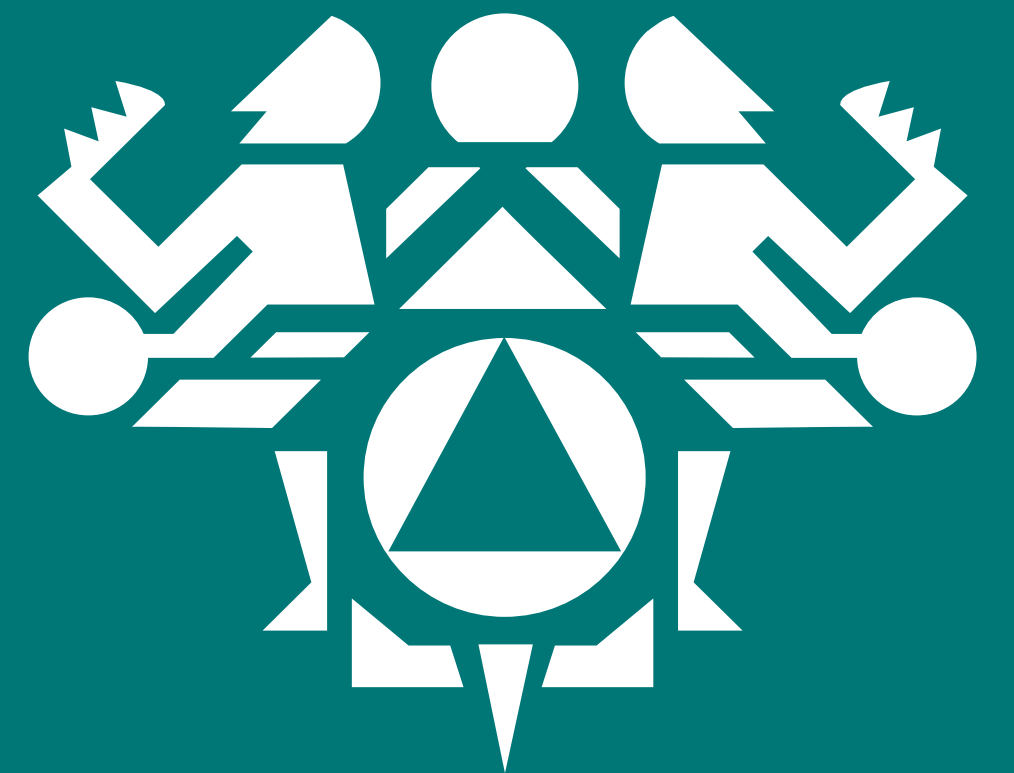


# NPAIHB

## Weekly Update

October 7, 2025





NORTHWEST PORTLAND AREA  
INDIAN HEALTH BOARD  
*Indian Leadership for Indian Health*

# Agenda

- Welcome & Introduction: Nancy Bennett
- NPAIHB Announcements, Events, & Resources
- Muckleshoot Tribal Vaccination Success Story – Mythili Ramachandran & Christina Sun
- 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

- **Harm Reduction ECHO** - 1<sup>st</sup> Tuesday of every month at 12pm PT
  - Tuesday, October 7<sup>th</sup> at 12pm PT
  - To Join via Zoom:  
<https://echo.zoom.us/j/99009428799?pwd=TFVRa1FPSDU5M2lvTTNwbGo3ZjdyZz09>
- **EMS ECHO** - 1<sup>st</sup> Tuesday & 3<sup>rd</sup> Thursday of every month at 5pm PT
  - Tuesday, October 7<sup>th</sup> at 5pm PT
  - Didactic Topic: *There's Nothing Basic About Basic Airway*
  - To Join via Zoom:  
<https://echo.zoom.us/j/84832881641?pwd=SXlINlplJa0Vta1R1c28xcUh5V1dlUT09>
- **Trauma Care ECHO** – 2<sup>nd</sup> Wednesday of every month at 6:30am PT
  - Wednesday, October 8<sup>th</sup> at 6:30am PT
  - Didactic Topic: *The Obese Trauma Patient*
  - To join via Zoom:  
<https://echo.zoom.us/j/93729666650?pwd=bFhTZnA4NnlqTmR6Ylg4bnM1R1lZQT09>

# Upcoming Indian Country ECHO Telehealth Opportunities

- **Journey to Health ECHO** – 2<sup>nd</sup> & 4<sup>th</sup> Thursday of every month at 7am/12pm PT
  - Thursday, October 9<sup>th</sup> at 7am PT
  - Didactic Topic: *Structural Competency*
  - To join via Zoom:  
<https://echo.zoom.us/j/93413601610?pwd=YVhMN1NUNllyWHZUZk1CUhF0TEY5QT09>
- **Clinical Dementia ECHO** – 2<sup>nd</sup> Thursday of every month at 11am PT
  - Thursday, October 9<sup>th</sup> at 11am PT
  - To join via Zoom:  
<https://echo.zoom.us/j/99454243940?pwd=NG9aWGUvRTdKSmgwTGllcklmVDRWUT09>
- **Diabetes ECHO** – 2<sup>nd</sup> Thursday of every month at 12pm PT
  - Thursday, October 9<sup>th</sup> at 11am PT
  - Didactic Topic: *Recognizing Lipodystrophy*
  - To join via Zoom: <https://zoom.us/j/91887405371?pwd=ekFJTUJiV2hWQ0ZPZEwrUDQ4eGxTZz09>



# COMMUNITY OF PRACTICE 2025-2026

As a community, we share our strengths and experiences about how we can uplift and support our Native youth.

Sessions include new resources and opportunities to engage with adolescent health experts.



REGISTER VIA THE  
EVENTS CALENDER  
<https://www.npaihb.org/>

CONTACT US:  
[native@npaihb.org](mailto:native@npaihb.org)



## WHEN?

Virtual gatherings are held the second Wednesday of each month starting in September 2025.

Start Time:  
10:00 AM PT

## Next HNY CoP Session:

October 8, 10:00 – 11 AM Pacific

Upcoming dates:  
November 12<sup>th</sup>, December 10<sup>th</sup>.

## Registration:

<https://us06web.zoom.us/j/4ljNGZ62TgyX1kuFlsWOZA>

For more information or to request CoP recording with materials, please email: [native@npaihb.org](mailto:native@npaihb.org).





*A Conference to Learn, Connect and Share*

**October 15 & 16, 2025**

**Three Rivers Casino Resort**

**Florence, Oregon**

Come join other caregivers of Native Elders, and relative caregivers of children from Northwest Indian communities for this two-day event. You will have the opportunity to attend valuable workshops which will enhance your caregiving skills and give you a refreshing break from your daily responsibilities.



*Hosted by:*

**The Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians**

**Other Partnering organizations:** The Cow Creek Band of Umpqua Tribe of Indians, Coquille Indian Tribe, Confederated Tribes of the Umatilla Indian Reservation, Confederated Tribes of Warm Springs, Confederated Tribes of Siletz Indians, Confederated Tribes of Grand Ronde, The Klamath Tribes, Burns Paiute Tribe, AARP and the DHS State Unit on Aging

**For more information contact:**

**Doug Morrison @ (541) 997-6685**

## **Native Caring: A Conference to Learn, Connect, and Share**

**October 15-16, 2025**

**Florence, OR**

### **Registration Fees:**

**\$185 before September 18**

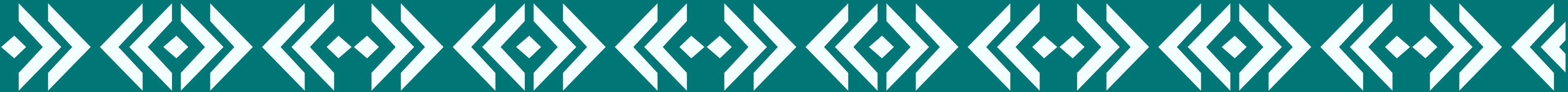
**\$250 on/after September 19**

**For more information,  
please contact Doug Morrison  
at (541) 997-6685**

# NPAIHB Weekly Update Schedule

- October 14 Dr Frank James, Roles of GLP1's, Benefits & Pitfalls
- October 21 Ncrew Research Topic Focus\_  
Existing Opioid Data: Data Hub &  
Community Health Announcement
- October 28 Legislative & Policy Updates





# Muckleshoot Tribal Vaccination Success Story





# **Muckleshoot Health and Wellness Clinic Measles Initiative**

**Dr. Mythili Ramachandran  
& Christina Sun**

# Measles Vaccination current status assessment

- Started an awareness campaign with discussing sign and symptoms of Measles in 2/25. Education in clinic for surveillance, symptom monitoring( what are kopliks spots? ), sample collection and identifying LPHJ.
- We started by first querying our **iCare** program on the vaccination rates for MMR and MMRV for all our patients.
- The results were scary. It showed that only **35%** of our kids had received the 1<sup>st</sup> dose of MMR by age 19 months and **58%** had received the second dose by age 6 years.
- In the previous 12 month period( 3/7/24-3/6/25), 62 kids had received 1 dose of the MMR vaccine( 1 or 2 ).

# Measles taskforce

- ▶ Taskforce meeting#1: 4/8/25, Taskforce meeting #2: 4/30/25
- ▶ These morphed to the Zoom calls from CDC national Measles Response calls in June 2025.
- ▶ a. Taskforce Structure
- ▶ **Leadership:** Tribal council- Approval for incentives, ordering tests directly through Labcorp for patients not registered in clinic and payment and all emergency declaration related items.
- ▶ **Incident Managers:** Medical Director, Public health team at clinic, RNs in MELA, MCDC and the schools.
- ▶ **Medical Response Team:** Includes healthcare professionals responsible for treating and isolating patients- Entire team of doctors, RNs, MAs in clinic, School Nurses, MCDC and MELA nurses
- ▶ **Infectious disease preparedness Nurse:** Hire an RN for a 6-month term limited position to be paid for by Public health grant. We did hire a nurse, but she left in 2 weeks!
- ▶ **Communication Team:** Issuing public health alerts in our community- Tribal members in clinic
- ▶ **Logistics Team and Pop up vaccination clinic team:** Handles resources, including vaccines, medical supplies, and transportation- Community health team

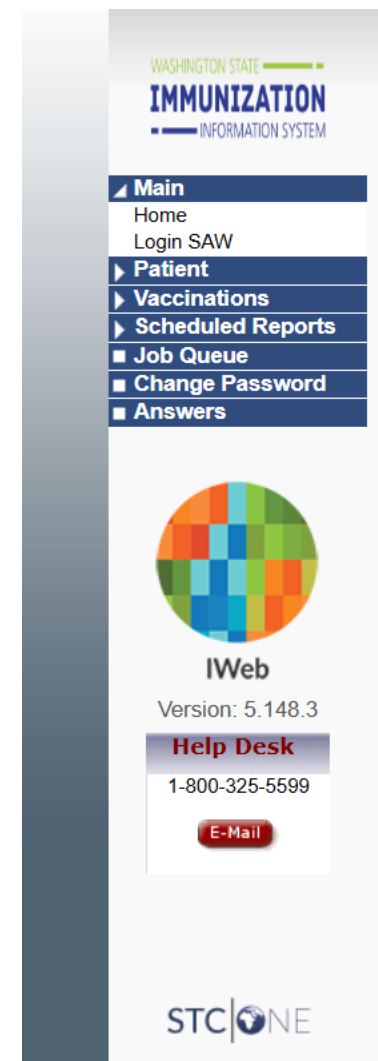
**Taskforce** met biweekly or monthly depending on the need. We shared updates from the CDC website on current status of cases and discussed vaccination strategies

- ▶ **Community Engagement & Public Health Team:** Works with the public, ensures the community follows safety protocols, and conducts awareness campaigns- All **School Nurses** (including MCDC, tribal school and MELA), **CHR team** continued their work.
- ▶ **Reviewing the Excel spreadsheet** listing all patients and calling them for appointments for vaccination, answering their questions, cross checking with WAIS- nominated one of our MAs as our vaccine champion.
- ▶ We found that our numbers from iCare were not accurate. The vaccination numbers were better than what iCare showed. This was because our RPMS EHR did not have a bidirectional interface with WAIS. So, we would have to query WAIS and enter the vaccinations received outside our clinic **manually!!!**



# Challenges!!!

- ▶ Data & Information
  - ▶ Lack of bidirectional interface made identification of vaccine pending recipients challenging
- ▶ Trust & Perception
  - ▶ Misinformation & mistrust
- ▶ Health Access
  - ▶ Scheduling conflicts, housing
- ▶ System & Processes
  - ▶ Missed opportunities in clinic



## Welcome to the Washington State Immunization Information System (IIS)

The Washington IIS is a lifetime immunization registry with records for Washington residents. The IIS is available to all licensed healthcare providers in Washington to support immunization activities. It also serves as the primary vaccine management tool for providers enrolled in the Childhood Vaccine Program, assists schools in assessing immunization compliance and provides official immunization certificates. The immunization information in the IIS is medically verified and reports generated from the IIS should be treated as medically verified data. The Washington IIS is operated by the [Washington State Department of Health](#) within the [Office of Immunization](#).



# Measles Incentive

- ▶ We recognized that what had worked with the COVID vaccine was the incentive program
- ▶ We made a proposal to the Tribal council to use funds from the Foundational Public health grant to provide a 300\$ gift card for the great wolf lodge to children who received a dose of the MMR vaccine. We further refined that to incentivize kids/families who had received their vaccinations on time.
- ▶ **A 2 tier incentive**-First tier will be all patients under 18 who come to clinic/call just to **do an audit** to see if they have received age appropriate MMR vaccine. They will be entered into a drawing for a gift certificate to Great Wolf Lodge for 300\$
- ▶ Those that we find in the audit to be due for MMR vaccination will be added to another drawing when they **receive the vaccine** for a 300\$ gift certificate to great wolf lodge ( GWL).Chances of winning are much higher. The drawings will be weekly and will run for 16 weeks. The plan was to get 32 300\$ gift cards from GWL funded through the Public health grant.
- ▶ However, **tribal council thinks bigger and better!**

# PROTECT YOUR CHILD - WIN BIG!

## MEASLES IMMUNIZATION INCENTIVE PROGRAM

Help us keep our community safe and get rewarded! We're launching a 16-week Measles (MMR) Incentive Program with a chance to win a Great Wolf Lodge Gift Certificate each week!

### Tier 1: Immunization Check

all patients under 25 who come to clinic/call the clinic just to do an audit to see if they have received age appropriate MMR vaccine. They will be entered into a drawing for a gift certificate to Great Wolf Lodge for 2 nights for up to 4 people.

### Tier 2: Time to Vaccinate

Those that we find in the audit to be due for MMR and receive MMR vaccination will then be added to another drawing for the same - Gift Certificate for 2 nights for up to 4 people to the Great Wolf Lodge if they receive the vaccine.

This pool will be smaller, so the chances of winning are even higher!

### Program Details:

Duration: 16 weeks

Drawings: Weekly

Total Prizes: 32 gift certificates

Let's protect our children and community together—schedule your audit today!  
All patients registered for the HWC Medical Clinic age 25 and under who are PRC or Direct Care are eligible.

For more information, contact HWC Medical at 253-294-8229

**Proposed start date: May 1st 2025**

**Proposed 1st drawing: May 9th 2025**

**Proposed last drawing: August 22nd 2025**



# Last stretch outreach end of July 2025 - Christina Sun joined us as our CRC and that was a game changer!

## PROTECT YOUR CHILD - WIN BIG! MEASLES IMMUNIZATION INCENTIVE PROGRAM

Help us keep our community safe and get rewarded! Our summer Measles Immunization Incentive Program ends this month. Don't miss your chance to win a \$1500 Great Wolf Lodge Gift Certificate!

Haven't gotten your vaccination?  
All patients under 25 who come to the clinic to receive their MMR vaccine will be entered into a weekly drawing for a gift certificate to Great Wolf Lodge -- 2 nights, for up to 4 people.

**We have 4 gift certificates left!**

Let's protect our children and community together. All MHC patients under 25 who are PRC or Direct Care are eligible.

For more information, contact HWC Medical at (253) 294-8229.

**LAST WEEKLY DRAWING:  
FRIDAY - AUGUST 22, 2025**

**SCHEDULE TODAY!**

- 1300+ WA IIS vaccination records verified
- 220 RPMS reconciliations
- 229 patients yet to receive at least one or complete two-dose MMR/V series
  - 28 appointment no show or could not reach
    - Incl. 14 declinations

# The incentive program was a resounding success! From March to September 2025:

Vaccination Status			
	Vaccinated	Not Vaccinated	Total
March 2025			
12 mo. - 4 yrs.	64	84	148
4 - 25 yrs.	1095	159	1254
Total	1159	243	1402
September 2025			
12 mo. - 4 yrs.	128	9	137
4 - 25 yrs.	1155	31	1186
Total	1283	40	1323

- Among patients **under 4 years old**, vaccine coverage and effective immunity **more than doubled** (43% → 93% and 40% → 87%, respectively).
- Among patients aged four to 25 years old, there was moderate improvement, bringing total vaccine coverage to ~**97% for all patients under age 25**.



We started this journey early in 2025 when Texas started reporting measles cases. We saw the number of cases climb up nationwide - all the way up to 1356 measles cases nationwide by early August, the highest since 1992. Our own state had 10 confirmed cases across King, Snohomish and Whatcom counties by early August. In our public health journey from March to September at MHC, we were able to **achieve herd immunity** in our Muckleshoot tribal community!

Although the measles incentive has ended, it's important to remember how vital vaccines are to our health. Just like our most cherished memories, **our immune system holds onto important lessons**—through memory cells that help us fight off future infections. Vaccines safely trigger this process, allowing our bodies to build strong defenses without the risks of getting seriously sick. It's like training our immune system in a controlled way, so it's ready if an illness shows up uninvited. Did you know that the famous author **Roald Dahl**, who wrote stories like *Charlie and the Chocolate Factory* and *Matilda*, **lost his 7 year old daughter named Olivia to measles encephalitis?** Just 1 year after her death, a measles vaccine was developed. We now have a **measles vaccine** that's safe and strong. It helps your body remember how to fight measles before it can make you sick. Getting vaccinated is like **giving your immune system a superhero cape**—it helps protect you and others around you, like babies and kids who are too young or too sick to get vaccines.



## ***Roald Dahl's Letter on Measles Vaccination (1986)***

**“Olivia, my eldest daughter, caught measles when she was seven years old.** As the illness took its usual course, I can remember reading to her often in bed and not feeling particularly alarmed about it. Then one morning, when she was well on the road to recovery, I was sitting on her bed showing her how to fashion little animals out of colored pipe-cleaners, and when it came to her turn to make one herself, I noticed that her fingers and her mind were not working together and she couldn't do anything.

“Are you feeling all right?” I asked her.

“I feel all sleepy,” she said.

In an hour, she was unconscious. In twelve hours she was dead. The measles had turned into **measles encephalitis**, and there was nothing the doctors could do to save her. That was twenty-four years ago in 1962, but even now, if a child with measles happens to develop the same deadly reaction from measles as Olivia did, there would still be nothing the doctors could do to help her.

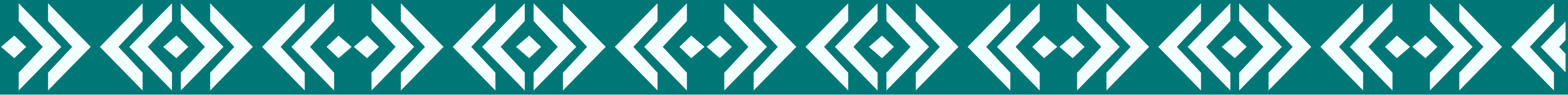
But today, we have a **fantastically effective and safe vaccine**. All you have to do is ask your doctor to give it to your child. It's not like putting a child at risk. It's not dangerous. It's safe. It's easy. And it works. So what on earth are you worrying about? It really is almost a crime to allow your child to go unimmunized.

The ideal is that every single child gets immunized—**because only then can we protect the very small number of children for whom vaccination is not possible** (such as children with leukemia).

**Are you, by any chance, one of those people who thinks that it is not “natural” to immunize children?** Okay, then let me ask you this: would you rather have your child catch measles, which could lead to brain damage or death? Or would you prefer to have them get a tiny jab that protects them for life?

There is nothing “natural” about watching your child die from a disease we can now prevent.”

— *Roald Dahl, 1986*



# Partner Updates





## WA DOH Office of Tribal Public Health & Relations

    @WaDeptHealth

**Tuesday October 07, 2025**  
**NPAIHB Meeting**





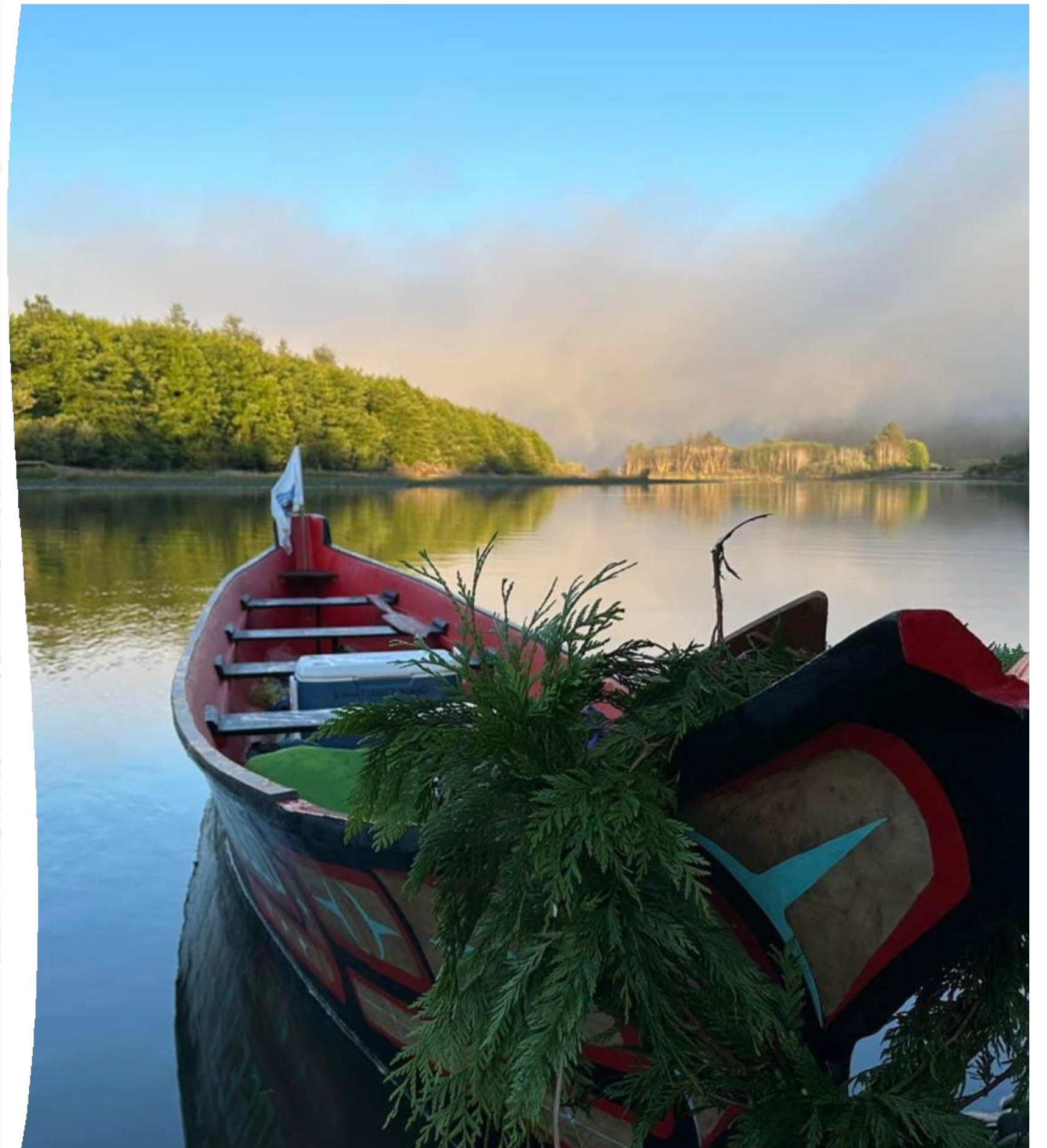
# Agenda

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OTPHR Updates

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Contact Info &  
Closing





# Dear Tribal Leader Letters

Date	Letter Subject	Meeting Information
September 23	<a href="#">Informative – update on the status of the State Emergency Medical Reserve Corps (SEMRC) (PDF)</a>	
September 22	<a href="#">Collaborative – maternal mental health funding opportunity (PDF)</a>	<ul style="list-style-type: none"><li>Office hours 1: 10-11 a.m. October 6 - <a href="#">Zoom link</a></li><li>Office hours 2: Noon-1 p.m. October 17 - <a href="#">Zoom link</a></li></ul>
September 22	<a href="#">Informative – information on agency rulemaking for August 16-31, 2025 (PDF)</a>	NA
September 22	<a href="#">Informative – information on agency rulemaking for September 1-15, 2025 (PDF)</a>	NA
September 19	<a href="#">Informative – environmental justice grants listening sessions follow-up (PDF)</a>	NA
September 11	<a href="#">Collaborative – funding for Tribal/Urban Indian Women, Infants and Children (WIC) programs listening sessions (PDF)</a>	<ul style="list-style-type: none"><li>Listening session 1: 1:30-2:30 p.m. September 22 - <a href="#">Zoom link</a></li><li>Listening session 2: 10-11 a.m. September 24 - <a href="#">Zoom link</a></li></ul>





# Collaboration on WIC Funding for Tribal/Urban Indian WIC Programs

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- WIC is the Special Supplemental Nutrition Program for Women, Infants, and Children.
  - WA WIC has interagency agreements with 14 Tribes, one Tribal organization (SPIPA) and one Urban Indian Health organization (SIHB).
- Several WIC-specific federal shutdown updates have been sent via email. At this time, the Washington State WIC support team is currently reduced to 10 team members. This may lead to longer response times, so we appreciate your patience.
- *WA-DOH OTPHR has shared several updates to reiterate that there are no impacts to Tribes and Tribal partners at this time. We recently held a series of Tribal listening sessions on this matter and we will continue to work closely with you as we go forward. See [DTLL](#).*
- ***We will continue to send updates twice a week, or more, as we work through this shutdown.***
- Contact: Brittany Tybo, WA WIC Director, [brittany.tybo@doh.wa.gov](mailto:brittany.tybo@doh.wa.gov)

# DOH Naloxone Finder Tool

The [Naloxone Finder](#) is now hosted on the DOH website, making it easier for the public to find **free** naloxone in their area.

Map data is from organizations that provide free naloxone to the public

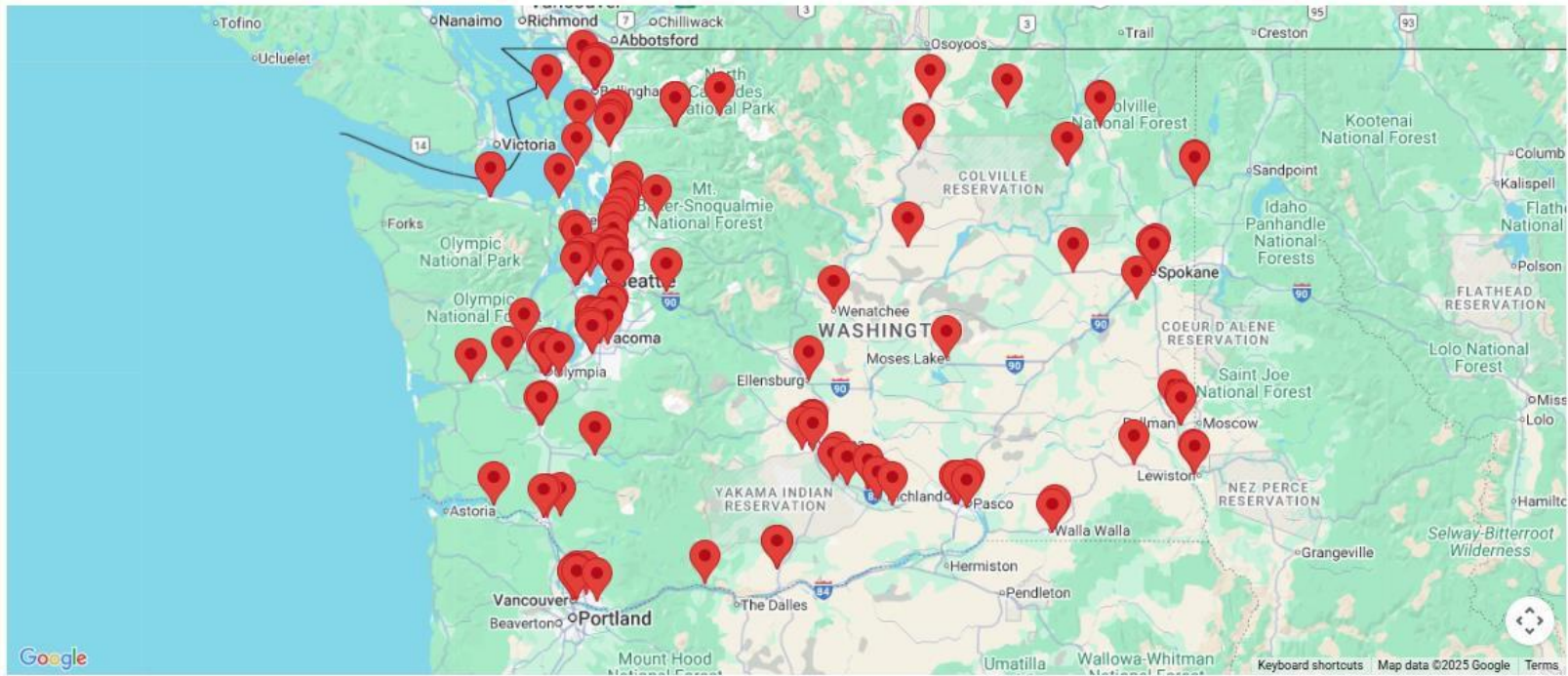
Epis on the Drug User Health Team in DCHS manage these partnerships and the database, which will be updated on a regular basis

DOH Web Team helped build the webpage and will provide ongoing maintenance

## Naloxone Finder

Naloxone is available over the counter at many pharmacies and major retailers. If you are able to do so, please [purchase naloxone or use insurance](#). Otherwise, you can find free naloxone near you using the map below.

Program Type:  County:  Zip Code:



Location	Contact Information	Naloxone Program Type	Hours of Operation
415 West - Safe Stay Community 415 W 11th St Vancouver, WA 98660	<a href="tel:(360)836-8942">(360) 836-8942</a> <a href="#">Email</a> <a href="#">Website</a>	Community based organization	Open 24/7

From 2018 until recently, a similar tool was developed and managed by the [Addictions, Drug & Alcohol Institute](#) (ADAI) at the University of Washington as part of [StopOverdose.org](#).





# Care Van

*Caravana de Salud*

**HEALTH IN MOTION**



[WWW.DOH.WA.GOV](http://WWW.DOH.WA.GOV)



## Mobile Health Services:

- Naloxone (Narcan) Distribution
- Blood Pressure Screening
- BP Management Education
- A1C & Blood Glucose Screening
- Pre-Diabetes, Prevention, & Diabetic Management Guidance
- BMI Screening
- Nutritional Counseling
- No Cost Telehealth Referral
- Mental Health Screening
- Local Health Insurance Enrollment Specialists
- Dental Service
- Vision Testing

# Care-A-Van is ready to provide excellent mobile healthcare in your community!

- As of 7/1/25, Care-A-Van is fully operational and continuing to expand it's health and social care services, with a special focus on underserved communities.
- We currently do not provide immunizations, but we are exploring partnerships to offer vaccines again soon.
- **We are always looking for new partners and more event opportunities. Please contact us to discuss collaborating together at [care-a-van@doh.wa.gov](mailto:care-a-van@doh.wa.gov).**



## Community Events:

- Insurance Is Not Required
- All Ages Welcome
- Walk-up Service
- No cost for event or services
- We bring staff and equipment to create accessible pop-up clinics.

**Request a clinic or review upcoming events**  
[doh.wa.gov/careavan](http://doh.wa.gov/careavan) to find one near you.







# Tribal Health Resources on the Partner Hub



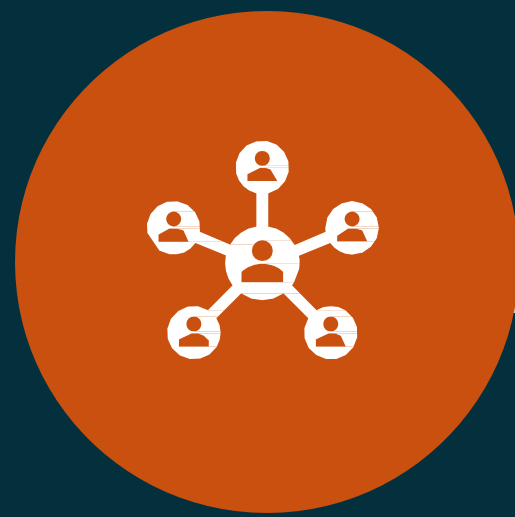
Washington State Department

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To register for access to The Partner Hub, visit the website and click "Request Access"  
or email PartnerHub@doh.wa.gov to request access.





As part of the broader Partner Hub, the Tribal Health Resources page reflects the priorities of Tribal Leaders across WA. It supports a stronger, more resilient, and better-connected public health system.



The Partner Hub is designed to:

- Connect our Tribal partners with relevant information.
- Serve as a central location to find DOH resources, meeting information, program sites, and more.
- Host relevant public health training.



The Partner Hub doesn't replace one-on-one interactions with Department of Health. If you would like to connect with DOH leaders, staff, or resources, reach out to us!

Let us know what you would like to see on the Tribal Health Resources page!

Are you a Governmental Public Health System Partner?

Register for The Partner Hub by visiting the website or emailing PartnerHub@doh.wa.gov



# Shake, Rattle, & Roll Workshop

Register Here!



<https://is.gd/v2Lmbd>

## SAVE THE DATE

### Shake, Rattle, & Roll Workshop



### When?

WEDNESDAY  
OCTOBER 22, 2025  
1:40PM TO 4:20PM

### Where?

WSPHA CONFERENCE  
  
YAKIMA CONVENTION CENTER  
10 N 8<sup>TH</sup> STREET, YAKIMA, WA 98901

### Focus?

COMMUNICATIONS  
&  
OPERATIONAL  
COORDINATION

### Why?

This workshop will focus on identifying opportunities to enhance and streamline communications and operational coordination across the state of Washington.

Our goal is to work collaboratively with partners to test, refine, and improve our public communication, information-sharing, and coordination processes to ensure Washington is ready to meet the demands of the 2026 FIFA World Cup and other large-scale events.

For more information please contact Megan Moore at [megan@wspha.org](mailto:megan@wspha.org)



**CONFERENCE ATTENDANCE WILL NOT BE  
REQUIRED TO PARTICIPATE IN THIS WORKSHOP**





# OTPHR



Washington State Department of  
**HEALTH**

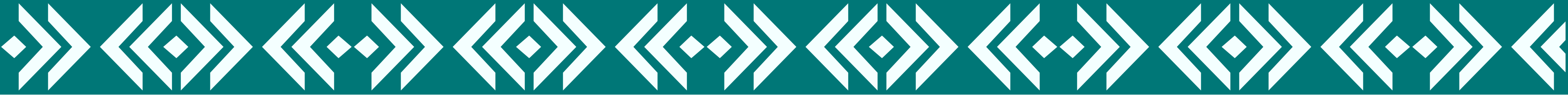
Office of Tribal Public Health & Relations

[OTPHR@doh.wa.gov](mailto:OTPHR@doh.wa.gov)

Candice Wilson Quatz'tenaut – Lummi	Jill Edgin	Amber Arndt Nisqually	Rosalinda Fivekiller-Turk Cherokee	Susan Glenn	Lois Scott
<b>Executive Director</b> <a href="mailto:candice.wilson@doh.wa.gov">candice.wilson@doh.wa.gov</a> 360.819.7626	<b>Deputy Director</b> <a href="mailto:jill.edgin@doh.wa.gov">jill.edgin@doh.wa.gov</a>	<b>Tribal Policy Director</b> <a href="mailto:amber.arndt@doh.wa.gov">amber.arndt@doh.wa.gov</a>	<b>Tribal Engagement Director</b> <a href="mailto:rosalinda.turk@doh.wa.gov">rosalinda.turk@doh.wa.gov</a>	<b>Tribal Public Health Systems Specialist</b> <a href="mailto:michaela.marshall@doh.wa.gov">michaela.marshall@doh.wa.gov</a>	<b>Administrative Assistant 5</b> <a href="mailto:lois.scott@doh.wa.gov">lois.scott@doh.wa.gov</a>



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



# Questions & Comments



# Portland Area IHS Communicable Diseases Update

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TARA PERTI, MD, MPH  
MEDICAL EPIDEMIOLOGIST  
OFFICE, PORTLAND AREA IHS  
October 7, 2025



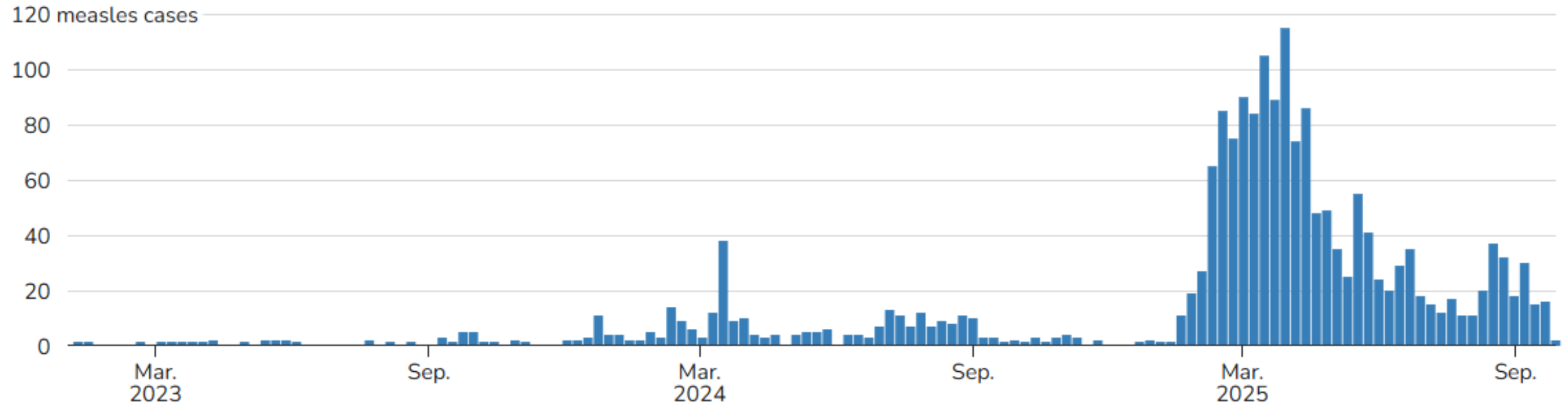
# Outline

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- Measles
- COVID-19

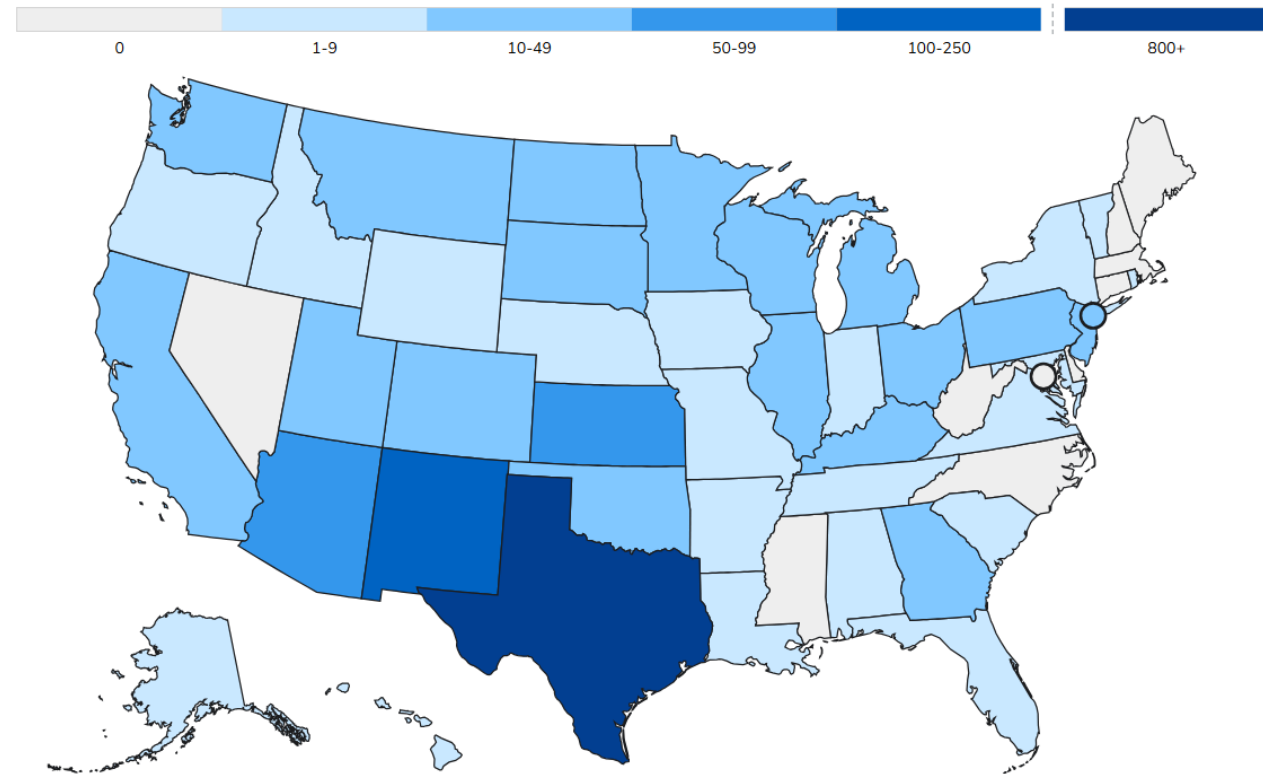
# Measles – United States, 2023-2025 (through 9/30)

2023–2025\* (as of September 30, 2025)



# Measles — United States, 2025

- 1,544 confirmed cases among 41 states through 9/30.
- 86% of cases from one of 42 outbreaks ( $\geq 3$  related cases).
- Age: 27% <5 years-old, 39% 5-19 years-old, 33%  $\geq 20$  years-old.
- 12% hospitalized overall (22% 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 — Idaho, 2025 (N=7)

Date Reported	County	Age	Exposure
8/12/25	Kootenai (Panhandle Health District)	Child	<u>Unknown</u>
8/14/25	Bonneville (Eastern Idaho Public Health)	Child	International Traveler (household)
8/20/25	Bonner (Panhandle Health District)	Child	<u>Unknown</u>
~9/12/2025	Bonneville (Eastern Idaho Public Health)	4 individuals – details not provided	Details not provided

\*There have been 2 additional cases among travelers to Idaho, who are not residents of Idaho (one reported on 8/7/25 in Bonneville County) and one previously reported on 5/23/25 by South Central Health District (Cassia County).

# Measles — Washington and Oregon, 2025

Date Reported	County	<u>Washington (N=11)*</u>		Exposure
		Age		
2/26/25	King	Infant		International Travel
3/17/25	Snohomish	Adult		Linked to 1 <sup>st</sup> 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 <sup>st</sup> Case in Whatcom County
6/25/25	King	1 adult and 1 child in the same household		International Visitor
8/25/25	Spokane	Not Provided		<u>Linked to Case from North Idaho</u>

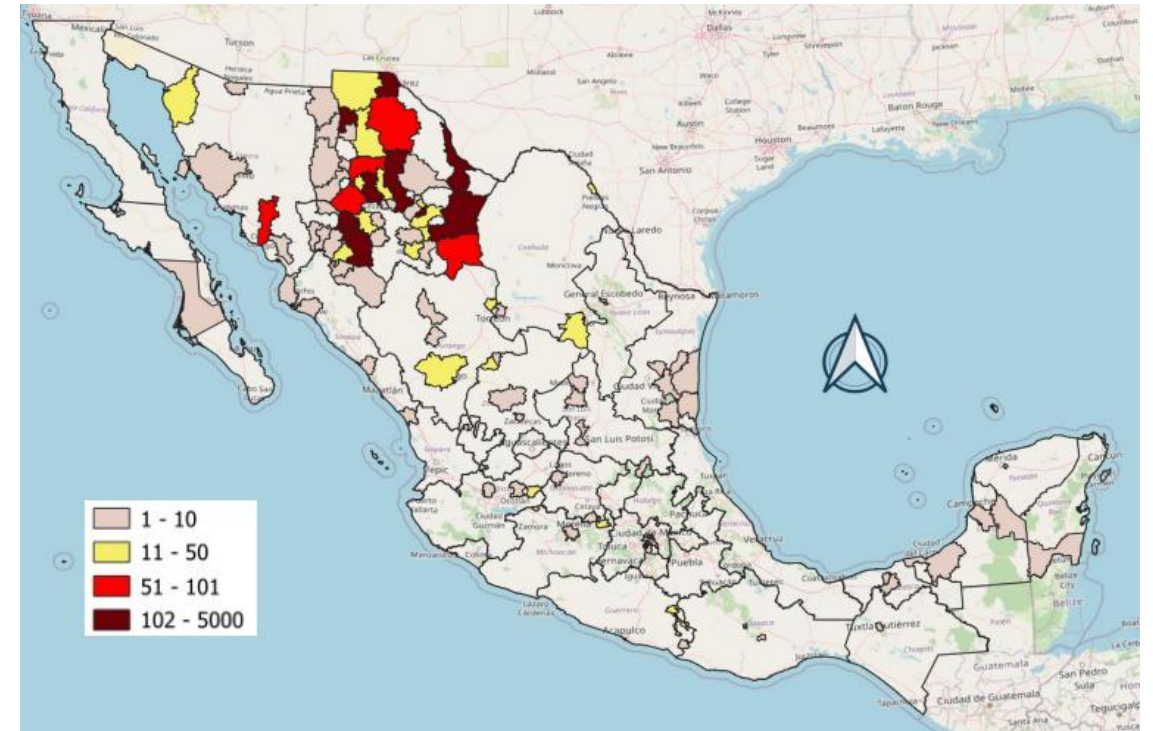
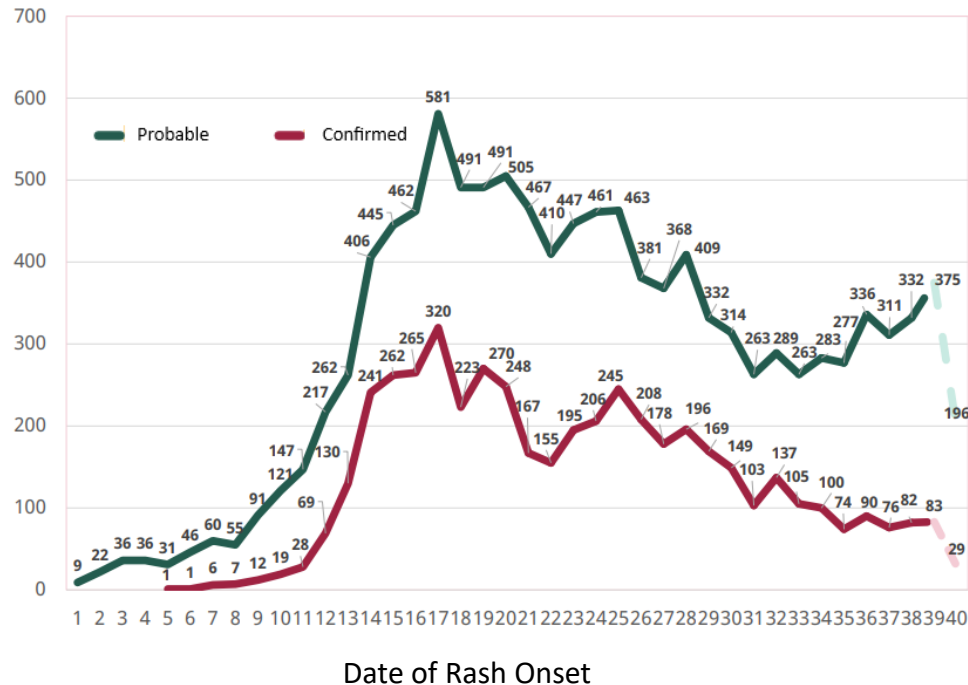
<5 year-old: 5 (46%), 5-17 years: 1 (9%), ≥ 18 years: 5 (46%)

\*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

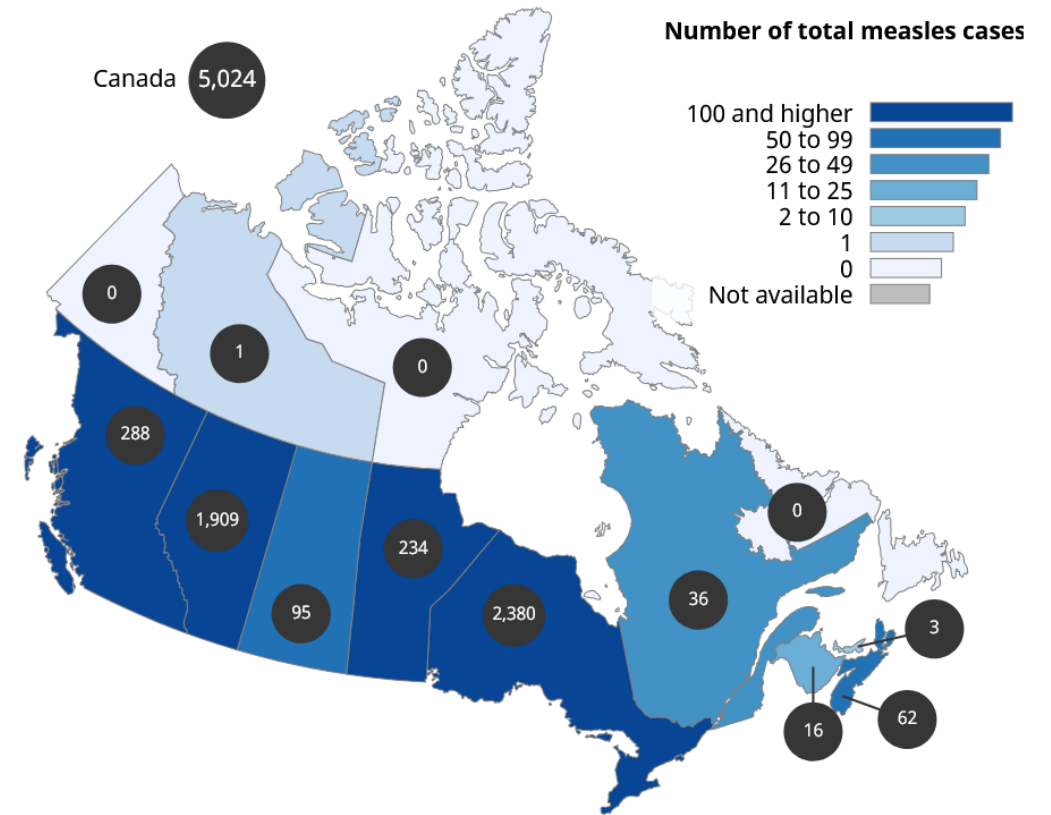
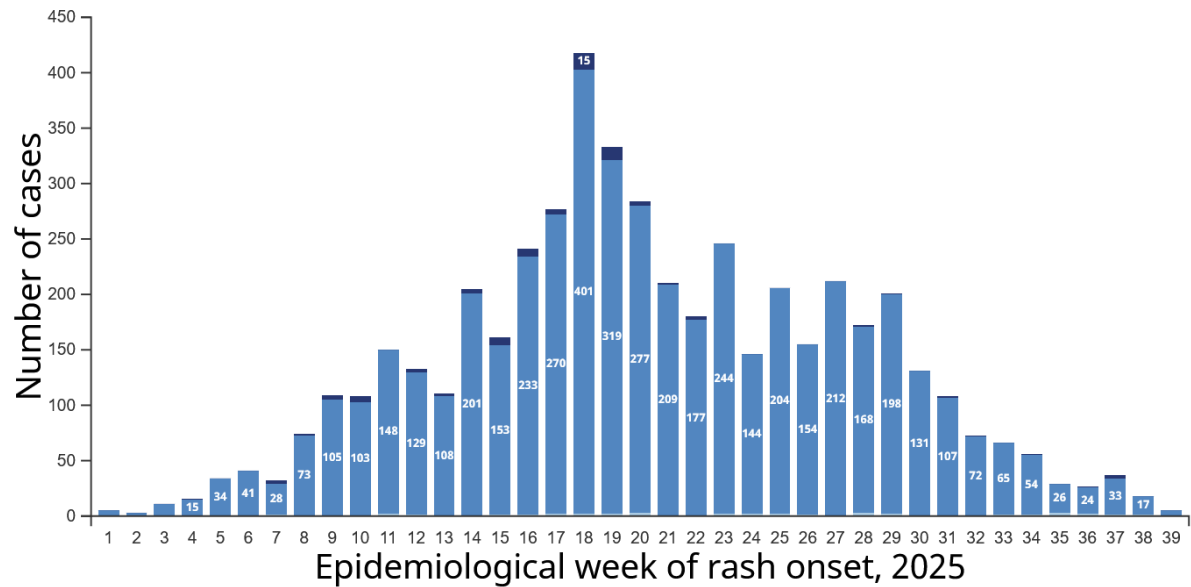
# Measles — Mexico, 2025 (through 10/6)

- 10,743 confirmed and probable cases; 4,849 confirmed cases as of 10/1/25
- 25 states; 4,364 (90%) confirmed cases in Chihuahua
- Deaths: **22** (21 in Chihuahua and 1 in Sonora)



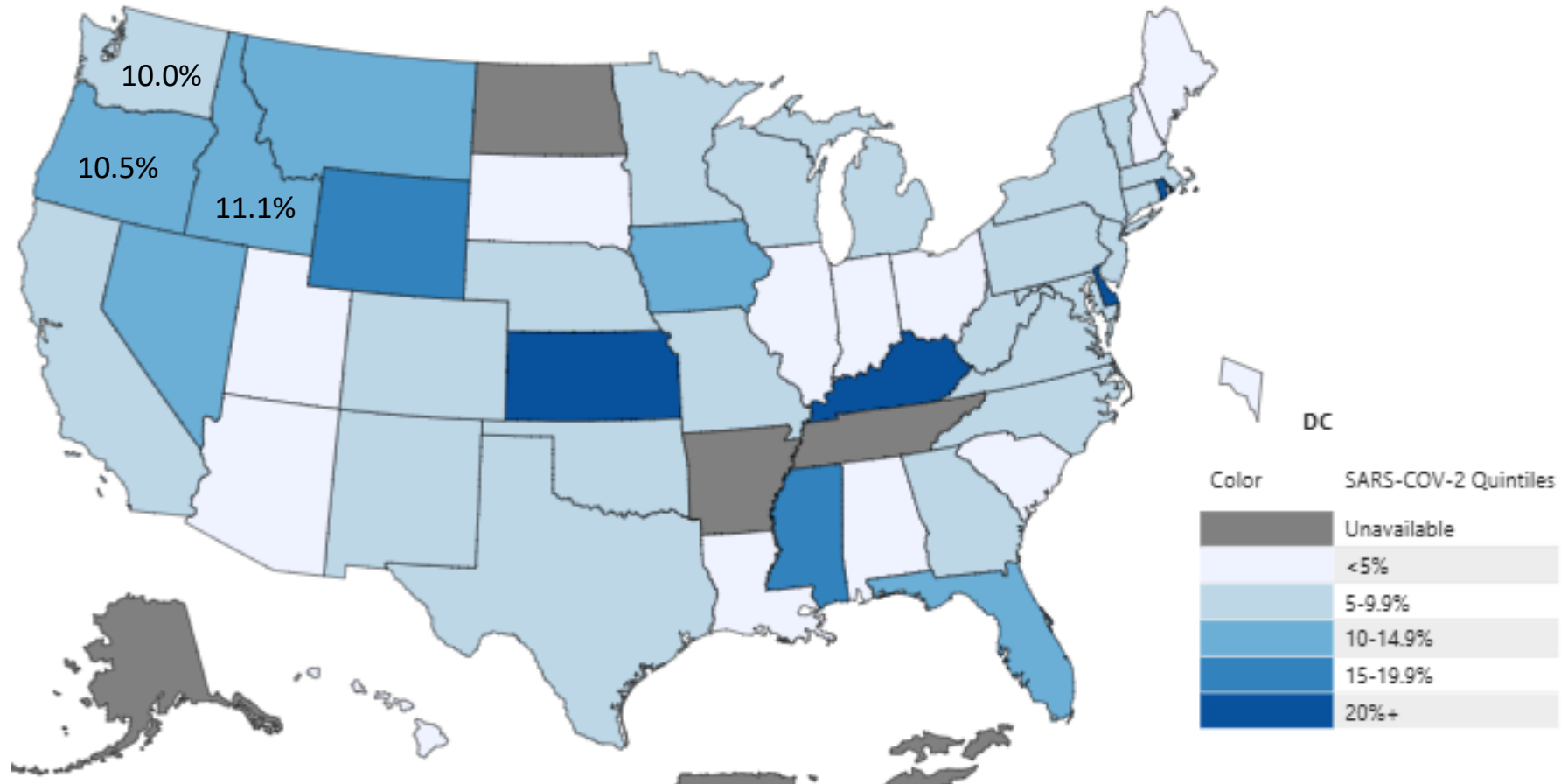


# Measles — Canada, 2025 (through 9/27)

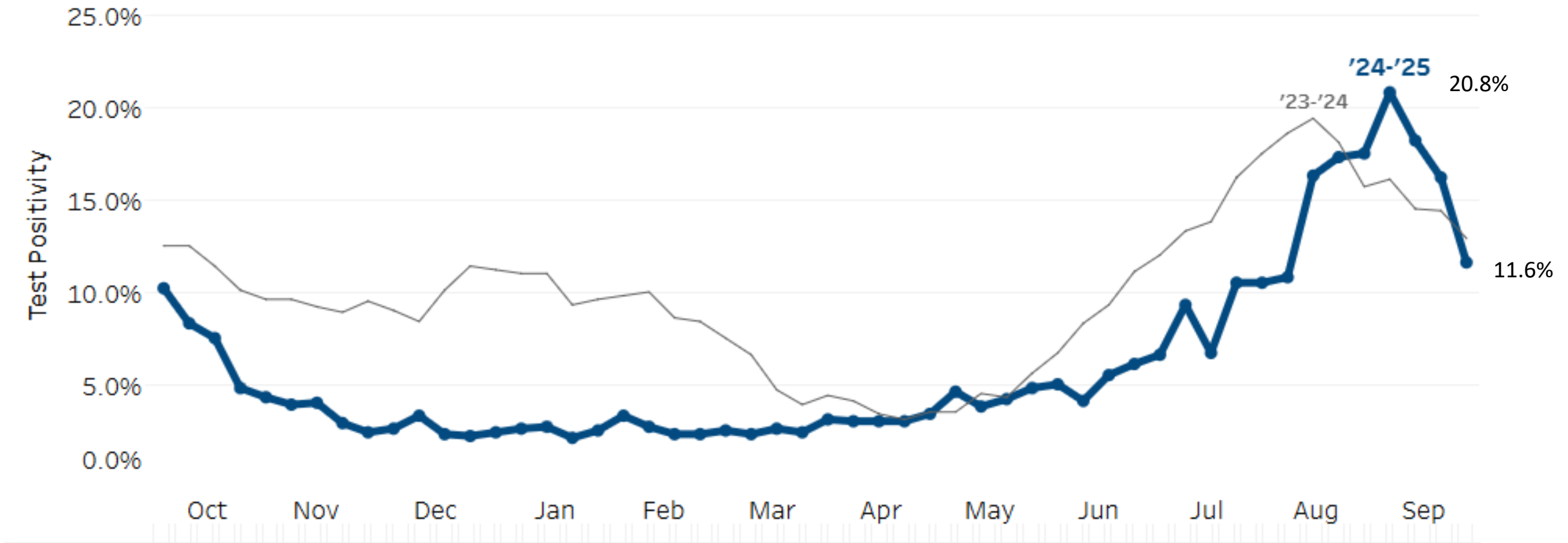


Number of confirmed cases: 4,660

# COVID-19 % Positivity — United States, week ending 9/20/25

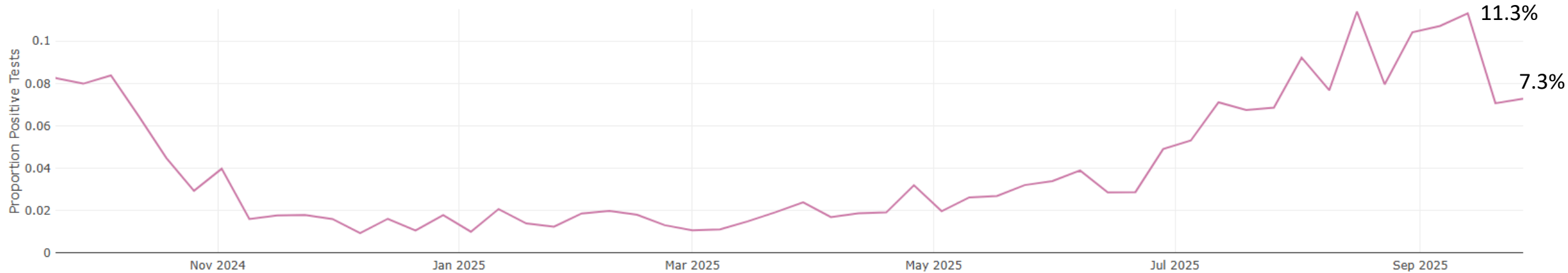


# Percent of Tests Positive for COVID-19 — Oregon, 2023-2025 (through 9/27/25)





# Proportion of Tests Positive for COVID-19 in the Northwest — University of Washington and Seattle Children's Hospital, 2024-2025 (through 9/27)



**Epidemic Trends**

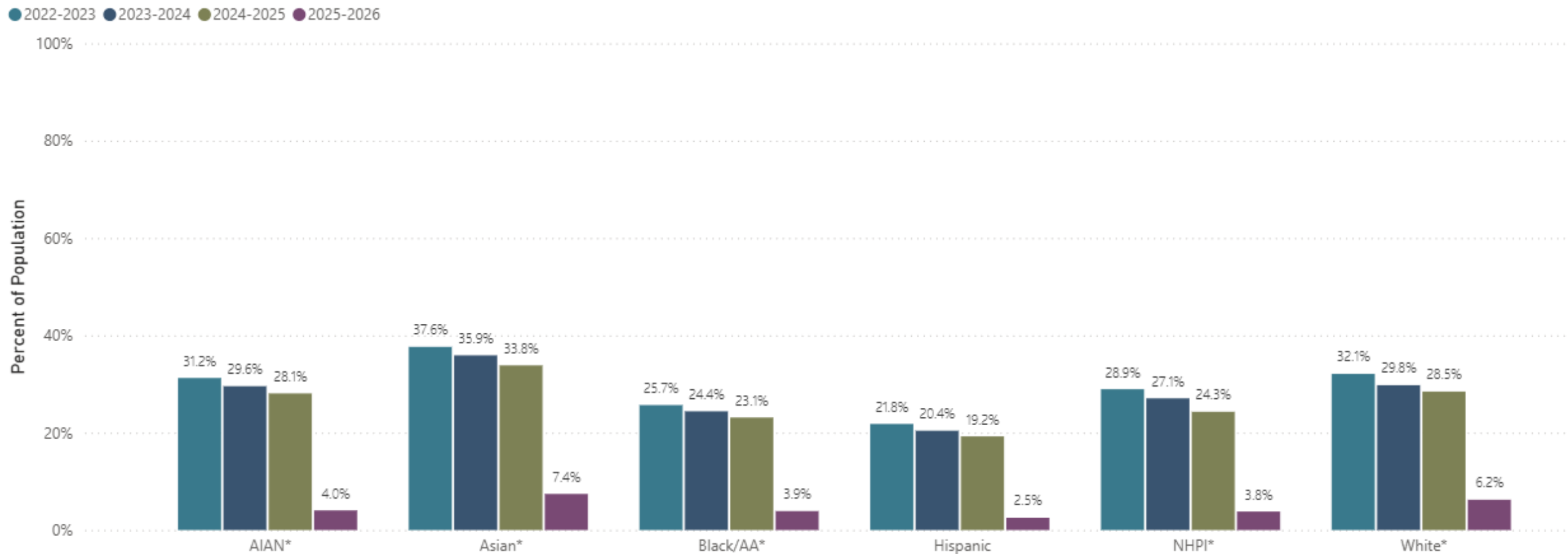
- Growing
- Likely Growing
- Not Changing
- Likely Declining
- Declining
- Not Estimated

% of ER Visits Associated with COVID-19 During Week Ending 9/20/25:  
Washington: 1.6% (1.0% thru 10%)

% of ER Visits Associated with  
COVID-19 During Week Ending  
9/20/25:

Washington: 1.6% (1.0% thru 10/4)  
Oregon: 1.5%  
Idaho: 1.1% (0.7% through 10/4)

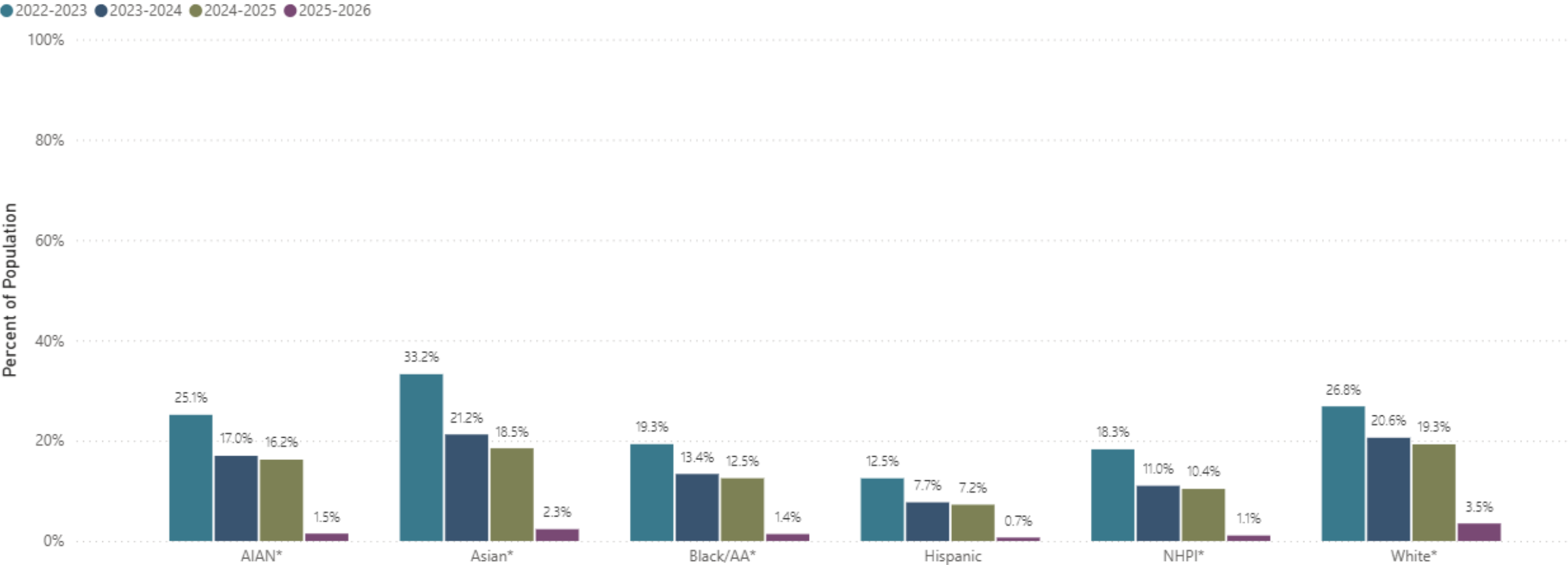
# Percent of People who Received an Influenza Vaccine by Race/Ethnicity — Washington State, Current and Past 3 Seasons



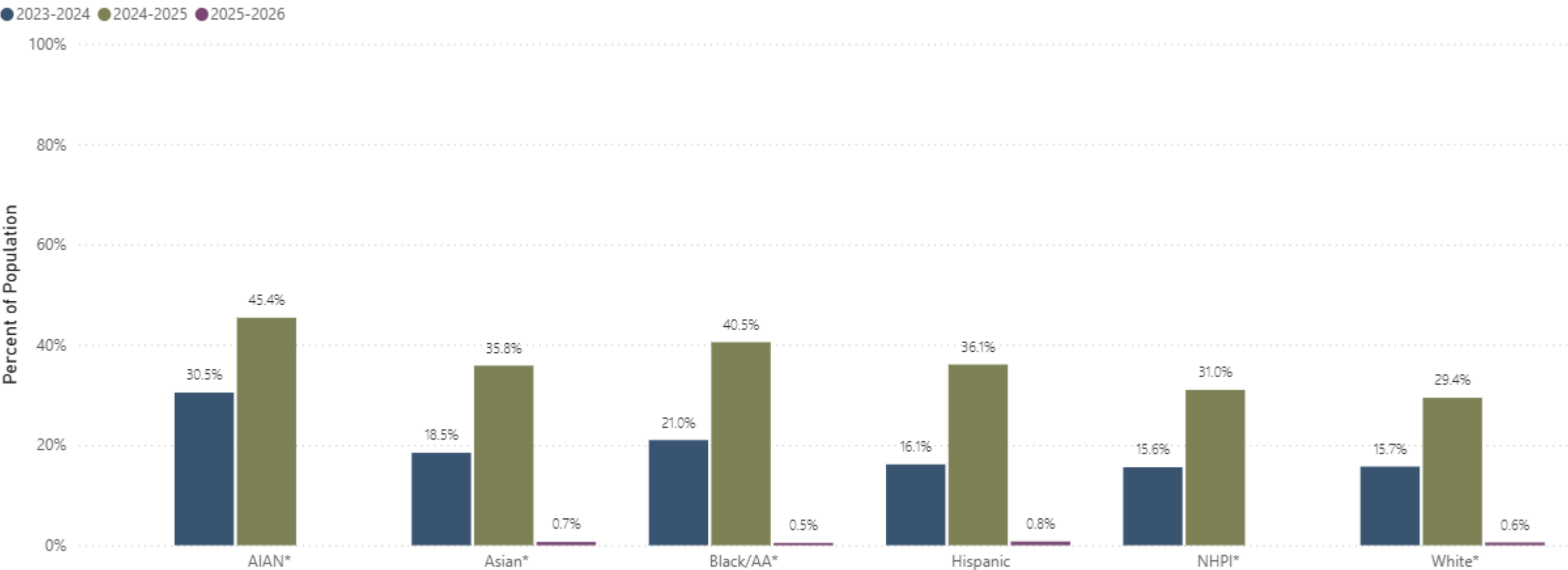


# Percent of People who Received a COVID-19 Vaccine by Race/Ethnicity

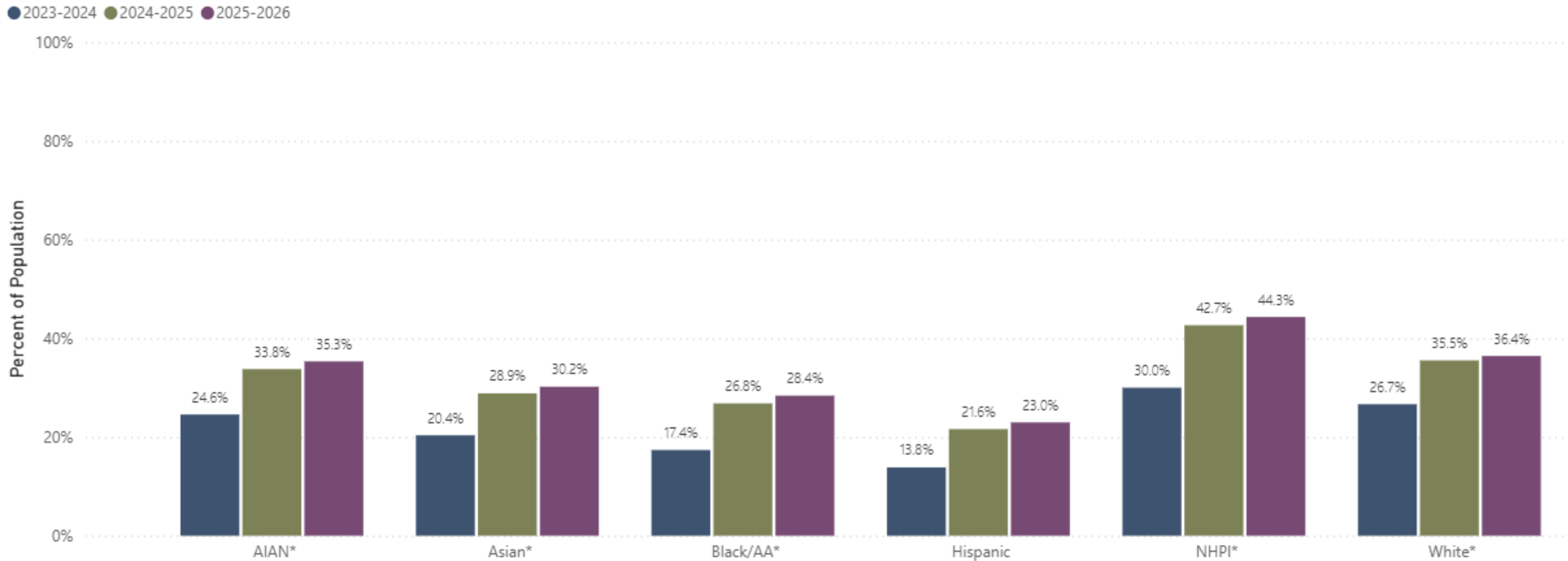
## — Washington State, Current and Past 3 Seasons



# Percent of Infants 0-7 Months Old who Received a RSV Monoclonal Antibody by Race/Ethnicity — Washington State, Current and Past 2 Seasons



# Percent of Adults $\geq 75$ years old Ever Vaccinated for RSV by Race/Ethnicity — Washington State, Current and Past 2 Seasons





# Summary

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- Measles
  - Idaho: Seven cases among Idaho residents have been reported.
    - **Panhandle Health District (N=2)**: One case reported on 8/12 in Kootenai County and one on 8/20 in Bonner County – it is not yet known how these children acquired measles and they are not linked to each other, raising concern for additional unrecognized cases in the area.
    - **Eastern Idaho Public Health (N=5)**: One case reported on 8/14 in Bonneville County, exposed to an international traveler with measles. Four additional cases reported in Bonneville County.
  - Washington: A case linked to the case from Bonner County in the Panhandle Health District was identified by Spokane County, exposed in the Providence Sacred Heart ED. 11 total confirmed cases of measles among Washington State residents (King, Snohomish, Whatcom, and Spokane Counties), most related to international travel; no outbreak so far.
  - Oregon: No new cases reported. One case in Multnomah County reported on 6/24.
  - 1,544 measles cases in 41 states (through 9/30) with 3 deaths. 92% unvaccinated or with unknown vaccination status. 86% of cases associated with one of 42 outbreaks.
- COVID-19
  - Test positivity in Washington (10.0%), Oregon (10.5%), and Idaho (11.1%) during the week ending on 9/20.
  - % of ER visits associated with COVID-19 is decreasing.
  - During 2023-2024, the cumulative hospitalization rate for AI/AN in the U.S. was higher than for any other group.
- Influenza: During 2024-2025, the cumulative influenza-associated hospitalization rate in the U.S. was higher than any prior season since 2009-2010. AI/AN had the 2nd highest cumulative influenza-associated hospitalization rate of any racial/ethnic group in the U.S.
- RSV: During 2024-2025, the cumulative RSV-associated hospitalization rate for AI/AN was higher than for any other racial/ethnic group in the U.S.

# Recommendations

- **Ensure patients at your clinics are up to date on immunizations, including influenza, COVID-19 and RSV, to protect your patients, their families, and the community during respiratory virus season.**
- **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).
- **Ensure anyone traveling internationally (including to Mexico and Canada) without presumptive evidence of measles immunity are vaccinated at least 2 weeks prior to travel (those  $\geq 12$  months old should receive 2 doses at least 28 days apart, infants  $\geq 6$  months old should receive 1 dose (revaccinated with 2 dose series starting at 12 months)).**

# Informing “Individual Decision-Making” Discussions for COVID-19 Vaccines: AI/AN at Increased Risk for Severe COVID-19 Outcomes

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ACIP recommendations: COVID-19 vaccination for all individuals  $\geq 6$  months old based on “individual decision-making” (i.e. shared clinical decision-making) with health care providers (including physicians, physician assistants, nurse practitioners, registered nurses, and pharmacists), noting that the risk-benefit of vaccination in individuals under age 65 is most favorable for those who are at an increased risk for severe COVID-19 and lowest for individuals who are not at an increased risk, according to the CDC list of COVID-19 risk factors.

When having discussions with patients or parents regarding COVID-19 vaccinations, as part of “individual decision-making,” it is important to consider that American Indians and Alaska Native people, including both children and adults, are at increased risk for severe outcomes from COVID-19, which is not accounted for by medical comorbidities alone.



# Influenza Vaccination Recommendations for 2025-2026

- Routine annual influenza vaccination is recommended for all persons aged  $\geq 6$  months who do not have contraindications.
- Adults  $\geq 65$  years old recommended to preferentially receive a high dose or adjuvanted influenza vaccine (i.e. HD-IIV3, RIV3, or aIIV3); another age-appropriate influenza vaccine can be used if not available.
- FluMist, a live attenuated influenza vaccine (LAIV3) administered as a nasal spray, previously approved for persons age 2 through 49 years of age, was approved for self-administration for those age 18 years or older and caregiver administration for those age 2 through 17 years old (no longer requiring administration by a health care provider) in September 2024.
  - LAIV3 should not be given to pregnant or immunocompromised persons, close contacts and caregivers of severely immunosuppressed persons, children  $< 2$  years-old, children age 2-4 years with asthma or history of wheezing in the past 12 months (asthma in persons  $\geq 5$  years is a precaution), or children receiving aspirin or salicylate containing therapy, persons with cochlear implants or cranial CSF leak.
- FluBlok, a recombinant influenza vaccine (RIV3), previously approved for persons 18 years or older, was approved for persons 9 years or older in March 2025.
- ACIP recommended that single-dose formulations are used which do not contain thimerosal as a preservative (This recommendation was not reviewed with a standard systematic review and evaluation of evidence. This topic was not discussed and the recommendation was not provided by the ACIP Influenza Workgroup).
- Timing: Start now and offer for entire flu season as long as flu viruses are circulating. Avoid delay particularly for:
  - Pregnant women in the third trimester.
  - Children who need 2 doses (children aged 6 months through 8 years who have never received influenza vaccine or who have not previously received a lifetime total of  $\geq 2$  doses) should receive their first dose as soon as possible after vaccine becomes available to allow the second dose (which must be administered  $\geq 4$  weeks later) to ideally be received by the end of October.
  - Patients for which concern exists that later vaccination might not be possible.

# RSV Vaccination Recommendations for Adults

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- $\geq 75$  years-old: One-time vaccine.
- Ages 50-74 at increased risk
  - Chronic heart, lung, or liver disease, end-stage renal disease, diabetes mellitus (c/b nephropathy, retinopathy, or other end organ damage or requiring treatment with insulin or a SGLT2 inhibitor), neurologic or neuromuscular condition affecting airway clearance or resulting in respiratory muscle weakness, hematologic disorder, morbid obesity  $\geq 40$  kg/m<sup>2</sup>, moderate-severe immunocompromise, residence in nursing home, frailty, or residence in a remote community.

# RSV Prevention for Infants and Toddlers

- September-January: RSV vaccination with Pfizer's Abrysvo (only RSV vaccine approved for pregnancy) recommended for those 32-36 weeks pregnant who did not receive RSV vaccine during a prior pregnancy.
- Monoclonal antibody (nirsevimab or clesrovimab):
  - For babies born to mothers who did not receive the maternal RSV vaccine during pregnancy or received it <2 weeks before delivery (if mother received RSV vaccine during a *prior* pregnancy, monoclonal antibody recommended for baby).
    - If born during October through March, nirsevimab (FDA approved in 2023) or clesrovimab (FDA approved in June 2025) should be given within 1 week after birth.
    - For others age < 8 months born outside of RSV season, administer nirsevimab or clesrovimab before RSV season (October-March; typically peaks in December/January).
    - Dose: < 5 kg: 50 mg IM X 1, ≥5kg: 100 mg IM X 1.
  - Children age 8-19 months at increased risk for severe RSV (all AI/AN children and others at increased risk including those with chronic lung disease of prematurity, severe immunocompromise, severe cystic fibrosis): Prior to entering their 2<sup>nd</sup> RSV season (regardless of prior receipt of monoclonal antibody or vaccination of mother during pregnancy).
    - Nirsevimab is the only approved monoclonal antibody for this indication. Dose: 200mg (100 mg IM given in 2 different sites).



# Patient Education Resources for Respiratory Viruses/Immunizations

IHS Division of Epidemiology and Disease Prevention Educational Resources; National IHS Public Health Council Public Health Messaging

Northwest Portland Area Indian Health Board (NPAIHB): Email [vaccinative@npaihb.org](mailto:vaccinative@npaihb.org) to access the vaccine resource folder (while website is down; in the future, resources will be available at [indiancountryecho.org](http://indiancountryecho.org)).

American Academy of Family Physicians. [COVID-19 Vaccine: Fall 2025-26 Immunization Recommendations](#)

American Academy of Pediatrics:  
[Recommendations for COVID-19 Vaccines in Infants, Children, and Adolescents: Policy Statement.](#)  
[Recommended Child and Adolescent Immunization Schedule](#)  
<https://www.aap.org/immunization>; <https://www.healthychildren.org/immunizations> (e.g. [COVID-19 What Families Need to Know](#))

American College of Obstetricians and Gynecologists. [COVID-19 Vaccination Considerations for Obstetric–Gynecologic Care](#)

Children’s Hospital of Philadelphia: [Vaccine Education Center](#); [Vaccine and Vaccine Safety-Related Q&A Sheets](#) (e.g. [Q&A COVID-19 Vaccines What You Should Know](#))

[Boost Oregon: Videos and Resources](#)

Personal Testimonies: [Families Fighting Flu: Our Stories](#)

Washington State Department of Health: [Flu Overview](#); [Materials and Resources](#); [Influenza \(Flu\) Information for Public Health and Healthcare](#)

[COVID-19](#); [DOH COVID-19 Vaccine Schedule](#); [Washington State Statewide Standing Order for COVID-19 Vaccine FAQs for the Public](#); [West Coast Health Alliance announces vaccine recommendations for COVID-19, flu, and RSV](#) | [Washington State Department of Health](#)

Oregon Health Authority: [Flu Prevention](#); [Immunization Resources](#); [Immunize.org: Influenza \(Flu\)](#)

Idaho Department of Health & Welfare: [Flu \(Seasonal and Pandemic\)](#); [Child and Adolescent Immunization](#) and [Adult Immunization](#); ; [COVID-19](#)

Centers for Disease Control and Prevention: [Preventing Seasonal Flu](#); [Flu Resources](#); [Preventing Spread of Respiratory Viruses When You're Sick](#)

[Indian Country ECHO/UNM Project ECHO: Making a Strong Vaccine Recommendation: Vaccine Communication](#)

