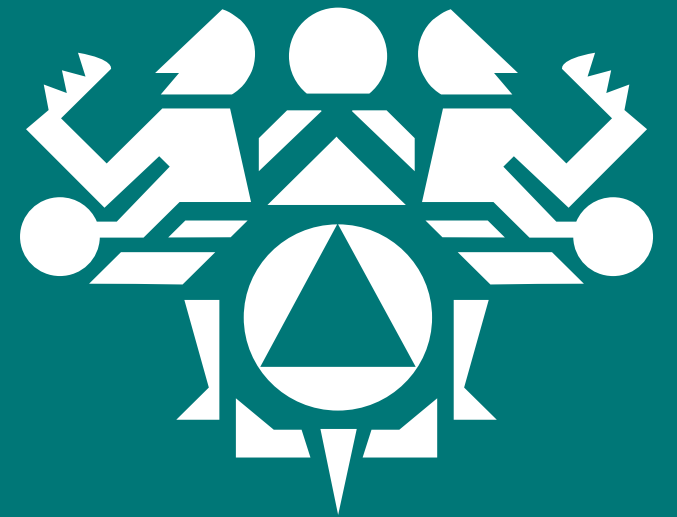


NPAIHB

Weekly Update

February 10, 2026





NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

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, 26

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

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

CONTACT US:
native@npaihb.org



Registration:

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

2026

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


2026

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



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



SPONSORED BY

National Institute of Medical Sciences of the NIH
Native American Research Centers for Health
National Indian Health Board



Northwest Tribal Public Health Emergency Preparedness Conference & Training

Register: tinyurl.com/2026TPHEPReg

Submit a Presentation Proposal:
www.surveymonkey.com/r/2026Presenter
Due by March 9

More Info: 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



Upcoming Indian Country ECHO Telehealth Opportunities

- **Indian Country Elders, Knowledge Holders & Culture Keepers ECHO** – 2nd Tuesday of every month at 12pm PT
 - Tuesday, February 10th at 12pm PT
 - Didactic Topic: *Working in Rural Alaska*
 - To join via Zoom: <https://echo.zoom.us/j/82466510555?pwd=JPP3b5k9wU2dFHTxyDs7Pn7CWL5Bba.1>
- **Trauma Care ECHO** – 2nd Wednesday of every month at 6:30am PT
 - Wednesday, February 11th at 6:30am PT
 - Didactic Topic: *Frostbite Survival*
 - To join via Zoom: <https://echo.zoom.us/j/93729666650?pwd=bFhTZnA4NnlqTmR6Ylg4bnM1R1lZQT09>
- **Adolescent Health ECHO** – 2nd Wednesday of every month at 12pm PT
 - Wednesday, February 11th 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=Amim4GLLWnPrPj1nhlm3K6q2ricsUj.1>

For more information and the full Indian Country ECHO schedule, visit indiancountryecho.org

Upcoming Indian Country ECHO Telehealth Opportunities

- **Journey to Health ECHO** – 2nd & 4th Thursday of every month at 7am/12pm PT
 - Thursday, February 12th at 7am PT
 - Didactic Topic: *The Power of Storytelling*
 - To join via Zoom: <https://echo.zoom.us/j/93413601610?pwd=YVhMN1NUNllyWHZUZk1CUnF0TEY5QT09>
- **Clinical Dementia ECHO** – 2nd Thursday of every month at 11am PT
 - Thursday, February 12th at 11am PT
 - To join via Zoom: <https://echo.zoom.us/j/99454243940?pwd=NG9aWGUvRTdKSmgwTGllcklmVDRWUT09>
- **Diabetes ECHO** – 2nd Thursday of every month at 12pm PT
 - Thursday, February 12th 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

Upcoming Indian Country ECHO Telehealth Opportunities

- **Dermatology ECHO** – 2nd Friday of every month at 11am PT
 - Thursday, February 13th at 11am PT
 - Didactic Topic: *Urticaria*
 - To join via Zoom: <https://echo.zoom.us/j/81553202302?pwd=ZXplMERZSlpSSnJ5Y2VOam10NHpmdz09>
- **Pharmacy SUD ECHO** – 3rd Tuesday of every month at 10am PT
 - Tuesday, February 17th 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** – 3rd Tuesday of every month at 12pm PT
 - Tuesday, February 17th at 12pm PT
 - To join via Zoom: <https://us06web.zoom.us/j/87854787166?pwd=T0Z1aWhYRFIKdVdzUTkvcUtCZ1hpQT09>
- **Indian Country ECHO – General Session**
 - Tuesday, February 17th 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=NGlaMjBrNHZkdBOSXRySHNHMzB4Zz09>

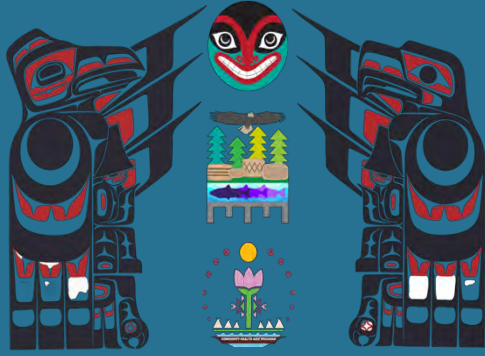
NPAIHB Weekly Update Schedule

- 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



NPAIHB

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



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



**The Tribal Community
Health Provider Program
(TCHPP)** is nestled under
the NPAIHB and supports
tribal innovation and
leadership by facilitating
programs that expand
tribal community health in
the Portland Area



**Dental Health
Aide Program
(DHA/P)**



**Behavioral Health
Aide Program
(BHA/P)**



**Community Health
Aide Program
(CHA/P)**



**Community Health
Representative
(CHR)**



**The Portland Area CHAP
Certification Board (PACCB)**
oversees the provider
certifications for the DHA,
BHA, and CHA programs

CHR is a steppingstone
certification that can be
earned before students
enter the DHA/P, BHA/P or
CHA/P programs

PROGRAM STAFF



TCHPP Admin Team



**Dental Health
Aide Program**



**Behavioral Health
Aide Program**



**Community Health
Aide Program**



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Stephannie Christian
TCHP Education Program
Director
schristian@npaihb.org



Sasha Jones
CHAP Program Manager
sjones@npaihb.org



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 includes 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

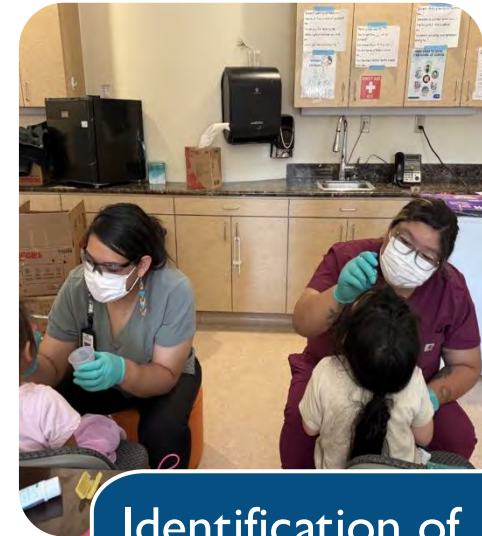


Topical
Fluoride
Application



Patient Education

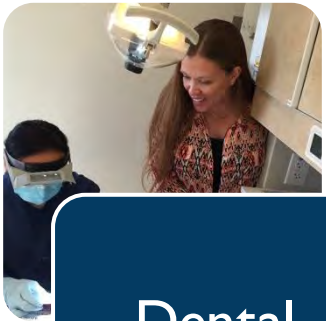
- Oral Hygiene Instruction
- Nutritional Counseling



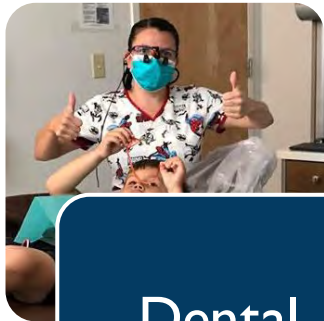
Identification of
Potential Dental
Problems and
Appropriate
Referrals



Primary Dental Health Aide II



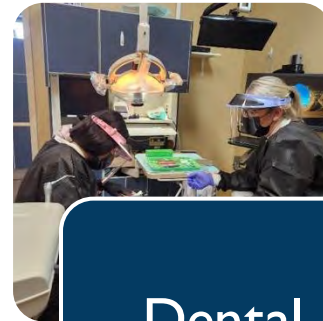
Dental
Radiology



Dental
Sealants



Dental
Prophylaxis



Dental
Assisting



Atraumatic
Restorative
Treatment



Dental Health Aide Hygienist & Dental Health Aide Therapist



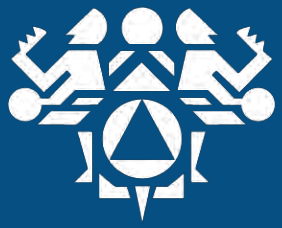
DHAH

- 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



dəx^wχayəbus Dental Therapy Program at Skagit Valley College

2nd Cohort

- Officially graduated

4th 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.

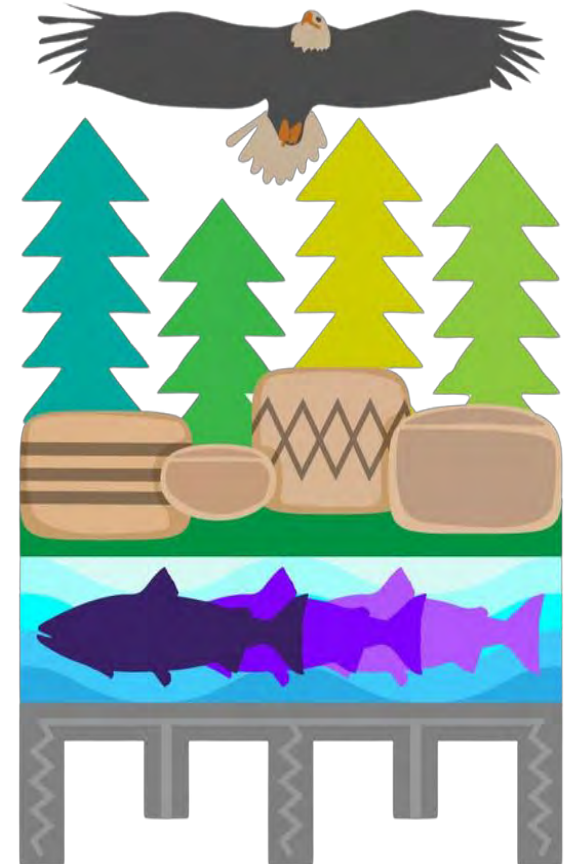
Qualities of a BHA:

- 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



NORTHWEST
INDIAN COLLEGE
Xwilemi Elh>Tal>Nexw Sgul

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



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

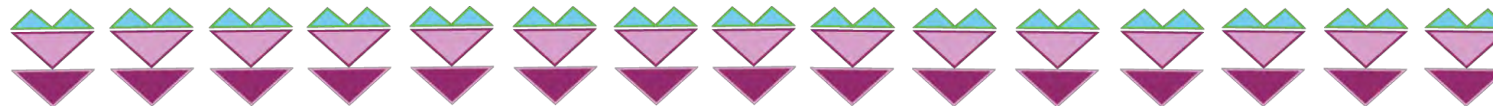
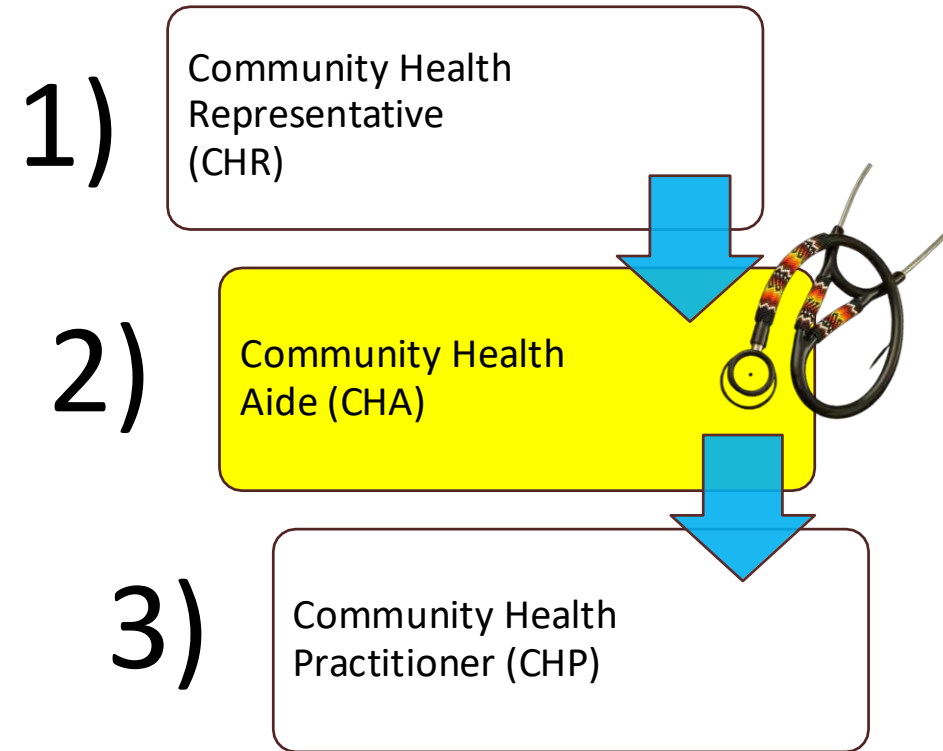
Northwest Community Health Aide Training

- 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

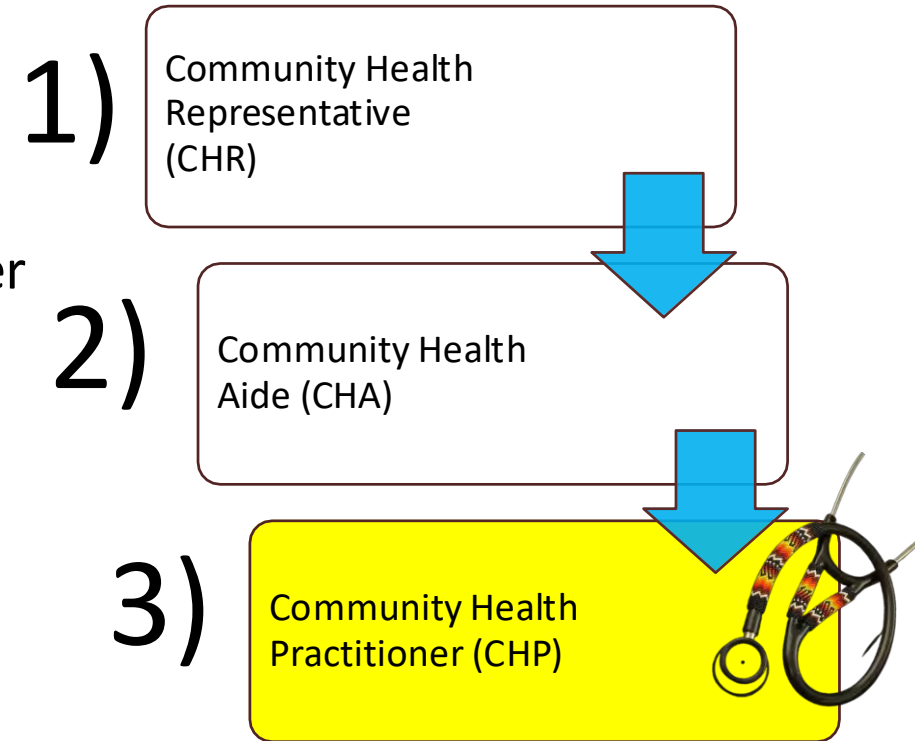
- Training Outline:

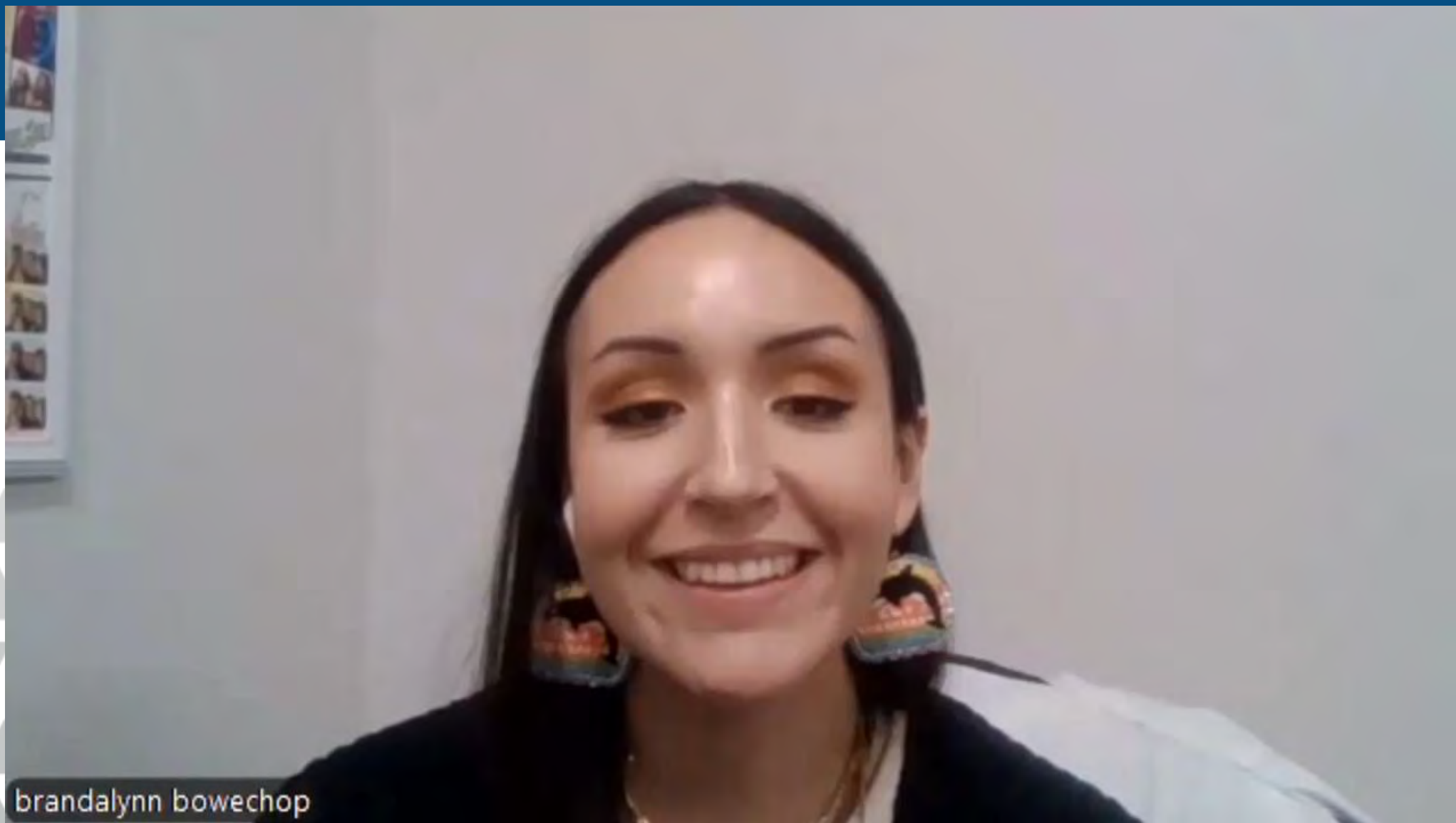
- 320 hours of didactic training
- 400 hours clinicals
- 132 patient encounters

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

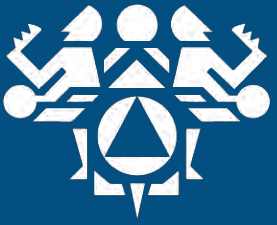




brandalynn bowechop

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-I)
 - 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:

- Creating a CHAP Reimbursement Workgroup
 - FY2026: if you're interested in participating, please send Kate Denny an email at 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



REGISTER

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, ckfconsulting@outlook.com | Rosanna Pine, rosanna.pine@rmtlc.org

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

Questions

Carrie Sampson (CTUIR)

CHAP Director

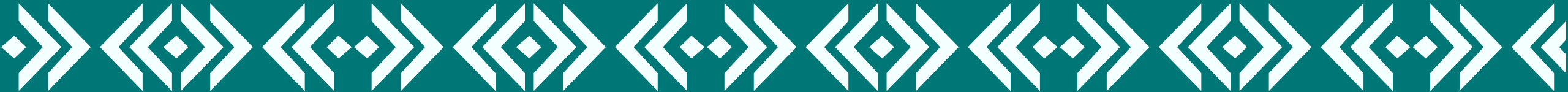
csampsonsamuels@npaihb.org

Lisa Griggs

TCHPP Manager

lgriggs@npaihb.org





Partner Updates: Portland Area Indian Health Service

Portland Area IHS Communicable Diseases Update

TARA PERTI, MD, MPH
MEDICAL EPIDEMIOLOGIST
IHS, PORTLAND AREA OFFICE
February 10, 2026

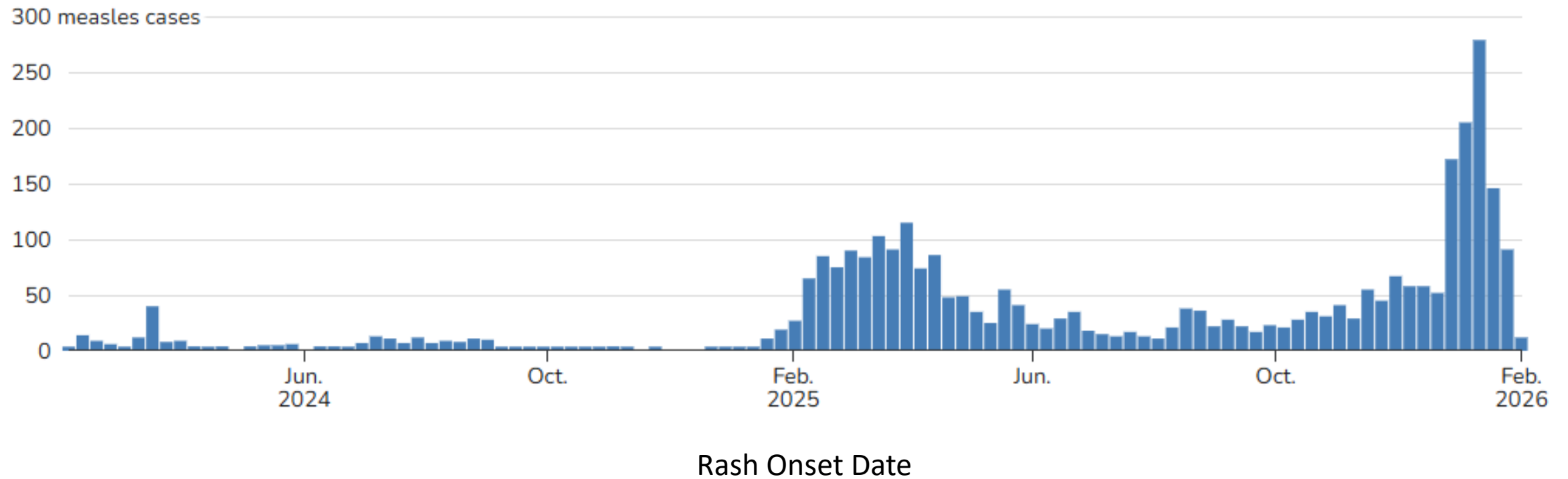


Outline

- Measles
- Influenza, RSV, and COVID-19

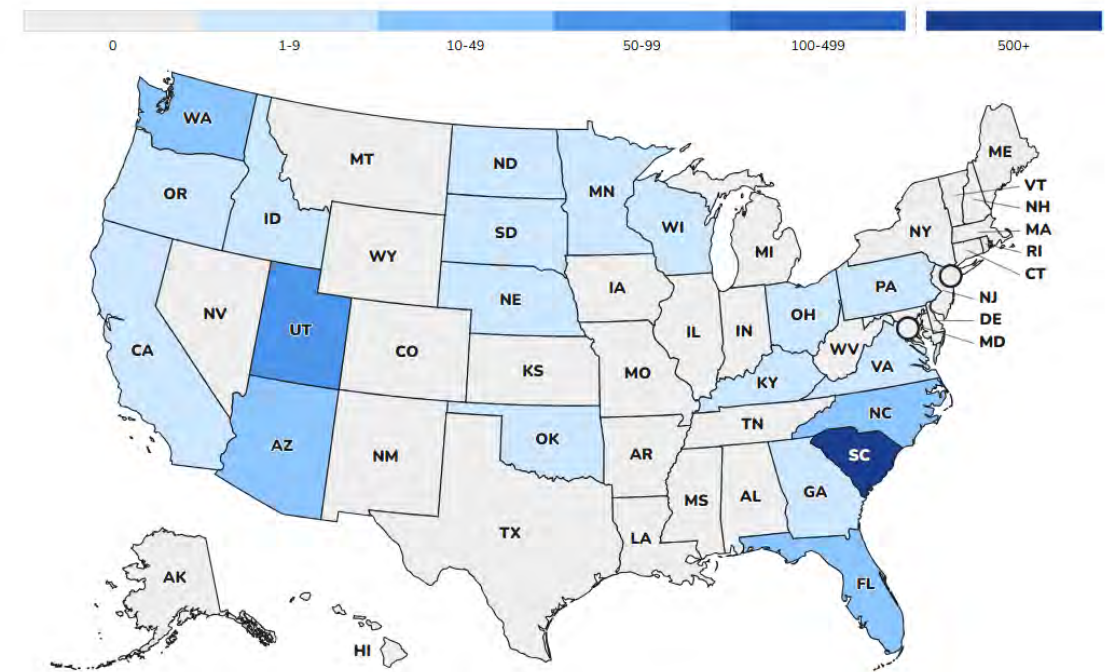
Measles – United States, 2024-2026 (through 2/5/26)

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 (≥ 3 related cases).
- Age: 28% <5 years-old, 57% 5-19 years-old, 13% ≥ 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 2nd MMR vaccine as soon as eligible (if first dose was MMR, then 2nd dose at least 28 days later; if the first dose was MMRV then 2nd 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.)

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.

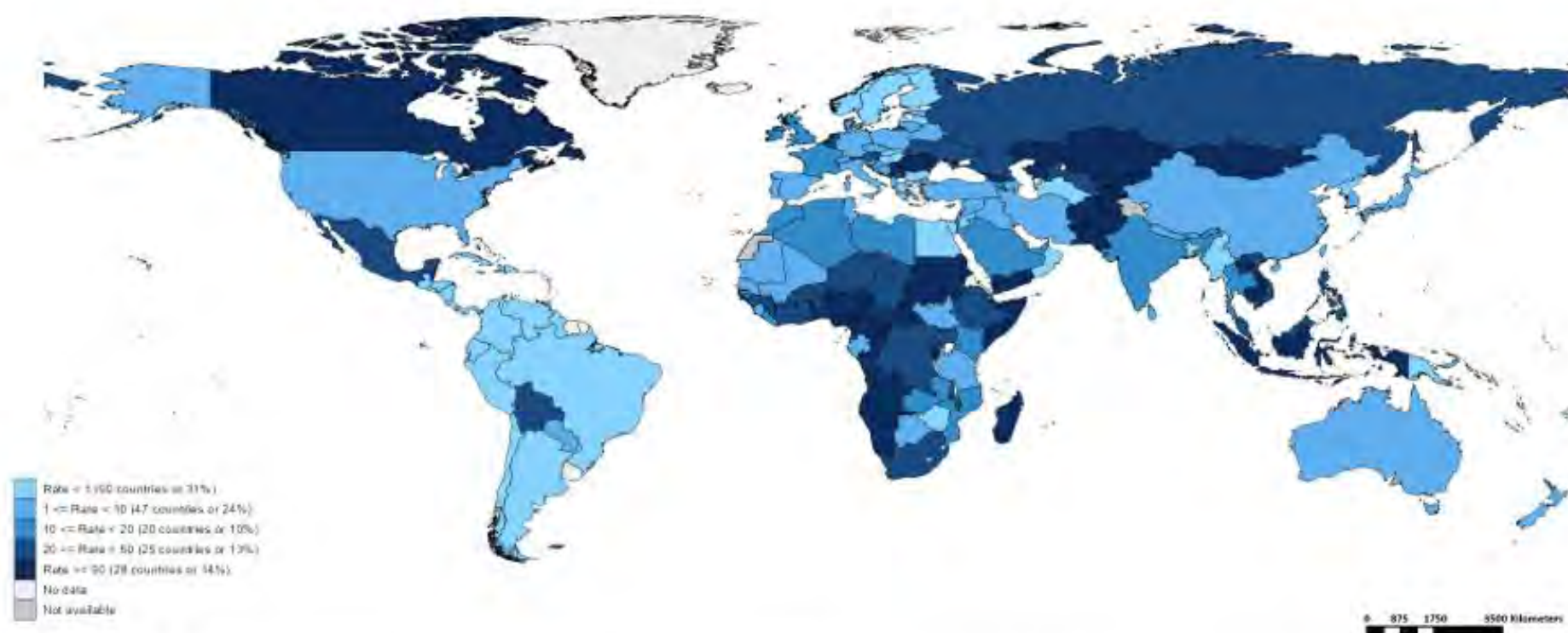
Oregon (N=5)

- **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 2nd 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	Total: 13	Total: 8	2 additional cases among travelers to Idaho (Bonneville and Cassia Counties in 2025.
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	
Clackamas		2	

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



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

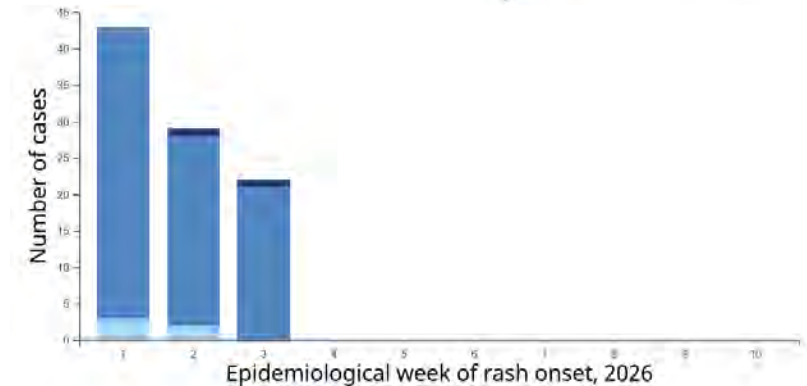
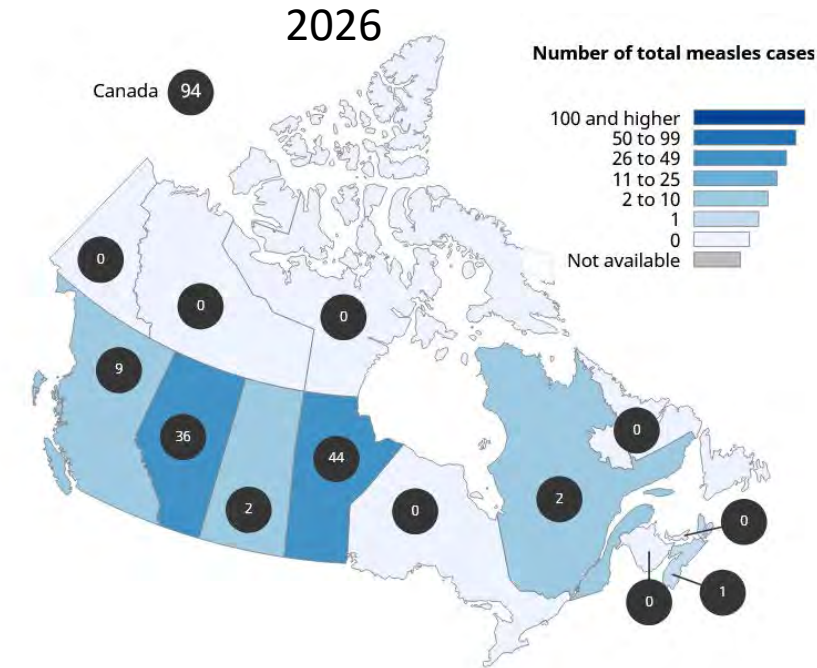
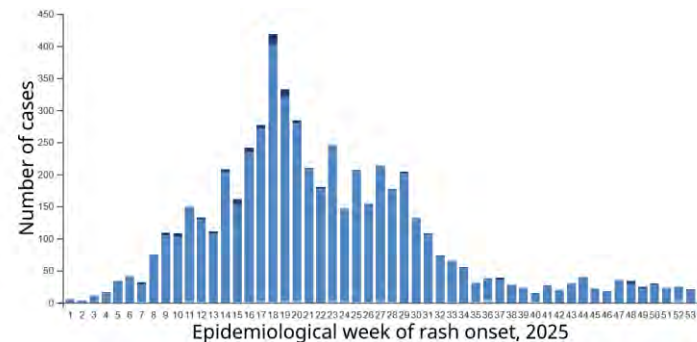
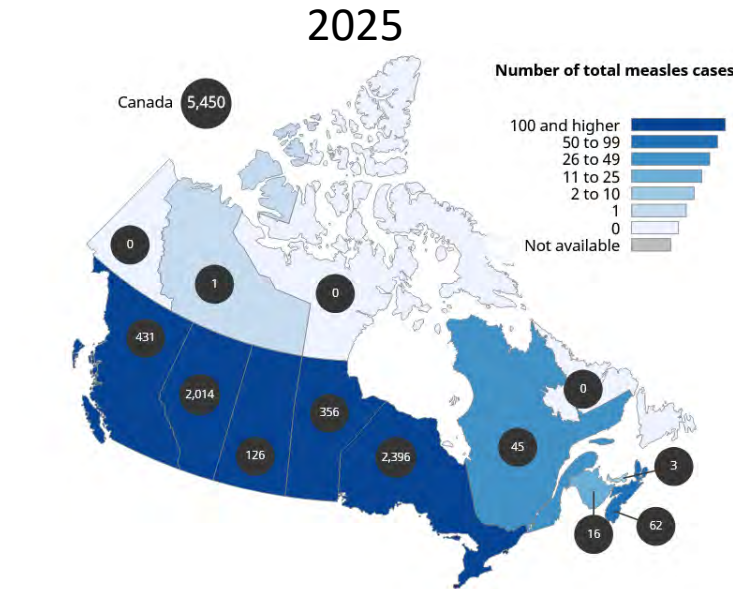
Highest incidence rates

Country	Cases	Rate
Mongolia	13139	3,735.75
Kyrgyzstan	9605	1,316.65
Yemen	29050	895.41
Cambodia	8193	459.04
Lao People's Democratic Republic	3202	406.70
Romania	5144	272.04
Afghanistan	10424	237.75
Angola	9267	237.37
Tajikistan	2243	207.94
Kazakhstan	3196	153.33

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

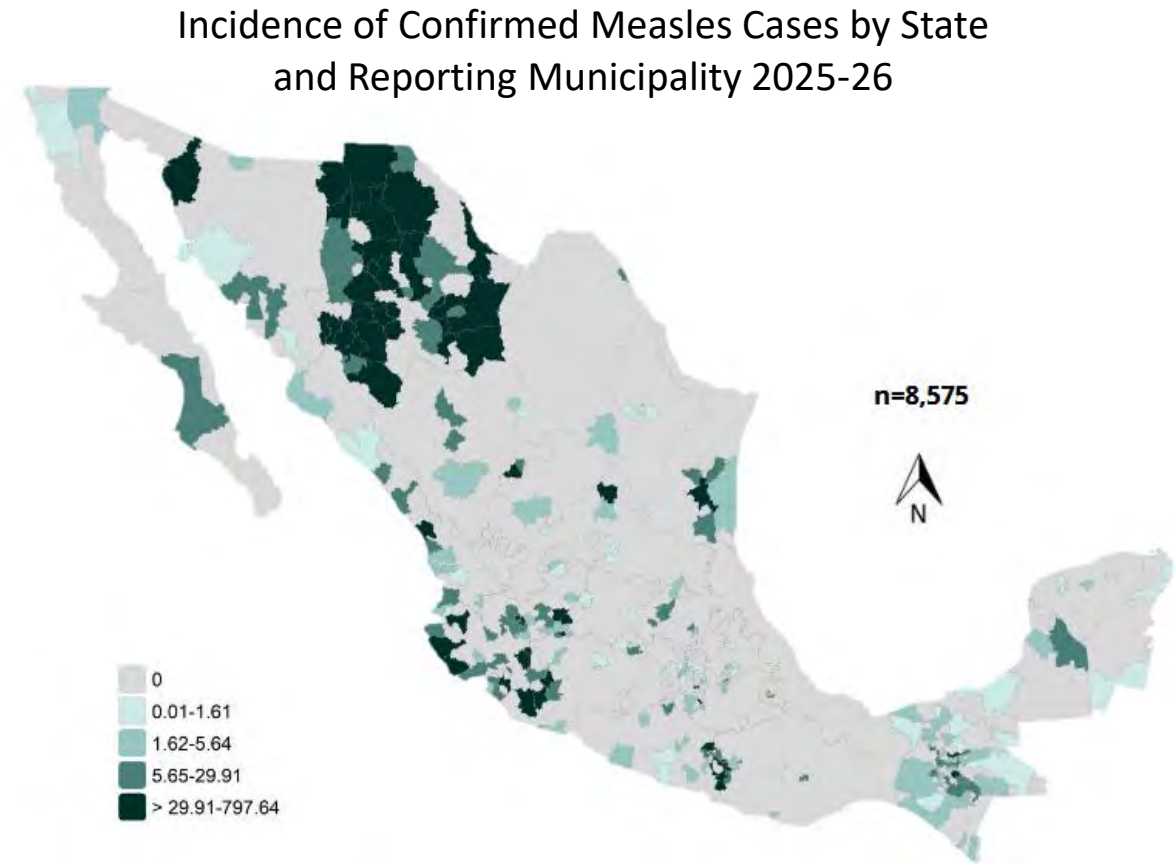
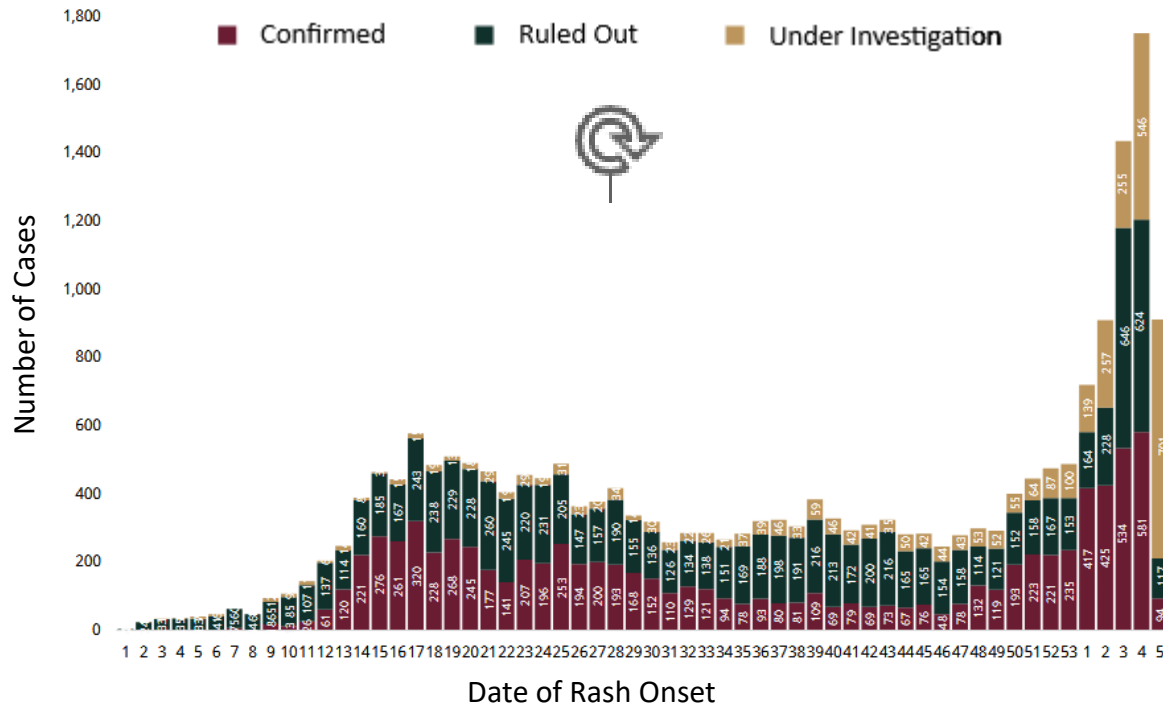
2025: 5,450 measles cases (5,069 confirmed and 381 probable)

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).



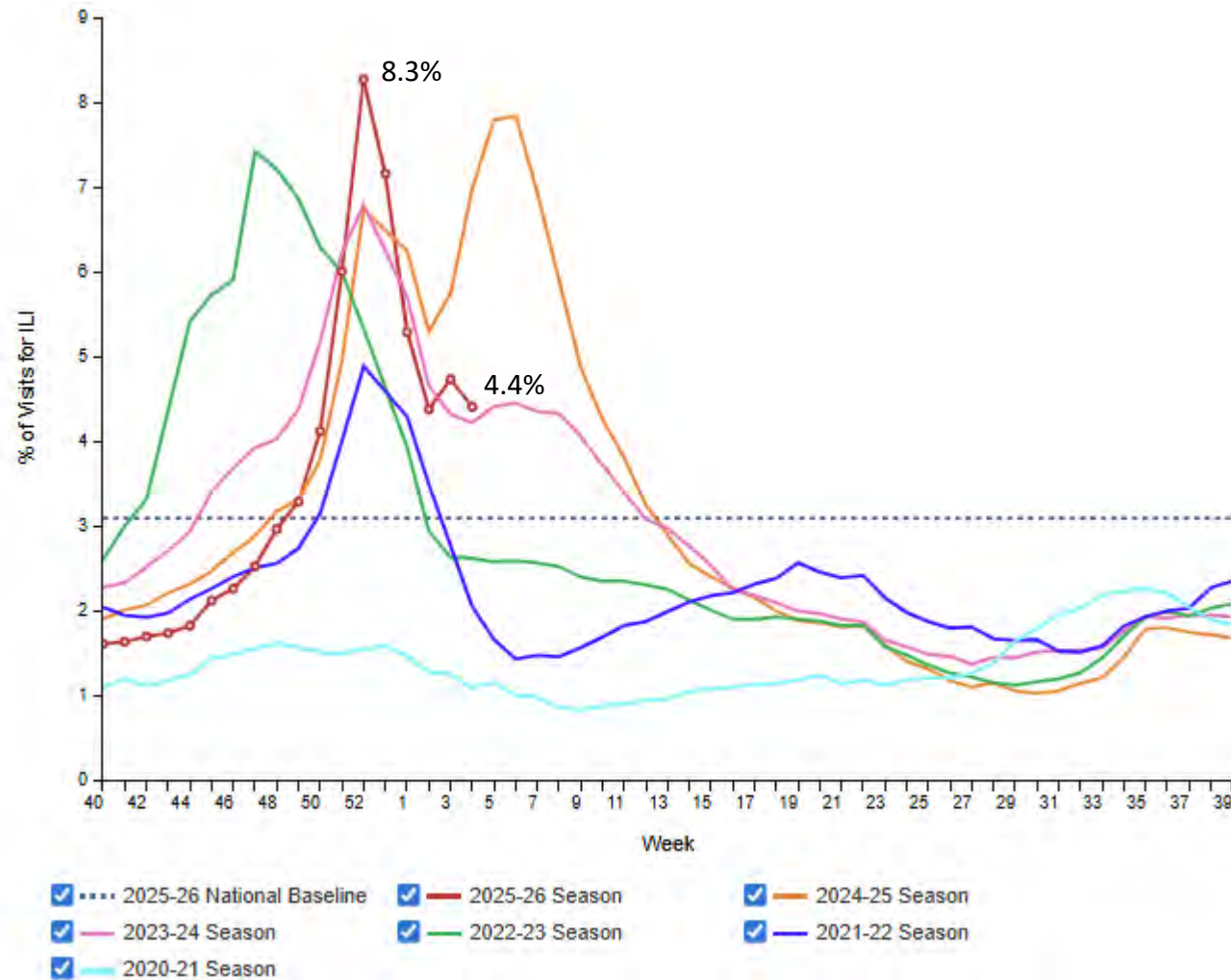
MMR Vaccination Rates by IHS Area, December 31, 2025 vs. Prior 2 Quarters

	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
National	83.4	83.6	82.0	92.9	92.9	93.0
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
Portland	68.9	80.9	81.8*	95.7	96.9	97.0*
Tuscon	92.4	88.1	87.5	99.0	98.8	97.9

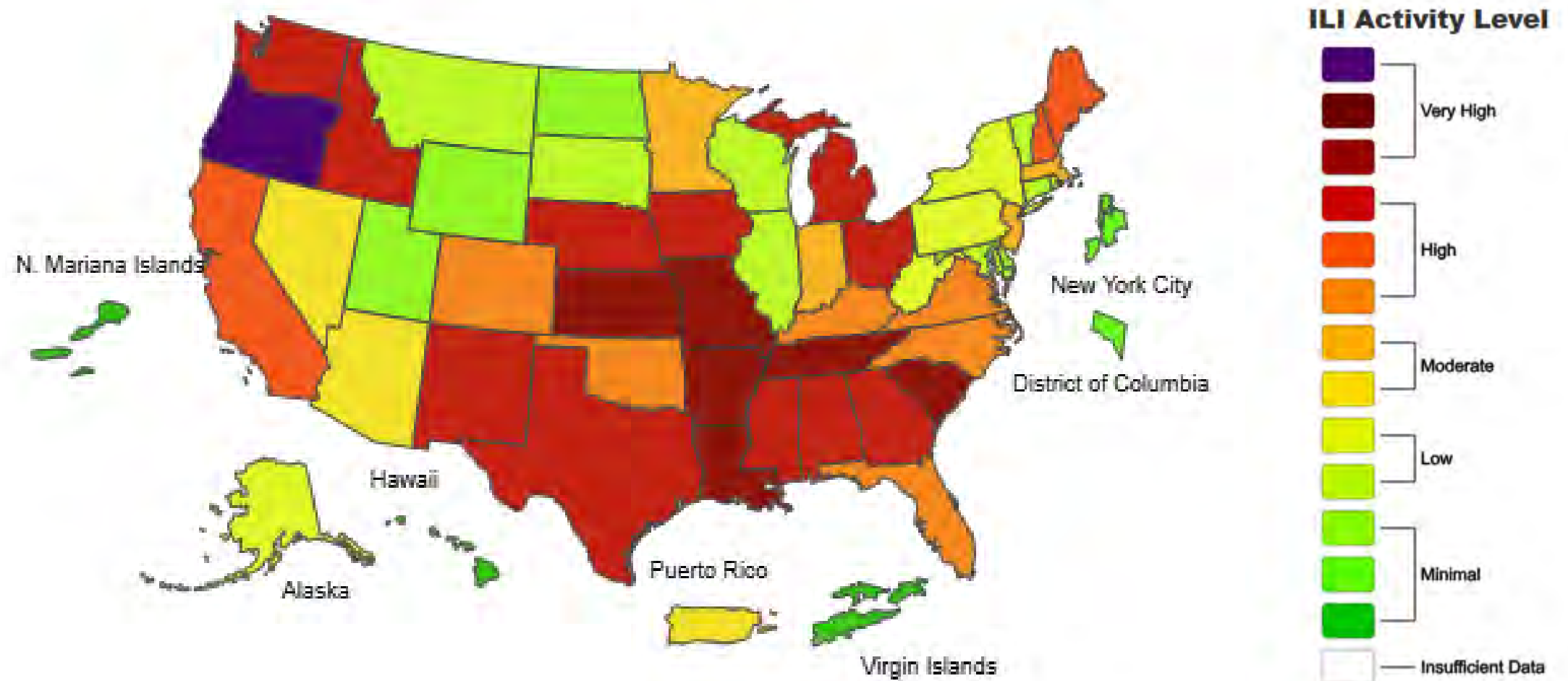
* Based on 10 reporting I/T/U facilities

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

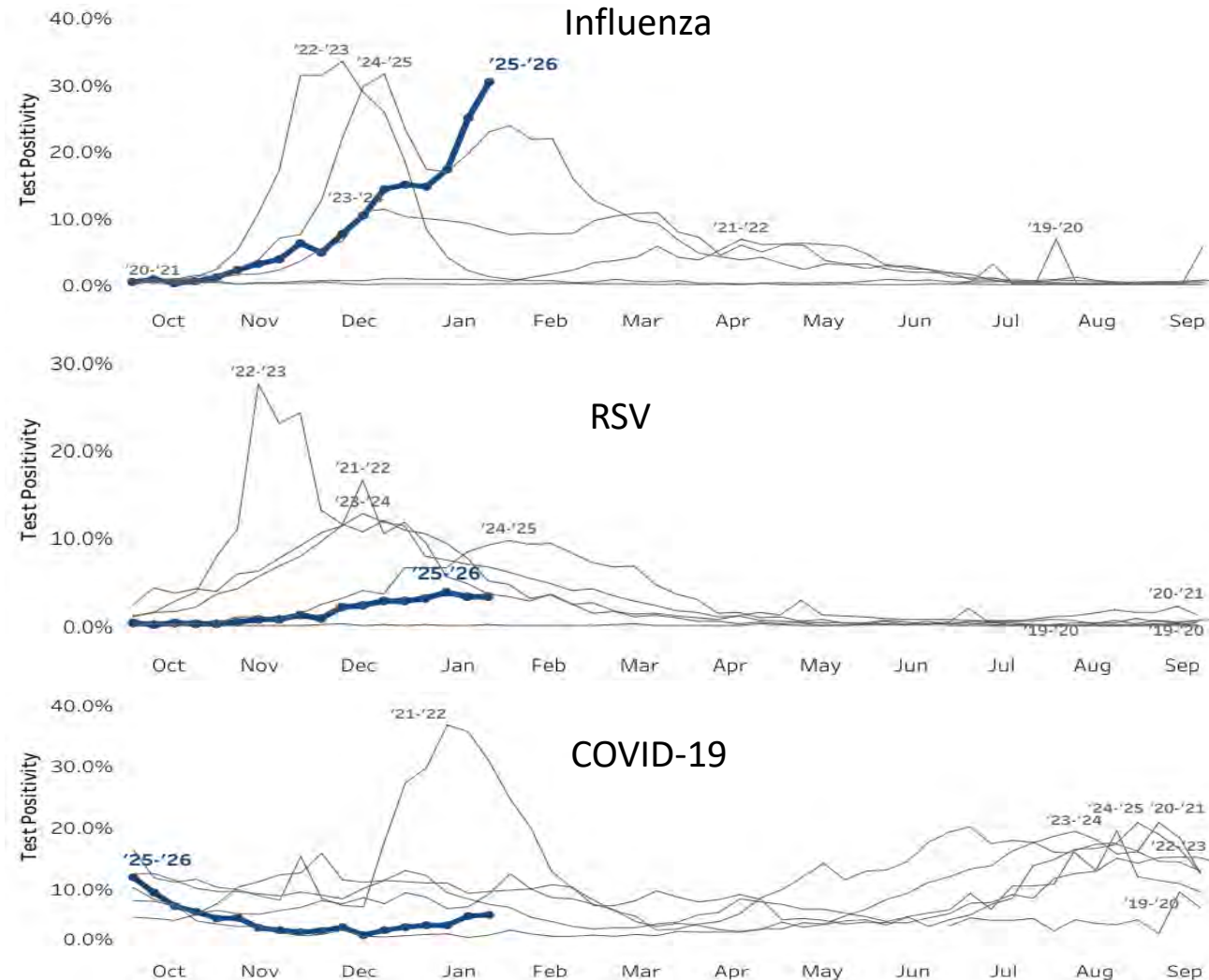
Percentage of Outpatients Visits for Influenza-like Illness (ILI) — United States, 2025-26 (through 1/31/26)



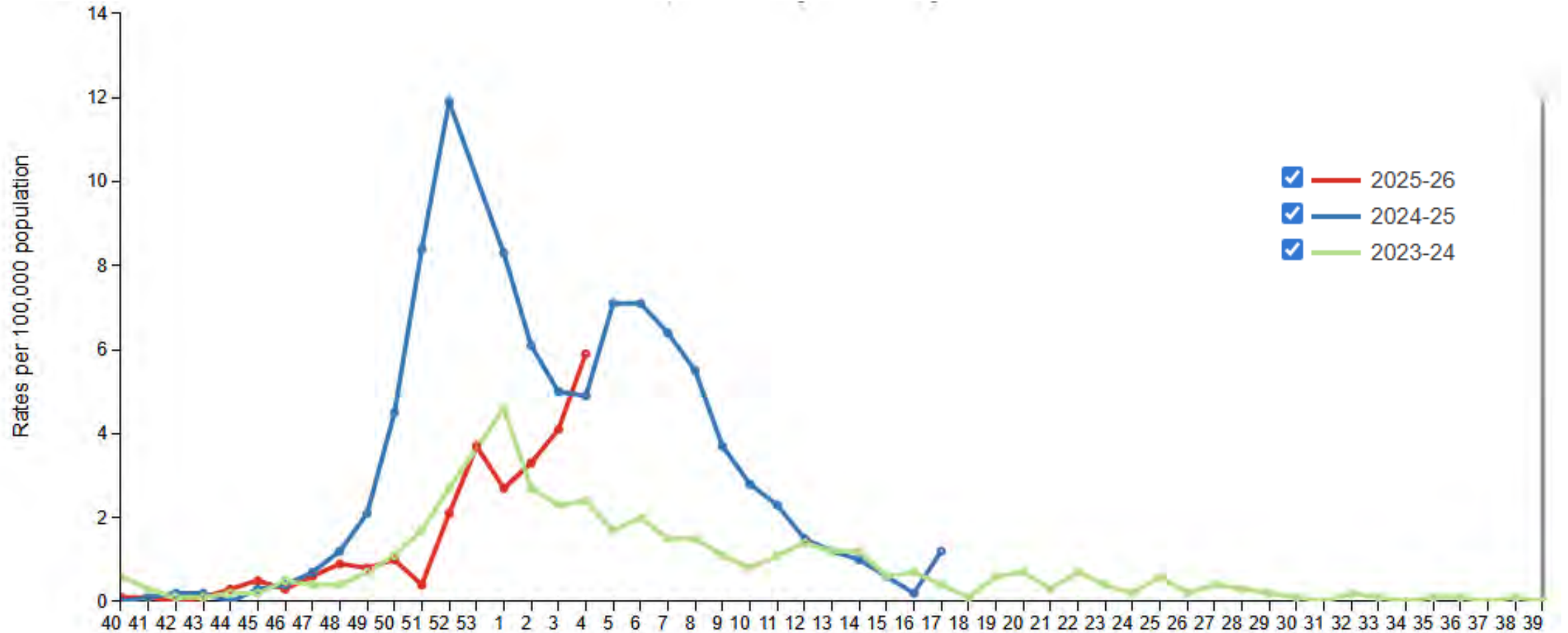
ILI Activity — United States, 2025-26 (week ending 1/31/26)



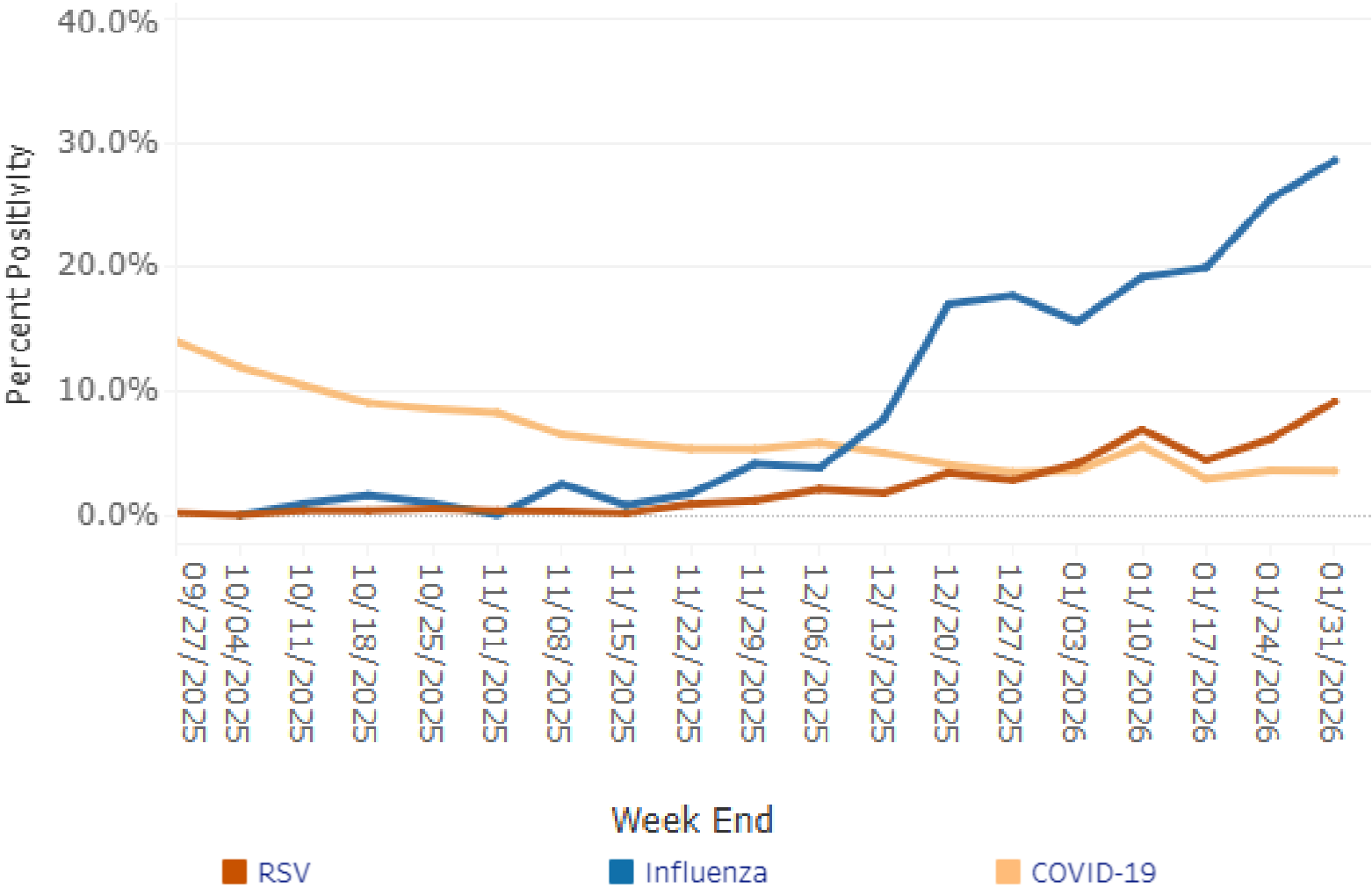
Percent of Tests Positive for Influenza, RSV, and COVID-19 — Oregon, 2025-26 (through 1/31/26)



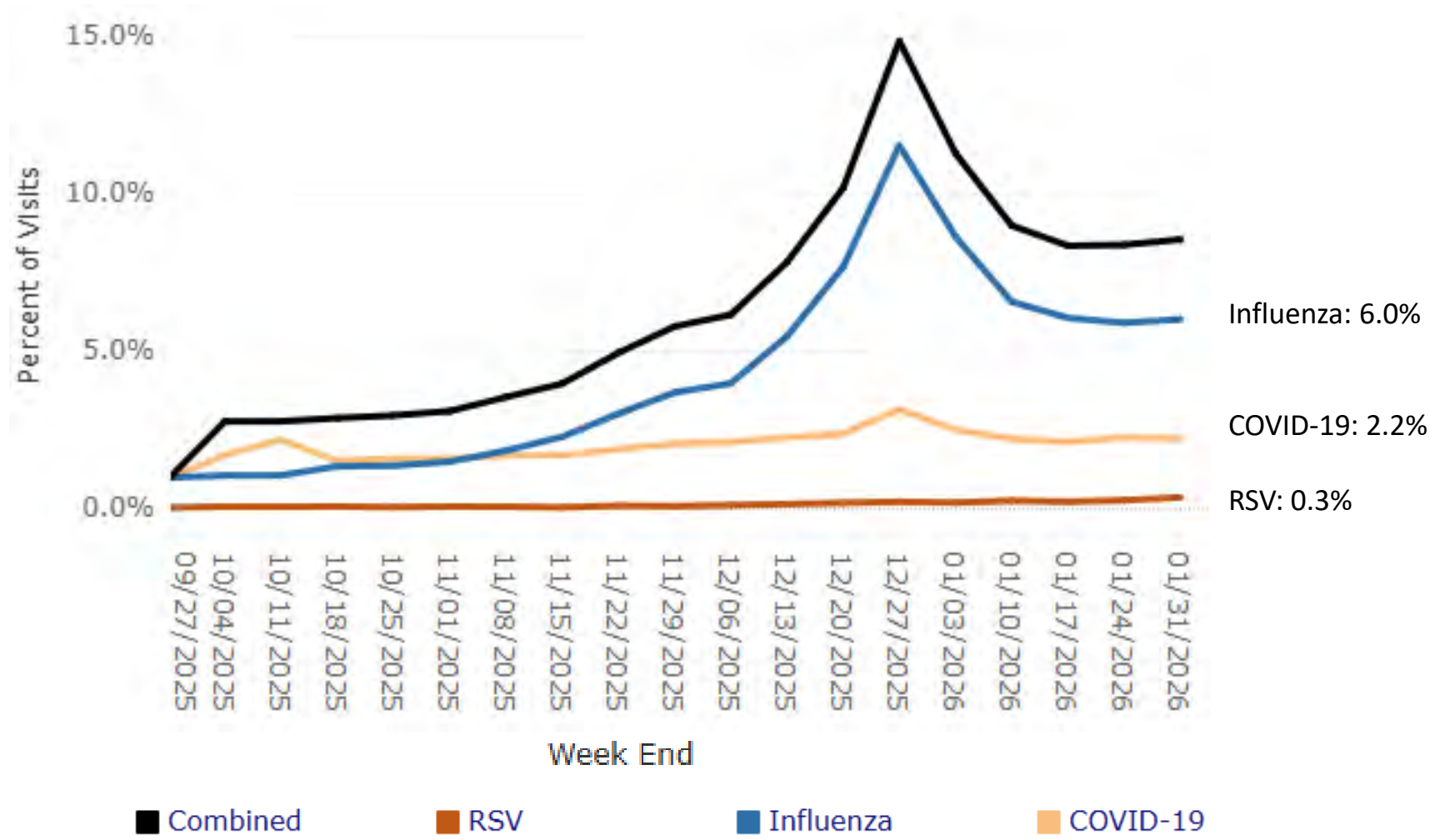
Weekly Hospitalization Rate Associated with Influenza — Oregon, 2025-26 (through 1/31/26)



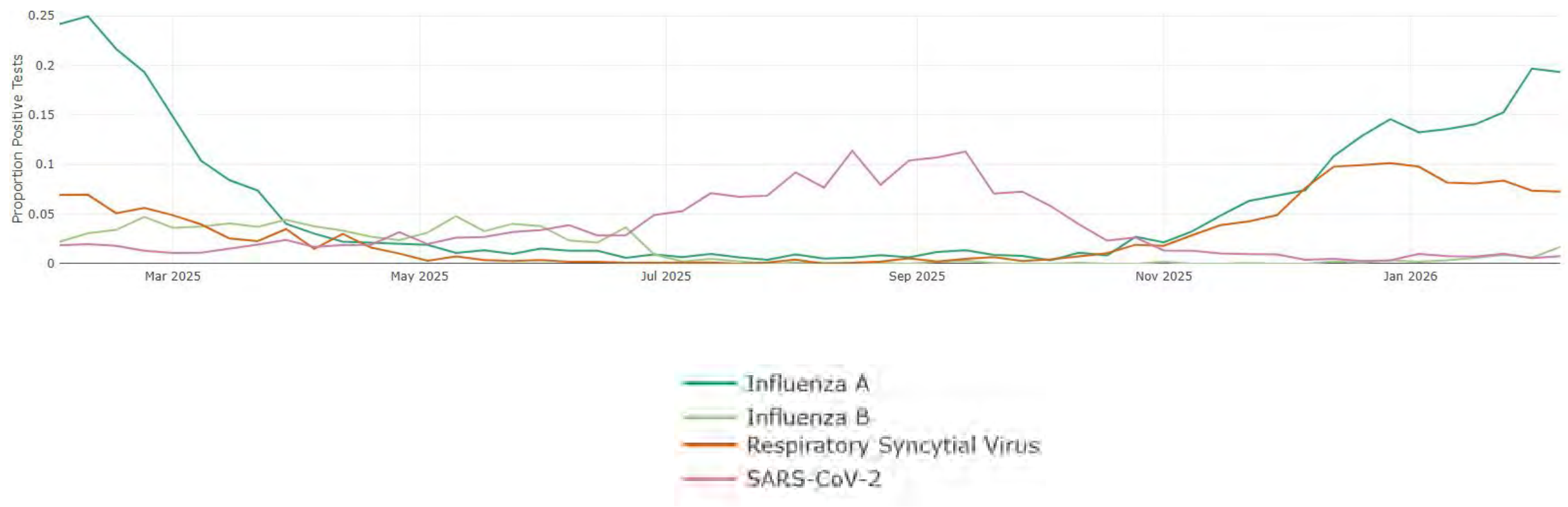
Percent of Tests Positive for Influenza, RSV, and COVID-19 — Idaho, 2025-26 (through 1/31/26)



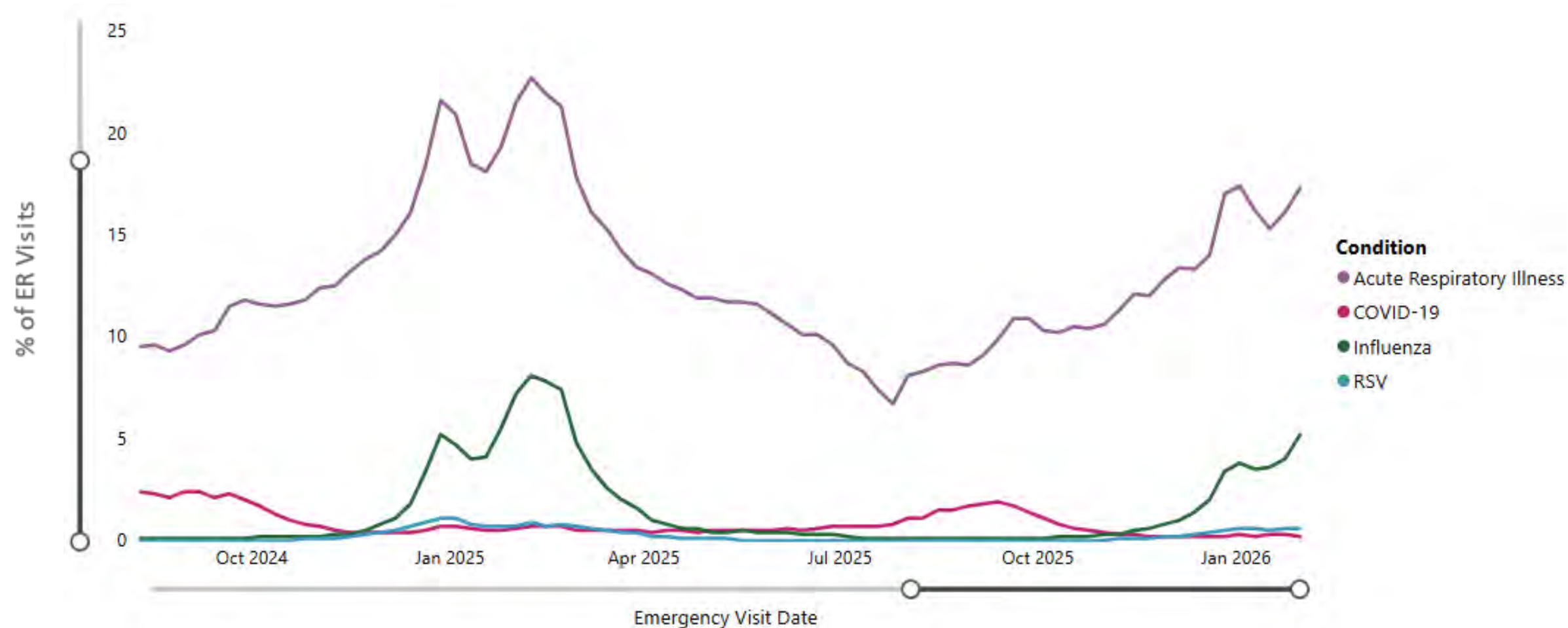
Percent of Healthcare Visits for Influenza, COVID-19 and RSV — Idaho, 2025-26 (through 1/31/26)



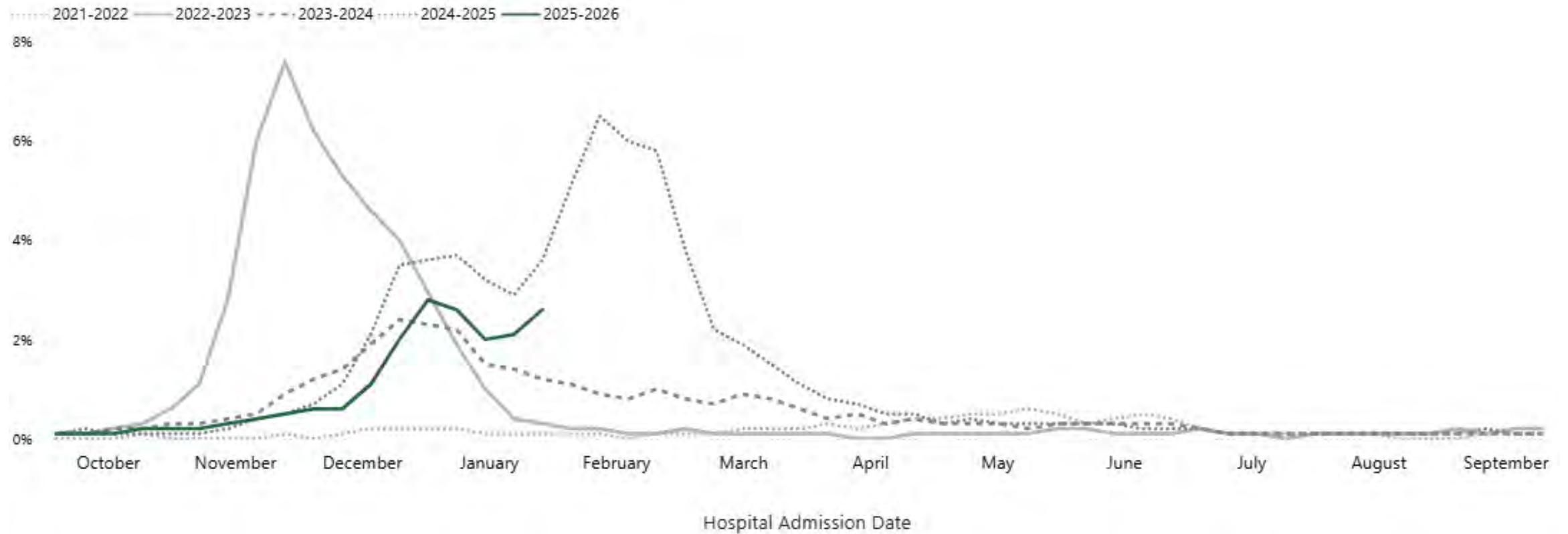
Proportion of Tests Positive for COVID-19, Influenza and RSV in the Northwest — University of Washington and Seattle Children’s Hospital, 2025-26 (through 2/7)



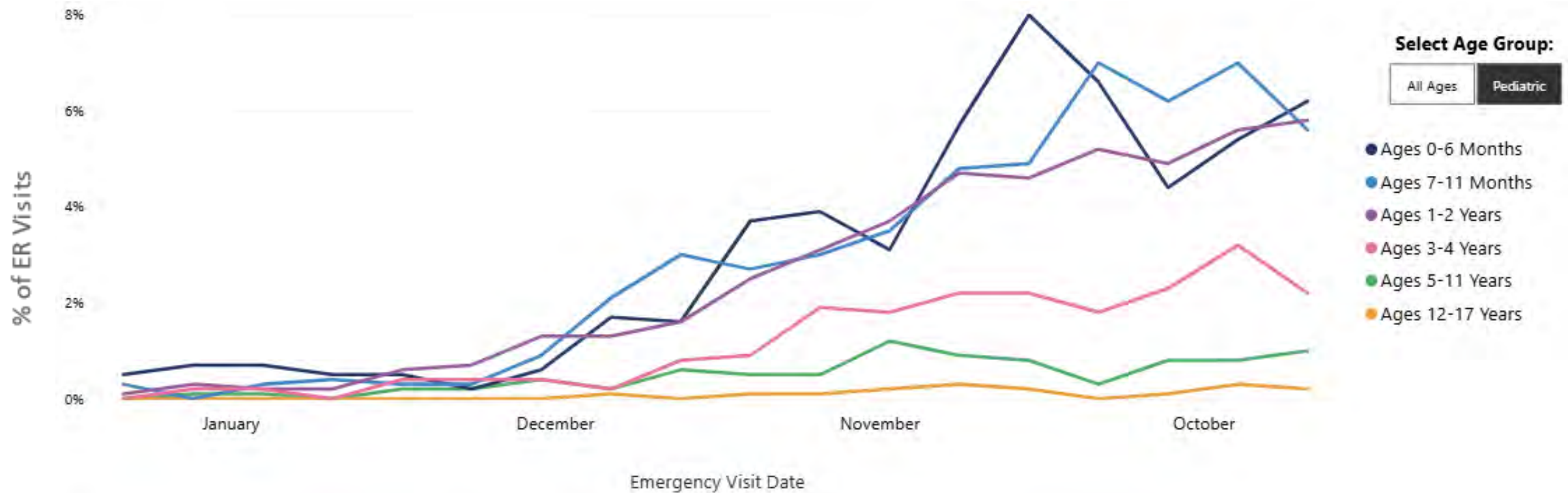
Percent of Emergency Room Visits for Acute Respiratory Illness, Influenza, RSV, and COVID-19 — Washington, 2024-26 (through 1/31/26)



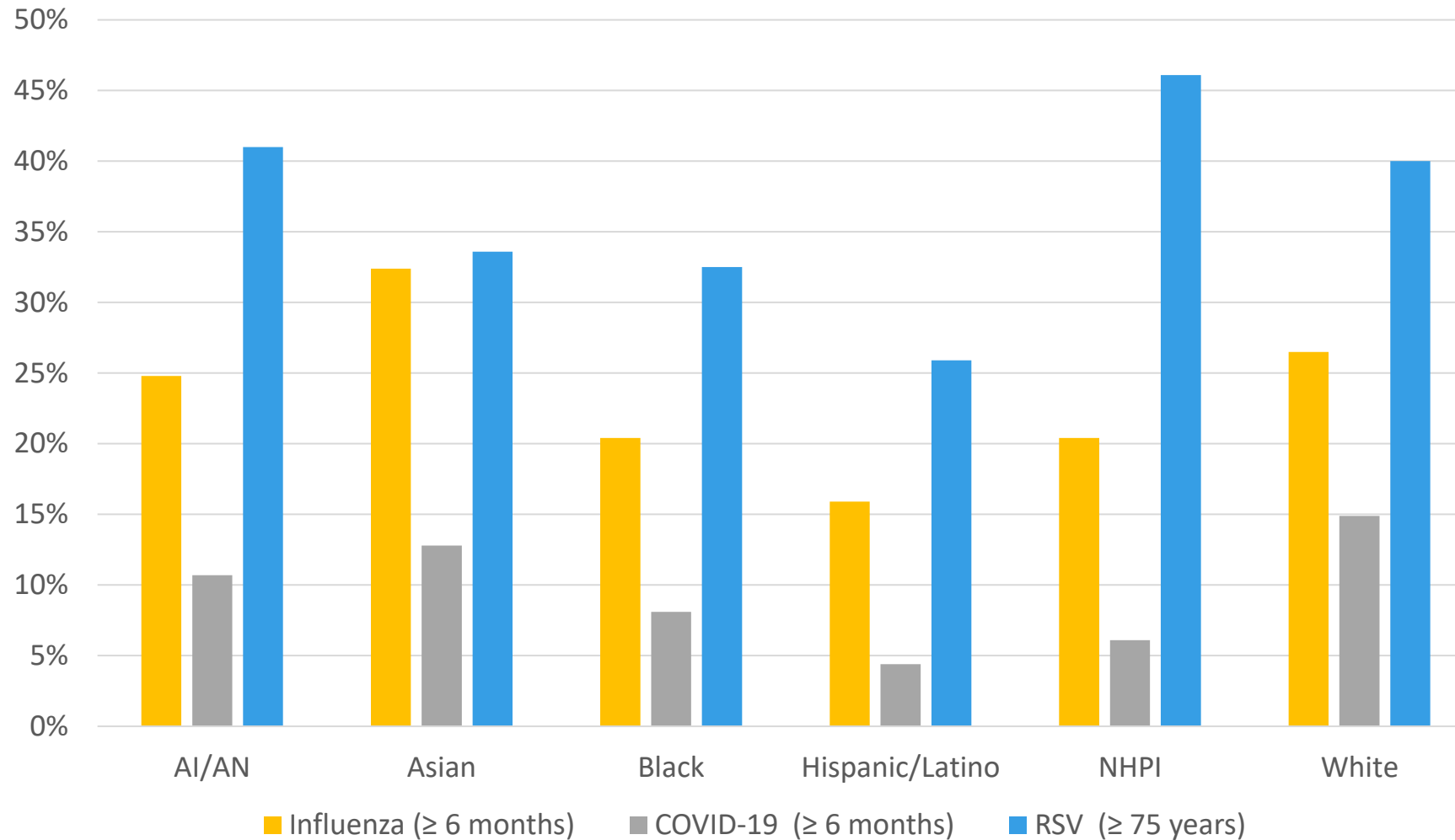
Percent of Hospitalizations for Influenza — Washington, 2025-26 (through 1/31/26)



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

- 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

- 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

- 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 2nd MMR vaccine as soon as eligible (if first dose was MMR, then 2nd dose at least 28 days later; if the first dose was MMRV then 2nd 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 ≥ 12 months old: 2 doses at least 28 days apart, infants ≥ 6 months old: 1 dose (revaccinated with 2 dose series starting at 12 months)).
- 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 (2nd 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.)

- 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): [VacciNative](#); [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.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](#)

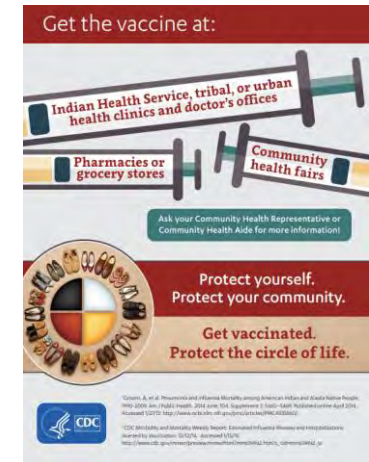
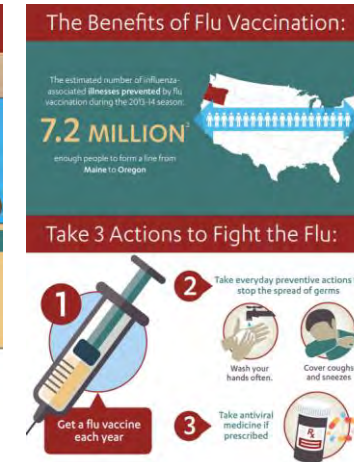
[COVID-19](#); [DOH COVID-19 Vaccine Schedule](#); [Washington State Statewide Standing Order for COVID-19 Vaccine FAQs for the Public](#); [West Coast Health Alliance announces vaccine recommendations for COVID-19, flu, and RSV](#) | [Washington State Department of Health](#)

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

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)



Vaccination information for Natives by Natives

COVID-19 Vaccine



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

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

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

— Lana Schandeline, Elder and Crow Tribal Member

Common COVID-19 Symptoms

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

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

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

How COVID-19 Spreads

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



Vaccination information for Natives by Natives

Vaccines When You Are Pregnant or Breast/Chestfeeding





Vaccines are just one type of medicine we have to 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.

— Dr. Lakota Scott, NPAIHB Public Health Director

How to Protect Yourself

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

Who Should Get Vaccinated

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

Where to Get Vaccinated

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

Vaccinative

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

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

Additional Information

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

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

— Dr. Frank Anishewski, M.D. (Tribal Public Health Director, UPR Eastern Inpatient Unit Clinic, medical Director, Treaty Medicine Physician)




Vaccination information for Natives by Natives

Vaccines When You Are Pregnant or Breast/Chestfeeding





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

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

Vaccines and Breast/Chestfeeding

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

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

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

— Dr. Lakota Scott, M.D. (Medical Director and Family Medicine Resident)

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.

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Additional Information

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

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




Vaccination information for Natives by Natives

Protecting Your Kids from Respiratory Illnesses



Who Should Get Vaccinated

Whooping Cough (Diphtheria)	Elders 6 mos. and 6 mos. AND children 6 mos. and 6 yrs old
Pneumonia	Elders 6 mos. and 6 mos. AND children 6 mos. and 6 yrs old
RSV	Elders 6 mos. and 6 mos. AND children 6 mos. and 6 yrs old
COVID & Flu	Everyone 6 mos. and older every year

Respiratory illnesses are the leading cause of death for children. Vaccines can help protect your child from these illnesses.

“Vaccines are safe. Serious reactions are rare. People are more likely to get sick by ignoring these illnesses than by getting vaccinated to stay healthy.”

“Don't Have Regrets. The more of these illnesses you get, the more likely you are to get sick. By getting vaccinated, you are protecting your child and others around them from serious illnesses.”

Learn more: www.IndianCountryEcho.org/ProtectYourKids




Vaccination information for Natives by Natives

Protecting Your Kids from Respiratory Illnesses



Who Should Get Vaccinated

Whooping Cough (Diphtheria)	Elders 6 mos. and 6 mos. AND children 6 mos. and 6 yrs old
Pneumonia	Elders 6 mos. and 6 mos. AND children 6 mos. and 6 yrs old
RSV	Elders 6 mos. and 6 mos. AND children 6 mos. and 6 yrs old
COVID & Flu	Everyone 6 mos. and older every year

Respiratory illnesses are the leading cause of death for children. Vaccines can help protect your child from these illnesses.

“Vaccines are safe. Serious reactions are rare. People are more likely to get sick by ignoring these illnesses than by getting vaccinated to stay healthy.”

“Don't Have Regrets. The more of these illnesses you get, the more likely you are to get sick. By getting vaccinated, you are protecting your child and others around them from serious illnesses.”

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<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 saliva 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.





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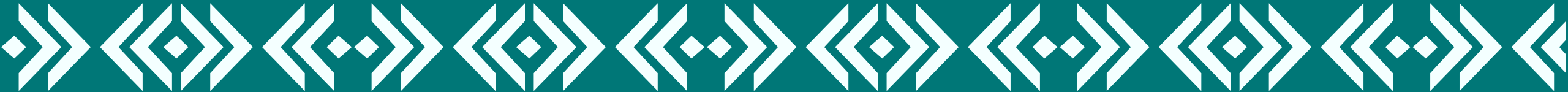


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Questions & Comments