

# NPAIHB Weekly Update

February 10, 2026





# Agenda

- Welcome & Introduction: Bridget Canniff
- NPAIHB Announcements, Events, & Resources
- Tribal Community Health Provider Program (TCHPP) Overview –  
CHA, DHA, BHA: Carrie Sampson Samuels, Stephannie Christian,  
Sasha Jones; Pamela Ready; Delores Jimerson, Katie Hunsberger;  
Lisa Griggs & Kate Denny
- Communicable Diseases Updates: Dr. Tara Perti, PAIHS
- Questions & Comments

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



# COMMUNITY OF PRACTICE

## FEB 11, 2026

Did you know that Tribal Epi Centers (TECs) can be helpful to you?

Join us on February 11th at 10 AM Pacific to discover and learn about the adolescent health connection to TECs!



### WHEN?

Virtual gathering held  
February, 11 2026 on  
zoom.

Start Time:  
10:00 AM PT

HEALTHY  
NATIVE  
YOUTH

REGISTER VIA THE  
EVENTS CALENDAR

<https://www.npaihb.org/>

CONTACT US:

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

### Registration:

[www.healthynativeyouth.org/community-of-practice](http://www.healthynativeyouth.org/community-of-practice)

### Other Upcoming Topics:

March 11: Your Partners in Tribal Adolescent Health Resources

April 8: Becoming a Sensitive Topics Pro with Native STAND 2.0

May 13: Native STAND 2.0 Facilitator Virtual Training

June 10: Introducing Native It's Your Game 3.0

Every second Wednesday of the month at 10 AM



# Summer Research Training Institute

for American Indian and Alaska Native Health Professionals and Students

Registration opening soon!

[Download the STRI Brochure](#)

## Dates

June 8-19, 2026

## Location

Residence Inn Portland  
Downtown/RiverPlace  
2115 S River Pkwy,  
Portland, OR 97201



# Summer Research TRAINING INSTITUTE

for American Indian and Alaska Native  
Health Professionals and Students



We are now  
accepting Travel  
Scholarship  
Applications!

**APPLY HERE**



Deadline to Apply: 2/27/26



Northwest  
Native American  
Research Center  
for Health

## TRIBAL RESEARCHERS' CANCER CONTROL FELLOWSHIP PROGRAM

### FELLOWS WILL:

- Attend a 2-week in-person training June 8-19, 2026
- Receive distance learning, peer & career mentorship
- Connect with a network of experts in cancer control and prevention in Indian Country

### FOR MORE INFO



Ashley Thomas, MPH  
Senior Program Manager



[athomas@npaihb.org](mailto:athomas@npaihb.org)

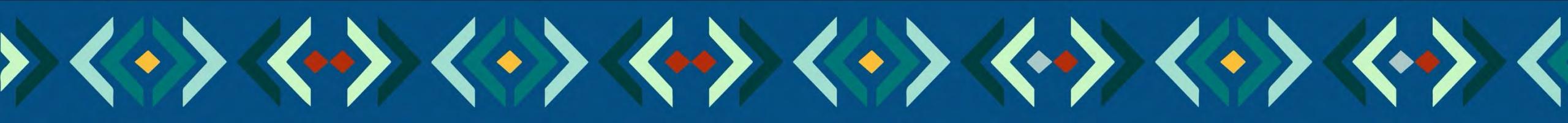


### SPONSORED BY

National Institute of Medical Sciences of the NIH (Award Number: 5UGM141002)  
Native American Research Centers for Health, Indian Health Service, and Area Indian Health Board



[Download the application form, due by March 20](#)



# Northwest Tribal Public Health Emergency Preparedness Conference & Training

**Register:** [tinyurl.com/2026TPHEPReg](https://tinyurl.com/2026TPHEPReg)

**Submit a Presentation Proposal:**  
[www.surveymonkey.com/r/2026Presenter](https://www.surveymonkey.com/r/2026Presenter)  
Due by March 9

**More Info:** [www.npaihb.org/TPHEP2026](https://www.npaihb.org/TPHEP2026)

**May 4 – 8, 2026**  
**Quinault Beach Resort & Casino**  
**Ocean Shores, WA**

Questions? Contact the planning team @ NPAIHB at [tphep@npaihb.org](mailto:tphep@npaihb.org)



# Upcoming Indian Country ECHO Telehealth Opportunities

- **Indian Country Elders, Knowledge Holders & Culture Keepers ECHO** – 2<sup>nd</sup> Tuesday of every month at 12pm PT
  - Tuesday, February 10<sup>th</sup> at 12pm PT
  - Didactic Topic: *Working in Rural Alaska*
  - To join via Zoom: <https://echo.zoom.us/j/82466510555?pwd=JPP3b5k9wU2dFHTxyDs7Pn7CWI5Bba.1>
- **Trauma Care ECHO** – 2<sup>nd</sup> Wednesday of every month at 6:30am PT
  - Wednesday, February 11<sup>th</sup> at 6:30am PT
  - Didactic Topic: *Frostbite Survival*
  - To join via Zoom: <https://echo.zoom.us/j/93729666650?pwd=bFhTZnA4NnlqTmR6Ylg4bnM1R1lZQT09>
- **Adolescent Health ECHO** – 2<sup>nd</sup> Wednesday of every month at 12pm PT
  - Wednesday, February 11<sup>th</sup> at 12pm PT
  - Didactic Topic: *Foundations of Adolescent Health in Indian Country – An Introduction to the Adolescent Health ECHO & Preventative Care*
  - To join via Zoom: <https://echo.zoom.us/j/88393600100?pwd=Amim4GLLWnPrPj1nhIm3K6q2ricsUj.1>

For more information and the full Indian Country ECHO schedule, visit [indiancountryecho.org](http://indiancountryecho.org)

# Upcoming Indian Country ECHO Telehealth Opportunities

- **Journey to Health ECHO** – 2<sup>nd</sup> & 4<sup>th</sup> Thursday of every month at 7am/12pm PT
  - Thursday, February 12<sup>th</sup> at 7am PT
  - Didactic Topic: *The Power of Storytelling*
  - To join via Zoom: <https://echo.zoom.us/j/93413601610?pwd=YvhMN1NUNIYWHZUZk1CUnFOTEY5QT09>
- **Clinical Dementia ECHO** – 2<sup>nd</sup> Thursday of every month at 11am PT
  - Thursday, February 12<sup>th</sup> at 11am PT
  - To join via Zoom: <https://echo.zoom.us/j/99454243940?pwd=NG9aWGUvRTdKSmgwTGlldkImVDRWUT09>
- **Diabetes ECHO** – 2<sup>nd</sup> Thursday of every month at 12pm PT
  - Thursday, February 12<sup>th</sup> at 12pm PT
  - Didactic Topic: *Pancreatic Diabetes – Part 2*
  - To join via Zoom: <https://zoom.us/j/91887405371?pwd=ekFJTUJiV2hWQ0ZPZEwrUDQ4eGxTZz09>

For more information and the full Indian Country ECHO schedule, visit [indiancountryecho.org](http://indiancountryecho.org)

# Upcoming Indian Country ECHO Telehealth Opportunities

- **Dermatology ECHO** – 2<sup>nd</sup> Friday of every month at 11am PT
  - Thursday, February 13<sup>th</sup> at 11am PT
  - Didactic Topic: *Urticaria*
  - To join via Zoom: <https://echo.zoom.us/j/81553202302?pwd=ZXplMERZSlpSSnJ5Y2VOam10NHpmdz09>
- **Pharmacy SUD ECHO** – 3<sup>rd</sup> Tuesday of every month at 10am PT
  - Tuesday, February 17<sup>th</sup> at 10am PT
  - Didactic Topic: *Psychedelics for Addiction & Mental Health Treatment*
  - To join via Zoom: <https://echo.zoom.us/j/98430834267?pwd=WnhaSVZrbW9PcjMycDNmUjZDaWhwZz09>
- **Virtual Care Implementation (VCI) ECHO** – 3<sup>rd</sup> Tuesday of every month at 12pm PT
  - Tuesday, February 17<sup>th</sup> at 12pm PT
  - To join via Zoom: <https://us06web.zoom.us/j/87854787166?pwd=T0Z1aWhYRFIKdVdzUTkvcUtCZ1hpQT09>
- **Indian Country ECHO – General Session**
  - Tuesday, February 17<sup>th</sup> at 11am PT
  - Didactic Topic: *A Syphilis Patient Panel System that Reduces Loss to Follow Up & Time-to-Treatment – An Integrated Clinical & Public Health Response*
  - To join via Zoom: <https://echo.zoom.us/j/99475693462?pwd=NGlaMjBrNHZkclBOSXRySHNHMzB4Zz09>

# NPAIHB Weekly Update Schedule

- February 17: N CREW Research Topic: Writing Methods, including Data Collection & Strengthening Applications
- February 24: Legislative & Policy Updates





NPAIHB



TCHPP

TRIBAL COMMUNITY HEALTH PROVIDER PROGRAM



# Advancing CHAP Implementation into 2026

Community Health Aide Program (CHAP)

Northwest Portland Area Indian Health Board Weekly Update

February 10, 2026

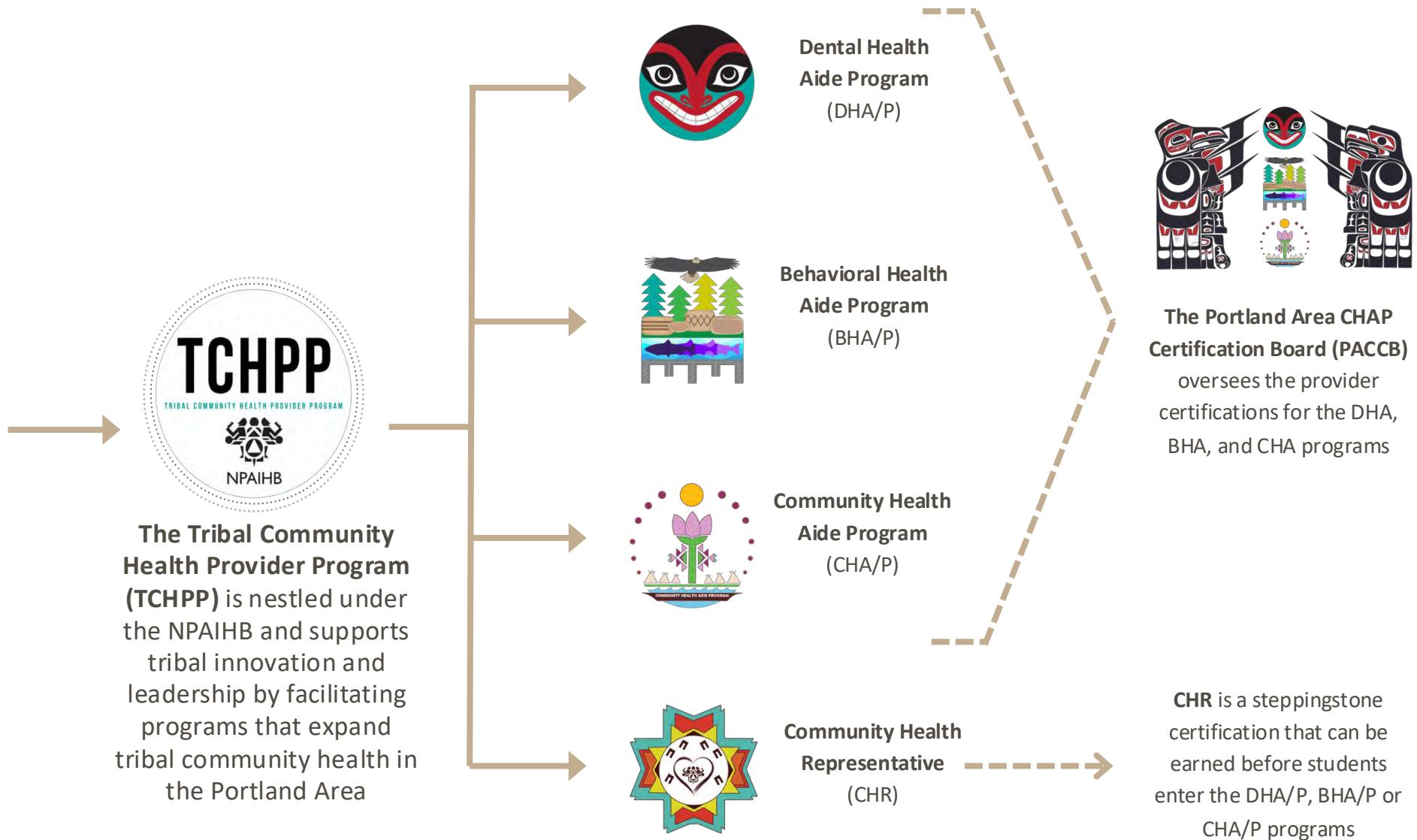
# Objectives

- Introduction to Tribal Community Health Provider Program (TCHPP)
- Provider List
- Dental Health Aide (DHA) Program Update
- Behavioral Health Aide (BHA) Program Update
- Community Health Aide (CHA) Program Update
- Portland Area CHAP State Plan Amendment Update
- CHAP Advocacy



**NPAIHB**

The Northwest Portland Area Indian Health Board (NPAIHB) supports the 43 federally recognized tribes in Washington, Idaho, and Oregon



# PROGRAM STAFF

 TCHPP Admin Team	 Dental Health Aide Program	 Behavioral Health Aide Program	 Community Health Aide Program
 <b>Lisa Griggs</b> TCHPP Program Manager <a href="mailto:lgriggs@npaihb.org">lgriggs@npaihb.org</a>	 <b>Pamela Ready</b> DHAP Director <a href="mailto:pready@npaihb.org">pready@npaihb.org</a>	 <b>Dolores Jimerson</b> BH Education Director <a href="mailto:djimerson@npaihb.org">djimerson@npaihb.org</a>	 <b>Carrie Sampson Samuels</b> CHA Director <a href="mailto:csampsonsamuels@npaihb.org">csampsonsamuels@npaihb.org</a>
 <b>Kate Denny</b> TCHPP Program Manager <a href="mailto:kdenny@npaihb.org">kdenny@npaihb.org</a>	 <b>Katie Hunsberger</b> BHA Program Manager <a href="mailto:khunsberger@npaihb.org">khunsberger@npaihb.org</a>	 <b>Sasha Jones</b> CHAP Program Manager <a href="mailto:sjones@npaihb.org">sjones@npaihb.org</a>	 <b>Stephannie Christian</b> TCHP Education Program Director <a href="mailto:schristian@npaihb.org">schristian@npaihb.org</a>

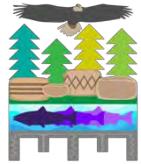


## Dental Health Aide Program (DHA/P)

Dental Health Aides (DHAs) are primary dental providers that focus on prevention and basic oral health procedures.

There are four categories of dental health aides, all of which work under the direct, indirect, or general supervision of a licensed dentist.

DHAs focus on prevention in clinic and through outreach and can provide procedures such as fluoride treatments, dental assistant functions, and coronal prophylaxis



## Behavioral Health Aide Program (BHA/P)

Behavioral Health Aides (BHAs) are counselors, health educators, and advocates. They help address individual and community-based behavioral health needs, including those related to alcohol, drug, and tobacco misuse.

They also provide trauma-informed approaches to mental and spiritual health care such as depression and anxiety resources, suicide prevention, grief support, and self-care tools.



## Community Health Aide Program (CHA/P)

Community Health Aides (CHAs) are certified primary and emergency care clinicians who have close cultural ties and connections to the communities they serve.

CHAs practice under the supervision of a licensed clinical provider, such as a physician or advanced practice provider. Examples of CHA duties include physical exams, taking vital signs, medication management and family planning.

# Dental Health Aides Types

Primary Dental Health Aide I & II

Expanded Function Dental Health Aide I & II

Dental Health Aide Hygienist

Dental Health Aide Therapist



# Primary Dental Health Aide I



Topical  
Fluoride  
Application



Patient Education

- Oral Hygiene Instruction
- Nutritional Counseling



Identification of  
Potential Dental  
Problems and  
Appropriate  
Referrals



# Primary Dental Health Aide II



Dental  
Radiology



Dental  
Sealants



Dental  
Prophylaxis



Dental  
Assisting



Atraumatic  
Restorative  
Treatment



# Dental Health Aide Hygienist & Dental Health Aide Therapist



## DHAH

- Licensed Hygienist
- Local Anesthetic
- Restorative Placement
- ART
- Pre-fab crown placement



## DHAT

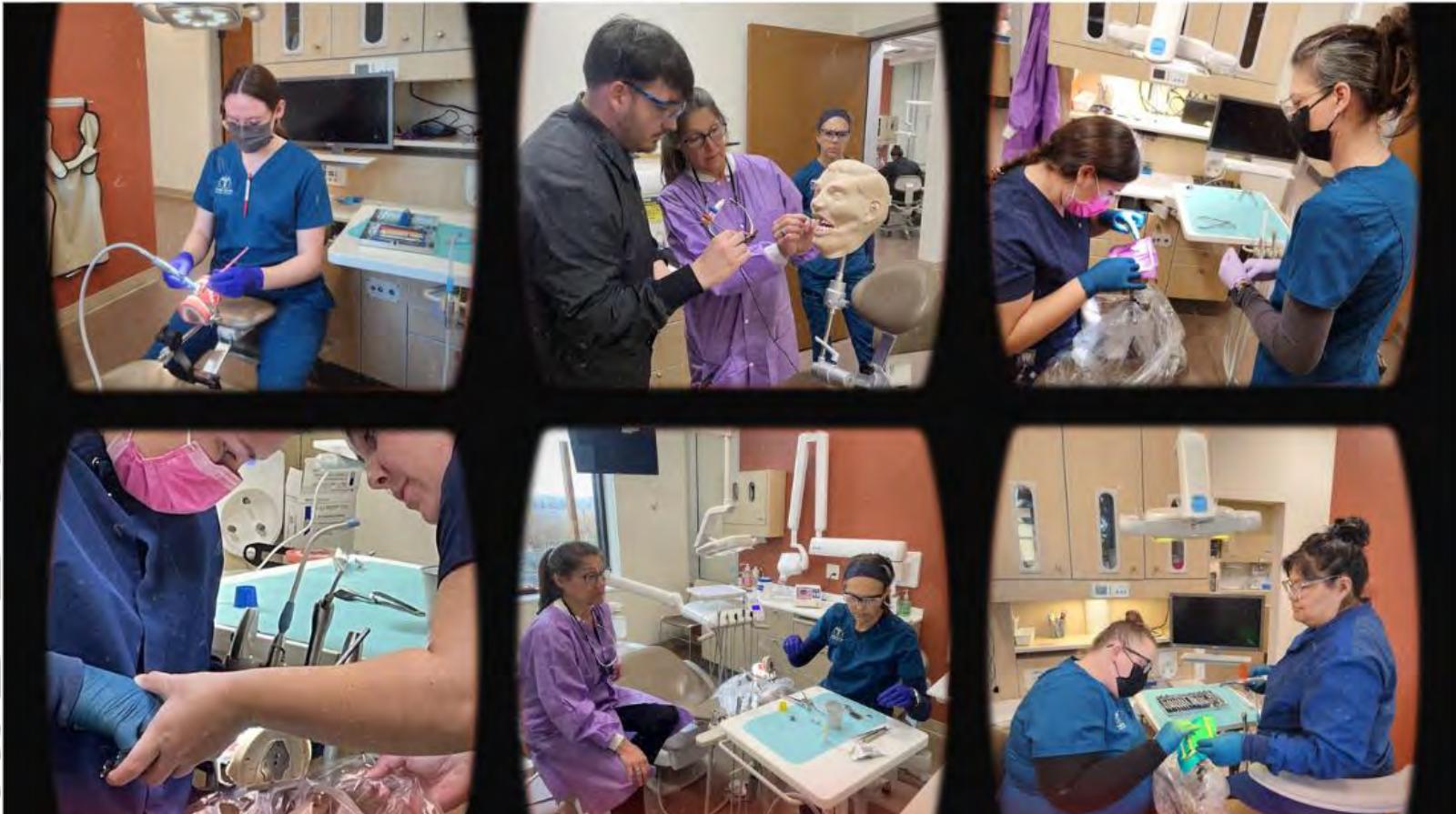
- Examinations
- Diagnosing
- Restorative Care
- Dental Prophylaxis
- Non-Surgical Extractions



# DHA Program Update



- PDHA II Pilot Cohort finished the didactic education and in-person clinical skills training including the following skill sets:
  - Dental Radiology
  - Dental Assistant Functions
  - Sealants



# 2026 DHA Programs

## PDHA I

- Winter Quarter 2026
- January 8-March 12
- 13 students: WA, OR, MT, OK
- Partner with students' own community dental providers to provide clinical training

## PDHA II

- Fall 2026



# dəxʷx̣ayəbus Dental Therapy Program at Skagit Valley College

## 2<sup>nd</sup> Cohort

- Officially graduated

## 4<sup>th</sup> Cohort

- Recruitment will be complete end of February
- 11 students accepted!



# Behavioral Health Aides

## What is a BHA?

A BHA is a counselor, health educator, and advocate. BHAs help address individual and community-based behavioral health needs, including those related to alcohol, drug & tobacco misuse, as well as mental health problems such as, grief, depression, suicide, and related issues. BHAs seek to achieve balance in the community by integrating their sensitivity to cultural needs with specialized training in behavioral health concerns and approaches to treatment.

## Qualities of a BHA:

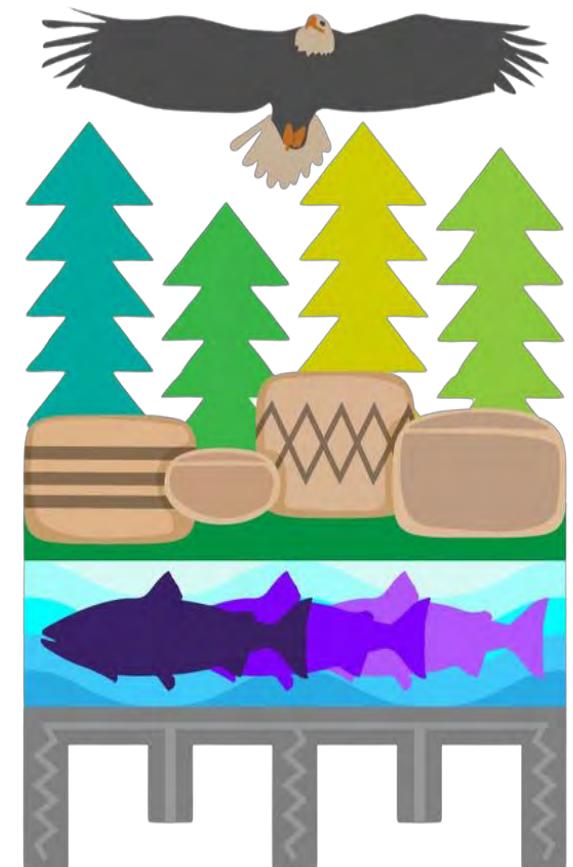
- Natural helpers
- Community members / Homegrown
- Counselors
- Advocates/Activists
- Holistic caregivers and healers

## Common Roles:

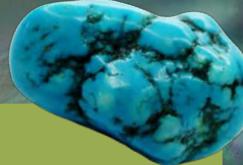
- Extension of the care team who can go out to the community where clients are
- Serving on crisis teams, prevention programs, public health/health promotion, care coordinators, intake specialists, 988 line operator.
- Implementing tribal based practices



## BEHAVIORAL HEALTH AIDE PROGRAM



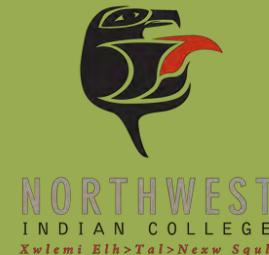
# OVERVIEW OF TRAINING PROGRAM



## NORTHWEST INDIAN COLLEGE

- TRIBAL COLLEGE
- 2-YEAR PROGRAM
- ASSOCIATE IN TECHNICAL ARTS (ATA) DEGREE IN BHA
- ONLINE LEARNING SESSIONS
- COURSES TO ASSIST IN CLINICAL PRACTICUM
- BHA FINAL PROJECTS IN BEHAVIORAL HEALTH

Primary BHA education courses include, but are not limited to: Introduction to Behavioral Health; Crisis Intervention; Human Behavior and the Social Environment; SUD 1 and 2; Social Justice and Cultural Diversity; Mental Illness and Diagnosis; Health Privacy and Documentation; Survey of Chemical Dependency; Stress Management; Pharmacology of Substance; Case Management; Chemical Dependency Assessment & Treatment; General Psychology; Relapse Prevention; Multicultural Counseling; Group Facilitation



### THE BHA EDUCATION PROGRAM PREPARES STUDENTS TO:

- DEVELOP KNOWLEDGE & SKILLS BASED ON NATIONAL STANDARDS & PROCEDURES
- GAIN WORK EXPERIENCE HOURS WITHIN A TRIBAL HEALTH ORG
- LOG CLINICAL PRACTICUM HOURS FOR CERTIFICATION
- TRANSFORM SCOPE OF WORK & PROMOTE INTEGRATED CARE





# *Educational Sovereignty*

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70+

Enrolled Students

5+

Yearly Cohorts

20+

Graduated BHAs

4

Nationally Certified BHAs



WHERE DOES THIS  
SUCCESS STEM FROM?

- Student support
- Culturally relevant curricula
- Relationality of the program - collaboration
- Our Tribes & Communities
- Certification Board

BHA Education Program

# Community Health Aide/Practitioner (CHA/P)

- A cohort of 5 students began the NPAIHB CHA Education Program with the CHA Foundations course in January. The students represent 4 Tribes:
  - 1 from Port Gamble S'Klallam Tribe — Completed Foundations 7/30
  - 1 from Shoshone-Bannock Tribes
  - 1 from Cherokee Nation
  - 3 from Otoe Missouria
  - 1 from Pona
  - 3 from Coeur d'Alene Tribe
- Community Health Aide 101 started 2/3/2026
- CHA Foundations Course completed:
  - Student Success, Medical Math and Epocrates, Anatomy and Physiology started May 1
  - Washington State University OLD WAYS Certificate – Began July 1- summer program for medical, nursing, and pharmaceutical students designed to build their practice with Indigenous and Traditional Knowledge. Completed July 30, 2025

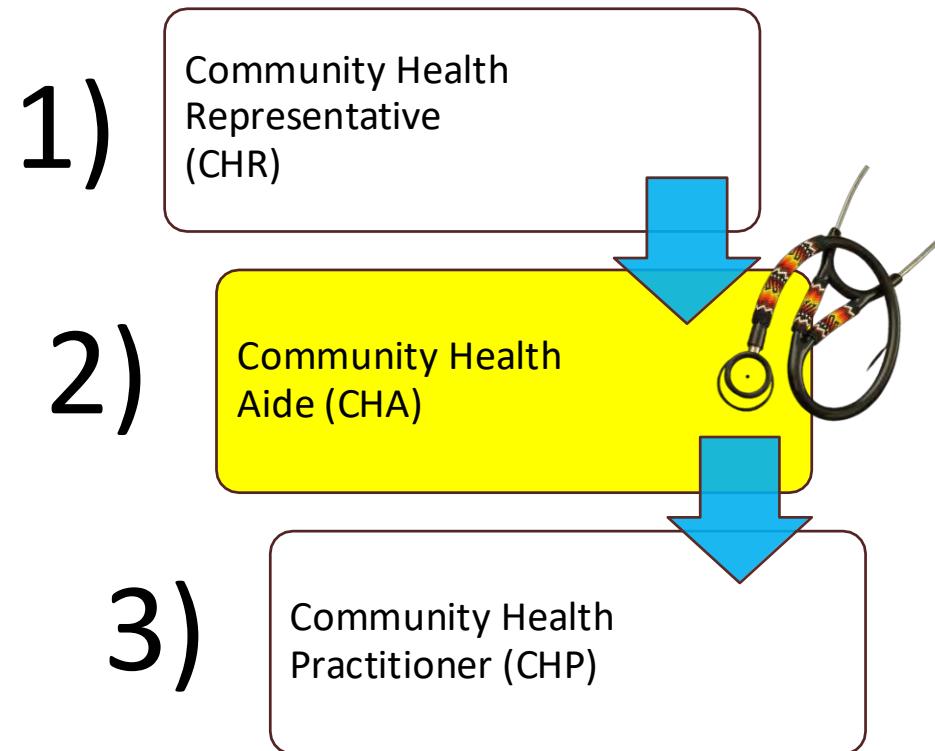
# Northwest Community Health Aide Training

- Training Outline:
  - 320 hours of didactic training
  - 200 hours clinicals
  - 80 patient encounters

Total: 520 hours total to earn a CHA Certificate

## Scope of Work:

- Provide acute care
- Triage basic emergency patients
- See diabetic patients: diabetes chronic care visits to include foot care maintenance
- See hypertensive patients: chronic care visits to include BP checks
- See chronic care asthma patients: To include metered dose inhaler education
- STI screening and treatment
- Elder Screening
- Recheck visits



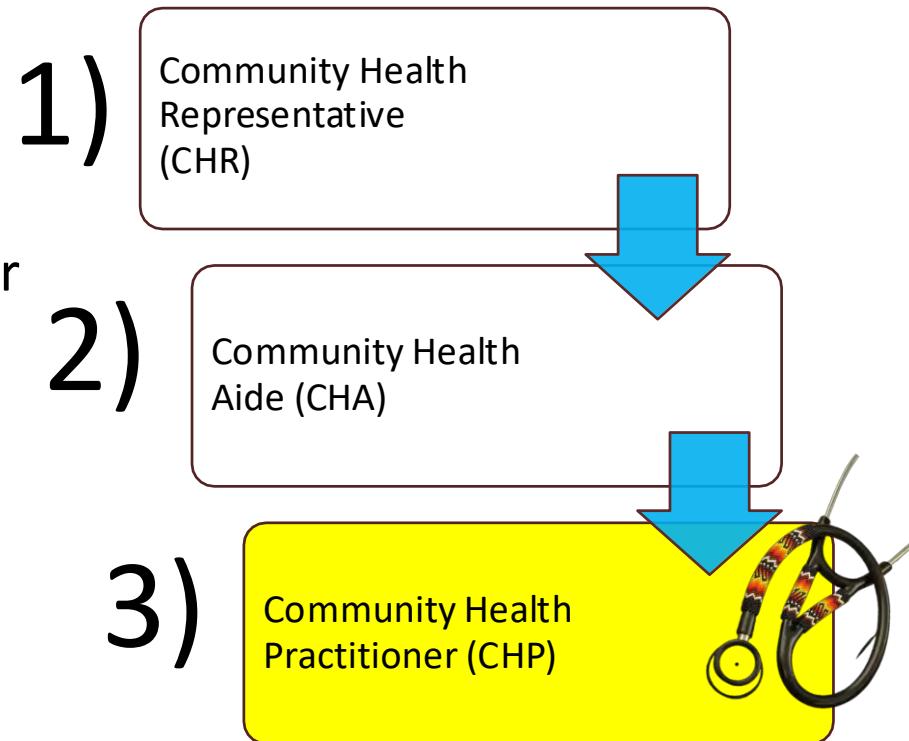
# Northwest Community Health Practitioner Training

- Training Outline:
  - 320 hours of didactic training
  - 400 hours clinicals
  - 132 patient encounters

Total: 720 hours total to earn a Community Health Practitioner Certificate

## Scope of Work:

- See return prenatal patients
- See well child patients
- See Addiction Medicine patients
- Preventative health: Pap Smears, CBE
- Elder Care
- Emergent Care





brandalynn bowechop

# Portland Area CHAP Certification Board (PACCB)

- Currently have 21 certified CHAP Providers in the Portland Area
- Oregon
  - 5- Primary Dental Health Aide I (PDHA-I)
  - 4 Dental Health Aide Therapist (DHATs)
- Washington
  - 1 Primary Dental Health Aide I (PDHA-I)
  - 8 Dental Health Aide Therapist (DHATs)
  - 1 Behavioral Health Aide I (BHA-)
  - 2 Behavioral Health Aide II (BHA-II)



# Portland Area CHAP SPA Implementation Updates:

## Oregon Health Authority (OHA) State Plan Amendment (SPA):

- OR-23-0015
- Subject of Amendment, adding “Certified Indian Health Service Community Health Aide Program providers into the other licensed providers section of the state plan”.
- CMS Approval Date: 08/07/2023
- Currently working through SPA implementation with OHA’s Office of Tribal Affairs (OTA).

## Washington Health Care Authority (WA-HCA) State Plan Amendment (SPA):

- WA-24-007
- Subject of Amendment, adding “Community Health Aide Providers (CHAP)”.
- CMS approval date: 06/21/2024
- “Certified Community Health Aide Program (CHAP) providers, supervised by any licensed practitioner covered under this benefit within their scope of practice as defined under state law”.

07/2025 “pause” on SPA implementation due to lack of WA Medicaid funding.



# Future TA Plans for CHAP Revenue Coordination / Collaboration:

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- Creating a CHAP Reimbursement Workgroup
  - FY2026: if you're interested in participating, please send Kate Denny an email at [kdenny@npaihb.org](mailto:kdenny@npaihb.org)
- Sharing CHAP CPT/CDT billing codes via TA request
- Supporting OR & WA Tribes as they move through CHAP SPA implementation
- Supporting CHAP SPA initiation in Idaho
- Drafting a CHAP Billing Guide

# CHAP Advocacy

- Student outreach and recruitment
- State funding for SPA and Medicaid Reimbursement
- CHAP flat funded at \$5 million since 2020- funding through IHS
- National CHAP Board representation
- Rural Health Transformation Funding Opportunity: *Workforce Use of Funds*
  - Recruiting and retaining clinical workforce talent to rural areas, with commitments to serve rural communities for a minimum of 5 years. Clinical workforce talent encompasses a variety of healthcare professionals who directly provide or support patient care. Examples include clinicians, allied health professionals, behavioral health providers, non-clinician providers, and clinical support staff.
  - Training programs could be run by organizations, including but not limited to trade schools, community colleges, high schools, colleges, universities, technical institutes, and academic medical centers.



# Take aways

- Student Recruitment
- Education program collaboration
- Advocacy for these new provider types: DHA/BHA/CHA
- Nationwide technical assistance
- CHAP Sustainability



# FROM VISION TO PRACTICE: STRENGTHENING CHAP FOR THE NEXT GENERATION OF TRIBAL HEALTH

**MAY**  
5TH - 7TH, 2026



BILLINGS HOTEL & CONVENTION CENTER | BILLINGS, MT | 59101

The 2026 National **Community Health Aide Program (CHAP)** Symposium is a three-day convening of Tribal leaders, health professionals, students, educators, administrators, policymakers, and partners committed to strengthening community-driven health systems in Tribal and rural communities.

Join us to share best practices, address regulatory and funding challenges, support Tribal workforce and student leadership development, and strengthen collaboration across Tribal, state, and federal systems.



Questions: Christina Freidt, cckconsulting@outlook.com | Rosanna Pine, rosanna.pine@rmtlc.org

Rocky Mountain Tribal Leaders Council, 2929 3<sup>rd</sup> Ave N., Ste 300, Billings, MT 59101

# Questions

Carrie Sampson (CTUIR)  
CHAP Director  
[csampsonsamuels@npaihb.org](mailto:csampsonsamuels@npaihb.org)

Lisa Griggs  
TCHPP Manager  
[lgriggs@npaihb.org](mailto:lgriggs@npaihb.org)





# Partner Updates: Portland Area Indian Health Service

# Portland Area IHS Communicable Diseases Update

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

February 10, 2026



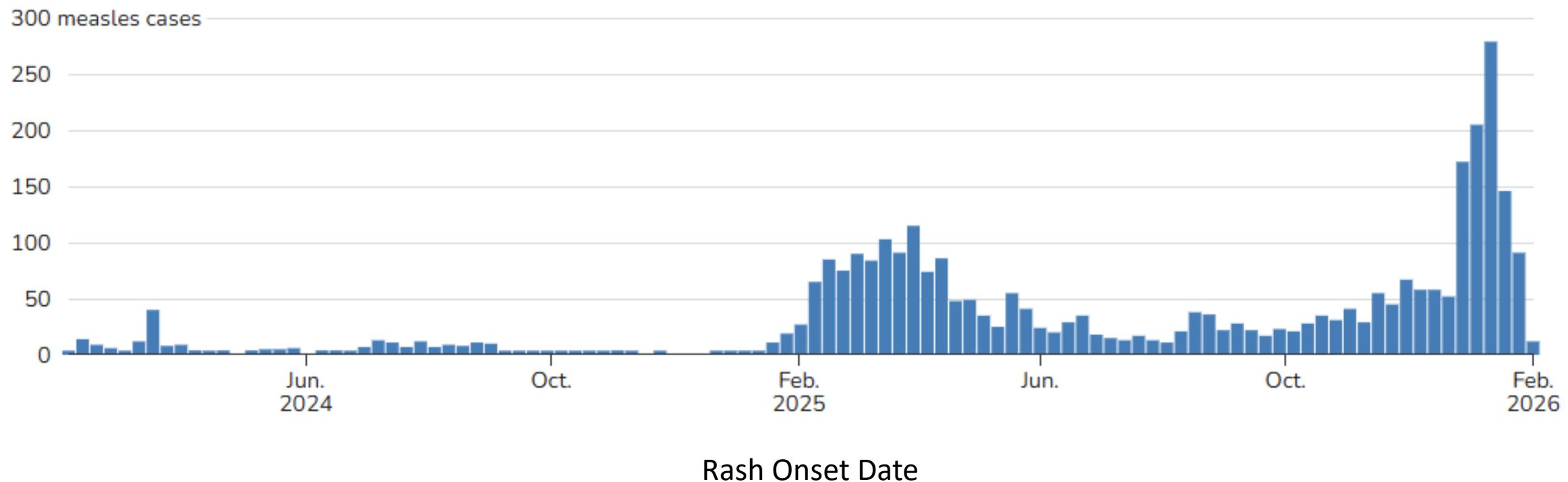
# Outline

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- Measles
- Influenza, RSV, and COVID-19

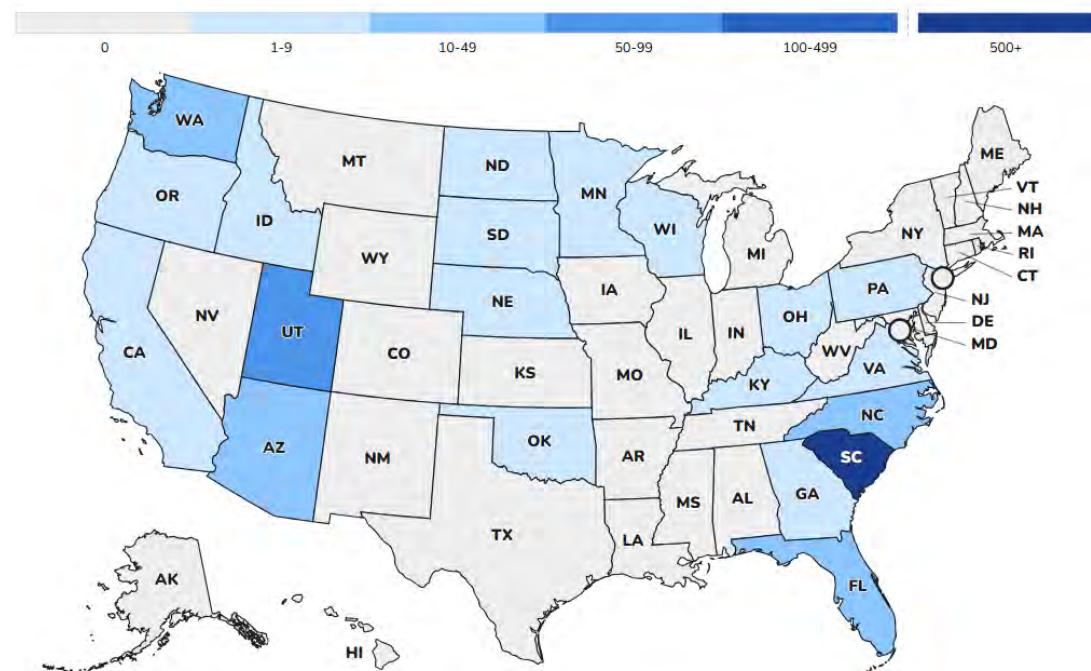
# Measles – United States, 2024-2026 (through 2/5/26)

2023–2026\* (as of February 5, 2026)



# Measles — United States, 2026

- 733 confirmed cases among 20 states during 2026 as of 2/5 (2,276 cases during 2025).
- 92% of cases are outbreak-associated ( $\geq 3$  related cases).
- Age: 28%  $< 5$  years-old, 57% 5-19 years-old, 13%  $\geq 20$  years-old.
- 3% hospitalized overall (during 2025, 11% hospitalized, with 18% of those  $< 5$  years-old hospitalized).
- 0 deaths (during 2025, 3 deaths among unvaccinated individuals, including 2 healthy school-aged children).
- 95% unvaccinated or with unknown vaccination status, 2% one MMR dose, 4% two MMR doses.



# Measles — Portland Area, 2026

## Washington (N=21)

- **Snohomish County: Outbreak, now with 11 confirmed cases.** Initial cases (rash onset 1/13) 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. Most recent cases with rash onset on 2/5.  
➤ Washington State DOH has recommended that children who live in or visit Snohomish County receive their 2<sup>nd</sup> MMR vaccine as soon as eligible (if first dose was MMR, then 2<sup>nd</sup> dose at least 28 days later; if the first dose was MMRV then 2<sup>nd</sup> dose at least 3 months later).
- **Clark County: 8 cases. 7 outbreak-associated;** initial case in an adult who traveled out of state. The most recent case was infected while traveling out of state. All cases unvaccinated or with unknown vaccination status.  
Possible exposure to the public with ongoing symptom monitoring period:
  - Vancouver Clinic, Ridgefield on 1/21 → Anyone at this location should monitor for symptoms until 2/11.  
For additional details: <https://clark.wa.gov/public-health/measles-investigation>
- **Kittitas County:** Student at Central Washington University confirmed to have measles, rash onset 1/12.
- **Stevens County:** One confirmed case, linked to the case from Kittitas. Rash onset 1/31.
- **King County:** Traveler with measles at Sea-Tac on 1/22. Anyone who may have been exposed should monitor for symptoms through 2/12.  
Additional details: <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/news/news-archive-2026/01-30-measles>

# Measles — Portland Area, 2026 (cont.)

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## [Idaho \(N=8\)](#)

- **Madison County** (Eastern Idaho Public Health): Outbreak with **3 cases**. Initial case reported on 1/6: unvaccinated child who traveled out-of-state to an area with an outbreak.
- **Canyon County** (Southwest District Health): Outbreak with **5 cases**. One child traveled out of state. Most recent case with rash onset on 1/21/26.
  - Possible public exposure location with ongoing symptom monitoring period: Vallivue High School on 1/20/26. Anyone at this location should monitor for symptoms through today, 2/10/26.

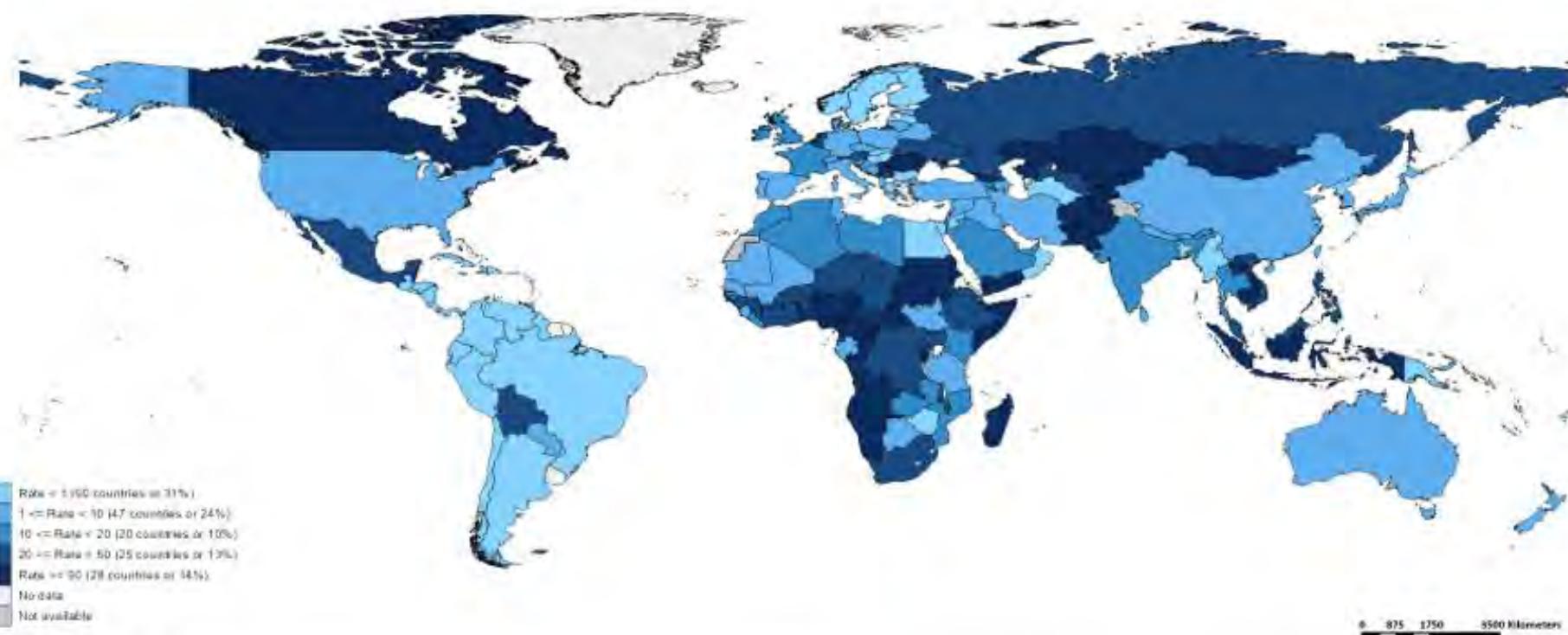
## [Oregon \(N=5\)](#)

- **Linn County: 3 cases.** Two cases among unvaccinated individuals with no travel outside Oregon reported on 1/10. A third case was reported in media last week.
- **Clackamas County: 2 cases.** 1 case in an unvaccinated individual reported on 1/16 with a 2<sup>nd</sup> linked case reported on 1/28. Possible public exposure location: 1/26 11:28 AM-1:53 PM at Kaiser Sunnyside ER
  - Anyone who was at this location should check their immunization records to see if they are protected from measles and to ensure they get vaccinated if not immune.
  - Anyone at this location should monitor for symptoms until 2/16/26. If symptoms develop they should call the clinic or hospital ahead to notify them of the need for evaluation for measles.
- **1/21: Benton County:** Measles virus detected wastewater in the Corvallis-Lewisburg Area.

# Measles — Portland Area, 2025-26

Location (State/County)	Number of Cases		Additional Cases (e.g. Among Travelers)
	2025 (N=26)	2026 (N=34)	
Idaho			
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)		3	
Canyon (Southwest District Health)		5	
Washington	Total: 12	Total: 21	9 additional cases among travelers to Washington (King and Snohomish Counties) in 2025. 1 traveler in 2026 (King).
King	7		
Snohomish	2	11	
Whatcom	2		
Spokane	1		
Kittitas		1	
Clark		8	
Stevens		1	
Oregon	Total: 1	Total: 5	Measles virus detected in wastewater from Marion and Josephine Counties in October 2025. No cases reported.
Multnomah	1		
Linn		3	Measles virus detected wastewater in the Corvallis-Lewisburg Area in Benton County on 1/21/26.
Clackamas	2		

# Measles Incidence (Cases per Million), 12/2024-11/2025



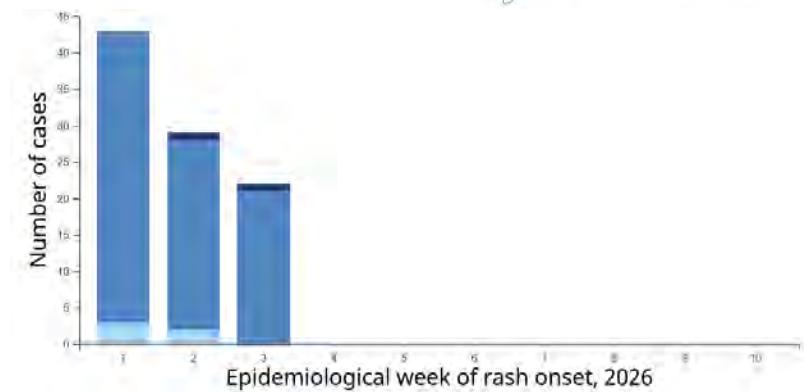
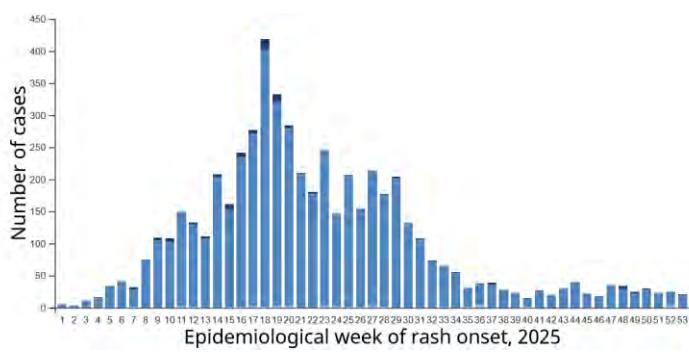
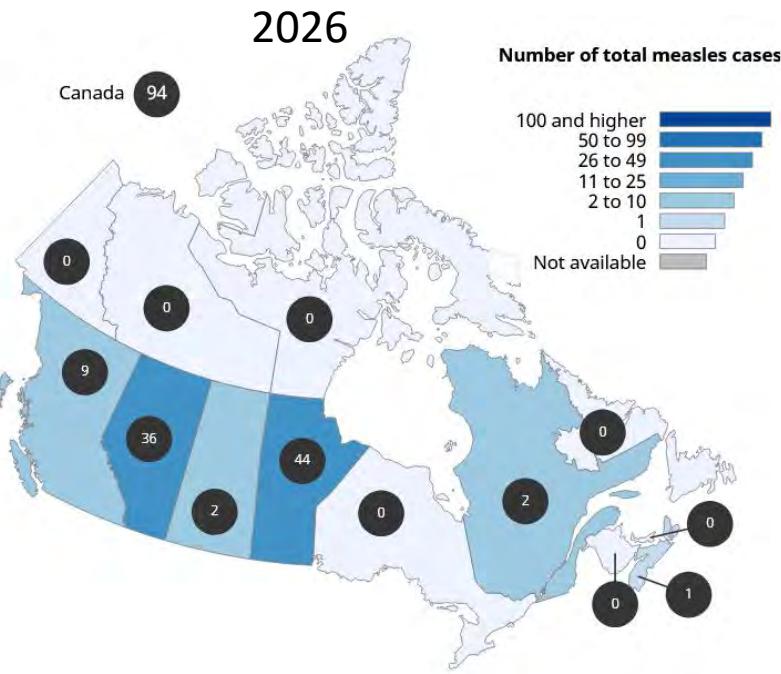
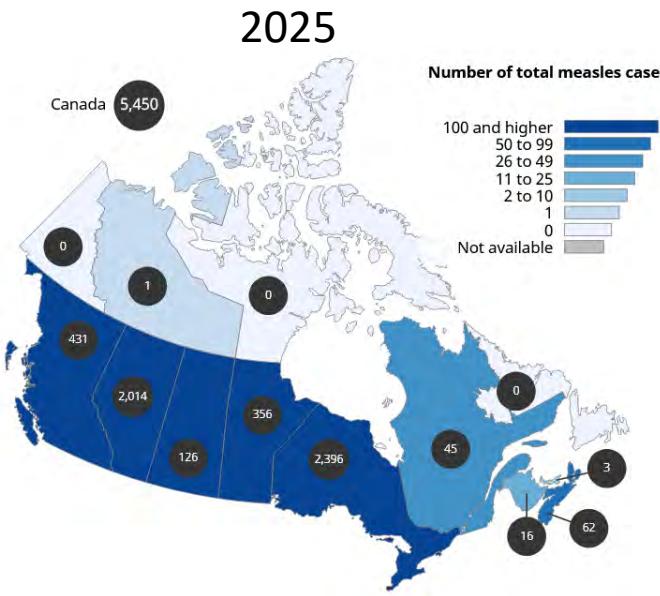
Map production: World Health Organization, 2026. All rights reserved.  
Data source: IVB Database

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

# Measles – Canada, 2025-26 (through 1/24/26)

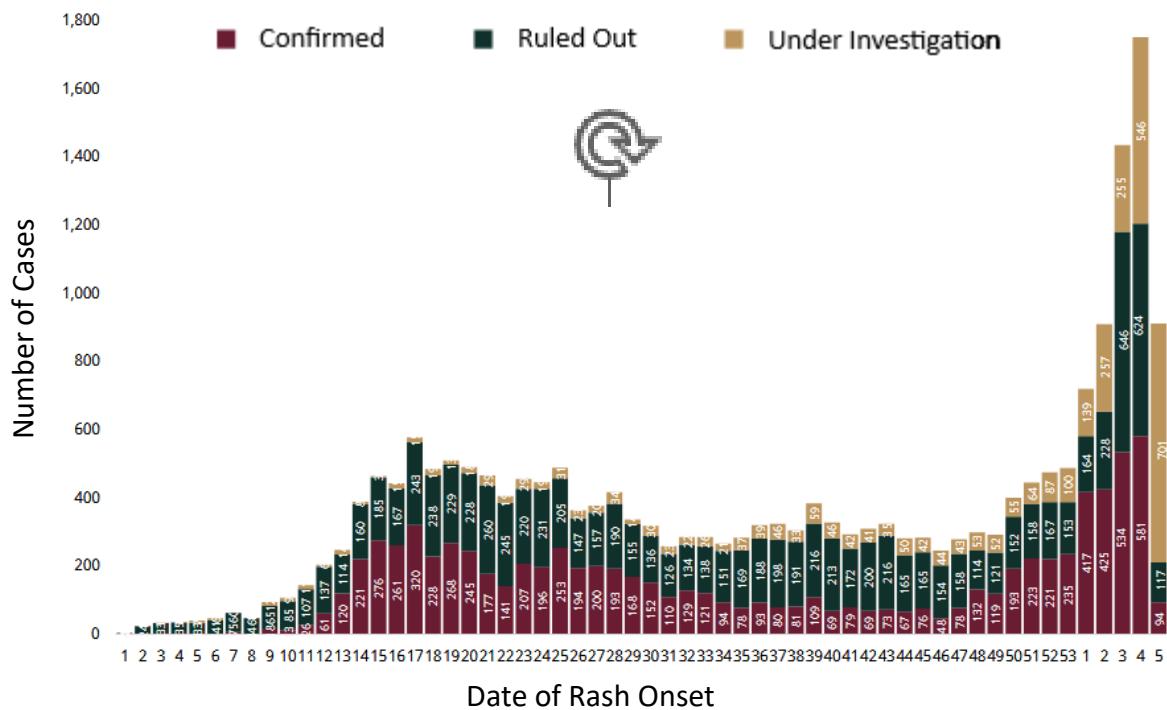
2025: 5,450 measles cases (5,069 confirmed and 381 probable)

2026: 94 confirmed cases as of Jan. 24, 2026



# Measles — Mexico, 2025-26 (through 2/6/26)

- 8,575 confirmed cases as of 2/6/26 (6,432 during 2025, 2,143 to date during 2026).
- Cases have occurred in all states.
- Deaths: 27 (Chihuahua: 21, Jalisco: 2, Sonora: 1, Durango 1, Michoacán 1, and Tlaxcala 1).



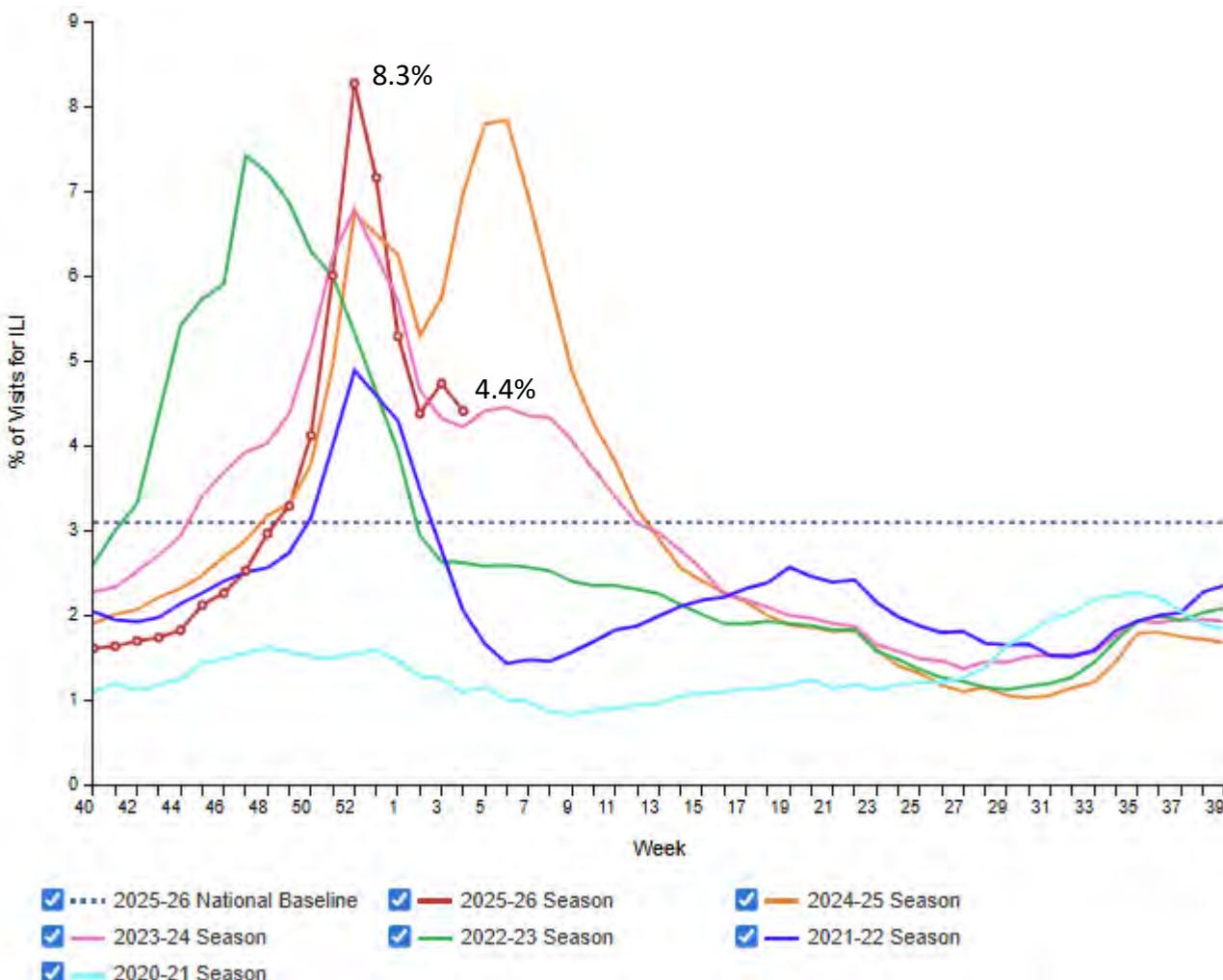
# MMR Vaccination Rates by IHS Area, December 31, 2025 vs. Prior 2 Quarters

	19-35 months			13-17 years			
	% Vaccinated with 1 dose of MMR			% Vaccinated with 2 doses of MMR			
	June 30	September 30	December 31	June 30	September 30	December 31	
<b>National</b>	<b>83.4</b>	<b>83.6</b>	<b>82.0</b>	<b>92.9</b>	<b>92.9</b>	<b>93.0</b>	
Alaska	87.9	86.3	86.1	96.8	96.6	96.7	
Albuquerque	85.6	84.9	84.9	95.8	93.5	91.1	
Bemidji	76.9	76.1	77.0	94.1	70.6	93.6	
Billings	75.5	80.0	74.1	92.2	91.9	90.5	
California	66.6	69.3	63.9	79.9	78.2	79.6	
Great Plains	87.1	88.2	87.1	97.4	97.8	96.9	
Nashville	82.3	83.1	87.1	94.2	97.6	88.5	
Navajo	95.3	95.7	91.5	91.5	97.8	96.8	
Oklahoma	74.2	76.5	76.5	84.7	92.6	92.1	
Phoenix	79.0	76.8	72.2	96.7	95.6	91.2	
<b>Portland</b>	<b>68.9</b>	<b>80.9</b>	<b>81.8*</b>	<b>95.7</b>	<b>96.9</b>	<b>97.0*</b>	
Tuscon	92.4	88.1	87.5	99.0	98.8	97.9	

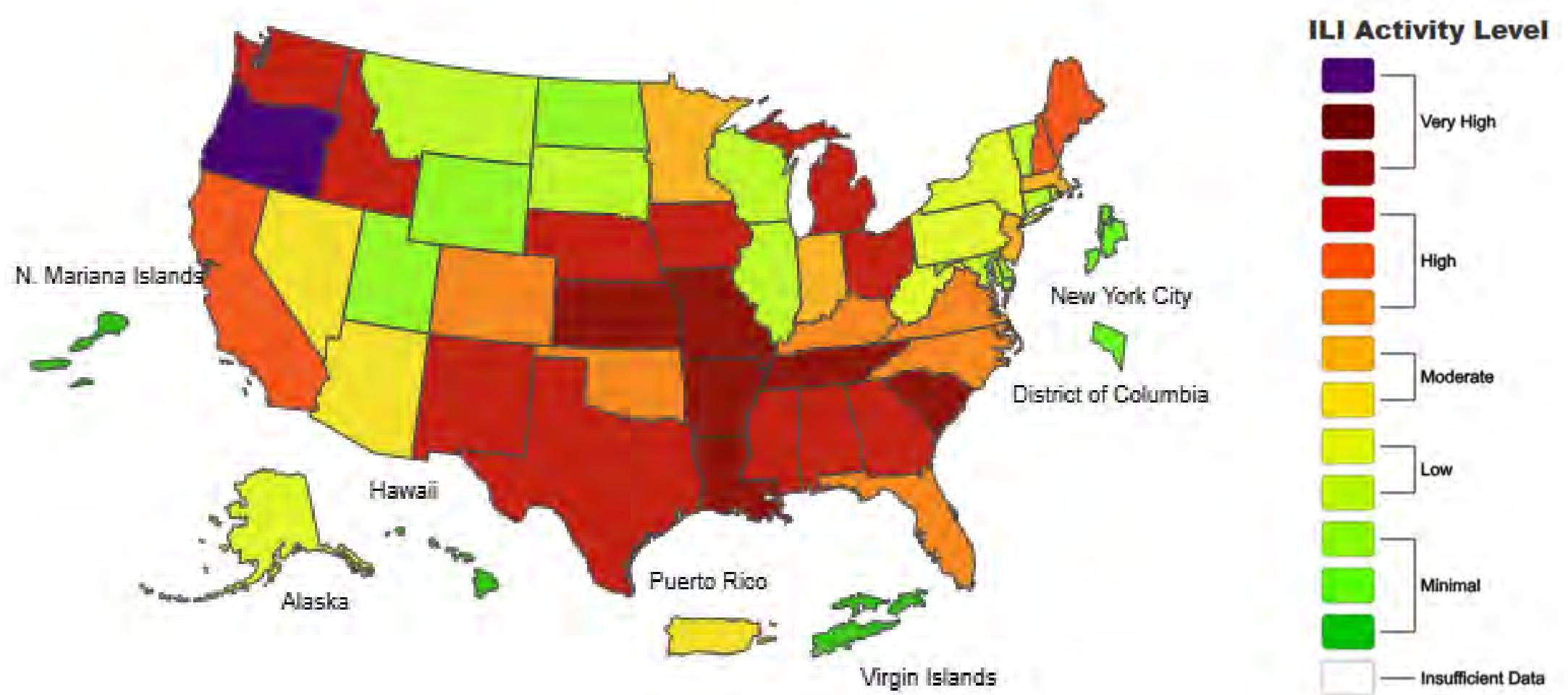
\* Based on 10 reporting I/T/U facilities

IHS National Immunization Reporting System Reports. Available at: <https://www.ihs.gov/nonmedicalprograms/ihpes/Immunizations/index.cfm?module=immunizations&option=reports>

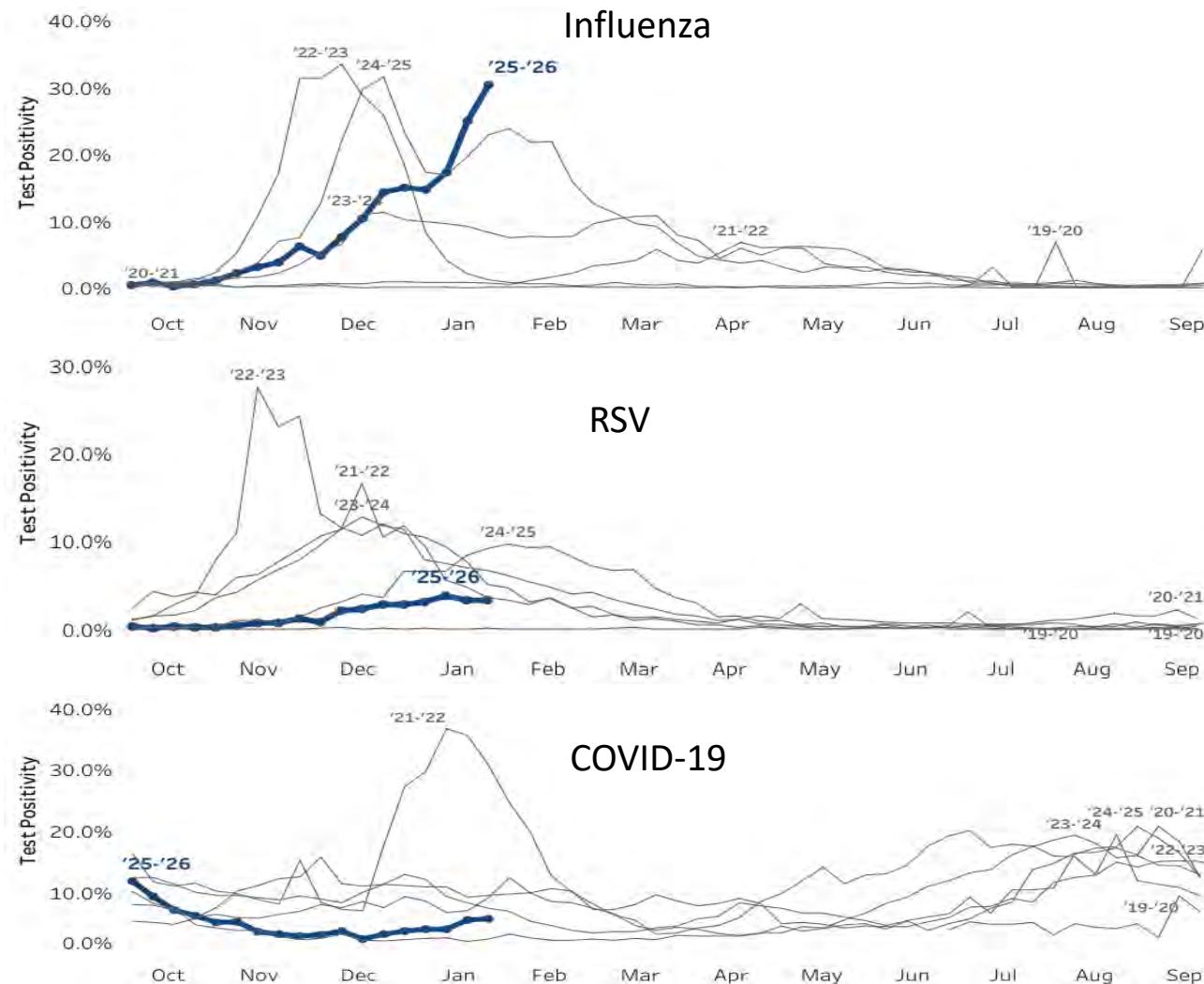
# Percentage of Outpatients Visits for Influenza-like Illness (ILI) — United States, 2025-26 (through 1/31/26)



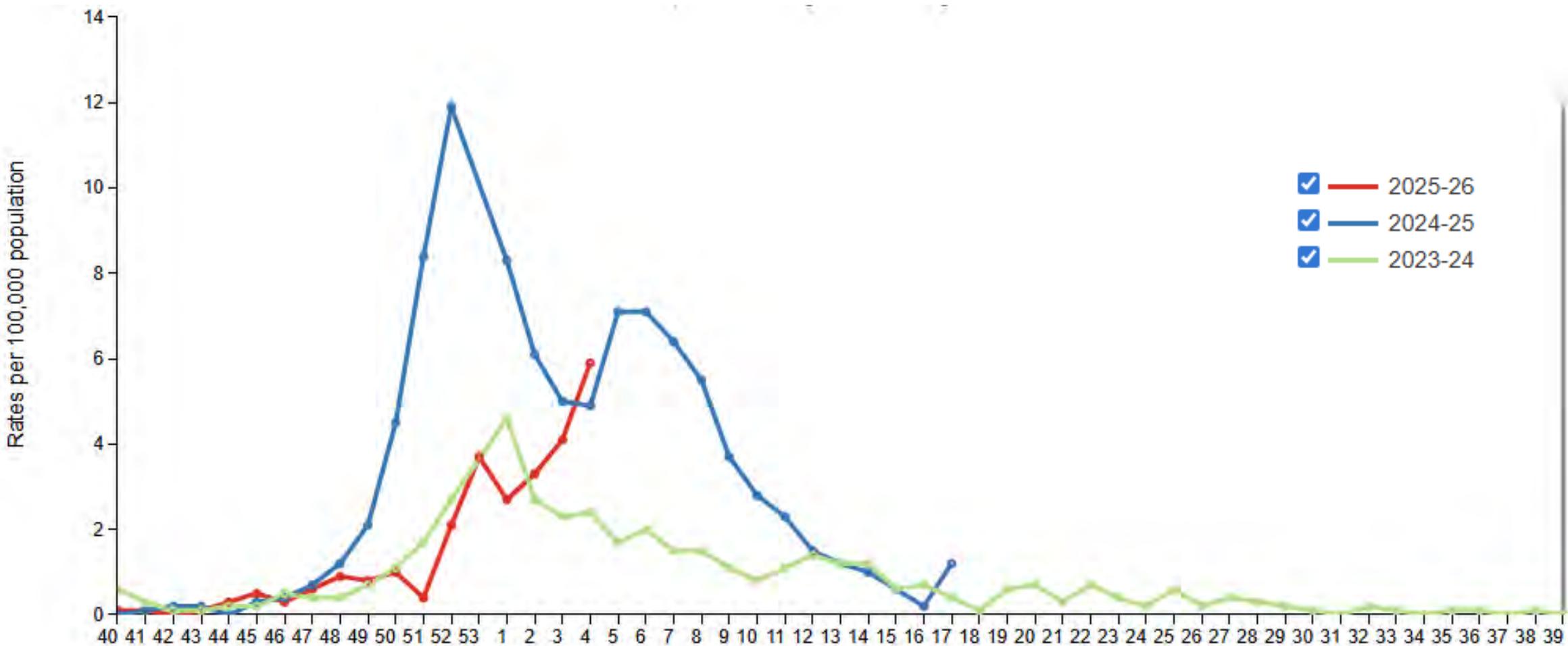
# ILI Activity — United States, 2025-26 (week ending 1/31/26)



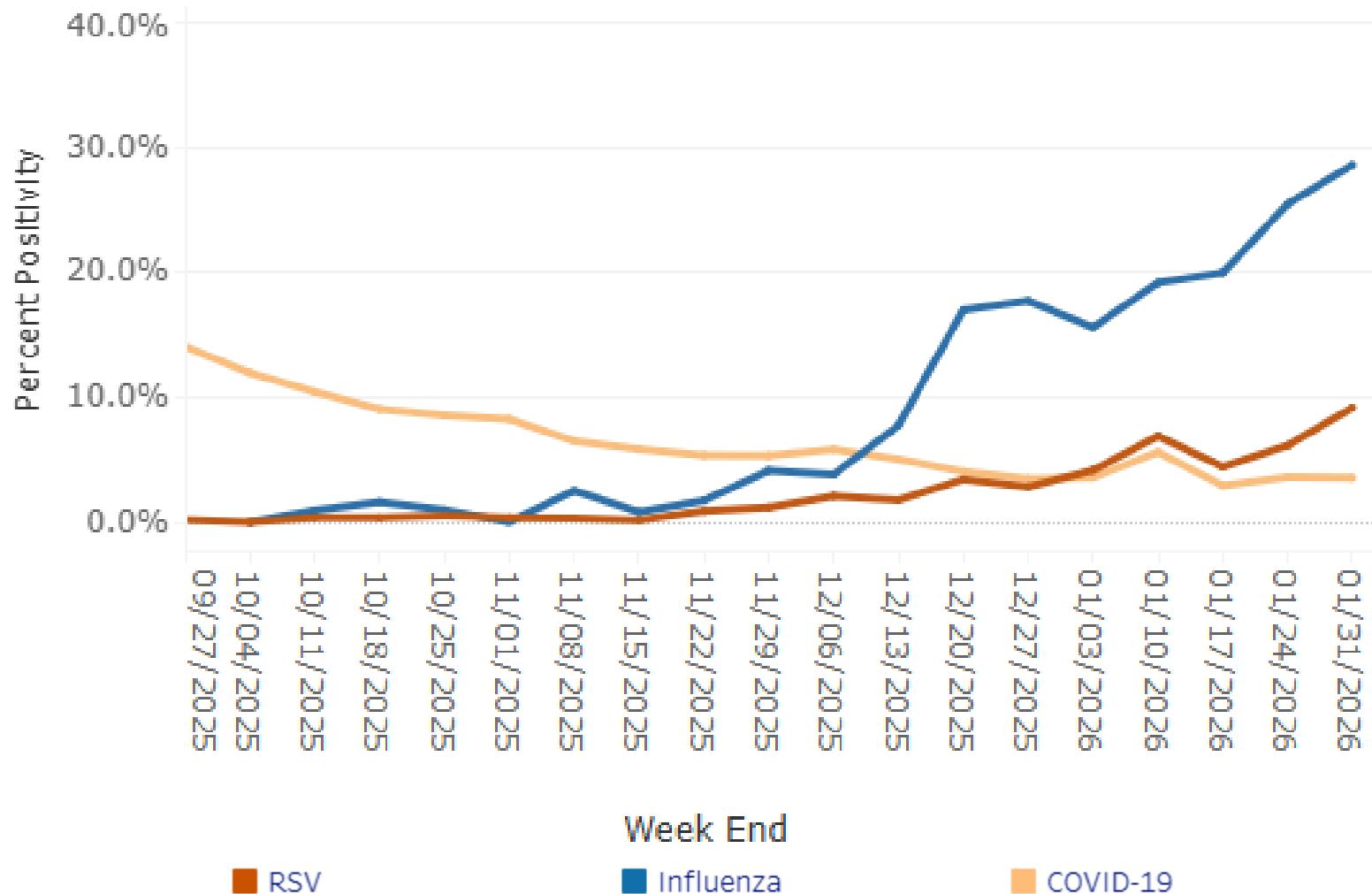
# Percent of Tests Positive for Influenza, RSV, and COVID-19 — Oregon, 2025-26 (through 1/31/26)



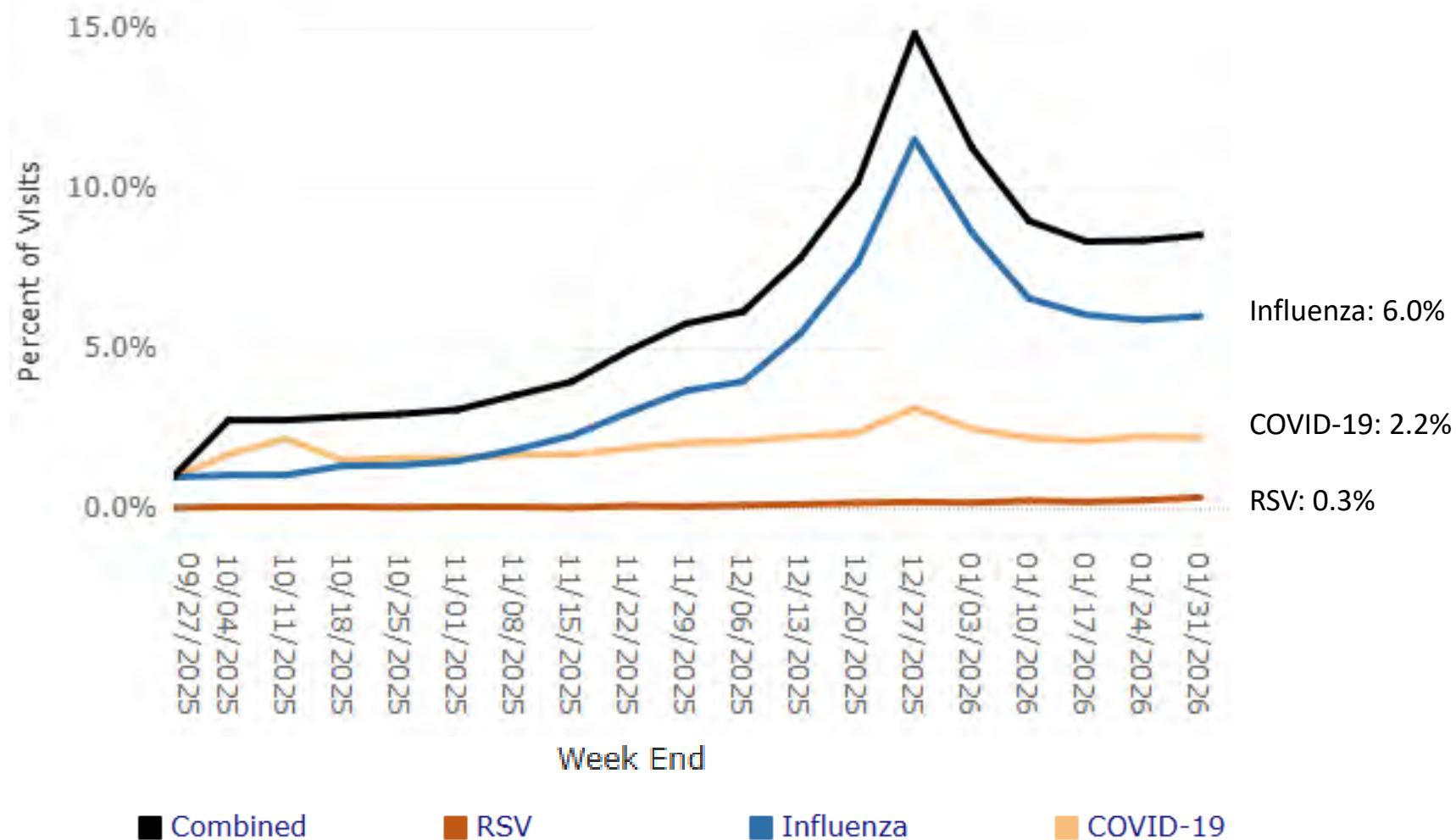
# Weekly Hospitalization Rate Associated with Influenza — Oregon, 2025-26 (through 1/31/26)



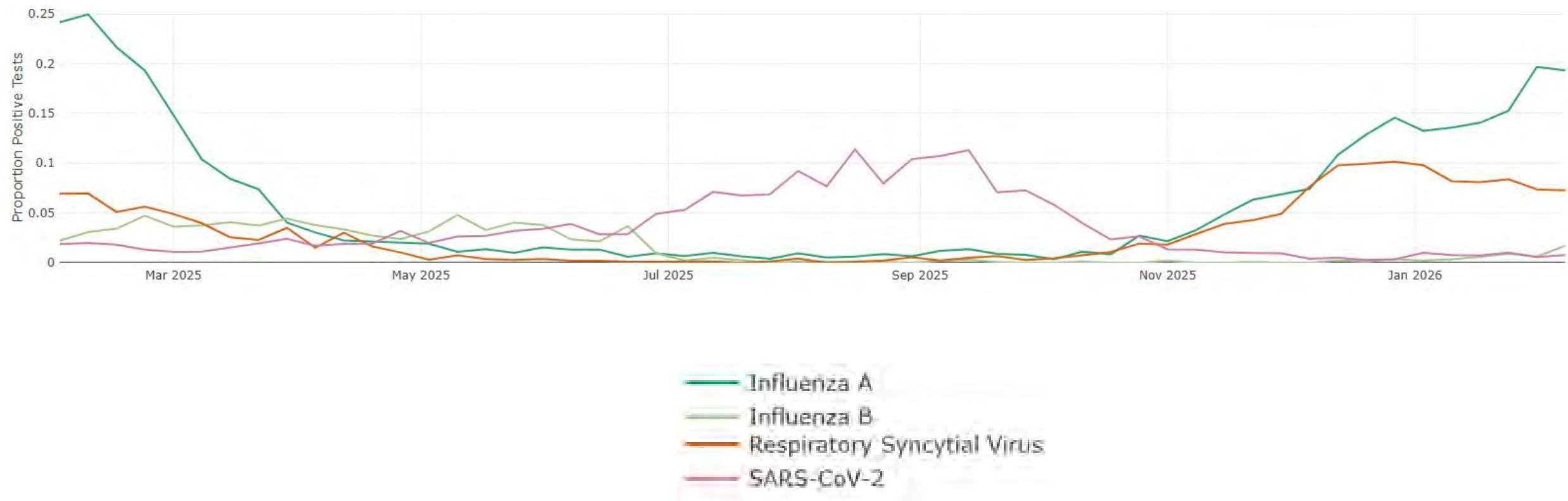
# Percent of Tests Positive for Influenza, RSV, and COVID-19 – Idaho, 2025-26 (through 1/31/26)



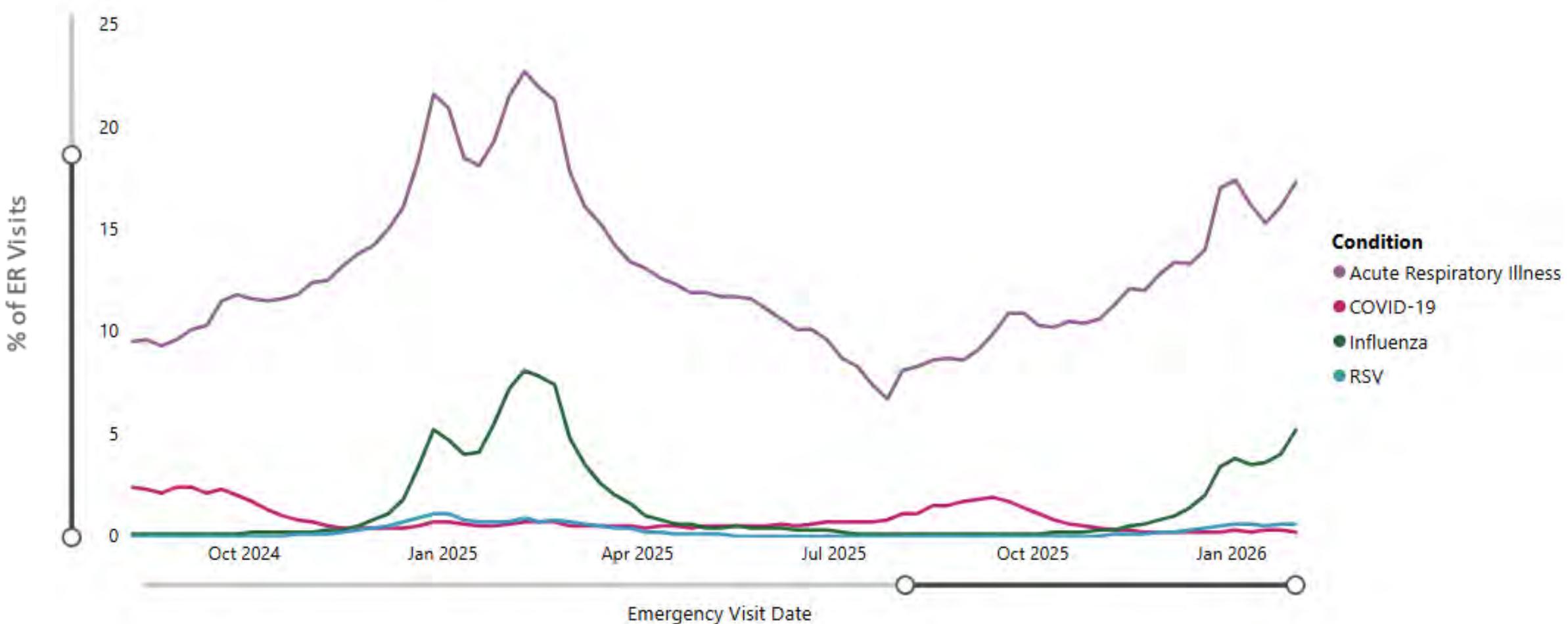
# Percent of Healthcare Visits for Influenza, COVID-19 and RSV — Idaho, 2025-26 (through 1/31/26)



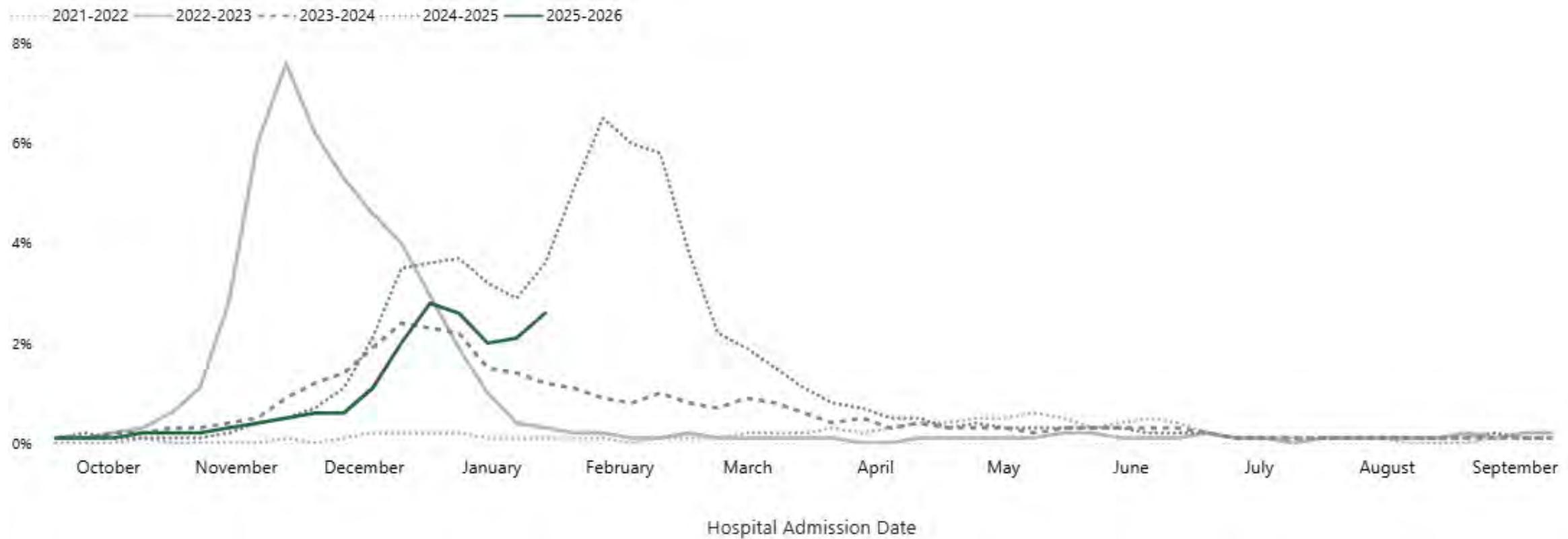
# Proportion of Tests Positive for COVID-19, Influenza and RSV in the Northwest — University of Washington and Seattle Children’s Hospital, 2025-26 (through 2/7)



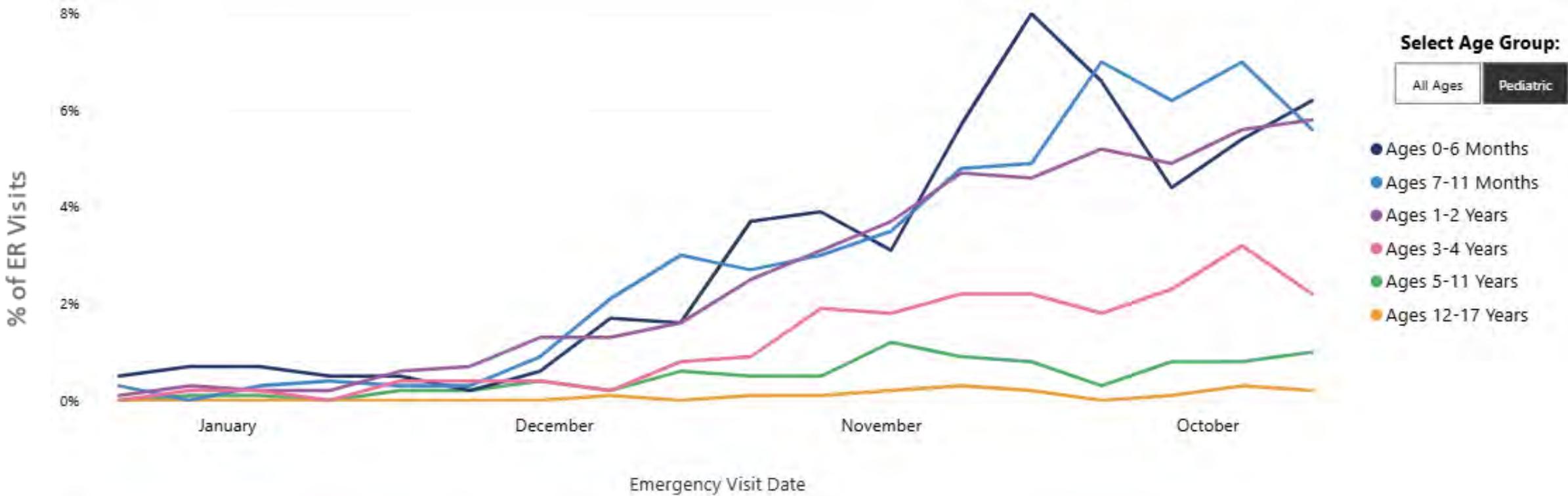
# Percent of Emergency Room Visits for Acute Respiratory Illness, Influenza, RSV, and COVID-19 — Washington, 2024-26 (through 1/31/26)



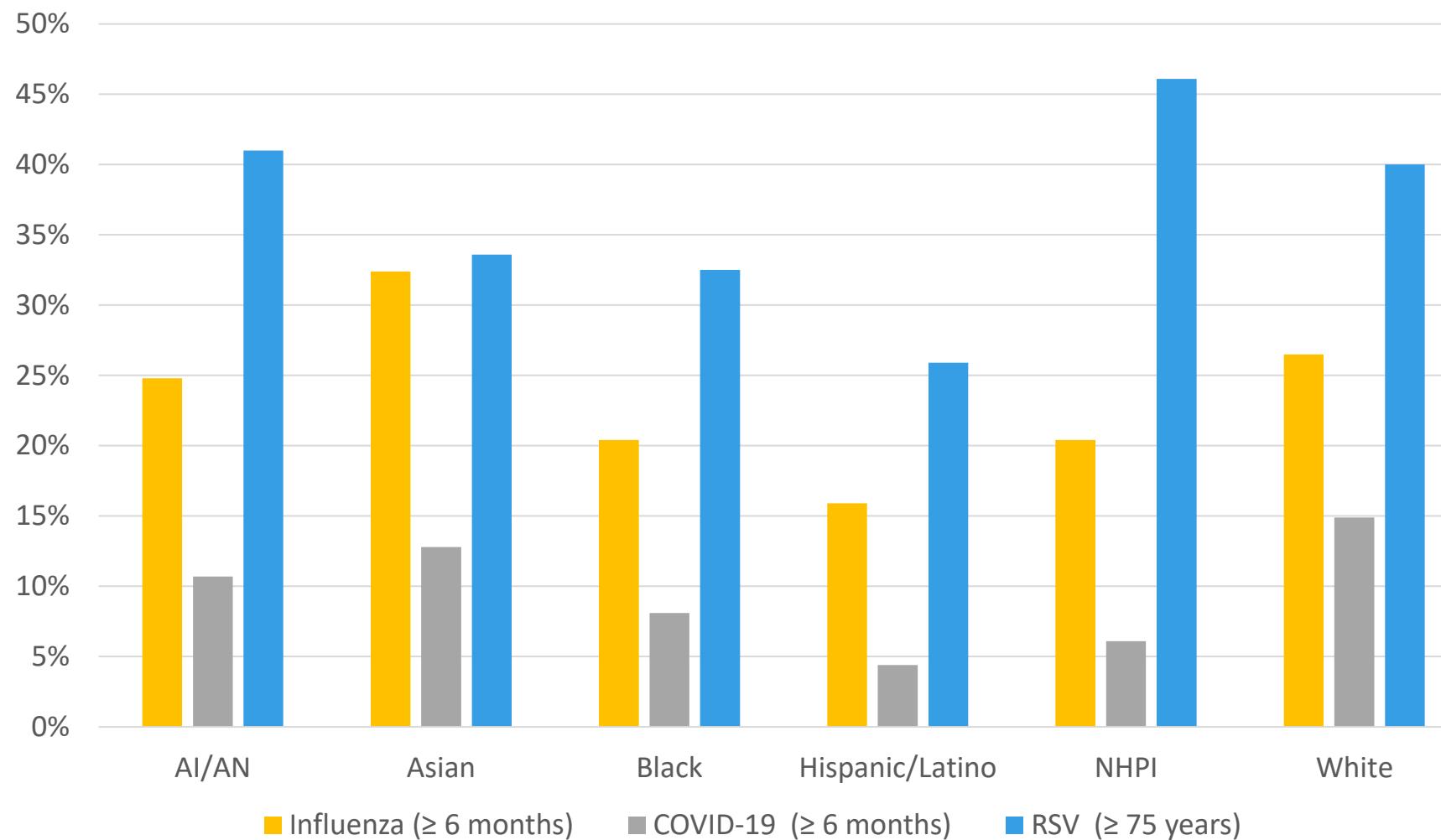
# Percent of Hospitalizations for Influenza — Washington, 2025-26 (through 1/31/26)



# Percent of Emergency Room Visits for RSV in Children— Washington, 2025-26 (through 1/31/26)



# Percent of People Vaccinated for Influenza, COVID-19 and RSV by Race/Ethnicity — Washington State , 2025-26 (through 2/2/26)



# Summary

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- Measles: Portland Area, 2026
  - Washington (N=21)
    - Outbreak in Snohomish County, now with 11 cases
    - Outbreak in Clark County, now with 7 outbreak-associated cases and 1 non outbreak-associated case
    - 1 case in Kittitas County reported 1/15. One subsequent case in Stevens County.
  - Idaho (N=8):
    - Outbreak in Madison County, with 3 cases
    - Outbreak in Canyon County, with 5 cases
  - Oregon (N=5)
    - Linn County: 3 cases
    - Clackamas County: 2 cases.
  - MMR vaccination rates for I/T/U facilities in the Portland Area reporting into NIRS for quarter ending 12/31/25: 19-35 month old children: 81.8% having received at least one dose; 13-17 year olds: 97.0% having received 2 doses.
- Influenza
  - ILI activity in Oregon is very high (currently at the highest level for the country) and high in Idaho and Washington.
  - The % of tests positive for influenza is increasing in all three states and the % of influenza-associated ER visits is continuing to increase in all three states.
  - Influenza-associated hospitalizations are increasing in Washington and Oregon.
  - There have been 60 children with influenza-related deaths in the U.S. already this season. CDC's estimates there have been at least 12,000 deaths overall, though possibly up to 60,000.
- RSV: Remains above threshold for increased activity in WA, OR, ID. In WA, in children, the % of ER visits associated with RSV has continued to increase. The % of tests positive for RSV is increasing in Idaho.
- COVID-19: % of tests positive for COVID-19 increasing in Oregon.
- 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 1/26): Influenza, 24.2%; COVID-19, 10.4%; RSV (age 75+), 39.9%].

# Recommendations: Seasonal Respiratory Viruses

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- Keep vaccinating patients for influenza! Vaccination for influenza, COVID-19 and RSV is recommended as long as there is increased activity of these respiratory viruses.
- 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.

# Recommendations: MMR Immunization for Measles Prevention

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- Ensure patients at your clinics and your families and communities are up to date on their immunizations!
- Children: Dose #1 at 12-15 months; Dose #2 at 4-6 years old, before school entry.
  - Washington State DOH has recommended that children who live in or visit Snohomish County receive their 2<sup>nd</sup> MMR vaccine as soon as eligible (if first dose was MMR, then 2<sup>nd</sup> dose at least 28 days later; if the first dose was MMRV then 2<sup>nd</sup> dose at least 3 months later).
  - Anyone traveling internationally (e.g. Mexico and Canada) or to a community with an outbreak (if advised by the local health jurisdiction) without presumptive evidence of measles immunity should be 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)).
- Adults without presumptive evidence of immunity (i.e. documentation of 1 or 2 doses of MMR vaccine (depending upon risk), laboratory evidence of immunity, laboratory-confirmed disease, or birth before 1957) should also be immunized, with the number of doses depending upon their risk.
- Those who should receive 2 doses of MMR vaccine (separated by at least 28 days):
  - International travelers (2<sup>nd</sup> dose at least two weeks prior to travel). This should also be considered for those living or traveling to a community with an outbreak.
  - College students.
  - Household/close contacts of immunosuppressed persons.
  - People with HIV infection with CD4  $>200$  (live vaccines contraindicated in immunosuppressed persons and pregnant women).
  - Healthcare workers (those born before 1957 and without presumptive immunity should consider 2 doses of MMR vaccine; this is more strongly recommended for communities with outbreaks).
  - Those vaccinated between 1963-1967 and received a killed or unknown type of measles vaccine or a measles vaccine given together with immune globulin should also be immunized (2 doses if above risk factors).

# Recommendations: Measles (cont.)

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- Prepare for measles:

- Ensure all health care workers have presumptive evidence of measles immunity and that N95 Respirator Fit Testing has been done in the past year.
- If a measles case is identified in your community:
  - Develop signage and a protocol to screen patients for possible measles (e.g. fever and rash, with international travel, travel to a community with a measles outbreak, or known exposure to measles in the past 21 days).
  - Provide patients with possible measles a mask to wear and to immediately bring back to a designated room available (e.g. airborne infection isolation room if available).
  - Train staff, including front-desk to recognize, isolate, and evaluate patients with possible measles and in infection prevention (e.g. Project Firstline: Measles Infection Control Microlearn with discussion guide).
  - Ensure you have supplies for measles testing.
- Consider measles in anyone with a fever and generalized maculopapular rash with recent international travel or travel to an area with a measles outbreak, or exposure to a measles case. Recommend testing performed in collaboration with local health jurisdiction (throat or NP swab for measles PCR in viral transport media, possibly urine for measles PCR, blood for measles IgM and IgG).

# Patient Education Resources for 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](#)

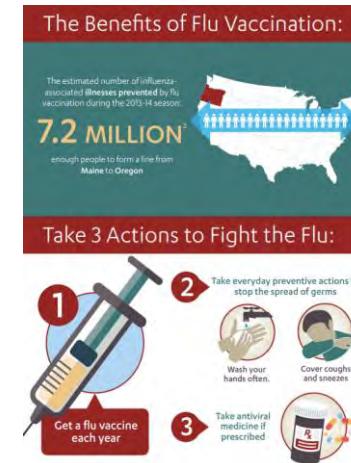
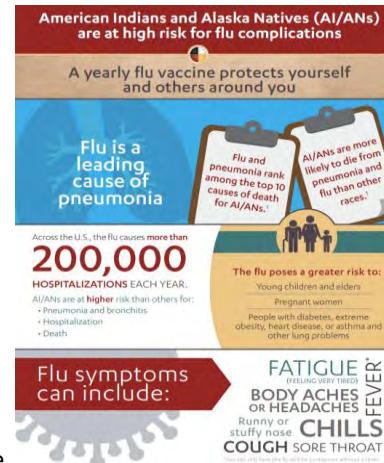
[COVID-19; DOH COVID-19 Vaccine Schedule; Washington State Statewide Standing Order for COVID-19 Vaccine FAQs for the Public; West Coast Health Alliance announces vaccine recommendations for COVID-19, flu, and RSV | Washington State Department of Health](#)

[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: Respiratory Illness Season Toolkit; Preventing Seasonal Flu; Flu Resources; Preventing Spread of Respiratory Viruses When You're Sick; RSV](#)

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



# 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)



<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.









# Questions & Comments