

# NPAIHB Weekly Update

January 20, 2026





# Agenda

- Welcome & Introduction: Bridget Canniff
- NPAIHB Announcements, Events, & Resources
- N CREW NW Regional Research Center Topic – NIH Grant Writing:  
Writing a Compelling Significance Section & Specific Aims:  
Grazia Cunningham & Dr. Victoria Warren-Mears, NWTEC
- Communicable Diseases Updates: Dr. Tara Perti, PAIHS
- State & Tribal Partner Updates
- Questions & Comments

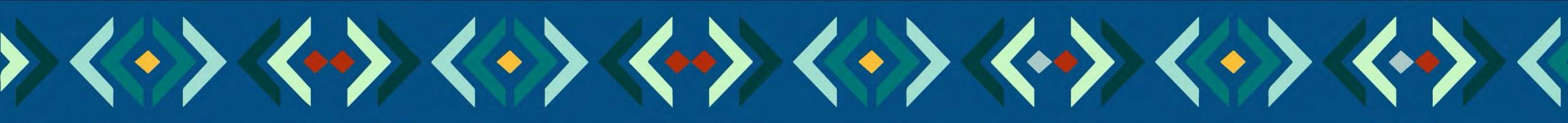
Please sign in, using the chat box, with your full name and tribe or organization

# Upcoming Indian Country ECHO Telehealth Opportunities

- **Pharmacy SUD ECHO** – 3<sup>rd</sup> Tuesdays at 10am PT
  - Tuesday, January 20<sup>th</sup> at 10am PT
  - Didactic Topic: *Clinical Pharmacy Resources for Syndemic Services*
  - To join via Zoom: <https://echo.zoom.us/j/98430834267?pwd=WnhaSVZrbW9PcjMycDNmUjZDaWhwZz09>
- **Virtual Care Implementation (VCI) ECHO** – 3<sup>rd</sup> Tuesdays at 12pm PT
  - Tuesday, January 20<sup>th</sup> at 12pm PT
  - Didactic Topic: *Telehealth in Tribal Settings – Case Studies Overview*
  - To join via Zoom: <https://us06web.zoom.us/j/87854787166?pwd=T0Z1aWhYRFIKdVdzUTkvcUtCZ1hpQT09>
- **Hepatitis C (HCV) ECHO** – 1<sup>st</sup>, 3<sup>rd</sup> & 4<sup>th</sup> Wednesday monthly at 11am PT
  - Wednesday, January 21<sup>st</sup> at 11am PT
  - Didactic Topic: *HCV RNA Point of Care Testing – Ideas for Implementation*
  - To join via Zoom: <https://echo.zoom.us/j/537117924?pwd=OEExbERmK2pSUFFsMzV1SmVpb3g3dz09>
- **The Month in Virology ECHO** – 3rd Wednesday monthly at 12pm PT
  - Wednesday, January 21<sup>st</sup> at 12pm PT
  - Didactic Topic: *Month in Virology Clinical Updates*
  - To join via Zoom: <https://echo.zoom.us/j/807187455?pwd=cG1rcGhMVGtnTGdqSDhKMIhGVFI2QT09>

# Upcoming Indian Country ECHO Telehealth Opportunities

- **Journey to Health ECHO** – 2<sup>nd</sup> & 4<sup>th</sup> Thursdays monthly at 7am/ 12pm PT
  - Thursday, January 22<sup>nd</sup> at 12pm PT
  - Didactic Topic: *Indigenous Traditional Medicine Systems – Clinical Considerations*
  - To join via Zoom: <https://echo.zoom.us/j/93413601610?pwd=YVhMN1NUNIYWHZUZk1CUUnF0TEY5QT09>
- **Dermatology ECHO** – 2<sup>nd</sup> Fridays monthly at 11am PT
  - Friday, January 23<sup>rd</sup> at 11am PT
  - Didactic Topic: *Vascular Malformation & Growth*
  - To join via Zoom: <https://echo.zoom.us/j/81553202302?pwd=ZXplMERZSlpSSnJ5Y2VOam10NHpmdz09>
- **Indian Country ECHO – General Session (Form. Grand Rounds)**
  - Tuesday, January 27<sup>th</sup> at 12pm PT
  - Didactic Topic: *Screening for Infectious Diseases in the Phoenix Indian Medical Center Emergency Room – A High Impact Intervention*
  - Description: *Phoenix Indian Medical Center (PIMC) has expanded screening for HIV, Hep C, and Sexually Transmitted Infections (STIs) in their Emergency Room. This session will cover PIMC's workflow for obtaining patient consent and ordering laboratory tests in a busy ER setting. Testing in the ER at PIMC has resulted in a high proportion of new diagnoses and re-linked patients to care. Follow up of positive test results is coordinated with an adjacent PIMC clinical service. Expanded screening among the patient population that may not access primary care can have an important public health impact.*
  - To join via Zoom: <https://echo.zoom.us/j/99475693462?pwd=NGlaMjBrNHZkclBOSXRySHNHMzB4Zz09>



# 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](mailto:tphep@npaihb.org)



# NPAIHB Weekly Update Schedule

- January 27: Legislative & Policy Updates
- February 3: Topic TBD
- February 10: Tribal Community Health Provider Program (TCHPP)
- February 17: N CREW Research Topic: Writing Methods, including Data Collection & Strengthening Applications



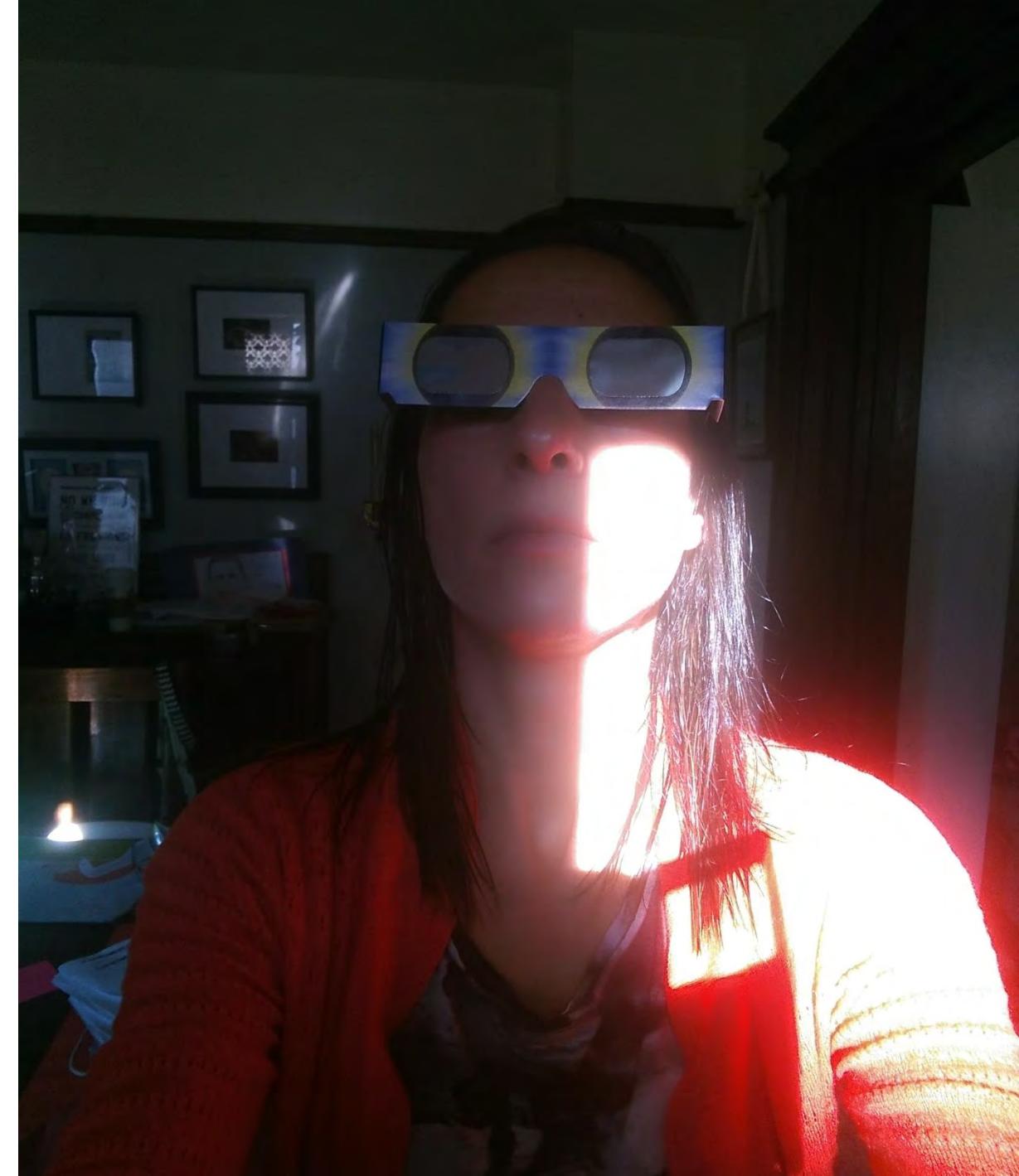
# NIH Grant Writing

Writing a Compelling Significance Section



# About Me

- Worked in market research, advertising, content development
- Freelance health/medical writer
- MPH from OHSU
- Project Manager at NPAIHB
- 4 kids, live in NE Portland
- Love to watch mysteries, learn about viruses, run, garden, bake, and write stories for children



# Today's Objectives

By the end of my presentation, I hope you will

1. have a better sense of what goes into the Significance section.
2. be armed with tips to draft a powerful Significance section.
3. feel more confident when writing this section.

# Significance: NIH Definition

1. Explain the **importance** of the problem or **critical barrier** to progress that the proposed project addresses.
2. Describe the strengths and weaknesses in the rigor of the **prior research** (both published and unpublished) that serves as the key support for the proposed project.
3. Explain how the **proposed project will improve** scientific knowledge, technical capability, and/or clinical practice in one or more broad fields.

# Significance: My Translation

- **Sets the stage** for the rest of your research strategy
- Answers: What? Why this? Why you? Why now?
- Shows you have a grasp on what's been done
- Introduces the **critical gap** that you will address
- Introduces reviewers to your idea & team
- Shows urgency & **significance**

# Elements of a Story



Source: Rosenfeld Media.  
<https://flickr.com/photos/rosefeldmedia/albums/72157665621011091/with/25698275295>

# Elements of a Compelling Significance



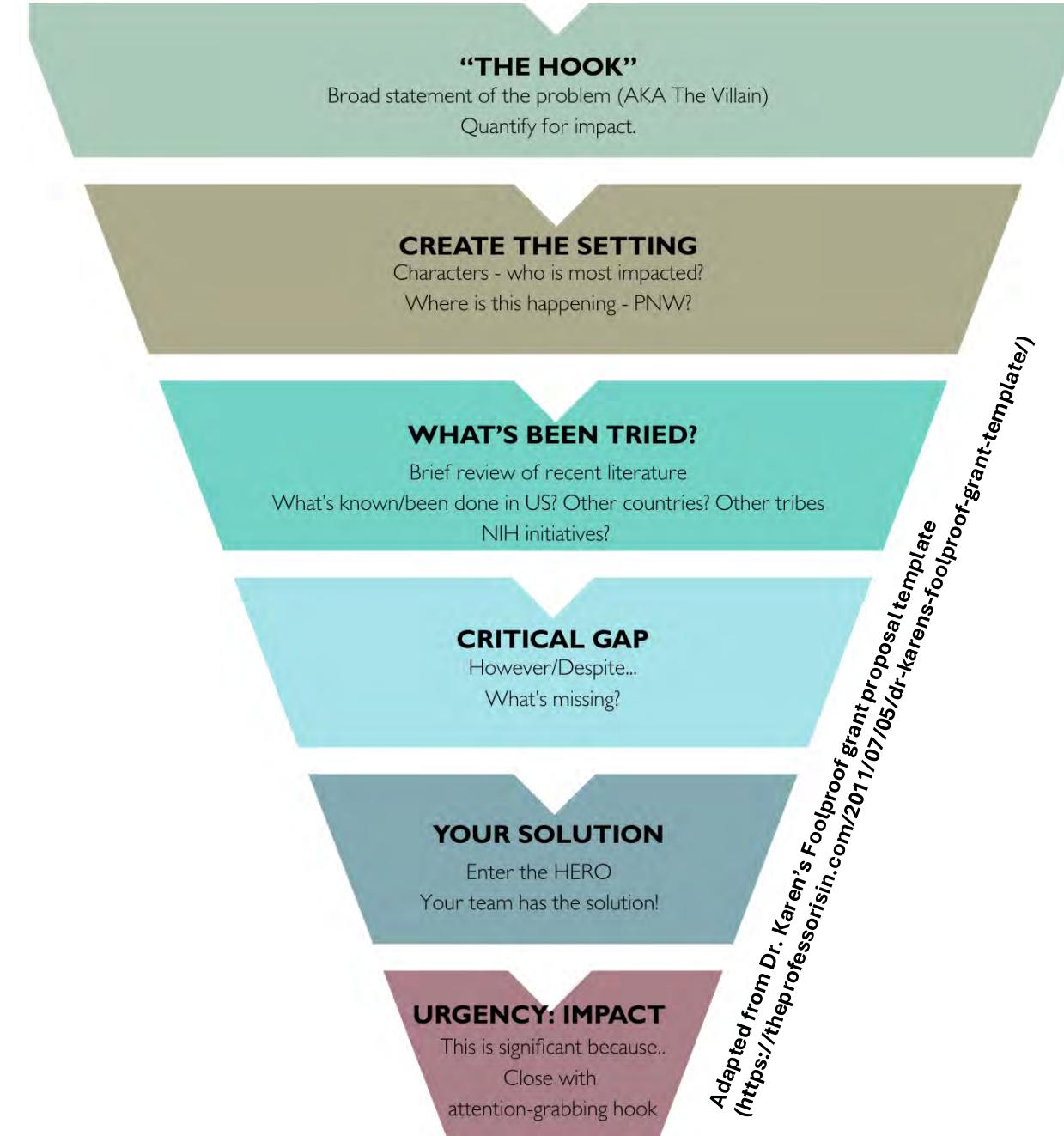
Adapted from Rosenfeld Media  
<https://flickr.com/photos/rosefeldmedia/albums/72157665621011091/with/25698275295>

# Guide the Reviewer

Your main job is to walk the reviewer through your story – from general background on the problem to the solution.

## Visualize a funnel

> start broad and get specific with your solution.



# Art of Storytelling: how you say it is just as important as what you say.

Each paragraph should have a main idea.

Craft each sentence to tell that story.

Use strong verbs (action words)

Avoid overuse of nominalizations

Avoid starting sentences with “There is/There are”

Use active voice

Vary sentence length to create rhythm & adjust energy

Bold to engage the reviewer to a key points

# Do

- Be clear about the problem
- Use plain & concise language
- Select data & strong words to convey urgency
- Make it the right length
- Include recent research
- Address a problem your community & NIH cares about
  - Align with Tribal priorities
  - Align with federal priorities
- Consider using figures

# Don't

- Assume they are experts in the problem
- Make reviewers hunt for information in appendices
- Make it too brief
- Write a literature review
- Rattle off countless statistics
- Ignore scoring rubric for the Significance section

# Reviewer Patterns

- Prioritize top left of the page, beginning of sentences/pages, end of paragraphs or sections
- Like visuals, subheadings
- Focus on bold & underline
- Value white space
- Focus on NIH buzzwords (critical barriers, significance)
- Skip over acronyms or jargon
- Skip around the document
- Prefer a clear outline/numbering system to show logic

# Let's Practice!



## Example 1

Jodi Lapidus, PhD – OHSU  
NARCH 14 application - Applied Biostatistics &  
Data Science

There is growing recognition of the importance of training researchers in quantitative disciplines to support tribally driven health research and strengthen local research capacity. In 2017, the National Institutes of Health (NIH) emphasized the capacity of data science to enhance our understanding factors that influence health outcomes, but noted that, for this potential to be fully realized, a “*workforce pipeline for data science*” needed to be built<sup>1</sup>. In response, both the NIH and the National Science Foundation (NSF) have launched initiatives focused on research training in data science, biostatistics, informatics, and related fields and encourage participation by trainees from Tribal communities<sup>2,3</sup>. Collaborations among academic institutions, government agencies, and Tribal organizations have resulted in training programs emphasizing community engagement and culturally responsive approaches. Led by Tribal scientists and community members, the Native Biodata Consortium<sup>4</sup> gathers and manages genetic and ecological information in a manner that benefits Tribal peoples. It has a strong capacity-building focus through its education arms, including IndigiData, which offers training in data collection, management, analysis, and stewardship of biodata collections<sup>5</sup>. The Johns Hopkins University Center for Indigenous Health offers introductory courses in data management and quantitative methods as part of its public health training<sup>6</sup>, and the University of Arizona’s Data Science Academy collaborates with Southern Arizona Tribes to develop computer science curricula<sup>7</sup>. These initiatives help Tribes and Tribal organizations build capacity for data management and research, emphasizing leadership and stewardship. While these efforts have somewhat strengthened Tribal capacity in data analysis, Tribal involvement in biostatistics and data science-focused research is still limited. While some training programs support related activities, few focus specifically on these fields. For example, NSF’s Tribal Colleges and Universities Program aims to enhance the quality of undergraduate STEM education and research tailored to Tribal communities and students<sup>8</sup>. The NIH Strategic Plan for Tribal Health Research<sup>9</sup> articulates the NIH’s commitment to building a strong, coordinated community of researchers and expanding scientific knowledge to improve the health of Tribal communities. This document, implemented from 2019 to 2023, is being updated for 2024-2028<sup>10</sup>.

Hook: general statement about building data science capacity in Tribes.

Tied to NIH initiatives.

Brief review of what's been done.

CRITICAL GAP!

Source: Jodi Lapidus, PhD  
OHSU

The NIH-funded Native American Research Centers for Health (NARCH) have been instrumental in facilitating alliances among Tribes, Tribal organizations, and academic institutions to undertake research endeavors and enhance research capacity within Tribal communities. The Northwest NARCH (NW NARCH), housed at the Northwest Portland Area Indian Health Board (NPAIHB), has a long history of offering summer training institutes, research support fellowships, and mentoring<sup>11</sup>. In a prior funding cycle, NW NARCH and Oregon Health & Science University (OHSU) launched a two-year Applied Biostatistics and Data Science (ABDS) track. The first cohort graduated in May 2024, and a second began in June 2024. The program combines summer intensive training, online seminars, hands-on workshops, mentoring, and a capstone project, all tailored to each participant's professional goals and career stage. Notably, we observed a dramatic increase in interest from qualified candidates for the second ABDS cohort (>40 applicants for 10 available slots). This strong interest is expected to continue as health data access grows and skills in managing and analyzing large datasets become essential. One effective approach to strengthening trust in health research within Tribal communities is to support individuals from these communities in leading and designing research projects, including those with quantitative foci. We plan to contribute to this solution by empowering Tribal researchers and health professionals with skills in statistical reasoning, data management, analysis, and stewardship.

More on what's been done...this time by the team. Features our own successful training. Always good to plug your own work!

Specific solution to building research capacity – training more folks with strong quantitative skills. Circling back to grab the reviewer with your solution.

Source: Jodi Lapidus, PhD  
OHSU

# Let's Practice!



## Example 2

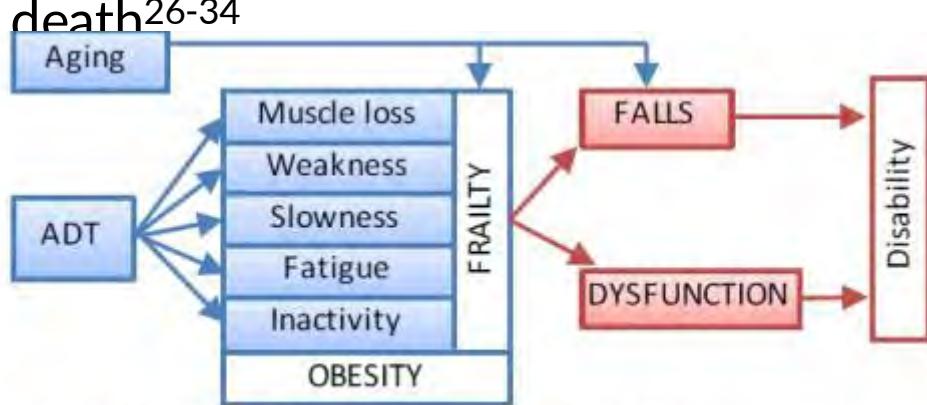
Kerri Winters-Stone, PhD – OHSU  
R01 application

[https://cancercontrol.cancer.gov/sites/default/files/2020-06/SGA\\_9596188.pdf](https://cancercontrol.cancer.gov/sites/default/files/2020-06/SGA_9596188.pdf)

**Falls, frailty and dysfunction lead to costly injuries, loss of independence and early death among older persons.** Falls are associated with 90% of hip, 50% of vertebral, and 100% of wrist fractures<sup>19</sup> and can cause traumatic brain injury, internal organ damage, hospitalization, disability and death<sup>20</sup>. One-third of those who fall will require assistance with activities of daily living and over half (58%) of those requiring help will need it for more than 6 months<sup>21</sup>. A single fall increases the risk of future falls<sup>20</sup> and recurrent falls increase the rates of nursing home admission and mortality and poor quality of life<sup>22,23</sup> and may be a symptom of frailty and poor physical and mental health status<sup>24,25</sup>. Frailty is an overall weakened physiological state usually associated with advanced age. Fried proposed a Frailty Phenotype model of 5 criteria to measure frailty (Fig. 1) and demonstrated that older adults with at least 3 of the 5 frailty criteria were at increased risk of hospitalization, development of disability, falls and early death<sup>26-34</sup>

Hook – Use of bold!

Brief overview of problem



Used a figure to SHOW issue!

Fig. 1: Accelerated (obese) frailty from ADT and its consequences

**Androgen deprivation therapy (ADT) for prostate cancer increases the risk of falls and frailty, even if treatment stops (Fig. 1).** ADT is associated

with muscle loss, weakness, fatigue, slowness, and inactivity<sup>11,35,36</sup> which are linked to falls in adults without cancer, and constitute the same elements of the Frailty Phenotype that predicts poor health outcomes<sup>37</sup>. Our data indicate that PC survivors whether treated currently or in the past with ADT, have a 5 to 6-times higher risk of recurrent falls and 9 to 10 times higher risk of frailty than men never on ADT<sup>8</sup>. Nearly half of all PC survivors are treated with ADT<sup>3</sup>, placing millions of men at increased risk for these subsequently life-threatening side effects. As the projected number of cancer survivors rises dramatically in a few decades, preventing excess falls, frailty, and dysfunction from ADT has become an urgent public health issue and a priority objective of the NCI Cancer Moonshot<sup>SM</sup>.

Bold the main idea of this paragraph

Discuss what's known about ADT, including their data.

Addresses urgency & ties to NCI objectives.

**Limitations and strengths of prior work:** Recent evidence, including our data, indicates that PC survivors exposed to ADT are significantly more likely to report a history of falls, injurious falls, frailty and dysfunction compared to PC survivors never on ADT<sup>4-9</sup>. Currently, there is no non-pharmacologic and effective solution to the urgent problem of falls and frailty from ADT, leaving clinical practice bereft of knowledge to care for patients. However, studies, including published work from our group, on fall prevention in older adults suggest that exercise programs targeting gait, balance, strength, and functional tasks are most effective at reducing fall risk<sup>38</sup>. This proposed study builds on our years of solid work showing that tai ji quan reduces falls in older adults without cancer<sup>39</sup> or with Parkinson's disease<sup>40</sup> and that strength training reverses weakness and lessens disability in PC survivors on ADT<sup>41</sup>. A major strength of the proposal is that both tai ji quan and strength training explicitly align with best practice recommendations for fall prevention but the modalities are distinct, where strength training emphasizes muscle function and tai ji quan emphasizes balance<sup>39,42,43</sup>. Prior exercise research in PC survivors has not tested exercise modalities known to prevent falls in older adults with falls as a clinical endpoint<sup>44</sup>, thus our direct comparison of strength training to tai ji quan in PC survivors on ADT is both scientifically rigorous and responds to an urgent clinical need. At this point, a combined tai ji quan + strength program is not supported by the literature nor even available in community settings, but based on findings from this study, could be considered in the future. We outline key details on scientific rigor in the Approach with attention to randomization, blinding, intervention fidelity, analysis, statistical power and sample size.

Use of bold

Critical Gap

Introduces proposed solution to address the gap.

Showing reviewers how they're the team to do the job.

Another gap this study will address.

Significance of this study

# Helpful Tips

**Print the FOA.** Read and highlight sections. This is your roadmap to success.

**Outline! Outline! Outline!**

**Look at scoring rubric.** Ensure you have what reviewers will look for.

**Bold or Number.** Reviewers are busy, make their job easier by clearly emphasizing things they will be looking for.

# More Helpful Tips

- To be a better grant writer, **read more grants!**
- Writing is difficult. Be kind to yourself.
- Form a writing group of peers who can offer feedback.
- Start early. Take breaks.
- Edit backwards.
- Reverse outline.
- Use an editor.
- **Art, not a science - find what works for you**

# Your Significance Checklist

- ✓ Clear problem + public health impact
- ✓ What's been done (brief lit review)
- ✓ Critical Gap
- ✓ Urgency + alignment with NIH/Tribes
- ✓ Why you? Why now?

# Quiz Time!

- The Significance section is where you list all the published literature on your topic.
- You should never mention any of your own team's work in the Significance section.
- Grant reviewers are all experts in your topic. Therefore, it is not necessary to give them much background in this section.
- Your sentences should all be the same length – and the longer the better!

# Thank you!



Find me at:  
[gcunningham@npaihb.org](mailto:gcunningham@npaihb.org)

# Crafting a Compelling NIH Specific Aims Page

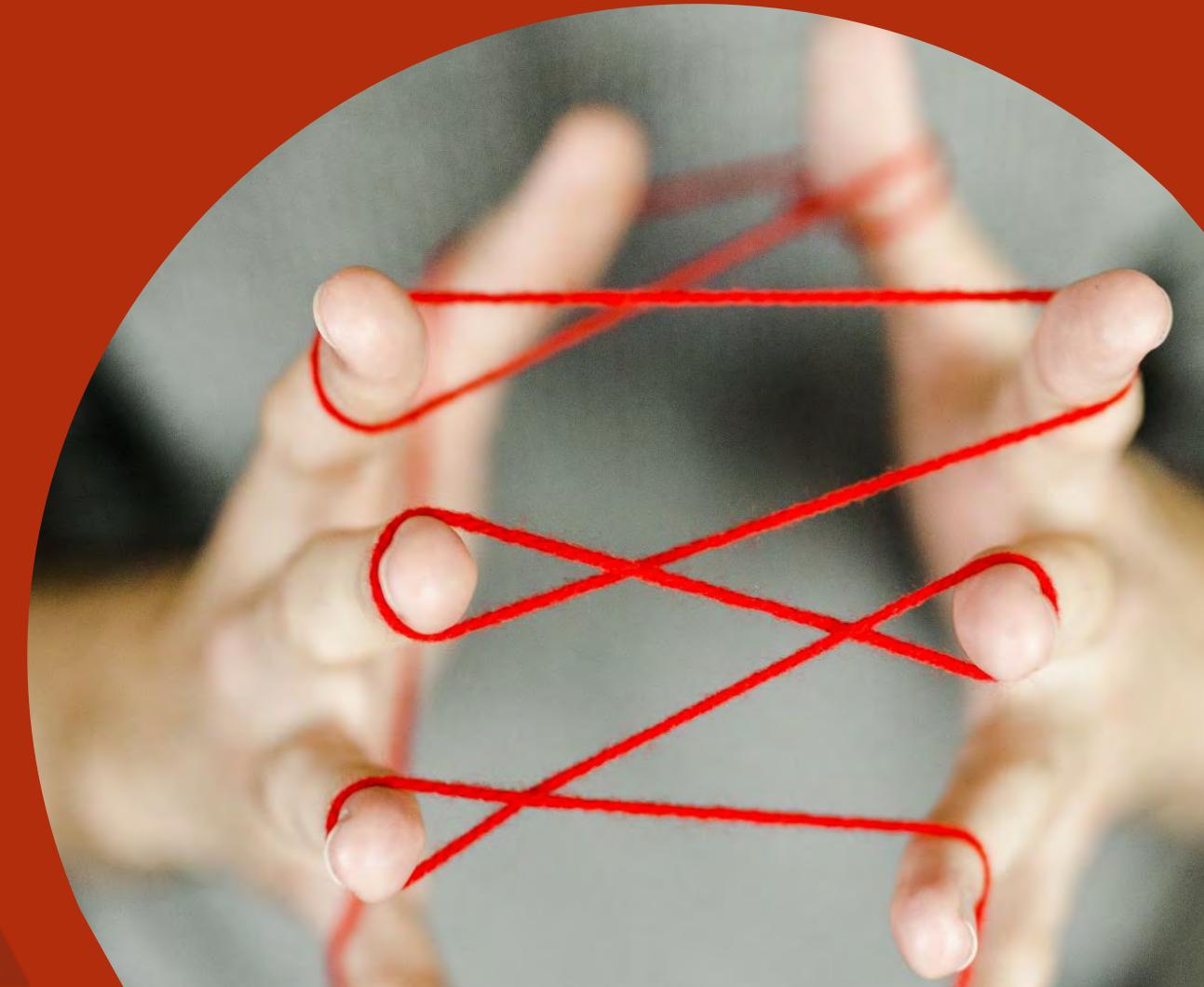
The Specific Aims page is not merely a formality — it is the intellectual heartbeat of your NIH application.

It is the first page reviewers read, and often the one they remember most vividly. This is your opportunity to ignite curiosity, convey urgency, and inspire confidence in your vision.

A well-crafted Aims page does more than outline a plan; it convinces reviewers that your work is both necessary and destined to succeed.

# Present Your Aims with Clarity and Momentum

- Organize your aims so they are distinct, synergistic, and strategically independent.
- Each aim should stand on its own, yet together they should form a cohesive arc that advances your central hypothesis.



# Final Tips

- Each aim should feel like a necessary step forward, not an isolated experiment.
- Avoid unnecessary dependencies unless they are scientifically compelling.



# For Training and Technical Assistance around Grant Writing



The Northwest Regional Research Center (NWRRCC) is a NIH funded center at NPAIHB, that is being developed to provide training, support and technical assistance for research activities in NW Tribes.



Please contact Hannah Throssell, Senior Research Manager  
[hthrossell@npaihb.org](mailto:hthrossell@npaihb.org)

# Summer Research TRAINING INSTITUTE

for American Indian and Alaska Native Health  
Professionals and Students

Improve your research skills  
with short courses in  
Epidemiology, Community  
Based Participatory Research,  
Data Science, and more!

 June 8-19, 2026  
 9AM-4:30PM  
 Portland, Oregon



## GOAL

The goal of the NW NARCH is to improve tribal health by increasing the number of American Indian and Alaska Native (AI/AN) people who are engaged in biomedical and social science research and who can bring the benefits of academic research into their communities.

## APPROACH

The SRTI curriculum is designed for AI/AN health professional and student research training needs. Each trainee may create a customized course schedule. Certificates of completion are awarded at the end of each course.

## SPONSORS

National Institutes of Health  
under Award Number  
1S06GM141002

Northwest Portland Area Indian  
Health Board

Native American Research  
Center for Health

## REGISTRATION COMING SOON

Questions? Email us at [summerinstitute@npaihb.org](mailto:summerinstitute@npaihb.org)



# Partner Updates & Resources

# Portland Area IHS Communicable Diseases Update

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TARA PERTI, MD, MPH  
MEDICAL EPIDEMIOLOGIST  
IHS, PORTLAND AREA OFFICE

January 20, 2026



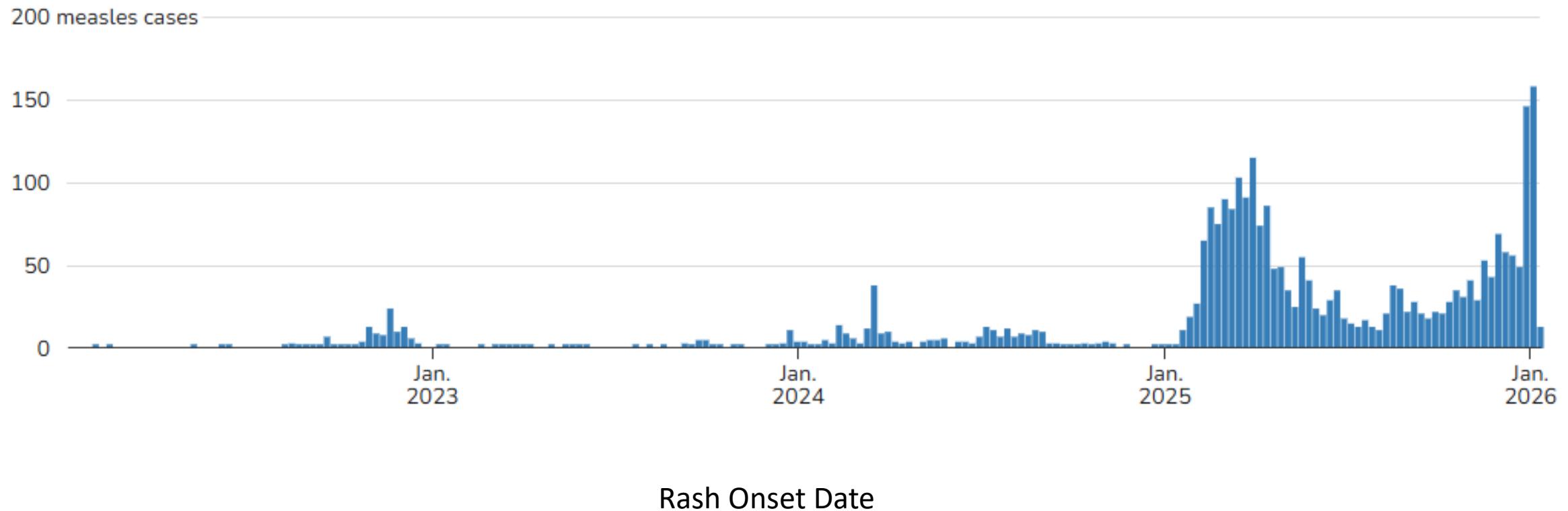
# Outline

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- Measles
- Influenza, RSV, and COVID-19

# Measles – United States, 2023-2025 (through 1/13)

2023-2026\* (as of January 13, 2026)

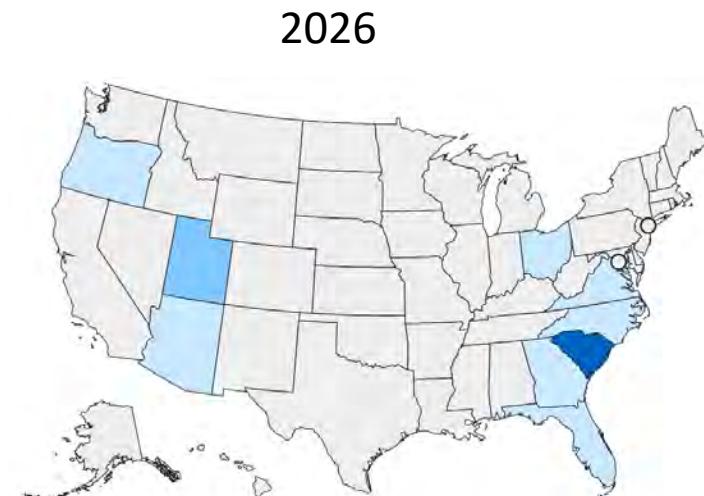
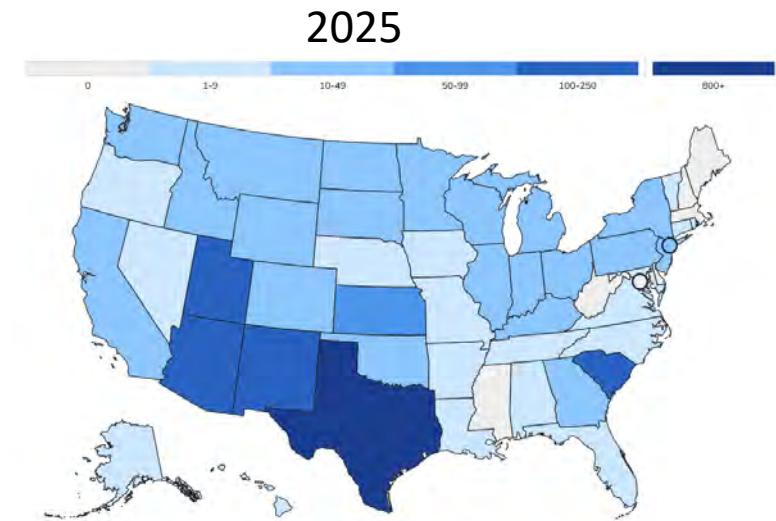


# Measles — United States, 2025-26

- 2,242 confirmed cases among 44 states during 2025. 171 cases reported among 9 states in 2026 as of 1/13.

For 2025:

- 88% of cases from one of 49 outbreaks ( $\geq 3$  related cases).
- Age: 26%  $< 5$  years-old, 44% 5-19 years-old, 30%  $\geq 20$  years-old.
- 11% hospitalized overall (18% 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 — Recent Cases in the Portland Area (N=8)

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## Idaho (N=1)

- 1/6: Eastern Idaho Public Health reported a cases of measles in an unvaccinated child in **Madison County** who traveled out-of-state to an area with an outbreak.

## Oregon (N=3)

- 1/10: 2 cases of confirmed measles among unvaccinated individuals in **Linn County with no travel outside Oregon**. Possible public exposure locations:
  - Lebanon Community Hospital Emergency Department: 1/6 8:53 PM-1/7 7:00 AM.
  - Albany General Hospital Emergency Department: 1/7 4:59 AM-1/7 8:15 AM
  - Anyone who was at one of these locations should check their immunization records to see if they are protected from measles and to ensure they get vaccinated if not immune.
  - Anyone at one of these locations should monitor for symptoms until 1/28/26. If symptoms develop they should call the clinic or hospital ahead to notify them of the need for evaluation for measles.
- 1/16: **Clackamas County** reported 1 case of confirmed measles in an unvaccinated individual.

# Measles — Recent Cases in the Portland Area (cont.)

## Washington (N=4)

- 1/16: Outbreak in Snohomish County with 3 unvaccinated children confirmed to have measles, linked to a family from South Carolina with 3 members diagnosed with measles after traveling in King and Snohomish Counties from 12/27-1/1. Possible public exposure locations:

### **Snohomish County, Washington**

- 12/27 McDonald's, 530 128th St. SW, Everett
- 12/28 Slavic Christian Church Awakening, Mukilteo
- 12/29 Flying Squirrel Trampoline Park, Everett
- 12/29 Chick-fil-A, 8810 36th Ave, Marysville
- 12/30 Mukilteo-Clinton Ferry
- 12/30 Fisherman Jack's, Everett
- Monitor for symptoms through 1/20/26

- Stellar Kids Dentistry Everett
- 1/9 Pathfinder Kindergarten Center (Mukilteo School District), Everett
- 1/9 Serene Lake Elementary School (Mukilteo School District), Edmonds
- Monitor for symptoms through 1/30/26
- 1/13 Swedish Mill Creek, Everett
- Monitor for symptoms through 2/3/26

### **King County, Washington**

- Sea-Tac Airport and Shuttle to Consolidated Rental Car Facility: 1/1
- Monitor for symptoms through 1/22/26

#### **Additional Details:**

<https://www.snohd.org/m/newsflash/Home/Detail/902>

<https://www.snohd.org/m/newsflash/home/detail/906>

- 1/15: Kittitas County reported a student at Central Washington University confirmed to have measles. Locations of potential exposure to the public on 1/8 and 1/9 at CWU. For additional details:

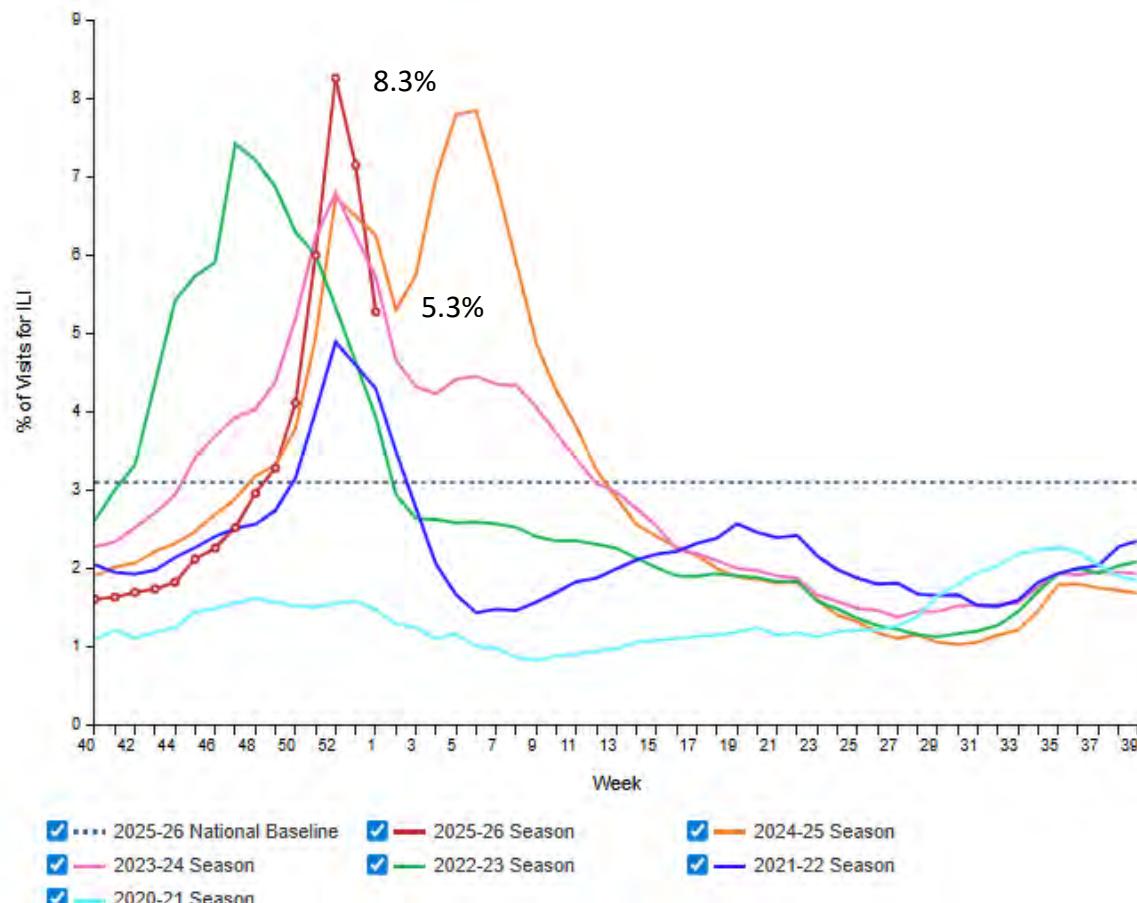
<https://www.co.kittitas.wa.us/press/default.aspx?prID=12119>

# Measles — Portland Area, 2025-26

Location (State/County)	Number of Cases		Cases Among Travelers
	2025	2026	
<b>Idaho</b>			
Boundary (Panhandle Health District)	6		
Bonner (Panhandle Health District)	1		
Kootenai (Panhandle Health District)	1		
Bonneville (Eastern Idaho Public Health)	5		
Madison (Eastern Idaho Public Health)		1	
<b>Washington</b>			
King	7		
Snohomish	2	3	
Whatcom	2		
Spokane	1		
Kittitas		1	
<b>Oregon</b>			
Multnomah	1		
Linn		2	Measles virus detected in wastewater from Marion and Josephine Counties in October 2025. No cases reported.
Clackamas		1	

# Percentage of Outpatients Visits for Influenza-like Illness (ILI) and Influenza Subtyping Data — United States, 2025-26 (through 1/10/26)

## Percentage of Outpatients Visits for Influenza-like Illness (ILI) — United States, 2025-26 and Prior Five Seasons

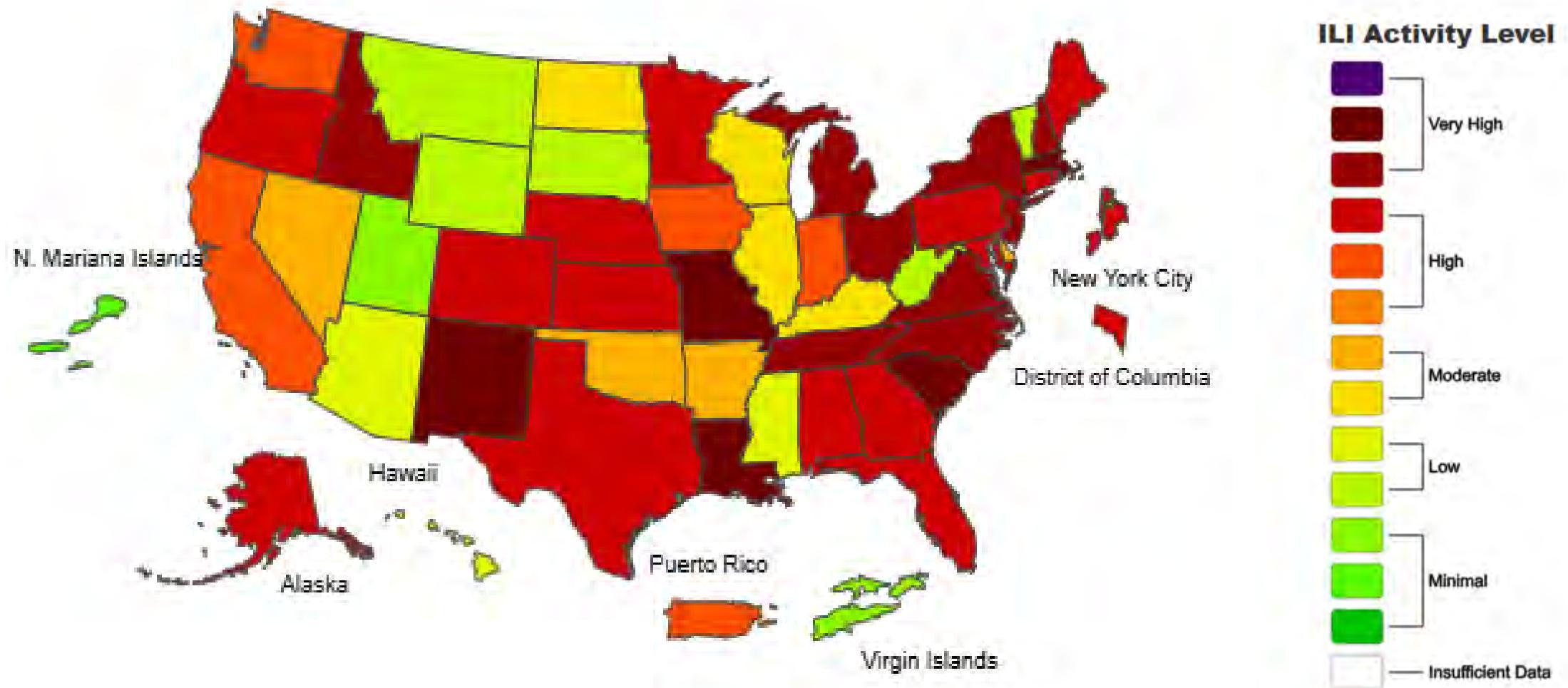


## Influenza Subtyping

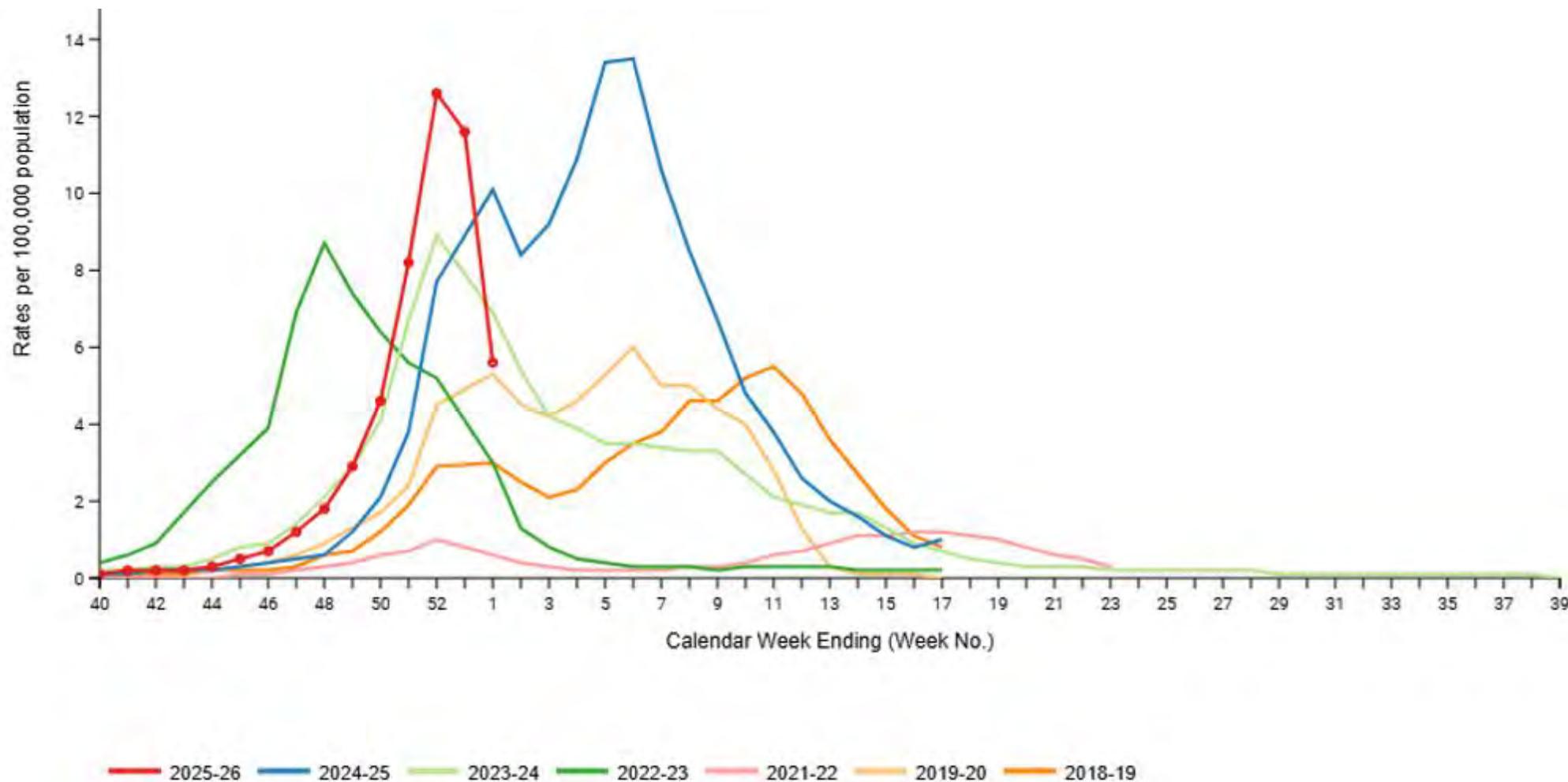
	Week 1	2025-26 Season (Cumulative)
Influenza A	96.5%	96.7%
H3N2	89.7%	87.8%
	Drifted subclades: 90.9% K; 4.2% J.2.4; 3.7% J.2.3	
H1N1	10.3%	12.2%
H5	0	0.01% (one patient)
Influenza B	3.5%	3.3%

- 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.

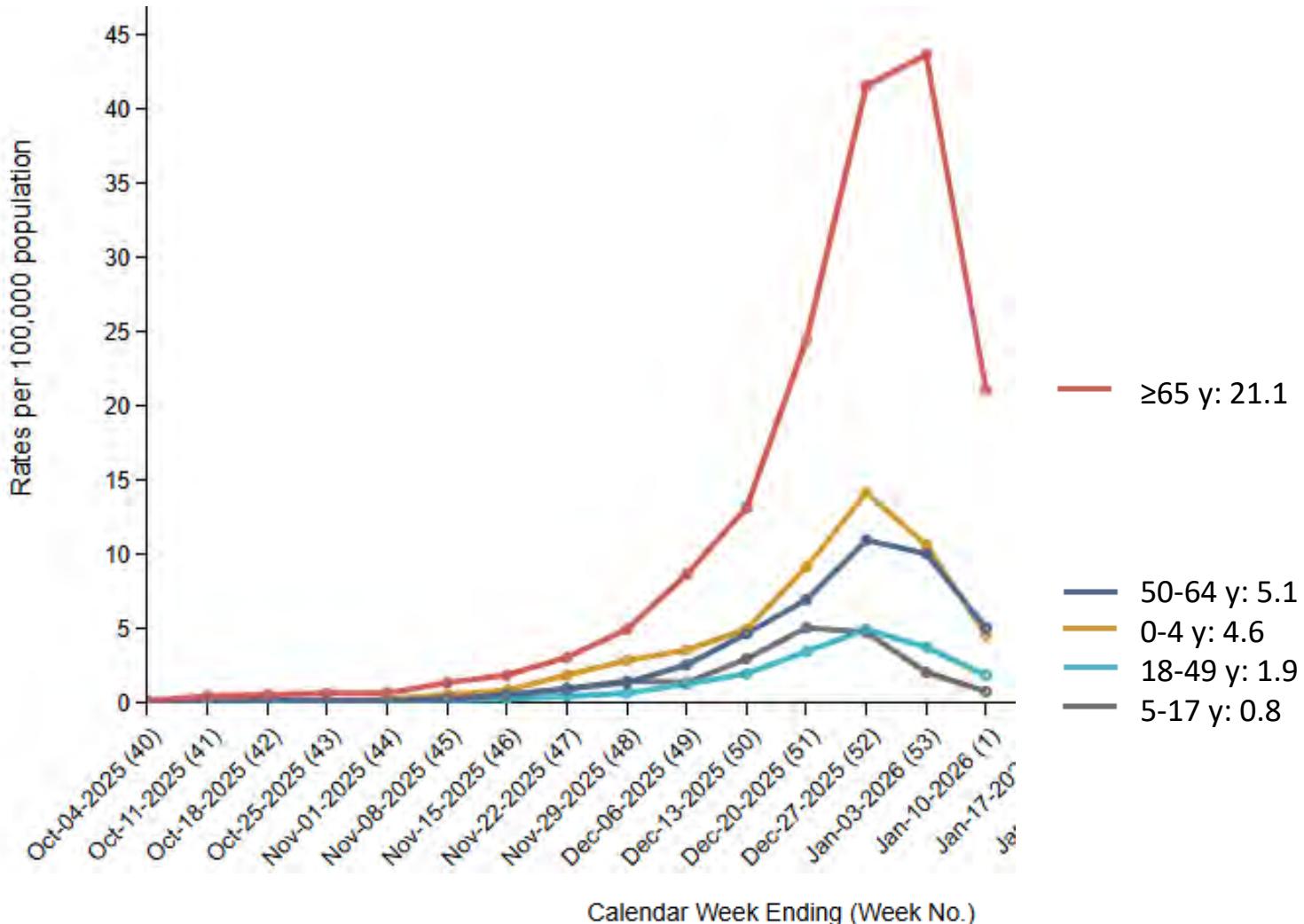
# ILI Activity — United States, 2025-26 (week ending 1/10/26)



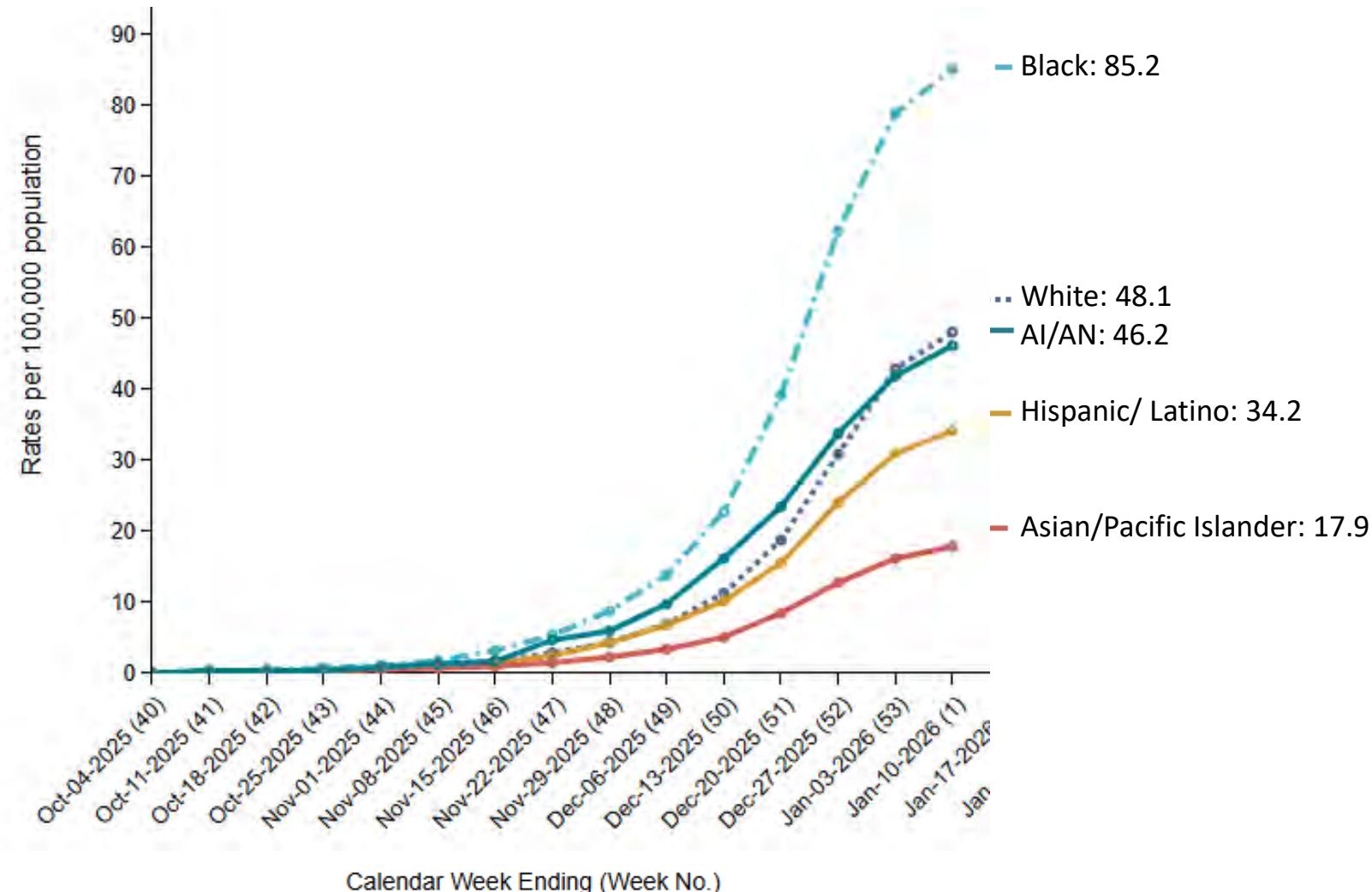
# Weekly Influenza-Associated Hospitalization Rates — United States (FluSurv-Net), 2025-26 and Prior Six Seasons



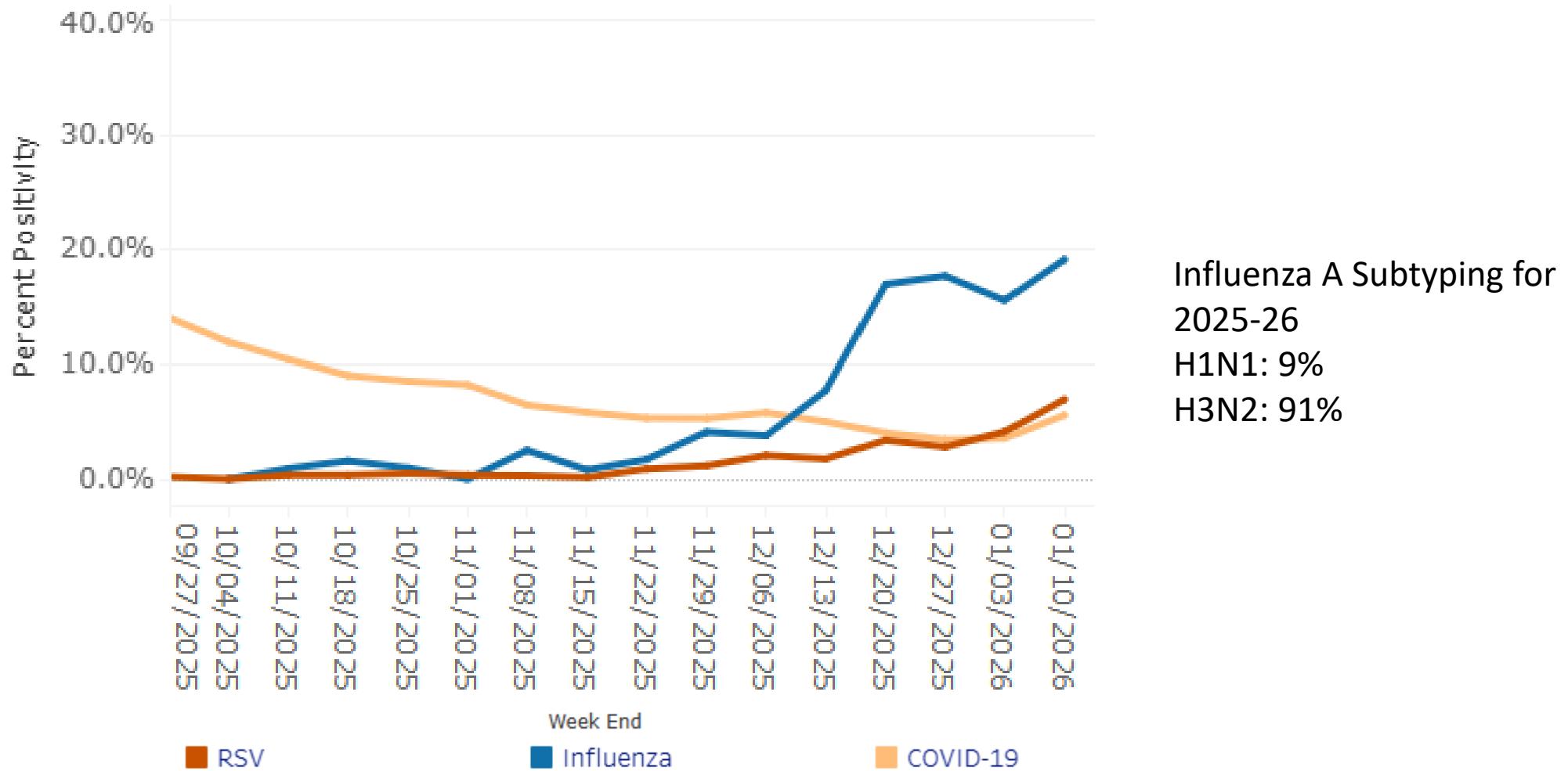
# Weekly Hospitalizations Associated with Influenza by Age — United States (FluSurv-Net), 2025-26 (through 1/10/26)



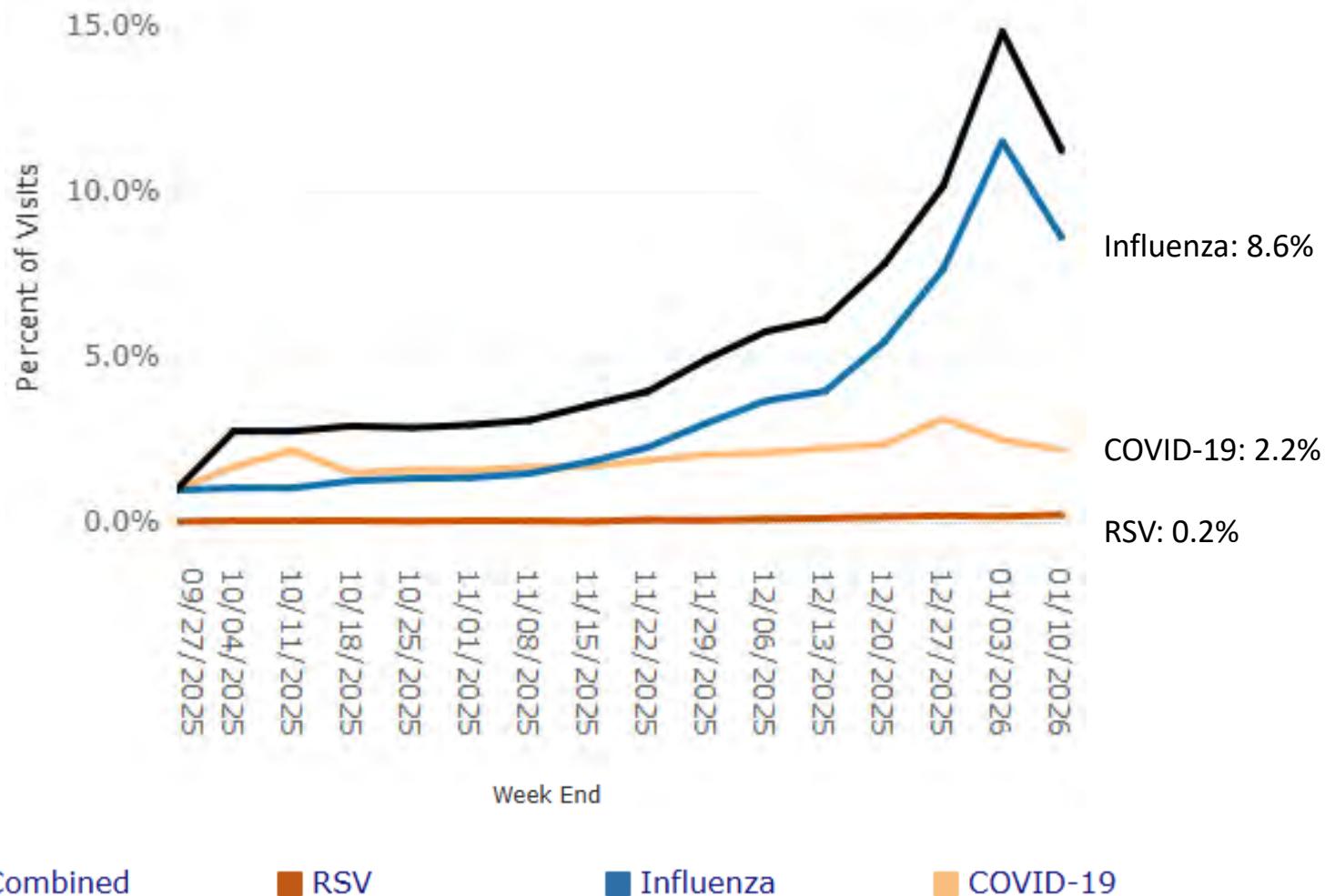
# Cumulative Hospitalizations Associated with Influenza by Race/Ethnicity – United States (FluSurv-Net), 2025-26 (through 1/3/26)



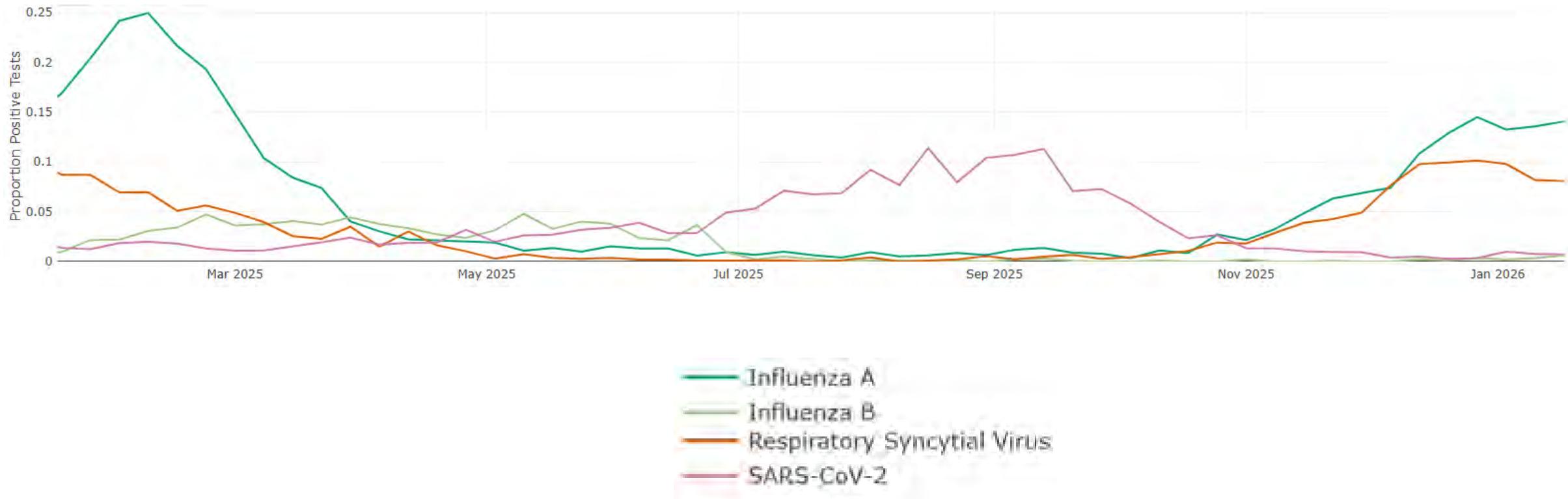
# Percent of Tests Positive for Influenza, RSV, and COVID-19 – Idaho, 2025-26 (through 1/10/26)



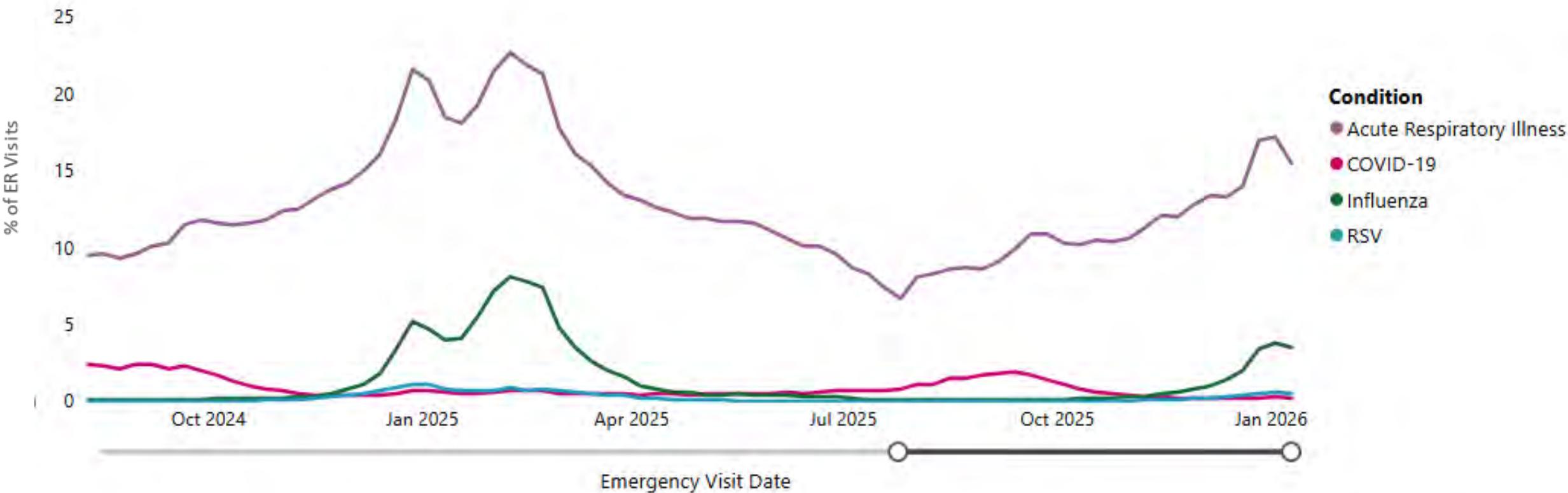
# Percent of Healthcare Visits for Influenza, COVID-19 and RSV — Idaho, 2025-26 (through 1/10/26)



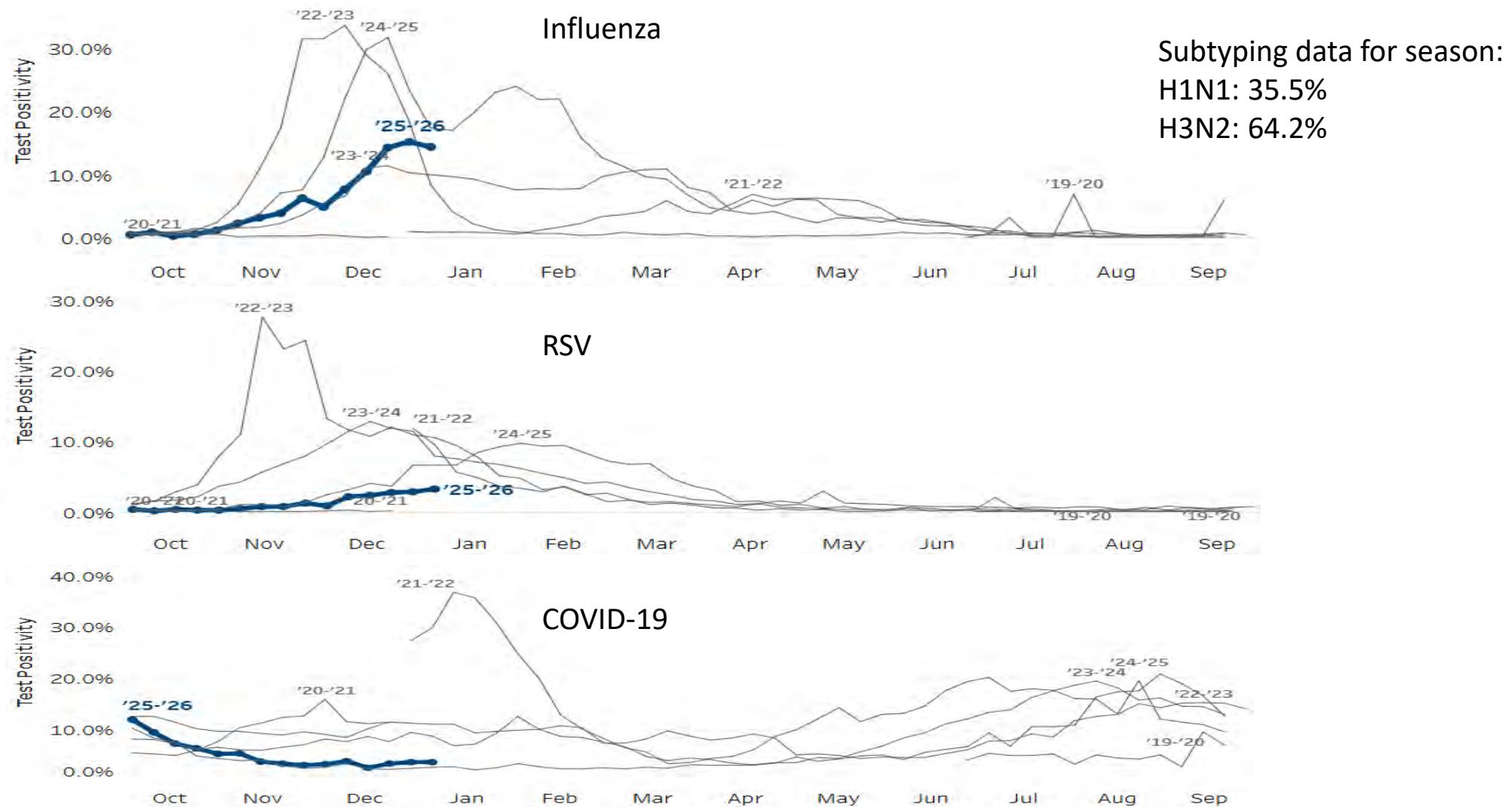
# Proportion of Tests Positive for COVID-19, Influenza and RSV in the Northwest — University of Washington and Seattle Children's Hospital, 2025-26 (through 1/17)



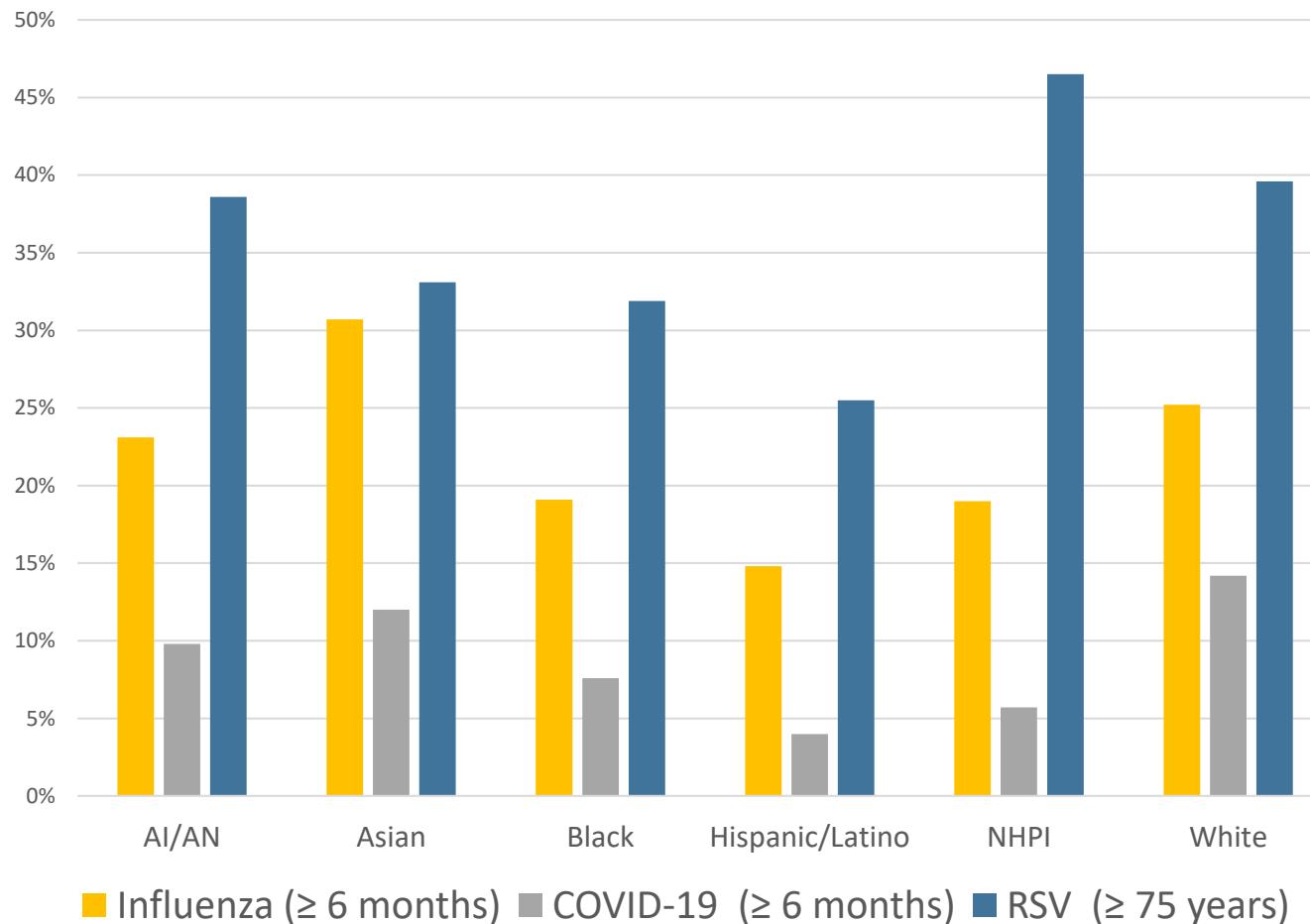
# Percent of Emergency Room Visits for Acute Respiratory Illness, Influenza, RSV, and COVID-19 — Washington, 2024-26 (through 1/10/26)



# Percent of Tests Positive for Influenza, RSV, and COVID-19 — Oregon, 2025-26 (through 1/10/26)



# Percent of People Vaccinated for Influenza, COVID-19 and RSV by Race/Ethnicity — Washington State , 2025-26 (through 1/12/26)



# Summary

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- Measles: Portland Area, 2026
  - Idaho: 1 case reported in Madison County on 1/6 (Eastern Idaho Public Health).
  - Oregon: 2 cases in Linn County reported 1/10, 1 case in Clackamas County, reported 1/16.
  - Washington: Outbreak in Snohomish County reported 1/16 with 3 cases linked to a family with measles traveling from South Carolina. 1 case in Kittitas County (student at CWU) reported 1/15.
- Influenza
  - Nationally, outpatient visits for influenza-like illness (ILI) peaked during the week ending on 12/27, and were higher than last year.
  - Very high ILI activity in Idaho and high activity in Washington and Oregon.
  - Influenza-associated hospitalizations are highest among those 65 years or older, followed by those age 50-64 years-old and those age 0-4 years-old. Hospitalization rates are declining in the U.S.
  - There have been 32 children with influenza-related deaths in the U.S. this season.
  - This year so far, AI/AN have had a cumulative hospitalization rate similar to non-Hispanic whites and lower than non-Hispanic blacks.
  - 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).
  - Vaccine effectiveness 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 vaccine effectiveness is lower, higher levels of coverage are required to prevent the spread of the infection.
- RSV: Increasing activity in Idaho and Oregon, in Washington, RSV remains above threshold for increased activity.
- COVID-19: Low levels of activity currently, increasing test positivity in Idaho.
- AI/AN have a higher risk of more severe disease due to influenza, COVID-19, and RSV, yet vaccination coverage is limited [for WA (as of 1/12): Influenza, 23.1%; COVID-19, 9.8%; RSV (age 75+), 38.6%].

# Recommendations

- Ensure patients at your clinics and your families and communities are up to date on immunizations, including influenza, COVID-19, RSV, and measles so that they are protected and stay healthy. It's still not too late to get vaccinated for influenza, COVID-19 and RSV! Vaccination is recommended as long as there is increased activity of these respiratory viruses. 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  $\geq$  12 months old: 2 doses at least 28 days apart, infants  $\geq$  6 months old: 1 dose (revaccinated with 2 dose series starting at 12 months)).
- Consider using multiple strategies to increase vaccination rates (e.g. reminder/recall, electronic prompts, standing orders, increasing patient access, provider audit and feedback with benchmarks, CME on provider communication techniques (e.g. boostoregon.org webinars including on motivational interviewing), vaccine clinics, mobile vaccine clinics, reviewing/addressing vaccination status with WIC beneficiaries, messaging utilizing trusted messengers).
- Wash hands regularly, clean high-touch areas frequently.
- What to do when you're sick:
  - 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.
  - Stay home and away from other people you live with when you have symptoms of a cold. Wear a mask when you must be around others. 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.
  - When coughing/sneezing cover your mouth/nose with a tissue or your sleeve and wash your hands afterwards.
- Prepare for measles:
  - Ensure all health care workers have presumptive evidence of measles immunity and that N95 Respirator Fit Testing has been done in the past year.
  - If a measles case is identified in your community:
    - Develop signage and a protocol to screen patients for possible measles (e.g. fever and rash, with international travel, travel to a community with a measles outbreak, or known exposure to measles in the past 21 days).
    - Provide patients with possible measles a mask to wear and to immediately bring back to a designated room available (e.g. airborne infection isolation room if available).
    - Train staff, including front-desk to recognize, isolate, and evaluate patients with possible measles and in infection prevention (e.g. Project Firstline: Measles Infection Control Microlearn with discussion guide).
    - Ensure you have supplies for measles testing.
- Consider measles in anyone with a fever and generalized maculopapular rash with recent international travel or travel to an area with a measles outbreak, or exposure to a measles case. Recommend testing performed in collaboration with local health jurisdiction (throat or NP swab for measles PCR in viral transport media, possibly urine for measles PCR, blood for measles IgM and IgG).

HHS: All individuals are encouraged to consult with their health care providers to understand their options regarding vaccinations.

CDC. Preventing Spread of Respiratory Viruses When You're Sick. Available at: <https://www.cdc.gov/respiratory-viruses/prevention/precautions-when-sick.html>

CDC. Preventing Respiratory Illnesses. Available at: <https://www.cdc.gov/respiratory-viruses/prevention/index.html>

# 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 \(NPAIHB\): VacciniNative; Native Boost](#)

[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](#)

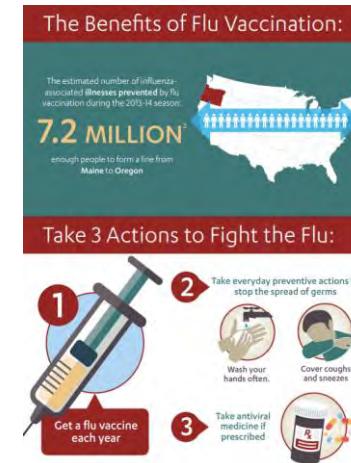
[Washington State Department of Health: Flu Overview; Materials and Resources; Influenza \(Flu\) Information for Public Health and Healthcare; Measles Communications Toolkit for Washington State Partners](#)

[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](#)



# Additional Resources for Measles

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

American Academy of Pediatrics Project Firstline Poster. Available at: <https://downloads.aap.org/AAP/PDF/ThinkMeasles-final.pdf>

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

Centers for Disease Control and Prevention. Be Ready for Measles Toolkit. Available at: <https://www.cdc.gov/measles/php/toolkit/index.html>

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

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

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

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

Centers for Disease Control and Prevention. Measles: For Public Health Professionals. Available at: <https://www.cdc.gov/measles/php/guidance/index.html>

Centers for Disease Control and Prevention. Routine Measles, Mumps, and Rubella Vaccination. Available at: <https://www.cdc.gov/vaccines/vpd/mmr/hcp/recommendations.html#hcp>

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

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

Idaho Bureau of Laboratories. Clinical Specimen Submission Guide. Available at: <https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=31429&dbid=0&repo=PUBLIC-DOCUMENTS>

Johns Hopkins Bloomberg School of Public Health: Center for Outbreak Response and Innovation. Empowering Outbreak Response: Optimizing Strategies for Measles Outbreaks. Available at: <https://cori.centerforhealthsecurity.org/resources/measles-outbreak-response>

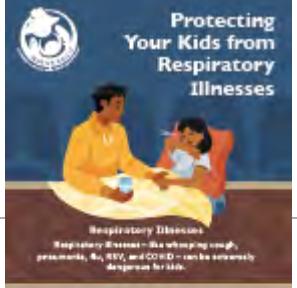
Oregon Health Authority. Measles / Rubeola (vaccine-preventable). Available at: <https://www.oregon.gov/oha/ph/diseasesconditions/diseasesaz/pages/measles.aspx>

Oregon State Public Health Laboratory. Measles (Rubeola), Real-Time RT-PCR. Available at: <https://www.oregon.gov/oha/PH/LABORATORYSERVICES/Pages/zMeaslesPCR.aspx>

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

Washington State Department of Health Public Health Laboratory. Measles, Mumps, & Rubella Specimen Testing Protocol. Available at: <https://doh.wa.gov/sites/default/files/2025-06/420-260-WA-PHL-MMRSpecimenTestingProtocol.pdf>; Measles Specimen Shipping Guide. Available at: <https://www.medialab.com/dv/dl.aspx?d=1932777&dh=3b5fa&u=69790&uh=0e2a1>

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



**Respiratory Diseases**  
Respiratory Diseases like whooping cough, pneumonia, RSV, RSV, and COVID-19 can be extremely dangerous for kids.



**Who Should Get Vaccinated**

- Whooping Cough (Diphtheria)** Babies, kids, grown-ups, and adults 10 years old and older.
- Pneumonia** Babies, kids, grown-ups, and adults 10 years old and older.
- RSV** Babies less than 8 months and adults 65 years old and older.
- COVID-19** Everyone 12 years and older, everyone.



**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-feeding.

**How Vaccines Work**  
Within our bodies, each of us has warrior cells that stand guard and attack diseases. When we get the COVID-19 vaccine series and get boosted, we are better able to recognize and fight COVID-19. That is 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.

**Additional Information**  
For additional information, including info on long COVID, check out [www.IndianCountryCHO.org/VaccNative](http://www.IndianCountryCHO.org/VaccNative). For questions, contact us at [VaccNative@path.org](mailto:VaccNative@path.org).



**The Choice is Yours**

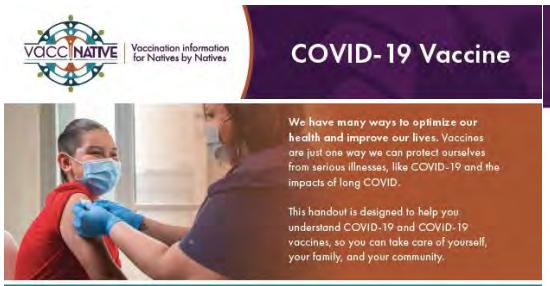
As you think about getting vaccinated, read up and bring any questions or concerns you have to your health provider. They can talk with you and help explain why certain vaccines are safe and effective and which vaccines you may want to temporarily avoid. They will also share other tools to keep you and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

**Where to Get Vaccinated**  
To get vaccinated contact your local tribal clinic, IHS facility, or visit a local pharmacy or clinic.

**VaccNative**  
This handout was developed by VaccNative – a campaign dedicated to creating accurate vaccine information for 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 VaccNative Alliance, a collaboration of staff from Tribal Epidemiology Centers across the nation.

**Additional Information**  
For additional information, check out [www.IndianCountryCHO.org/VaccNative](http://www.IndianCountryCHO.org/VaccNative). For questions, contact us at [VaccNative@path.org](mailto:VaccNative@path.org).



**COVID-19 Vaccine**

We have many ways to optimize our health and improve our lives. Vaccines are just one way we can protect ourselves, our families, and our communities. The COVID-19 vaccines allow me to safely be around my family, friends, and the Elders in my life. 

**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. Boosters 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 vaccine series and get boosted, we are better able to recognize and fight COVID-19. That is 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 COVID-19 Symptoms**  
COVID-19 is a virus that attacks your whole body and causes some or all of these:

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

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.



**Vaccines 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.

**Vaccines Protect You and Baby During Pregnancy**  
When you get vaccinated during pregnancy, 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.

**Additional Information**  
For additional information, check out [www.IndianCountryCHO.org/VaccNative](http://www.IndianCountryCHO.org/VaccNative). For questions, contact us at [VaccNative@path.org](mailto:VaccNative@path.org).

<https://www.indiancountryecho.org/vaccinative/>  
<https://www.indiancountryecho.org/native-boost/>

# Flyer and Social Media Posts from IHS



**Protect the Ones We Love.**

The MMR vaccine can prevent measles, mumps and rubella. Nearly all people who get the MMR vaccine are protected for life.

### The MMR Vaccine

**What is Measles?**  
Measles causes high fever, cough, runny nose, and watery, red eyes, followed by a rash. Measles spreads easily and can cause hospitalization, pneumonia, and death.

**What is Mumps?**  
Mumps causes fever, muscle aches, tiredness, and swelling of the salivary glands in the cheek and jaw. Mumps can cause arthritis, ovary or testicle swelling, deafness, brain swelling, and, rarely, death.

**What is Rubella?**  
Rubella may cause mild fever, sore throat, headache, and a rash. Some people have no symptoms, and women may have joint pain. Rubella is very dangerous for unborn babies and can cause miscarriage or birth defects.

**Who Can Get Vaccinated?**  
Children need two doses of the MMR vaccine:

- First dose: 12-15 months of age
- Second dose: 4-6 years of age

Most adults need 1 or 2 doses of MMR vaccine in a lifetime, depending on risk factors.

All individuals should consult with their health care providers to understand their options to get the MMR vaccine.

Scan code for more information.







**Protect the Ones We Love.**

The MMR vaccine can prevent measles, mumps and rubella. Nearly all people who get the MMR vaccine are protected for life.

All individuals should consult with their health care providers to understand their options to get the MMR vaccine.

Scan code for more information.









WA DOH Office of Tribal  
Public Health & Relations

 @WaDeptHealth

Tuesday January 20, 2026  
NPAIHB Meeting



# Agenda

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Immunization Updates

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OTPHR Updates

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Contact Info & Closing



# Office of Immunization



DOH Office of Immunization Updates  
January 20, 2026

## DOH and Partner Alliances

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The Washington State Department of Health (DOH) and West Coast Health Alliance (WCHA) are closely monitoring developments at the federal level. The situation is evolving rapidly, and DOH is committed to transparency as updates arise. We will continue to keep Tribes and partners informed.

The Washington State Department of Health is actively engaging in strategy collaborations with Immunization related Alliances, Committees, and Boards at the regional and national level.

# WA DOH and WCHA Response to HHS Change to Childhood Immunization Schedule

After the HHS January 5, 2026 Announcement, Washington State Department of Health and the West Coast Health Alliance (WCHA) issued press releases stating that both continue to recommend vaccination in alignment with the American Academy of Pediatrics (AAP) Recommended Child and Adolescent Immunization Schedule:

- [Click here to read the full WCHA Statement, January 5, 2026](#)
- [Click here to read the full WA DOH Statement, January 5, 2026](#)





# Washington State Immunization Summit 2026

Tacoma, WA | March 19, 2026

**SAVE!  
THE DATE!**

## Stronger Together - Mark Your Calendar!

WithinReach, in collaboration with the Washington State Department of Health and the Immunization Action Coalition of Washington, is excited to announce the [2026 Washington State Immunization Summit](#), taking place on **Thursday, March 19, 2026**.

This full-day event, will bring together public health professionals, healthcare providers, community leaders, and advocates to advance immunization efforts across Washington State.

**[Virtual or In-Person Scholarships, CLICK HERE!](#)**

\*Requests accepted through January 30, 2026

## What to Expect at the Summit



### Hybrid Format

Whether you prefer to connect face-to-face or from the comfort of your home, this event is designed for all regardless of budget.

• In-Person: Greater Tacoma Convention Center in Tacoma, WA.

• Virtual: Zoom Webinar, link will be shared upon registration.



### Focused Learning

Explore tools, strategies, and emerging best practices to promote vaccination in your community, celebrate Washington's immunization successes, and gain clarity on public health guidance in a changing landscape with:

- Keynote speakers,
- Breakout sessions/Workgroups (in-person), and
- Resource Sharing.



### In-Person Connection

2025 has been a wild year to work in immunizations! We'll make sure there is time built in for in-person attendees to connect with peers, partners, and presenters through:

- Structured break times,
- Networking Reception,
- Exhibitor Hall and More!

**Register today!**

*Check out the New Summit Hub here*

# Measles Resources

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DOH Newsroom Release:

[Washington confirms its first measles outbreak since 2023 | Washington State Department of Health](#)

Bookmark these resources:

- [Measles Cases in Washington State | Washington State Department of Health](#)
- [Washington State Public Measles Exposure Location Tracker](#)
- [Measles | Washington State Department of Health](#)
- [Measles Communications Toolkit for WA State Partners](#)
- [Measles Immunization Response Guide](#)
- [MMR Vaccine FAQ | Washington State Department of Health](#)

# Background on the AVP Outbreak Sub-Program

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The Adult Vaccine Program (AVP) Outbreak Sub-Program is designed for providers who may need vaccine during an outbreak but do **not** want to enroll in the standard Adult Vaccine Program.

This sub-program applies in the following situations:\*

- A declared outbreak by the Tribes, local health jurisdiction, or DOH.
- Vaccine needed for post-exposure prophylaxis.
- Other extenuating circumstances based on the disease.

Provider requirements:

- Serve adults 19 years and older who are uninsured during an outbreak.
- Not currently enrolled in the standard Adult Vaccine Program.
- Complete and receive approval confirmation from DOH of your provider agreement before receiving vaccine.
- Pre-enroll or enroll when needed. Pre-enrollment is encouraged.
- Additional operational requirements apply (storage, training, IIS). *Detailed in the agreement.*

*\*AVP outbreak product order approval will also be based on available resources at that time.*

# Background on the AVP Outbreak Sub-Program

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Benefits of enrolling in the sub-program:

- **Targeted Outbreak Response:** You have a resource to address outbreaks for uninsured adults aged 19 and older who meet the affected population criteria.
- **Simplified Compliance:** You only need to meet temperature and inventory reporting requirements when receiving and while holding outbreak product.
- **Streamlined Future Requests:** Pre-enrolling before you need it makes requesting outbreak products in the future faster and easier.

# WA Adult Vaccine Program Outbreak Sub-Program

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**We've made important updates to better support you during outbreak situations.**

**Here's what's new:**

**1. Tailored agreement and updated policies**

- A streamlined agreement designed specifically for outbreak-only providers with updated policies in scope with this limited use.

**2. More resources at your fingertips**

- Additional tools and guidance for enrolled providers to help you know what you need to do.

**3. Enhanced program support**

We've expanded the sub-program with:

- A dedicated program lead for personalized assistance.
- Updated internal processes for faster response and smoother coordination.

# Revamped WA Adult Vaccine Program Outbreak Sub-Program

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Before completing the agreement, please email us at

[WAAdultVaccines@doh.wa.gov](mailto:WAAdultVaccines@doh.wa.gov) to confirm it applies to your situation.

This helps ensure you only complete what's necessary and saves you time.

We will post the new agreement to [PartnerHub](#) soon.

# For Office of Immunization Updates

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



## 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.

### Related Pages:

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

- ▼ 988 & Opioid Resources
- ▼ Office of Immunizations
- ▼ Be Well WA Event Materials Available!
- ▼ Care-A-Van Mobile Health
- ▼ Tobacco Cessation: Sacred Tobacco vs Modern Tobacco

# **Jessica Haag, MPH, CHES**

Immunization Liaison and Vaccine Equity Coordinator  
Office of Immunization  
Washington State Department of Health

[jessica.haag@doh.wa.gov](mailto:jessica.haag@doh.wa.gov)

(564) 233-9027



## OTPHR Updates



# Upcoming DOH Monthly Tribal Meeting



## Key Topics:

- Healthcare
- Public Health System
- Workforce/Capacity
- System Planning
- Health Justice
- Data Sharing



**Secretary Dennis Worsham's**  
[First 100-Day Listening and Learning Tour](#)  
– Key Themes & Next Steps

**Wednesday, February 11, 10:30am-12pm**

# Dear Tribal Leader

Date	Letter Subject	Meeting Information
January 8	<a href="#">Informative – corrected code reviser filing for December 16-31, 2025 (PDF)</a>	
January 5	<a href="#">Informative – information on agency rulemaking for December 16-31, 2025 (PDF)</a>	
December 26	<a href="#">Informative – 988 contact hub designation (PDF)</a>	
December 18	<a href="#">Informative – information on agency rulemaking for December 1-15, 2025 (PDF)</a>	
December 11	<a href="#">Collaborative – DOH and Executive Order 25-20, A New Foundation for Washington State's Governmental Relations With Sovereign Tribal Nations (PDF)</a>	<ul style="list-style-type: none"><li>• Listening session 1: 10-11:30 a.m. <b>January 22</b> - <a href="#">Zoom link</a></li><li>• Listening session 2: 9-10:30 a.m. <b>February 3</b> - <a href="#">Zoom link</a></li></ul>
December 09	<a href="#">Informative – cross collaborative behavioral health meeting (PDF)</a>	
December 02	<a href="#">Informative – DOH and Executive Order 25-20, A New Foundation for Washington State's Governmental Relations With Sovereign Tribal Nations (PDF)</a>	



# HEAL Tribal Capacity grant

**Purpose:** The Healthy Environment for All (HEAL) Tribal Capacity grant is a non-competitive grant program to provide funds to Tribes that may support activities including but not limited to building capacity to provide guidance and input to agencies' implementation of HEAL Act work, the [Environmental Justice Council](#), and/or the [Environmental Health Disparities map](#).

**Funding per Grantee:** \$45,454 per Tribe; non-competitive funding distribution

**Eligible Applicants:** Federally Recognized Tribes with impacts to rights and interests to their tribal lands that are within Washington State boundaries (RCW [70A.65.305](#))

**Application Materials and Resources:** The application to apply can be found on our website: [Environmental Justice and Climate Change Grants for Tribes | Washington State Department of Health](#)

**Number of Tribes applied so far:** 4

**Dear Tribal Leader Letter:** [Enviroment Justice Grants Listening Sessions Follow Up](#)

Activity	Date
Application release	October 3, 2025
Application deadline	June 30, 2026
Funding Period	Date of execution – June 30, 2027

**Contact:** Rachele Hurt (Spokane)  
Tribal Relations Strategist  
[rachele.hurt@doh.wa.gov](mailto:rachele.hurt@doh.wa.gov)  
(564) 233- 5170

# Workplace Safety for Workers Affected by Climate Change grant

**Purpose:** The Workplace Safety for Workers Affected by Climate Change grant program is intended to benefit outdoor workers affected by changes to our climate, including but not limited to extreme heat and cold, wildfire smoke, drought, and flooding. Funding may be used to 1) support workplace health and safety for workers who are burdened by the intersection of their work and climate impacts, and/or 2) procure supplies that benefit outdoor workers who are affected by climate impacts in the work and cover distribution costs of supplies/resources.

**Funding per Grantee:** \$15,151

**Eligible Applicants:** Federally Recognized Tribes with impacts to rights and interests to their tribal lands that are within Washington State boundaries (RCW [70A.65.305](#))

**Application Materials and Resources:** The application to apply can be found on our website: [Environmental Justice and Climate Change Grants for Tribes | Washington State Department of Health](#)

**Number of Tribes applied so far:** 7

**Dear Tribal Leader Letter:** [Environment Justice Grants Listening Sessions Follow Up](#)

Activity	Date
Application release	October 3, 2025
Application deadline	June 30, 2026
Funding Period	Date of execution - June 30, 2027

**Contact:** Rachele Hurt (Spokane)  
Tribal Relations Strategist  
[rachele.hurt@doh.wa.gov](mailto:rachele.hurt@doh.wa.gov)  
(564) 233- 5170

# Alzheimer's Disease and Related Dementias Grant Opportunity

**Purpose:** This grant aims to support public health agencies with resources to:

- Increase awareness and understanding of why ADRD is a public health issue and that there are things public health professionals can do to address it.
- Share data and information to increase understanding of the impacts of ADRD and resources available.
- Identify strategies to increase awareness of brain health and dementia in their communities.
- Facilitate community conversations and collaboration to address ADRD topics in their communities.

**Funding per Grantee:** \$10,000

**Eligible Applicants:** Local health jurisdictions & Tribal public health agencies

**Application Materials and Resources:** The application can be found on our website: [doh.wa.gov/public-health-dementia-grant](http://doh.wa.gov/public-health-dementia-grant)

**Number of Tribes applied so far:** 0

Activity	Date
Application release	January 2026
Application deadline	January 30, 2026
Funding Period	April 1, 2026 – September 15, 2026

**Contact:** Tiffany Turner  
Building Our Largest Dementia (BOLD)  
Infrastructure Program Coordinator  
[Tiffany.turner@doh.wa.gov](mailto:Tiffany.turner@doh.wa.gov)  
360-764-3174

# Pathways Summer Paid Internship Program

The Pathways Summer Paid Internship Program offers post-secondary students (**associate to graduate level**) the chance to apply their classroom knowledge to a professional, on-the-job learning experience.

Pathway Interns gain experience and exposure to a wide range of public health activities and programs at DOH.

Internship projects vary based on the student's degree, interests, and skills.



[Workforce Pathways Program | Washington State Department of Health](#)

# Pathways Summer Internship Information Sessions

**Register today to learn more  
about the next Pathways  
Summer Internship  
Opportunity!**

**Saturday, January 24<sup>th</sup>,  
10:00-11:00 a.m.**



Scan the QR code to  
register & email questions  
to:  
[workforcepathwaysprogram@doh.wa.gov](mailto:workforcepathwaysprogram@doh.wa.gov)



# Application Timeline

December 2025/Early February 2026	Mid-February	March/April	April/May	June –August
Information sessions	Pathways internship position announcement posted on <b><u>GovJobs.</u></b>	Candidates selected for interviews proceed through the interview process.	Selected candidates offered a summer internship are placed in divisions across the agency.	10-week summer internship (averaging 35 hours/week)

## What you need to know:

- Submit application by stated deadline.
- Application must include resume, cover letter, references and unofficial transcripts.

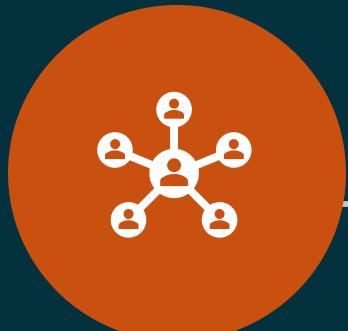


# Tribal Health Resources on the Partner Hub

Washington State Department of Health

The [Tribal Health Resources](#) page is a dedicated space within the [The Partner Hub](#), designed to support Tribal health partners in easily finding and accessing Department of Health information, meetings, training, and tools that are most relevant to your work and communities.

To register for access to **The Partner Hub** visit the website and click "Request Access" or email [PartnerHub@doh.wa.gov](mailto: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](mailto:PartnerHub@doh.wa.gov)

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

## Care-a-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

- As of 7/1/25, Care-A-Van is fully operational and continuing to expand its 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.**

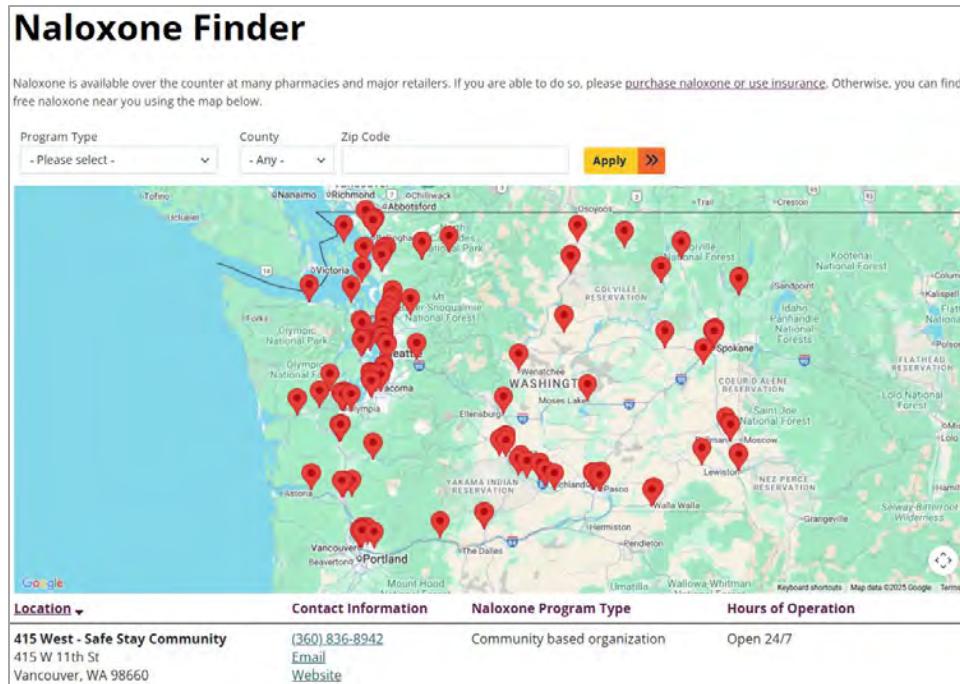


# DOH Naloxone Finder Tool

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

If your organization provides access to free naloxone, list your program on this website by [completing this form](#).



Flyers and Handouts for awareness and use of the Naloxone Finder:

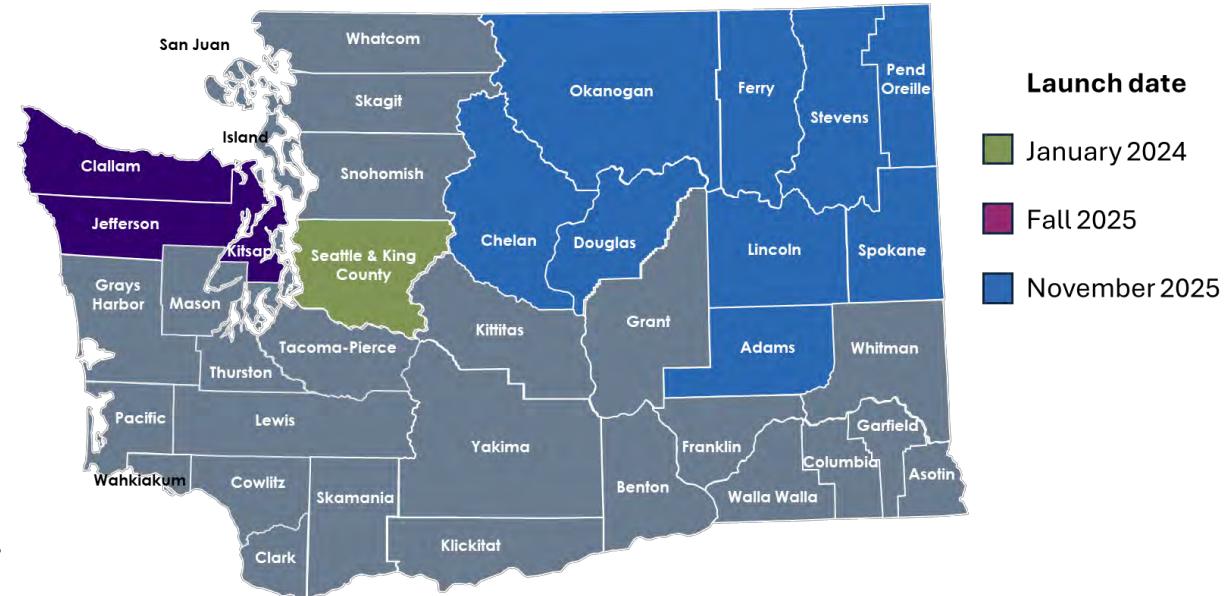
- [Find Free Naloxone Near You - 8.5x11 Flyer](#)
- [Find Free Naloxone Near You - 5.5x8.5 Handout - 2UP](#)

# WA Telebuprenorphine Hotline

The WA Telebuprenorphine Hotline (Telebupe) is expanding and will be **statewide by early 2026**.

The hotline, run through UW Department of Emergency Medicine, **provides low-barrier access to buprenorphine**, a medication for opioid use disorder.

## Statewide Expansion



Learn more through the  
[Telebupe Introductory Webinar Recording](#)

# WA-DOH Tribal Attestation

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As you know, based on [\*\*Substitute House Bill 2075\*\*](#): *Concerning licensing of Indian health care providers as establishments and the 2024 amendment to begin issuing Residential Treatment Facility (inpatient facility) and Psychiatric hospital licensure through tribal attestation by July 1, 2025* – WA-DOH held a series of Tribal listening sessions and workshops to establish the fees and update forms and resources. This work has been completed!

DTLL: [DTLL-RTF-PsychiatricHospitalTribalAttestationFeeRulemakingHearing.pdf](#)

[Tribal Attestation | Washington State Department of Health](#)

[Facilities New, Renew or Update | Washington State Department of Health](#) – Tribal Attestation is linked under “T” on this page.

[Applications and Forms | Washington State Department of Health](#) – This is the BHA application and Forms webpage.

BHA [License Requirements | Washington State Department of Health](#)

[Apply for a License as a RTF | Washington State Department of Health](#)

[Apply for a Private Psychiatric Hospital License | Washington State Department of Health](#)



## FIFA 2026 Locations

Canada – 2

Mexico – 3

United States – 11



WEST REGION  
CENTRAL REGION  
EAST REGION



**FIFA Fan Zones:** Designated areas outside of stadiums, or in other locations, where fans can gather to watch World Cup matches on large screens, participate in themed activities, enjoy food and entertainment, and experience the excitement of the tournament.

**FIFA Team Base Camps:** Designated locations where national teams reside and train during the FIFA World Cup.





# Statewide 2026 FIFA World Cup Surveillance Workgroup



- Bi-monthly meeting for epidemiologists for epidemiological investigation or data collection to collaborate on public health surveillance during the 2026 FIFA World Cup
  - Share information
  - Discuss key topics
  - Develop and provide feedback on tools, resources, and procedures
- **2nd & 4th Tuesdays of each month, 2-3pm**
  - 2nd Tuesday: [Meeting Link](#)
  - 4th Tuesday: [Meeting Link](#)

If you have any questions, you can reach Emily Laskowski, CSTE Applied Epidemiology Fellow in the Office of Communicable Disease Epidemiology at [Emily.laskowski@doh.wa.gov](mailto:Emily.laskowski@doh.wa.gov) , Kacey Ingalls [Kacey.ingalls@doh.wa.gov](mailto:Kacey.ingalls@doh.wa.gov) and Michelle Holshue [Michelle.holshue@doh.wa.gov](mailto:Michelle.holshue@doh.wa.gov) .

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# FIFA Public Health & Medical SME Workgroup



- FIFA Public Health & Medical Subject Matter Experts Workgroup
- Monthly on the 3rd Wednesday at 9am



# Rosalinda Fivekiller, MPA

**hewy, Citizen of Cherokee Nation**

Tribal Engagement Director

Office of Tribal Public Health & Relations (OTPHR)

Executive Office of Government and Community Affairs (OGCA)

Washington State Department of Health

**Rosalinda.Fivekiller@doh.wa.gov**

(564) 669-9498 | **www.doh.wa.gov**

**Book time to meet with me**



# OTPHR



Washington State Department of  
**HEALTH**

Office of Tribal Public Health & Relations

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

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