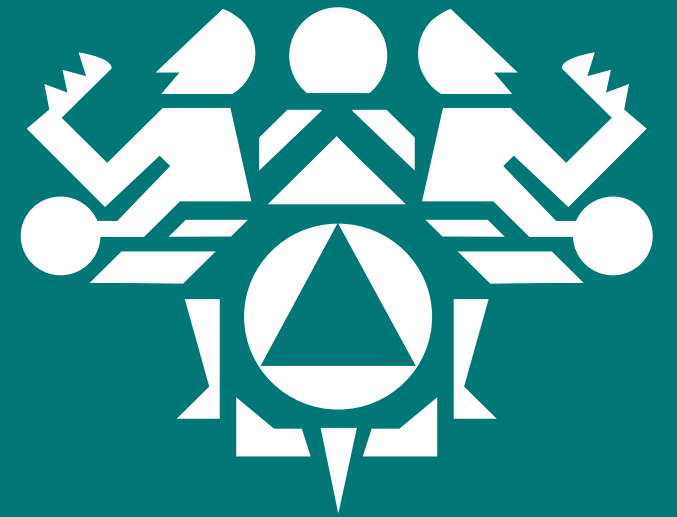


NPAIHB

Weekly Update

December 16, 2025





NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Agenda

- Welcome & Introduction: Bridget Canniff
- NPAIHB Announcements, Events, & Resources
- N CREW Research Focus – Data Sovereignty & Data Sharing: Sunny Stone
- Communicable Diseases Update: Dr. Tara Perti, Portland Area IHS
- 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

- **Tribal MAT ECHO** – 3rd Tuesday
 - Tuesday, December 16th at 12pm PT
 - <https://echo.zoom.us/meeting/register/tJlrcuyvrzsua7uuiMA3wCB5VFfrSu9D1g#/registration>
- **Dermatology ECHO** – 3rd Tuesday
 - Tuesday, December 16th at 3pm PT
 - <https://www.indiancountryecho.org/event/dermatology-echo/2025-12-16/>
- **Hepatitis C ECHO** – 3rd Wednesday
 - Wednesday, December 17th at 11am PT
 - <https://echo.zoom.us/j/537117924?pwd=OEExbERmK2pSUFFsMzV1SmVpb3g3dz09>
- **The Month in Virology ECHO** – 3rd Wednesday
 - Wednesday, December 17th at 12pm PT
 - <https://www.indiancountryecho.org/event/covid-19-teleecho-2/2025-12-17/>

Upcoming Indian Country ECHO Telehealth Opportunities

- **Infectious Disease** – 3rd Thursday of every month
 - Thursday, December 18th at 11am PT
 - <https://www.indiancountryecho.org/event/infectious-disease-third-thursday/2025-12-18/>
- **Dementia Caregiver Support ECHO** – 4th Thursday of every month
 - Thursday, December 18th at 11am PT
 - <https://www.indiancountryecho.org/event/dementia-caregiver-support-echo/2025-12-18/>
- **EMS ECHO** – 1st Tuesday & 3rd Thursday
 - Thursday, December 18th at 5pm PT
 - <https://www.indiancountryecho.org/event/ems-echo-1st-tuesday-and-3rd-thursday/2025-12-18/>

For the full calendar, descriptions, and signup links, please visit [indiancountryecho.org](https://www.indiancountryecho.org)

Stay up to date with the latest from Indian Country ECHO: [indiancountryecho.org/join-us/](https://www.indiancountryecho.org/join-us/)



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Save the Date!

NPAIHB Quarterly Board Meeting

January 13-15, 2026

Portland, Oregon & via Zoom (Hybrid)

More info: www.npaihb.org/modernevent/january-2026-qbm/

Registration Hotel Block



Northwest Tribal Public Health Emergency Preparedness Conference & Training

May 4 – 8, 2026
Quinault Beach Resort & Casino
78 State Route 115
Ocean Shores, WA 98569

Save the Date!
Registration will open in
January!

Questions? Contact the planning team @ NPAIHB at tphep@npaihb.org



NPAIHB Weekly Update Schedule

- December 23: No Weekly Update
- December 30: No Weekly Update

Happy Holidays!

- January 6: 2025 Review – 2026 Preview
- January 13: No Weekly Update – NPAIHB QBM



Data Sovereignty and Data Sharing Agreements

Northwest Tribal Epidemiology Center
Northwest Regional Research Center
Sunny Stone, Data Hub Outreach Manager





Summary

- Tribal Sovereignty and Public Health Authority
- Tribal Epidemiology Centers (TECs) and Northwest Tribal Epidemiology Center (NWTEC)
- Data Sharing Agreement, Data Hub and Data Exchange Addendums
- Expedited Technical Assistance
- Next Steps



What is Tribal Sovereignty?

- The right of Tribes to govern their people, land, and resources.
- Tribes have the right to control how their data is collected, owned, and used.



“The essence of tribal sovereignty is the ability to govern and to protect and enhance the health, safety, and welfare of tribal citizens within tribal territory.”

–National Congress of American Indians



How does public health fit into Tribal Sovereignty?

- Cow Creek Band of Umpqua Tribe of Indians
 - “...to form effective Tribal government, to secure and protect the powers inherent in our sovereign status and guaranteed to us by treaty and Federal law, to preserve our culture and Tribal identity, to promote the social and economic welfare of our people, to secure, protect, and develop our common resources, to maintain peace and order and safeguard individual rights, and to advance our mutual welfare.” --Preamble
- Jamestown S’Klallam Tribe of Indians
 - “...adopt this constitution for the Tribe for the purpose of forming a better tribal government, establishing a tribal community organization, promoting the social and economic well-being of our people, securing our aboriginal land and any and all natural resources therein, preserving our culture and institutions, fostering justice and freedom, and advancing our mutual welfare.” --Preamble
- Shoshone-Bannock Tribes
 - “...in order to establish a more responsible government, promote our general welfare, conserve and develop our lands and resources, and secure to ourselves and our posterity the power to exercise certain rights of self-government...” --Preamble

What is Public Health Authority?

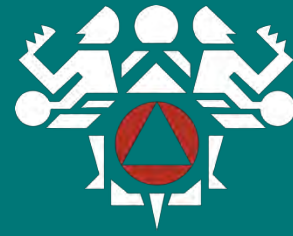
“Public Health Authority means an agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is responsible for public health matters as part of its official mandate.”- 45 CFR 164.304

- **Tribal, Federal, State, and Local governments have a mandate to protect the health of a community, its citizens, and residents.**
- Scope balances individual rights with the common good.
 - Collect/access public health data from private, state, or federal entities to monitor population health – HIPAA-45 CFR 164.512(b)
 - Communicable disease prevention
 - Environmental health



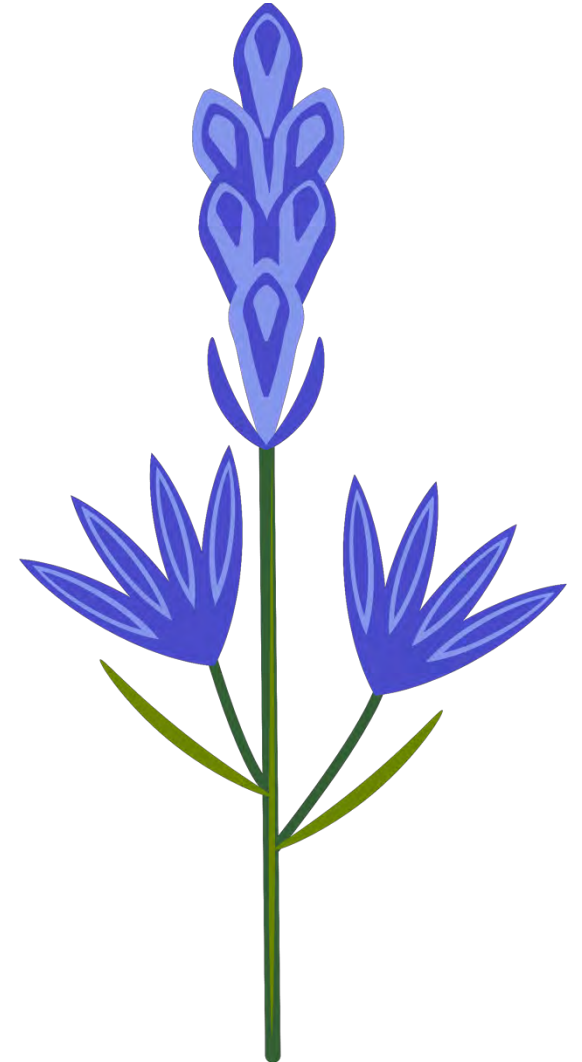


NWTEC



NWTEC
NPaiHB

1. Tribe-led, Tribe-owned data makes communities healthier.
2. Through partnership, we all strengthen your Tribe's health.
3. Your Tribe's data belongs to you.





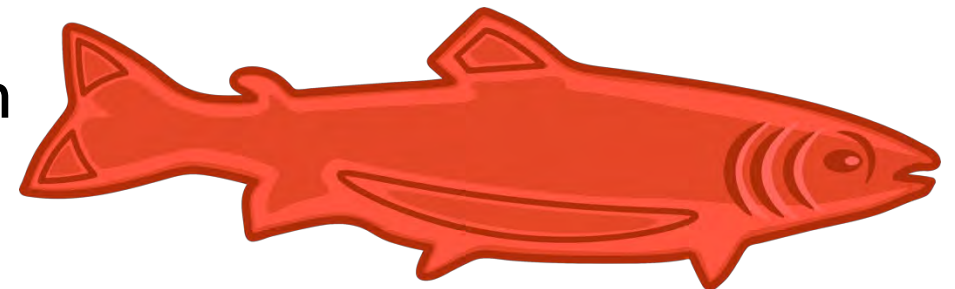
Tribal Epidemiology Centers (TECs)

- Established by Indian Healthcare Improvement Act (IHCIA) in 1996
 - 7 core functions
- Public Health Authority (PHA)
 - TEC PHA established by law in 2010
 - Specifically related to data collection and the core functions of TECs
 - 25 U.S. Code § 1621



How to protect Tribal Sovereignty and Data?

- Data Sharing Agreements (DSA)
 - Sometimes called data use agreements (DUA).
 - Outlines data ownership, access, security, and rights.
 - Honors the Tribe's right to govern the collection, ownership, and use of Tribal data.
- Institutional Review Board (IRB, Human Subjects)
 - Oversight to protect individuals and Tribes participating in research
- Not mutually exclusive, may need both



Data Sharing Agreement



What is a Data Sharing Agreement (DSA)?

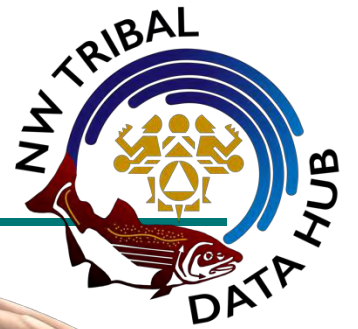
- Allows for collaboration between the Tribe and NWTEC
- Supports sovereignty of Tribes, NPAIHB strategic planning, and data governance policies
- Outlines NWTEC's responsibilities
- Tailored to each Tribe's needs
 - Identifies Tribe's Authorizing Official

Data Sharing Agreement

The Data Sharing Agreement (DSA) between a federally recognized Tribe and the NWTEC provides a foundation for NWTEC to provide technical assistance and data to the Tribe.



Data Hub Addendum



What does the Data Hub Addendum do?

- Establishes Tribal access to the Data Hub
- Defines responsibilities
- Describes access, ownership, and confidentiality

Data Hub Addendum

The Data Hub addendum provides the Tribe with access to the NW Tribal Data Hub to retrieve regional, state, and Tribal area-level data.



Data Exchange Addendum

What does the Data Exchange Addendum do?

- Establishes purpose and term for NWTEC to provide technical assistance to the Tribe
- Describes data and workplan/goal
- Identifies access and points of contact
- Ensures tribal ownership, non-disclosure, security, and confidentiality of data





Expedited Technical Assistance

- Streamlined access to data and resources to benefit Tribes
- Technical Assistance
 - Tribal Area data related to a specific topic of interest
 - Direct access to Tribal Area data via the NW Tribal Data Hub
 - Tribal data analysis through data exchange

Data Sharing Agreement

The Data Sharing Agreement (DSA) between a federally recognized Tribe and the NWTEC provides a foundation for NWTEC to provide technical assistance and data to the Tribe.

Data Hub Addendum

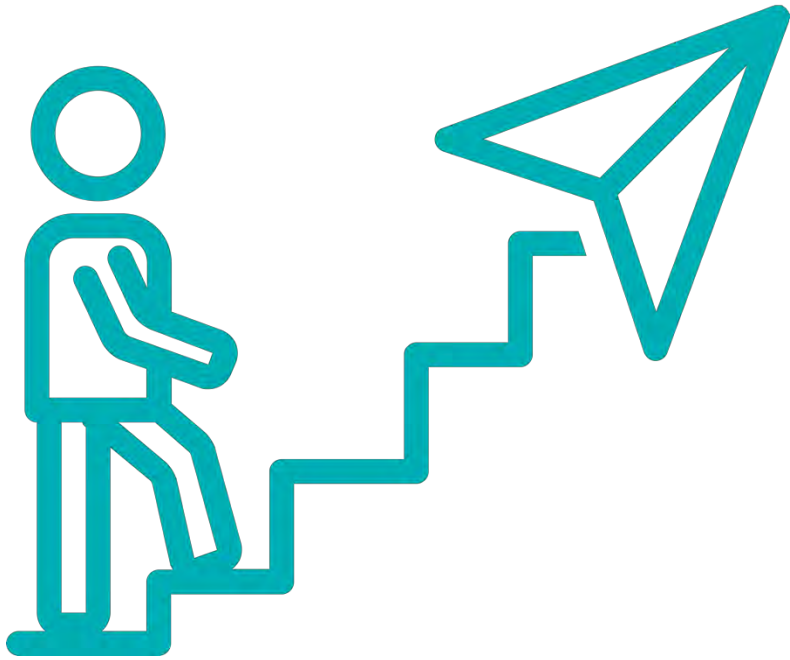
The Data Hub addendum provides the Tribe with access to the NW Tribal Data Hub to retrieve regional, state, and Tribal area-level data.

Data Exchange Addendum

The Data exchange addendum protects the Tribe's data ownership while sharing data with NWTEC to provide technical support.



Next Steps



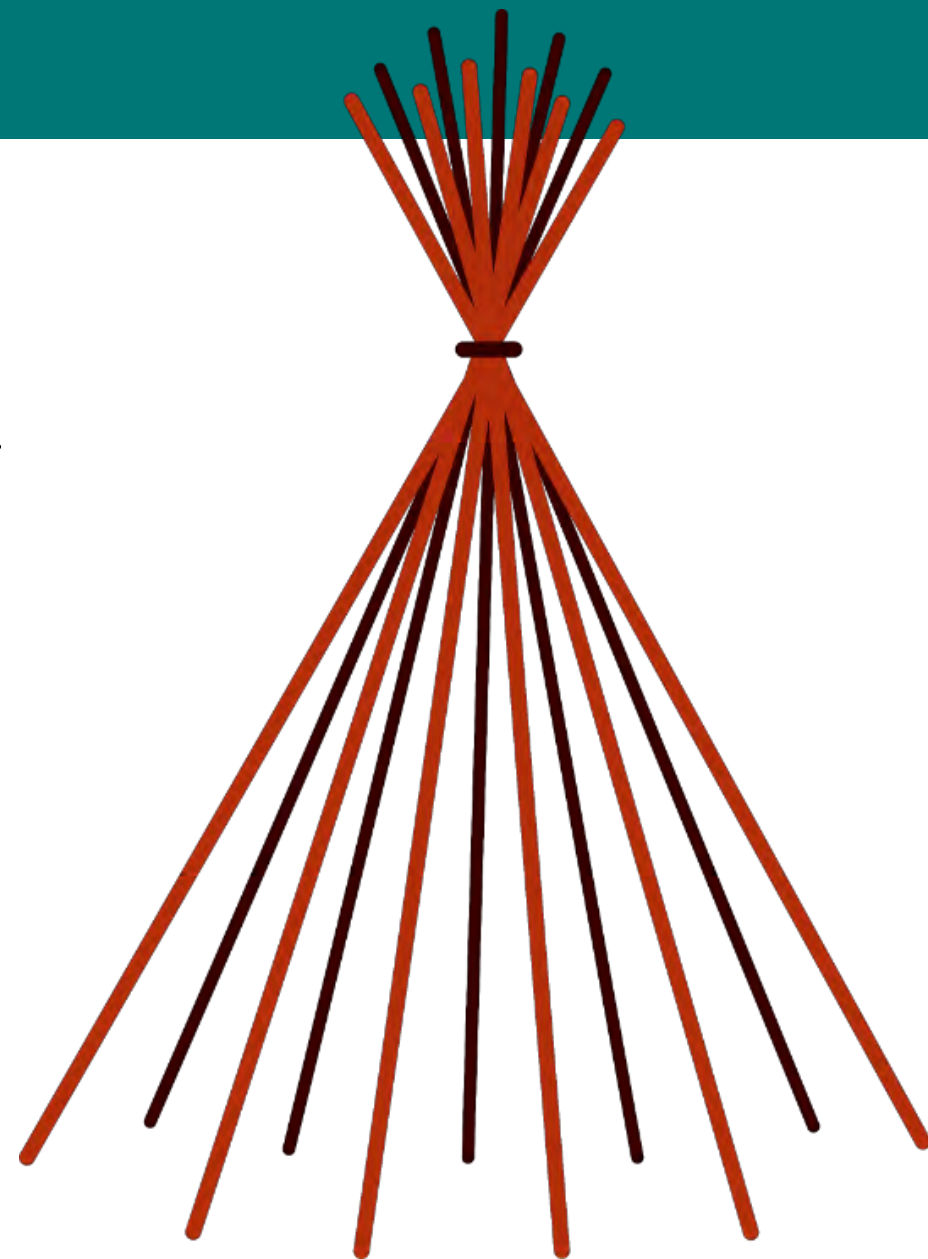
- Review agreement packet
 - [Agreement packet](#)
 - Contact: datahub@npaihb.org
- Complete agreement
 - Provide Tribal information
 - Internal Tribal review
 - Identify any changes or updates, if needed
- Tribal agreement approval
- Agreement executed
 - Signed by Tribe and NPAIHB





Conclusion

- Tribes and TECs have Public Health Authority.
 - TECs gather data from state and federal agencies.
- DSAs and IRBs can protect Tribal communities and sovereignty.
- Data Sharing Agreement – foundational document to protect Tribal sovereignty and provide technical assistance
- Data Hub Addendum – access the NW Tribal Data Hub
- Data Exchange Addendum – Tribal data sharing
- Agreement benefits – protects tribal sovereignty, and expedited technical assistance to the Tribe.
- Next Steps:
 - Contact datahub@npaihb.org
 - [Data Sharing Agreement packe](#)





Questions, Comments, and Resources

NPAIHB and NW Tribal Data Hub Websites

www.npaihb.org

datahub.npaihb.org

Sunny Stone, MPH, MCHES

Data Hub Outreach Manager

[ssstone@npaihb.org](mailto:sstone@npaihb.org), or

datahub@npaihb.org

971.430.2607

[NPAIHB EpiCenter](#)

[NPAIHB NativeDATA](#)

[Tribal Epidemiology Centers](#)

[Native Nations Institute | Indigenous Data Sovereignty and Governance](#)

[National Congress of American Indians | Tribal Nations & the United States: An Introduction](#)

[Network for Public Health Law | Data Governance Strategies for States to Support Tribal Nations](#)

[Government Accountability Office Report, TRIBAL EPIDEMIOLOGY CENTERS: HHS Actions Needed to Enhance Data Access](#)

[HHS Tribal Data Homepage](#)

[HIPAA](#)



NPAIHB
NWTEC

Tribal Sovereignty and Data Sharing



Tribal Sovereignty

Tribes have been sovereign nations since time immemorial and have the inherent right to govern their people, land, and resources. As it relates to public health, this includes

- ▶ protecting and enhancing the health and well-being of the community, and
- ▶ controlling the collection, ownership, and use of Tribal data.


Public health data informs policy and decision-making. As sovereign nations, Tribes have public health authority, meaning a protected right to obtain data from federal, state, county, and private organizations. Generally, this requires an agreement often called a data sharing or use agreement.

Public Health Authority

Public health authority is the legal authority and responsibility to protect the health, safety, and welfare of its citizens. Tribes have inherent authority, while state and local governments derive their authority from the Constitution. Public Health Authorities have the right to

- ▶ enact and uphold law to protect the health of the community through mandates, environmental regulation, and outbreak investigations, and
- ▶ collect and access health data under [HIPAA](#) to monitor the health of the population to investigate and control disease.

Northwest Tribal Epidemiology Center
Northwest Regional Research Center



*When we
share
knowledge, we
strengthen
Tribal health.*

Data sharing to support Tribal sovereignty



When planning to obtain or share data, it is important to consider how the data will be used, secured, stored, and destroyed.

When sharing public health data, it is important to ensure the data's security to protect Tribal people and communities.

Data sharing agreements (DSAs), sometimes called data use agreements (DUAs), are legal contracts outlining:

- ▶ what data will be shared,
- ▶ how the data will be used,
- ▶ how the data will be shared,
- ▶ ownership of the data,
- ▶ how the data are protected,
- ▶ any actions that must be taken if data are lost or stolen,
- ▶ financial cost, and
- ▶ what happens to the data at the end of the agreement.

When entering into any agreement, be sure to work with your legal counsel to ensure the agreement recognizes and upholds Tribal sovereignty.

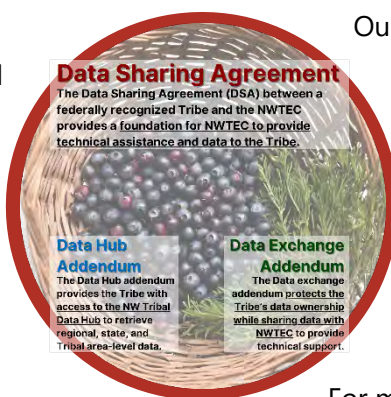
[Tribal Epidemiology Centers](#), like NWTEC, also have limited public health authority to collect data to assist the Tribes we serve.

Our (NWTEC) data sharing agreements are specifically designed to assist Tribes and ensure you have access to the data you need, while protecting and recognizing Tribal sovereignty. We work closely with you to ensure the agreement meets your needs.

For more information and resources, please visit [NativeDATA](#).

You can review our [DSA Overview](#) or contact us to learn more or to initiate an agreement to receive data and/or technical assistance from NWTEC:

- ▶ Email: datahub@npaihb.org
- ▶ Phone: 971.430.2607
- ▶ Website: npaihb.org



NPaiHB
NWTEC



Partner Updates & Resources

Portland Area IHS Communicable Diseases Update

TARA PERTI, MD, MPH
MEDICAL EPIDEMIOLOGIST
IHS, PORTLAND AREA OFFICE
December 16, 2025

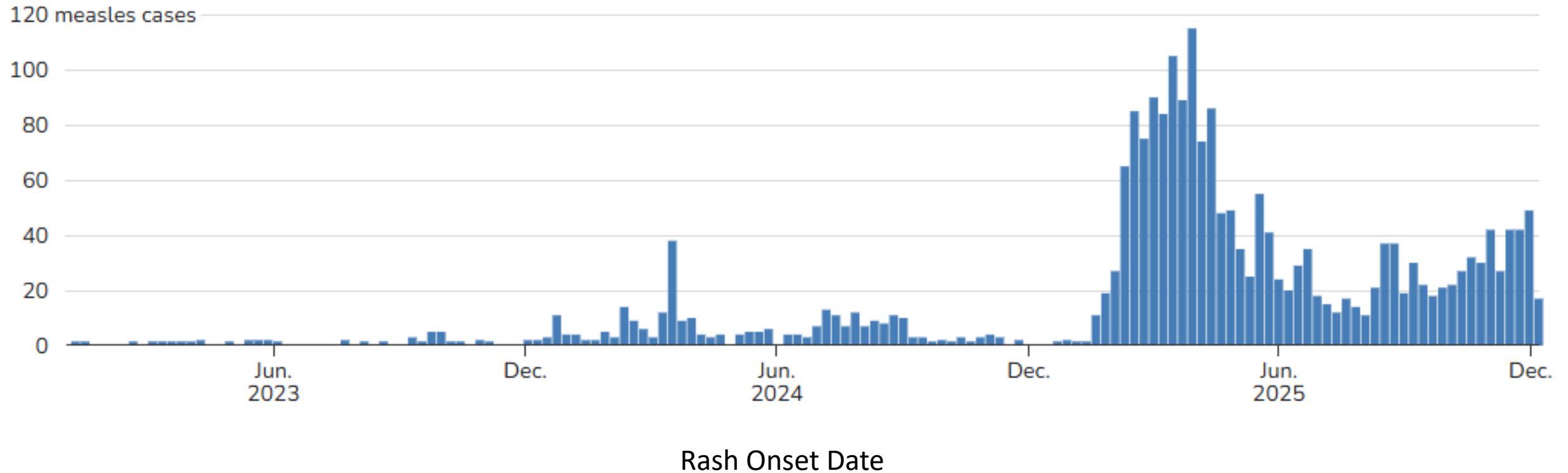


Outline

- Measles
- Respiratory Virus Season (COVID-19, Influenza, RSV) Update

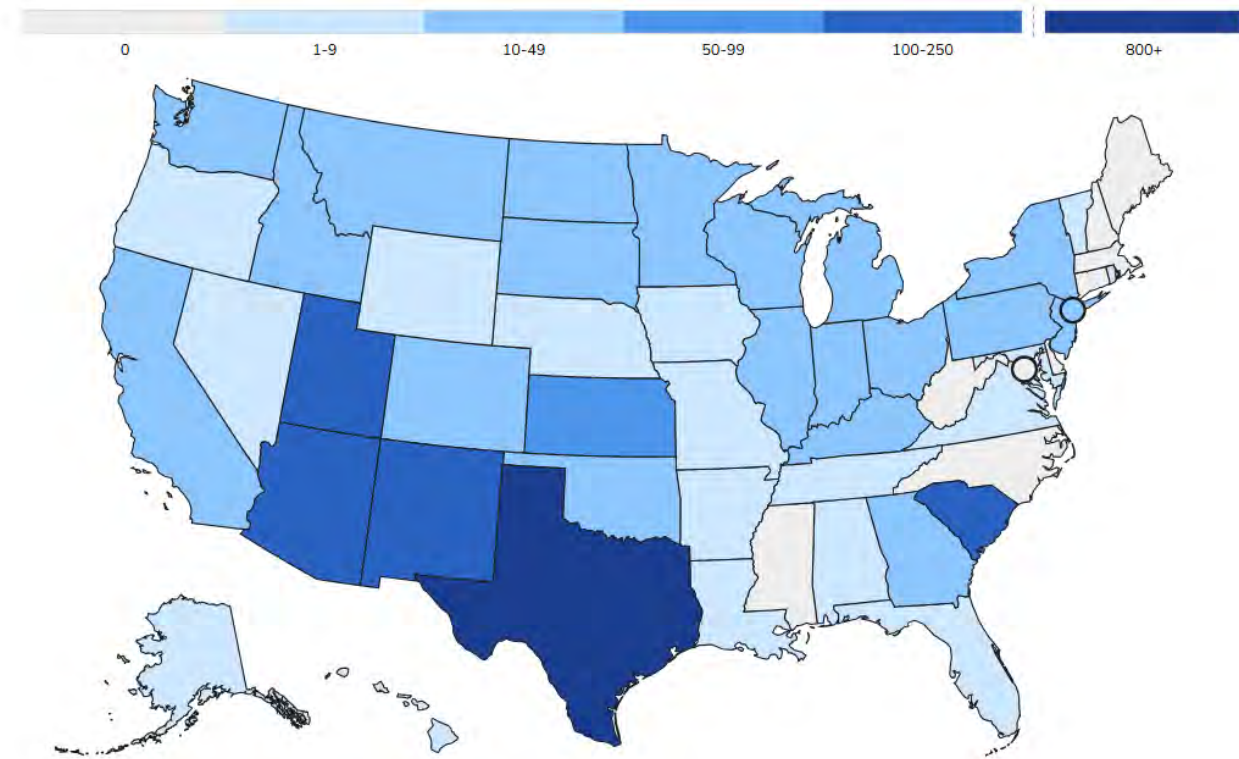
Measles – United States, 2023-2025 (through 12/9)

2023–2025* (as of December 9, 2025)



Measles — United States, 2025

- 1,912 confirmed cases among 42 states through 12/9.
- 88% of cases from one of 47 outbreaks (≥ 3 related cases).
- Age: 26% <5 years-old, 41% 5-19 years-old, 32% ≥ 20 years-old.
- 11% 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 — Washington, 2025 (N=12)*

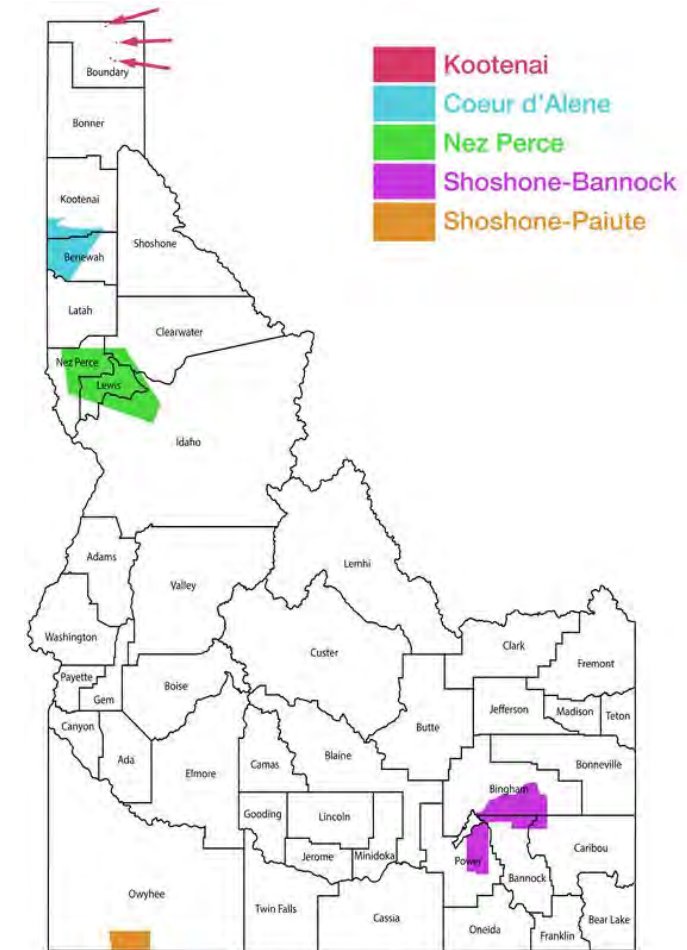
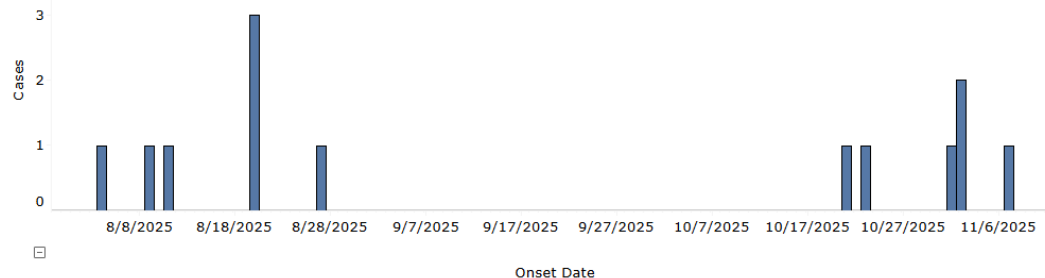
Date Reported	County	Age	Exposure
2/26/25	King	Infant	International Travel
3/17/25	Snohomish	Adult	Linked to 1 st Case
4/1/25	Snohomish	Adult	International Travel
4/4/25	King	Adult	International Travel
4/20/25	King	Infant	International Travel
5/20/25	King	Adult	International Travel
6/20/25	Whatcom	Not 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
8/25/25	Spokane	Not Provided	Linked to Case from North Idaho
10/28/25	King	Adult	Linked to Traveler from Arizona

*On October 17, 2025 Public Health Seattle King County reported that an unvaccinated resident of Arizona was diagnosed with measles. There have also been a total of six cases among travelers to Washington State, who are not residents of Washington State.

Measles — Idaho, 2025 (N=13)

Date Reported	County	Age	Exposure
8/12/25	Kootenai (Panhandle Health District)	Child	Unknown
8/14/25	Bonneville (Eastern Idaho Public Health)	Child	International Traveler (household)
8/20/25	Bonner (Panhandle Health District)	Child	Unknown
~9/12/25	Bonneville (Eastern Idaho Public Health)	4 individuals (details not provided)	Linked to First Case in Bonneville County
10/30/25	Boundary (Panhandle Health District)	Child	Recent travel (details not provided)
~11/10/25	Boundary (Panhandle Health District)	3 additional cases	Same Household
~11/19/25 (last case with illness onset on 11/7)	Boundary (Panhandle Health District)	2 additional cases	Same Household

*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).



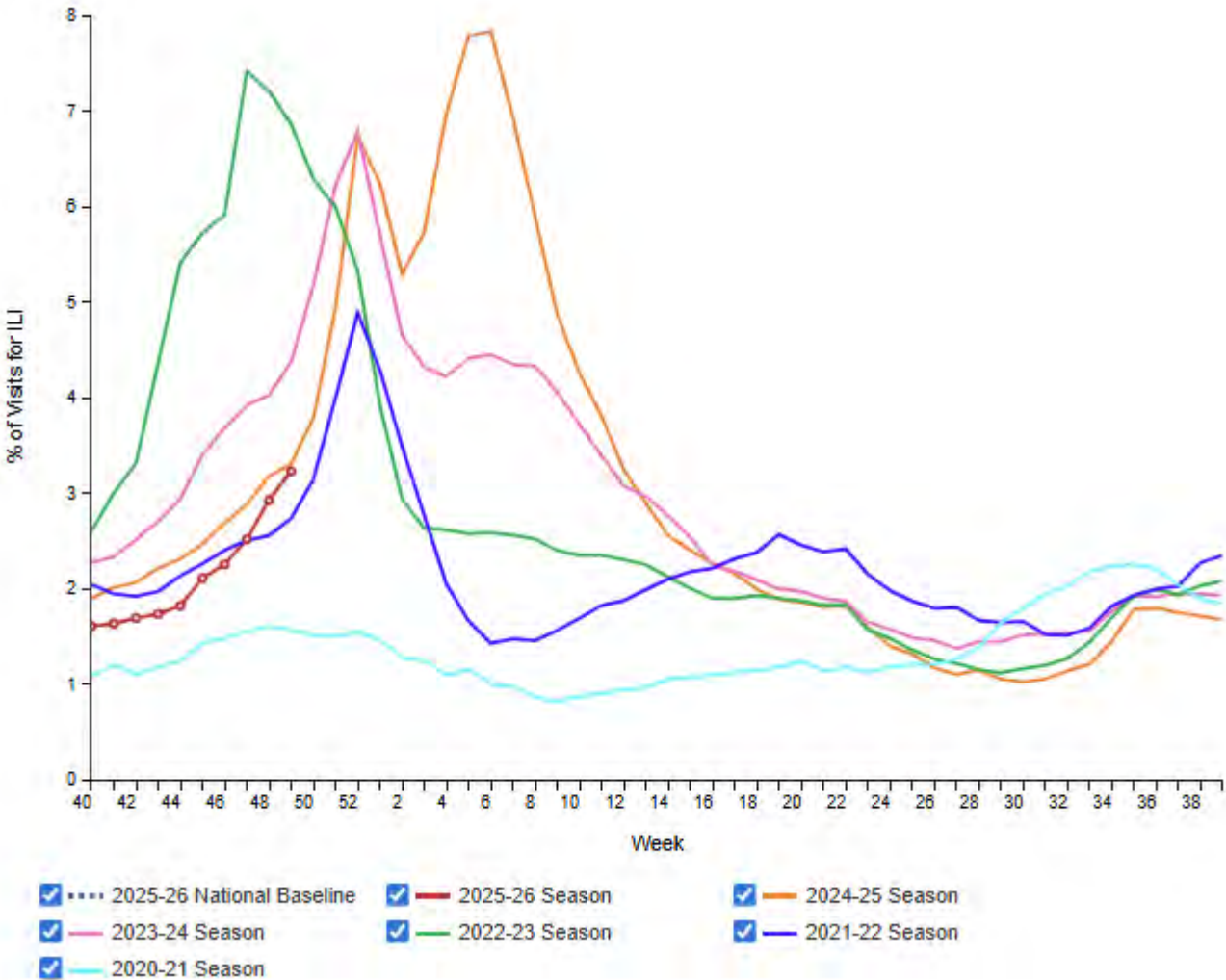
Map of Tribal Lands and Counties in Idaho
Source: PBS Learning Media

Measles — Oregon, 2025 (N=1)

Date Reported	County	Age	Exposure
6/24/25	Multnomah	Not provided	International Travel

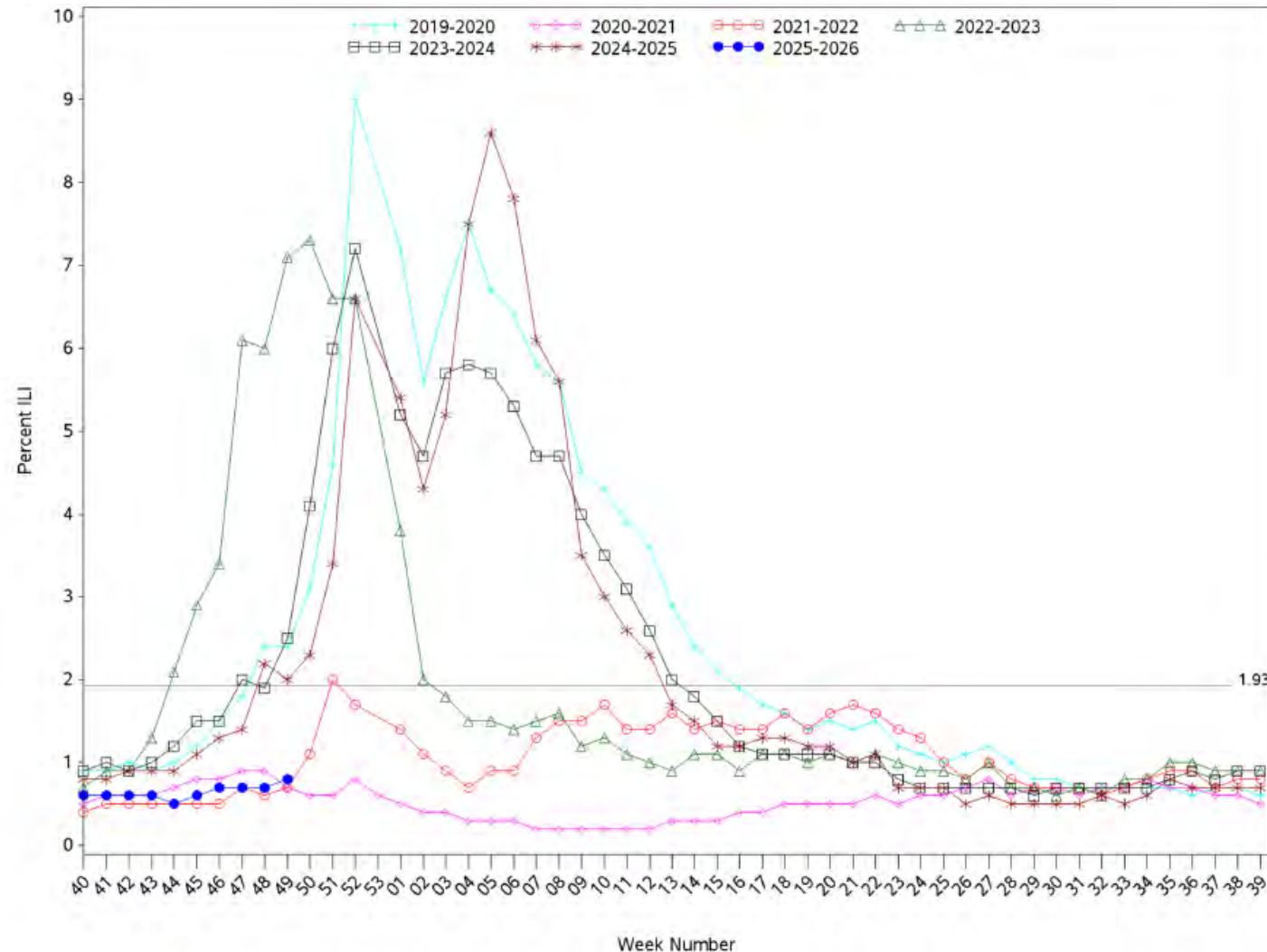
* Measles virus detected in wastewater from Marion County on 10/6/25 and Josephine County on 10/30. No cases reported.

Percentage of Outpatients Visits for Influenza-like Illness (ILI) — United States (through week 49, 12/6/25)



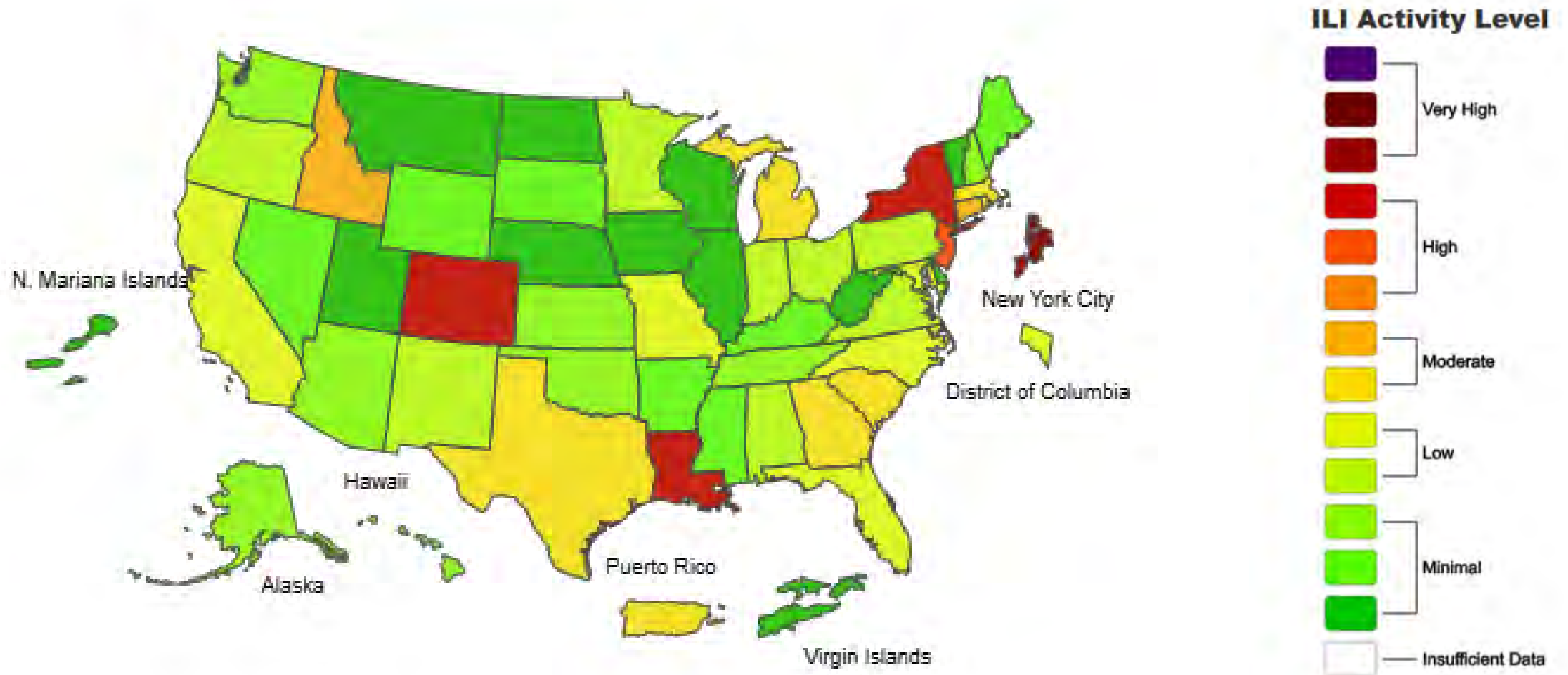
	Influenza Subtyping	
	Week 49	Cumulative for 2025-26 Season
Influenza A	96.0%	95.3%
H3N2	86.0%	79.0% (89% subclade K, 3.1% J.2.4, 4.9% J.2.3)
H1N1	14.0%	21.0%
H5	0	0.1% (one patient)
Influenza B	4.0%	4.7%

Percentage of Outpatients Visits for Influenza-like Illness — IHS (IHS Influenza Awareness System), 2025-26 (through 12/6) and Past Six Seasons

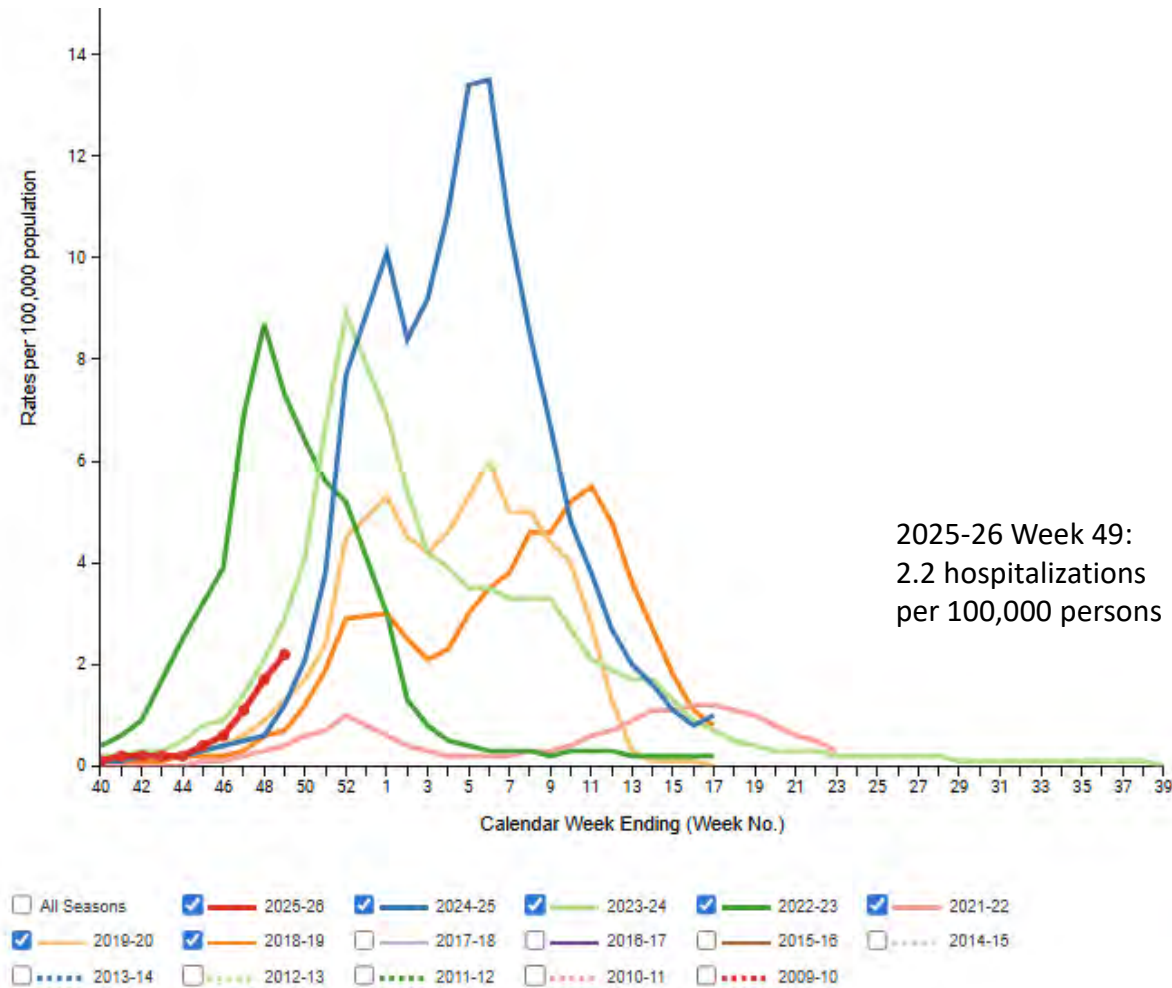


	% ILI Visits Week 49
Portland Area	0.9
National	0.8

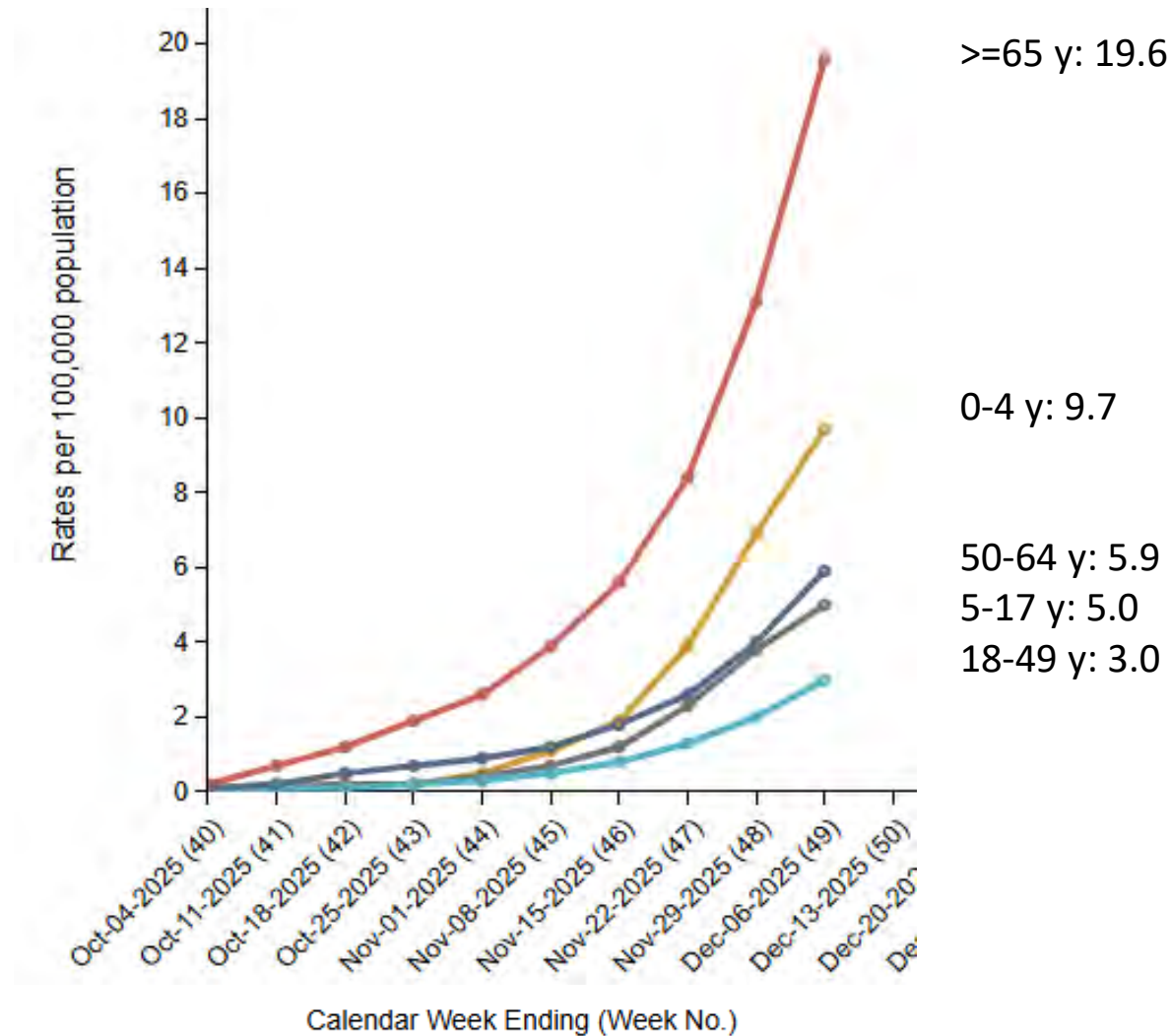
ILI Activity — United States, 2025 (Week 49)



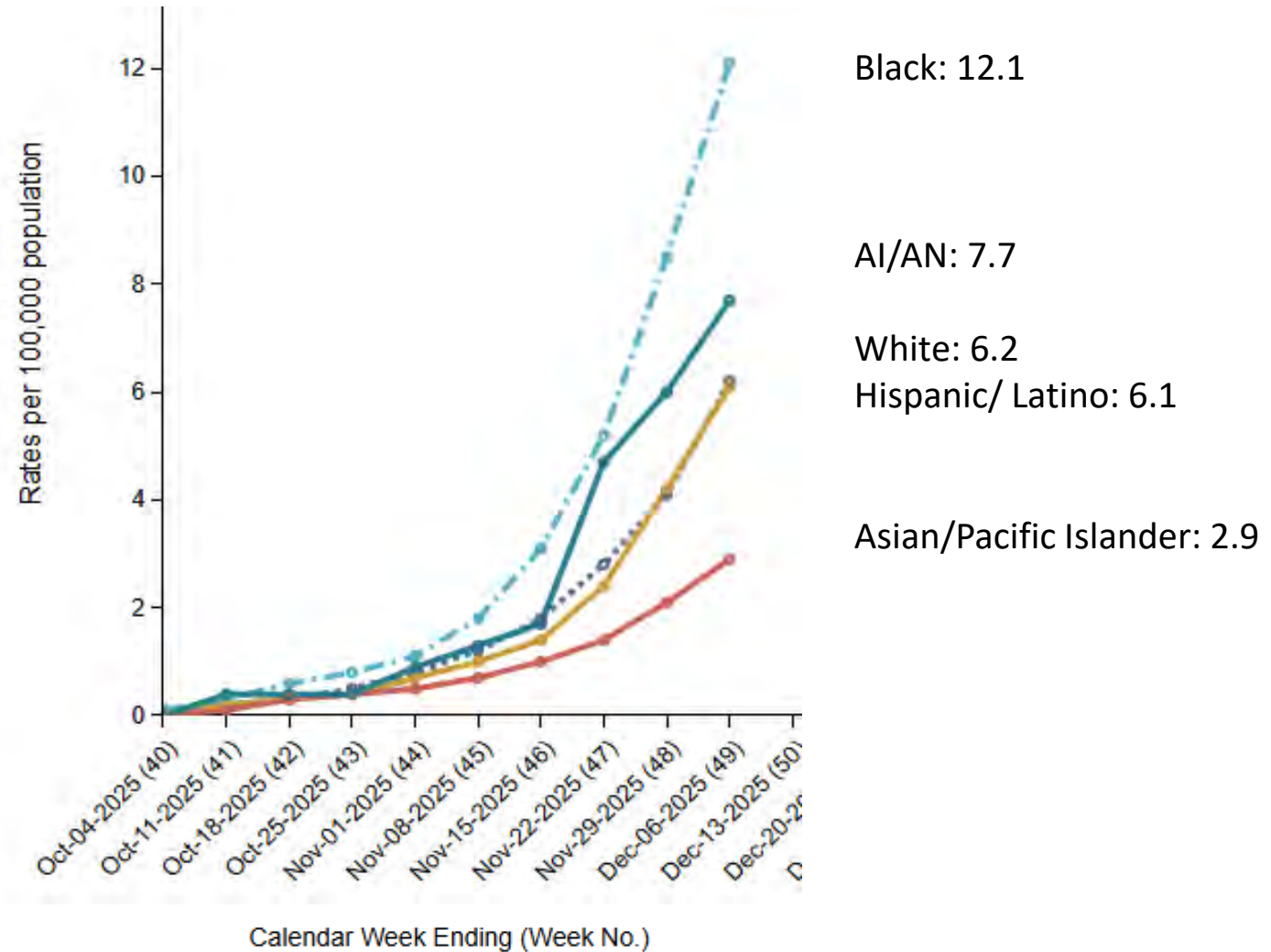
Weekly Hospitalizations Associated with Influenza — United States (FluSurv-Net), 2025-26 (through Week 49)



Cumulative Hospitalizations Associated with Influenza — United States (FluSurv-Net) by Age, 2025-26 (through Week 49)



Cumulative Hospitalizations Associated with Influenza — United States (FluSurv-Net) by Race/Ethnicity, 2025-26 (through Week 49)

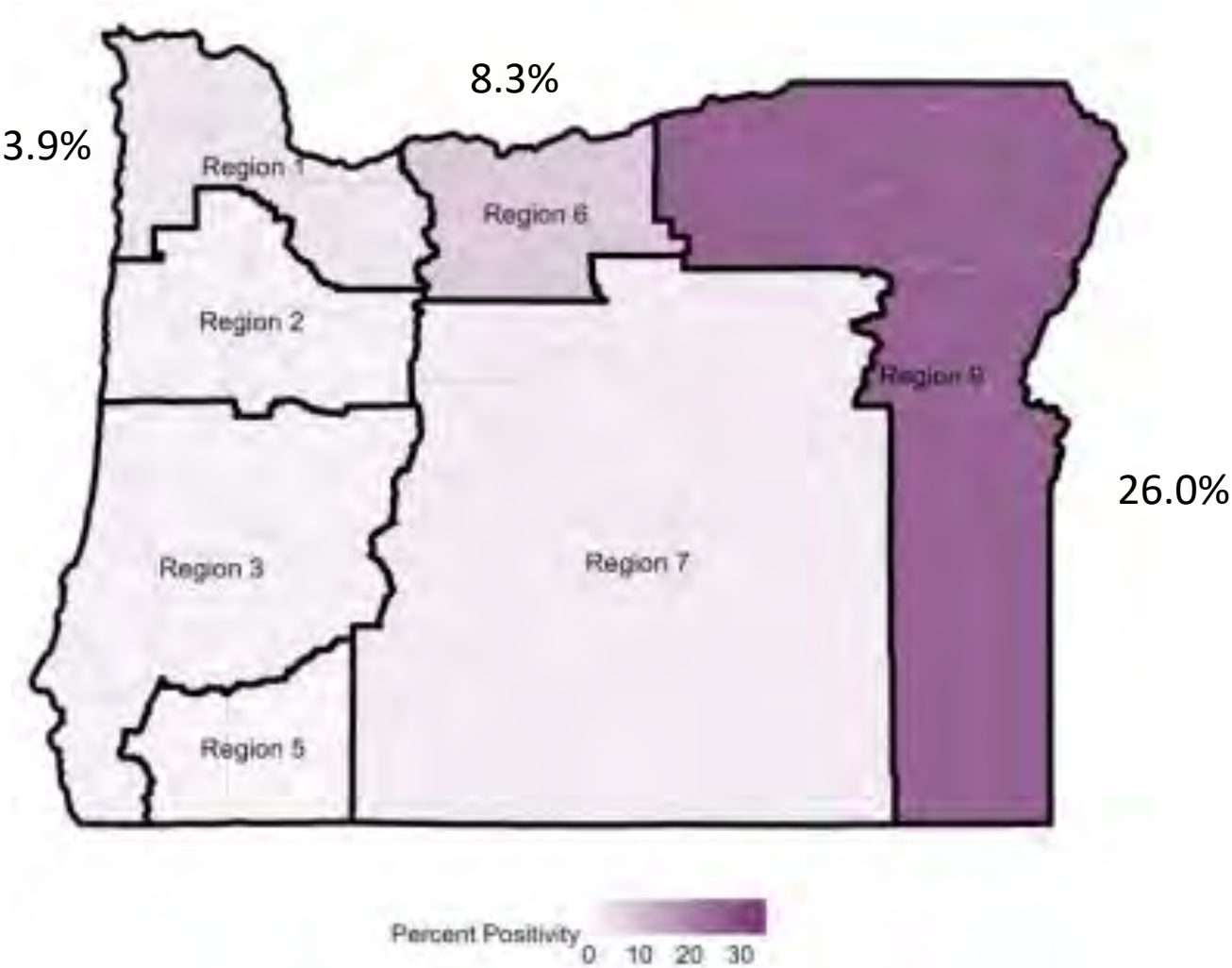


Percent of Tests Positive for Influenza — Oregon, 2025-2026 (through 12/6)

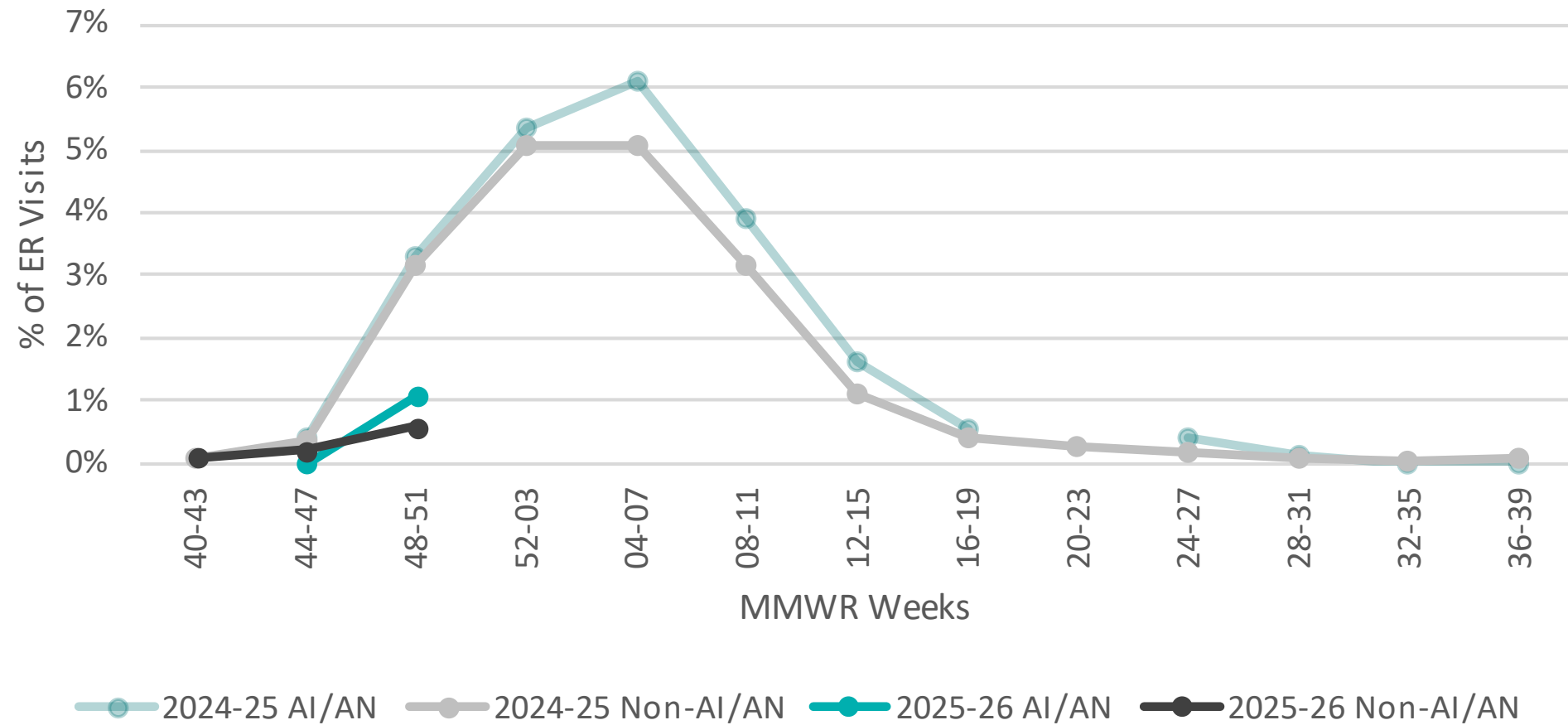
Influenza: 5.0% overall

H1N1: 41.8%
H3N2: 58.2%

(COVID-19: 3.4%; RSV: 0.9%)

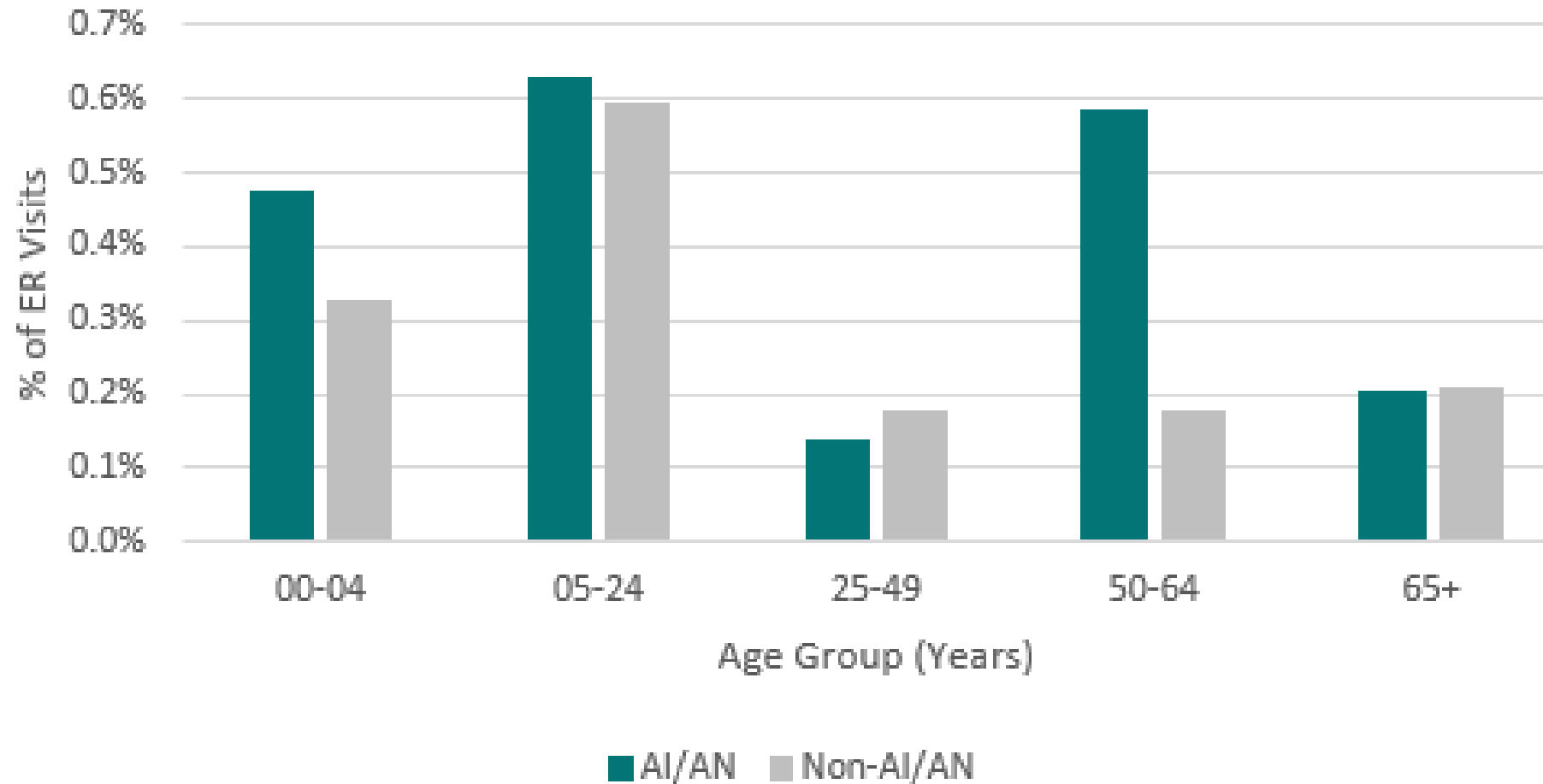


% ER Visits Associated with Influenza, AI/AN vs. non AI/AN — Oregon, 2025-26 vs. Prior Season (through 12/14)



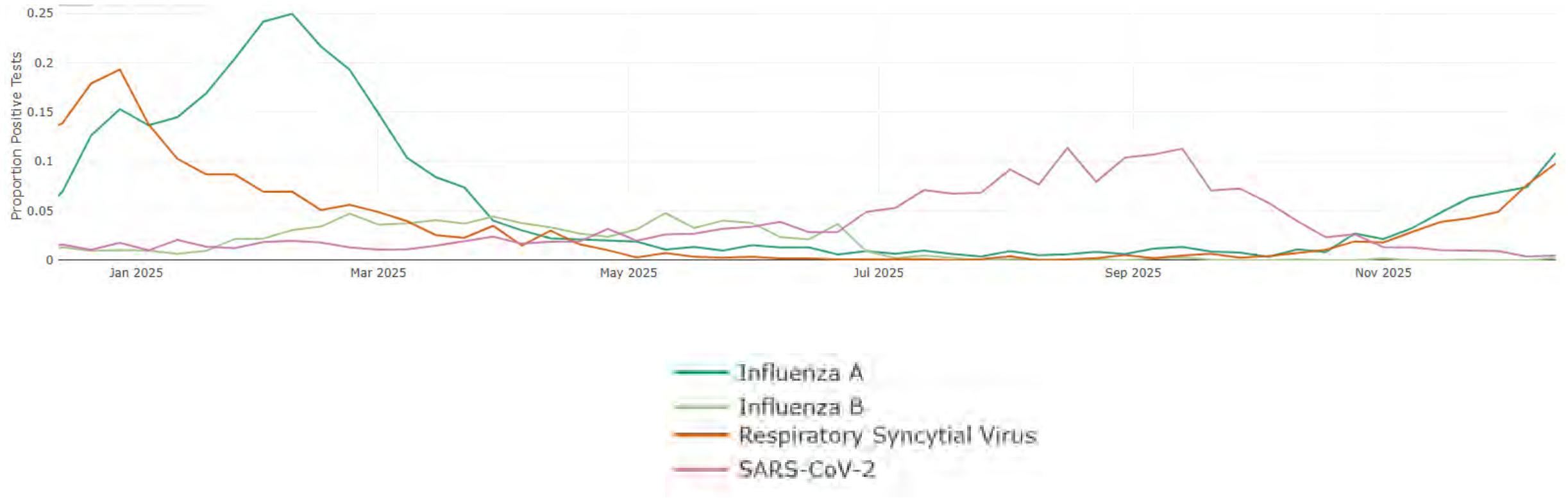
Courtesy Kacey Little, MPH, NPAIHB

% ER Visits Associated with Influenza by Age Group, AI/AN vs. non-AI/AN — Oregon, 2025-26 (through 12/14)

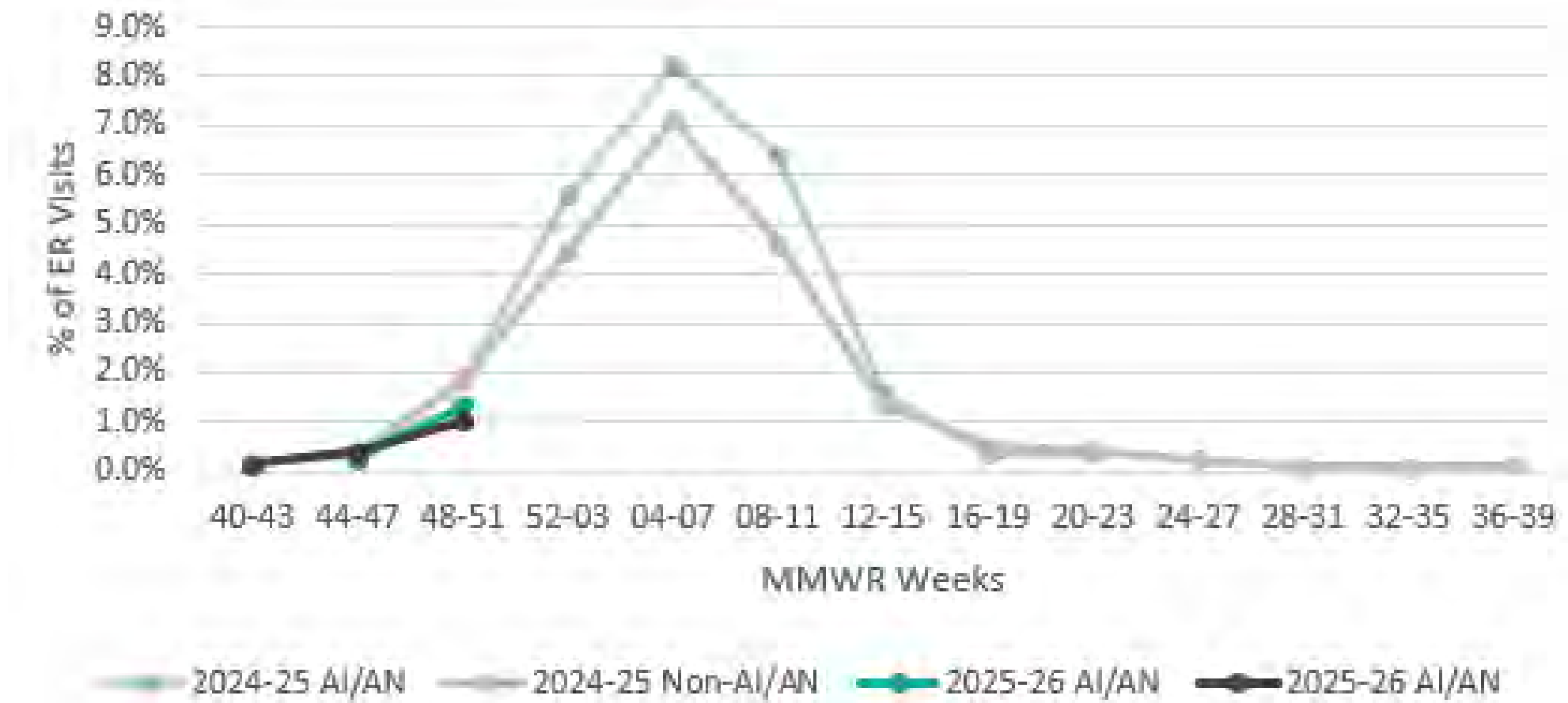


Courtesy Kacey Little, MPH, NPAIHB

Proportion of Tests Positive for COVID-19, Influenza and RSV in the Northwest — University of Washington and Seattle Children's Hospital, 2025 (through 12/13)

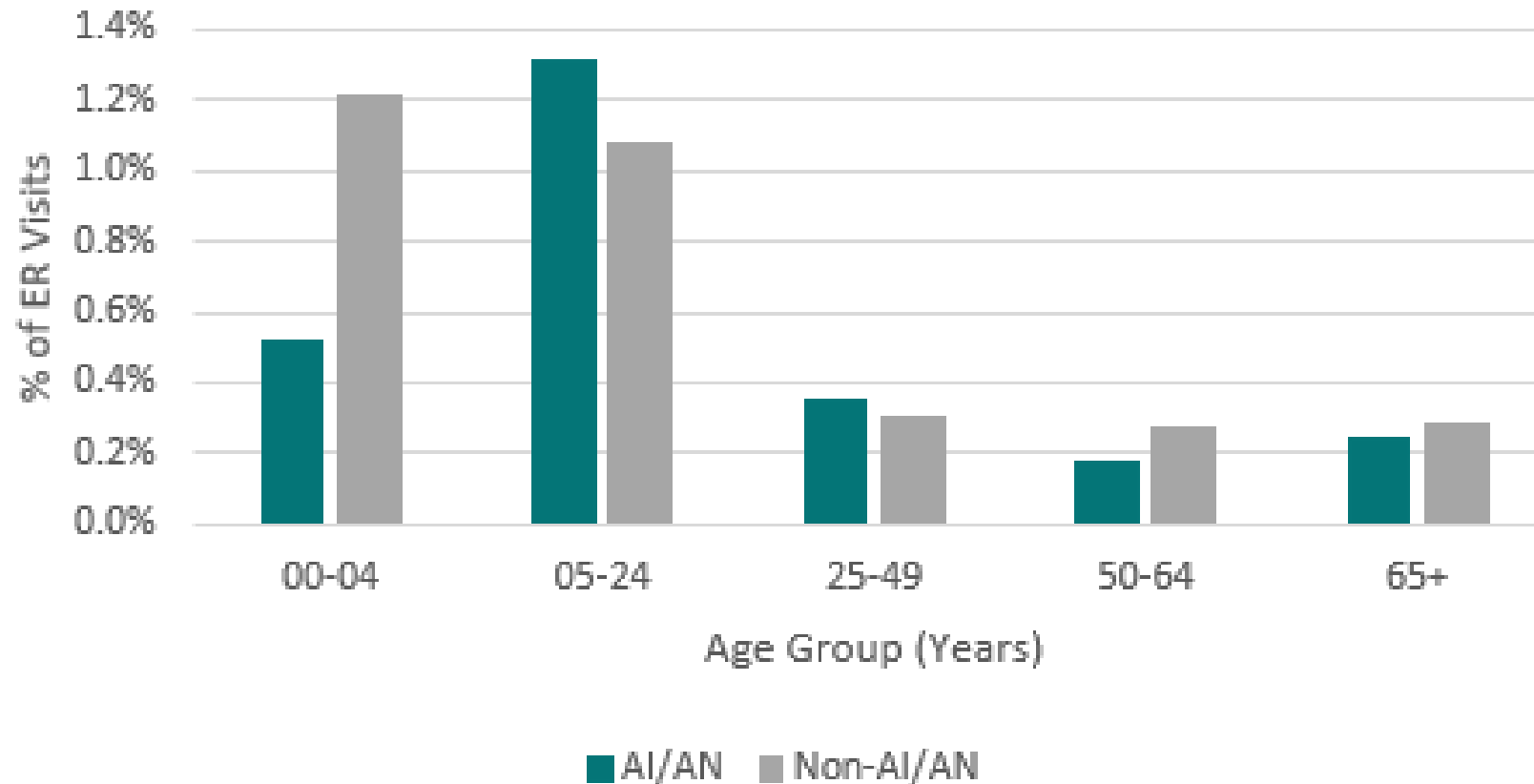


% ER Visits Associated with Influenza, AI/AN vs. non AI/AN — Washington, 2025-26 vs. Prior Season (through 12/14)



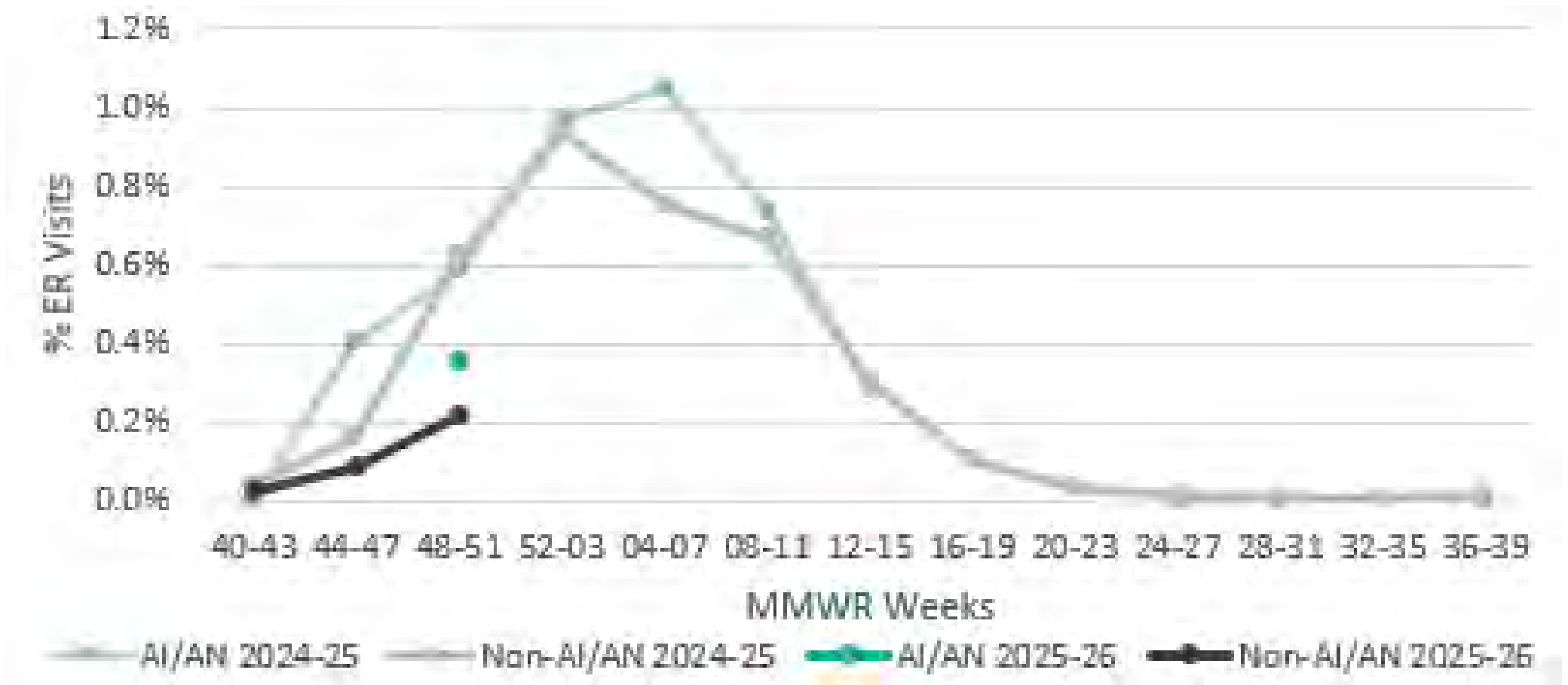
Courtesy Kacey Little, MPH, NPAIHB

% ER Visits Associated with Influenza by Age Group, AI/AN vs. non-AI/AN — Washington, 2025-26 (through 12/14)



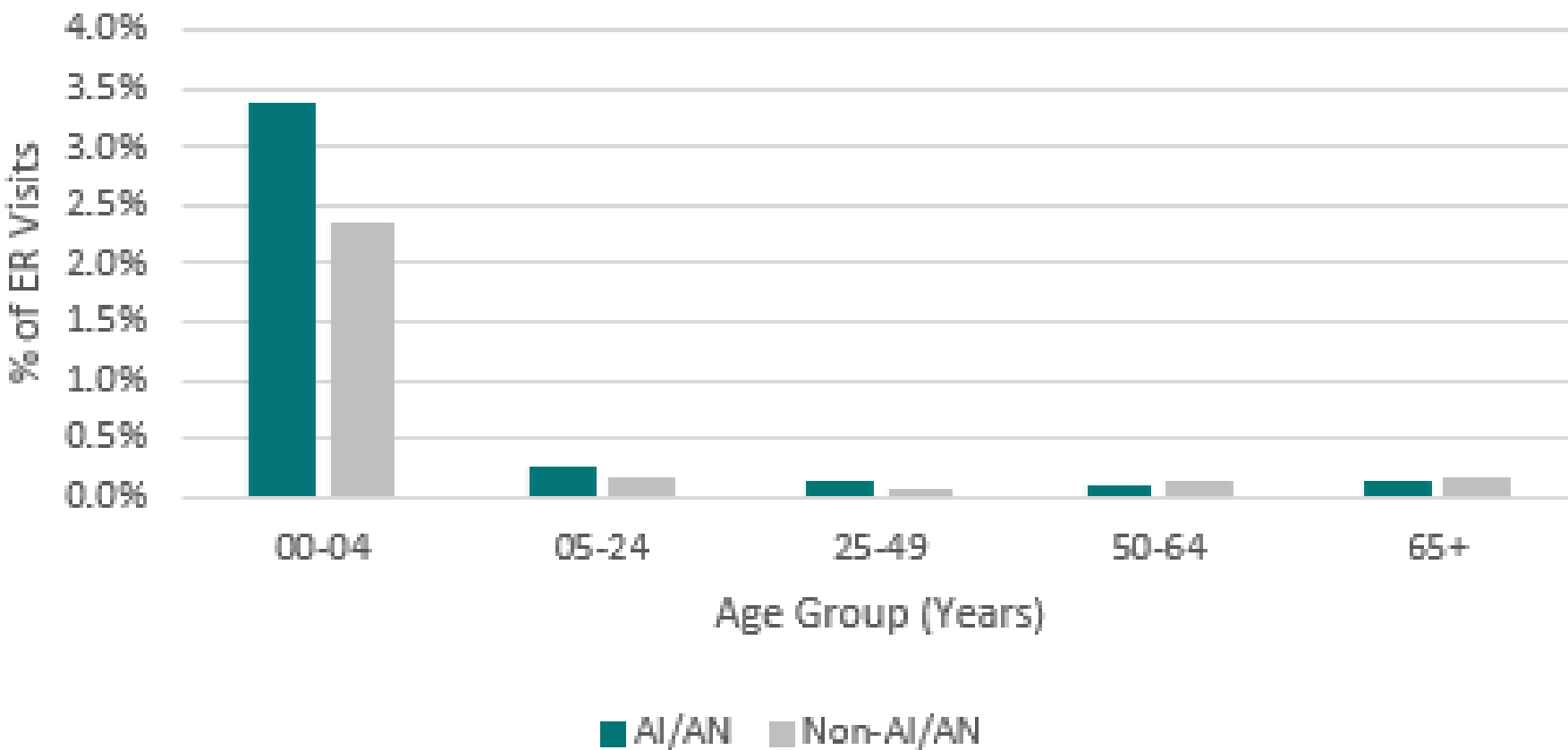
Courtesy Kacey Little, MPH, NPAIHB

% ER Visits Associated with **RSV**, AI/AN vs. non AI/AN — Washington, 2025-26 vs. Prior Season (through 12/14)



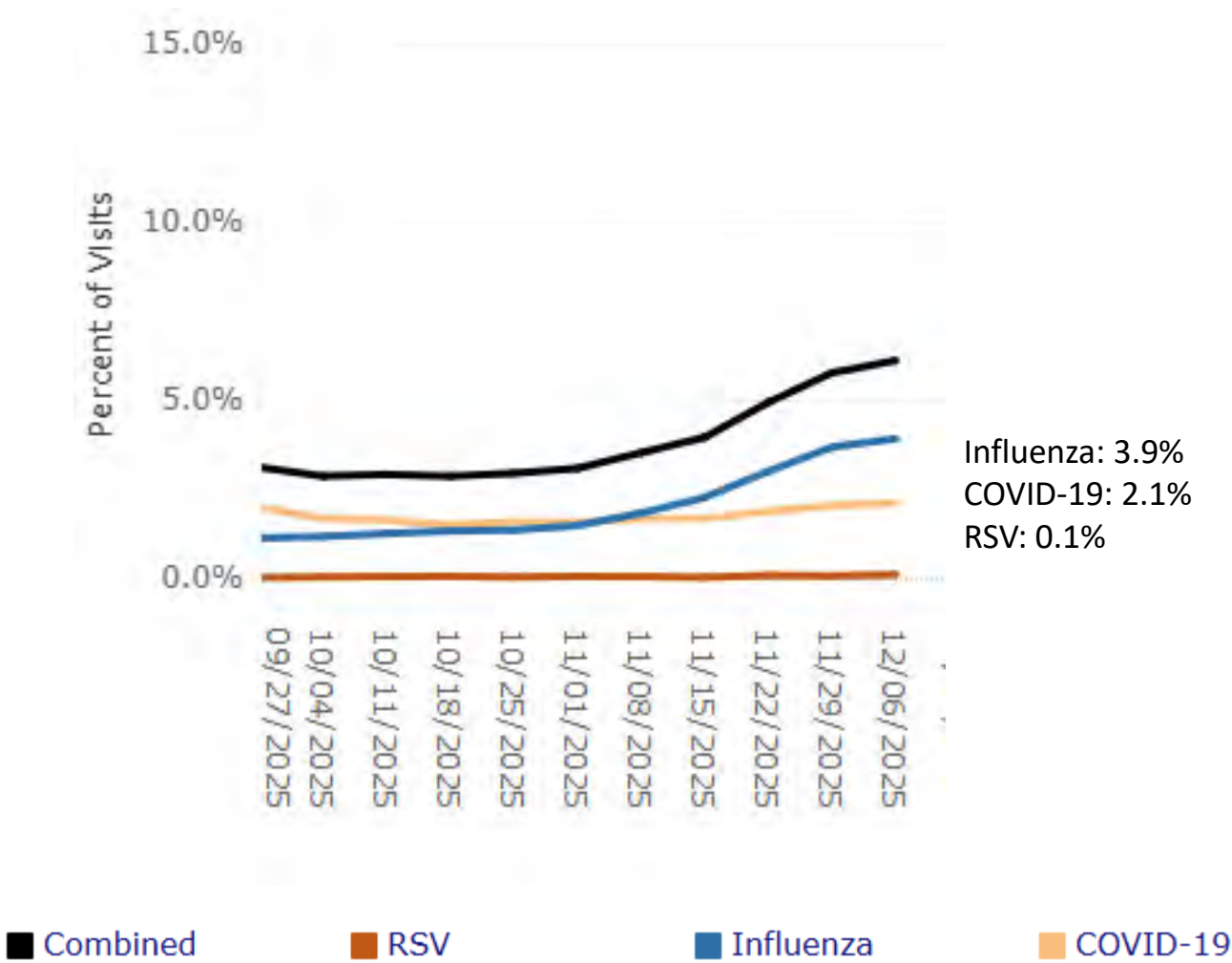
Courtesy Kacey Little, MPH, NPAIHB

% ER Visits Associated with **RSV** by Age Group, AI/AN vs. non-AI/AN — Washington, 2025-26 (through 12/14)



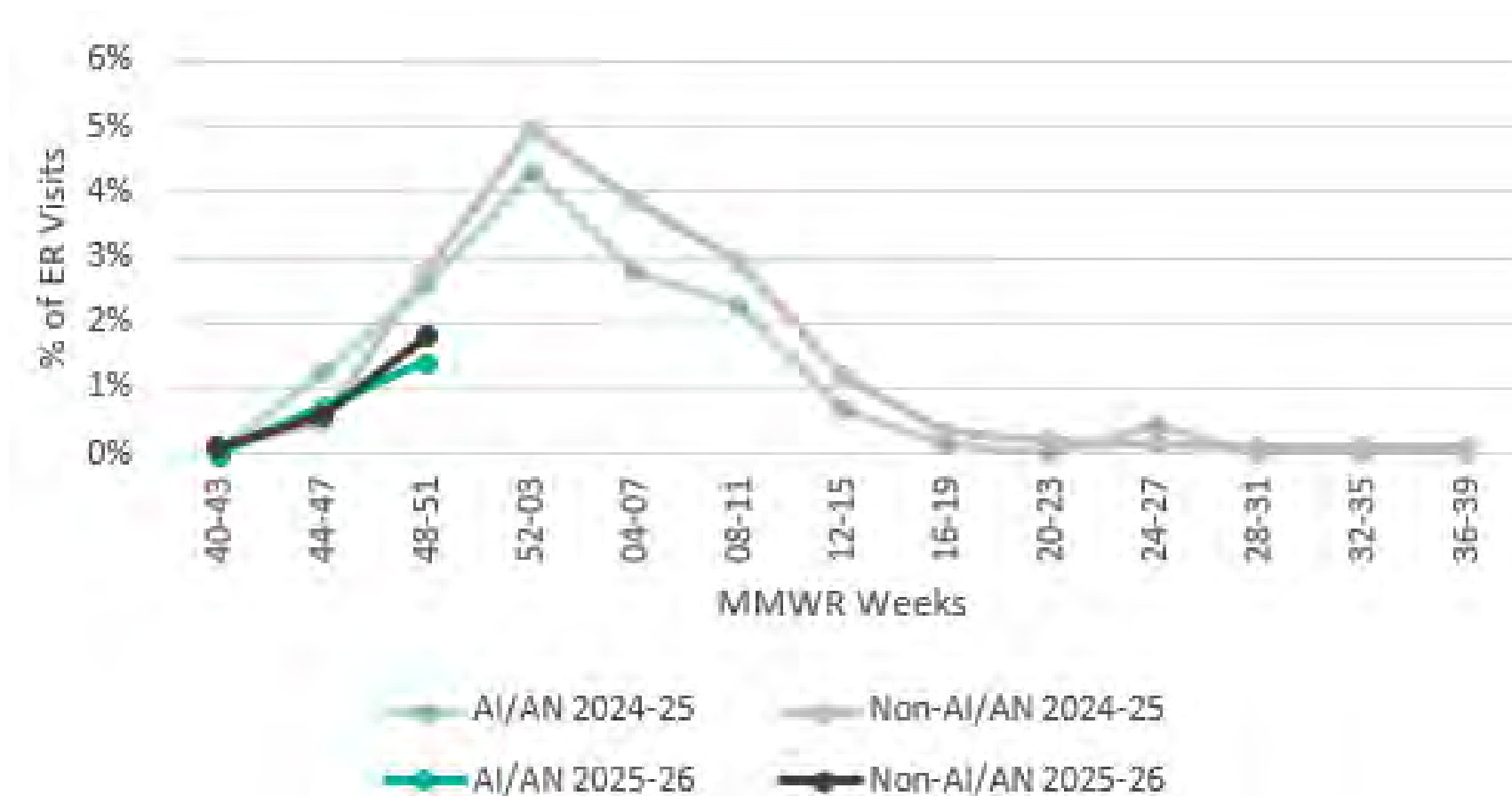
Courtesy Kacey Little, MPH, NPAIHB

Percent of Healthcare Visits for Influenza, COVID-19 and RSV — Idaho, 2025-26 (through 12/6/25)



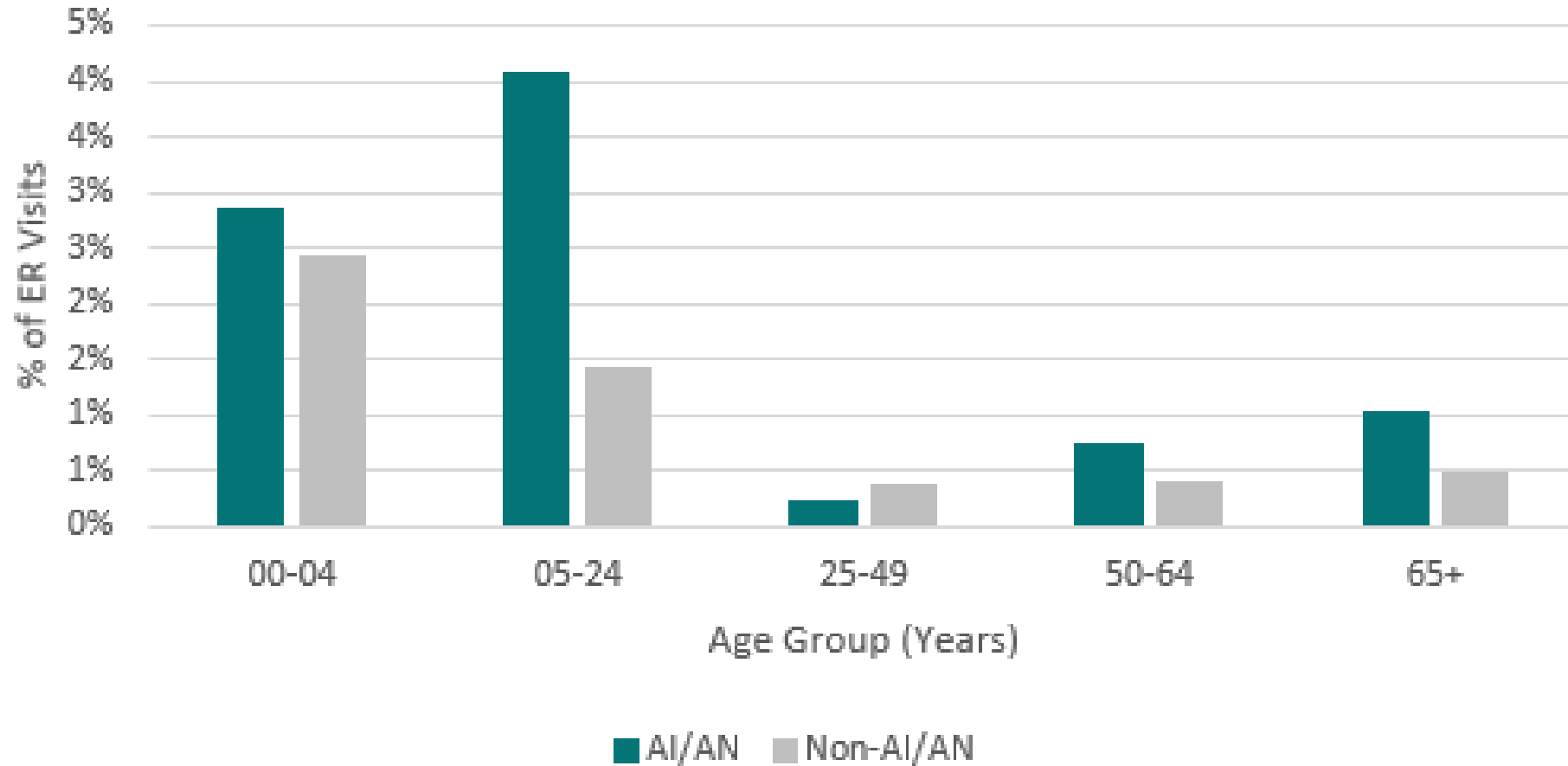
Influenza Subtyping for 2025-26
H1N1: 20.7%
H3N2: 79.3%

% ER Visits Associated with Influenza, AI/AN vs. non AI/AN — Idaho, 2025-26 vs. Prior Season (through 12/14)



Courtesy Kacey Little, MPH, NPAIHB

% ER Visits Associated with Influenza by Age Group, AI/AN vs. non-AI/AN — Idaho, 2025-26 (through 12/14)



Courtesy Kacey Little, MPH, NPAIHB

Influenza Immunization Rates – IHS, Portland Area vs. Nationally, 2025-26 (through 12/6/25)

Age Group	% Vaccinated Portland Area	% Vaccinated Nationally
6 mo – 17 years	9.2	16.3
18+ years	19.0	21.5
65 + years	40.3	39.9
Overall (6 months +)	16.4	20.0

* % Vaccinated with at least one dose

**These rates do not include vaccinations obtained from other facilities unless they have been manually added to the patient's record

Percent of People Vaccinated for Influenza, COVID-19 and RSV by Race/Ethnicity — Washington State , 2025-26 (through 12/8)

	AI/AN	Asian	Black	Hispanic/ Latino	NHPI	White
Influenza (6 months or older)	19.9%	27.5%	16.5%	12.7%	16.4%	22.7%
COVID-19 (6 months or older)	8.5%	10.7%	6.6%	3.5%	4.9%	12.9%
RSV (75 years or older)	38.0%	32.4%	30.7%	25.1%	44.3%	38.9%

Summary

- Measles: No new cases in the Portland Area. Idaho: 13 cases. Washington: 12 cases. Oregon: 1 case. US: 1,912 measles cases in 42 states (through 12/9) with 3 deaths. 92% unvaccinated or with unknown vaccination status.
- Influenza
 - Increasing levels of influenza activity in the U.S. and Portland Area
 - Whereas patients 65 years+ are more likely to be hospitalized due to influenza, younger age groups have the highest % of ER visits
 - Influenza H3N2 is predominant; the H3N2 component of the 2025-26 influenza vaccine is not a good match with most of H3N2 viruses circulating nationally (subclade K, as well as J.2.3 and J.2.4).
- RSV: Increasing in WA
- COVID-19: Low levels of activity currently.
- AI/AN have a higher risk of more severe disease due to influenza, COVID-19, and RSV, yet vaccination coverage is limited [Influenza: 15.5% for Portland Area IHS (11/29), for WA (as of 12/8): Influenza, 19.9%; COVID-19, 8.5%; RSV (age 75+), 38.0%].
- Vaccine effectiveness (VE) for influenza may be lower this season due to mismatch of the H3N2 component with circulating H3N2 viruses (vaccines are still important as they can still decrease risk of severe illness/hospitalization, offer protection from other subtypes (i.e. H1N1, Influenza B), and protect the community: when VE is lower, higher levels of coverage are required to prevent the spread of influenza.
- There is still a window of opportunity now to vaccinate against influenza, COVID-19, and RSV prior to increased respiratory virus activity.

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. It is particularly important to ensure patients are immunized now, before holiday gatherings, as we are seeing increases in influenza and RSV.
- Vaccinating healthy children and young adults, in whom flu vaccines are more effective, can decrease the risk of illness, and it can also decrease the spread of flu to Elders and those with weakened immune systems – this is particularly important for multi-generational households.
- 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).
- Wash hands regularly, clean high-touch areas frequently.
- Counsel patients regarding what to do when they're sick:
 - Stay home and away from other people you live with when you have symptoms of a cold. You can resume your normal activities when you feel better and have not had a fever for at least 24 hours, but continue to distance from others and wear a mask when around others for the next 5 days.
 - Seek health care as soon as possible after developing symptoms (e.g. fevers, body aches, cough, fatigue) as treatment for influenza and COVID-19 are most effective when given early.
 - When coughing/sneezing cover your mouth/nose with a tissue or your sleeve and wash your hands afterwards.
- Ask patients with influenza A about exposures to wild and domestic animals (e.g. backyard flocks, cats, wild birds, commercial poultry/livestock operations) and animal products (e.g. raw dairy products, poultry, raw pet food). If risk factors present, specimens should be sent for subtyping (e.g. State PHL or Quest, Labcorp, ARUP). All specimens from hospitalized patients with influenza A should be sent for subtyping. Precautions for avian influenza: Standard, contact, and airborne with eye protection.
- Ensure anyone traveling internationally (e.g. Mexico and Canada) or to a community with an outbreak without presumptive evidence of measles immunity are vaccinated at least 2 weeks prior to travel (those ≥ 12 months old: 2 doses at least 28 days apart, infants ≥ 6 months old: 1 dose (revaccinated with 2 dose series starting at 12 months)).

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 to access the vaccine resource folder

(while website is down; in the future, resources will be available at indiancountryecho.org).

Johns Hopkins Center for Indigenous Health. Knowledge Center: Resource Library

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; Protecting Babies from RSV: What You should Know; RSV & Adults: What You Should Know); Influenza: What You Should Know).

Boost Oregon: Videos and Resources

Personal Testimonies: Families Fighting Flu: Our Stories

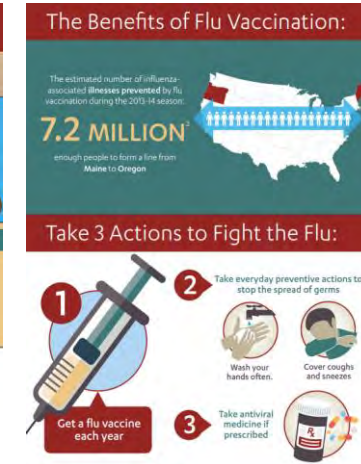
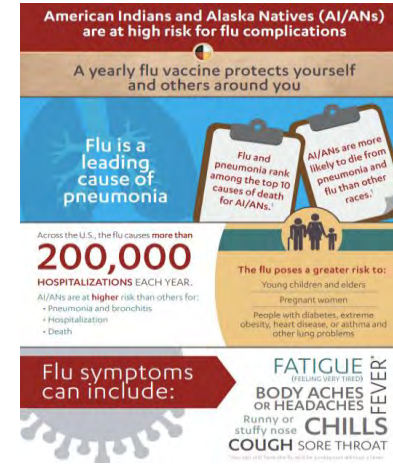
Washington State Department of Health: Flu Overview; Materials and Resources; Influenza (Flu) Information for Public Health and Healthcare

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; RSV



Examples of Patient Education Resources from the Northwest Portland Area Indian Health Board (NPAIHB)



Vaccination information for Natives by Natives

COVID-19 Vaccine

We have many ways to optimize our health and improve our lives. Vaccines are just one way we can protect ourselves from serious illnesses, like COVID-19 and the impacts of long COVID.

This handout is designed to help you understand COVID-19 and COVID-19 vaccines, so you can take care of yourself, your family, and your community.

“As a Crow Tribal member, we did lose a lot of Elders during the COVID pandemic, especially before vaccines... Now, we are social gathering, and we are lost without these Elders... When we get vaccinated, we are protecting our Elders and our culture. We have to protect our people. And vaccines do help with that. Even if your body is strong and healthy, it's still important to get vaccinated.”

— Lana Schandee, Elder and Crow Tribal Member

Common COVID-19 Symptoms

COVID-19 is a virus that attacks your whole body and causes some or all of these:

- Fever
- Cough
- Loss of taste and smell
- Headaches
- Shortness of breath
- Sore throat
- Congestion
- Sore throat

COVID-19 can also result in hospitalization and death, especially for those more vulnerable, like people with certain medical conditions and Elders. It can also result in a range of ongoing health problems – including long COVID – that can last weeks, months, or even years.

How COVID-19 Spreads

COVID-19 spreads through droplets in the air when a person with the virus coughs, sneezes, speaks, sings, or breathes. It can also spread through objects someone with the virus touches, sneezes, or coughs on. The virus can enter your body when you touch these objects and then touch your mouth, nose, or eyes.

How to Protect Yourself

To be fully vaccinated against COVID-19, you need to complete the vaccine series and get boosted. For most people, the vaccine series consists of two shots. You get the first shot, then the second one about 25 days later. Five months after completing the vaccine series, you get boosted. We may also need additional boosters after that. Why? Booster shots contain the most up-to-date instructions for fighting against the latest versions of COVID-19.

How the Shots Work

Within our bodies, each of us has warrior cells that stand guard and attack diseases. When we get the COVID-19 shots, the ingredients tell our warrior cells how to recognize and fight COVID-19. That's why if you get the COVID-19 vaccine series and get boosted, you are less likely to get sick with COVID-19. It can also reduce the seriousness of illness if you happen to get sick.

Shot Side Effects

You may experience side effects from the COVID-19 shots. This does not mean you are getting sick with COVID-19. Most side effects are mild and go away within a few days. Mild side effects are a good sign that your warrior cells are preparing to recognize and fight COVID-19.

Common side effects of the COVID-19 shots include:

- Soreness, redness, or swelling where you got the shot
- Fatigue
- Muscle aches
- Headache

Shot Safety

Millions of Americans have safely received the COVID-19 shots. This includes American Indians and Alaska Natives. Like all vaccines in the U.S., the COVID-19 shots are monitored for safety.

Who Should Get Vaccinated

Generally, anyone 6 months and older should get vaccinated against COVID-19, including pregnant people. For more information, talk to your provider.

Where to Get Vaccinated

To get vaccinated contact your local Tribal clinic, IHS facility, or visit a local pharmacy or clinic.

Vaccinative

This handout was developed by Vaccinative – a project dedicated to creating accurate vaccine information for Native people by Native people. We do this by gathering info from trusted Elders, Native health professionals, and other experts.

All of our materials are reviewed by the Vaccinative Alliance, a collaboration of staff from Tribal Epidemiology Centers across the nation.

Additional Information

For additional information, including info on long COVID, check out www.IndianCountryCHO.org/Vaccinative. For questions, contact us at Vaccinative@npaihb.org.

“We work together, using modern and traditional medicines to help keep our tribe safe from COVID-19. I got vaccinated to protect my family, my kids, and I from COVID-19. COVID vaccines are safe, and the benefits of getting a COVID vaccine outweigh the risk of getting COVID-19 infection.”

— Dr. Frank Anashkin, M.D. (LTS), Elder and Clinician, UPR Eastern Inland Tribal Clinic, medical Director and Treaty Medicine Physician



Vaccination information for Natives by Natives

Vaccines When You Are Pregnant or Breast/Chestfeeding

Pregnancy and parenthood are sacred times when we make plans to care for ourselves and our babies. Part of this preparation includes keeping up to date on our vaccines.

While getting vaccinated is always something to discuss with your health provider, there are some important things to consider if you are pregnant or breast/chestfeeding.

How Vaccines Work

Within our bodies, each of us has warrior cells that stand guard and attack diseases. Vaccines help our warrior cells see and fight disease. For example, when we get the flu shot, the ingredients in the shot tell our warrior cells how to recognize and fight the flu. That's why if you get a flu shot, you are less likely to get sick with the flu. Getting vaccinated can also reduce the seriousness of illness if you happen to get sick.

Vaccines Protect You and Baby During Pregnancy

When you get vaccinated during pregnancy and your warrior cells learn to recognize and fight a particular illness, this information gets shared with your unborn baby. However, the protection offered to your baby starts to fade in the weeks and months after birth. That's why it's important to talk with your health provider about what vaccines both you and your newborn need to stay healthy.

Vaccines to Get When You're Pregnant

Several vaccines are recommended for pregnant people. These include:

- Tdap (whooping cough) vaccine
- Flu vaccine
- COVID-19 vaccine

Depending on your history, you and your doctor may decide that you need additional vaccines.

“As a new parent, I know that I'm not only responsible for my health, but for my baby's health too. Making sure our whole family is up to date on our vaccines gives me peace of mind that we are all doing what we can to stay healthy. I also feel like I am honoring our ancestors who did not always have access to these medicines.”

— Tame Eagle Staff, Musqueam & Ogishla Lakota, Northern Anishinabe, and Northern Cheyenne, Project Manager at the Northwest Portland Area Indian Health Board



Vaccination information for Natives by Natives

Vaccines When You Are Pregnant or Breast/Chestfeeding

Breast/chestfeeding is one of the best ways to nourish, comfort, and connect with your baby. When you are vaccinated, breast/chestfeeding can also help you pass on important instructions for recognizing and fighting serious illnesses, like COVID-19. Likewise, getting vaccinated as a new parent makes it less likely that you will get sick and make your baby sick.

Talk with your health provider to learn what specific vaccines are recommended for you while you are breast/chestfeeding.

“One of the most common questions I get asked from many new parents and parents-to-be is whether it is safe to get vaccinated. The short answer is yes! You just need to check in with your health provider.”

— Dr. Lindsay Scott, M.D., Medical Provider and Treaty Medicine Tribal Member

The Choice is Yours

As you think about getting vaccinated, read up and bring any questions or concerns you have to your health provider. They can talk with you and help explain why certain vaccines are safe and effective and which vaccines you may want to temporarily avoid. They will also share other tools to keep you and your family healthy.

Where to Get Vaccinated

To get vaccinated contact your local Tribal clinic, IHS facility, or visit a local pharmacy or clinic.


Vaccinative

This handout was developed by Vaccinative – a campaign dedicated to creating accurate vaccine information for Native people by Native people. We do this by gathering info from trusted Elders, Native health professionals, and other experts.

All of our materials are reviewed by the Vaccinative Alliance, a collaboration of staff from Tribal Epidemiology Centers across the nation.

Additional Information

For additional information, check out www.IndianCountryCHO.org/Vaccinative. For questions, contact us at Vaccinative@npaihb.org.



Protecting Your Kids from Respiratory Illnesses

Respiratory illnesses like whooping cough, pertussis, flu, RSV, and COVID-19 can be extremely dangerous for kids.

Who Should Get Vaccinated

Whooping Cough (C101/P101)	Babies 2 mos., 4 mos., and 6 mos. AND kids 4 yrs. and 6 yrs. old
Pertussis	Babies 2 mos., 4 mos., and 6 mos. AND kids 4 yrs. and 6 yrs. old
RSV	Babies less than 6 mos. old AND kids 6 yrs. and older
COVID & Flu	Everyone 6 mos. and older every year

Why Buggy Bats?

COVID and flu quickly change from their look. We need updated vaccines, so our bodies know how to fight these diseases.


Vaccines are Safe

Science and studies are clear. People are more likely to get sick by ignoring plans than by getting vaccinated to stay healthy.

Don't Have Regrets

Thousands of kids are getting vaccinated. Missing vaccines puts your child in and others at risk for serious illness.

Learn more www.IndianCountryCHO.org/Respiratory



NPAIHB: For access to the vaccine resource folder, email vaccinative@npaihb.org (while website is down; in the future, resources will be available at indiancountryecho.org).

Prevention of Health Risks After Flooding: Resources

Safety guidelines:

[Safety Guidelines: Floodwater | Floods | CDC](#)
[Floods | Washington State Department of Health](#)

How to disinfect wells after an emergency:

[How to Disinfect Wells After an Emergency | Water, Sanitation, and Hygiene \(WASH\)-related Emergencies and Outbreaks | CDC](#)
WADOH: [Emergency Disinfection of Small Water Systems](#)
[Yakima Health District: Disinfecting Your Well](#)

Prevention of diarrheal disease/enteric infections: <https://www.cdc.gov/water-emergency/media/pdfs/preventing-diarrheal-illness-after-disaster-english-H.pdf>

Wound care: <https://www.cdc.gov/disasters/hurricanes/pdf/woundcare.pdf>

Clean-up:

[Guidelines for Cleaning Safely After a Disaster | Natural Disasters | CDC](#)
[Flood Cleanup | Washington State Department of Health](#)
[Sewage Spills: Cleaning Them Up | Washington State Department of Health](#)
[Floods: Cleaning a Basement | Washington State Department of Health](#)

Mold: [Homeowner's and Renter's Guide to Mold Cleanup After Disasters](#)

Additional fact sheets:

[Communication Resources for Safe Water Use and Hygiene During Emergencies | Water, Sanitation, and Hygiene \(WASH\)-related Emergencies and Outbreaks | CDC](#)
[Floods: Be Prepared, Be Safe | Washington State Department of Health](#)

PSAs: [Public Service Announcements \(PSAs\) for Disasters | Natural Disasters | CDC](#)



CVP and AVP Emergency Guidance and Vaccine Support During Extreme Weather

We hope everyone is safe and well during this period of intense weather and record-breaking flooding. First and foremost, please prioritize the safety of your staff during any emergency, as outlined in your [Vaccine Management Plan](#) (pg. 18). Please stay safe.

We recognize that many of you have emergency plans in place should vaccine product need to be evacuated. If you need support, the Office of Immunization (OI) can assist in the following ways:

Vaccine Transfers:

Due to the [Holiday vaccine shipping](#) schedule, new orders cannot be placed. If doses are needed before the first week of January, providers will need to rely on transfers. DOH Office of Immunization can help locate product, if supply is available.

Physical Transporting or Storing of Vaccines:

If the primary location and [required backup location](#) are impacted, we can help find alternate location for storage. During a declared emergency, the Office of Emergency Medical Logistics teams may be able to assist with the physical transport or short-term storage of vaccines if a provider has exhausted all other options. *Support is dependent on available resources at the time of the request.*

To request logistic support:

Email logistics@doh.wa.gov and mcm@doh.wa.gov, the Office of Emergency Medical Logistics or the Medical Countermeasures (MCM) team will respond during business hours, then evaluate how they can best support based on the resources they have at the time of the request. For urgent, after-hours requests, please contact the DOH Duty Officer at HanAlert@doh.wa.gov or call 360-888-0838.

CVP and AVP Holiday Shipping Calendar

- Please be mindful of shipping delays, limited or no shipping days, and plan your vaccine orders accordingly.
- Ensure your accountability reports are up to date prior to placing orders to ensure expedited processing.
- Update your shipping hours in your provider agreement if needed.
- Check out the [holiday shipping calendar](#) (December 2025 and January 2026) for more information.

➤ **Please note:** No vaccine deliveries during the week of Christmas and New Year's.

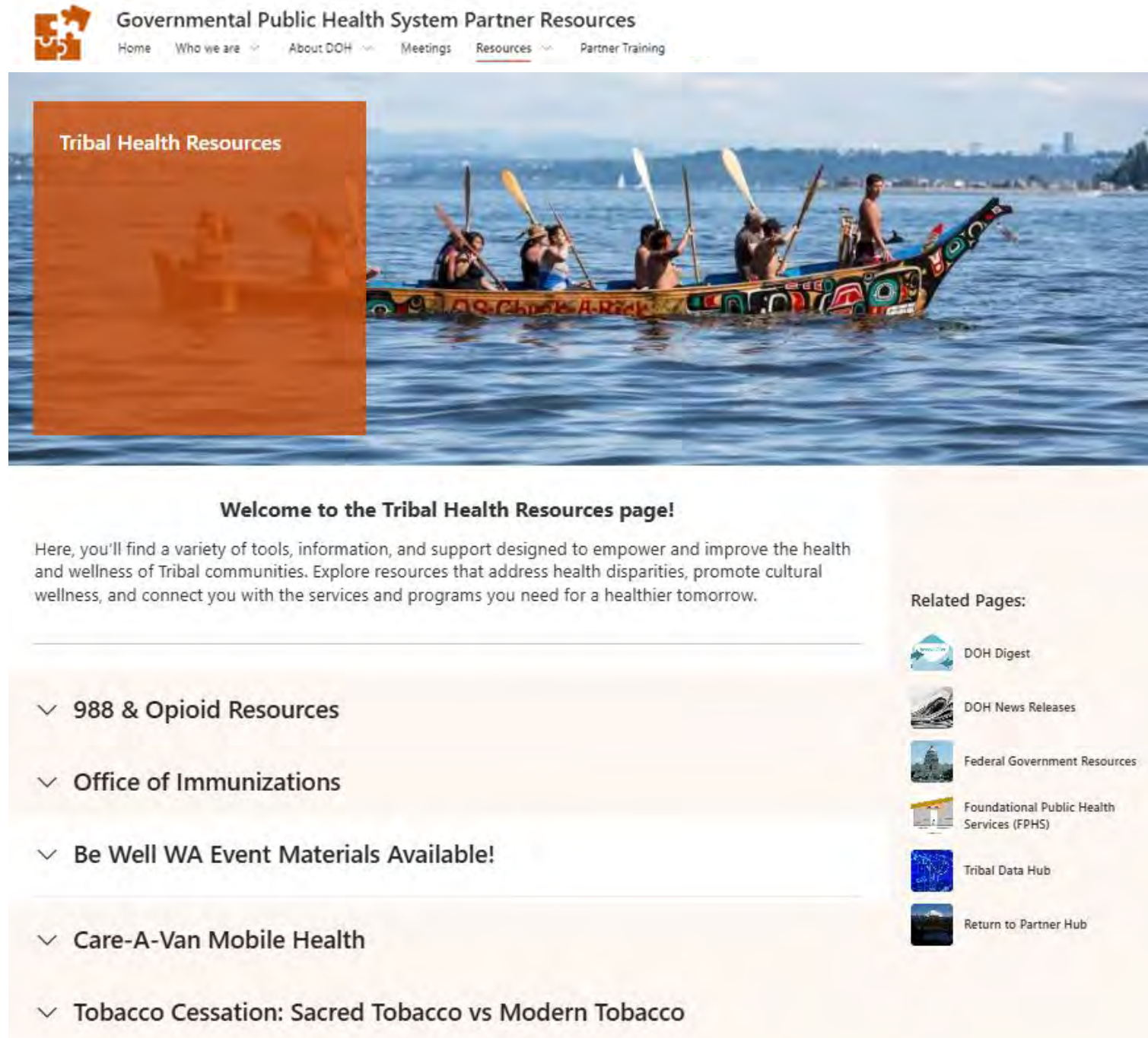
You can place an order off your typical schedule if needed.

See [Vaccine Blurbs #265](#) & [AVP Newsletter](#) for more details

Vaccine Order Processing and Delivery Days				
DECEMBER 2025				
Monday	Tuesday	Wednesday	Thursday	Friday
1 Normal Ordering Normal Deliveries	2	3	4	5
8 Normal Ordering Normal Deliveries	9 Last day to place orders to ensure delivery before January	10	11	12 Orders processed by the state after this date may not ship prior to January 5
15 Normal Ordering Normal Deliveries	16	17	18	19
22 Normal Ordering <u>Limited Deliveries</u>	23 Normal Ordering <u>Limited Deliveries</u>	24 Normal Ordering <u>No Deliveries</u>	25 CLOSED <u>No Ordering</u> <u>No Deliveries</u>	26 Normal Ordering <u>No Deliveries</u>
29 Normal Ordering <u>Limited Deliveries</u>	30 Normal Ordering <u>Limited Deliveries</u>	31 Normal Ordering <u>No Deliveries</u>		

For Office of Immunization Updates

- Please check the [Tribal Resources PartnerHub](#) page for Office of Immunization updates and Newsletter!
- If you would like to be added to the OI Liaison emailing list and to PartnerHub, please email jessica.haag@doh.wa.gov



The screenshot shows the 'Tribal Health Resources' page. At the top is a navigation bar with links: Home, Who we are, About DOH, Meetings, Resources (underlined), and Partner Training. Below the navigation bar is a large banner image of a group of people in a traditional canoe on water. Overlaid on the left side of the banner is an orange rectangle with the text 'Tribal Health Resources'. Below the banner, the page has a heading 'Welcome to the Tribal Health Resources page!' followed by a paragraph: 'Here, you'll find a variety of tools, information, and support designed to empower and improve the health and wellness of Tribal communities. Explore resources that address health disparities, promote cultural wellness, and connect you with the services and programs you need for a healthier tomorrow.' Below this is a list of resources with expandable arrows: '988 & Opioid Resources', 'Office of Immunizations', 'Be Well WA Event Materials Available!', 'Care-A-Van Mobile Health', and 'Tobacco Cessation: Sacred Tobacco vs Modern Tobacco'. On the right side, there is a 'Related Pages:' section with links to 'DOH Digest', 'DOH News Releases', 'Federal Government Resources', 'Foundational Public Health Services (FPHS)', 'Tribal Data Hub', and 'Return to Partner Hub'.

Governmental Public Health System Partner Resources

Home Who we are About DOH Meetings Resources Partner Training

Tribal Health Resources

Welcome to the Tribal Health Resources page!

Here, you'll find a variety of tools, information, and support designed to empower and improve the health and wellness of Tribal communities. Explore resources that address health disparities, promote cultural wellness, and connect you with the services and programs you need for a healthier tomorrow.

988 & Opioid Resources

Office of Immunizations

Be Well WA Event Materials Available!

Care-A-Van Mobile Health

Tobacco Cessation: Sacred Tobacco vs Modern Tobacco

Related Pages:

- DOH Digest
- DOH News Releases
- Federal Government Resources
- Foundational Public Health Services (FPHS)
- Tribal Data Hub
- Return to Partner Hub