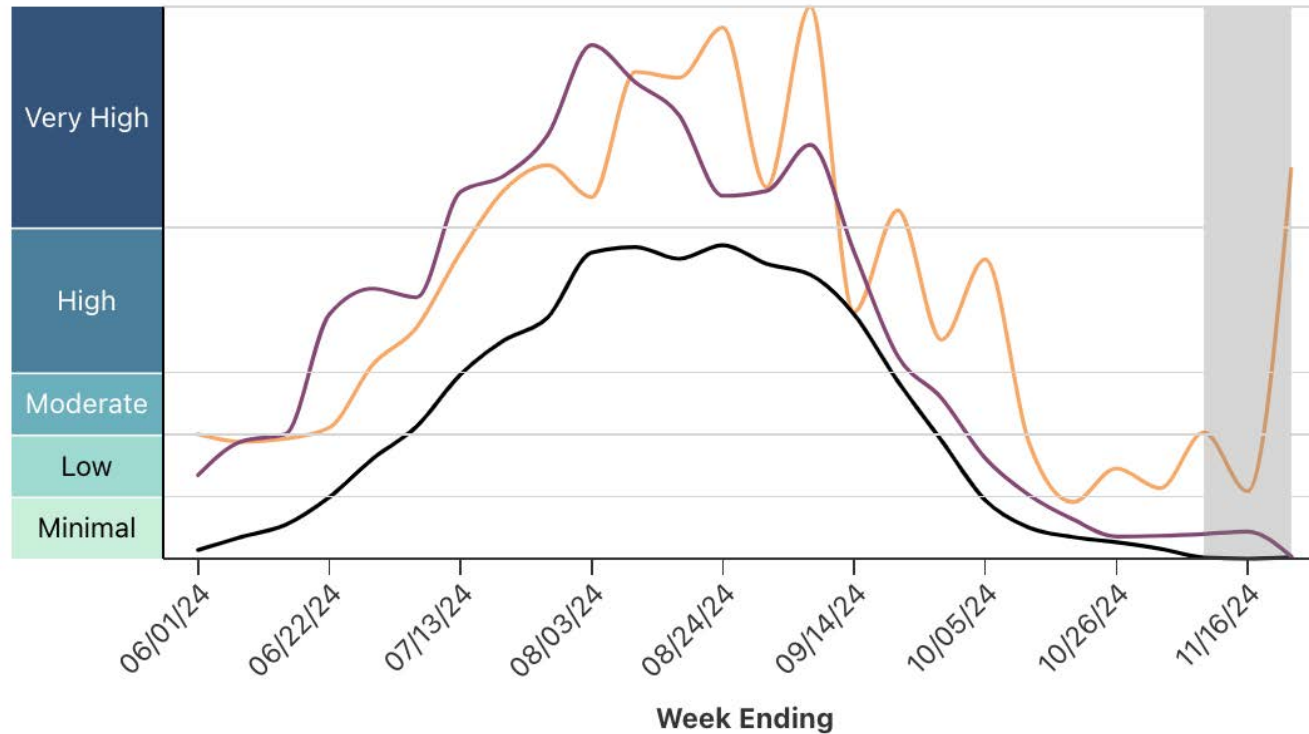
www.cdc.gov/nwss/rv/COVID19-nationaltrend.html

Date Period

6 Months

Idaho

Week ending 11/23/24



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.

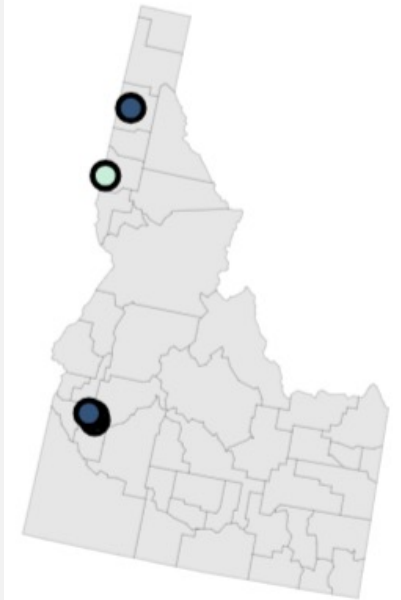
Time Period:
November 17 -
November 23, 2024

Idaho
COVID-19
Wastewater
Trends & Viral
Activity Level

In Idaho, the wastewater viral activity level for COVID-19 is currently Very High.

Sites reporting in the last week: 5
Sites reporting in the last 30 days: 5

VERY
HIGH



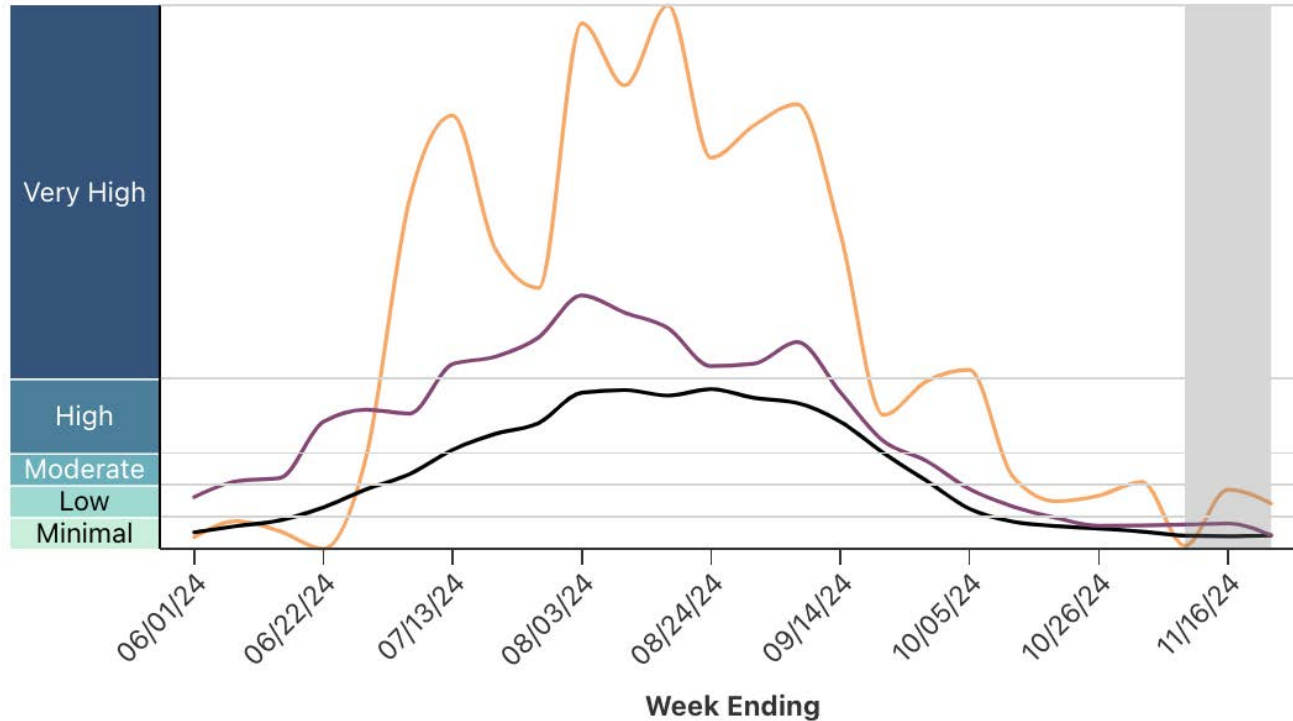
Source: www.cdc.gov/nwss/rv/COVID19-statetrend.html

Date Period

6 Months ▾

Oregon

Week ending 11/23/24



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.

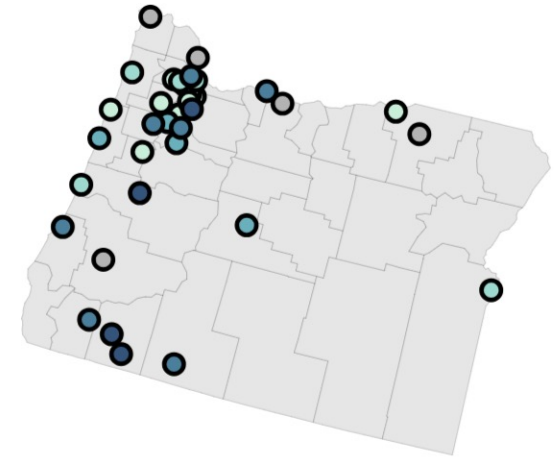
Time Period:
November 17 -
November 23, 2024

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

Sites reporting in the last week: 30
Sites reporting in the last 30 days: 34

MODERATE

Oregon
COVID-19
Wastewater
Trends & Viral
Activity Level



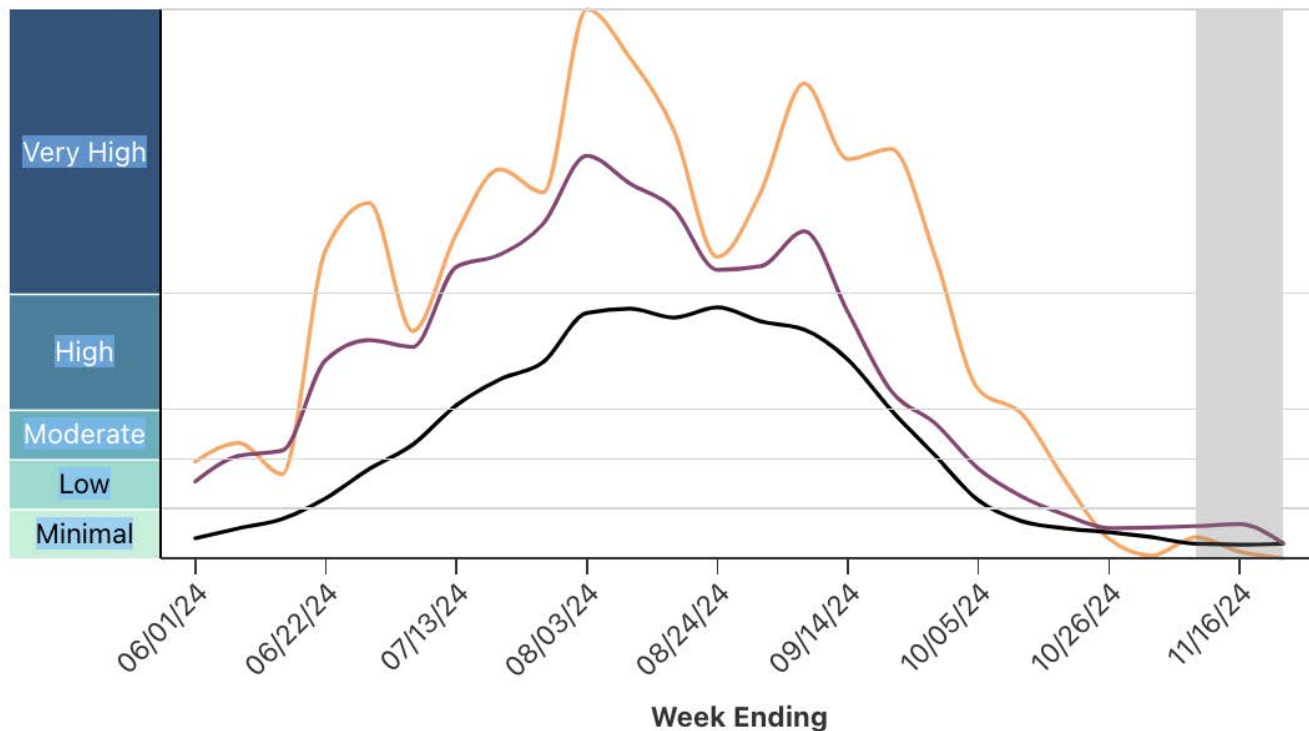
Source: www.cdc.gov/nwss/rv/COVID19-statetrend.html

Date Period

6 Months

Washington

Week ending 11/23/24



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:
November 17 -
November 23, 2024

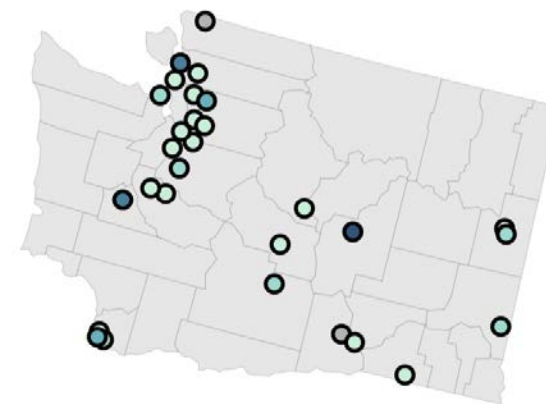
In Washington, the wastewater viral activity level for COVID-19 is currently Minimal .

Sites reporting in the last week: 27

Sites reporting in the last 30 days: 29

MINIMAL

Washington
COVID-19
Wastewater
Trends & Viral
Activity Level



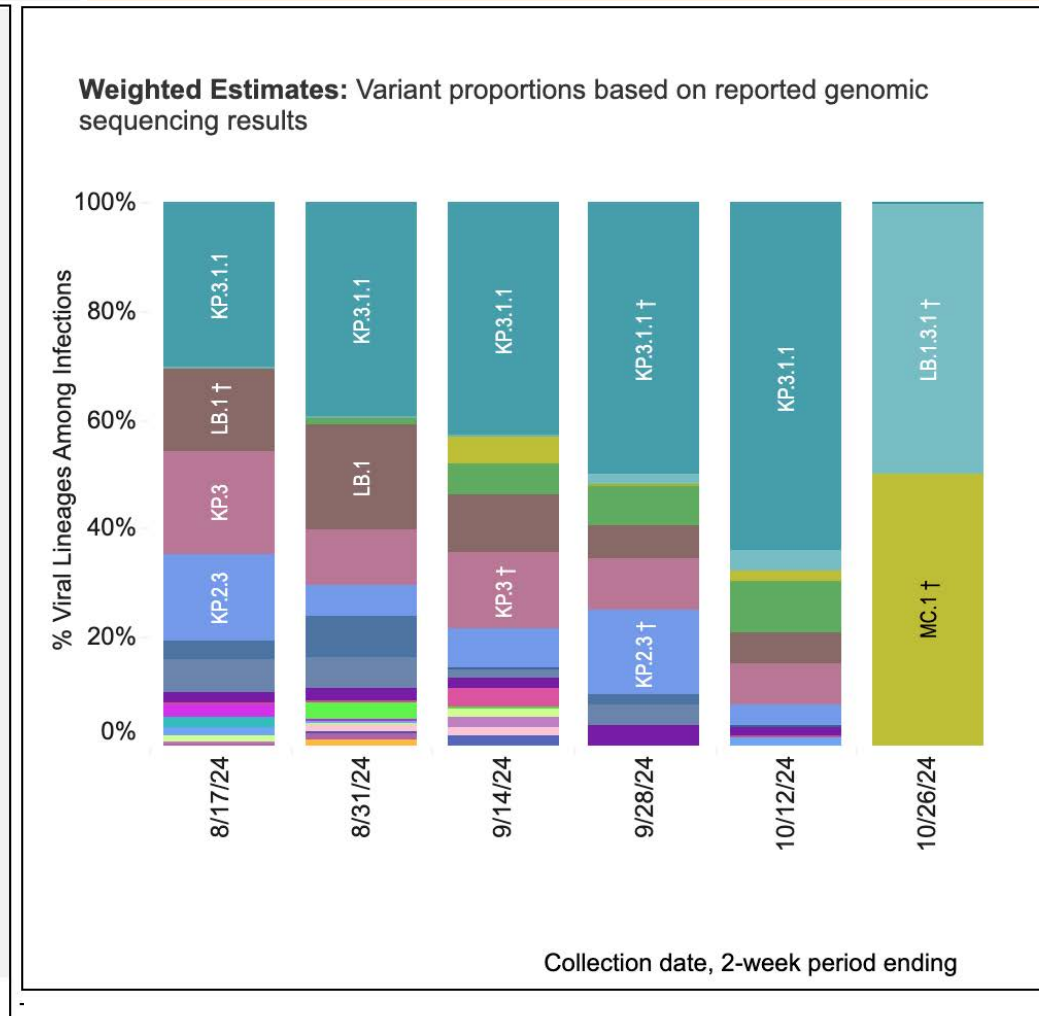
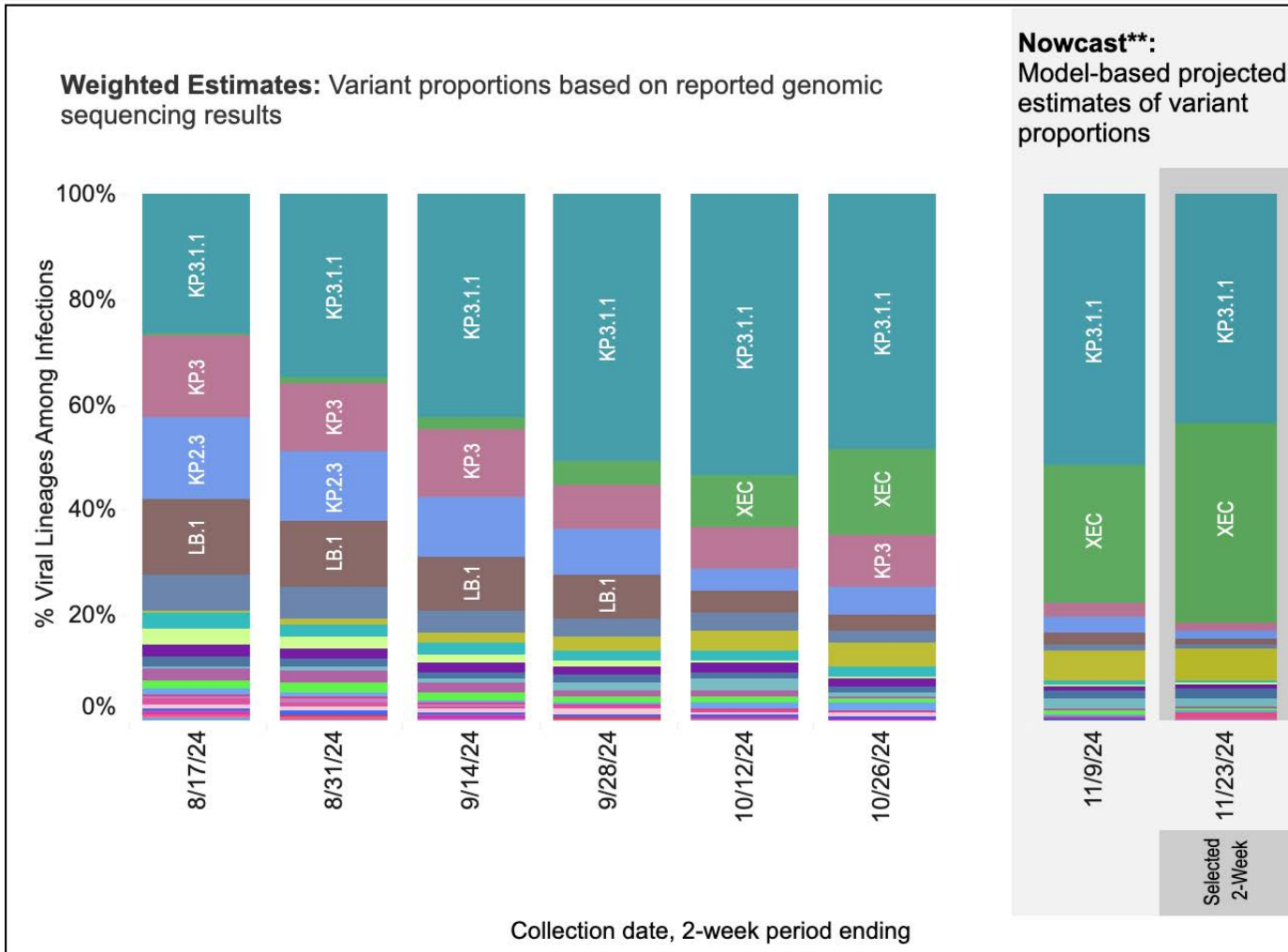
Source: www.cdc.gov/nwss/rv/COVID19-statetrend.html

COVID-19 Variants

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

Weighted and Nowcast Estimates in United States for 2-Week Periods in 8/4/2024 – 11/23/2024

HHS Region 10: AK, ID, OR, WA



** 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 a 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>.

Nowcast estimates are not available for this HHS region

Influenza A Surveillance



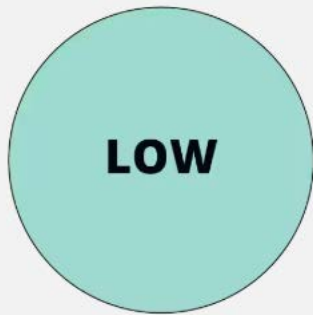
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Influenza A Current Wastewater Viral Activity Levels Map

Source:

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

Time Period: November 17 - November 23, 2024



Nationally, the wastewater viral activity level for influenza A is currently **low**.

Influenza A Wastewater Viral Activity Levels

Select a level to add or remove from map.

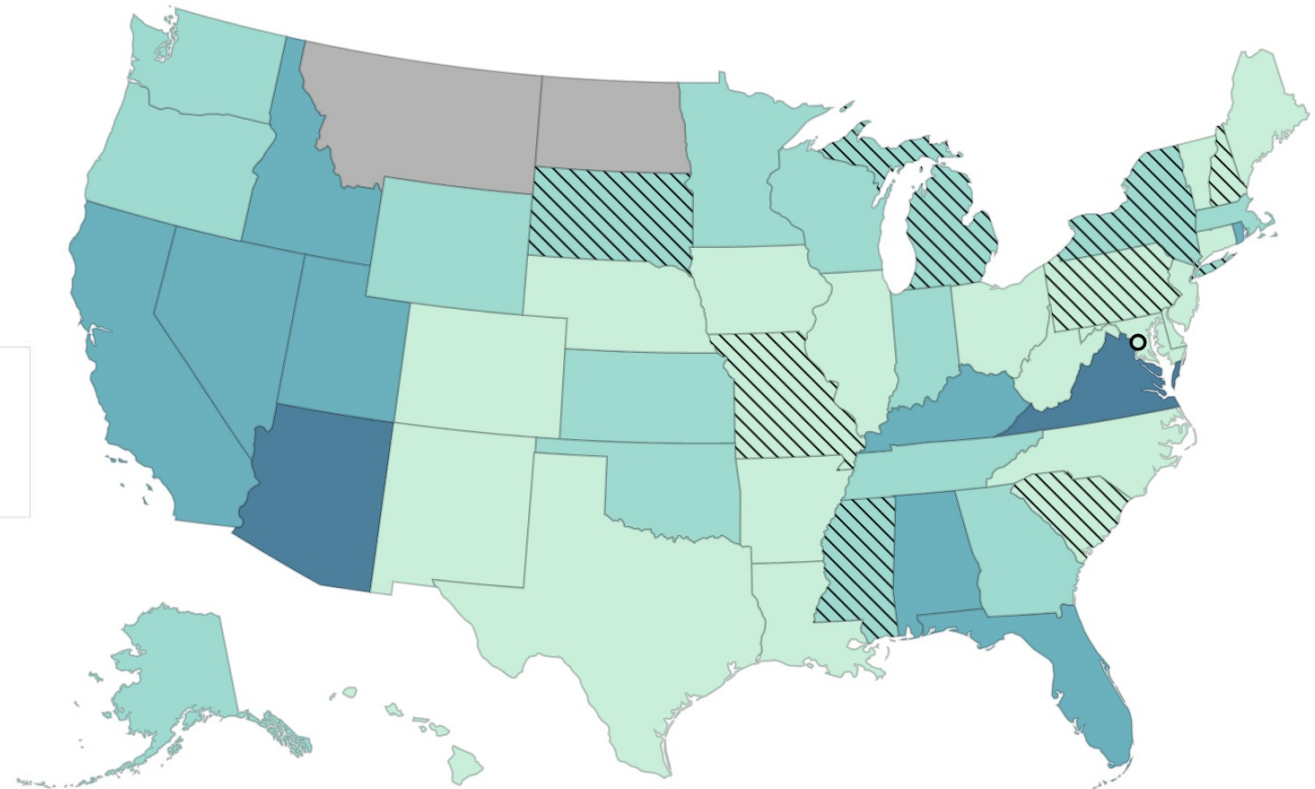
● Very High ● High ● Moderate ● Low ● Minimal ● No Data ● *Limited Coverage

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

Data last updated 2024-11-29



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Territories

GU

VI

Influenza A (H5) in Wastewater (*Updated*)

- Testing for influenza A (H5) virus in community wastewater can provide a signal that animals or humans may be infected with the virus. Wastewater testing cannot tell us whether the virus comes from animals, an animal product (like milk from an infected cow), or humans. Detections of influenza A (H5) virus in wastewater do not necessarily mean that humans in the community are infected with the virus.
- When wastewater testing shows a detection, public health and agriculture partners investigate to better understand what may be contributing to the detection and whether any public health actions should be taken.
- **Current Avian Influenza Outbreak:** A subtype of influenza A (H5), known as avian influenza A (H5N1), is spreading in wild birds worldwide. This is causing outbreaks in poultry and U.S. dairy cows with several recent human cases in U.S. dairy and poultry workers. No human-to-human spread has been identified in the United States. Wastewater testing for influenza A(H5) virus does not tell us whether H5N1 or another subtype of H5 is present in the wastewater.



Avian Flu (H5N1) Update

CDC situation report as of
December 2, 2025

H5 Bird Flu Detections in USA

- Dairy cattle: [Ongoing multi-state outbreak](#)
- Wild Birds: [Widespread](#)
- Poultry Flocks: [Sporadic outbreaks](#)
- Mammals: [Sporadic infections](#)
- Person-to-person spread: None
- Current public health risk: Low



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57 Confirmed Total Reported Human Cases in the United States

Confirmed human case summary during the 2024 outbreak, by state and exposure source

Exposure Source

State	Cattle	Poultry	Unknown	State Total
California	30	0	1	31
Colorado	1	9	0	10
Michigan	2	0	0	2
Missouri	0	0	1	1
Oregon	0	1	0	1
Texas	1	0	0	1
Washington	0	11	0	11
Source Total	34	21	2	57

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.

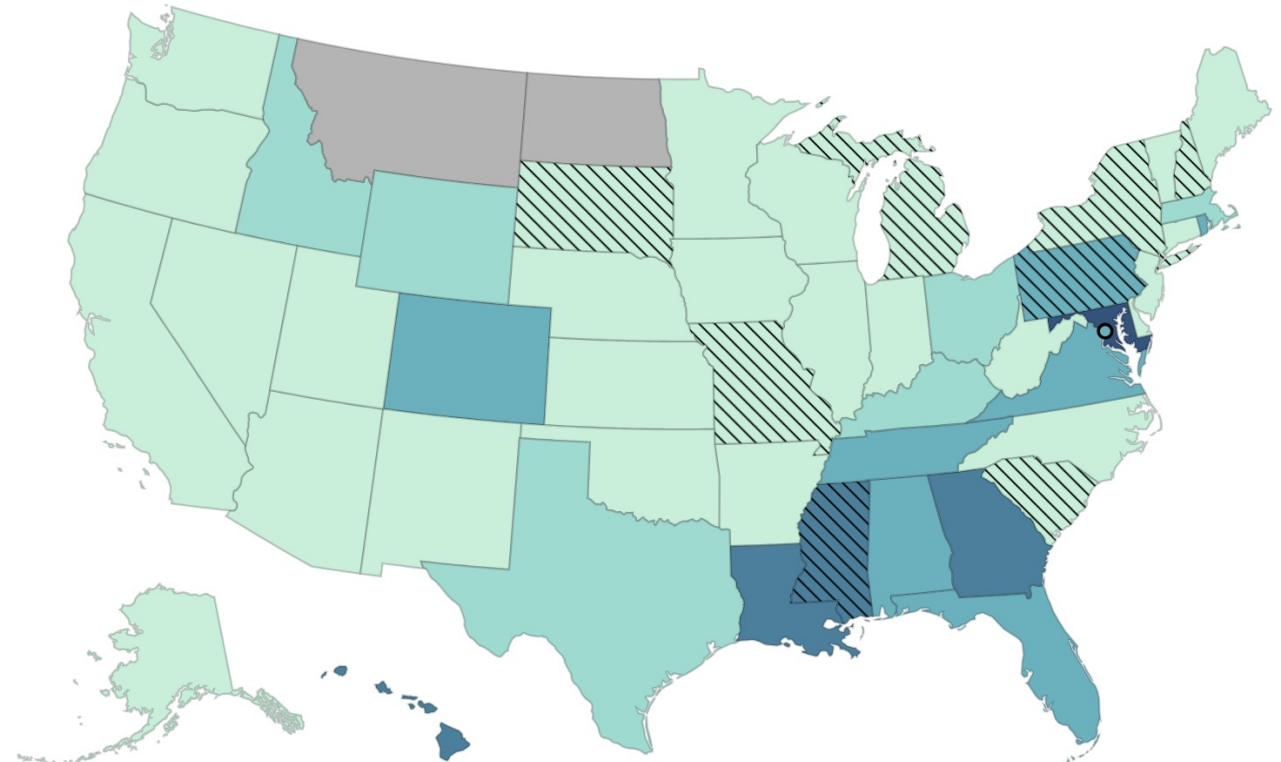
Data last updated 2024-11-29

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



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Time Period: November 17 - November 23, 2024



Territories

GU

VI

Influenza-Like Illness (ILI) Surveillance Report – IHS



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Indian Health Service

Division of Epidemiology and Disease Prevention
Infectious Disease Branch

Influenza-like Illness Surveillance Report *IHS Influenza Awareness System (IIAS)* (Week 47: 11/17/2024 – 11/23/2024)

Week Summary

- This week shows a low activity with a rate below the IHS baseline at 1.1% of outpatient visits. Five areas report ILI activity at or higher than the national rate.
 - 5 of 10 IHS Areas reported a decrease in ILI activity from the previous week.
 - This week's IHS ILI activity is below the CDC's ILINet ILI activity for Week 47 (2.96%) and below the ILINet baseline (3.0%).
- The influenza vaccination doses administered for week 47, 2024, are about 37,419 **less** than those administered for week 47 in 2023.
 - To date, IHS has administered 111,032 doses of influenza vaccine.
 - Overall, 20.6% of the IHS Active Clinical population ages 6 months and older has received an influenza vaccine this season to date.
- Three areas report influenza vaccination rates at or above the national rate for all age groups: Great Plains, Nashville and Navajo
- 1.2% (1,335 doses) of administered influenza vaccines through Week 47, 2024, were recorded using inactive influenza vaccine codes for the 2024/2025 flu season. This is lower from Week 47 in 2023 (1.7%).



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Pertussis (Whooping Cough) Notifiable Disease Surveillance



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Pertussis (Whooping Cough)

- Whooping cough (pertussis) is a very contagious respiratory illness – it may begin like a common cold, but unlike a cold, the coughing can last for weeks or months
- Babies younger than 1 year old are at greatest risk for getting whooping cough and having severe complications from it
- People with pre-existing health conditions that may be worsened by whooping cough, like asthma or a compromised immune system, are at high risk for developing a severe infection
- Whooping cough cases are on the rise in 2024 – cases are higher this year than what was seen in 2019, prior to the COVID-19 pandemic



Pertussis Surveillance Data

Weekly cases* of notifiable diseases, United States, U.S. Territories, and Non-U.S. Residents week ending November 23, 2024 (Week 47)

Reporting Area	Pertussis			
	Current week	Previous 52 weeks Max †	Cum YTD 2024 †	Cum YTD 2023 †
U.S. Residents, excluding U.S. Territories	577	1,190	26,989	5,593
Mountain	51	111	2,369	828
Arizona	21	35	648	285
Colorado	24	35	581	174
Idaho	-	55	766	24
Montana	5	14	89	38
Nevada	-	6	8	52
New Mexico	1	5	73	37
Utah	-	12	204	218
Wyoming	-	0	-	-
Pacific	65	222	4,478	610
Alaska	20	48	547	19
California	16	65	1,550	493
Hawaii	-	7	61	3
Oregon	5	40	787	34
Washington	24	99	1,533	61



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Source: <https://wonder.cdc.gov/nndss/static/2024/45/2024-45-table990-H.pdf>

Questions & Comments

Find the latest resources for vaccination information and outreach at NPAIHB's VacciNative website:

indiancountryecho.org/vaccinative



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State Partner Updates / Additional Info & Resources

Idaho Tribes: Virtual State Health Improvement Plan (SHIP) meetings (2 options)

ID DHW will share data from the state health assessment and insights from the in-person meeting, offer opportunities for your feedback on the strategies our partners brainstormed, and discuss opportunities for future engagement in the SHIP process.

- Option 1: December 10th at 2:00 PM MT
- Option 2: December 12th at 10:00 AM MT

RSVP: Email Katie.Lamansky@dhw.idaho.gov and Karla.Nelson@dhw.idaho.gov with your choice of Option 1 (Dec 10) or Option 2 (Dec 12) to receive a calendar invitation with meeting link.

Staying Up to Date with COVID-19 Vaccines <https://www.cdc.gov/covid/vaccines/stay-up-to-date.html>

CDC recommends everyone 65+ get 2 doses of a 2024-2025 COVID-19 vaccine 6 months apart.

People who are moderately or severely immunocompromised should get at least 2 doses of a 2024-2025 COVID-19 vaccine. It's recommended to get doses 6 months apart, but the minimum time is 2 months apart. They may also get more age-appropriate doses after talking to a healthcare provider.

For a summary of recent changes, see: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html>

Mixing and Matching COVID-19 Vaccine Doses

<https://covid19.nih.gov/news-and-stories/mixing-matching-covid-19-vaccine-booster-doses>

A 2022 NIH-supported study found that people produced antibody responses from all three available boosters, no matter which vaccine they had originally received. A booster of a different vaccine caused similar or higher antibody responses than a booster of the same vaccine.



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