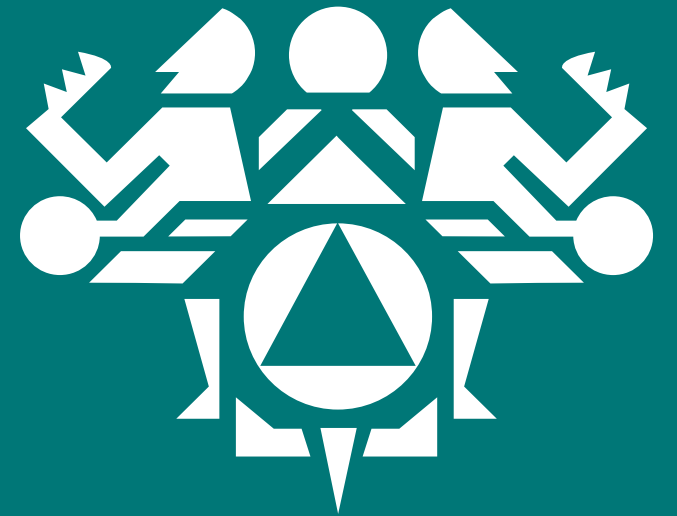


NPAIHB

Weekly Update

January 6, 2026





NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Agenda

- Welcome & Introduction: Bridget Canniff
- NPAIHB Announcements, Events, & Resources
- NPAIHB Weekly Update: 2025 Review – 2026 Preview
- Communicable Diseases Updates: Dr. Tara Perti, PAIHS
- 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** - 1st Tuesday of every month at 12pm PT
 - Tuesday, January 6th at 12pm PT
 - To Join via Zoom:
<https://echo.zoom.us/j/99009428799?pwd=TFVRa1FPSDU5M2lvTTNwbGo3ZjdyZz09>
- **EMS ECHO** - 1st Tuesday & 3rd Thursday of every month at 5pm PT
 - Tuesday, January 6th at 5pm PT
 - Didactic Topic: *Altered Mentation – What You Think About When Your Patient Can't*
 - To Join via Zoom:
<https://echo.zoom.us/j/84832881641?pwd=SXllNlpJa0Vta1R1c28xcUh5V1dlUT09>
- **Hepatitis C ECHO** – 1st, 3rd & 4th Wednesday of every month at 11am PT
 - Wednesday, January 7th at 11am PT
 - Didactic Topic: *Choosing Antidepressant Medications*
 - To join via Zoom:
<https://echo.zoom.us/j/537117924?pwd=OEExbERmK2pSUFFsMzV1SmVpb3g3dz09>

Upcoming Indian Country ECHO Telehealth Opportunities

- **Journey to Health ECHO** – 2nd & 4th Thursday of every month at 7am/12pm PT
 - Thursday, January 8th at 7am PT
 - To join via Zoom:
<https://echo.zoom.us/j/93413601610?pwd=YVhMN1NUNIIYWHZUZk1CUnF0TEY5QT09>
- **Clinical Dementia ECHO** – 2nd Thursday of every month at 11am PT
 - Thursday, January 8th at 11am PT
 - To join via Zoom:
<https://echo.zoom.us/j/99454243940?pwd=NG9aWGUvRTdKSmgwTGllcklmVDRWUT09>
- **Diabetes ECHO** – 2nd Thursday of every month at 12pm PT
 - Thursday, January 8th at 11am PT
 - Didactic Topic: *Clinical Decision-Making for Insulin Pump Use*
 - To join via Zoom: <https://zoom.us/j/91887405371?pwd=ekFJTUJiV2hWQ0ZPZEwrUDQ4eGxTZz09>



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

NPAIHB Quarterly Board Meeting (QBM)

January 13-15, 2026

Portland, Oregon & via Zoom (Hybrid)

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

[Registration](#)



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



WHEN?

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

Start Time:
10:00 AM PT

Upcoming HNY CoP Sessions:

January 14, 10:00 – 11:00 AM Pacific

February 11, 10:00 – 11:00 AM Pacific

March 11, 10:00 – 11:00 AM Pacific

Registration:

<https://us06web.zoom.us/meeting/register/4lJNGZ62TgyX1kuFlsWOZA>

For more information or to request CoP recording with materials, please email: native@npaihb.org.



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

- January 13: No Weekly Update – NPAIHB QBM
- January 20: N CREW Research Topic: Writing Compelling Background and Specific Aims
- January 27: Legislative & Policy Updates





NPAIHB Weekly Update

2025 Year in Review

2026 Preview



2025 in Review

By the numbers...

- 45 Weekly Update Sessions
- Average number of attendees: 47
- Tribal Leaders
- Tribal program staff
- NPAIHB Staff
- Leadership & staff from Native-Serving organizations
- State, Federal, & other partners



2025 in Review

NPAIHB Program Updates

- 7 sessions
 - Tribal Community Health Provider Program
 - Tribal Injury Prevention Program
 - Native Boost & VacciNative
 - BOLD: Elders & Dementia
 - Indian Country ECHO
 - Environmental Public Health: Lead in Drinking Water
 - CDC Workforce Acceleration Initiative



2025 in Review

Tribal Program Updates

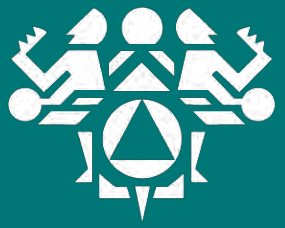
- 3 sessions
 - Increasing MMR Immunization Rates
 - Tribal Vaccination Success Story
 - Roles of GLP1: Benefits & Pitfalls



2025 in Review

Communicable Disease

- 10+ Sessions as main topic, including:
 - Measles
 - Pertussis
 - Avian Flu
 - RSV
 - COVID-19
- Regular Communicable Diseases Updates from Dr. Tara Perti, PAIHS



2025 in Review

Data

- 4 Sessions as main topic
 - NW Tribal Data Hub
 - Data Sharing Agreements
 - Tribal Data Sovereignty
 - Statewide Community Health Profiles: Substance Use



2025 in Review

Legislative & Policy Updates

- 11 Sessions: Monthly Updates – usually last Tuesday of the month
 - Congressional Updates: new and pending legislation
 - Consultations, Listening Sessions & Written Comments
 - National & Regional Meetings



2025 in Review

N CREW – Northwest Regional Research Center

- 5 Sessions as main topic – third Tuesdays of the month
 - Intro to NWRRC
 - Tribal Data Sovereignty & Data Sharing Agreements
 - Substance Use Disorder (SUD) NPAIHB & Tribal Projects
 - NW Tribal Data Hub &
 - Defining a Research Question



Coming in 2026...



N CREW Research Topics

Northwest Regional Research Center

February	Writing Methods, Data Collection & Strengthening Applications
March	Indigenous Evaluation Methods
April	Budgeting
May	Best Practices in Grant Submission
June	Reporting Research to Your Nation and to Others

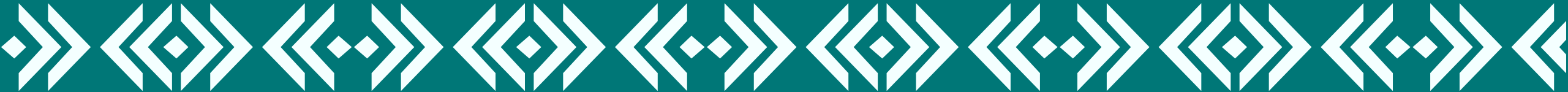


Your Suggestions!

What topics are you interested in?

- What would you like to see more of? Or less of?
- What topics should we revisit on a regular basis?
 - NPAIHB Program Updates & Project Overviews?
 - Tribal Updates – Best Practices & Highlights
 - State & Federal partner updates?

Email us at weeklyupdate@npaihb.org with your ideas and feedback



Partner Updates & Resources

Portland Area IHS Communicable Diseases Update

TARA PERTI, MD, MPH
MEDICAL EPIDEMIOLOGIST
IHS, PORTLAND AREA OFFICE
January 6, 2026

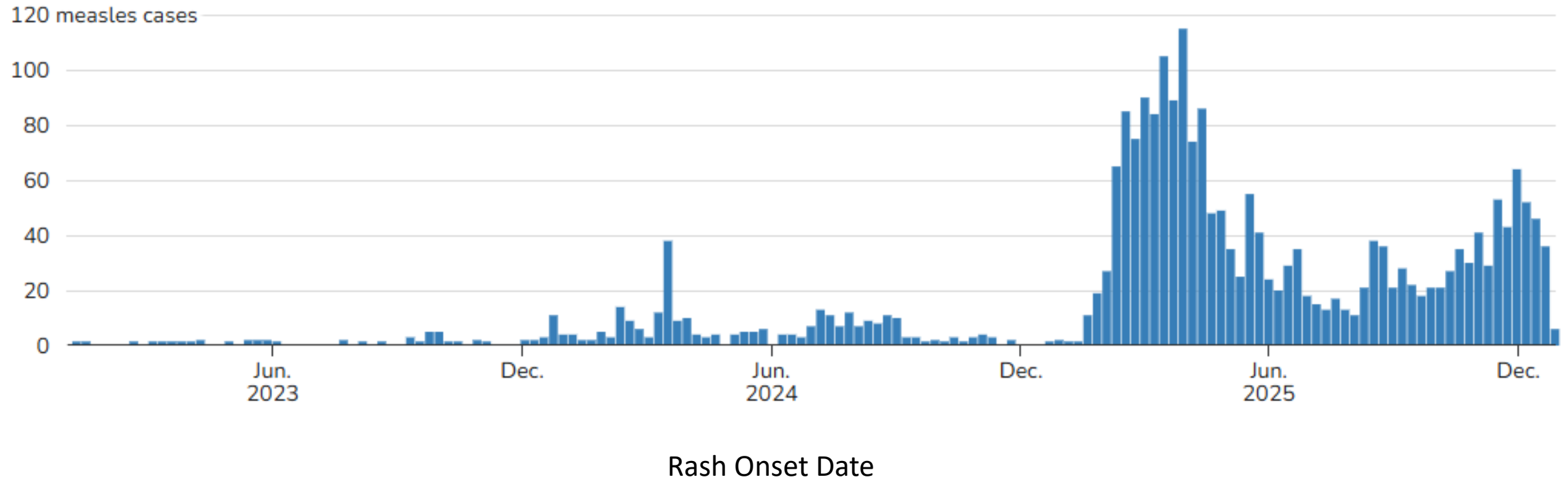


Outline

- Year in Review: Measles and Pertussis
- Respiratory Virus Season (COVID-19, Influenza, RSV) Update

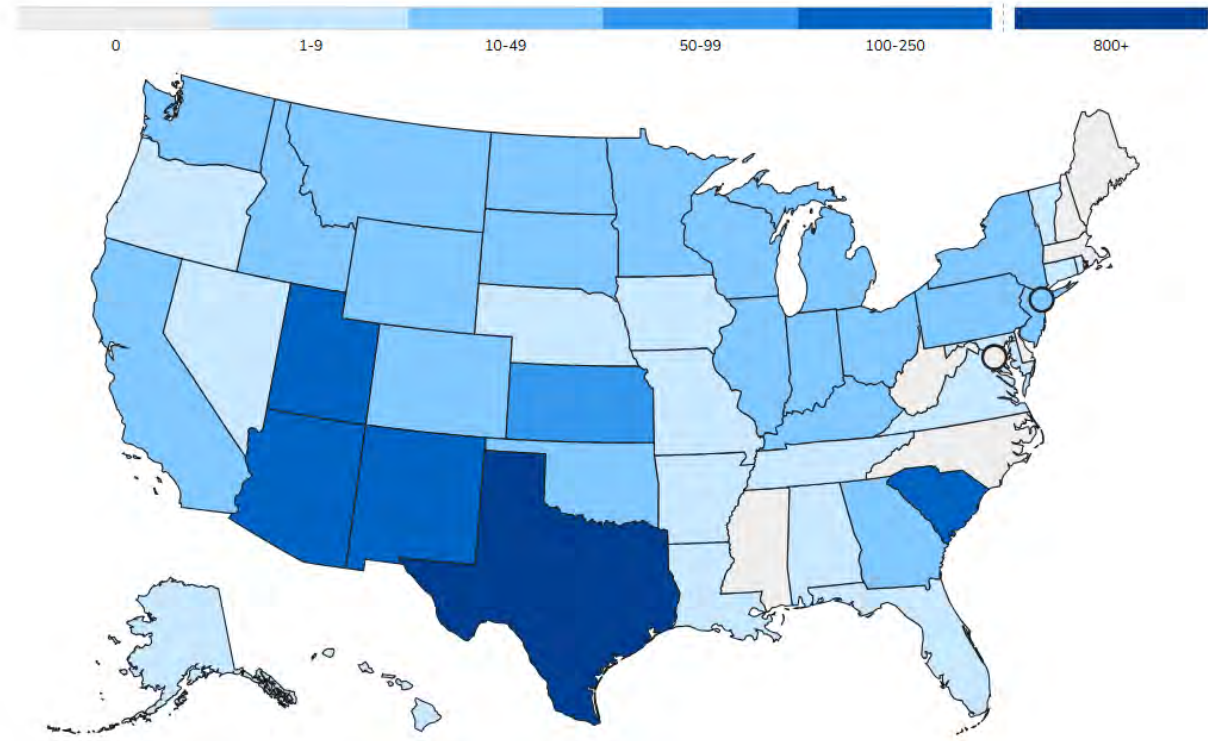
Measles – United States, 2023-2025 (through 12/30)

2023–2025* (as of December 30, 2025)



Measles — United States, 2025

- 2,065 confirmed cases among 43 states through 12/30.
- 88% of cases from one of 49 outbreaks (≥ 3 related cases).
- Age: 26% <5 years-old, 42% 5-19 years-old, 31% ≥ 20 years-old.
- 11% hospitalized overall (20% of those <5 years-old hospitalized).
- 3 deaths among unvaccinated individuals, including 2 healthy school-aged children.
- 93% unvaccinated or with unknown vaccination status, 3% one MMR dose, 4% two MMR doses.



Measles — Portland Area, 2025

Location (State/County)	Number of Cases
Idaho	Total: 13
Boundary (Panhandle Health District)	6
Bonner (Panhandle Health District)	1
Kootenai (Panhandle Health District)	1
Bonneville (Eastern Idaho Public Health)	5
2 additional cases among travelers to Idaho (Bonneville and Cassia Counties). Latest reported in August.	
Washington	Total: 12
King	7
Snohomish	2
Whatcom	2
Spokane	1
6 additional cases among travelers to Washington (King and Snohomish Counties). Latest exposures in November.	
Oregon	Total: 1
Multnomah	1
Measles virus detected in wastewater from Marion and Josephine Counties in October. No cases reported.	

Pertussis – Portland Area, 2025

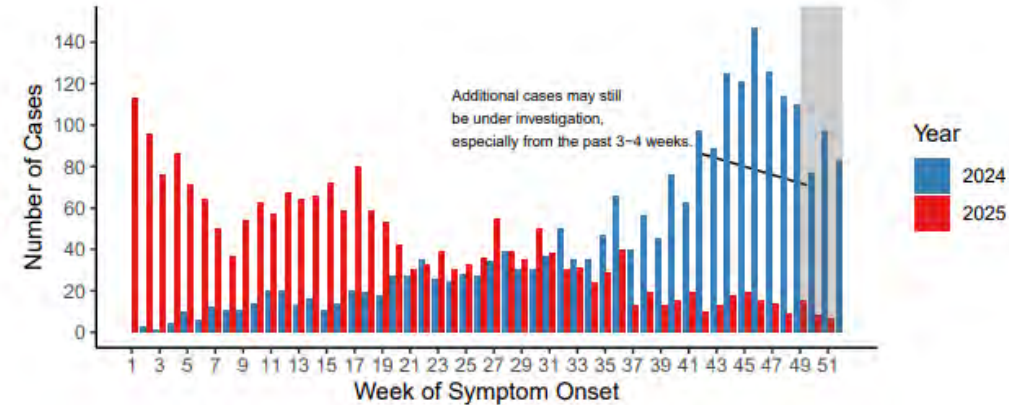
Washington: 2,111 cases reported through week 52 (12/27/25)
(2024 YTD Cases: 2,294)
More cases reported in 2025 than any other state

Oregon: 1,541 cases reported through week 52
(2024 YTD Cases: 1,228)
3rd highest number of cases reported in 2025

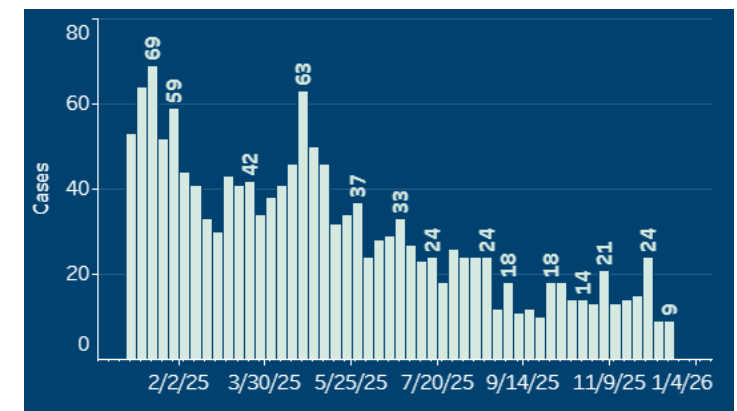
Idaho: 644 cases reported through week 52
(2024 YTD Cases: 1,199)

US (excluding US Territories): 28,132 cases reported through Week 52
(2024 YTD Cases: 43,321)

Pertussis – Washington, 2024-2025

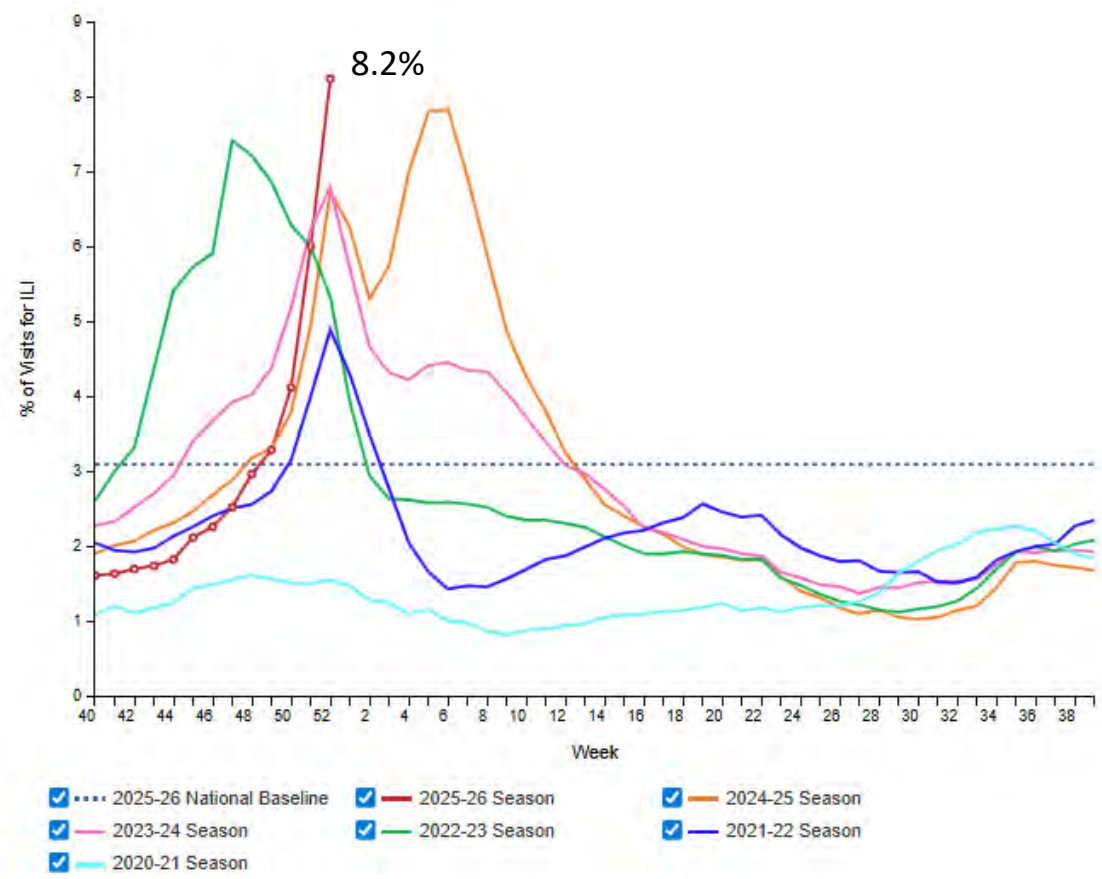


Pertussis – Oregon, 2025



Percentage of Outpatients Visits for Influenza-like Illness (ILI) and Influenza Subtyping Data — United States, 2025-26 (through 12/27/25)

Percentage of Outpatients Visits for **Influenza-like Illness (ILI)** — United States, 2025-26 and Prior Five Seasons (through 12/27/25)

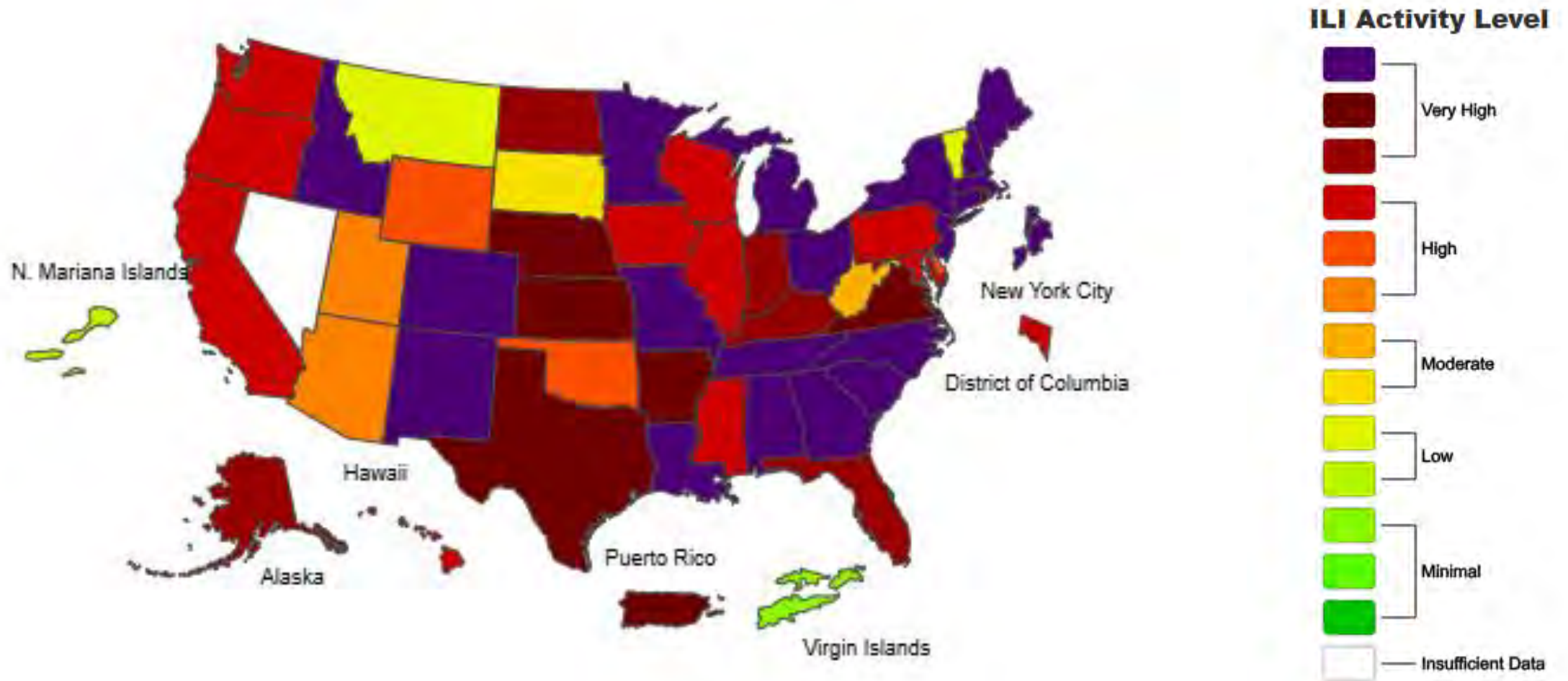


Influenza Subtyping

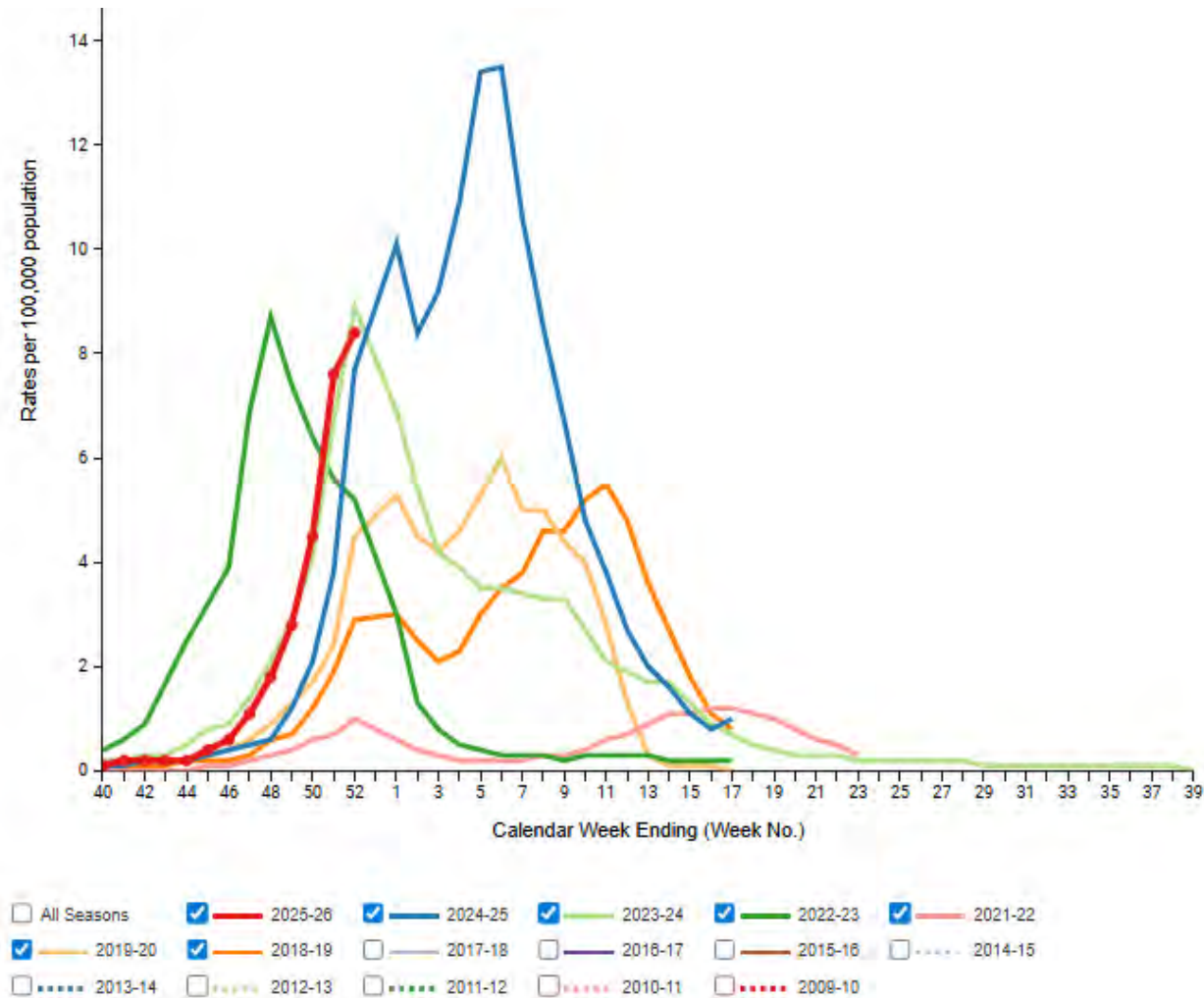
	Week 52	2025-26 Season (Cumulative)
Influenza A	97.7%	96.6%
H3N2	91.2%	85.5%
		Drifted subclades: 90.5% K; 2.6% J.2.4; 5.1% J.2.3)
H1N1	8.8%	14.5%
H5	0	0.1% (one patient)
Influenza B	2.3%	3.4%

- Vaccine effectiveness against hospitalization has previously been demonstrated with drifted H3N2 viruses (e.g. 2014-15).
- In England, despite subclade K predominance, preliminary vaccine effectiveness for ER visits/hospitalizations: 72-75% for children and 32-39% for adults.
- Influenza vaccines provide protection against H1N1 and Influenza B in addition to H3N2.

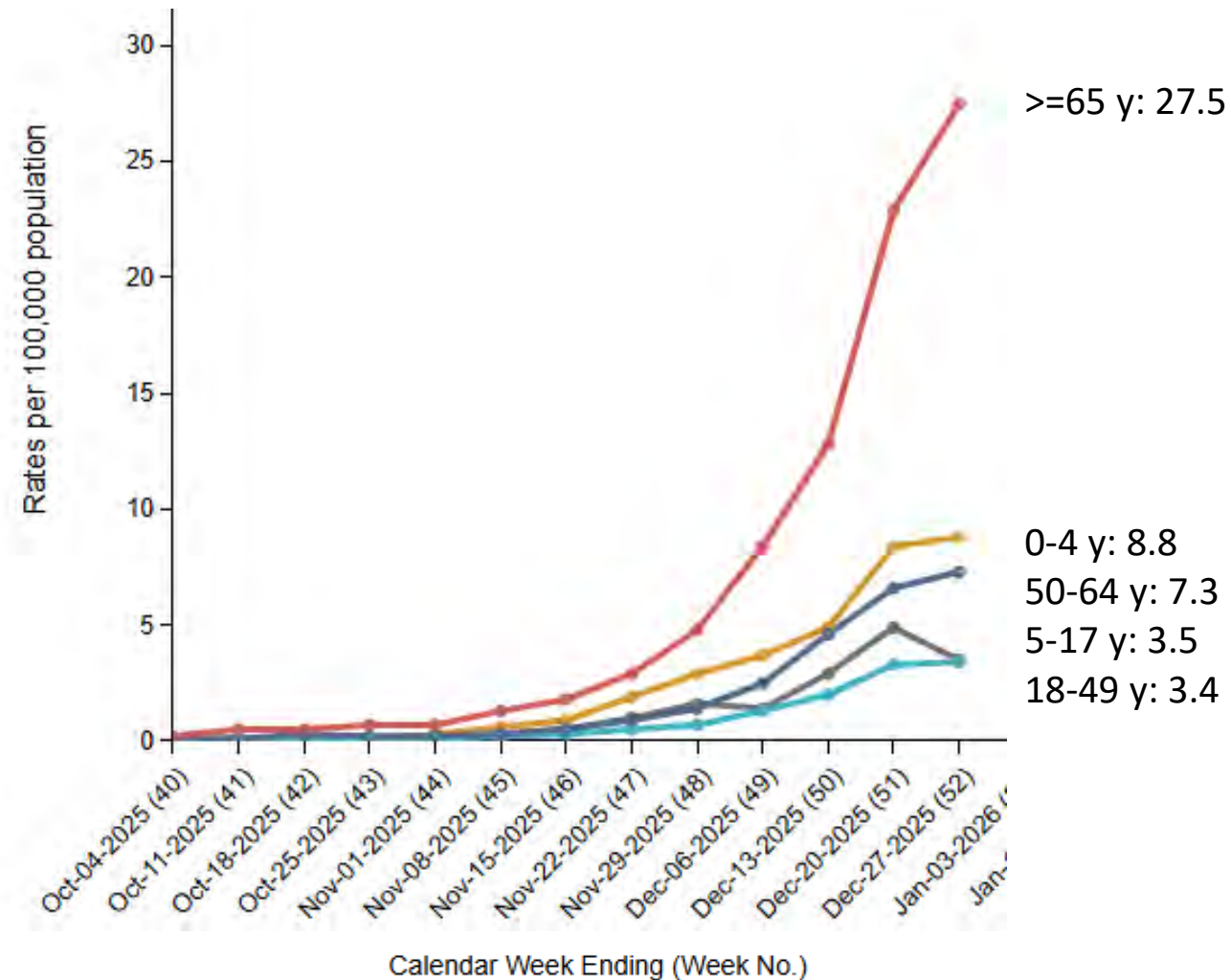
ILI Activity — United States, 2025-26 (week ending 12/27/25)



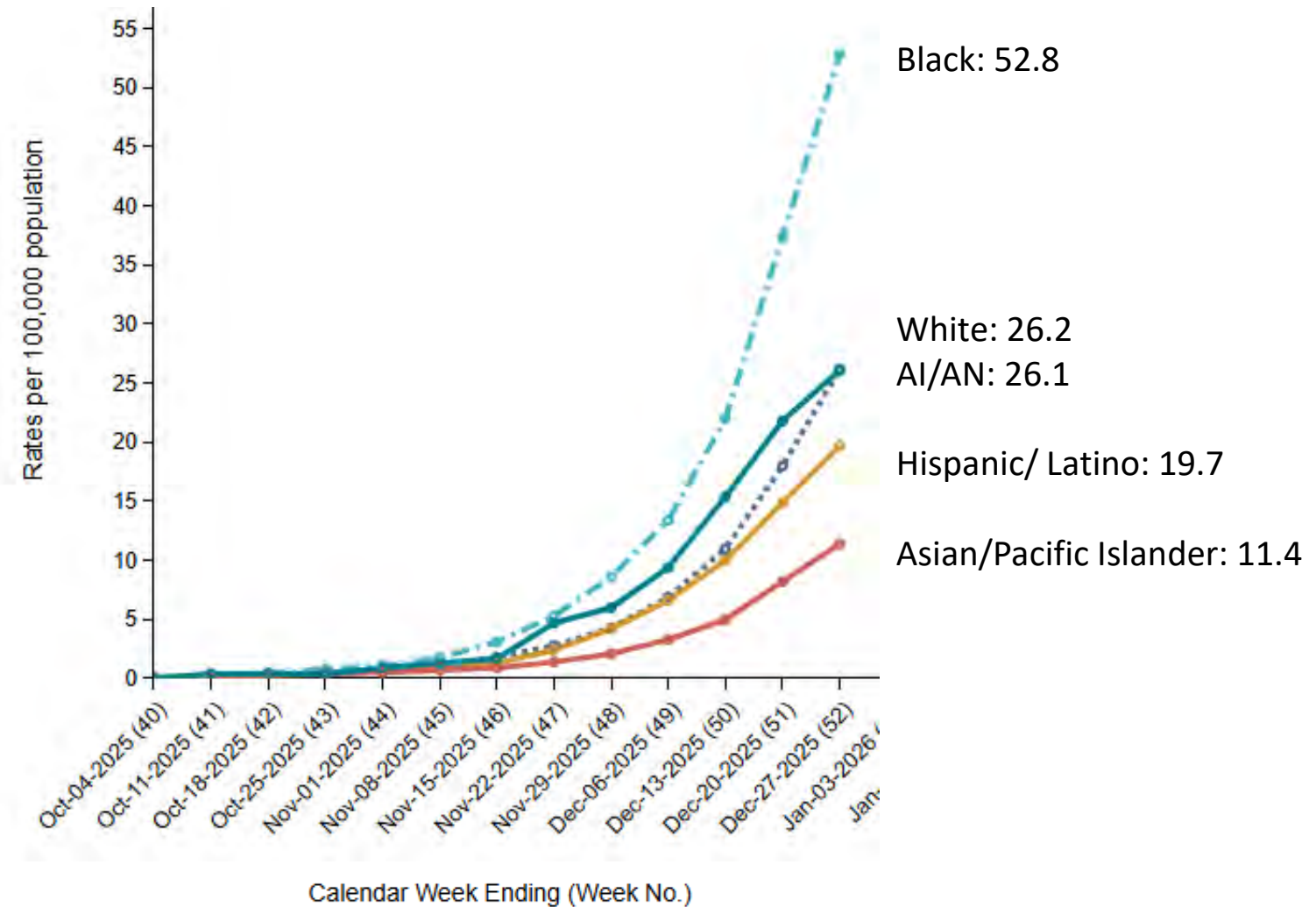
Weekly Hospitalizations Associated with Influenza — United States (FluSurv-Net), 2025-26 and Prior Six Seasons (through Week 52)



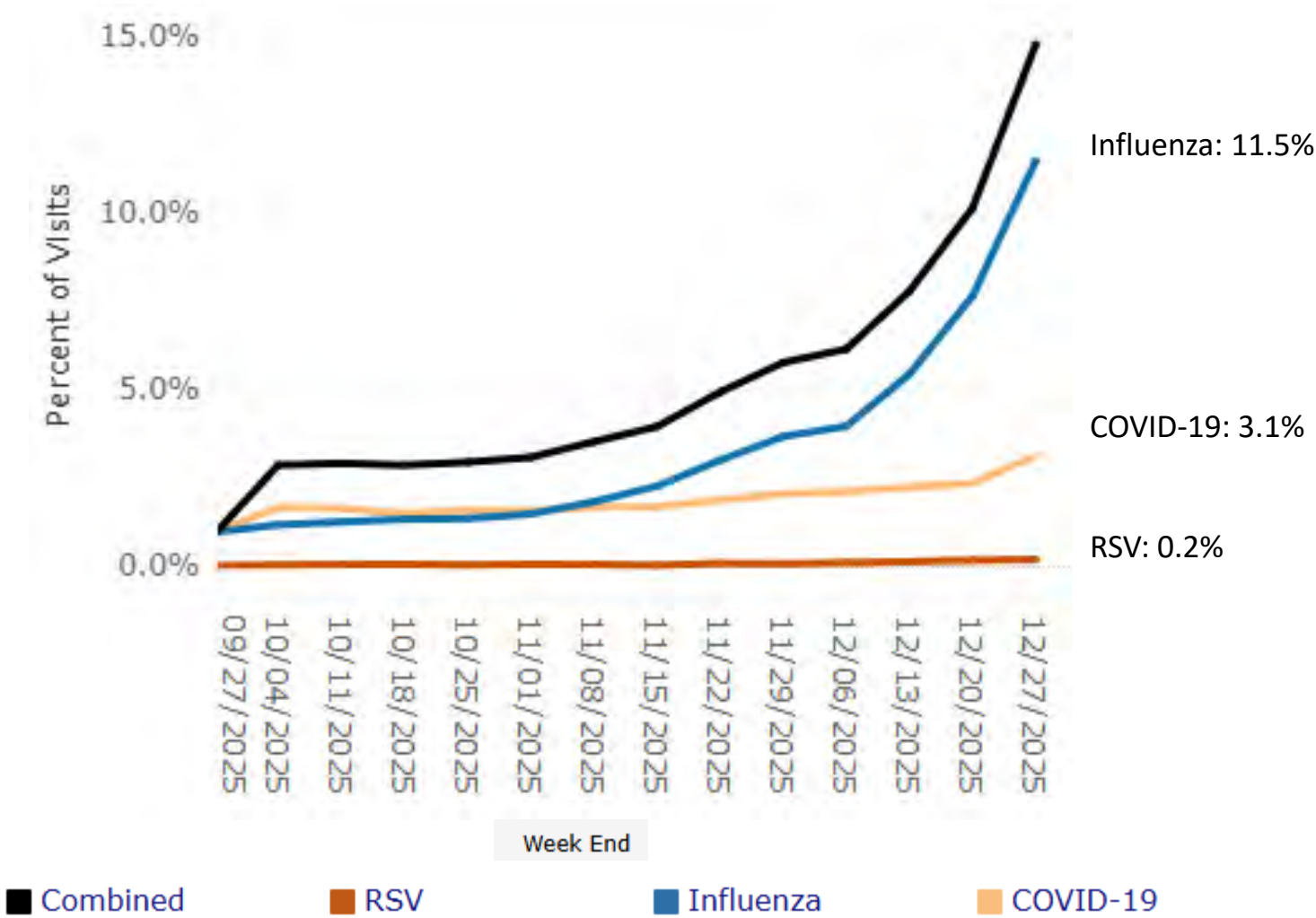
Weekly Hospitalizations Associated with Influenza — United States (FluSurv-Net) by Age, 2025-26 (through 12/27/25)



Cumulative Hospitalizations Associated with Influenza — United States (FluSurv-Net) by Race/Ethnicity, 2025-26 (through 12/27/25)

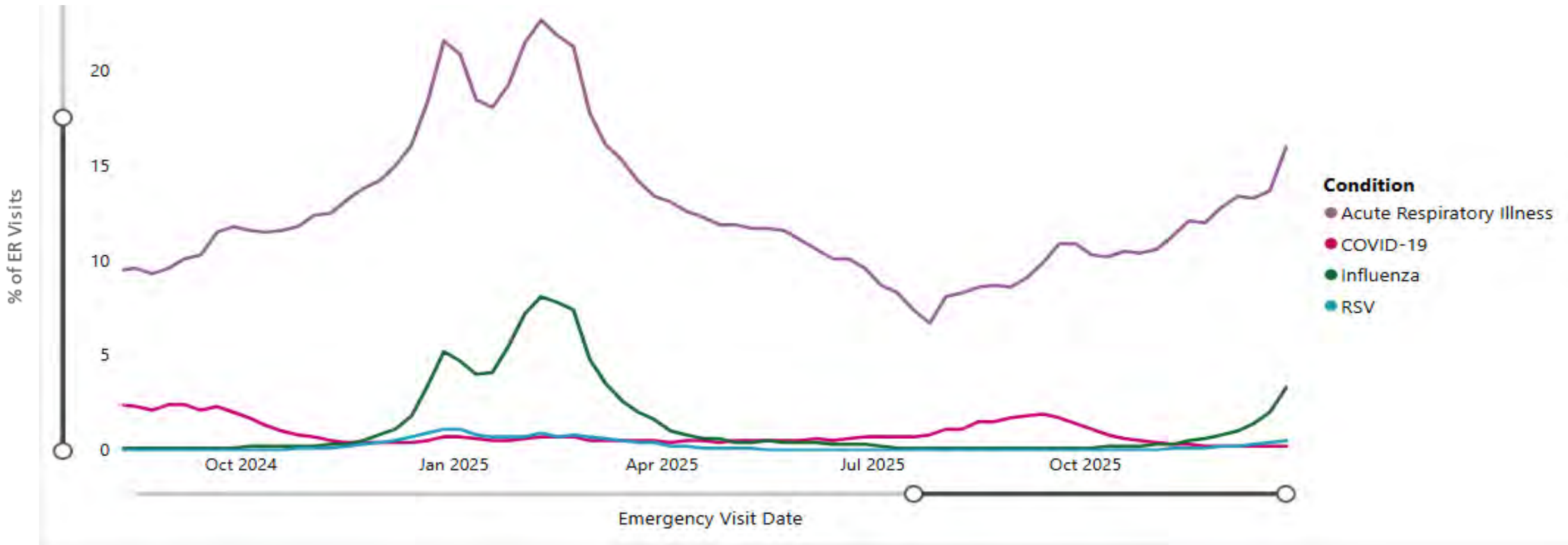


Percent of Healthcare Visits for Influenza, COVID-19 and RSV — Idaho, 2025-26 (through 12/27/25)

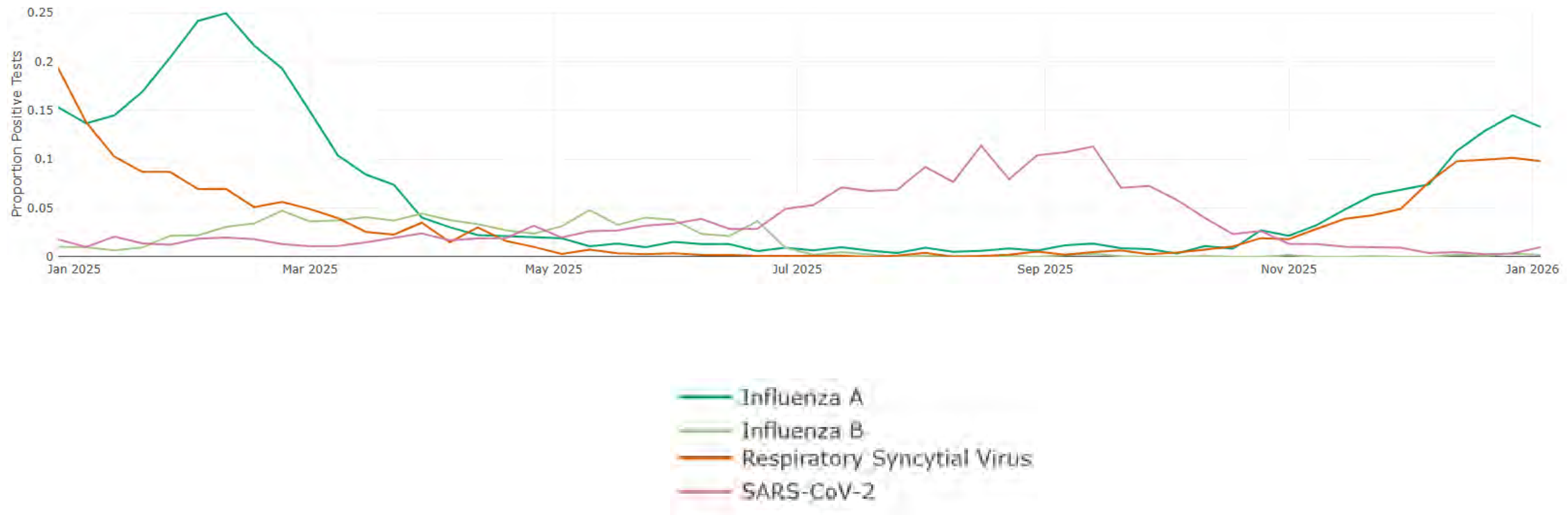


Influenza Subtyping for 2025-26
H1N1: 13.6%
H3N2: 85.0%

Percent of Emergency Room Visits for Acute Respiratory Illness, Influenza, RSV, and COVID-19 — Washington, 2024-25 and 2025-26 (through 12/27/25)



Proportion of Tests Positive for COVID-19, Influenza and RSV in the Northwest — University of Washington and Seattle Children's Hospital, 2025-26 (through 1/3)

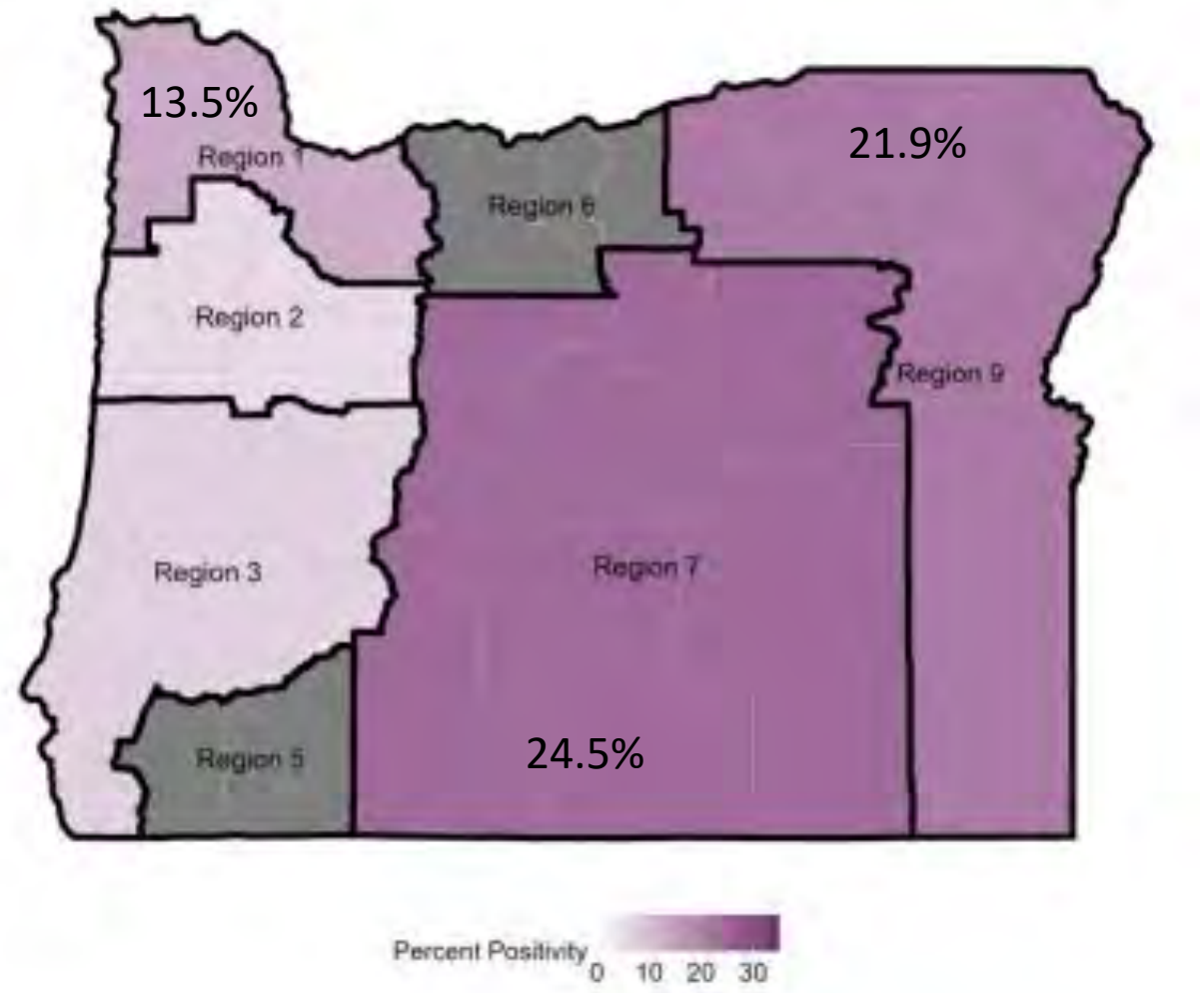


Percent of Tests Positive for Influenza — Oregon, 2025-2026 (12/21-12/27)

Influenza: 15.9% overall

Subtyping data for season:
H1N1: 39%
H3N2: 61%

(COVID-19: 1.7%; RSV: 2.4%)



% ER Visits Associated with Influenza	
Region 9	
Malheur	6.5
Morrow	4.9
Umatilla	4.9
Union	0.5
Wallowa	0.5
Baker	0.5
Region 7	
Grant	8.1
Harney	4
Wheeler	4
Crook	4
Jefferson	4
Deschutes	4
Lake	0.5
Klamath	0.5

Influenza Immunization Rates – IHS, Portland Area vs. Nationally, 2025-26 (through 12/20/25)

Age Group	% Vaccinated Portland Area	% Vaccinated Nationally
6 mo – 17 years	9.9	17.7
18+ years	20.4	23.1
65 + years	43.2	42.8
Overall (6 months +)	17.6	21.6

* % 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 12/29)

	AI/AN	Asian	Black	Hispanic/ Latino	NHPI	White
Influenza (6 months or older)	22.1%	29.6%	18.1%	14.0%	18.0%	24.2%
COVID-19 (6 months or older)	9.4%	11.6%	7.2%	3.8%	5.4%	13.7%
RSV (75 years or older)	38.4%	32.8%	31.5%	25.4%	45.9%	39.4%

Summary

- Measles: No new cases in the Portland Area. Idaho: 13 cases. Washington: 12 cases. Oregon: 1 case. US: 2,065 measles cases in 43 states (through 12/30) with 3 deaths. 93% unvaccinated or with unknown vaccination status.
- Influenza
 - Very high Influenza-like illness (ILI) activity in Idaho and high activity in Washington and Oregon.
 - Outpatient visits for ILI have exceeded last year.
 - The hospitalization rate is slightly higher than last year at this time and continues to increase.
 - 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 and OR.
- COVID-19: Low levels of activity currently, increasing in Idaho.
- AI/AN have a higher risk of more severe disease due to influenza, COVID-19, and RSV, yet vaccination coverage is limited [Influenza: 17.6% for Portland Area IHS (12/20), for WA (as of 12/29): Influenza, 22.1%; COVID-19, 9.4%; RSV (age 75+), 38.4%].
- 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.
- It's still not too late to get vaccinated for influenza as well as for RSV and COVID-19 prior to increased respiratory virus activity. Vaccination is recommended as long as there is increased activity of these respiratory viruses.

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.
- 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

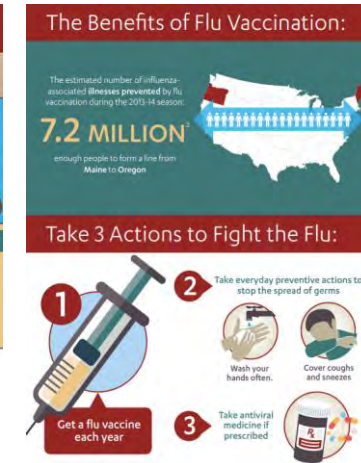
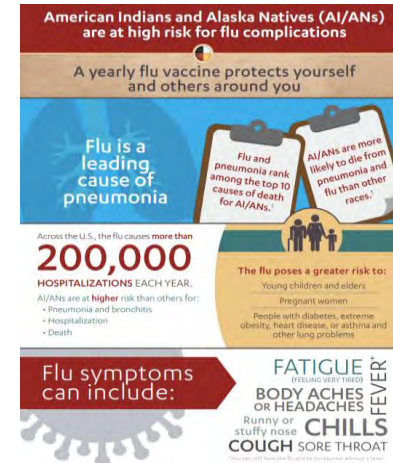
Washington State Department of Health: Flu Overview; Materials and Resources; Influenza (Flu) Information for Public Health and Healthcare

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 tribe, 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. Lashay Scott, M.D., Medical Provider and Healthy Nation 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

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)	Infants 2 mos, 4 mos, and 6 mos. AND kids 4 yrs and 6 yrs and 12 yrs old
Pertussis	Infants 2 mos, 4 mos, and 6 mos. AND kids 4 yrs and 6 yrs and 12 yrs old
RSV	Infants less than 6 mos. old AND kids 6 yrs and older
COVID-19	Everyone 6 mos. and older every year

“COVID-19 and flu are quickly changing their look. We need updated vaccines, so our families know how to fight these diseases.”

Vaccines are Safe
Serious reactions are rare. People are more likely to get sick by ignoring plans than by getting vaccinated to stay healthy.

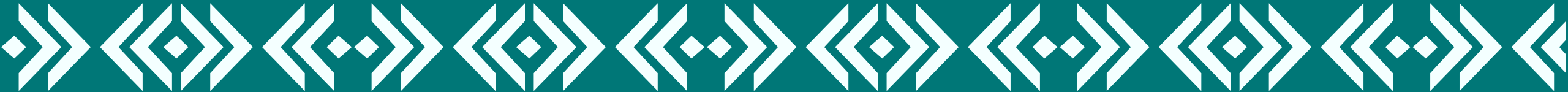
Don't Have Regrets
Thousands of kids will not get the more. Missing vaccines puts your child in and others at risk for serious illness.

Learn more
www.IndianCountryCHO.org/Vaccine-Info



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).





Questions & Comments