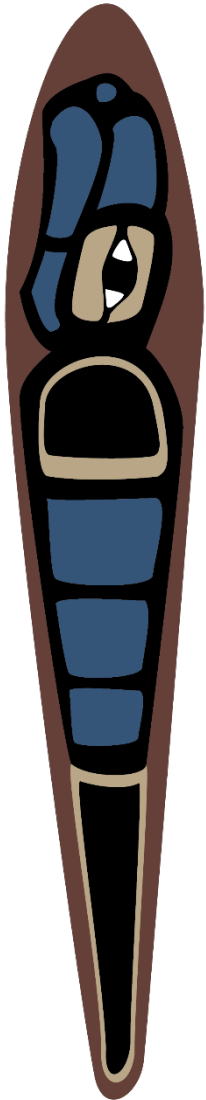


# Routine Childhood Immunization Schedule



# THE NATIVE BOOST TEAM

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## **Tyanne Conner, MS**

Northwest Portland Area Indian Health Board

Native Boost Project Manager



## **Lakota Scott, ND**

Northwest Portland Area Indian Health Board

Provider Expert



## **CAPT Thomas Weiser, MD, MPH**

Portland Area Indian Health Service

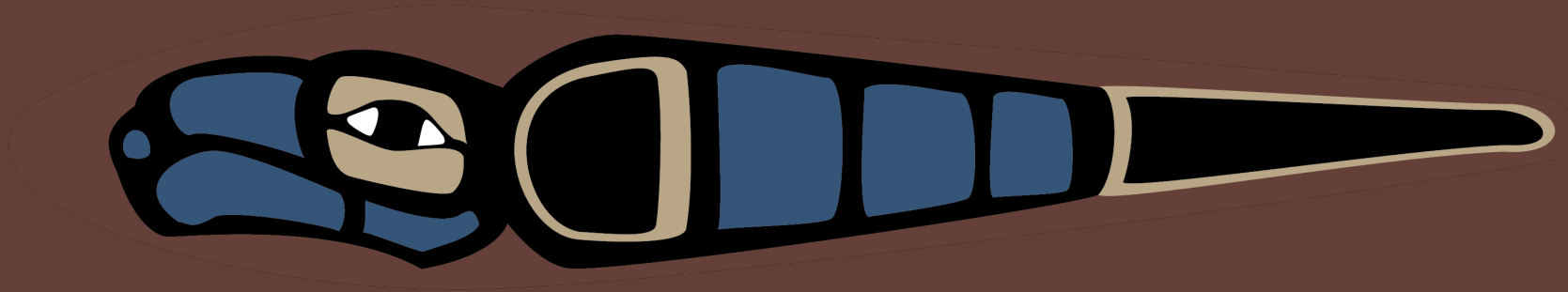
Medical Epidemiologist

# Agenda

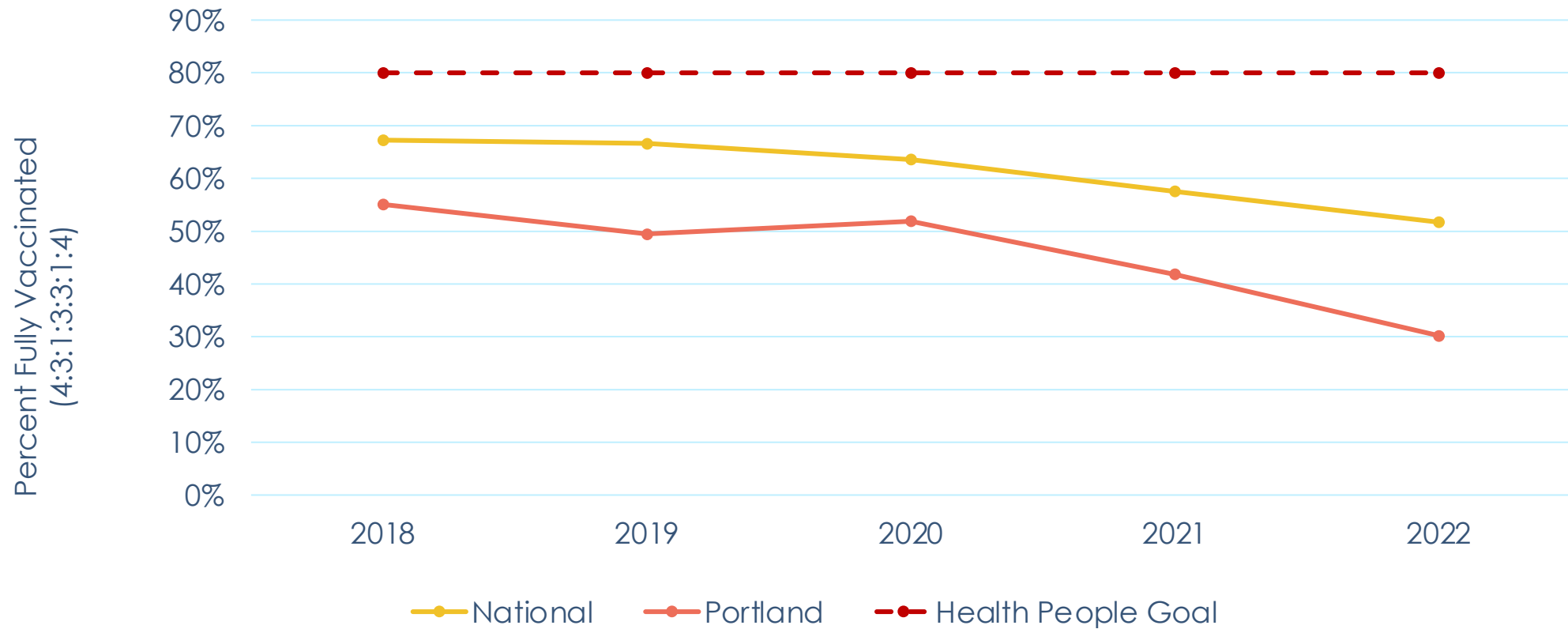


- PORTLAND AREA IMMUNIZATION RATES
- IMMUNIZATION SCHEDULES
- IMPORTANCE OF STAYING ON SCHEDULE
- CASES
- RESOURCES

# Portland Area Immunization Rates

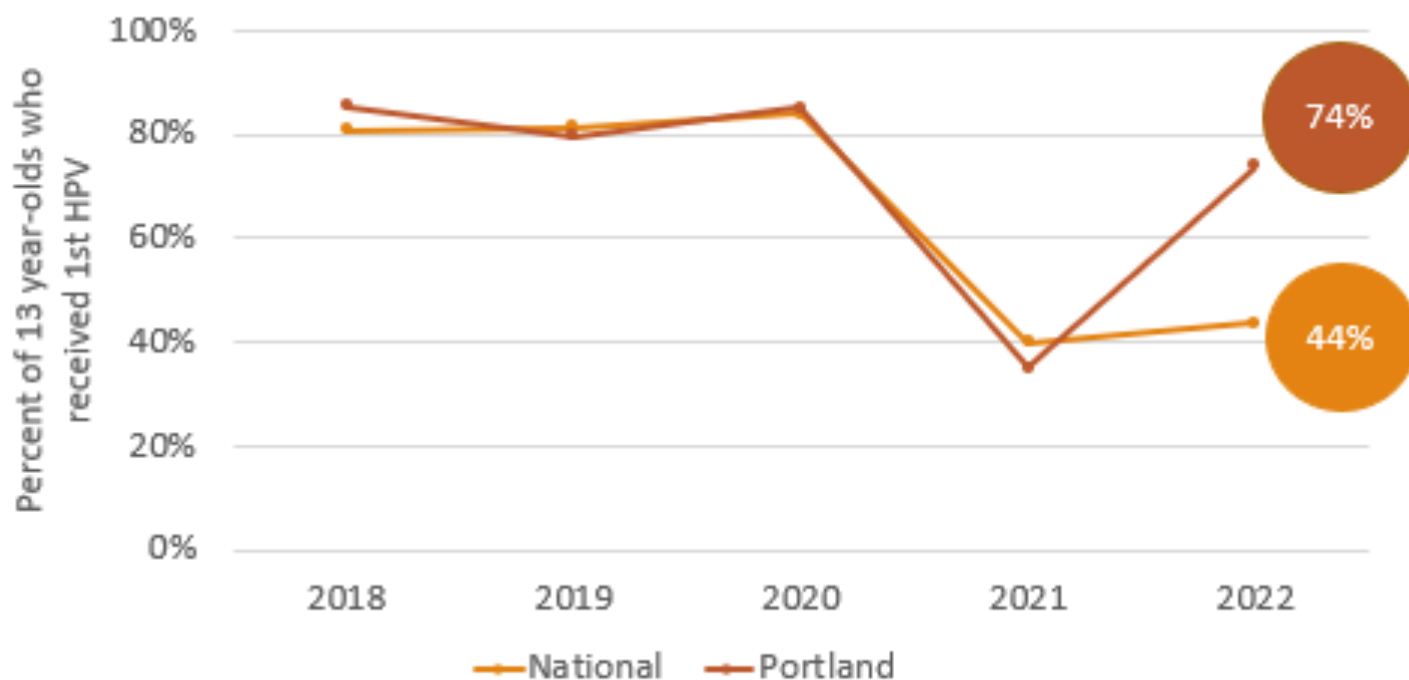


# Decreased 2 year old Immunization Coverage

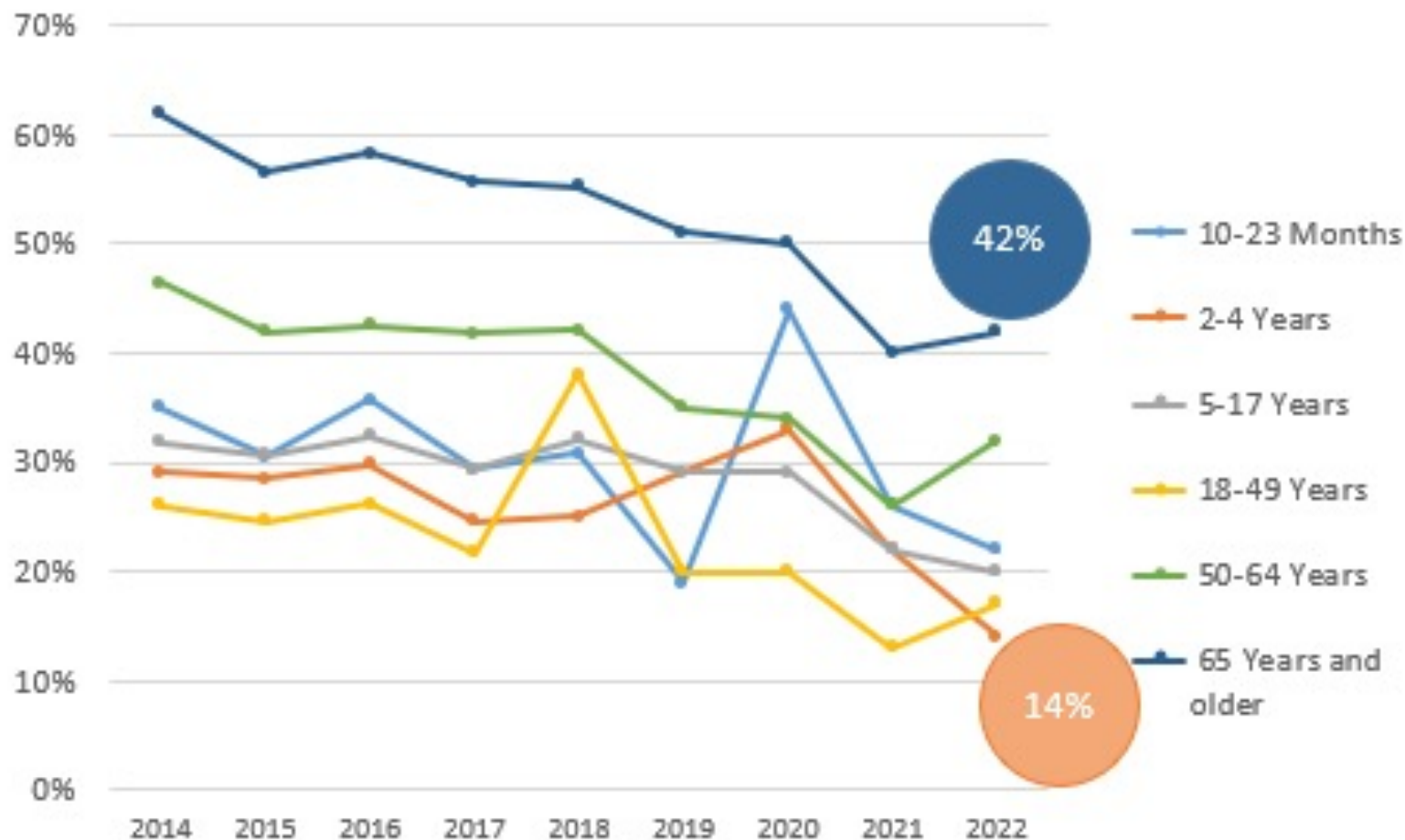


Data source: IHS National Immunization reporting System

# First Dose HPV Coverage, 13 year-olds



# Influenza Vaccination Coverage, By Age Group Portland Area, 2014--2022



# Immunization Schedule





## Birth to 15 Months

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos
<a href="#">Hepatitis B</a> ® (HepB)	1 <sup>st</sup> dose	→2 <sup>nd</sup> dose→			→3 <sup>rd</sup> dose→			
<a href="#">Rotavirus</a> ® (RV) RV1 (2-dose series); RV5 (3-dose series)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See notes			
<a href="#">Diphtheria, tetanus, &amp; acellular pertussis</a> ® (DTaP: <7 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose			→4 <sup>th</sup> dose→
<a href="#">Haemophilus influenzae type b</a> ® (Hib)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See notes		→3 <sup>rd</sup> or 4 <sup>th</sup> dose, See notes→	
<a href="#">Pneumococcal conjugate</a> ® (PCV13, PCV15)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose		→4 <sup>th</sup> dose→	
<a href="#">Inactivated poliovirus</a> ® (IPV: <18 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	→3 <sup>rd</sup> dose→			
<a href="#">COVID-19</a> ® (1vCOV-mRNA, 2vCOV-mRNA, 1vCOV-aP5)					2- or 3-dose primary series and booster (See notes)			
<a href="#">Influenza (IV4)</a> ®					Annual vaccination 1 or 2 doses			
or <a href="#">Influenza (LAIV4)</a> ®								
<a href="#">Measles, mumps, rubella</a> ® (MMR)					See notes		→1 <sup>st</sup> dose→	
<a href="#">Varicella</a> ® (VAR)							→1 <sup>st</sup> dose→	
<a href="#">Hepatitis A</a> ® (HepA)					See notes		→2-dose series, See notes→	
<a href="#">Tetanus, diphtheria, &amp; acellular pertussis</a> ® (Tdap: ≥7 yrs)								
<a href="#">Human papillomavirus</a> ® (HPV)								
<a href="#">Meningococcal</a> ® (MenACWY-D: ≥9 mos, MenACWY-CRM: ≥2 mos, MenACWY-TT: ≥2years)				See notes				
<a href="#">Meningococcal B</a> ® (MenB-4C, MenB-FHbp)								
<a href="#">Pneumococcal polysaccharide</a> ® (PPSV23)								
<a href="#">Dengue</a> ® (DEN4CYD: 9-16 yrs)								

# Immunization Schedule

## Birth to 15 months

<https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html#birth-15>

18 Months to 18 Years

Vaccines	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs
<a href="#">Hepatitis B</a> Ⓢ (HepB)	→ 3 <sup>rd</sup> dose →								
<a href="#">Rotavirus</a> Ⓢ (RV) RV1 (2-dose series); RV5 (3-dose series)									
<a href="#">Diphtheria, tetanus, &amp; acellular pertussis</a> Ⓢ (DTaP: <7 yrs)	→ 4 <sup>th</sup> dose →			5 <sup>th</sup> dose					
<a href="#">Haemophilus influenzae type b</a> Ⓢ (Hib)									
<a href="#">Pneumococcal conjugate</a> Ⓢ (PCV13, PCV15)									
<a href="#">Inactivated poliovirus</a> Ⓢ (IPV: <18 yrs)	→ 3 <sup>rd</sup> dose →			4 <sup>th</sup> dose					See <a href="#">notes</a>
<a href="#">COVID-19</a> Ⓢ (1vCOV-mRNA, 2vCOV-mRNA, 1vCOV-aP5)	2- or 3- dose primary series and booster (See <a href="#">notes</a> )								
<a href="#">Influenza (IIV4)</a> Ⓢ	Annual vaccination 1 or 2 doses					Annual vaccination 1 dose only			
<a href="#">Influenza (LAIV4)</a> Ⓢ	Annual vaccination 1 or 2 doses					Annual vaccination 1 dose only			
<a href="#">Measles, mumps, rubella</a> Ⓢ (MMR)				2 <sup>nd</sup> dose					
<a href="#">Varicella</a> Ⓢ (VAR)				2 <sup>nd</sup> dose					
<a href="#">Hepatitis A</a> Ⓢ (HepA)	→ 2-dose series. See <a href="#">notes</a> →								
<a href="#">Tetanus, diphtheria, &amp; acellular pertussis</a> Ⓢ (Tdap: ≥7 yrs)						1 dose			
<a href="#">Human papillomavirus</a> Ⓢ (HPV)						See <a href="#">notes</a>			
<a href="#">Meningococcal</a> Ⓢ (MenACWY-D: ≥9 mos, MenACWY-CRM: ≥2 mos, MenACWY-TT: ≥2years)	See <a href="#">notes</a>					1 <sup>st</sup> dose		2 <sup>nd</sup> dose	
<a href="#">Meningococcal B</a> Ⓢ (MenB-4C, MenB-FHbp)	See <a href="#">notes</a>								
<a href="#">Pneumococcal polysaccharide</a> Ⓢ (PPSV23)	See <a href="#">notes</a>								
<a href="#">Dengue</a> Ⓢ (DEN4CYD: 9-16 yrs)						Seropositive in endemic dengue areas (See <a href="#">notes</a> )			

# Immunization Schedule

## 18 months to 18 years

<https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html#birth-15>

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# Pregnancy & Vaccines

- Before Pregnancy
  - MMR
- During Pregnancy
  - Tdap
  - Flu
  - COVID
- Contraindicated
  - Live virus vaccines: MMR, Varicella

---

# Breast/chestmilk & Vaccines

- Passive immunity
  - Whooping cough and Hib decrease the fastest
  - MMR up to one year
- Contraindications
  - Smallpox
  - Yellow Fever

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# Who Sets the Vaccine Schedule

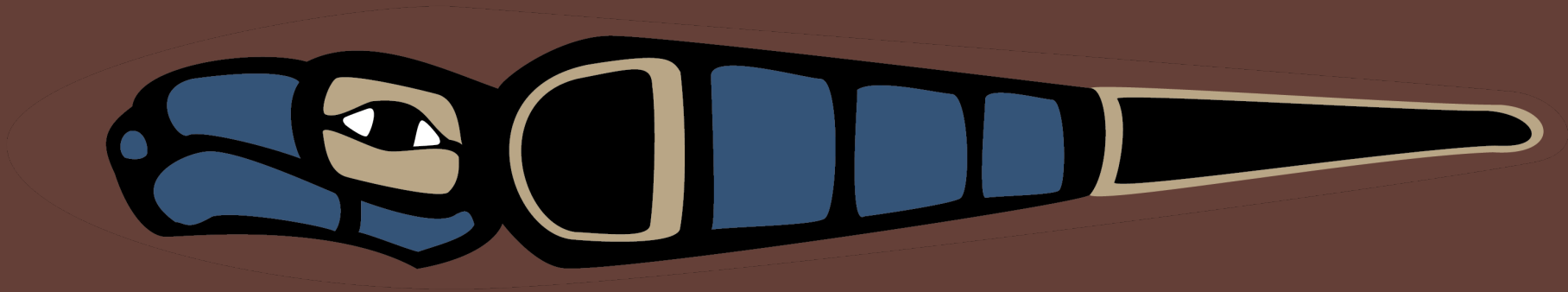
- CDC publishes vaccine schedule
  - Advisory Council on Immunization Practices (ACIP)

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# Reasons to Follow the Schedule

- Ideal timing
- Prevent complications
- Early protection
- Best protection
- Long-term protection
- Community immunity

# Cases

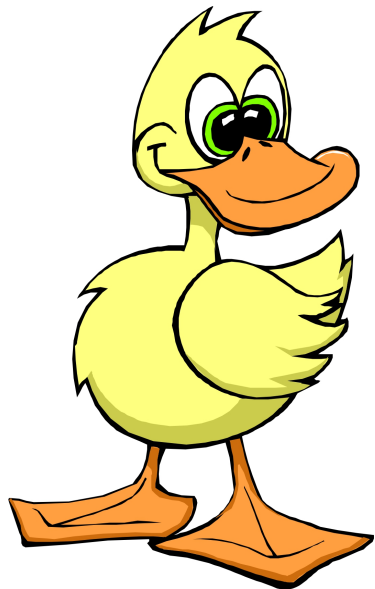


**But first, can we put  
a little Dad in MCH?**



---

# Specifically – The immune benefits of Dad Jokes



A duck walks into a pharmacy and says, 'Give me some lip balm – and put it on my bill'.

*'I think it's important to embarrass your kids. Or, to be more specific, I think it's important to do things traditionally viewed as embarrassing until your kids are basically immune to the effects. After years and years of being exposed to eye-roll-inducing humour, with a complete disregard for what anybody else thinks, kids will have nothing greater left to fear. They'll gradually build up a strong immunity to judgement and embarrassment, and actually feel empowered to be themselves' (Billingsley, 2019).*

['Dad jokes? That's the way eye roll...' | BPS](#)

.....

# Like all good medicine, these hurt sometimes...



 ID 143095378 © Condolary11

Why do bees have sticky hairs?

Because they use honeycombs!

**Staying up to date –  
What's the Big  
Deal?**

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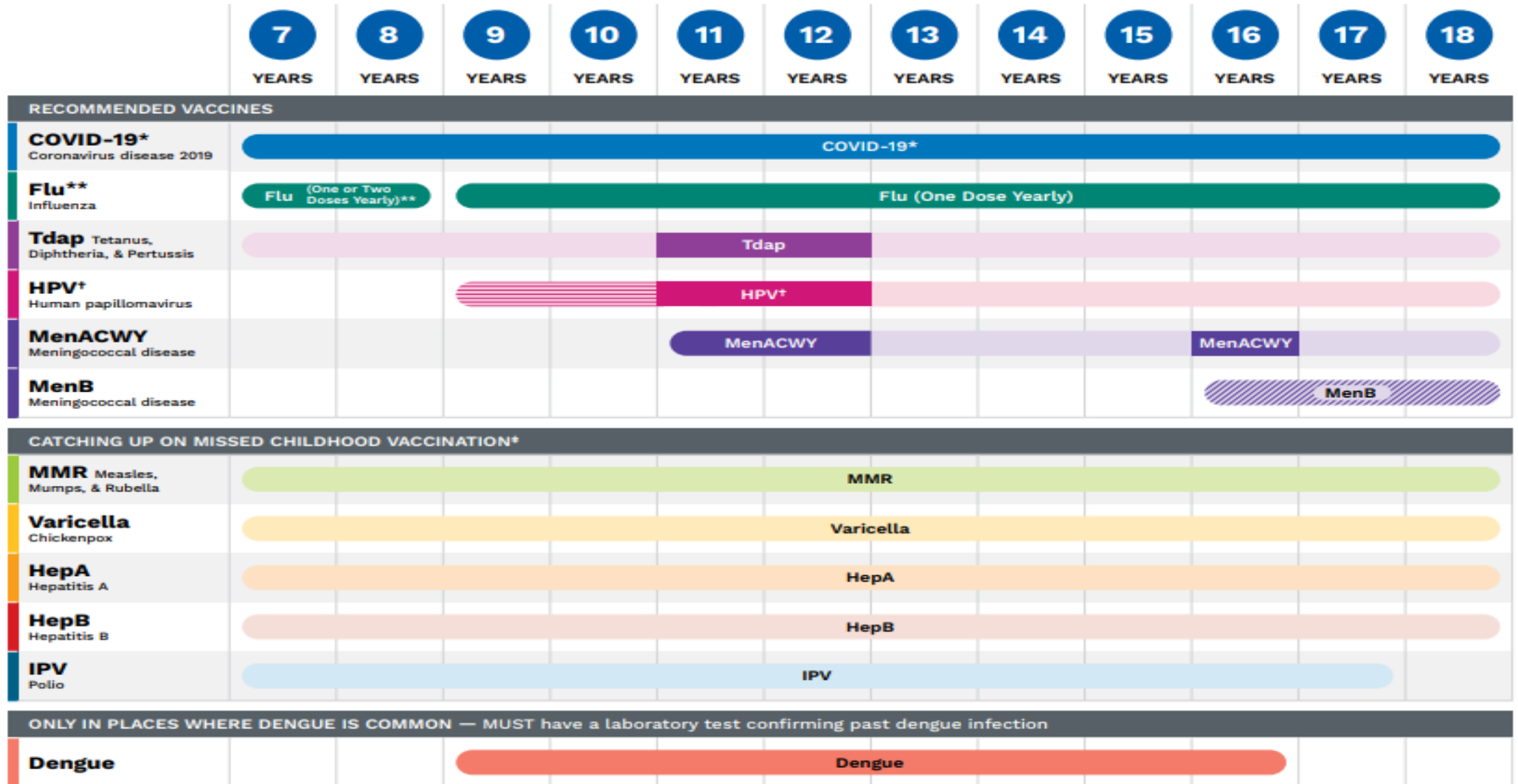
# Staying Up to Date on Immunizations

- Is really, really hard
- The immunization schedule is complicated, there are many more vaccines than there were in the 80s and 90s
- Life raising children is busy!
  - The “Chaos of Life” (Frank James)
- The digital disconnect
- COVID

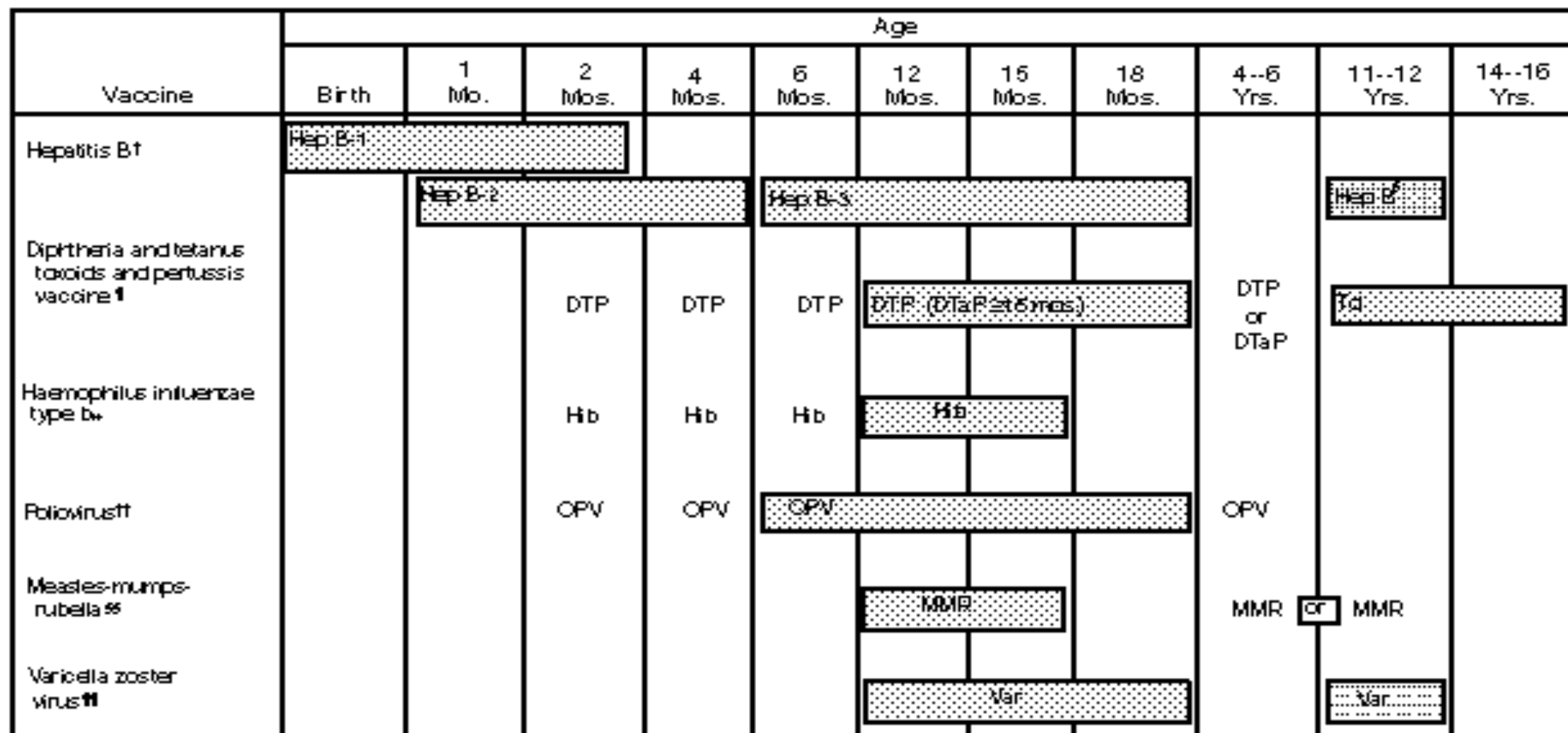
# 2023 Recommended Immunizations for Children from Birth Through 6 Years Old

VACCINE	Birth	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	19-23 MONTHS	2-3 YEARS	4-6 YEARS
<b>HepB</b> Hepatitis B	HepB	HepB			HepB						
<b>RV*</b> Rotavirus			RV	RV	RV*						
<b>DTaP</b> Diphtheria, Pertussis, & Tetanus			DTaP	DTaP	DTaP			DTaP			DTaP
<b>Hib*</b> <i>Haemophilus influenzae</i> type b			Hib	Hib	Hib*	Hib					
<b>PCV13, PCV15</b> Pneumococcal disease			PCV	PCV	PCV	PCV					
<b>IPV</b> Polio			IPV	IPV	IPV						IPV
<b>COVID-19**</b> Coronavirus disease 2019					COVID-19**						
<b>Flu†</b> Influenza					Flu (One or Two Doses Yearly)†						
<b>MMR</b> Measles, Mumps, & Rubella						MMR					MMR
<b>Varicella</b> Chickenpox						Varicella					Varicella
<b>HepA†</b> Hepatitis A						HepA†		HepA†			

# 2023 Recommended Immunizations for Children 7–18 Years Old



**FIGURE 1. Recommended childhood immunization schedule\* — United States, July–December 1996**



 Range of Acceptable Ages for Vaccination

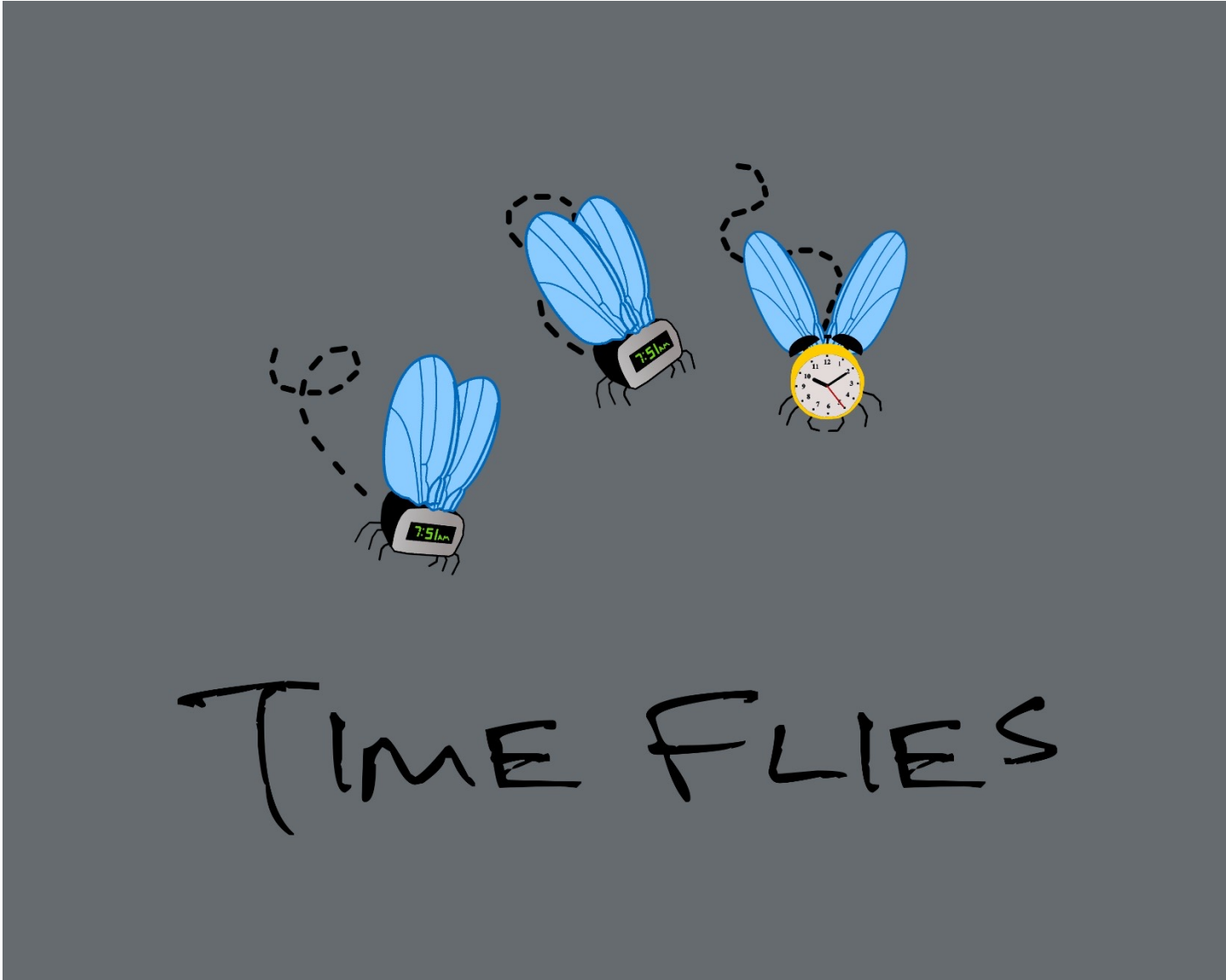
 "Catch-Up" Vaccination



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# What does a busy parent's day look like?





# 2023 Recommended Immunizations for Children from Birth Through 6 Years Old

VACCINE	Birth	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	19-23 MONTHS	2-3 YEARS	4-6 YEARS
<b>HepB</b> Hepatitis B	HepB	HepB			HepB						
<b>RV*</b> Rotavirus			RV	RV	RV*						
<b>DTaP</b> Diphtheria, Pertussis, & Tetanus			DTaP	DTaP	DTaP			DTaP			DTaP
<b>Hib*</b> Haemophilus influenzae type b			Hib	Hib	Hib*	Hib					
<b>PCV13, PCV15</b> Pneumococcal disease			PCV	PCV	PCV	PCV					
<b>IPV</b> Polio			IPV	IPV	IPV						IPV
<b>COVID-19**</b> Coronavirus disease 2019					COVID-19**						
<b>Flu+</b> Influenza					Flu (One or Two Doses Yearly)*						
<b>MMR</b> Measles, Mumps, & Rubella						MMR					MMR
<b>Varicella</b> Chickenpox						Varicella					Varicella
<b>HepA+</b> Hepatitis A						HepA+		HepA+			

**Indian Health Service  
PORTLAND Area  
3-27 Month Old - Quarterly Immunization Report  
FY 2023 - 1st Qtr: October 1, 2022 - December 31, 2022**

[Download To Excel](#)   [Normal-Display](#)

Age in Months	Number in Age Group	DTAP				POLIO			MMR	HIB			HEP B			HEP A	PCV Pneumo Conjugate				VAR	ROTA		
		1	2	3	4	1	2	3	1	1	2	3	1	2	3	1	1	2	3	4	1	1	2	3
24-27 Sep 2020 Thru Dec 2020	66				36 54.5%			43 65.2%	47 71.2%			45 68.2%			43 65.2%	48 72.7%				30 45.5%	48 72.7%			15 22.7%
19-23 Jan 2021 Thru May 2021	75				32 42.7%			47 62.7%	41 54.7%			43 57.3%			48 64.0%					29 38.7%	41 54.7%			20 26.7%
16-18 Jun 2021 Thru Aug 2021	72			47 65.3%			50 69.4%	40 55.6%			43 59.7%			50 69.4%						27 37.5%	38 52.8%			13 18.1%
7-15 Sep 2021 Thru May 2022	141			58 41.1%			79 56.0%				77 54.6%			81 57.4%					57 40.4%					30 21.3%
5-6 Jun 2022 Thru Jul 2022	46		16 34.8%				16 34.8%				16 34.8%			23 50.0%				14 30.4%						12 26.1%
3-4 Aug 2022 Thru Sep 2022	28	14 50.0%					14 50.0%			14 50.0%			18 64.3%					14 50.0%					14 50.0%	
<b>Total</b>	<b>428</b>	14 3.3%	16 3.7%	105 24.5%	68 15.9%	14 3.3%	145 33.9%	90 21.0%	128 29.9%	14 3.3%	93 21.7%	131 30.6%	18 4.2%	154 36.0%	91 21.3%	48 11.2%	14 3.3%	14 3.3%	57 13.3%	27 6.3%	127 29.7%	14 3.3%	12 2.8%	78 18.2%

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# Rotavirus vaccine

## Routine schedule

- **Rotarix**<sup>®</sup>: 2-dose series at age 2 and 4 months
- **RotaTeq**<sup>®</sup>: 3-dose series at age 2, 4, and 6 months
- If any dose in the series is either **RotaTeq**<sup>®</sup> or unknown, default to 3-dose series.

## Catch-up schedule

- Do not start the series on or after age **15 weeks**, 0 days.
- The maximum age for the final dose is **8 months**, 0 days.

# 2023 Recommended Immunizations for Children from Birth Through 6 Years Old

VACCINE	Birth	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	19-23 MONTHS	2-3 YEARS	4-6 YEARS
<b>HepB</b> Hepatitis B	HepB	HepB			HepB						
<b>RV*</b> Rotavirus			RV	RV	RV*						
<b>DTaP</b> Diphtheria, Pertussis, & Tetanus			DTaP	DTaP	DTaP			DTaP			DTaP
<b>Hib*</b> Haemophilus influenzae type b			Hib	Hib	Hib*	Hib					
<b>PCV13, PCV15</b> Pneumococcal disease			PCV	PCV	PCV	PCV					
<b>IPV</b> Polio			IPV	IPV	IPV						IPV
<b>COVID-19**</b> Coronavirus disease 2019					COVID-19**						
<b>Flu+</b> Influenza					Flu (One or Two Doses Yearly)*						
<b>MMR</b> Measles, Mumps, & Rubella						MMR					MMR
<b>Varicella</b> Chickenpox						Varicella					Varicella
<b>HepA+</b> Hepatitis A						HepA+		HepA+			

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PORTLAND Area  
3-27 Month Old - Quarterly Immunization Report  
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Age in Months	Number in Age Group	DTAP				POLIO			MMR	HIB			HEP B			HEP A	PCV Pneumo Conjugate				VAR	ROTA		
		1	2	3	4	1	2	3	1	1	2	3	1	2	3	1	1	2	3	4	1	1	2	3
24-27 Sep 2020 Thru Dec 2020	66				36 54.5%			43 65.2%	47 71.2%			45 68.2%			43 65.2%	48 72.7%				30 45.5%	48 72.7%			15 22.7%
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<b>Total</b>	<b>428</b>	14 3.3%	16 3.7%	105 24.5%	68 15.9%	14 3.3%	145 33.9%	90 21.0%	128 29.9%	14 3.3%	93 21.7%	131 30.6%	18 4.2%	154 36.0%	91 21.3%	48 11.2%	14 3.3%	14 3.3%	57 13.3%	27 6.3%	127 29.7%	14 3.3%	12 2.8%	78 18.2%

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# Recent changes in Hib Vaccine Recommendations

- Hib – New HEX-avalent vaccine (Vaxelis)
  - Contains: 1) Diphtheria, 2) Tetanus, 3) acellular Pertussis, 4) Hep B, 5) Polio, 6) Hib
  - Uses PRP-OMP Hib component, but at a smaller dose than PedvaxHib
  - PedvaxHib is still the preferred Hib vaccine for AI/AN infants
  - Limitations of Vaxelis: 1) has not been studied in AI/AN population to determine level of protection with 1<sup>st</sup> dose; 2) cannot be used for the 12-15 month booster dose



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## Recent changes in Pneumococcal Recommendations

- PCV15 – stimulates immunity against two additional pneumococcal serotypes, 22F and 33F
  - Dosing schedule is the same as for PCV13 and can be used interchangeably so children who started PCV13 can finish their series using PCV15
  - Storage and handling for PCV15 are the same as for PCV13
  - Safety profile for PCV15 is similar to PCV13

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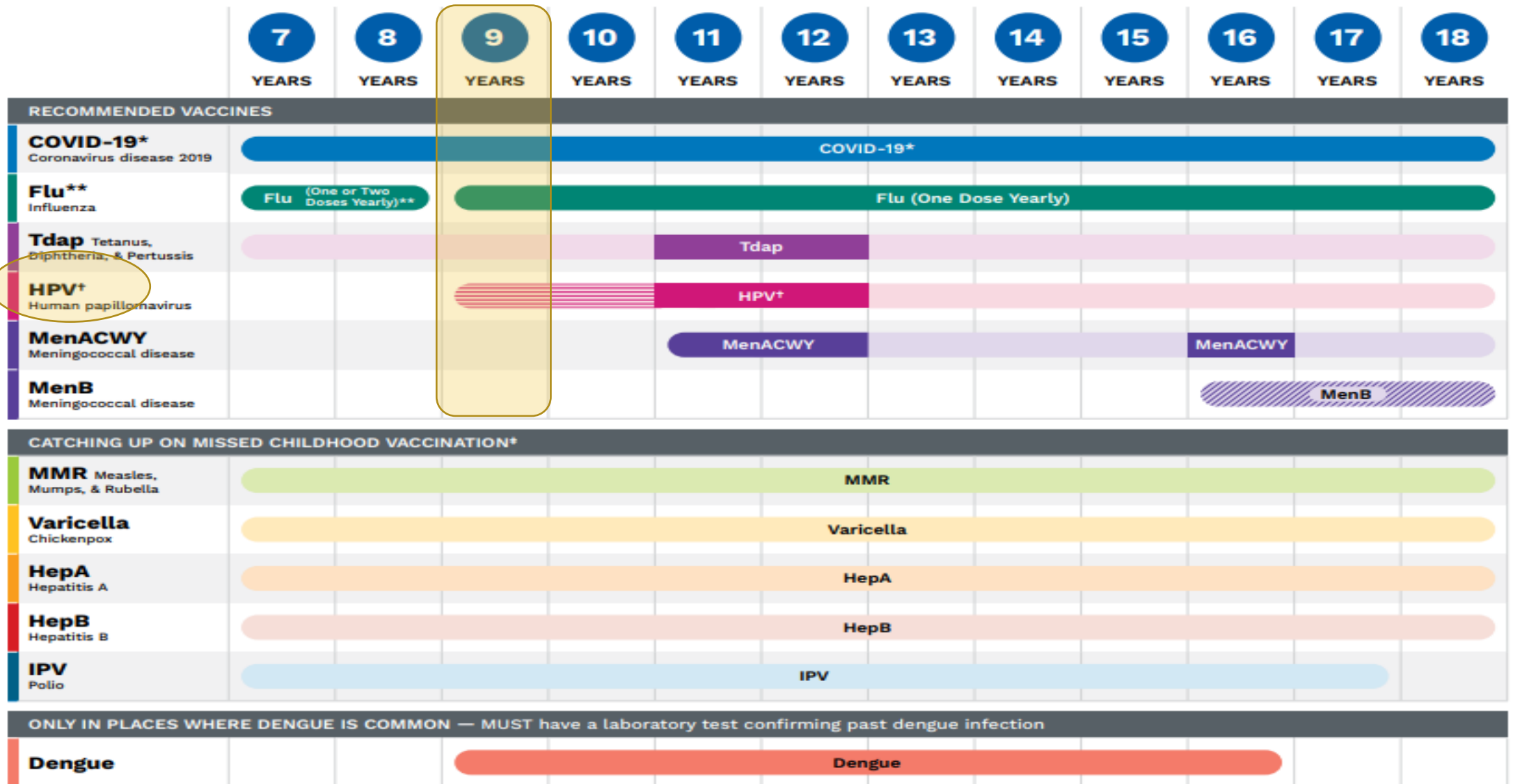
# Catching up on 4-dose series vaccines

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
<a href="#">Diphtheria, tetanus, and acellular pertussis</a> ⓘ	6 weeks	4 weeks	4 weeks	6 months	6 months

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
<a href="#">Haemophilus influenzae type b</a> ⓘ	6 weeks	<p><b>No further doses needed</b> if first dose was administered at age 15 months or older.</p> <p><b>4 weeks</b> if first dose was administered before the 1<sup>st</sup> birthday.</p> <p><b>8 weeks (as final dose)</b> if first dose was administered at age 12 through 14 months.</p>	<p><b>No further doses needed</b> if previous dose was administered at age 15 months or older.</p> <p><b>4 weeks</b> If current age is younger than 12 months <b>and</b> first dose was administered at younger than age 7 months and at least 1 previous dose was PRP-T (ActHib<sup>®</sup>, Pentacel<sup>®</sup>, Hiberix<sup>®</sup>), Vaxelis<sup>®</sup> or unknown</p> <p><b>8 weeks and age 12 through 59 months (as final dose)</b> if current age is younger than 12 months <b>and</b> first dose was administered at age 7 through 11 months; OR</p> <p>if current age is 12 through 59 months <b>and</b> first dose was administered before the 1<sup>st</sup> birthday, <b>and</b> second dose was administered at younger than 15 months; OR</p> <p>if both doses were PedvaxHIB<sup>®</sup> and were administered before the 1<sup>st</sup> birthday</p>	<p><b>8 weeks (as final dose)</b> This dose only necessary for children age 12 through 59 months who received 3 doses before the 1<sup>st</sup> birthday.</p>	

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
<a href="#">Pneumococcal conjugate</a> ⓘ	6 weeks	<p><b>No further doses needed</b> for healthy children if first dose was administered at age 24 months or older.</p> <p><b>4 weeks</b> if first dose administered before the 1<sup>st</sup> birthday.</p> <p><b>8 weeks (as final dose for healthy children)</b> if first dose was administered at the 1<sup>st</sup> birthday or after.</p>	<p><b>No further doses needed</b> for healthy children if previous dose was administered at age 24 months or older.</p> <p><b>4 weeks</b> if current age is younger than 12 months and previous dose given at &lt;7 months old.</p> <p><b>8 weeks (as final dose for healthy children)</b> if previous dose given between 7-11 months (wait until at least 12 months old);</p> <p>OR</p> <p>if current age is 12 months or older and at least 1 dose was administered before age 12 months.</p>	<p><b>8 weeks (as final dose)</b> this dose is only necessary for children aged 12 through 59 months regardless of risk, or age 60 through 71 months with any risk, who received 3 doses before age 12 months.</p>	

# 2023 Recommended Immunizations for Children 7–18 Years Old



**Indian Health Service  
PORTLAND Area  
Adolescent Report  
FY 2023 - 1st Qtr: October 1, 2022 - December 31, 2022**

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	Age in Years		
	11 - 12	13	13 - 17
Number in Age Group		355 16.9%	2,095 100.0%
Female + Male Denominators		355 100.0%	2,095 100.0%
1_HP		278 78.3%	1,795 85.7%
2_HP		130 36.6%	1,401 66.9%
3_HP		2 0.6%	89 4.2%
FULLY_VACD_HP		122 34.4%	1,278 61.0%
FULLY_VACD_HP_3_DOSES		2 0.6%	77 3.7%

Indian Health Service  
 PORTLAND Area  
 Adolescent Report  
 FY 2023 - 1st Qtr: October 1, 2022 - December 31, 2022

[Download To Excel](#) [Normal-Display](#)

	<b>9</b> YEARS	Age in Years		
		11 - 12	13	13 - 17
Number in Age Group			355 16.9%	2,095 100.0%
Female + Male Denominators			355 100.0%	2,095 100.0%
1_HP			278 78.3%	1,795 85.7%
2_HP			130 36.6%	1,401 66.9%
3_HP			2 0.6%	89 4.2%
FULLY_VACD_HP			122 34.4%	1,278 61.0%
FULLY_VACD_HPV_3_DOSES			2 0.6%	77 3.7%

Advantage to starting at age 9:

- Better chance of completing 2-dose series before age 15 and avoiding a third dose

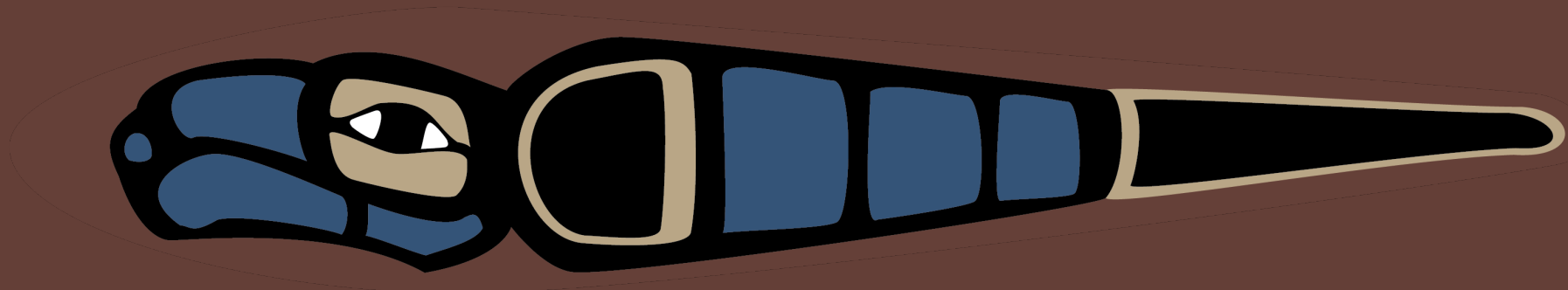
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# Keys to not falling behind

- Start on time – sites must have a plan to reach out to parents of newborns
- Use patient reminders, letters, phone calls, patient handouts even radio PSAs!
- Make sure you have the vaccines in stock
- Remove barriers to vaccination – can a patient get a vaccine without an appointment? Do they need to see a provider or can it be a nurse or pharmacy visit?
- Is there support for transportation?
- Who can bring a child for immunizations? Just the parent? Or can grandparents or others authorize vaccine services?



# Ways to Increase Rates



# Tips to increase rates

- Check rates at your clinic
- Send vaccine reminders to patients
- Identify a vaccine champion
- Educate about vaccines during prenatal classes
- Vaccine booth at health fairs
- Other ideas



Indian Health Service

**Personal Health Record**



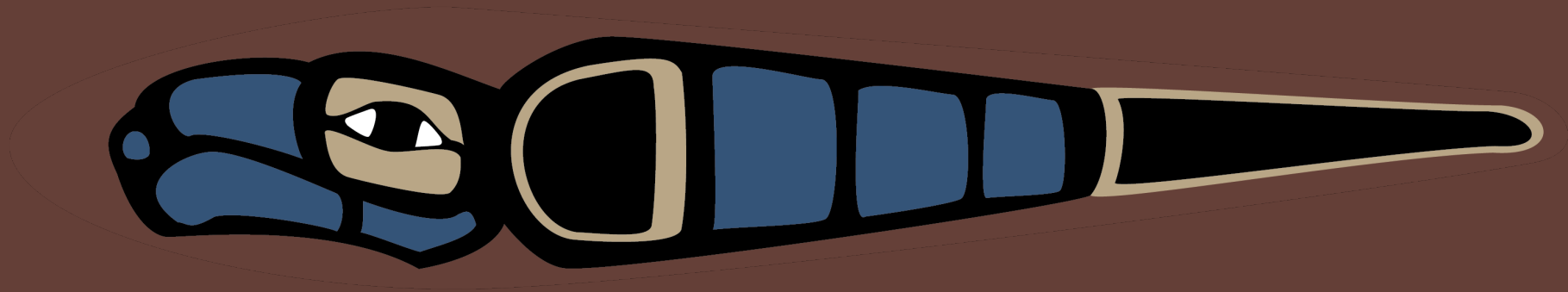
[Patient Health Record - Login \(ihs.gov\)](https://ihs.gov)

[https://youtu.be/ayLZXm\\_YeC0](https://youtu.be/ayLZXm_YeC0)

The IHS Personal Health Record will allow patients to see their medications, lab results and immunizations when they log in from a computer, tablet or smart phone.

Although it doesn't support receiving text reminders about appointments, medication refills or needed vaccines, it is one step closer to patients being able to access their information

# Native Boost



# NATIVE BOOST

Strengthening Vaccine Confidence  
through Communication, Education,  
and Outreach



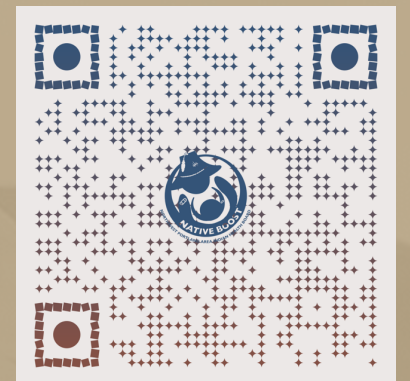
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# ONGOING SUPPORT FOR TRIBES

- VACCINE CONFIDENCE EDUCATION MATERIALS FOR PROVIDERS AND FAMILIES
- VACCINE-POSITIVE MEDIA MESSAGING ON NPAIHB SOCIAL MEDIA SITES
  - ALL MATERIALS AVAILABLE FOR DOWNLOAD AND USE
- IN-PERSON AND VIRTUAL TRAININGS FOR PROVIDERS AND CLINIC STAFF
  - TRAININGS INCLUDE MATERIALS, SWAG, AND ON-GOING SUPPORT FOR STAFF

# FORTHCOMING PROJECTS

- PEER SUPPORT TRAINING AND SUPPORT PROGRAM
- ADDITIONAL MATERIALS FOR PROVIDERS TO USE IN-CLINIC

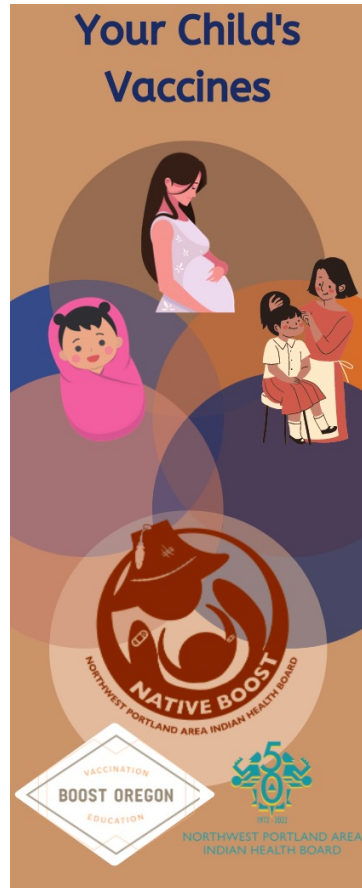




# Resources



# RESOURCES



## RSV

RESPIRATORY SYNCYTIAL VIRUS

RSV IS A COMMON RESPIRATORY VIRUS THAT USUALLY CAUSES MILD, COLD-LIKE SYMPTOMS. MOST PEOPLE RECOVER IN A WEEK OR TWO, BUT RSV CAN BE SERIOUS, ESPECIALLY FOR INFANTS AND OLDER ADULTS.

### SYMPTOMS

Runny Nose  
Decrease in Appetite  
Cough  
Sneezing  
Fever  
Wheezing

These symptoms usually appear in stages and not all at once. In very young infants with RSV, the only symptoms may be irritability, decreased activity, and breathing difficulties.

### CARE FOR RSV

Most infections go away on their own in a week or two. There is no specific treatment for RSV but there are ways to relieve 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 NONRESCRIPTION COLD MEDICINES. SOME MEDICINES CONTAIN INGREDIENTS THAT ARE NOT GOOD FOR CHILDREN.

### HOW THE VIRUS SPREADS

RSV can spread when

- An infected person coughs or sneezes
- You get virus droplets from a cough or sneeze in your eyes, nose, or mouth
- You have direct contact with the virus, like kissing the face of a child with RSV
- You touch a surface that has the virus on it, like a doorknob, and then touch your face before washing your hands

### PREVENTION

- Cover your mouth and nose with a tissue or your upper arm sleeve, not your hands
- Wash your hands often with soap and water for at least 20 seconds
- Avoid close contact, such as kissing, shaking hands, and sharing cups and eating utensils, with others
- Clean frequently touched surfaces such as doorknobs and mobile devices

## Native Boost

### Understanding Childhood Vaccines



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# Social Media Resources



**HELP  
THEM  
FIGHT  
FLU**

**SO THEY CAN DO  
WHAT THEY DO.**

**ASK THEIR PROVIDER ABOUT  
THE FLU VACCINE TODAY**



**Protect yourself  
and your family from the flu.  
Get vaccinated today.**



# THANK YOU

