# NPAIHB Weekly Update

February 17, 2026

NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
*Indian Leadership for Indian Health*

# Agenda

- Welcome & Introduction: Bridget Canniff
- NPAIHB Announcements, Events, & Resources
- NIH Grant Writing – Data Strategies for Strong Proposals: Nicole Smith
- Communicable Diseases Updates: Dr. Tara Perti, PAIHS
- Questions & Comments

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

NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
*Indian Leadership for Indian Health*

# 2026 RESOURCE DIRECTORY

Scan Me!

+ Link in Bio!

A GUIDE FOR:
Programs, Resources and
Services for Northwest Tribes

REVISED JANUARY 2026

NORTHWEST PORTLAND AREA INDIAN HEALTH

# NPAIHB 2026 Priorities Survey

We are currently asking NPAIHB Delegates, tribal leaders, and tribal health directors to provide feedback to help us with our 2026 priorities.

If you have not already answered this survey, please complete it online at: www.surveymonkey.com/r/TribalLeaders2026

You can also email Victoria Warren-Mears at vwarrenmeans@npaihb.org for a paper copy or more information.

Thank you!


NWTEC NPAIHB NW NARCH

# 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

NW NARCH

# 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**

NIGMS Under Award Number 1S06GM141002


[Download the application form, due by March 20]

**SAVE THE DATES**

June 22-26, 2026

Portland, OR

# INDIGENOUS ADDICTION RESEARCH PROGRAM

An intensive short course on substance misuse prevention, treatment, recovery, and research methods. Applications will be available in March on our website:

NW NARCH

NPAIHB

NIGMS Under Award Number 1S06GM141002

www.npaihb.org/nw-narch

More info will be posted soon at [www.npaihb.org/nw-narch](http://www.npaihb.org/nw-narch)

# 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

NPAIHB
*Indian Leadership for Indian Health*

Washington State Department of HEALTH

OREGON HEALTH AUTHORITY

# Upcoming Indian Country ECHO Telehealth Opportunities

- **Virtual Care Implementation (VCI) ECHO** – 3rd Tuesday of every month at 12pm PT
  - Tuesday, February 17th at 12pm PT
  - Didactic Topic: *Panel on Ambient Listening & Artificial Intelligence in Healthcare*
  - To join via Zoom: https://us06web.zoom.us/j/87854787166?pwd=T0Z1aWhYRFlKdVdzUTkvcUtCZ1hpQT09

- **Indian Country ECHO – General Session**
  - Tuesday, February 17th at 12pm 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

- **Hepatitis C (HCV) ECHO** – 1st, 3rd & 4th Wednesday of every month at 11am PT
  - Wednesday, February 18th at 11am PT
  - Didactic Topic: *HCV Case Discussions*
  - To join via Zoom: https://echo.zoom.us/j/537117924?pwd=OEExbERmK2pSUFFsMzV1SmVpb3g3dz09

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

# Upcoming Indian Country ECHO Telehealth Opportunities

- **Month in Virology ECHO** – 3rd Wednesday of every month at 12pm PT
  - Wednesday, February 18th at 12pm PT
  - Didactic Topic: *Month in Virology*
  - To join via Zoom: https://echo.zoom.us/j/807187455?pwd=cG1rcGhMVGtnTGdqSDhKMlhGVFI2QT09

- **Infectious Disease ECHO** – 3rd Thursday of every month at 11am PT
  - Thursday, February 19th at 12pm PT
  - Didactic Topic: *Community-Acquired Pneumonia – Rethinking Old Habits Using Today's Evidence*
  - To join via Zoom: https://echo.zoom.us/j/97240849538?pwd=TzJUMWo5M082K1kxMitOV2diY3BaQT09

- **Emergency Medical Services (EMS) ECHO** – 1st Tuesday & 3rd Thursday of every month at 5pm
  - Thursday, February 19th at 5pm PT
  - Didactic Topic: *Beyond the Wheeze – Recognizing & Managing Pediatric Respiratory Distress*
  - To join via Zoom: https://echo.zoom.us/j/84832881641?pwd=SXllNlpJa0Vta1R1c28xcUh5V1dlUT09

- **Community Health Representatives (CHR) ECHO** – 3rd Monday of every month at 12pm
  - Monday, February 23rd at 12pm PT
  - Didactic Topic: *Harm Reduction, PrEP & PEP – Preventing HIV*
  - To join via Zoom: https://echo.zoom.us/j/85861655901?pwd=0em1G52lvvVpnihVPOoGwp1hDlPjpo.1

# NPAIHB Weekly Update Schedule

- February 24: Legislative & Policy Updates
- March 3: Communicable Diseases Updates & State Partner Updates
- March 10: TBD
- March 17: N CREW Research Topic: Indigenous Evaluation Methods

# NIH Grant Writing

Data Strategies for Strong Proposals

# About me

- MPH in Epidemiology & Biostatistics from OHSU
- Started at NPAIHB in 2002
- Worked on many research studies and projects including:

Tribal BRFSS, infant mortality, elder diet & nutrition study, Tribal vision study, TOTS, PTOTS & TOTS 2 Tweens, child safety seat study, Native CARS, motor vehicle data study, asthma study

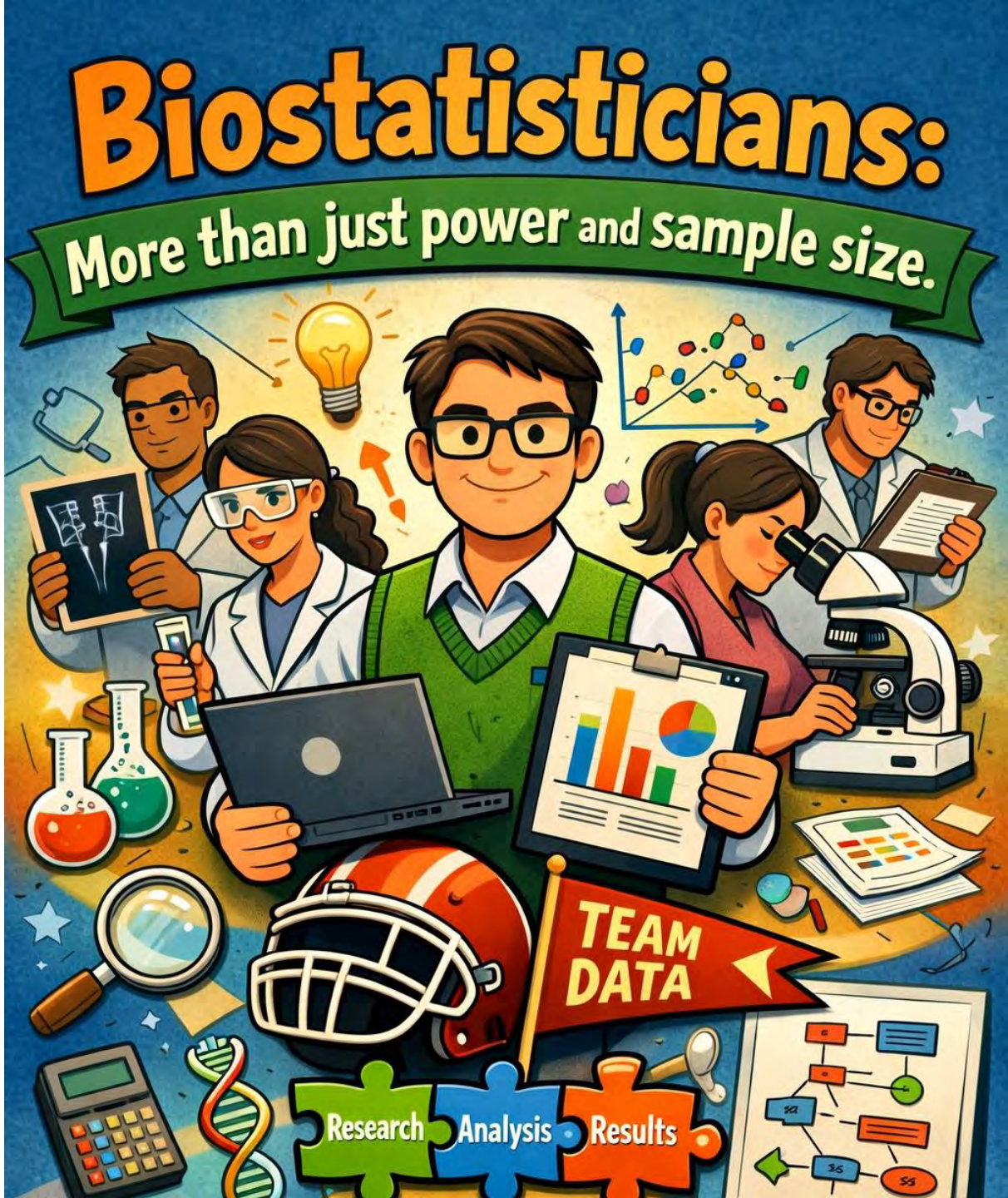
- Now in Environmental Public Health Division

# Build a strong team

- Principal Investigator – Vision & scientific leadership
- Co-Investigators – Subject matter experts
- Biostatistician – Aligns analytic methods with hypotheses
- Community partner – Improves feasibility & relevance
- Project Manager – Tracks deadlines & coordinates documents
- Grants Administrator – Ensures compliance

# Include data folks on your grant writing team

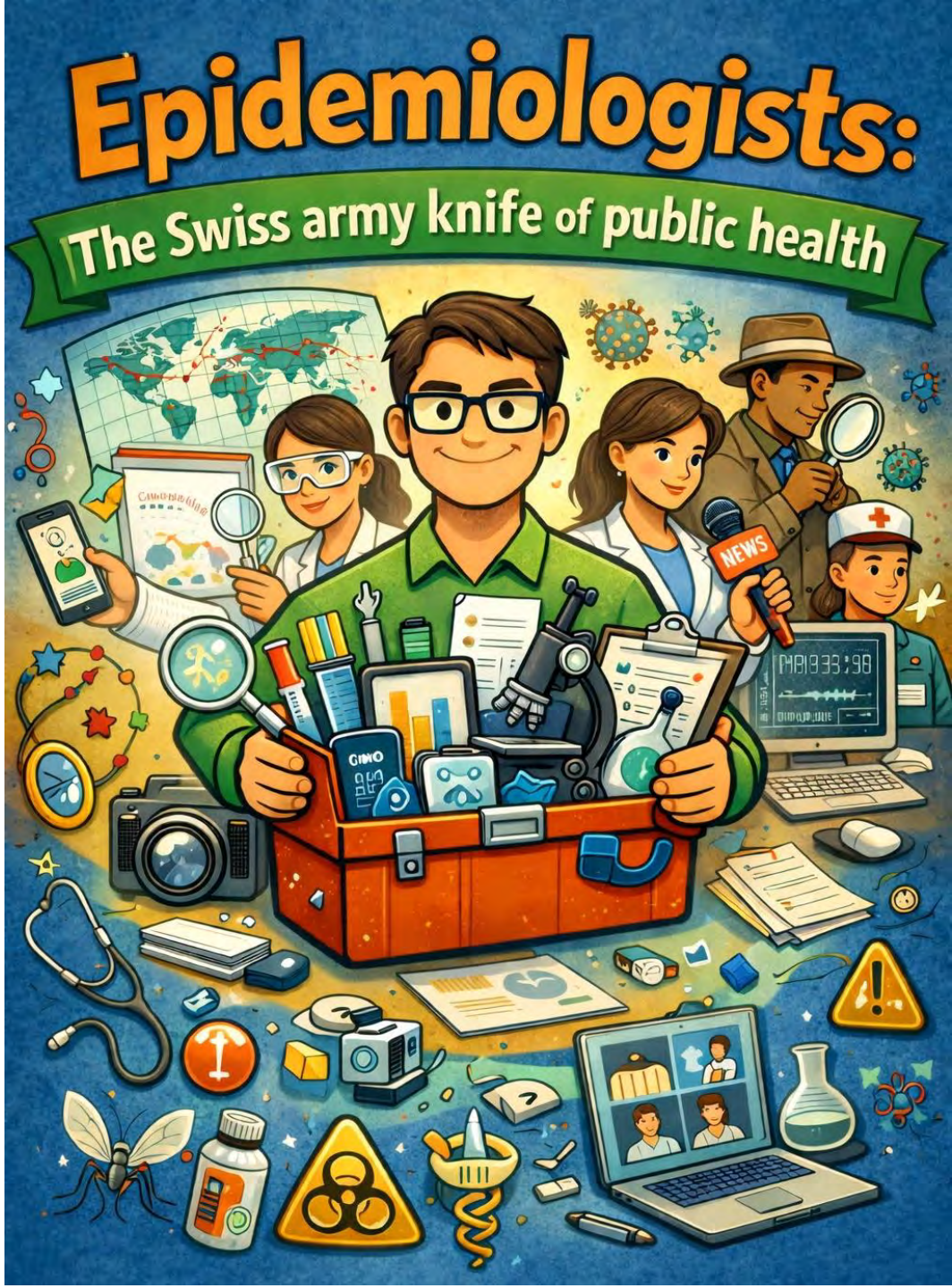
- An epidemiologist can provide analyses for Significance section
- An evaluation expert can develop process and impact measures
- A biostatistician can write data-specific hypotheses & statistical approach



# Include data folks on your grant writing team

- IT folks can create a data security plan
- A data scientist can budget for data systems for collection, storage, analysis

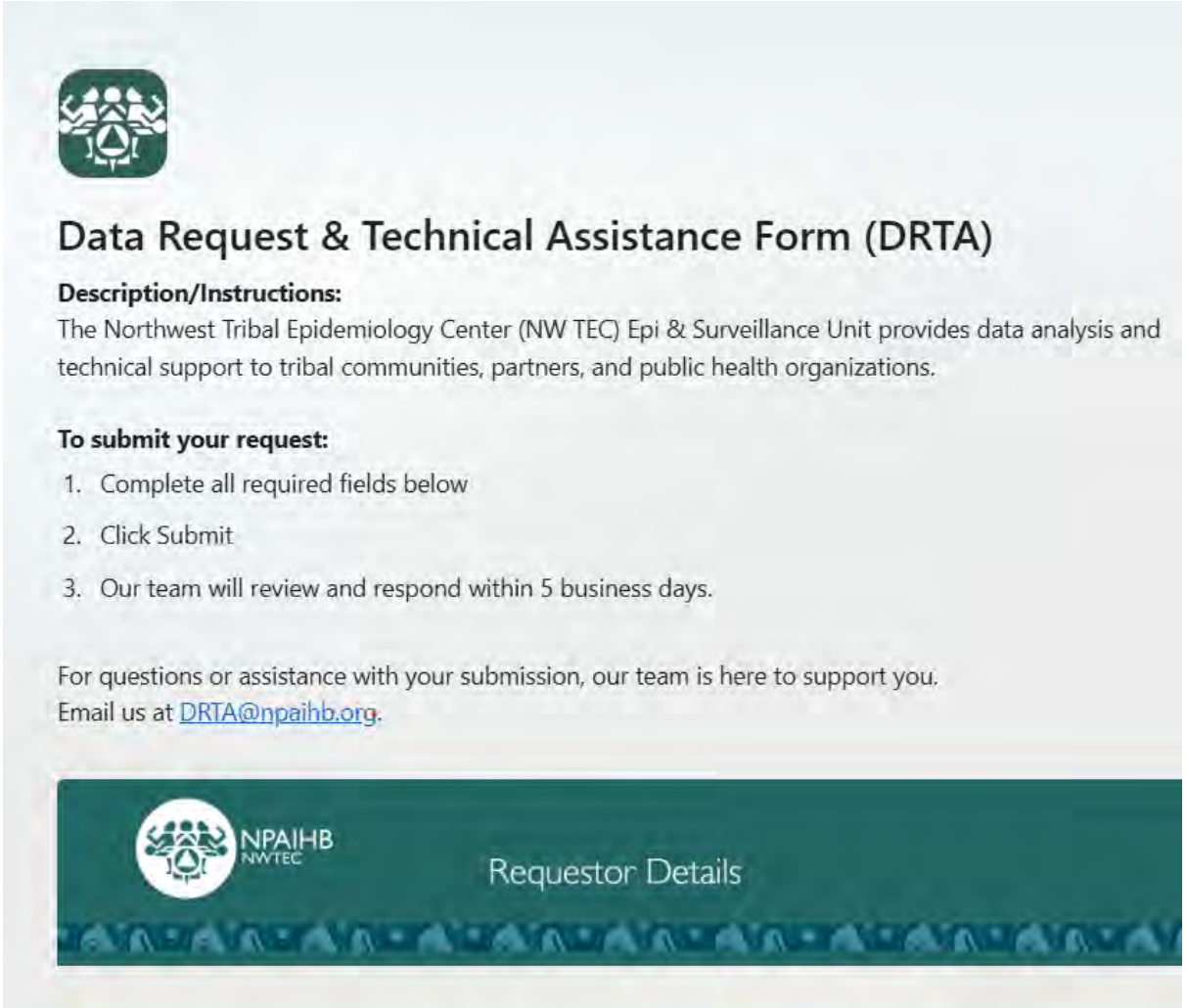
An MPH epidemiologist or biostatistician may be able to meet all these needs!



# Data Strategies in Significance

- When explaining the importance of your topic, you can include data
- Data from the literature is nice, but you know what's nicer? →

https://www.npaihb.org/drta/



## Data Request & Technical Assistance Form (DRTA)

**Description/Instructions:**

The Northwest Tribal Epidemiology Center (NW TEC) Epi & Surveillance Unit provides data analysis and technical support to tribal communities, partners, and public health organizations.

**To submit your request:**

1. Complete all required fields below
2. Click Submit
3. Our team will review and respond within 5 business days.

For questions or assistance with your submission, our team is here to support you.
Email us at DRTA@npaihb.org.

NPAIHB NWTEC

Requestor Details

# Data Strategies in Specific Aims – Distinct, synergistic & independent

Data recipe 1- Test hypotheses using:

Aim 1 : Existing data sources

Aim 2: Quantitative data you collect

Aim 3: Qualitative data you collect

# Data Strategies in Specific Aims

Data recipe 2:

Aim 1 : Test primary hypothesis using data you collect

Aim 2: Test secondary hypothesis using data you collect

Aim 3: Evaluate study impact using multiple approaches

# Data Strategies in Specific Aims

Data recipe 3 - Pilot or feasibility study:

Aim 1 : Ability to recruit participants

Aim 2: Ability to collect outcome data

Aim 3: Evaluation of the process

# Data Strategy in the Approach

- Anchor to the Specific Aims
  - What outcomes, exposures/interventions, and analytic methods align to each aim?
- Define the data structure
  - What is the study design, unit of analysis, data source, timing?
- Specify analysis plan
  - How will each aim be tested? Why does the method work for the data?
- Demonstrate rigor & bias mitigation
  - Power, confounding control, data quality procedures

# Data Strategy in the Approach

- Align methods with impact
  - How does the data plan serve the significance story?
- Show team integration
  - Community partner involved in design, for example

Study: Native CARS Dissemination Phase
PI: Jodi Lapidus, PhD, OHSU

# Example: Dissemination Study

**Aim 1: Develop the *Native CARS Atlas*, a toolkit to assist tribes in implementing and evaluating evidence-based interventions to improve child passenger restraint use on or near tribal lands.**

The *Native CARS Atlas* will include templates for implementing effective components of the Native CARS interventions, processes for engaging tribal leadership and communities, and qualitative and quantitative data collection methods to help tribes measure progress toward their goals.

**Aim 2: Facilitate the use of the *Native CARS Atlas* in the six tribes that participated in the original initiative, to help sustain improvements in child passenger restraint use achieved during the intervention phase and provide lessons on use of the toolkit for other tribes.**

By implementing modules from the *Native CARS Atlas*, these highly-engaged tribes can refine and sustain their evidence-based programs, practices, and policies developed during the intervention phase. In addition, their experience with the toolkit will provide lessons for implementing it in other tribal communities.

**Aim 3: Use the *Native CARS Atlas* to assist at least 6 new tribes in the Northwest with demonstrated readiness to implement interventions to improve child passenger restraint use in their communities.**

After completing the NW Tribal Injury Prevention Coalition's Tribal Readiness Survey, selected NW tribes will use the *Native CARS Atlas* to implement and evaluate interventions to improve child passenger safety. Native CARS partners will provide technical assistance and resources to assist tribes in the implementation process.

Our goal during this three-year Dissemination Phase is to demonstrate that evidence-based interventions developed during the Native CARS Intervention Phase can be translated to other Northwest tribes. Beyond that, we anticipate tribes nationwide would be able to use the *Native CARS Atlas* as a blueprint to address child passenger safety concerns in their communities, and ultimately be successful at reducing the number of fatalities and injuries from motor vehicle crashes among tribal children.

Study: Native CARS Dissemination Phase
PI: Jodi Lapidus, PhD, OHSU

# Example: Dissemination Study

- Aim 1: Develop the Native CARS Atlas toolkit
  - Data elements: List of Modules to develop
    Table of tools/products to adapt
  - Methods: Describe collaboration and decision-making processes
- Aim 2: Facilitate use of Native CARS Atlas in six partner Tribes
  - Data elements: Feasibility & Implementation evaluation
  - Methods: Describe approach to work with Tribes & create process evaluation measures
- Aim 3: Assist six new Tribes to use Native CARS Atlas
  - Data elements: Formal assessment of dissemination process
  - Methods: Describe recruitment & selection of Tribes, feedback & refinement of the toolkit

# Example: Evaluation of a prevention program

Study: TOTS to Tweens
PI: Thomas Becker, MD, PhD, OHSU & NPAIHB

*Specific aims relate to collecting data to test the following hypotheses:*

1. Children 10.5-12.5 years old who participated in the original TOTS interventions will have a 25% lower dmfs score than children at the original non-intervention site.
2. Children 10.5-12.5 years old who participated in the original TOTS interventions will have a 20% lower dmfs score than their fellow tribal member children in the same tribes who were not TOTS participants.
3. Children with the lowest dmfs scores at the end of TOTS will have the lowest dims scores in the follow up, Tweens dental evaluations.
4. Mothers or caregivers who participated in the original TOTS interventions will have more favorable knowledge, attitudes, and behavior scores related to child oral health than the mothers/caregivers from the control tribes, and more favorable than mothers who did not participate in the original TOTS intervention within the intervention tribes.

# Example: Evaluation of a prevention program

Study: TOTS to Tweens
PI: Thomas Becker, MD, PhD, OHSU & NPAIHB

- Describe participant recruitment
- Describe training, data management & quality control
- Define primary outcome variable – dental caries – and describe dental exam standardization and methods
- Data analyses – means tests, paired t-tests
- Run scenarios of findings and power
- Describe partnership for evaluation plan

# Example: Evaluation of a prevention program

Study: TOTS to Tweens
PI: Thomas Becker, MD, PhD, OHSU & NPAIHB

**SCENARIO 2:** Proportion of children with dmfs- children from TOTS communities who received TOTS intervention vs. children from TOTS communities who did not receive the intervention

Inputs:

a) 46 children in post intervention sample in tribe A, 37 tribe B, 50 in tribe C. (based on data from Maupome et al, 2010)

b) Approximately 30 children in each community will be recruited/examined who did not receive TOTS intervention (either because they were not successfully recruited, or moved into community later) -total of 90 children. (Maxine Janis, MPH, personal communication)

Assumptions

1) Assume recruit 70% of those children into Tweens, for a total of 93 available from TOTS cohort.

2) Assume lower% of non-TOTS children in TOTS communities have any dmfs vs. control communities, ex: 79-80% (because some of these children may have been exposed to community-wide portion of TOTS intervention)

Results:

**If 60% of TOTS-exposed and 79%-80% of non-TOTS-nonexposed children from same community have one or more dmfs as Tweens, the statistical test for comparing proportions will have adequate (80%-85%) power when level of significance= 0.05.** This translates to a relative risk of 1.32-1.33 (unexp/exp).

# Different Designs. Same Strategic Principles.

- ✓ Aim Alignment
- ✓ Design Logic
- ✓ Rigor
- ✓ Feasibility
- ✓ Integrated Team Expertise
- ✓ Impact

# Tip: Spend the most time on Specific Aims

Specific Aims anchor your whole application

- Define the scientific problem clearly
- Articulate a focused hypothesis
- Establish logical progression
- Signal feasibility
- Imply the data structure and analytic approach

We want reviewers to predict the Approach before reading it!

# Tip: Build data design into the application

- Budget time and effort for data development, piloting, or adaptation
- Include system infrastructure (databases, platforms, security)
- Write an overview of statistical methods and schedule/budget time to develop a full plan during the grant period

# Tip: Using existing data? Verify access and data integrity first

- Secure data sharing agreements early
- Review data dictionary carefully
  - How is AI/AN race collected/reported?
  - Is it at the geography you need?
- Evaluate data quality before you commit
  - How complete are the fields you plan to use?
  - Is there an opportunity to address misclassification of AI/AN race?
- For secondary analyses, verify that informed consent and data sharing agreements allow your proposed analyses

# Think like a reviewer

| | |
|---|---|
| Is the story coherent? | Do the Specific Aims clearly define the problem?<br>Does the Approach logically operationalize those aims?<br>Is the significance reflected in the design? |
| Is the plan credible? | Does the data structure match the hypothesis?<br>Are the analytic methods appropriate and justified?<br>Has bias, missingness, and feasibility been anticipated? |
| Is the team positioned to succeed? | Does expertise align with study complexity?<br>Is there evidence of infrastructure and systems support? |
| Is this fundable science? | Is the scope appropriate for the mechanism?<br>Are resources aligned with the work proposed?<br>Does funding this project feel low-risk and high-impact? |

# Contact me

Nicole Holdaway Smith, MPH

nsmith@npaihb.org

# Partner Updates:
# Portland Area
# Indian Health Service

# Portland Area IHS Communicable Diseases Update

TARA PERTI, MD, MPH

MEDICAL EPIDEMIOLOGIST

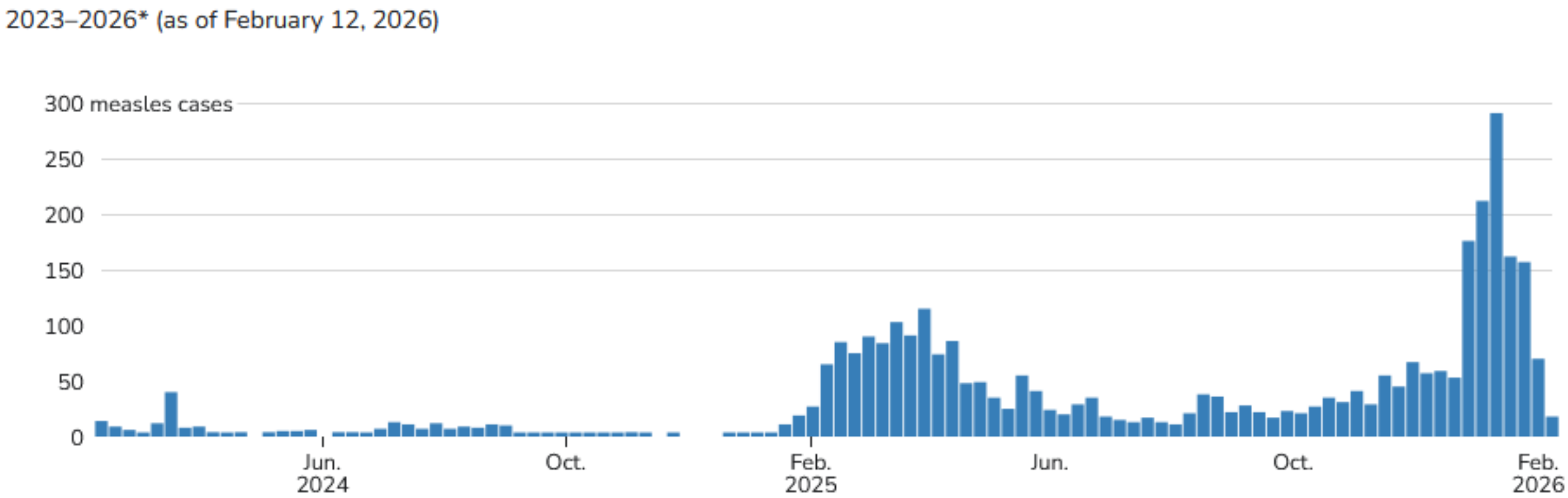
IHS, PORTLAND AREA OFFICE

February 17, 2026

# Outline

- Measles
- Influenza, RSV, and COVID-19

# Measles – United States, 2024-2026 (through 2/12/26)

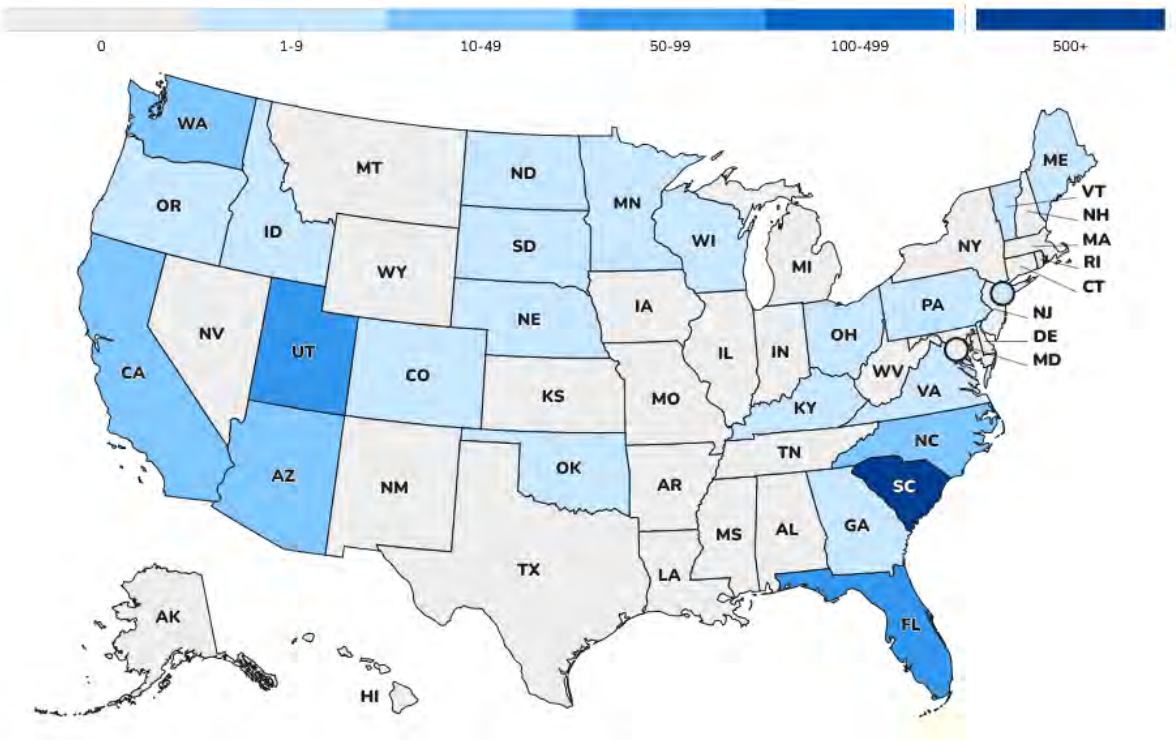



Rash Onset Date

Centers for Disease Control and Prevention. Measles Cases and Outbreaks. Available at: https://www.cdc.gov/measles/data-research/index.html

# Measles — United States, 2026

- 910 confirmed cases among 24 states during 2026 as of 2/12(2,280 cases during 2025).
- 90% of cases are outbreak-associated (≥3 related cases).
- Age: 25% <5 years-old, 58% 5-19 years-old, 15% ≥ 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).
- 94% unvaccinated or with unknown vaccination status, 2% one MMR dose, 3% two MMR doses.



# Measles — Washington State Residents, 2026 (N=24)

- **Snohomish County: Outbreak, now with 12 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.
- **Kittitas County:** Student at Central Washington University confirmed to have measles, rash onset 1/12.
- **Stevens County: Three cases** have now been reported. First case linked to the case from Kittitas with rash onset 1/31.

❖ All cases in Washington unvaccinated or with unknown vaccination status.

Snohomish County Health Department. Measles Dashboard. Available at: https://www.snohd.org/1868/Measles-Dashboard
Snohomish County Health Department. Measles Outbreak Declared in Snohomish County After 3 New Cases. Available at: https://www.snohd.org/m/newsflash/home/detail/906
Washington State Department of Health. Measles Cases in Washington State. Available at: https://doh.wa.gov/you-and-your-family/illness-and-disease-z/measles/measles-cases-washington-state
Clark County Public Health. Measles Investigation. Available at: https://clark.wa.gov/public-health/measles-investigation

# 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.

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.
- **Clackamas County: 2 cases.** 1 case in an unvaccinated individual reported on 1/16 with a 2nd linked case reported on 1/28.
- Measles virus detected in wastewater in the past 6 weeks (counties served by sewershed):

  2/7: Multnomah/Clackamas/Washington

  1/24: Benton and Washington Counties (separate sewersheds)

  1/17: Wasco county

❖ All cases in Oregon unvaccinated or with unknown vaccination status.

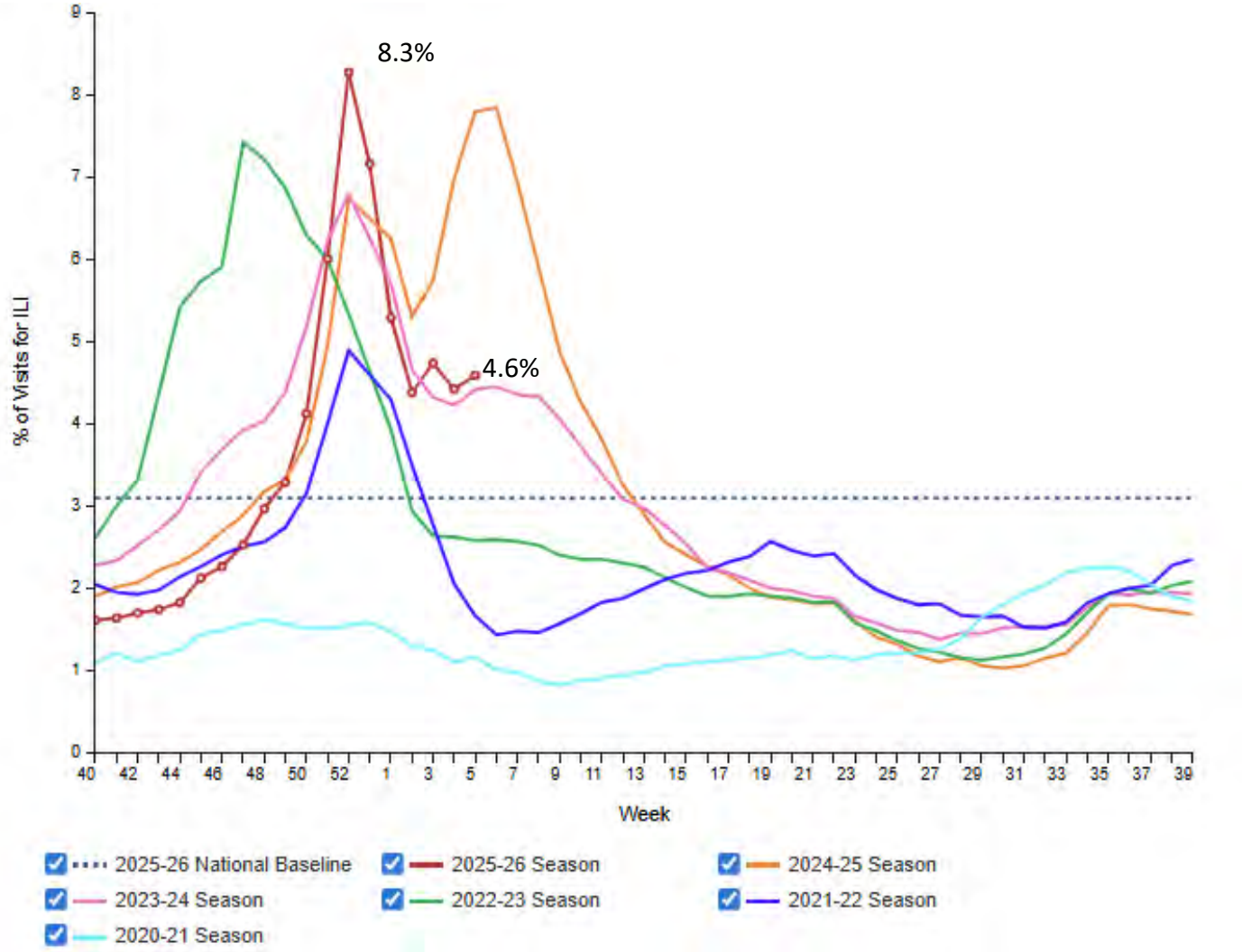
Idaho Department of Health and Welfare. Tracking Measles in Idaho. Available at: https://public.tableau.com/app/profile/idaho.division.of.public.health/viz/TrackingIdahoMeasles/StatewideSummary?publish=yes
Oregon Health Authority. Measles / Rubeola (vaccine-preventable). Available at: https://www.oregon.gov/oha/ph/diseasesconditions/diseasesaz/pages/measles.aspx
CDC. Wastewater Data for Measles. Available at: https://www.cdc.gov/nwss/rv/measles.html

# Measles — Portland Area, 2025-26

| Location (State/County) | Number of Cases | | Additional Cases (e.g. Among Travelers) |
|---|---|---|---|
| | 2025 (N=26) | 2026 (N=37) | |
| Washington | Total: 12 | Total: 24 | 9 additional cases among travelers to Washington (King and Snohomish Counties) in 2025. 1 traveler in 2026 (King). |
| King | 7 | | |
| Snohomish | 2 | 12 | |
| Whatcom | 2 | | |
| Spokane | 1 | | |
| Kittitas | | 1 | |
| Clark | | 8 | |
| Stevens | | 3 | |
| Oregon | Total: 1 | Total: 5 | |
| Multnomah | 1 | | |
| Linn | | 3 | |
| Clackamas | | 2 | |
| 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 | |

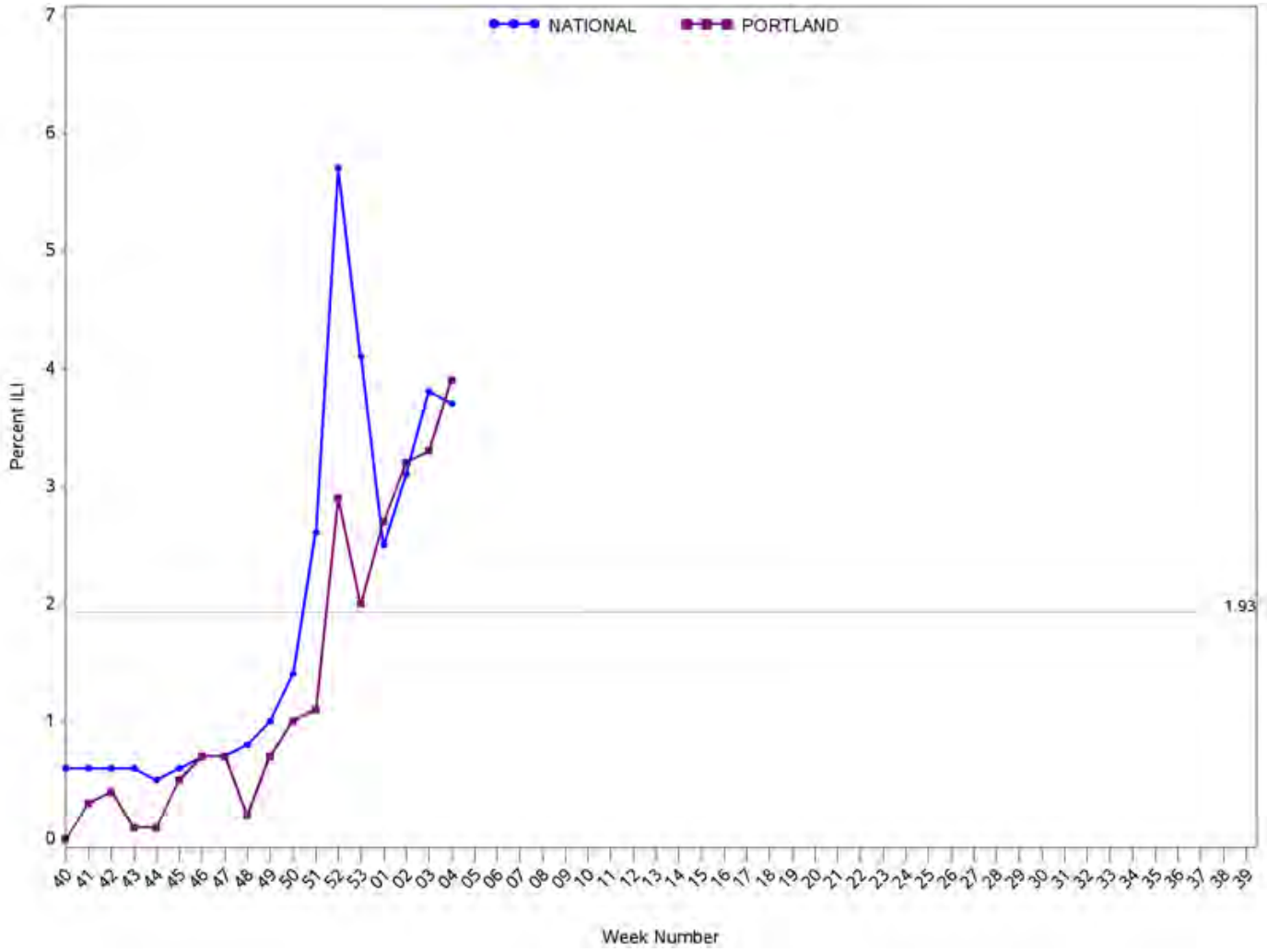
Washington State Department of Health. Measles Cases in Washington State. Available at: https://doh.wa.gov/you-and-your-family/illness-and-disease-z/measles/measles-cases-washington-state
Idaho Department of Health and Welfare. Tracking Measles in Idaho. Available at: https://public.tableau.com/app/profile/idaho.division.of.public.health/viz/TrackingIdahoMeasles/StatewideSummary?publish=yes
Oregon Health Authority. Measles / Rubeola (vaccine-preventable). Available at: https://www.oregon.gov/oha/ph/diseasesconditions/diseasesaz/pages/measles.aspx

# Percentage of Outpatients Visits for Influenza-like Illness (ILI) — United States, 2025-26 (through 2/7/26)




CDC. FluView. Weekly US Influenza Surveillance Report. Available at: https://www.cdc.gov/fluview/surveillance

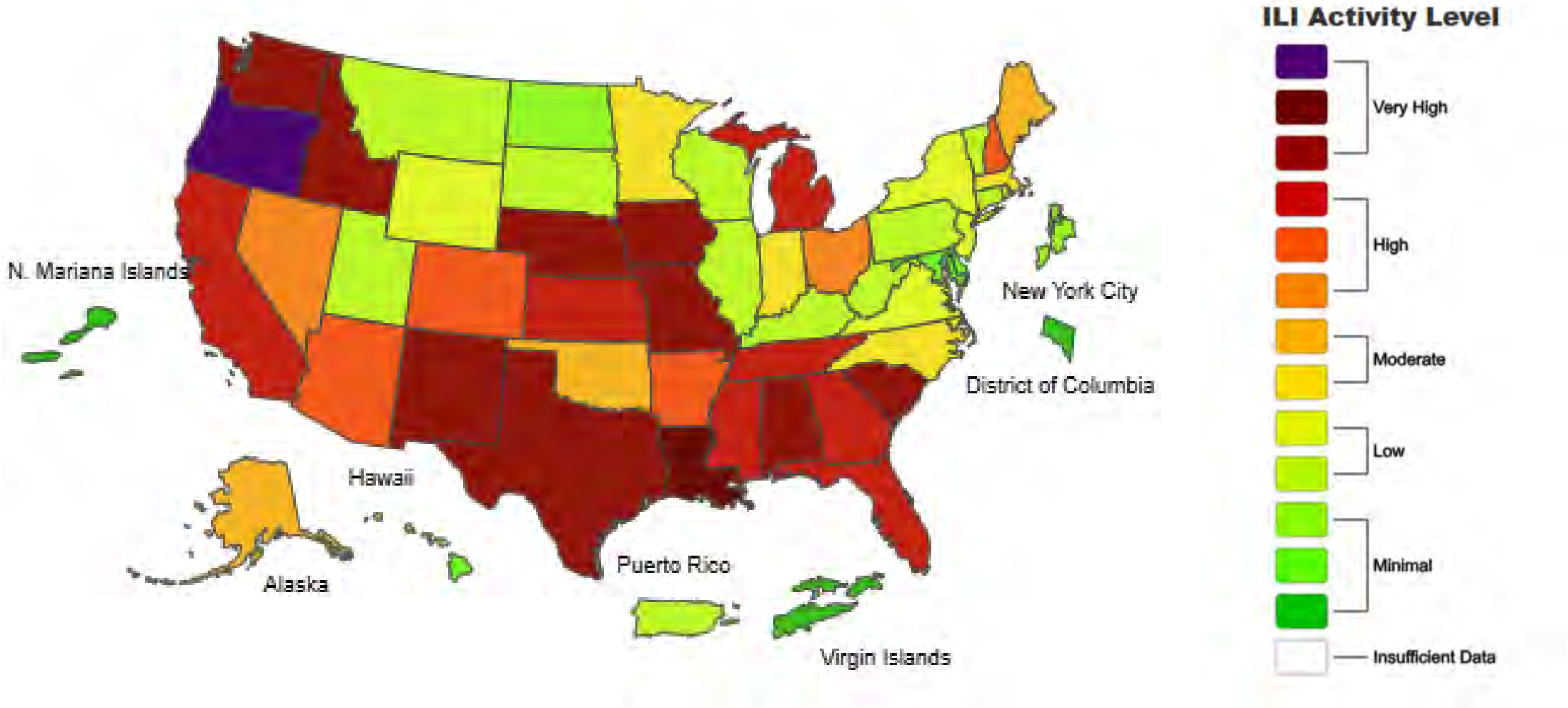
# Percentage of Weekly Outpatient Visits for Influenza-Like Illness (ILI) — IHS (National vs. Portland Area), 2025-26 (through 1/31/26)




| | % ILI Visits | |
|---|---|---|
| | Week ending 1/24/26 | Week ending 1/31/26 |
| Portland Area* | 3.3 | 3.9 |
| National | 3.8 | 3.7 |

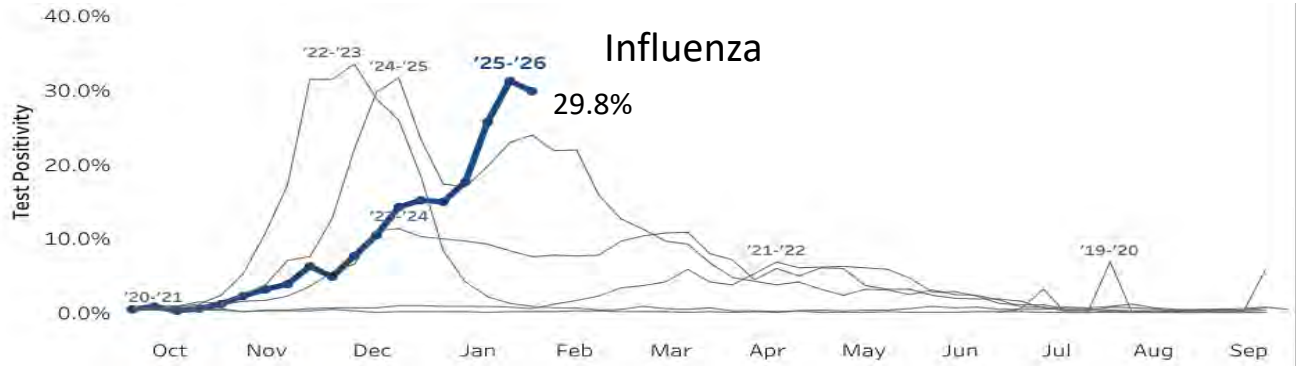
* Based on 8 reporting I/T/U facilities

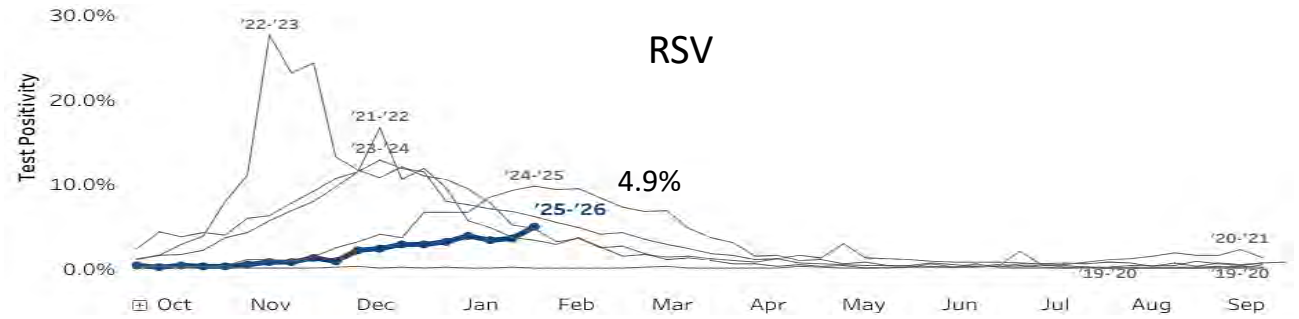
# ILI Activity — United States, 2025-26 (week ending 2/7/26)

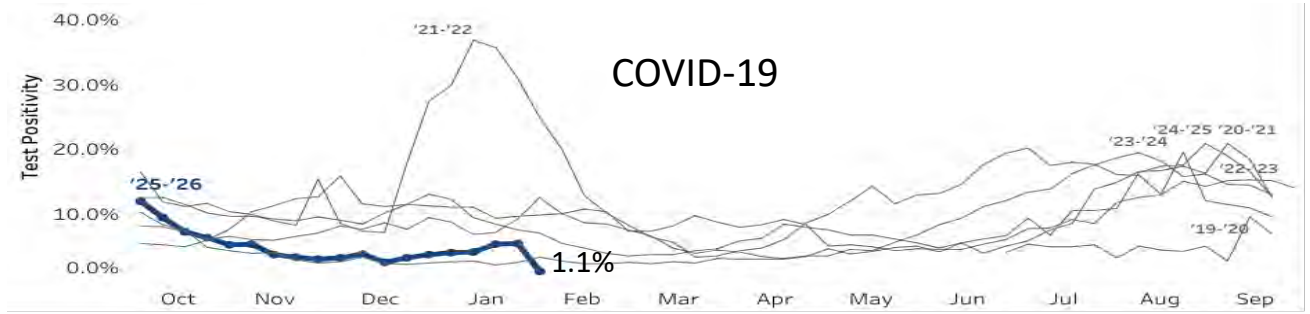



CDC. FluView. Weekly US Influenza Surveillance Report. Available at: https://www.cdc.gov/fluview/surveillance

# Percent of Tests Positive for Influenza, RSV, and COVID-19 — Oregon, 2025-26 (through 2/7/26)

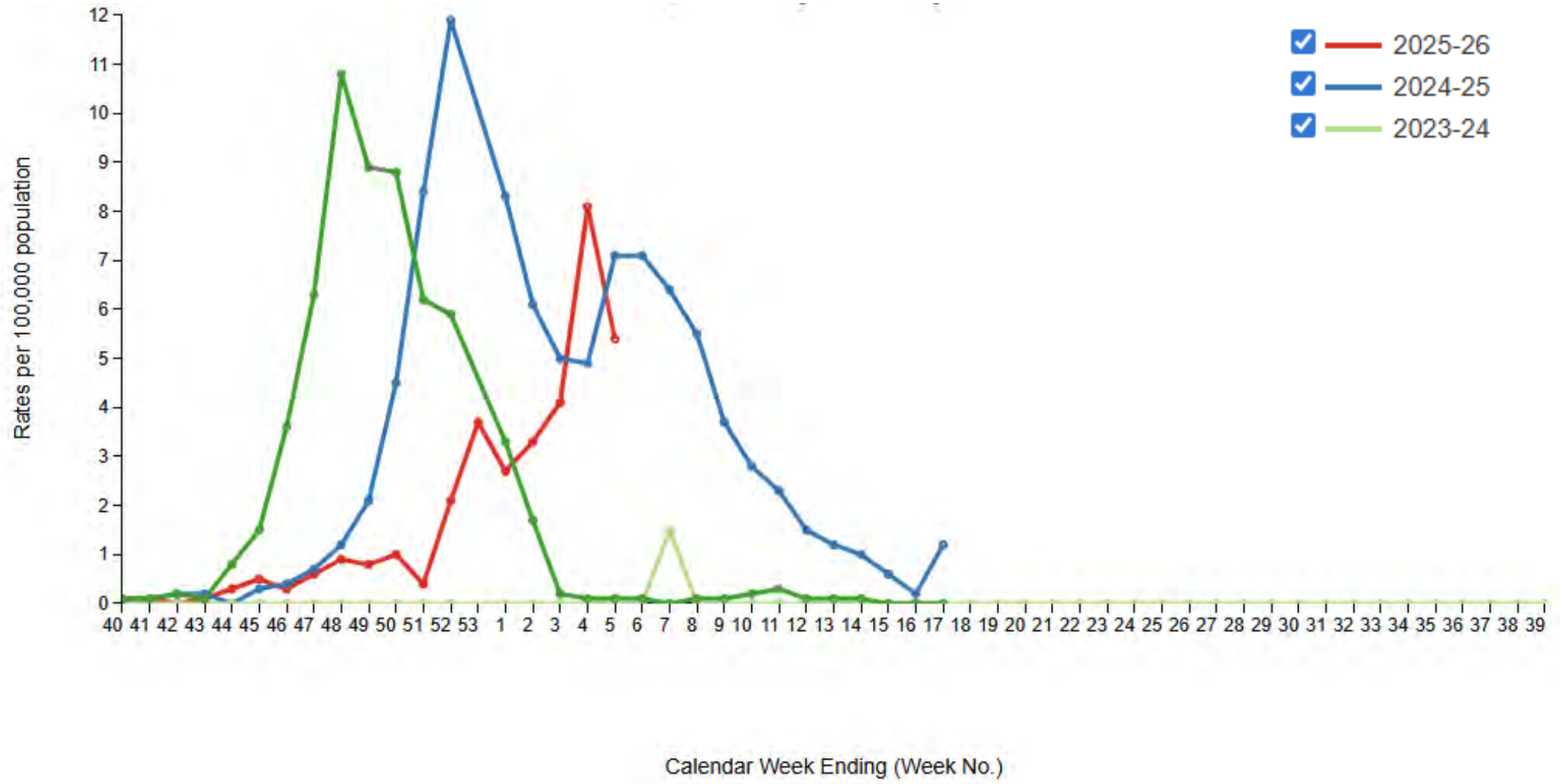


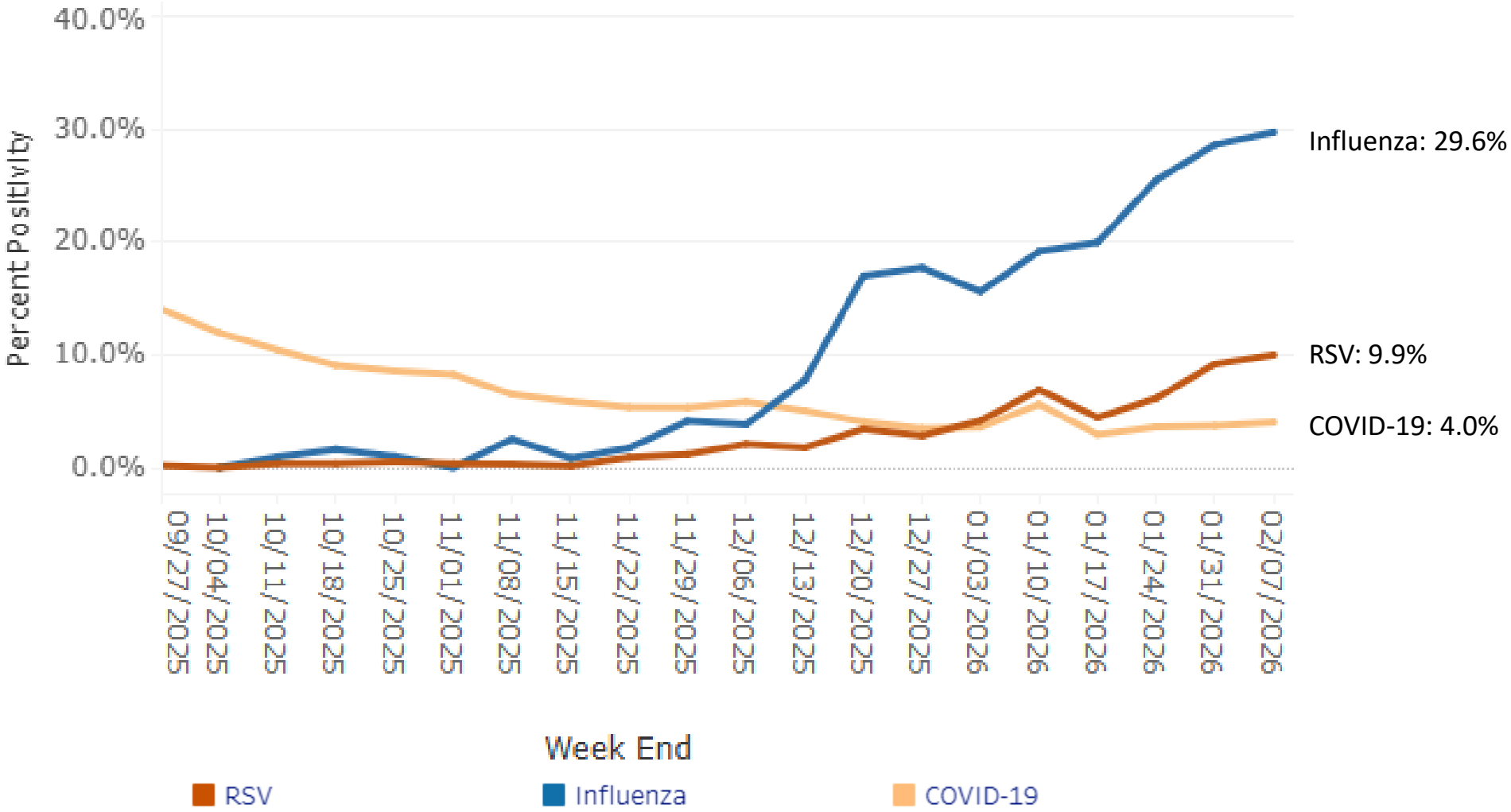

Oregon Health Authority. FluBites. Available at: https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/DISEASESURVEILLANCEDATA/INFLUENZA/Documents/data/FluBites.pdf
Oregon Health Authority. Oregon's Respiratory Virus Data. https://public.tableau.com/app/profile/oregon.public.health.division.acute.and.communicable.disease.pre/viz/OregonsRespiratoryVirusData/TestPositivity

# Weekly Hospitalization Rate Associated with Influenza — Oregon, 2025-26 (through 2/7/26)



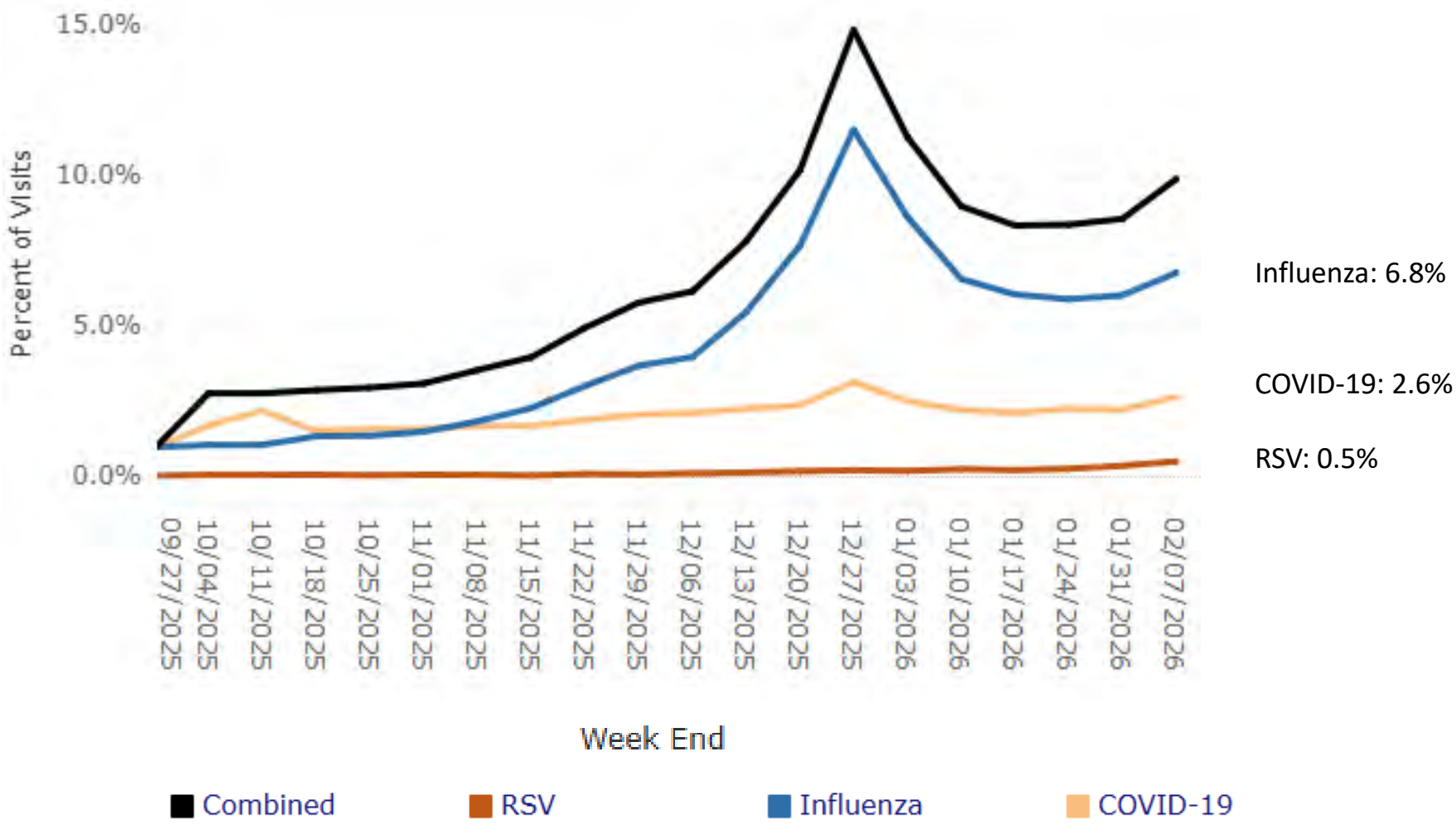

CDC. FluView. Laboratory-Confirmed Influenza Hospitalizations. Available at: https://gis.cdc.gov/GRASP/Fluview/FluHospRates.html

# Percent of Tests Positive for Influenza, RSV, and COVID-19 — Idaho, 2025-26 (through 2/7/26)




Idaho Department of Health and Welfare. Idaho Weekly Statewide Viral Respiratory Disease Indicators. Available at: https://www.gethealthy.dhw.idaho.gov/infectious-disease-idaho

# Percent of Healthcare Visits for Influenza, COVID-19 and RSV — Idaho, 2025-26 (through 2/7/26)



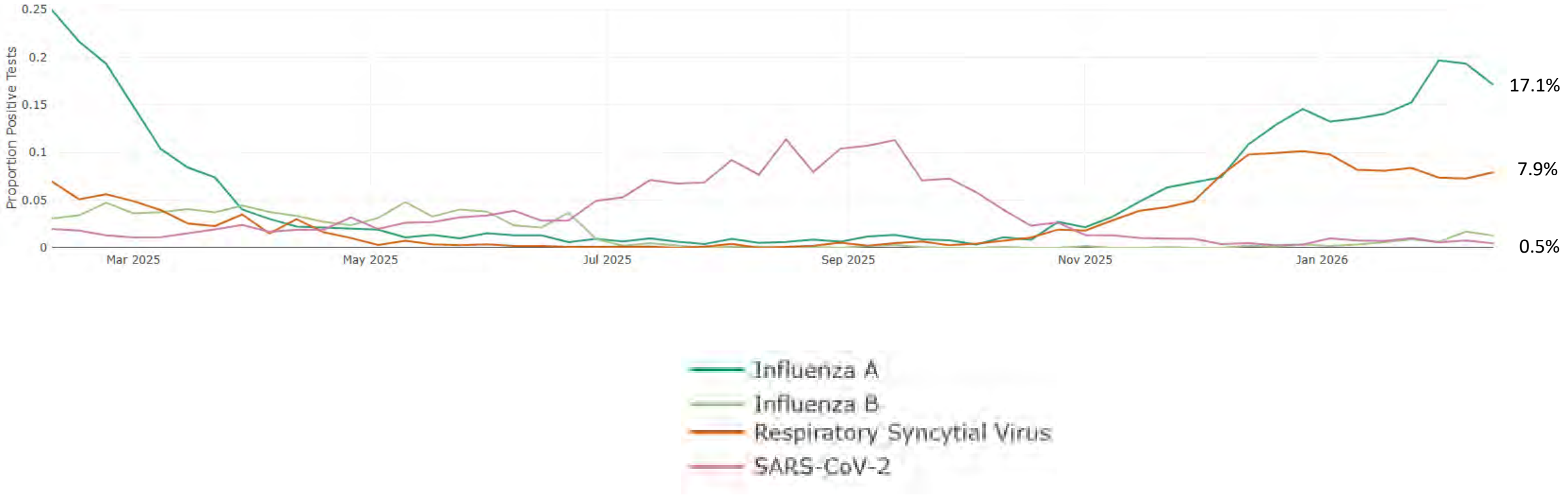

Influenza: 6.8%

COVID-19: 2.6%

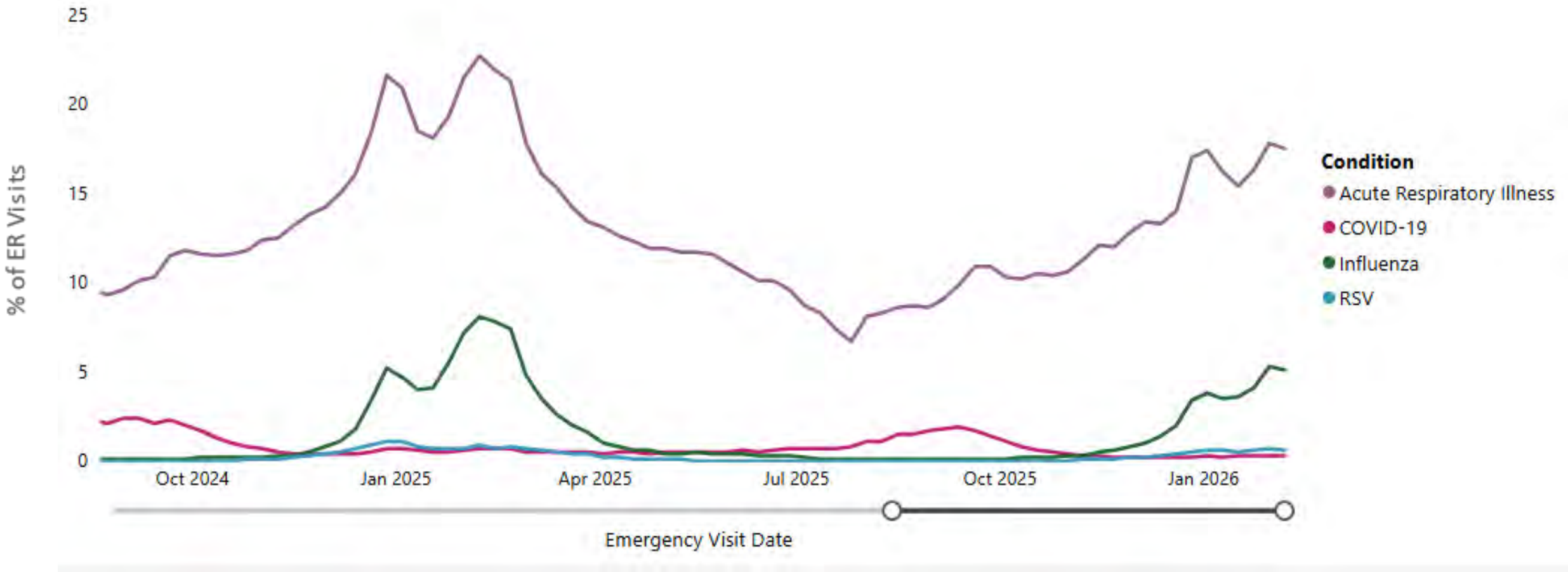
RSV: 0.5%

Idaho Department of Health and Welfare. Idaho Weekly Statewide Viral Respiratory Disease Indicators. Available at: https://www.gethealthy.dhw.idaho.gov/infectious-disease-idaho

# Proportion of Tests Positive for COVID-19, Influenza and RSV in the Northwest — University of Washington and Seattle Children's Hospital, 2025-26 (through 2/14)

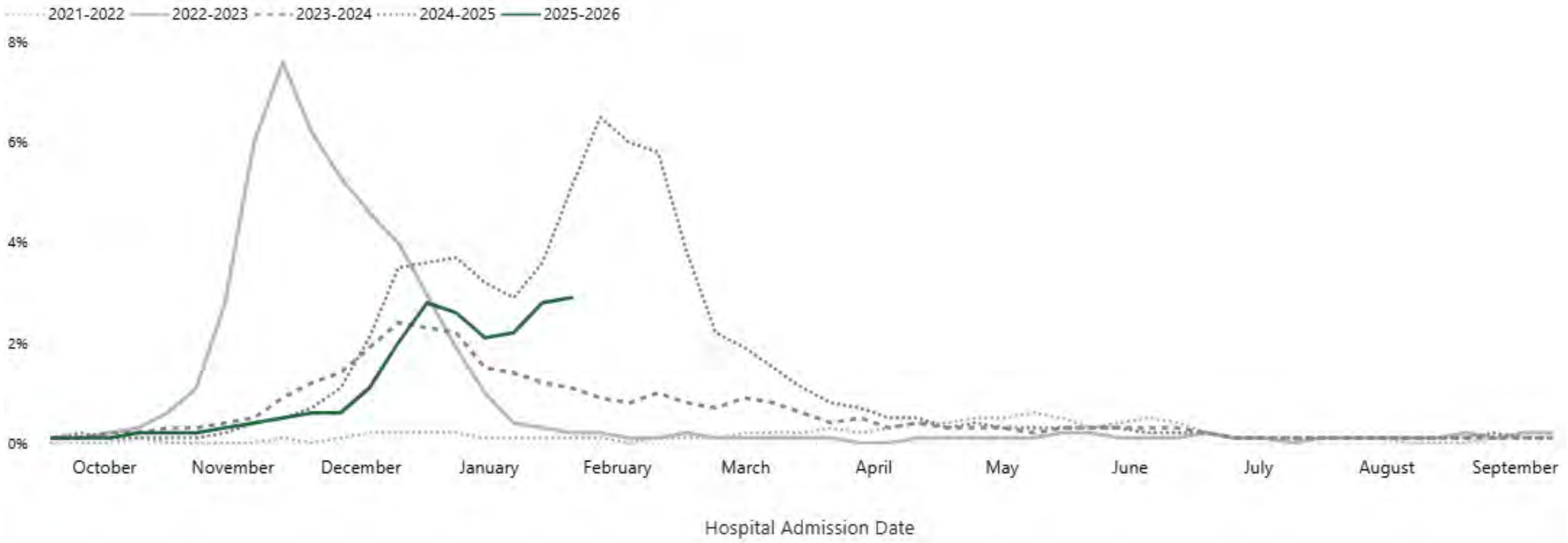


# Percent of Emergency Room Visits for Acute Respiratory Illness, Influenza, RSV, and COVID-19 — Washington, 2024-26 (through 2/7/26)



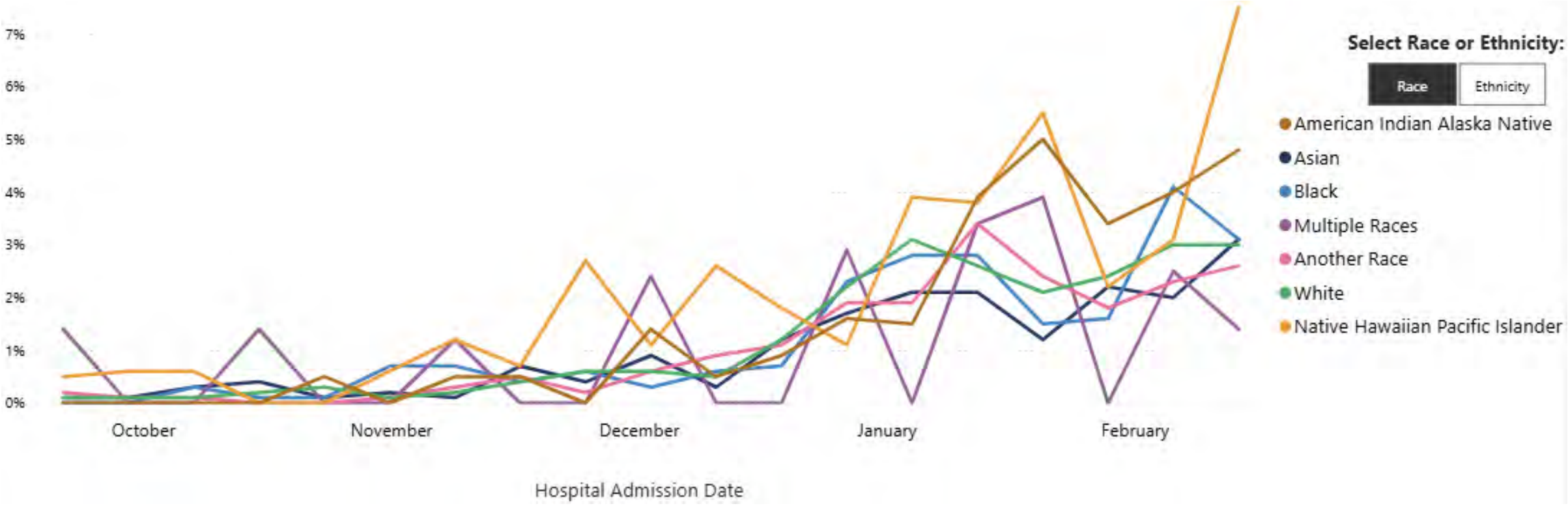

Washington State Department of Health. Respiratory Illness Data Dashboard. Available at: https://doh.wa.gov/data-and-statistical-reports/diseases-and-chronic-conditions/communicable-disease-surveillance-data/respiratory-illness-data-dashboard

# Percent of Hospitalizations for Influenza — Washington, 2025-26 (through 2/7/26)



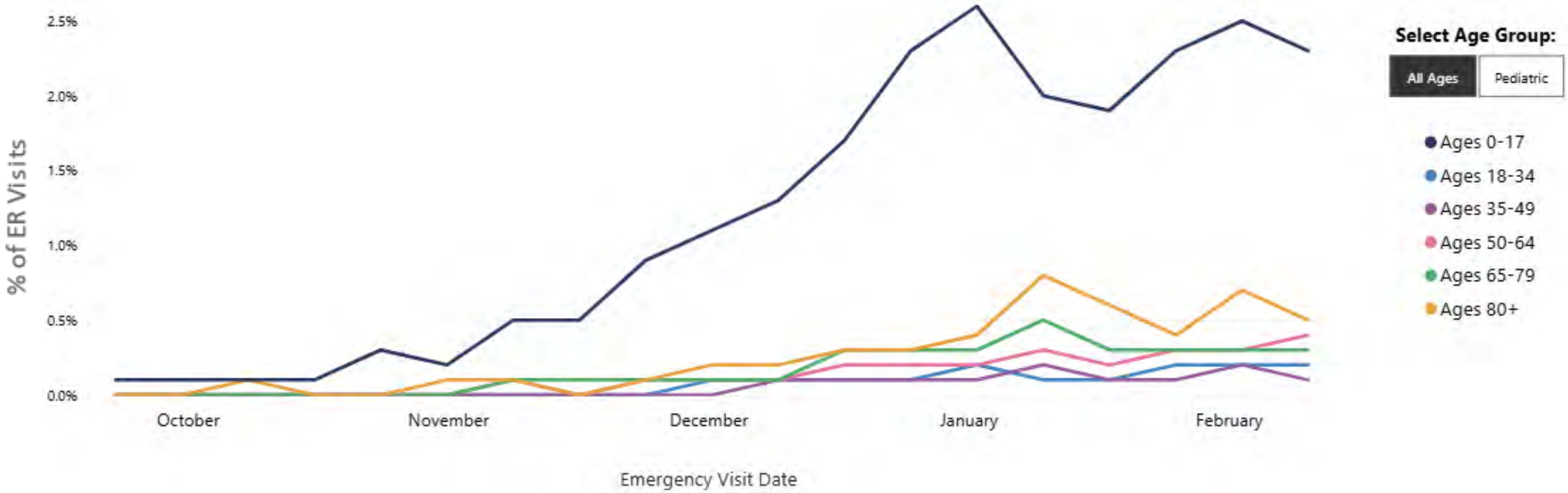

Washington State Department of Health. Respiratory Illness Data Dashboard. Available at: https://doh.wa.gov/data-and-statistical-reports/diseases-and-chronic-conditions/communicable-disease-surveillance-data/respiratory-illness-data-dashboard

# Percent of Hospitalizations for Influenza by Race— Washington, 2025-26 (through 2/7/26)



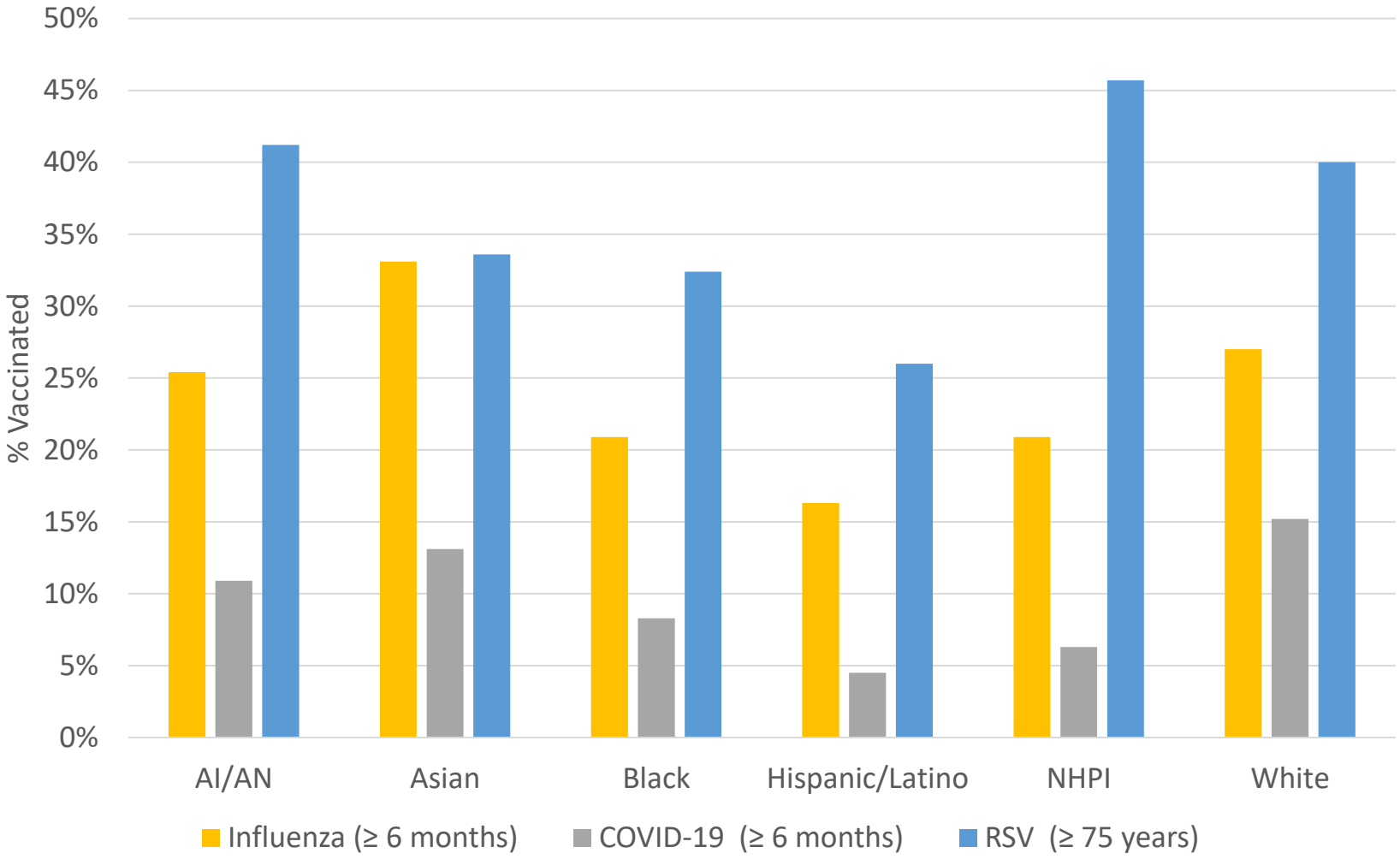

Washington State Department of Health. Respiratory Illness Data Dashboard. Available at: https://doh.wa.gov/data-and-statistical-reports/diseases-and-chronic-conditions/communicable-disease-surveillance-data/respiratory-illness-data-dashboard

# Percent of Emergency Room Visits Associated with RSV by Age — Washington, 2025-26 (through 2/7/26)




Washington State Department of Health. Respiratory Illness Data Dashboard. Available at: https://doh.wa.gov/data-and-statistical-reports/diseases-and-chronic-conditions/communicable-disease-surveillance-data/respiratory-illness-data-dashboard

# Percent of People Vaccinated for Influenza, COVID-19 and RSV by Race/Ethnicity — Washington State , 2025-26 (through 2/9/26)




Washington DOH. Respiratory Immunization Data. Available at https://doh.wa.gov/data-statistical-reports/health-behaviors/immunization/respiratory-immunization-data

# Summary

- Measles: Portland Area, 2026
  - Washington (N=24)
    - Outbreak in Snohomish County, now with 12 cases.
    - Outbreak in Clark County, with 7 outbreak-associated cases and 1 non outbreak-associated case.
    - 1 case in Kittitas County reported 1/15.
    - 3 cases 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.
- Influenza
  - ILI activity in very high in all three states (Oregon remains at the highest level for the country).
  - The % of tests positive for influenza and the % of influenza-associated ER visits remains high in all three states, increasing in Idaho.
  - Influenza-associated hospitalizations are increasing in Washington.
  - There have been 66 children with influenza-related deaths in the U.S. already this season. CDC's estimates there have been at least 19,000 deaths overall, though possibly up to 65,000.
- RSV: Remains above threshold for increased activity.  In WA, in children, the % of ER visits associated with RSV remains elevated. The % of tests positive for RSV is increasing in Idaho and 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 2/9): Influenza, 25.4%; COVID-19, 10.9%; RSV (age 75+), 41.2%].

# Recommendations: Seasonal Respiratory Viruses

- Keep vaccinating patients for influenza and RSV!
- Continue to give RSV monoclonal antibody to AI/AN children (infants < 8 months whose mothers did not receive the maternal RSV vaccine during the pregnancy or received it <2 weeks before delivery and for all children age 8-19 months). This is recommended through the end of March.
- 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.

HHS: All individuals are encouraged to consult with their health care providers to understand their options regarding vaccinations.
CDC. Respiratory Illness Season Toolkit: https://www.cdc.gov/respiratory-viruses/php/toolkit/index.html
CDC. Preventing Spread of Respiratory Viruses When You're Sick. Available at: https://www.cdc.gov/respiratory-viruses/prevention/precautions-when-sick.html
CDC. Preventing Respiratory Illnesses. Available at: https://www.cdc.gov/respiratory-viruses/prevention/index.html

# 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).

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
Washington State DOH. Interim Pediatric Measles Outbreak Vaccination Recommendations. Available at: https://doh.wa.gov/sites/default/files/2026-01/130104-WA-MMRGuidance.pdf

# 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).

American Academy of Pediatrics Project Firstline Poster. Available at: https://downloads.aap.org/AAP/PDF/ThinkMeasles-final.pdf
CDC. Be Ready for Measles Toolkit. Available at: https://www.cdc.gov/measles/php/toolkit/index.html
CDC. Public Health Preparedness Checklist: Measles Clusters and Outbreaks. Available at: https://www.cdc.gov/measles/downloads/measles-public-health-checklist.pdf

# Patient Education Resources for Respiratory Viruses/Immunizations

IHS Division of Epidemiology and Disease Prevention Educational Resources;

National IHS Public Health Council Public Health Messaging

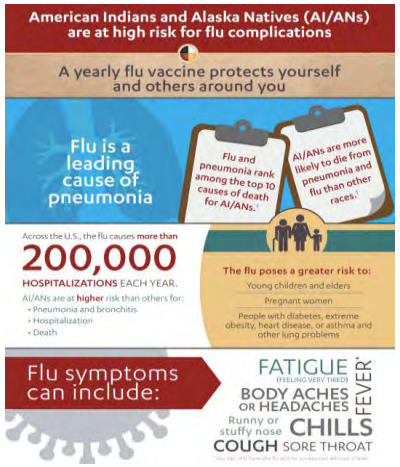
Northwest Portland Area Indian Health Board (NPAIHB): VacciNative; Native Boost

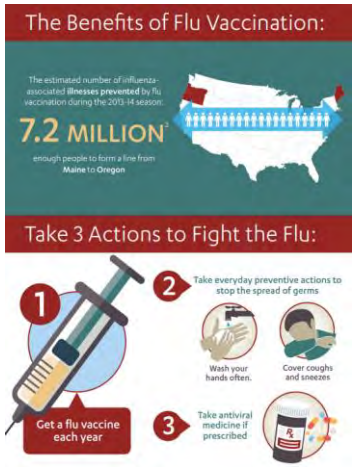
Johns Hopkins Center for Indigenous Health. Knowledge Center: Resource Library

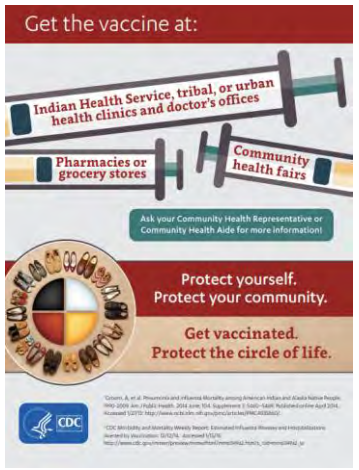
American Academy of Family Physicians. COVID-19 Vaccine: Fall 2025-26 Immunization Recommendations

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.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)






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

# Flyer and Social Media Posts from IHS



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# Partner Updates:
# WA DOH

# Governor's Public Health Advisory Board | Engagement Opportunities

The Governor's Public Health Advisory Board (WA-PHAB) was created by the Legislature in 2021, to bring together expertise from different sectors and across the state. Its specific charge is outlined in RCW 43.70.675. The WA-PHAB is currently seeking information about how public health partners work together to assess overall system well-being.

- **Tribal Listening Sessions- Collaborative DTLL**
  - **Option #1** Wednesday, 2/25/26 @1:30-3:00 p.m.
  - **Option #2** Wednesday, 3/4/26 @10:00-11:30 a.m.
  - If you have any specific requests or comments in preparation for the Tribal listening sessions, please reach out to otphr@doh.wa.gov and gina.legaz@doh.wa.gov
- **Governmental Public Health System (GPHS) Partners Convening**
  - Tuesday, 2/24/26 @ 2-4 p.m. Register HERE
- **Cross-Sector and Community Partners Convening**
  - Thursday 3/5/26 @ 1-3 p.m. Register HERE

# Questions
# &
# Comments