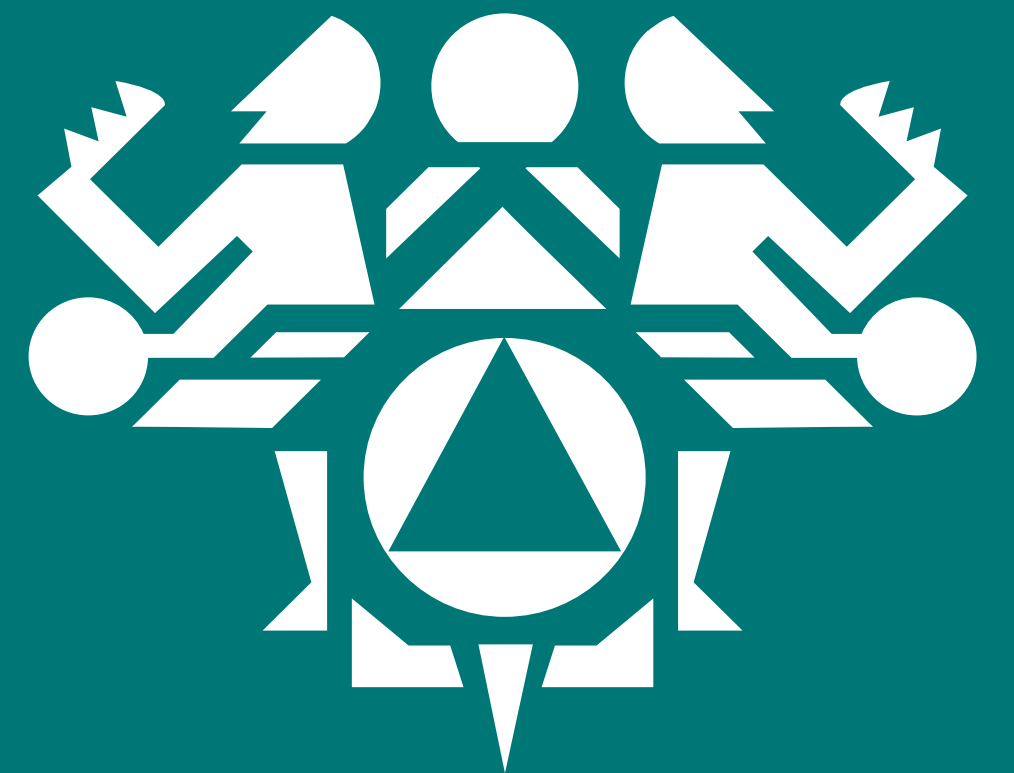


NPAIHB

Weekly Update

August 5, 2025





NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Agenda

- Welcome & Introduction: Nancy Bennett
- NPAIHB Announcements, Events, & Resources
- Indian Country Echo
- Portland Area Indian Health Service Updates: Dr. Tara Perti
- State & Tribal Partner Updates
- Questions & Comments

Please sign in, using the chat box, with your full name and tribe or organization

Upcoming Indian Country ECHO Telehealth Opportunities

- **EMS ECHO** - 1st Tuesday & 3rd Thursday of every month at 5pm PT
 - Tuesday, August 5th at 5pm PT
 - To Join via Zoom:
<https://echo.zoom.us/j/84832881641?pwd=SXllNlpJa0Vta1R1c28xcUh5V1dlUT09>
- **Hepatitis C ECHO** – Wednesdays at 11am PT
 - Wednesday, August 6th at 11am PT
 - Didactic Topic: *HCV Case Discussions*
 - To Join via Zoom:
<https://echo.zoom.us/j/537117924?pwd=OEExbERmK2pSUFFsMzV1SmVpb3g3dz09>
- **SUD ECHO** – 1st Thursday of every month at 11am PT
 - Thursday, August 7th at 11am PT
 - Didactic Topic: *Expanding Access to AUD Treatment in Primary Care: Evidence-Based Approaches*
 - To Join via Zoom:
<https://echo.zoom.us/j/806554798?pwd=WVQyUFJnYkR3SXBjcUdlemRnNmZ6Zz09>

Tribal Youth Delegate Application Deadline

Applications close: August 8, 2025

To be eligible, you must be between the ages of 15-25. Must be an enrolled member or descendant of one of the 43 tribes in the Pacific NW. And must be able and willing to participate in (virtual and in-person) Youth Delegate trainings, projects and activities.

- Youth Delegates represent the 43 Tribes in the Pacific Northwest (OR, WA, ID) and serve as the health policy-making body for the Northwest Portland Area Indian Health Board and its member tribes.
- Why apply? Youth will learn about health careers, governance structures, and policy, as well as gain leadership skills and advocate for positive change in health and wellness topics they care about.
- If you or someone you know is interested in applying, please apply here:

NPAIHB Youth Delegate Application:

<https://www.surveymonkey.com/r/NPAIHBYouthDelegate2025>





Eastern Oregon OHA Rural Convening

Convocatoria Rural de OHA

Registration Form
Formulario de inscripción

Join us to network, build relationships, learn about OHA public health resources, and discuss rural public health strategy with other regional community partners.

Únase a nosotros para establecer contactos, conocer los recursos de salud pública de OHA y discutir estrategias de salud pública rural con otros socios comunitarios regionales

Date: Tuesday, August 7, 2025
Fecha: jueves, 7 de agosto, 2025

Time: 10:00 AM - 4:00 PM. Registration begins at 9:00 AM.
Horario: 10:00 AM - 4:00 PM. Inscripción se abre a las 9:00 AM.

Location: Pendleton Center for the Arts
214 North Main Street
Pendleton, OR 97801

Questions? Contact Tatiana.Eckhart2@oha.oregon.gov
¿Preguntas? Contáctenos a Tatiana.Eckhart2@oha.oregon.gov

NATIVE FITNESS XIX

REGISTER HERE!



SAVE THE DATE

SEPT. 16-17, 2025



For more information:
Western Tribal Diabetes Project - WTDP@npaihb.org

Download the flyer:

www.npaihb.org/modernevent/native-fitness-xix-2025/

Register:

www.surveymonkey.com/r/2025NF19

WHO SHOULD ATTEND?

- DIABETES COORDINATORS
- TRIBAL FITNESS COORDINATORS
- COMMUNITY WELLNESS TRAINERS
- YOUTH COORDINATORS
- TRIBAL ELDERS

WHY SHOULD YOU ATTEND?

- RECEIVE SKILLS IN BASIC AEROBIC TRAINING
- LEARN CREATIVE FITNESS TRAINING TECHNIQUES
- LEARN TRIBAL SPECIFIC APPROACHES TO HEALTH & WELLNESS
- CERTIFICATE OF COMPLETION (UPON REQUEST)



Tribal Implementation Center Q&A Webinar Series

These webinars are designed to provide you with an opportunity to ask questions about the Tribal IC, including program timelines, what to expect, or how to get involved. It's also a space for you to tell us what you'd like to see from the Tribal IC. You are invited to attend as many of the three sessions as you'd like. The PHIG National Partners and Chickasaw Health Consulting will share the same information at all sessions – we are offering multiple sessions to accommodate as many schedules as possible.

☐ Aug 8, 2025 02:00 PM

☐ Aug 12, 2025 04:00 PM

☐ Aug 25, 2025 02:00 PM

Time shows in [America/Detroit](#)

NPAIHB Weekly Update Schedule

August 12: Legislative & Policy Updates

August 19: Introduction to the Northwest
Regional Research Center (NWRRC)

August 26: Legislative & Policy Updates

September 2: Empowering Public Health Emergency
Response with WebEOC (tentative)





INDIAN + COUNTRY
ECHO
LEADING THE WAY ➡➡➡

*Growing the Ability to Deliver Quality Healthcare to
American Indian and Alaska Native People.*

Northwest Portland Area Indian Health Board

Indian Country ECHO *Indian Leadership for Indian Health*

August 5, 2025

Birdie Wermey | Behavioral Health Manager
Megan Woodbury | ECHO Project Manager

Introductions

Birdie Wermy, MPH *(Southern Cheyenne)*

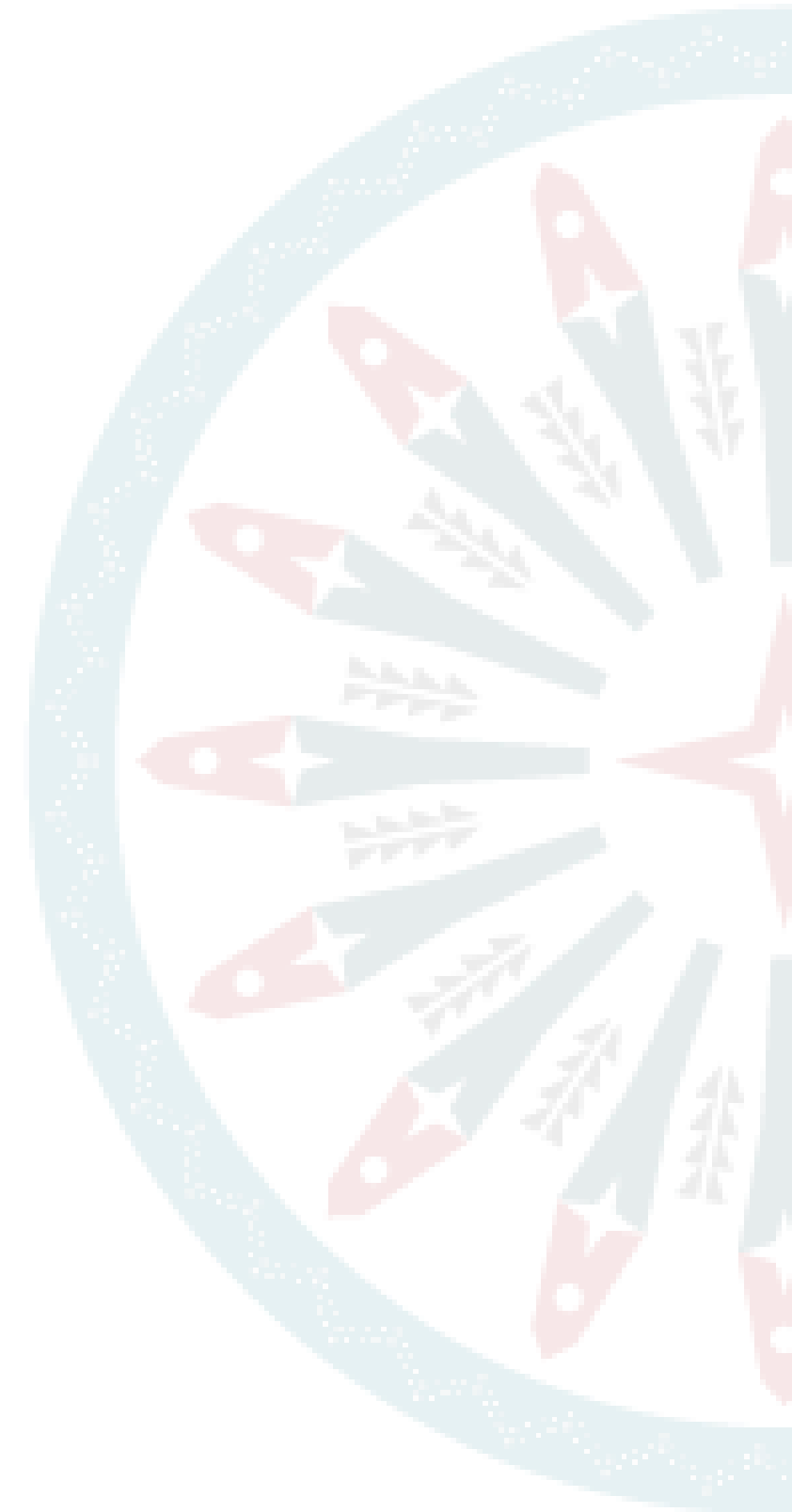
Behavioral Health Manager

Northwest Portland Area Indian Health Board

Megan Woodbury

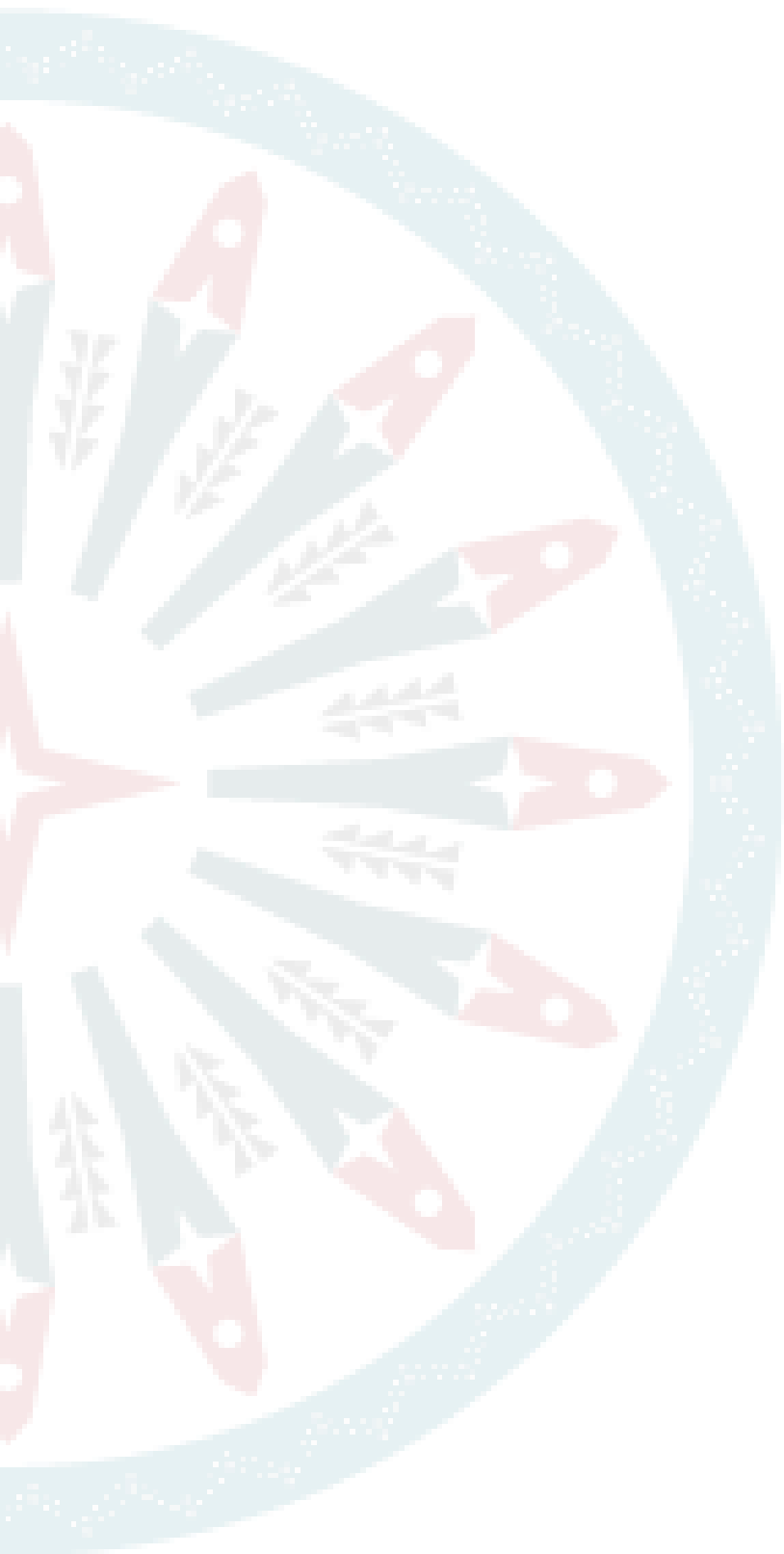
ECHO Project Manager

Northwest Portland Area Indian Health Board



Agenda

- Introduction to Indian Country ECHO and History
- Program Area Highlights
- Clinical and Community Resources
- Impact
- How to Get Involved



Our History



**INSPIRED BY THE STRENGTH
AND RESILIENCY OF
TRIBAL COMMUNITIES, OUR
PROGRAM WORKED HARD
TO CREATE A SOLUTION
TO PROVIDE HIGH
QUALITY CARE FOR THE
COMMUNITIES WE SERVE.**

**TODAY THAT
SOLUTION IS INDIAN
COUNTRY ECHO.**

Video Introduction



Why Indian Country ECHO



People need access to quality care for their complex health conditions.



There aren't enough specialists in Indian Country for everyone who needs care.



Indian Country ECHO trains clinicians to provide high quality care.

Patients get the right care, in the right place, at the right time. This improves outcomes.



Clinicians are connected to a learning community of peers and experts.



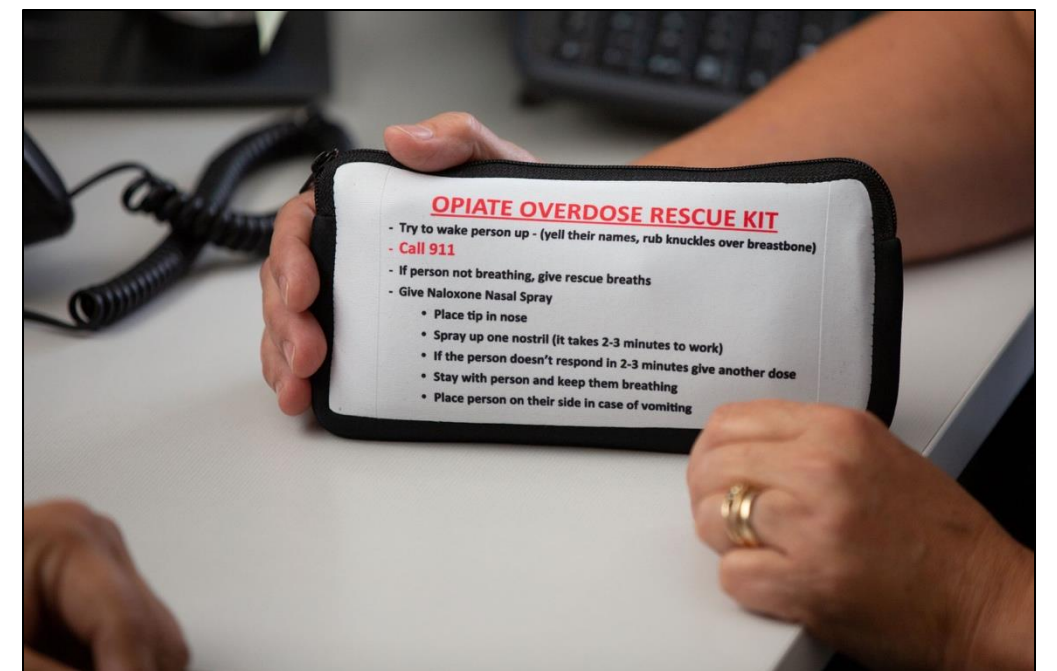
Indian Country ECHO

Free service for I/T/U clinicians:

Designed to enhance care delivery for patients with complex conditions

Offer a variety of services:

Clinical consultation, mentorship, training, and technical assistance & capacity building



Services

Each ECHO program area includes:

- Virtual ECHO clinics
- In-person and virtual trainings
- Technical assistance and capacity building
 - Resources
 - Policies & Procedures
 - Note templates



Virtual Clinics



In-person and Online
Trainings

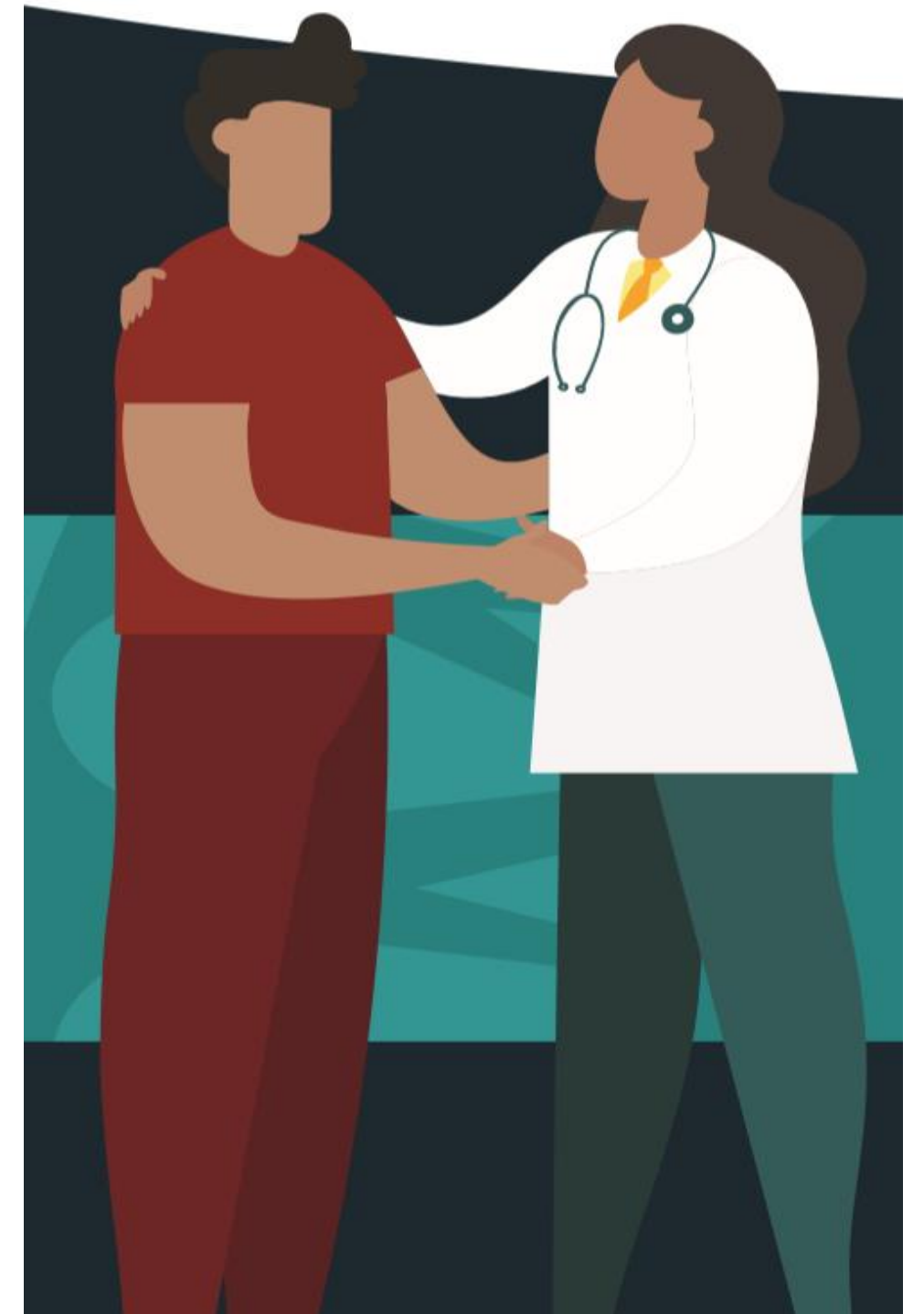


Technical Assistance and
Capacity Building

Virtual ECHO Clinics

Clinicians and health leaders convene to:

- Present and discuss patient cases
- Receive up-to-date treatment recommendations and best practices
- Get advice from specialists and peers
- Participate in didactic presentations and obtain free CE credits

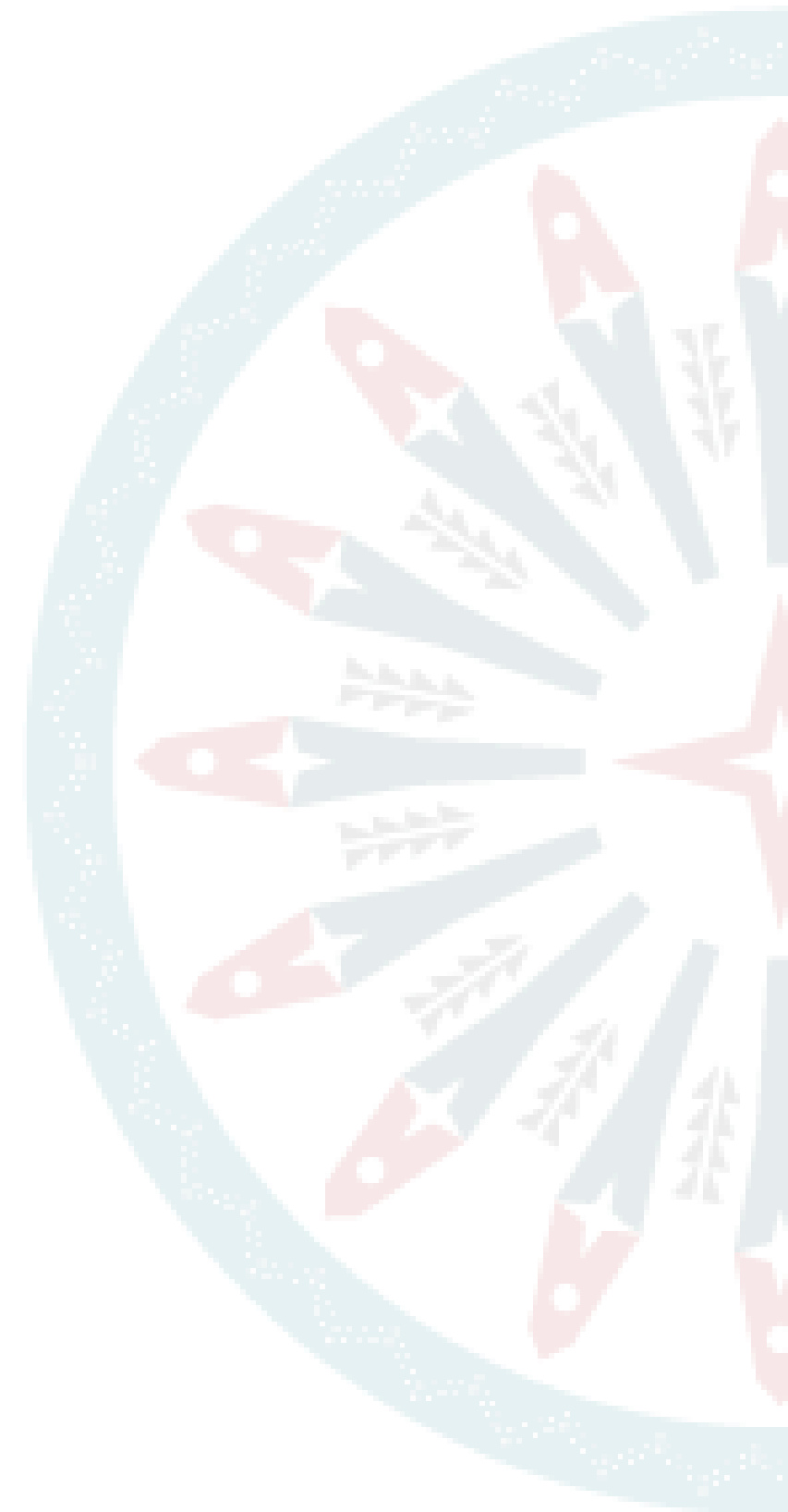


Indian Country ECHO Program Areas

- Cardiology
- Care & Access for Pregnant People
- Community Health Aide Learning Collaborative
- Community Health Representative (CHR)
- Dementia (Clinical & Caregiver)
- Dermatology
- Diabetes
- Emergency Medicine in Rural & Indigenous Communities (emRIC)
- Emergency Medical Services (EMS)
- Early Relational Health (ERH)
- Grand Rounds
- Harm Reduction
- Hepatitis C (HCV)
- HIV/ AIDS
- Infectious Disease
- Journey to Health (JTH)
- Liver Disease
- Month in Virology (formerly COVID-19)
- NW Elders & Knowledge Keepers
- Oral Health
- Peer Recovery
- Pharmacy-Led Treatment & Recovery Teams
- PrEP (Pre-Exposure Prophylaxis)
- Rheumatoid Arthritis (RA)
- Substance Use Disorder (SUD)
- Syphilis
- Virtual Care Implementation (VCI)

Program Area Highlights

- Journey to Health (JTH)
- NW Elders & Knowledge Keepers
- Early Relational Health (ERH)



JTH, NW Elders & ERH

DESCRIPTION - JTH

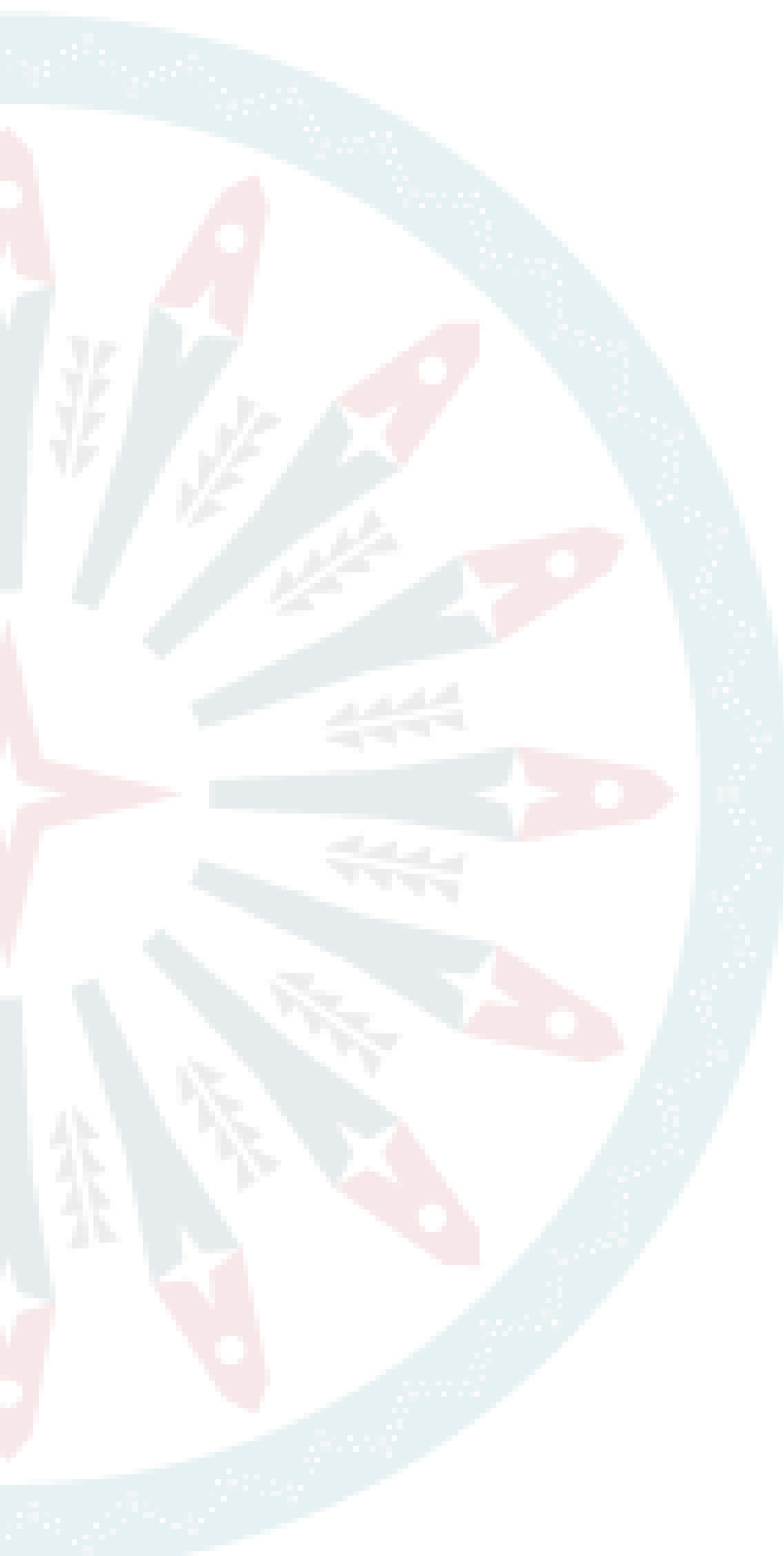
Each month, Indian Country ECHO offers a virtual Journey to Health ECHO program. The program provides comprehensive information for clinicians and staff serving American Indian and Alaska Native people to effectively integrate cultural heritage and understanding, trauma informed care services, and wellness support to promote healing for themselves and community members so that Indigenous communities may better thrive.

DESCRIPTION – NW ELDERS

Each month, Indian Country ECHO offers an ECHO session with a multidisciplinary team focused on creating space for elders and knowledge keepers to connect and support one another. The program provides traditional and clinical education and support to DHAs, BHAs, community health students and providers. Health Aides, Elders, Knowledge Keepers, clinicians, I/T/U staff, dental providers, medical providers, medical students, clinicians serving AI/AN people, advisory groups, DHAs, BHAs, community health students and providers, and others are welcome.

DESCRIPTION - ERH

Each month, Indian Country Early Relational Health: Parents, Caregivers, and Babies (ERH) ECHO program provides comprehensive information to support parents, caregivers, and Tribal and Urban Indian healthcare providers to strengthen knowledge, relationships, and support systems to promote the wellness of parents, caregivers, and babies/young children before, during, and after pregnancy.



JTH, NW Elders Faculty



Safia Rubaii, MD, works as an IHS emergency physician at Gallup Indian Medical Center, in Gallup, NM. She started working in healthcare as a nursing home “kitchen girl,” then as a nurse’s aide, before completing nursing school at the University of South Florida. She worked as an RN in a variety of settings (education, urban and rural emergency, ICU, and OB at a large urban hospital; migrant health; and as a Boulder Community Hospital eye health volunteer in Mante, Mexico).



Dolores Jimerson, MSW, LCSW, ADS is originally from the east coast, where she grew up as an urban Indian. She is clinically licensed in both Wyoming and Oregon, along with being a certified Acudetox Specialist (ear acupuncture) and Registered Trainer. Dolores is excited to lead NPAIHB in the development of culturally resonant behavioral health programming to support tribes in meeting their needs. She is a caregiver and community organizer at heart, who is passionate about creating services that resonate with remembering us into our greatness.



Maleah Nore is a member of the *Tlingit Nation* from Wrangell, Alaska. She is an NPAIHB contractor and a faculty panel member for NPAIHB’s behavioral health themed ECHOs. Maleah recently graduated with her MPH from UW.



Katie Hunsberger is a member of the *Fort McDowell Yavapai Nation*. Katie (she/her) is an advocate, empath, and the Program Manager for the BHA Education Program with the Tribal Community Health Provider Program (TCHPP). Katie is a doctoral candidate at Portland State University, working to receive her doctorate in Educational Leadership, specializing in Postsecondary Education.

ERH Faculty



Dr. Lakota Scott is Diné from Arizona. She is a licensed Naturopathic Doctor with a certificate in Natural Childbirth; completed her ND training at the National University of Natural Medicine. She works as an integrative healthcare provider in private practice and as the Maternal Child Health Director at the NW Portland Area Indian Health Board.



Dawn Yazzie, MA, MCC serves as a faculty member on the ERH ECHO, she previously worked as an Infant and Early Childhood Mental Health Consultant (IECMHC) on the Navajo Nation for 6 years. She brings an equity focus by honoring spirituality and multigenerational healing as a beginning step to the healing justice work.




Alison "Al" Whitemore, LCSW, RPT, is an enrolled tribal member of Round Valley Indian Tribes. She has 25 years of experience in social work bringing collaborative approaches in Neuro-relational, Ecological, Developmental and Cultural frameworks in Indigenous mental health and wellness. Al has been privileged to work in both Tribal public health programs and with national Native organizations, currently focusing her energies on strengthening the relational health of families.



Birdie Wermy is a member of the Cheyenne & Arapaho Tribes of Oklahoma and is the Behavioral Health Project Manager at the Northwest Portland Area Indian Health Board, where she has worked for over 18 years. Birdie has an MPH from PSU with an emphasis in Women's Health. Birdie completed the Indigenous First Steps program from PSU this year as well as a micro-credential in Children's Behavioral Health from the University of Oregon's Ballmer Institute in Portland.

Cases



NW Elder's ECHO
Care Case Form

ECHO ID CC-

Indigenous?
Pronouns:
Gender Identity:

Sex assigned at birth:
Insurance Coverage:
Age Range:

Clinician Name
Clinical Site:
Date of next appt:

Spiritual Wellness

Spiritual Practices:

Traditional Herbal/Food Practices:

Role of Personal Ceremony:

Role of Community Ceremony:

Connection to traditional healer / practitioner / medicine person?

Spiritual Embodiment Goals:

Community Wellness

Kinship Connections:

Self-definition of family/kinship ties:

Daily Live/Work & Living Situation:

Work/Daily Life:

Community Embodiment Goals:

None

Mind Wellness

Areas of Strength:

PHQ 2/9:

GAD-7:

Mental Health History:

Needs related to trauma or SI:

Other notes:

Mental/Emotional Embodiment Goals:

Physical Wellness

Medical History:

Substance Use

Current Medications:

Labs:

Organ Inventory:

Sexual Health History/Reproductive Goals:

Physical Embodiment Goals:

Spirit

Mind



Body

Community

Questions

Cases:
Patient
Systems-Based

Submit a case by
emailing
ECHO@npaihb.org



MCH ECHO Presentation Form

ECHO ID: to be assigned by ECHO staff

Basic Information (for patient presentation)

Presenter Name:	
Site: NPAIHB	
Site Location (City, State): Portland, Or	

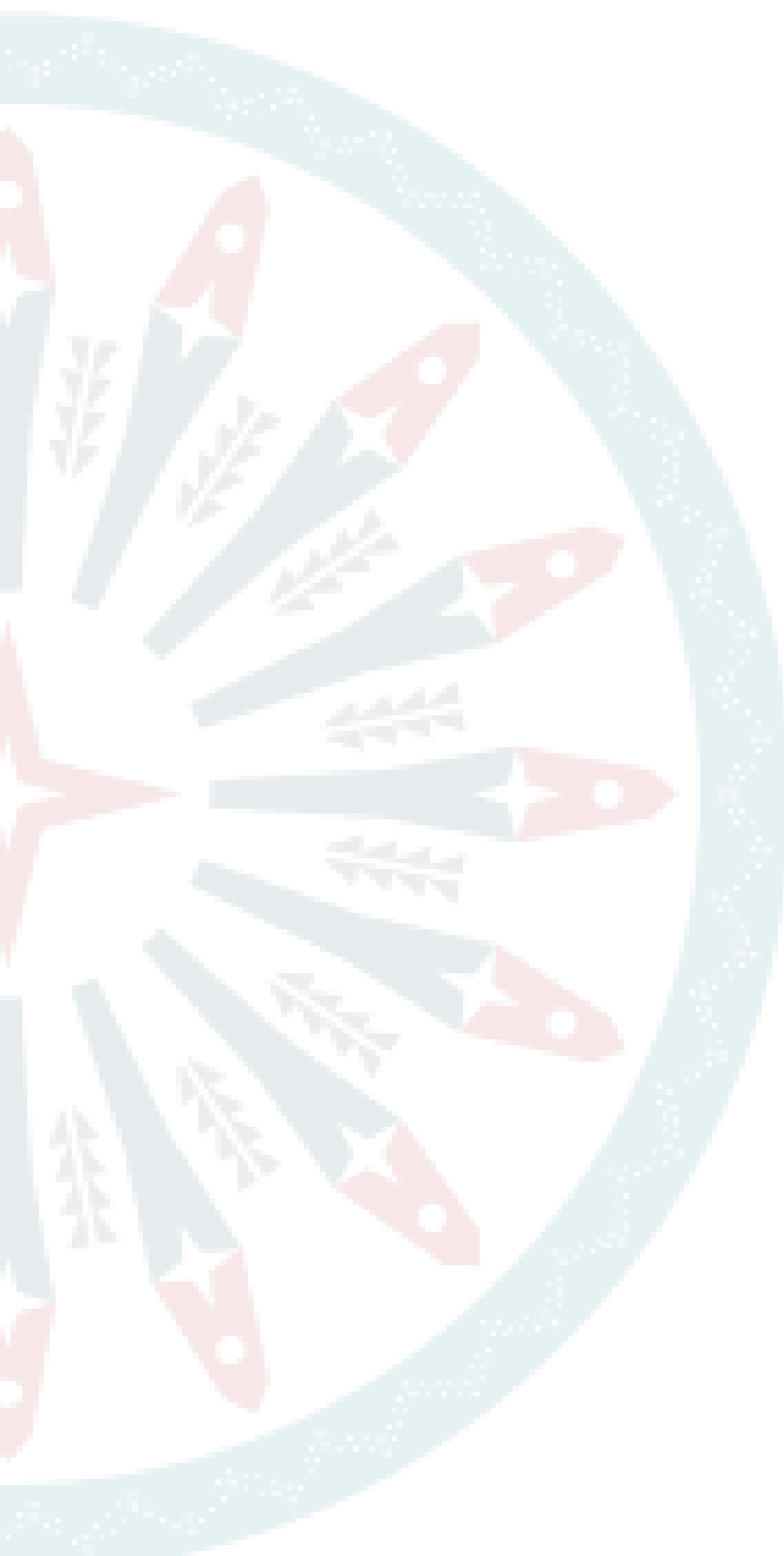
Patient Presentation

Patient gender:				
Child Age:	Parent Age:			
Child Insurance status:	Parent Insurance Status:			
Current Living Situation:				
Height:	Weight:	Head Circumference:	BP:	Pulse:
Allergies:				
3-4 Sentence HPI:				
What is your main questions about this patient?				


Current Medications:

Medication Name	Dosage	Frequency

Resources

- 
- [Community Conversations PSA](#)
 - [Tulalip Elders Video](#)
 - [NPAIHB Reconnection Stories](#)
 - [Culture Helps Heal Us](#)
 - [Boarding School Toolkit for Healing](#)
 - Plans of Safe Care Toolkit: [Provider Guide](#)
 - ECMH Monthly Newsletter

Clinical & Community Resources




"Hep C is MY RESPONSIBILITY because..."

...as a primary care provider, working on both prevention and treatment, I feel it is my duty to link our people to the services and treatment they need."

Shannon Walker
Inupiat, Family Practitioner, ARNP FNP-C

American Indians and Alaska Natives have the highest **hepatitis C** mortality rate of any race or ethnicity.

WE ARE LIVING OUR ANCESTORS' PRAYERS



Keep Calm & Swab On

Supporting Someone with Opioid Addiction

Opioid Use Disorder

Opioid addiction is a brain disease. Opioids - like morphine and heroin - change the way our brain works and how we think. One of the first brain changes that occurs is that these drugs hijack the part of our brain that controls our cravings.

People often start to misuse prescription opioids by taking them:

- more often
- in larger amounts
- for reasons they were not prescribed for

When someone's opioid misuse causes them to have health issues or problems at work, school, or home, they have an opioid use disorder. Opioid use disorder is a common medical condition that people can recover from.

Supporting Someone with an Opioid Use Disorder

Recovering from opioid use disorder is often a life long journey. Walking the road to recovery can be a bumpy path with many ups and downs, but having a strong support system can help. Below are some ways you can support someone with an opioid use disorder.

Remember opioid use disorder is not a choice or moral failing. It is a brain disease.

Learn about opioid use disorder. Reading this fact sheet is a good start!

Talk to a counselor or another medical professional.

Stay positive encourage your loved one to get help...but try to not focus too much on detox and rehab.

Keep in mind some people are not ready to stop taking opioids completely. Helping someone develop strategies to protect their safety while they continue to take opioids may be where they are at now.



Words Matter When Providers Talk About Addiction

Research shows that words matter when we talk to our patients and colleagues about addiction. When health care providers use stigmatizing language, they are significantly less likely to give high-quality care to people with a substance use disorder. Plus, their patients do not recover as well.



Avoiding Stigmatizing Language

Below are stigmatizing words and phrases you should avoid, as well as terms you should consider using instead.

Stigmatizing Language: Addict, Abuser, Junkie

These terms label a person by his or her illness. By making no distinction between the person and the disease, they deny the dignity and humanity of the individual.

Recommended Language: Person with a substance misuse disorder, person with a substance use disorder, person experiencing alcohol/ drug problem

Stigmatizing Language: Clean, dirty (when referring to drug test results)

These terms associate illness symptoms (i.e. positive drug tests) with filth.

Recommended Language: Negative, positive, substance-free.

Stigma Stands in Our Way

Stigma is the number one barrier to patients seeking and receiving effective treatment for substance use disorder. As health care providers, we have the power to change the language we use to help our patients with substance use disorders regain their self-esteem, encourage our colleagues to provide high-quality care, and help our communities understand that addiction is a medical condition as real as any other.



Tribal Opioid RESPONSE
Healing with Respect

NIAHHS
National Indian Health Board



Snag a Kit for the Greater Good.

Love yourself. Love your community.

iwtk
INDIGENOUS WANT THE KIT
Take Control. Know Your Status.

ORDER A FREE, CONFIDENTIAL STI TEST KIT
iwantthekit.org



Culture Helps Us Heal

Substance Use

Substances - like alcohol and drugs - change the way our brain works. One of the first changes that happens is that substances take over the part of our brain that controls our cravings. Soon people find themselves taking substances more often and in larger amounts.

When someone's substance use causes them to have health issues or problems at work, school, or home, they may have a substance use disorder.

Fortunately, pregnant people - like anyone else - can and do recover from substance use disorder. They can also have a happy, healthy baby.



The Power of Cultural Traditions

Recovering from substance use can be a long journey, with many ups and downs. Luckily, our cultural teachings are very powerful. They have helped many of us understand how to live well for generations.

Although everyone's relationship to their traditions is different, for many of us participating in our cultural practices is healing.

Here are some ideas:

- **Relieve stress** by doing activities that calm your body, mind, and spirit. Activities like meditating, praying, singing, spending time in nature, dancing, or cooking can help you feel relaxed and grounded.
- **Work on a traditional craft**, like weaving, carving, or basketmaking. Doing so teaches many lessons, including patience and practice keeping a good mindset. Also, working with traditional materials connects us to our roots and can help us turn inward to be able to "hear" our own thoughts.
- **Take care of your body** by gathering and eating natural foods from the earth that will support you in feeling good.




Family Care PLANS

NIAHHS
National Indian Health Board

HEPATITIS C

WHY BABY BOOMERS SHOULD GET TESTED

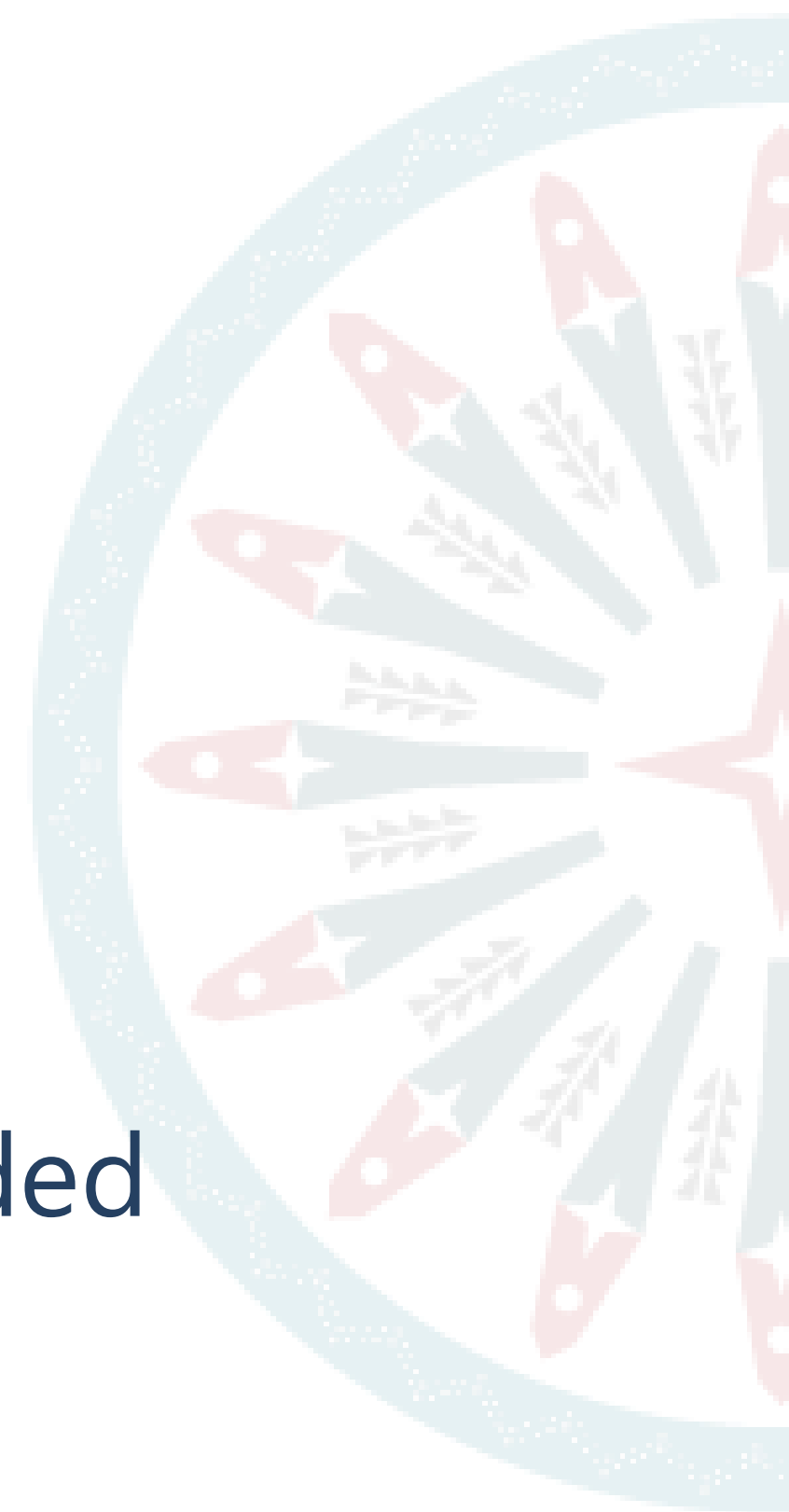


Impact

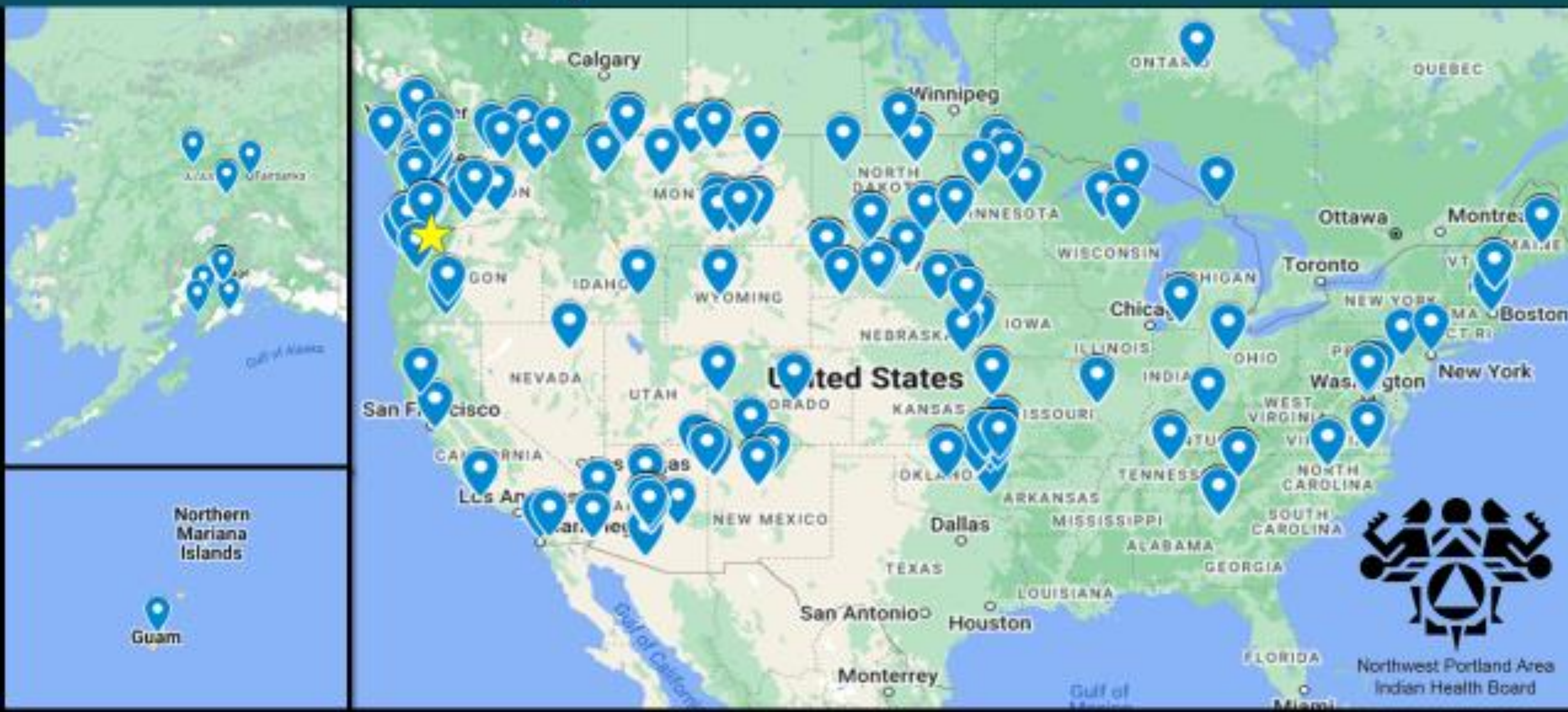
SINCE 2017:

- 1,090+ virtual ECHO sessions provided
- 50+ in-person and virtual trainings completed
- 61,500+ I/T/U clinicians served
- 1,870+ patient treatment recommendations provided

**Indian Country ECHO is funded by HHS MHAF and the Indian Health Service*



Northwest Portland Area Indian Health Board's Indian Country HCV ECHO National Reach

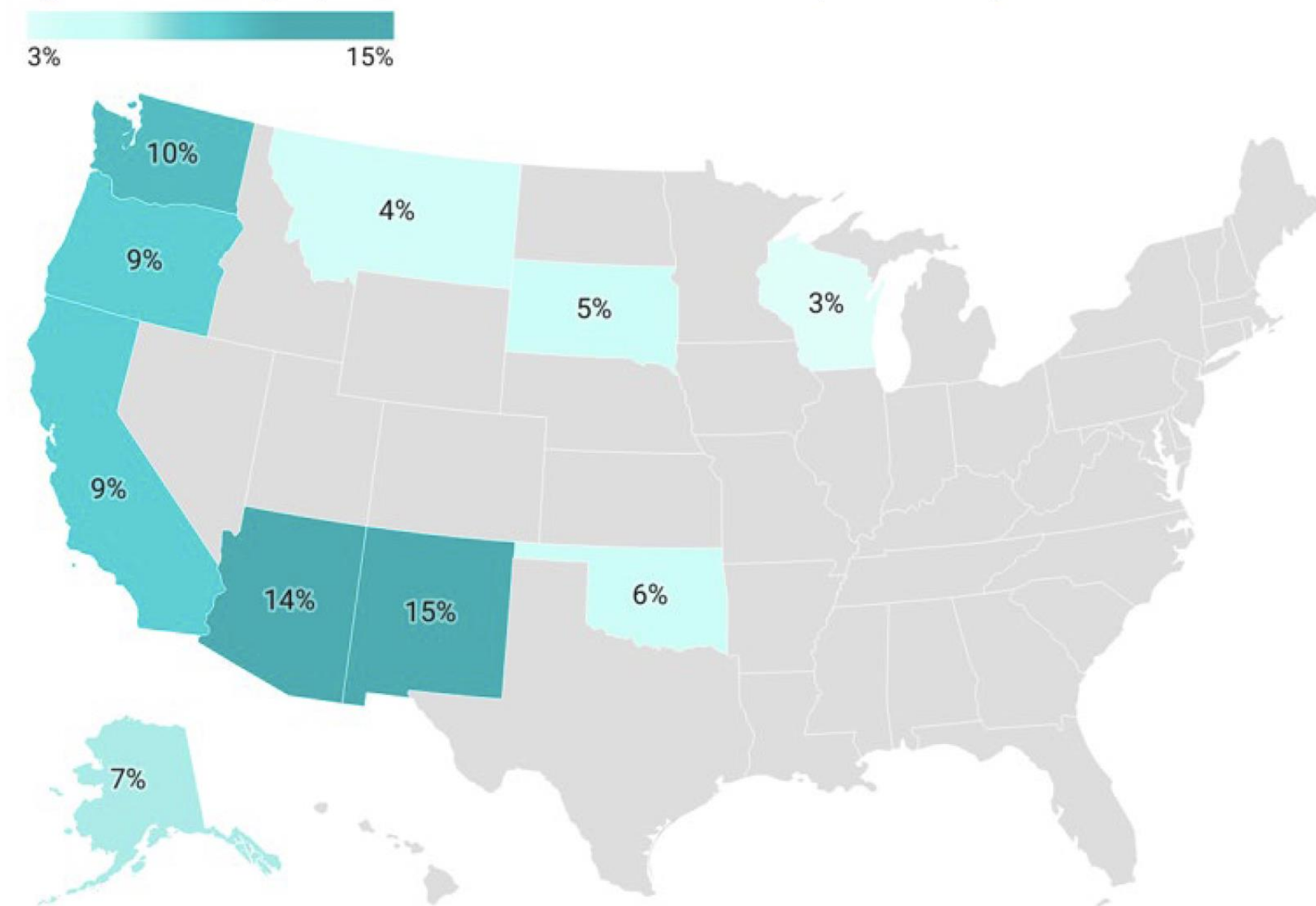


Evaluation – 2024 Annual Survey Results

In **2024**, NPAIHB partnered with Cardea to conduct the **4th Indian Country ECHO Annual Survey**. The survey evaluates participants' satisfaction and outcomes from their participation in ECHOs during the last year.

222 ECHO participants completed the 2024 Annual Survey. They came from **27 different states** around the U.S., with the top 10 states shown in Figure 1 (right).

Figure 1. Geographic Distribution of Participants: Top 10 States

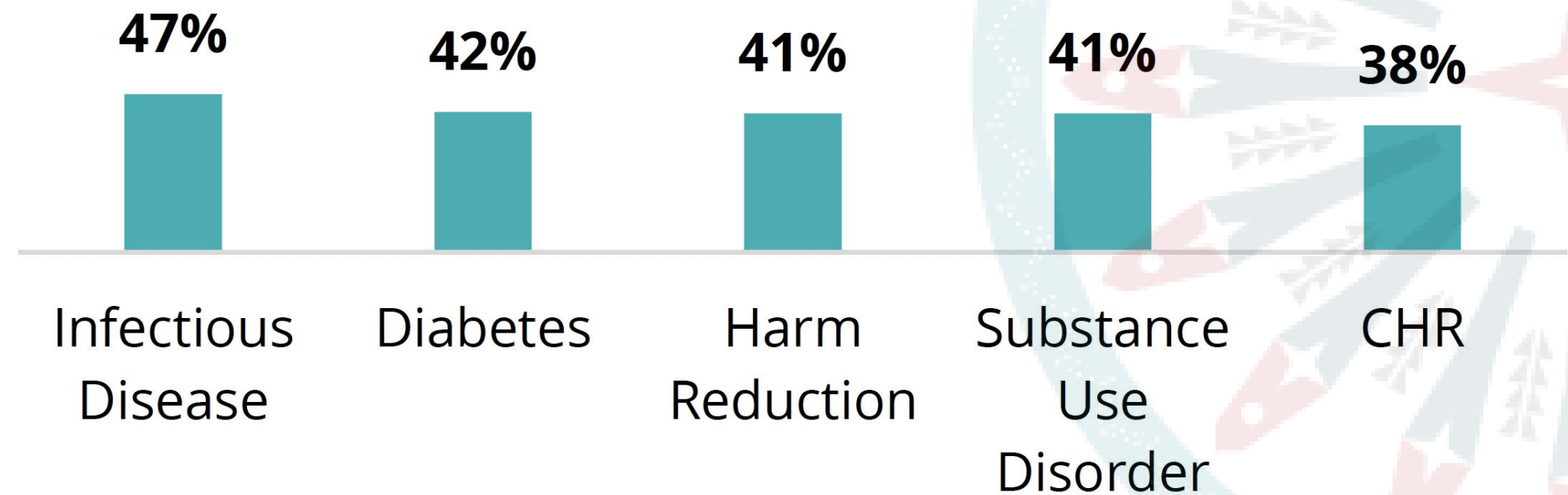


Evaluation – 2024 Annual Survey Results

Of participants, the **Infectious Disease ECHO** was the **most attended ECHO** with nearly half of participants attending at least one time, shown in Figure 3 (lower right). The other most attended ECHO sessions were:

- Diabetes
- Harm Reduction
- Substance Use Disorder (SUD)
- Community Health Representatives (CHR)

Figure 3. Most popular ECHOs



Evaluation – 2024 Annual Survey Results

Participants were asked about changes to their clinical practice and to patient outcomes as a result of participating in ECHO sessions. Participant responses are shown in Figure 4 (below):

Figure 4. Outcomes after participating in ECHO

Expanded on the existing services provided to patients (n=109)

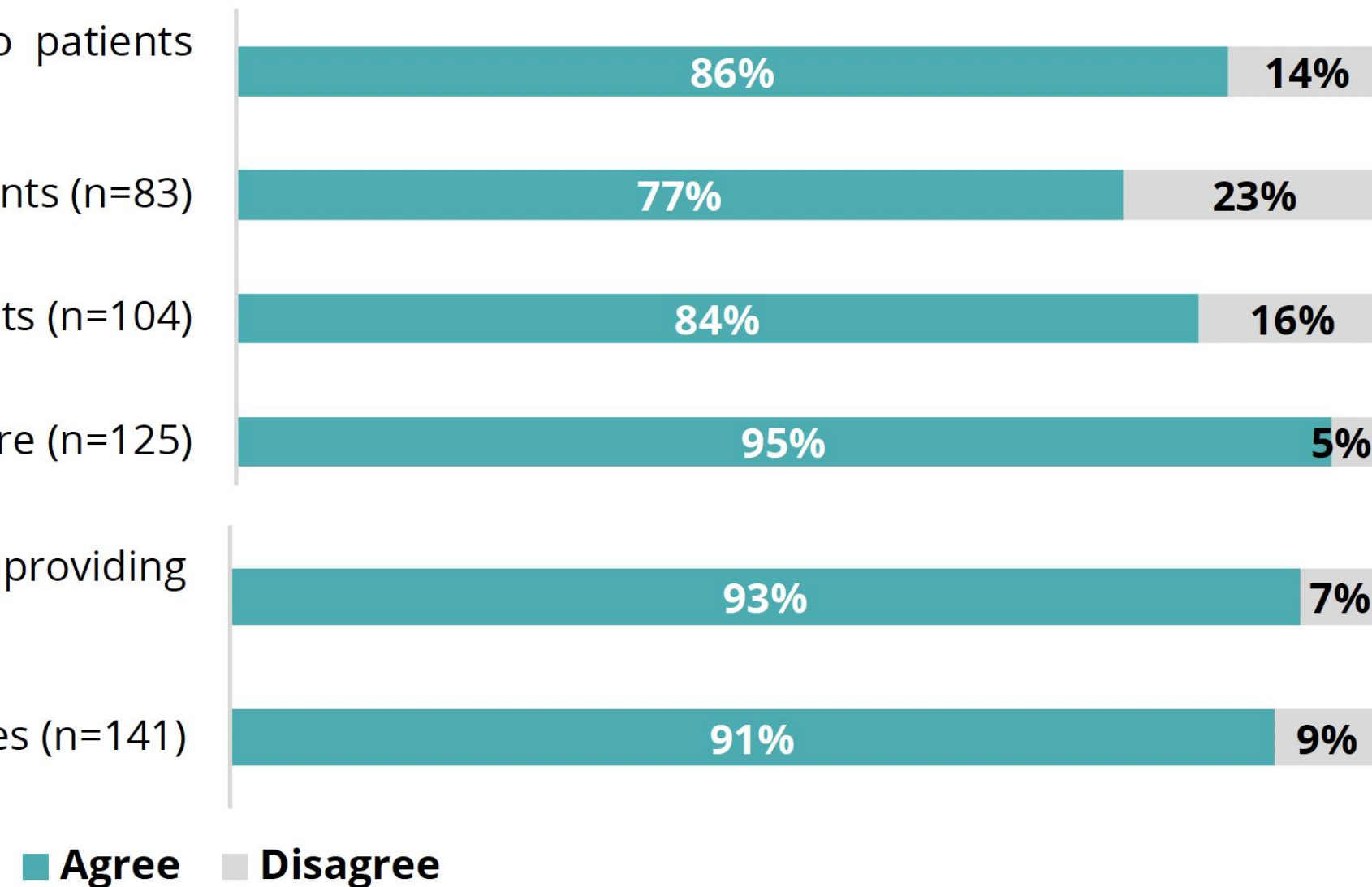
Have initiated new services for my patients (n=83)

Able to treat more patients (n=104)

Patients receive more cohesive access to care (n=125)

Better equipped to support colleagues in providing specialized care (n=129)

More connected to network of colleagues (n=141)



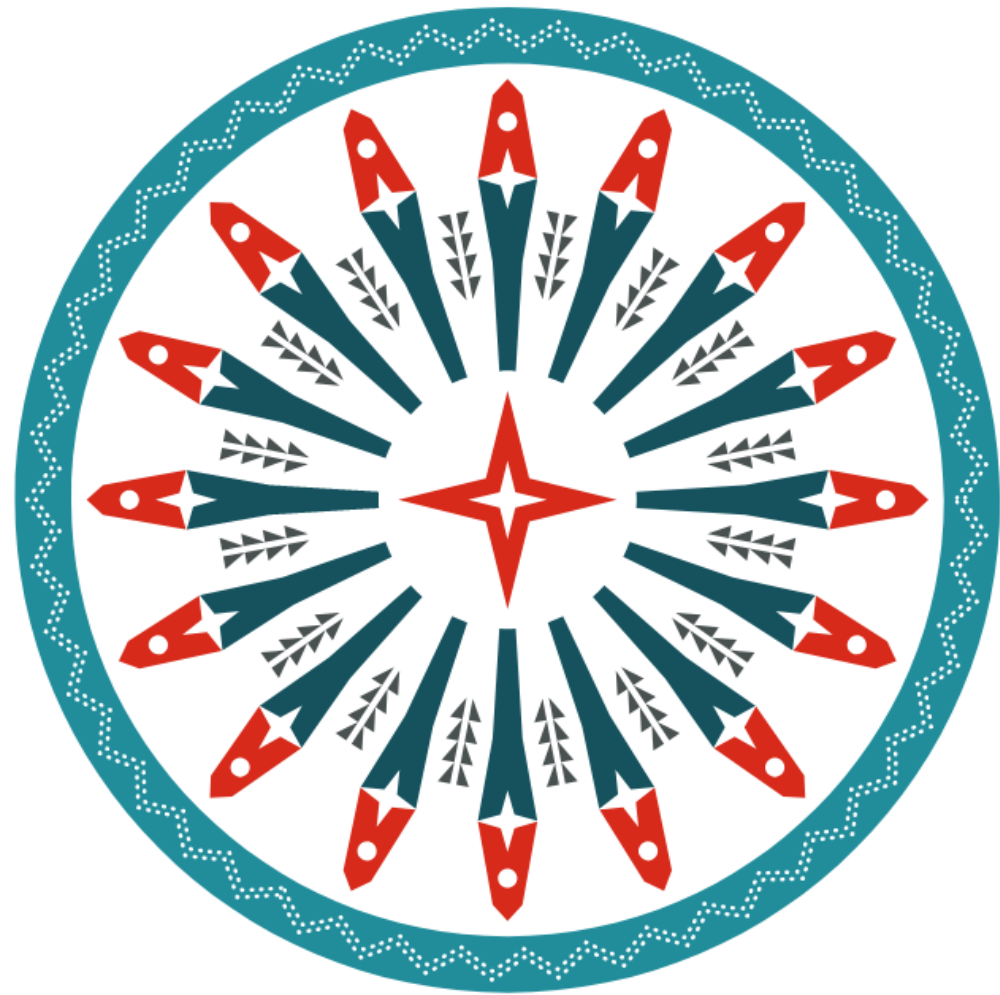
Contact Us

Interested in learning more? Email us at **ECHO@npaihb.org**.

- Join Us
- Ask a Clinical Question
- Submit a Case
- Request Technical Assistance
- Request a Training
- ECHO Program Areas

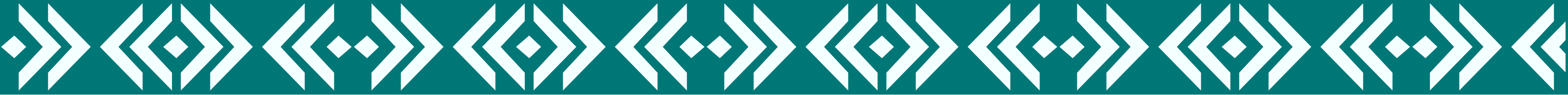


Thank you



INDIAN ★ COUNTRY
ECHO

Email: ECHO@npaihb.org



Partner Updates

Questions & Comments

HRSA Tribal Advisory Council Call for Nominations

HRSA is seeking nominations to serve on the Tribal Advisory Council for the following areas:

- Alaska
- Albuquerque
- Bemidji
- Billings
- California
- Navajo
- Phoenix
- Portland

Delegates must be elected officials who are qualified to represent the views of federally recognized Tribes in the area from which they are being nominated.

Nominations must be submitted to TribalAffairs@hrsa.gov by **Aug. 29, 2025 to be considered**. All nominations should also use the template nomination letter.

Share HRSA's Call for Nominations Flyer with Tribal leaders. Visit the Tribal Advisory Council website for more information.

HRSA Tribal Advisory Council (TAC) Call for Nominations



HRSA programs provide health care to people who are geographically isolated and economically or medically vulnerable. This includes programs that deliver health services to people with HIV, pregnant women, mothers and their families, those with low incomes, residents of rural areas, American Indians and Alaska Natives, and those otherwise unable to access high-quality health care.

Role of HRSA TAC

HRSA created the TAC in 2021 as a forum for elected Tribal officials and HRSA staff to exchange views, information, and advice about:

- Emerging public health issues in Indian Country
- Urgent public health resources and service needs
- Collaborative approaches to address Tribal health priorities

Benefits of Serving

- Elevate Tribal voices from your area
- Strengthen the government-to-government relationship with HRSA
- Help improve public health and well-being of Tribal communities



Meetings

HRSA will hold at least one TAC meeting each fiscal year, funding permitting. In-person meetings are preferred, though virtual convenings may be held.

Nomination Process and Deadline

Email TribalAffairs@HRSA.gov if you are interested in becoming a TAC delegate.



Nominations are considered for selection in the priority order listed below:

- Tribal president/chairperson/governor
- Tribal vice president/vice chairperson/lieutenant governor
- Elected or appointed tribal official

**Nomination letters are due by
Friday, August 29, 2025**

Visit the [HRSA Tribal Advisory Council website](#) more information.

TAC Composition and Period of Service



The TAC consists of **one delegate and one alternate delegate** from each of the **12** Indian Health Service geographic areas. HRSA TAC

delegates and alternates serve a term of 2 years.

Eligibility

The area delegate and alternate delegate must both be **elected** Tribal officials who are qualified to represent the views of federally recognized Tribes in the area from which they are being nominated.



HRSA is currently looking for TAC delegates in the following areas:

- Alaska
- Albuquerque
- Bemidji
- Billings
- California
- Navajo
- Phoenix
- Portland

Portland Area IHS Communicable Diseases Update

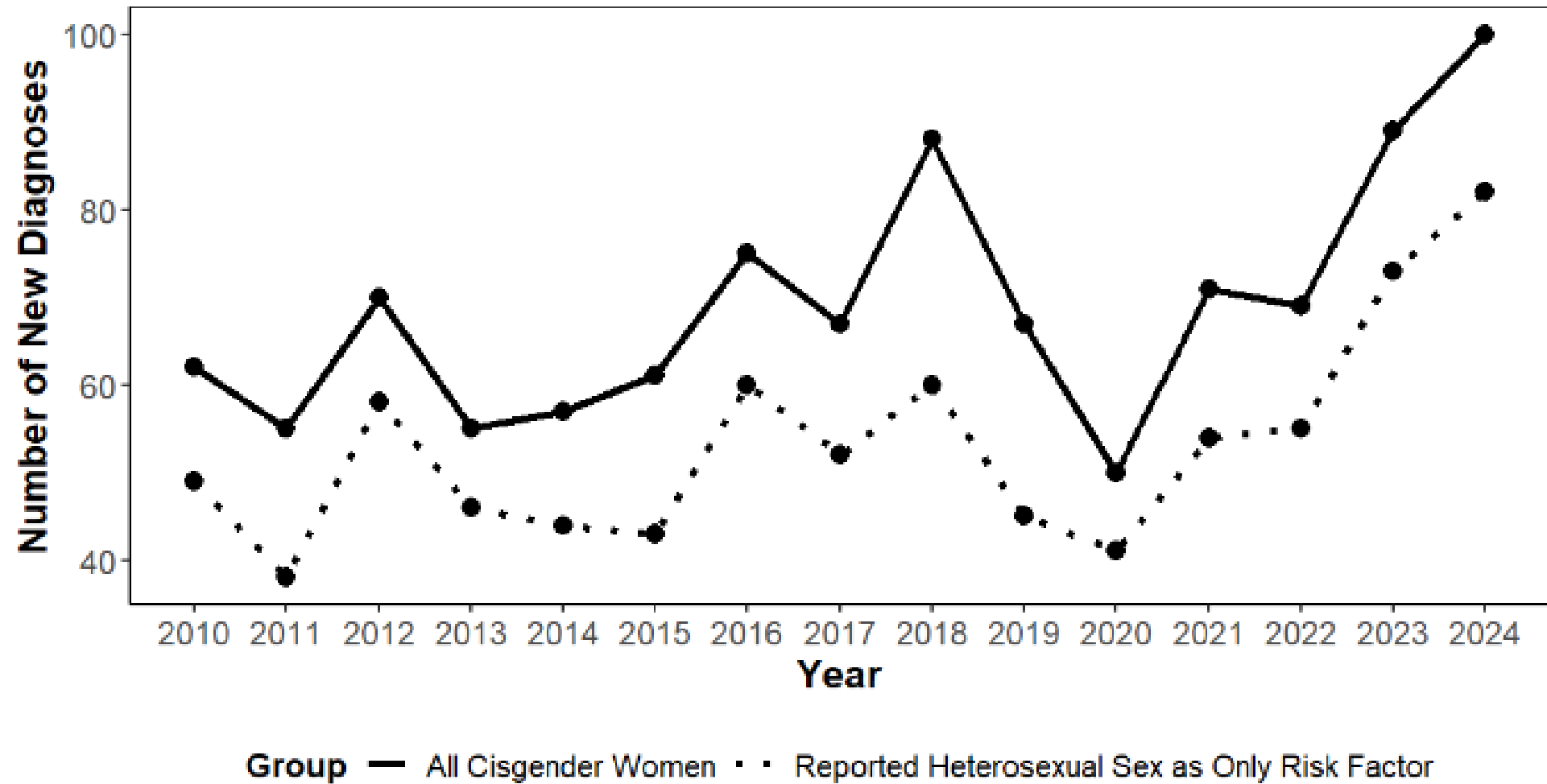
TARA PERTI, MD, MPH
MEDICAL EPIDEMIOLOGIST
OFFICE, PORTLAND AREA IHS
August 5, 2025



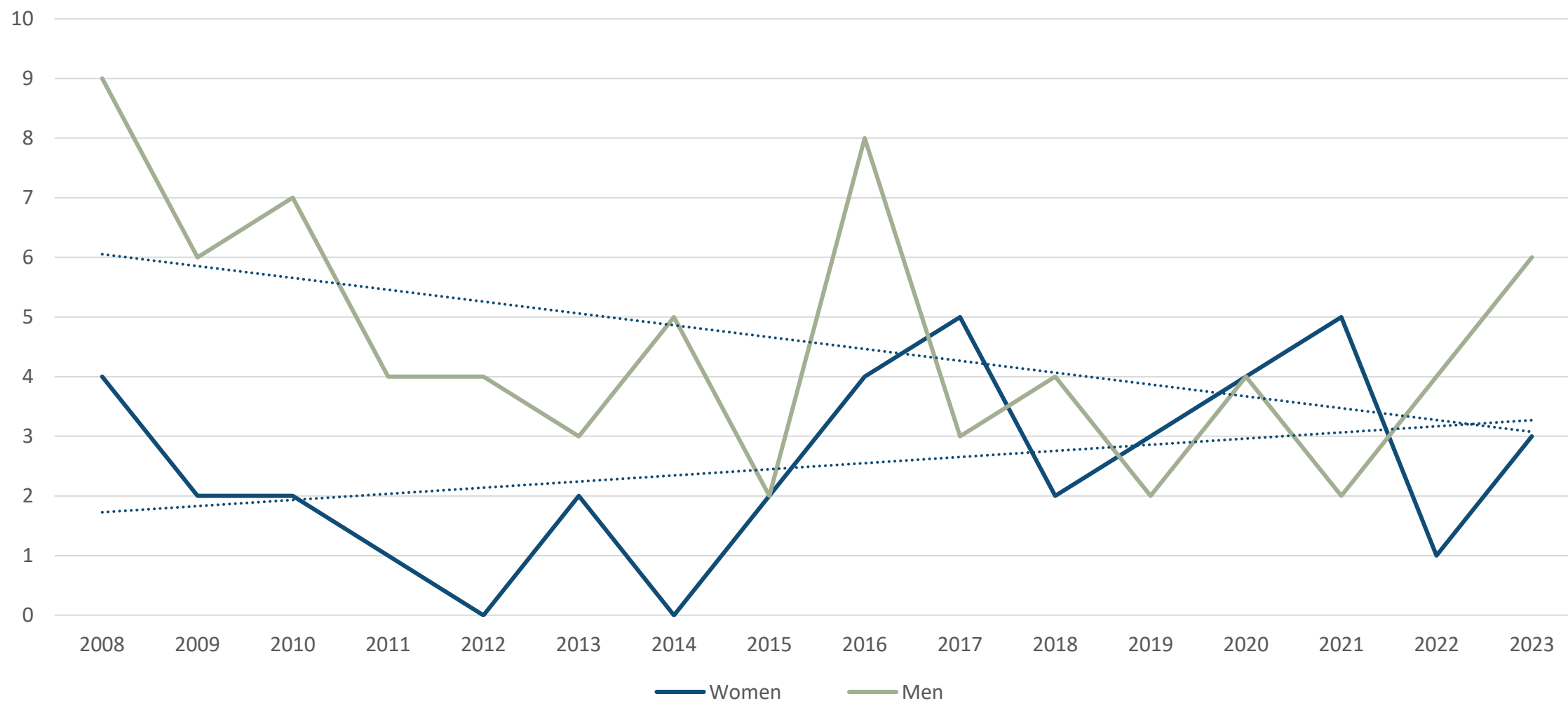
Outline

- Washington State DOH Provider Alert: Increased HIV cases among women related to heterosexual sex and increased perinatal HIV cases
- Early syphilis and congenital syphilis
- COVID-19 update
- Measles update

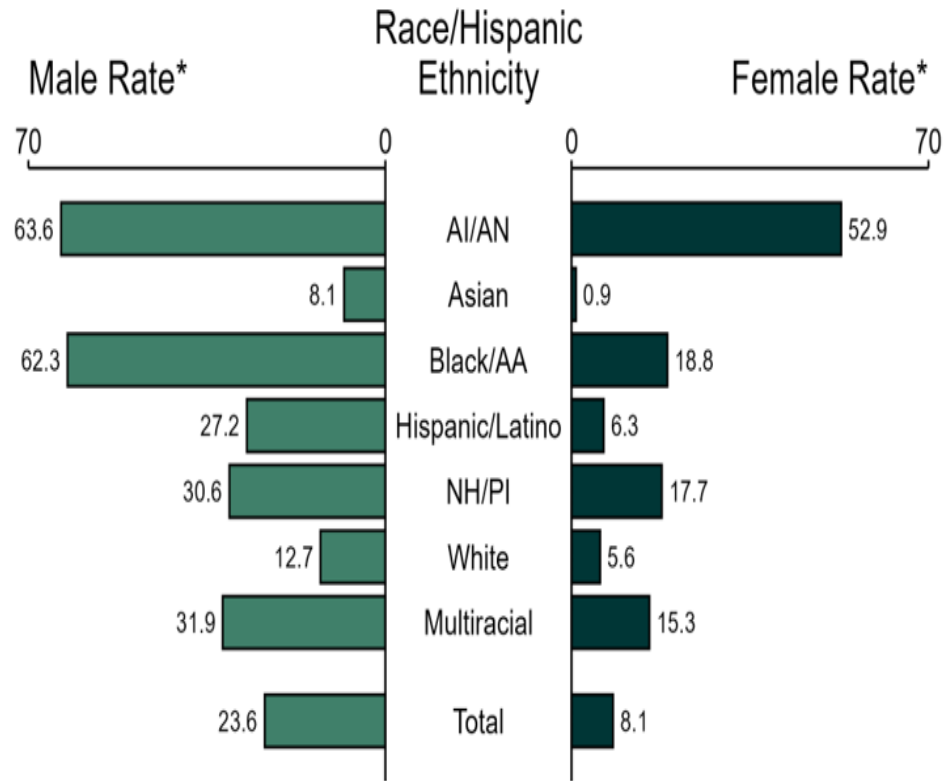
HIV Diagnoses Among Cisgender Women — Washington State, 2010-2024



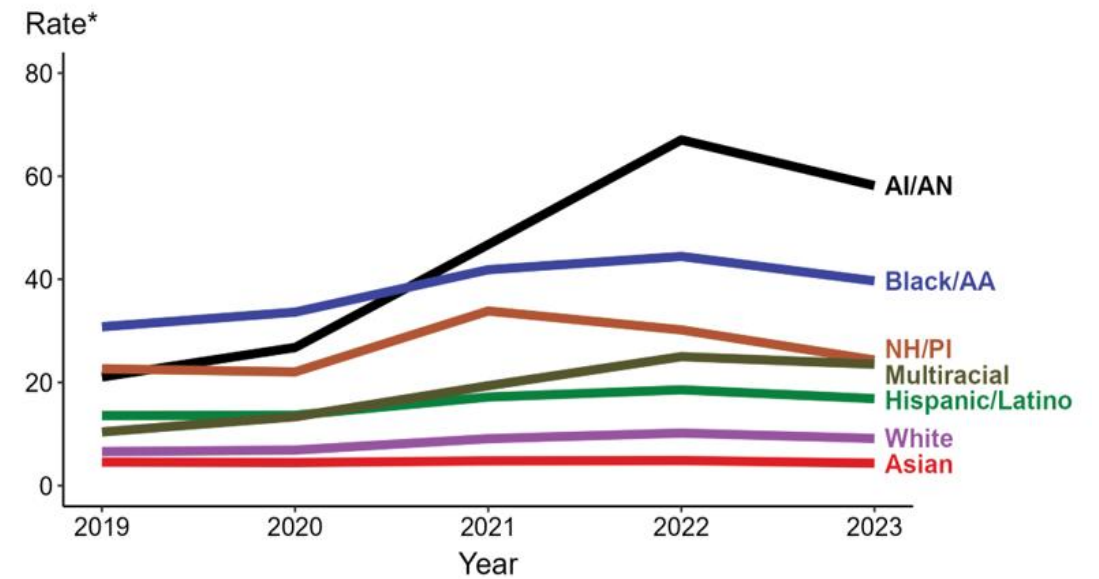
HIV Diagnoses Among AI/AN — Washington, Oregon, and Idaho, 2008-2023



Primary and Secondary Syphilis States – Rates of Reported Cases by Race/Hispanic Ethnicity and Sex, United States, 2023



* Per 100,000

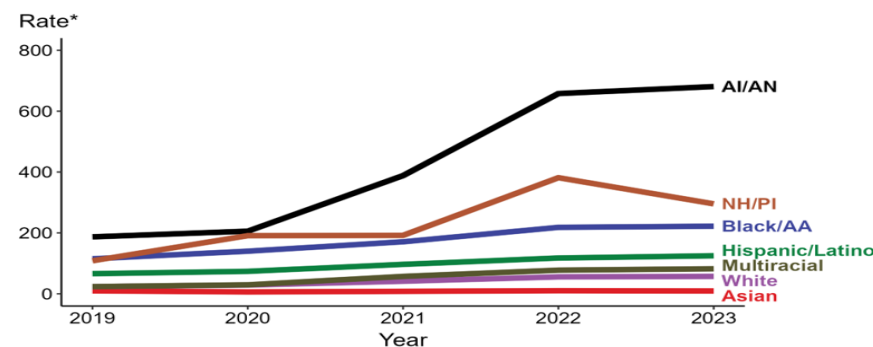


Cases of Congenital Syphilis — Oregon, Washington, Idaho, and U.S., 2023-2024

	2023	2024
Oregon	30	45
Washington	57	
Idaho	0	
U.S.	3,800	

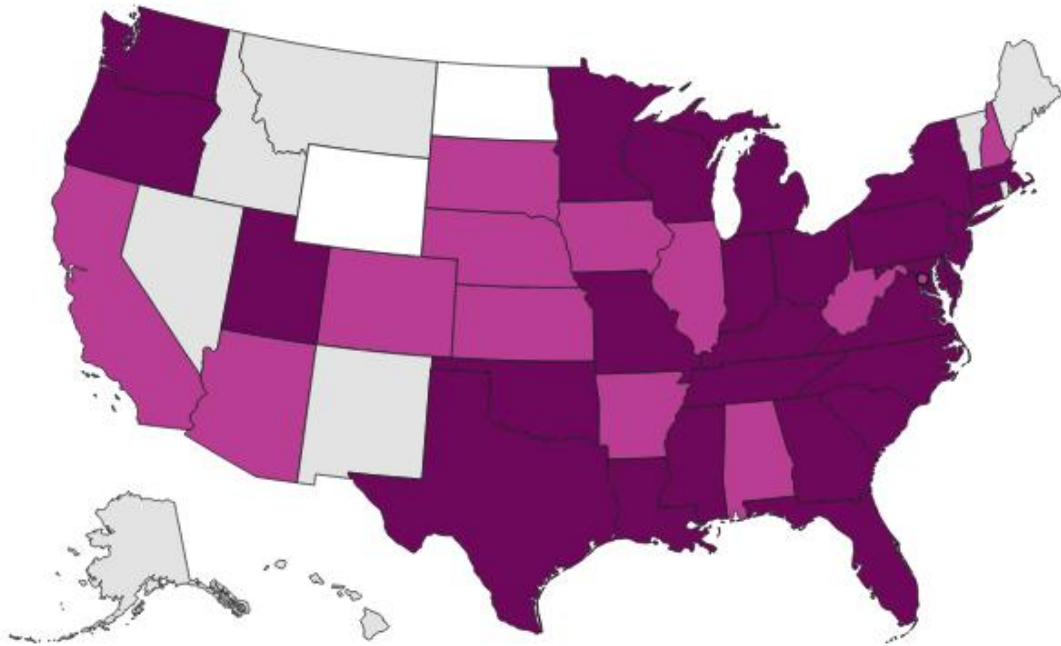
Including 178 cases among AI/AN
Incidence among AI/AN: 680.8 cases/100,000 persons
Incidence among NHW: 57.3 cases/100,000 persons

Congenital Syphilis — Rates of Reported Cases by Race/Hispanic Ethnicity of Birth Parent and Year of Birth, United States, 2019–2023



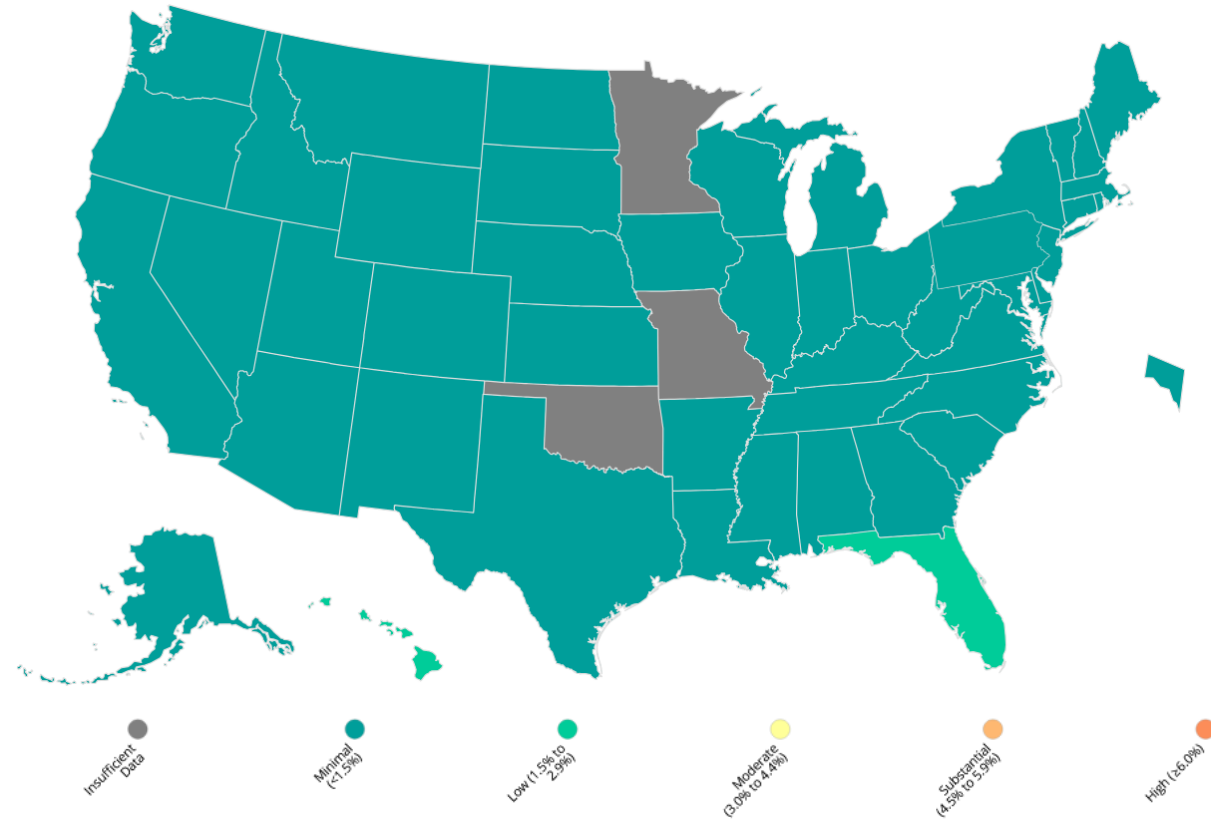
ED visits with COVID-19 and Estimates of Trends — United States

Estimates of COVID-19 Epidemic Trends

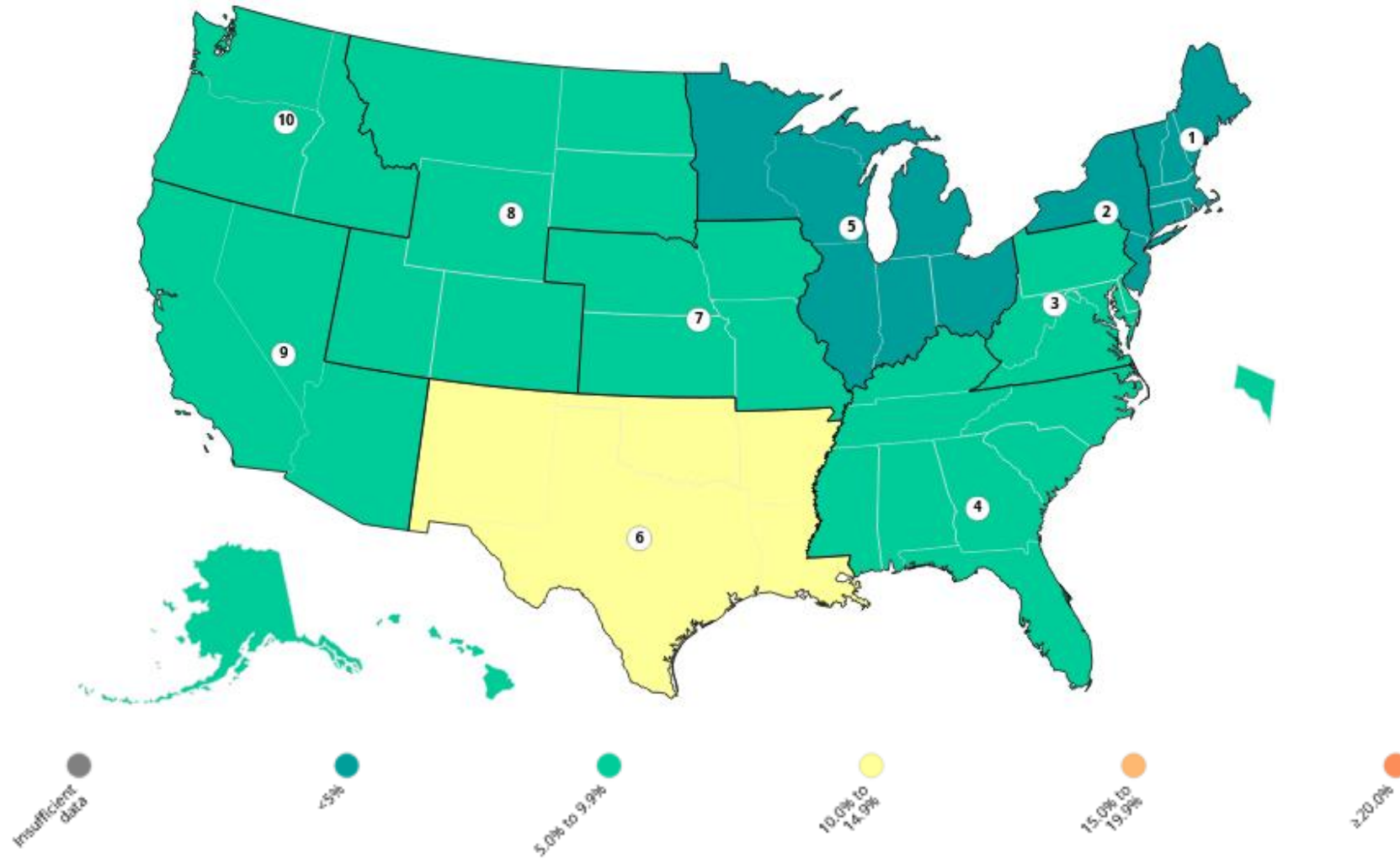


As of July 29, 2025

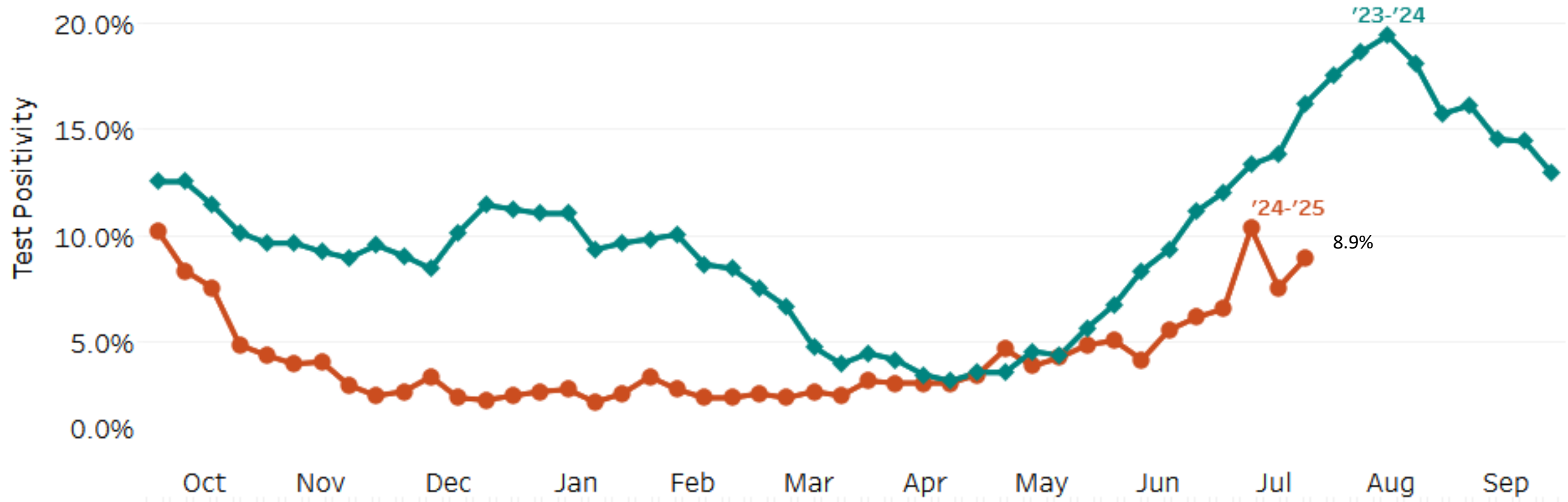
Percentage of ED Visits with Diagnosed COVID-19 through July 26, 2025



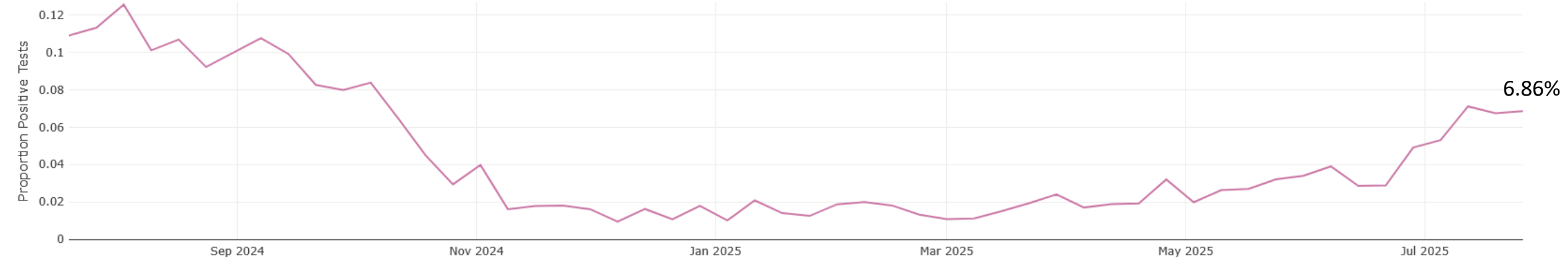
COVID-19 % Positivity by HHS Region — United States, week ending 7/26/25



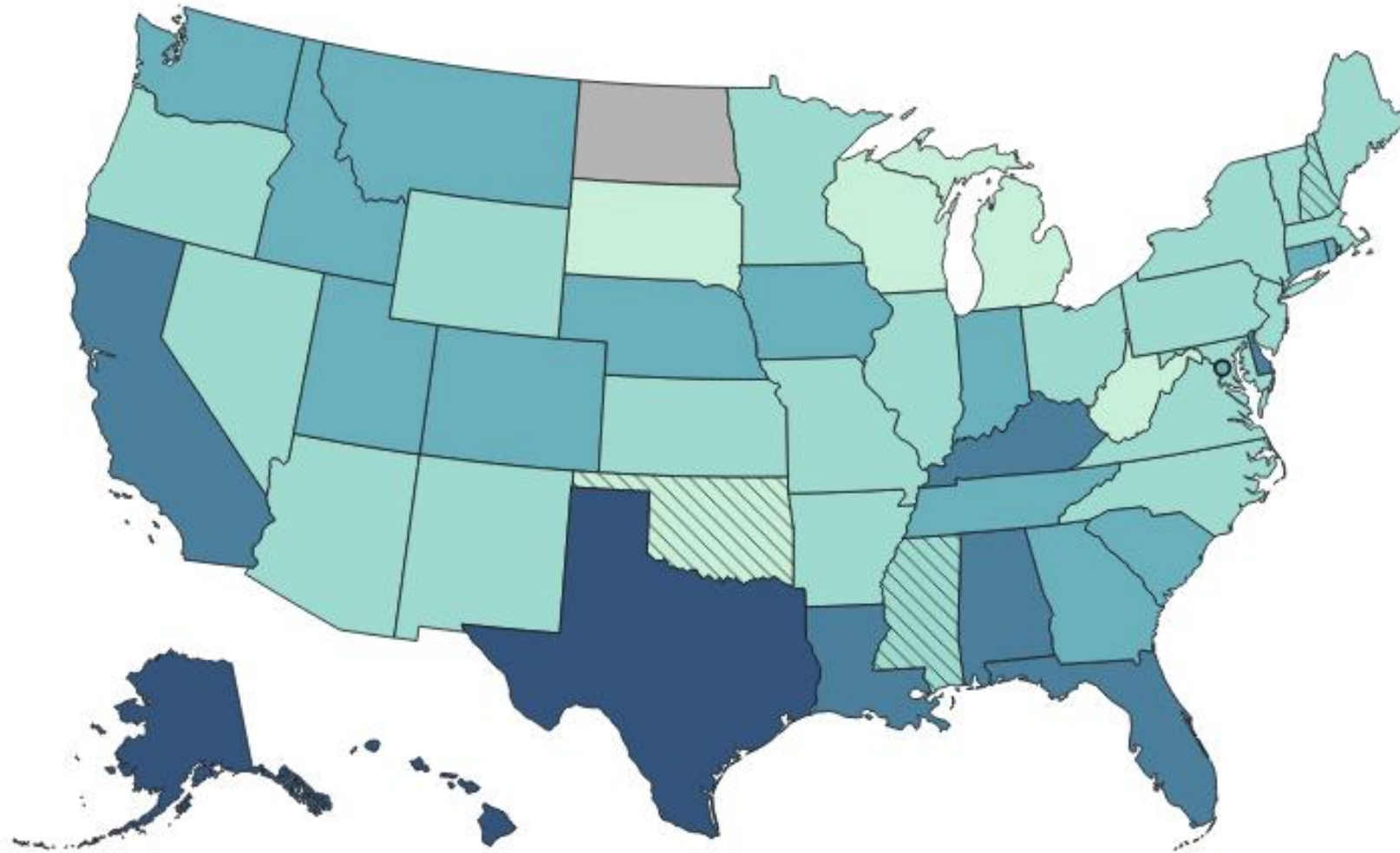
Percent of Tests Positive for COVID-19 — Oregon, 2023-2025 (through 7/26/25)



Proportion of Tests Positive for COVID-19 in the Northwest — University of Washington and Seattle Children's Hospital, 2024-2025 (through 7/26)



Wastewater Activity Level for COVID-19 — United States, July 26, 2025

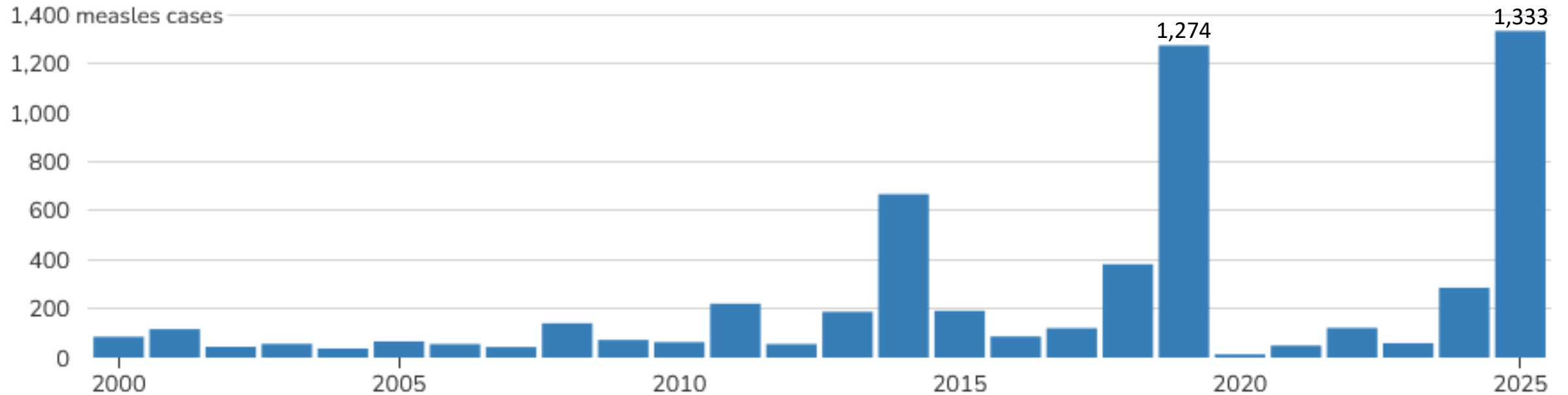


Yearly Measles Cases – United States, 2000-Present

as of July 29, 2025

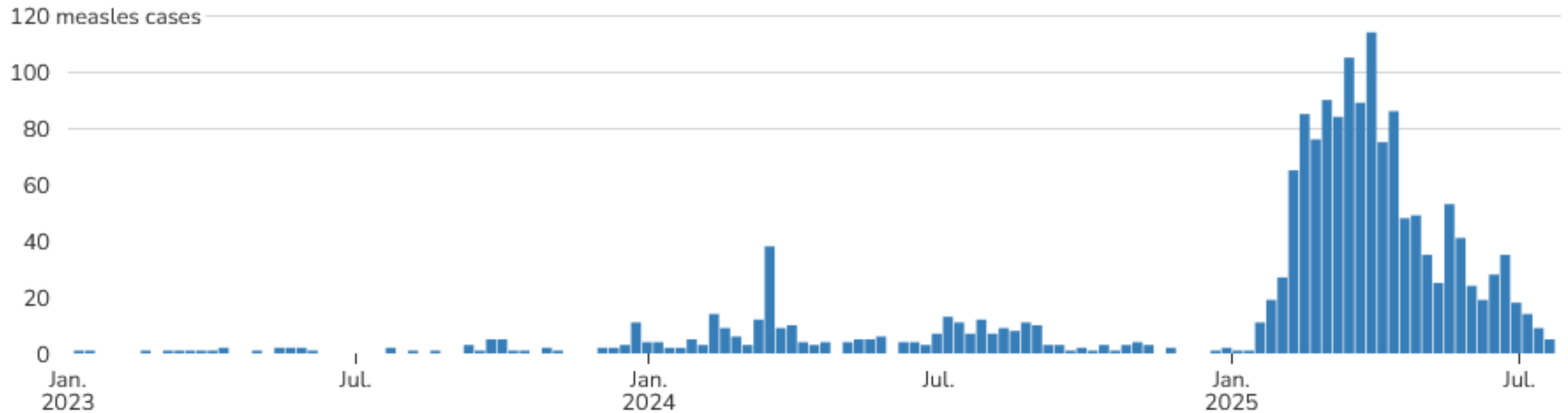
2000-Present*

1985-Present*



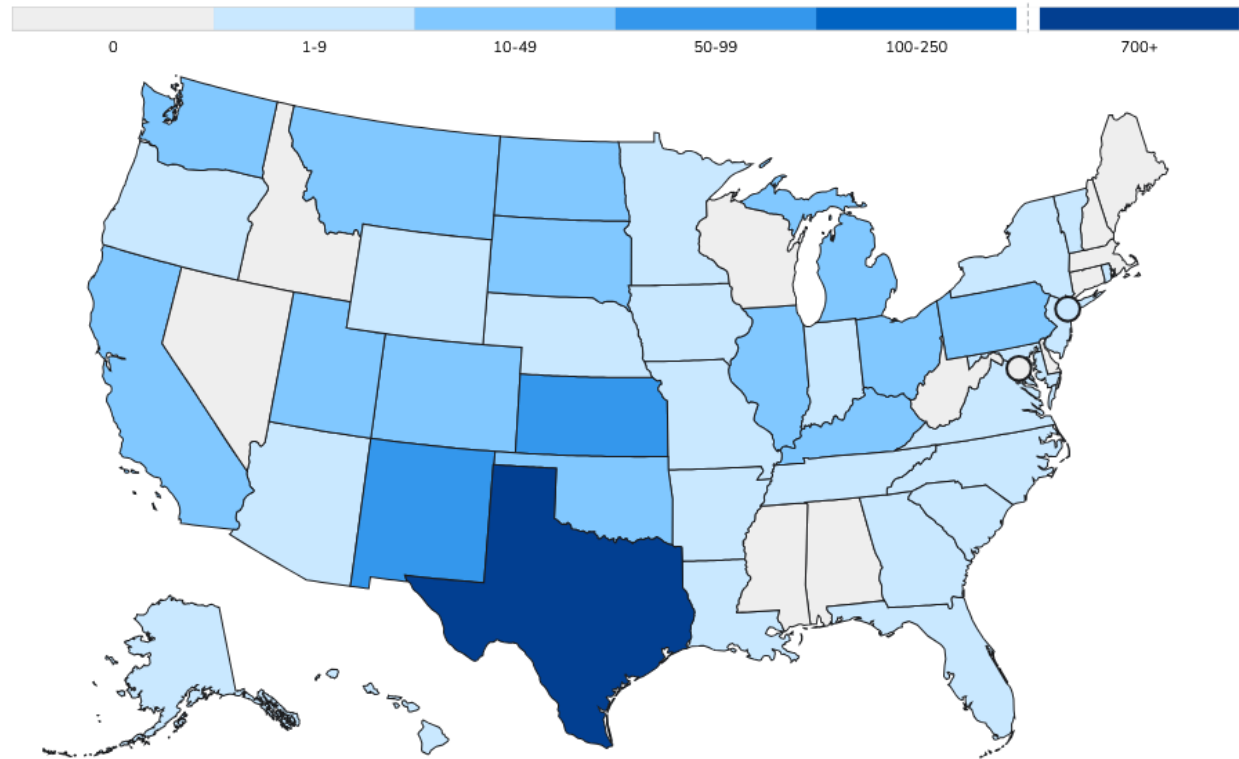
Measles – United States, 2023-2025 (through 7/29)

2023–2025* (as of July 29, 2025)



Measles — United States, 2025

- 1,333 confirmed cases among 39 states through 7/29.
- 87% of cases from one of 29 outbreaks (≥ 3 related cases).
- Age: 29% <5 years-old, 37% 5-19 years-old, 34% ≥ 20 years-old, 1% unknown.
- 13% hospitalized overall (21% of those <5 years-old hospitalized).
- 3 deaths among unvaccinated individuals, including 2 healthy school-aged children.
- 92% unvaccinated or with unknown vaccination status, 4% one MMR dose, 4% two MMR doses.



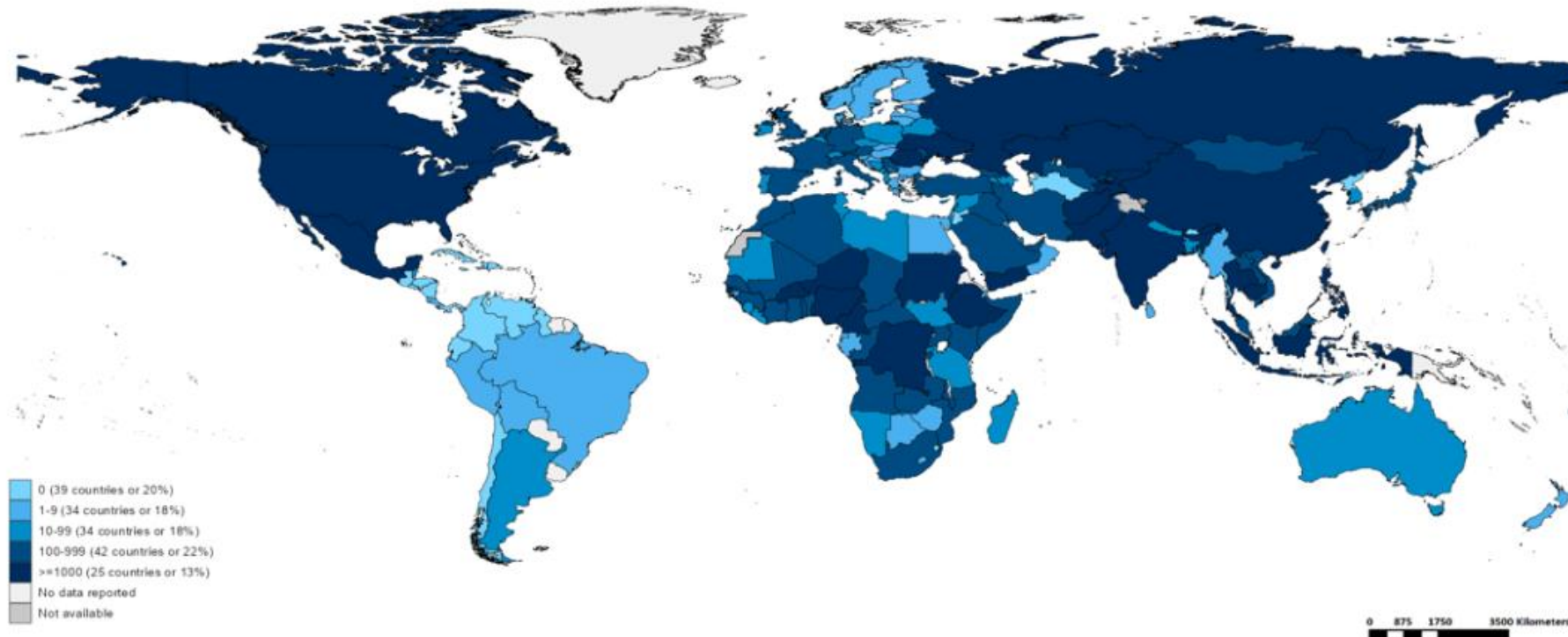
Measles — Portland Area Residents, 2025

Date Reported	County	<u>Washington (N=10)*</u>		Exposure
		Age		
2/26/25	King	Infant		International Travel
3/17/25	Snohomish	Adult		Linked to 1 st Case
4/1/25	Snohomish	Adult		International Travel
4/4/25	King	Adult		International Travel
4/20/25	King	Infant		International Travel
5/20/25	King	Adult		International Travel
6/20/25	Whatcom	Not provided		Not Provided
6/23/25	Whatcom	Not provided	Linked to 1 st Case in Whatcom County	
6/25/25	King	1 adult and 1 child in the same household		International Visitor

*There have also been 3 additional cases among travelers to Washington State, who are not residents of Washington State.

Date Reported	County	<u>Oregon (N=1)</u>		Exposure
		Age		
6/24/25	Multnomah	Not provided		International Travel

Number of Measles Cases Globally, 12/2024-5/2025

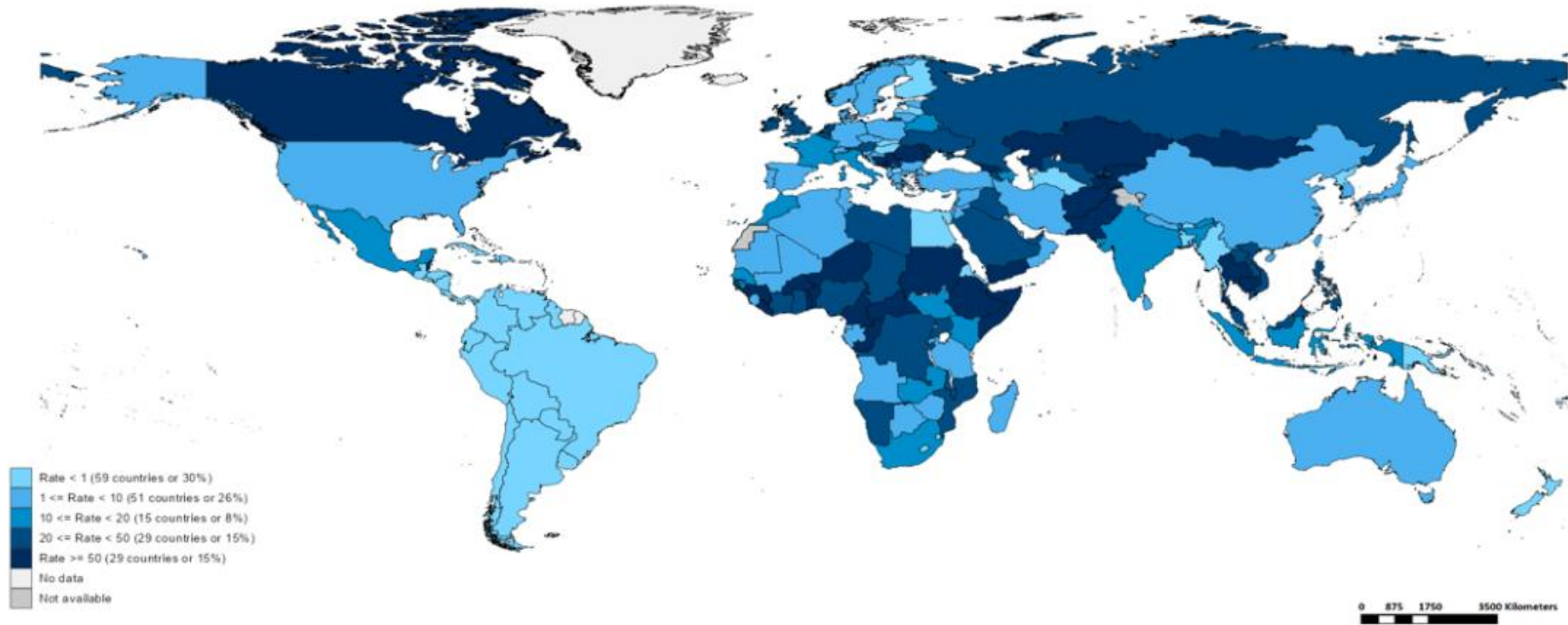


Map production: World Health Organization, 2025. All rights reserved
Data source: IVB Database

Disclaimer: The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Country	Cases*
Yemen	15,683
Pakistan	12,732
India**	10,299
Kyrgyzstan	8,497
Afghanistan	7,615
Ethiopia	5,370
Romania	4,739
Nigeria	3,395
Canada	3,053
Russian Federation	2,781

Measles Incidence (Cases per Million), 6/2024-5/2025



Highest incidence rates

Country	Cases	Rate
Kyrgyzstan	10972	1,526.86
Romania	13071	687.40
Yemen	25987	640.34
Afghanistan	11631	272.72
Georgia	696	182.79
Kazakhstan	3275	159.04
Tajikistan	1676	158.25
Serbia	962	142.81
Mongolia	394	113.36
Thailand	7825	109.18

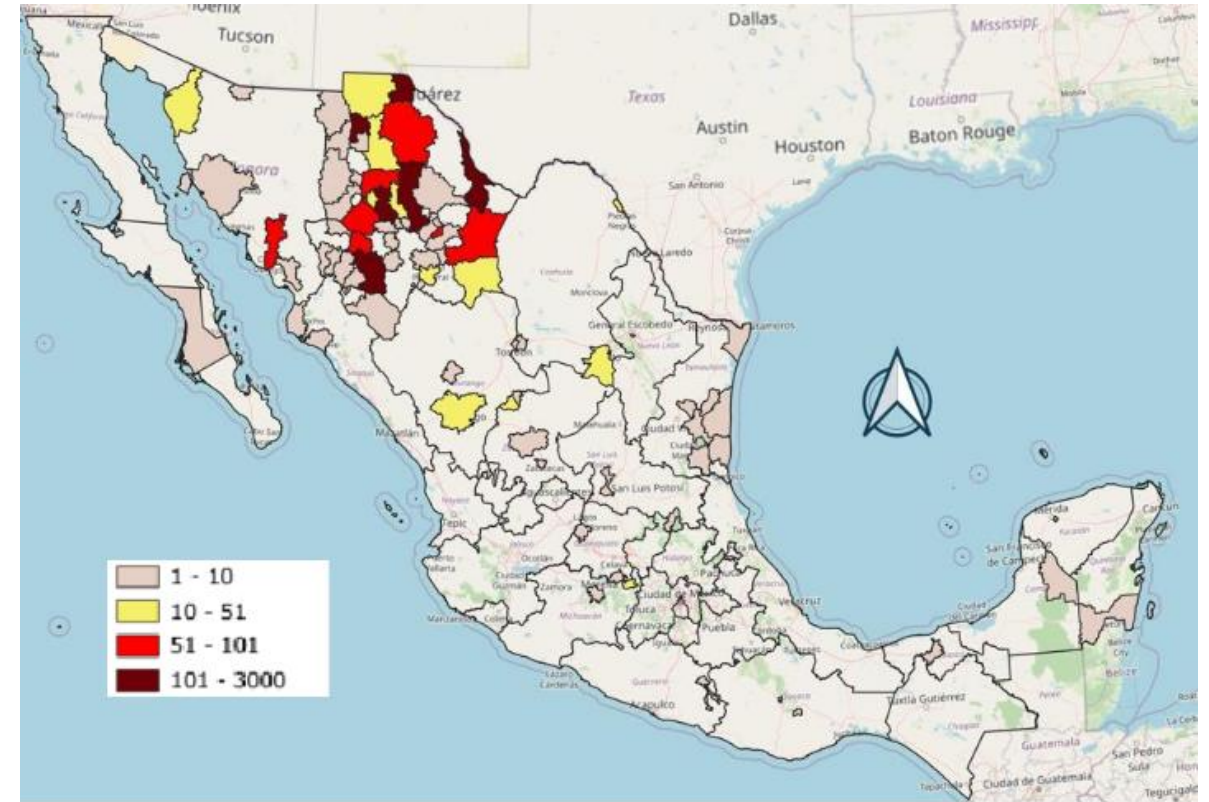
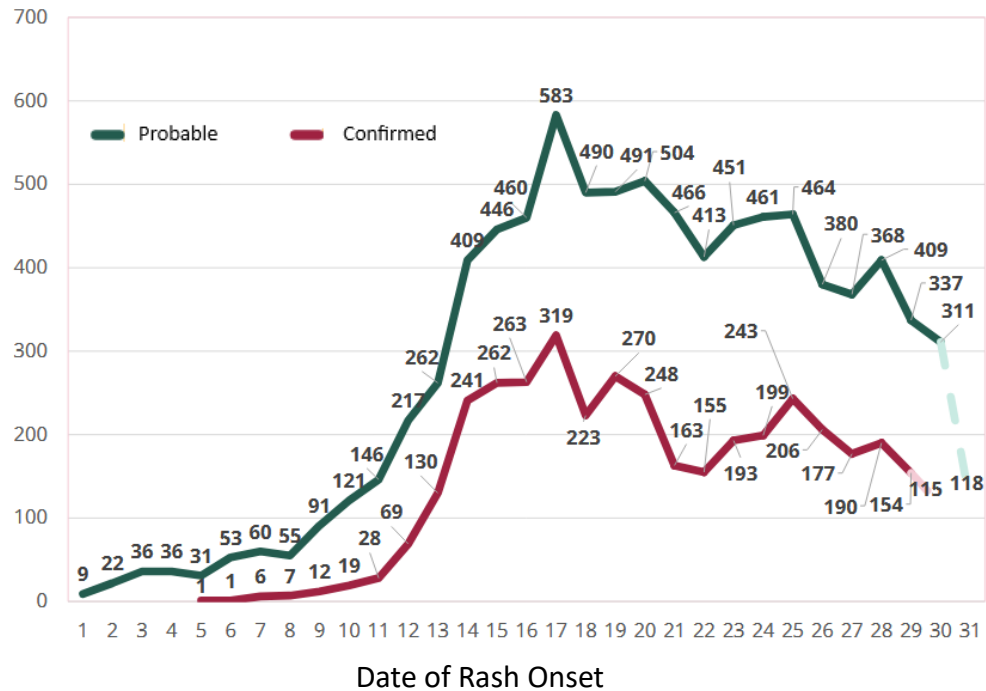


Map production: World Health Organization, 2025. All rights reserved
Data source: IVB Database

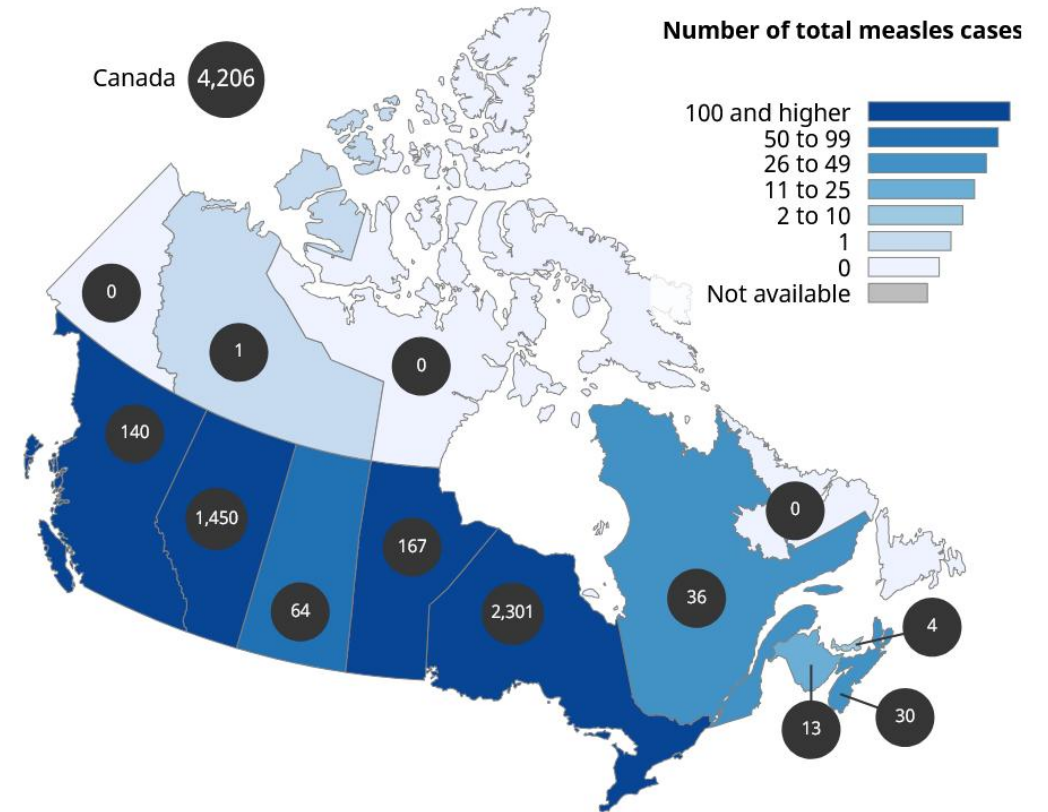
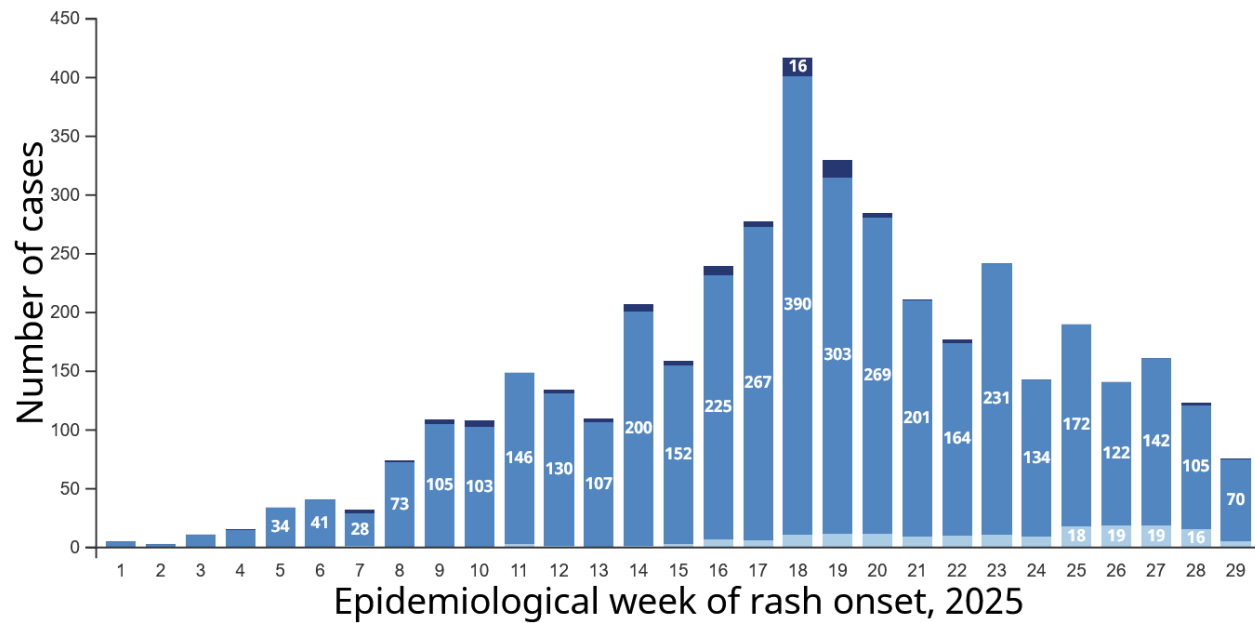
Disclaimer: The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Measles — Mexico, 2025 (through 8/4)

- 3,911 confirmed cases as of 8/4/25
- 20 states; 3,655 (93%) confirmed cases in Chihuahua
- Deaths: 14 (13 in Chihuahua and 1 in Sonora)



Measles — Canada, 2025 (through 7/19)



Number of confirmed cases: 3,878

Summary

- HIV: Increased numbers of HIV cases among women in Washington State related to heterosexual sex and increased numbers of perinatal HIV cases.
- Syphilis: Despite slight decreases in the incidence of syphilis in the U.S. in 2023, Oregon reported an increased number of congenital syphilis cases in 2024. AI/AN in the U.S. have experienced a disproportionate burden, with the highest rates of early syphilis and congenital syphilis.
- COVID-19:
 - The percentage of ED visits for patients with diagnosed COVID-19 remains minimal in most of U.S. including WA, OR and ID.
 - Test positivity in OR is increasing (8.9%), and in WA (UW/SCH) has plateaued (6.9%) in the past few weeks.
 - Wastewater activity levels in WA and ID were moderate during week ending on 7/26.
- Measles:
 - 1,333 measles cases in 39 states (through 7/29) with 3 deaths. 92% unvaccinated or with unknown vaccination status. 87% of cases associated with one of 29 outbreaks.
 - There have been 10 cases of measles among Washington State residents (King, Snohomish, and Whatcom Counties), most related to international travel; no outbreak so far. Last case reported on 6/25.
 - One case of measles in Oregon (Multnomah County) reported on 6/24.
 - Overall numbers decreasing, but ongoing risk of outbreaks from imported cases.

Recommendations

- **HIV screening**
 - Everyone age 13-64 should be tested for HIV at least once, with at least annual testing (for HIV and syphilis) for those with any risk factors, every 3-6 months for those at increased risk.
 - Washington DOH: HIV screening should be repeated in third trimester (before 36 weeks) **and** during labor, delivery or the post-partum period for women who have not been previously tested during their pregnancy, have had little or no prenatal care, or are at increased risk (recent STI; male partner who has sex with men or injects drugs; drug use; exchange of sex for money/drugs/shelter; recent history of homelessness; partner with HIV; new or >1 sex partner during pregnancy).
- **Syphilis screening** is recommended by IHS annually for everyone age 13 years or older and for all pregnant women three times: first prenatal visit, beginning of 3rd trimester, and delivery: [IHS Recommended Guidelines for Syphilis Testing, Treatment, and Prevention](#)
- **Recommend HIV pre-exposure prophylaxis (PrEP)** for those at increased risk (or who request):
 - Sexual partner with HIV and detectable or unknown viral load.
 - Does not consistently use condoms.
 - STI in past 6 months.
 - Injection drug use.
 - Use of post-exposure prophylaxis more than once.

Recommendations

- **Ensure patients at your clinics are up to date on immunizations to protect your patients and the community.**
- **Ensure anyone traveling internationally (including to Mexico and Canada) without presumptive evidence of immunity are vaccinated at least 2 weeks prior to travel (those ≥ 12 months old should receive 2 doses at least 28 days apart, infants ≥ 6 months old should receive 1 dose (revaccinated with 2 dose series starting at 12 months)).**
- **Consider using multiple strategies to increase vaccination rates** (e.g. reminder/recall, electronic prompts, standing orders, increasing patient access, provider audit and feedback with benchmarks, CME on provider communication techniques (e.g. boostoregon.org webinars including on motivational interviewing), vaccine clinics, reviewing/addressing vaccination status with WIC beneficiaries, messaging utilizing trusted messengers).
- **Prepare for measles:**
 - Ensure all health care workers have presumptive evidence of measles immunity and that N95 Respirator Fit Testing has been done in the past year.
 - If a measles case is identified in your community:
 - Develop signage and a protocol to screen patients for possible measles (e.g. fever and rash, with international travel, travel to a community with a measles outbreak, or known exposure to measles in the past 21 days).
 - Provide patients with possible measles a mask to wear and to immediately bring back to a designated room available (e.g. airborne infection isolation room if available).
 - Train staff, including front-desk to recognize, isolate, and evaluate patients with possible measles and in infection prevention (e.g. Project Firstline: Measles Infection Control Microlearn with discussion guide).
 - Ensure you have supplies for measles testing.
- **Consider measles** in anyone with a fever and generalized maculopapular rash with recent international travel or travel to an area with a measles outbreak, or exposure to a measles case.
- **Recommend testing performed in collaboration with local health jurisdiction** (throat or NP swab for measles PCR in viral transport media, possibly urine for measles PCR, blood for measles IgM and IgG).

Patient Education Resources for Immunizations for Measles and Other Vaccine Preventable Diseases

- IHS: <https://www.ihs.gov/epi/health-surveillance/educational-resources/>; <https://www.ihs.gov/NIPHC/public-health-messaging/>
- NPAIHB: Email vaccinative@npaihb.org to access the vaccine resource folder (while website is down; in the future, resources will be available at indiancountryecho.org).
- Centers for Disease Control and Prevention: <https://www.cdc.gov/measles/resources/index.html>
- Washington State Department of Health: <https://doh.wa.gov/you-and-your-family/illness-and-disease-z/measles>; <https://doh.wa.gov/you-and-your-family/immunization>; <https://doh.wa.gov/sites/default/files/2025-03/820310-MeaslesCommunicationsToolkit.pdf>
- Oregon Health Authority: <https://www.oregon.gov/oha/ph/diseasesconditions/diseasesaz/pages/measles.aspx>; <https://www.oregon.gov/oha/ph/preventionwellness/vaccinesimmunization/gettingimmunized/pages/index.aspx>
- Idaho Department of Health & Welfare: <https://healthandwelfare.idaho.gov/services-programs/children-families/child-and-adolescent-immunization>; <https://healthandwelfare.idaho.gov/services-programs/children-families/adult-immunization>
- American Academy of Pediatrics: <https://www.aap.org/immunization>; <https://www.healthychildren.org/immunizations>
- Boost Oregon: <https://boostoregon.org>
- Immunize.org: https://www.immunize.org/clinical/a-z/?wpsolr_fq%5B0%5D=audiences_str%3AVaccine%20Recipients&wpsolr_fq%5B1%5D=imm_language_str%3AEnglish
- Vaccine Education Center at Children's Hospital of Philadelphia: <https://www.chop.edu/vaccine-education-center>
<https://www.chop.edu/vaccine-update-healthcare-professionals/resources/vaccine-and-vaccine-safety-related-qa-sheets>
- Indian Country ECHO/UNM Project ECHO: <https://projectecho.app.box.com/s/piod28mg2rv66c7zpb13u9lr3hzhiup>
“Making a Strong Vaccine Recommendation: Vaccine Communication”; “MMR Vaccine Outreach Strategies”; “Current Measles Response and Clinical and Prevention Best Practices”

Additional Resources

American Academy of Pediatrics. Measles. In: Kimberlin DW, Banerjee R, Barnett ED, Lynfield R, Sawyer MH, Long SS, eds. Red Book: 2024–2027 Report of the Committee on Infectious Diseases. 33rd Edition. Itasca, IL: American Academy of Pediatrics; 2024: 570-585.

Centers for Disease Control and Prevention. Adult Immunization Schedule by Age. Available at: <https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.html>.

Centers for Disease Control and Prevention. Child and Adolescent Immunization Schedule by Age. Available at: <https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html>

Centers for Disease Control and Prevention. Guidelines for Environmental Infection Control in Health-Care Facilities. Available at: <https://www.cdc.gov/infection-control/media/pdfs/guideline-environmental-h.pdf>. 2003.

Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings. Available at: <https://www.cdc.gov/infection-control/hcp/measles/index.html>

Centers for Disease Control and Prevention. Measles. In: Hall E., Wodi A.P., Hamborsky J., et al., eds. Epidemiology and Prevention of Vaccine-Preventable Diseases. 14th ed. Washington, D.C.: Public Health Foundation; 2021. Available at: <https://www.cdc.gov/pinkbook/hcp/table-of-contents/chapter-13-measles.html>

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Centers for Disease Control and Prevention. Questions About Measles. Available at: <https://www.cdc.gov/measles/about/questions.html>

Filardo TD, Mathis A, Raines K, et al. Measles. In: Roush SW, Baldy LM, Mulroy J, eds. Manual for the Surveillance of Vaccine Preventable Diseases. Atlanta, GA: Centers for Disease Control and Prevention. Paged last reviewed:05/13/2019. Available at: https://www.cdc.gov/surv-manual/php/table-of-contents/chapter-7-measles.html?CDC_AAref_Val=https://www.cdc.gov/vaccines/pubs/surv-manual/chpt07-measles.html

Oregon Health Authority. Measles / Rubeola (vaccine-preventable). Available at: <https://www.oregon.gov/oha/ph/diseasesconditions/diseasesaz/pages/measles.aspx>

Washington State Department of Health. Measles. Available at: <https://doh.wa.gov/you-and-your-family/illness-and-disease-z/measles>; <https://doh.wa.gov/public-health-provider-resources/notifiable-conditions/measles>

