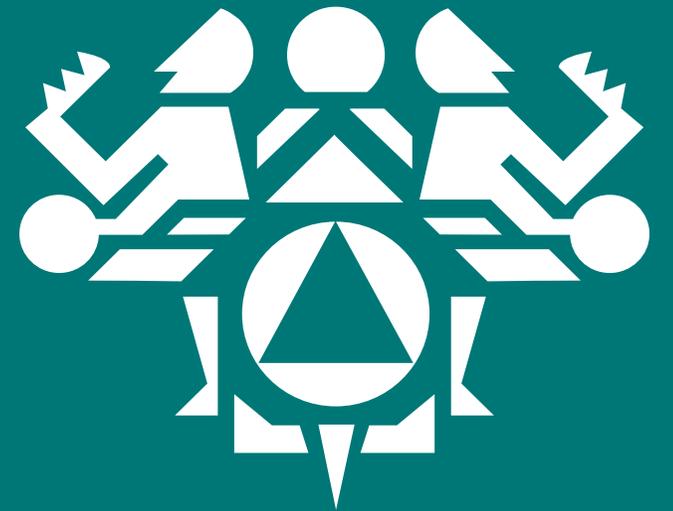


NPAIHB

Weekly Update

February 24, 2026





NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Agenda

- Welcome & Introduction: Bridget Canniff
- NPAIHB Announcements, Events, & Resources
- Legislative & Policy Updates: Pakak Sophie Boerner
- 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 BOARD



HEALTH NEWS & NOTES



HOLISTIC HEALTH SYSTEMS

Updates Include:

- Zero Suicide ZSICC Framework
- Adolescent Health Updates
- Research and Education Pathways for Students
- Upcoming Events
- and more!

Get the latest issue of Health News & Notes [here](#)

NW TRIBAL DATA HUB AT ANNUAL APHA MEETING

Read Now



NW Tribal Data Hub: Connecting Tribal Communities with
Meena Patel, MPH, CPH, Heidi Lovvorn, MS, PhD Skuzonak, MS, Sunny Stone, MPH, MCHES, Pakek So
Manuel L. Armstrong, MD, Sujata Joshi, MSPH and Victoria Warren-Mears,
Northwest Portland Area Indian Health Board (NPAIHB)

Background
Since 1987, the Northwest Tribal Epidemiology Center (NWTSEC) has served as the premier for Northwest Tribal Tribes by collecting and analyzing public health data, improving data accuracy and completeness, and disseminating critical information to Tribes for public health action. As the Director of NW Tribes, NWTSEC is developing the Northwest Tribal Data Hub (Data Hub) to accelerate Tribal access to NWTSEC operational data.
The NW Tribal Data Hub allows for:
• Report Tribal data through secure Tribal access and management of the platform.
• Provide on-demand access to reliable Tribal specific public health data.
• Allow Tribes to access health services, prioritize funding, and improve interventions with data-driven insights.
• Increase Tribal transparency by having individual Tribal reports with automated dashboards for all Tribes.
• Increase data security and access controls to protect Tribal information throughout the reporting process.
• Make access while meeting state and federal requirements.

Interactive Data Dashboard
The NW Tribal Data Hub empowers Tribes with data to inform policy, interventions, and funding to ensure the health of future generations.
Data Hub Dashboards:
• Address priority health concerns by NW Tribes.
• Provide context health statistics (links) to identify successful interventions & key takeaways, reporting and easy to understand sharing data for multiple regions (Northwest, Pacific, and other NW regions), and include interactive NW region health topics.
• Address priority health concerns by NW Tribes.
• Provide context health statistics (links) to identify successful interventions & key takeaways, reporting and easy to understand sharing data for multiple regions (Northwest, Pacific, and other NW regions), and include interactive NW region health topics.

Data Sharing Agreements
Data Sharing Agreements (DSA) between federally recognized Tribes and NWTSEC build a foundation for data exchange, and streamline access to data.
Data Sharing Agreements:
• Ensure Tribal data ownership, governance, and control.
• Define data-sharing responsibilities.
• Define Tribal data ownership, governance, and control.
• Define Tribal data ownership, governance, and control.
• Define Tribal data ownership, governance, and control.



Summer Research Training Institute

for American Indian and Alaska Native Health
Professionals and Students

Registration opening soon!

[Download the SRTI 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 (Award Number: 5U01GM141002)
Native American Research Centers for Health, National Indian Health Board and Area Indian Health Board



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:



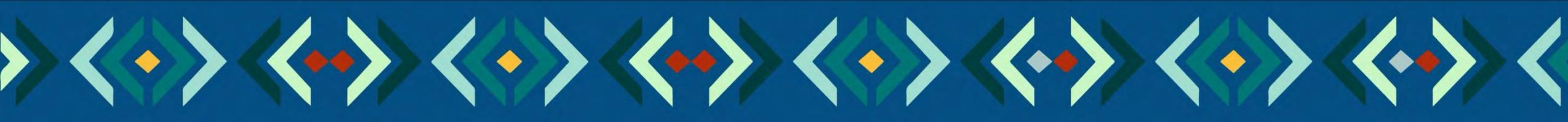
More info will be posted soon at
www.npaihb.org/nw-narch



NPAIHB

NIGMS Under Award Number 1S06GM141002

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



Upcoming Indian Country ECHO Telehealth Opportunities

- **Care & Access for Pregnant People ECHO** – 4th Tuesday of every month at 11am PT
 - Tuesday, February 24th at 11am PT
 - Didactic Topic: *Supporting Mothers, Babies & Families – A CHW/CHR Approach*
 - To join via Zoom: <https://echo.zoom.us/j/87128078680?pwd=c2hMOEFnWU9QWVZMd2dpLOJ0ODNidz09>
- **Hepatitis C (HCV) ECHO** – 1st, 3rd & 4th Wednesday of every month at 11am PT
 - Wednesday, February 25th at 11am PT
 - Didactic Topic: *Clinical Pharmacy Resources for Syndemic Services*
 - To join via Zoom: <https://echo.zoom.us/j/537117924?pwd=OEExbERmK2pSUFFsMzV1SmVpb3g3dz09>
- **Early Relational Health (ERH) ECHO** – 4th Wednesday of every month at 12pm PT
 - Wednesday, February 25th at 12pm PT
 - Didactic Topic: *Rooted in Tradition – A Personal Path in Supporting Native Families & Babies*
 - To join via Zoom: <https://echo.zoom.us/j/86327376612?pwd=YVRiY0dxeXV1Ukl2ZE9objU2U2hrZz09>
- **Dementia Caregiver Support ECHO** – 4th Thursday of every month at 11am PT
 - Thursday, February 26th at 11am PT
 - To join via Zoom: <https://echo.zoom.us/j/99454243940?pwd=NG9aWGUvRTdKSmgwTGlldklmVDRWUT09>

Upcoming Indian Country ECHO Telehealth Opportunities

- **Journey to Health ECHO** – 2nd & 4th Thursday of every month at 7am / 12pm PT
 - Thursday, February 26th at 12pm PT
 - Didactic Topic: *Returning to the Sacred Path – Cultural Safety & AI/AN Health*
 - To join via Zoom: <https://echo.zoom.us/j/93413601610?pwd=YVhMN1NUNIIYWHZUZk1CUnF0TEY5QT09>
- **Harm Reduction ECHO** – 1st Tuesday of every month at 12pm PT
 - Tuesday, March 3rd at 12pm PT
 - To join via Zoom: <https://echo.zoom.us/j/99009428799?pwd=TFVRa1FPSDU5M2lvTTNwbGo3ZjdyZz09>
- **EMS ECHO** - 1st Tuesday & 3rd Thursday of every month at 5pm PT
 - Tuesday, March 3rd at 5pm PT
 - Didactic Topic: *Vital Signs Are Vital – A Foundational Look at Our Most Basic Assessments*
 - To Join via Zoom: <https://echo.zoom.us/j/84832881641?pwd=SXlINlpaOVta1R1c28xcUh5V1dlUT09>
- **Hepatitis C (HCV) ECHO** – 1st, 3rd & 4th Wednesday of every month at 11am PT
 - Wednesday, March 4th at 11am PT
 - Didactic Topic: *Long-Acting Injectable HIV PrEP*
 - To join via Zoom: <https://echo.zoom.us/j/537117924?pwd=OEExbERmK2pSUFFsMzV1SmVpb3g3dz09>

NPAIHB Weekly Update Schedule

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





Legislative & Policy Monthly Updates

Agenda

- **Congressional & Federal Updates**
- **DTLL**
- **National & Regional Meetings**
- **Consultations, Listening Sessions, & Written Comments**
- **Policy Resources**



Congressional



Congressional

Appropriations:

On February 3, all remaining Appropriations were passed except for the DHS Appropriations bill. Although the appropriation had a continuing resolution (CR) it lapsed on February 13, leading the government into a partial shutdown.

Partial Shutdown:

Congress remains deadlocked over the DHS funding bill.

The immediate impact of the partial shutdown remains limited. Key agencies remain operational:

TSA: Personnel are expected to receive regular pay through March

FEMA: The agency maintains sufficient reserves to manage short-term disaster response requirements

A resolution is not expected prior to the *State of the Union Address*, currently scheduled for Tuesday, February 24

Congressional

The Native Children's Commission Implementation Act

Section 408. Self-Governance for Behavioral Health Program for Indian Tribes

This section authorizes a demonstration program that would use funding Tribes receive from SAMHSA block grant set-asides to enter into self-determination contracts. It also directs the Office of Self-Governance at the Indian Health Service to provide related technical assistance to SAMHSA and participating Tribes.

NCAI Executive Council Winter Session 2026

NCAI ECWS:

The week of February 9 – 12, Northwest Leaders and NPAIHB staff attended the NCAI Executive Council Winter Session (ECWS) State of Indian Nation address, IHS updates from Chief of Staff Clayton Fulton who focused on the current IHS hiring initiative, updates from Billy Kirkland Assistant Secretary of Indian Affairs – Department of Interior, and other NCAI presenters including WA Congressman Dan Newhouse.

For those who would like to watch the recording of ECWS 2026 State of Indian Nation Address, they can access it on [YouTube here](#).



NCAI Executive Council Winter Session 2026

NPAIHB on Capitol Hill:

Several of our Northwest Tribal Leaders, Delegates, and NPAIHB staff participated in the National Congress of American Indians (NCAI) Executive Council Winter Session (ECWS). Congruently, we strategically visited Capitol Hill.

Issue areas NPAIHB discussed with legislators:

- Community Health Aide Program (CHAP)
- Strategic Funding Priorities: Purchased and Referred Care, Reclassification for Contract Support Costs & 105(l) Leases
- Showcasing *Programs that Work*: effectiveness of programs such as CHAP, Special Diabetes Program for Indians (SDPI), and Indian Country Echo



Federal Updates



Federal Updates

President's Budget:

The President's Fiscal Year (FY) 2027 Budget Request to Congress has been delayed until undisclosed time in March. Despite the delay Congress has begun budget formulation for FY 2027.

IHS Budget Formulation:

February 10 – 11, 2026, the IHS National Tribal Budget Formulation Workgroup met to draft the proposed FY 2028 National Tribal Budget Formulation Workgroup Recommendations for the IHS. The Workgroup has proposed a \$76 billion dollar budget.

Resources:

- [The Congressional Budget Resolution: Frequently Asked Questions](#)
- [Official House Budget Committee Roster](#)
- [Official Senate Budget Committee Roster](#)

Federal Updates

TSGAC/SGAC Advisory Committee Meeting February 24 – 26, 2026

The Tribal Self-Governance Advisory Committee (TSGAC) is an advisory committee to the IHS Director. The TSGAC advocates for Self-Governance Tribes, provides policy guidance on implementing the IHS Tribal Self-Governance Program, and advises the IHS Director on issues of concern to all Self-Governance Tribes. The Advisory Committee holds 3 meetings a year to confer with the IHS Director on current activities, policy changes, and program updates.

- **Delegate:** Chairman W. Ron Allen, *Jamestown S'Klallam Tribe*
- **Alternate:** Chairman Anthony Hillaire, *Lummi Indian Business Council*

Dear
Tribal
Leader
Letters



Dear Tribal Leader Letters

Indian Health Service DTLL:

- January 29, 2026: IHS announces that they are hiring
- January 27, 2026: IHS extends the comment period for feedback on the IHS Realignment to February 27, 2026
- January 26, 2026: IHS announces information sessions on the Health Information Technology (HIT) Modernization Program
- January 22, 2026: Federal Register Notice (FRN) for the calendar year (CY) 2026 All-Inclusive Rates (AIR) has been published
- December 18, 2025: IHS announces Scholarship Program opportunities for 2026-2027

IHS Realignment Update

Additional Info:

[Executive Narrative](#)

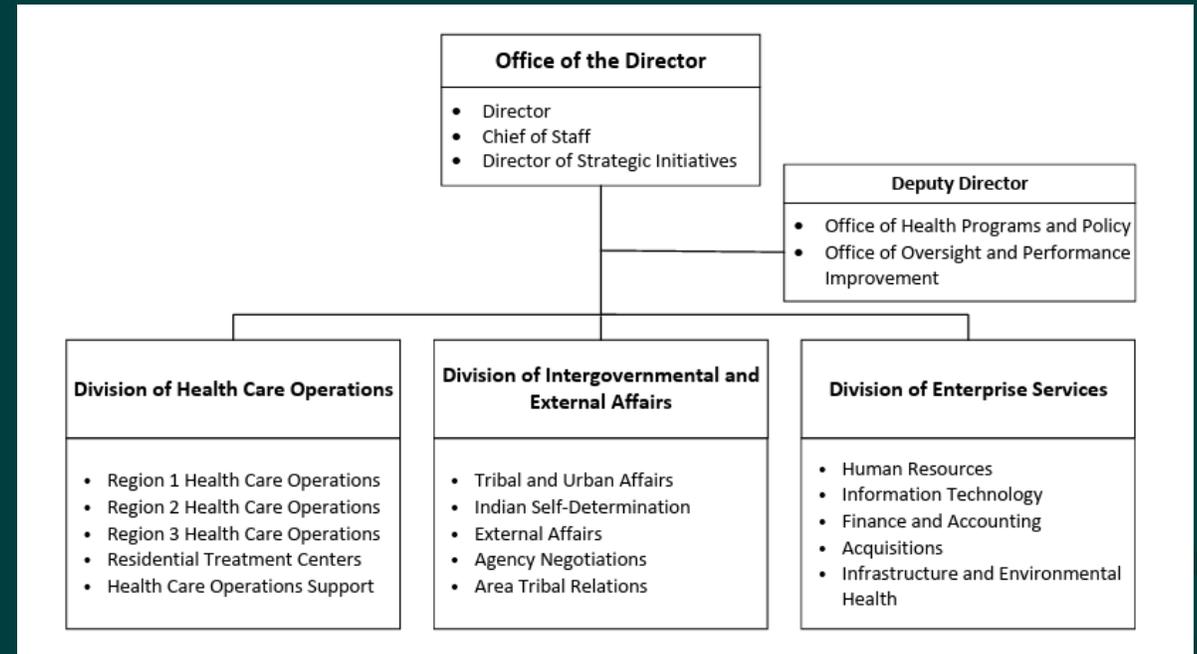
[Draft Re-org Chart](#)

[Frequently Asked Questions](#)

In response to the first listening sessions,

IHS released an additional [DTLL](#) on December 5, announcing 9 new consultation sessions.

These sessions were held between December to January.



The comment submission deadline is Friday, February 27, 2026.

Email Tribal Consultation comments to: consultation@ihs.gov

SUBJECT LINE: IHS Proposed Realignment

IHS Health Information Technology (HIT) Modernization Program

IHS is continuing to gather comments and feedback on the HIT Modernization Program. They are adding two additional information sessions:

- **March 5, 2026:** Health IT Modernization Program leadership will provide program and pilot site updates, focusing on enterprise acceptance of PATH EHR, End-User Training, Four Directions Warehouse, Patient Portal, site design workshops, and Change Impacts.
- **August 6, 2026:** will provide an overview of the pilot site after PATH EHR goes live and share plans for future cohorts.
- To register: [IHS Event Calendar](#) or [Health IT Modernization Event](#)

Comments and recommendations on each session **are due within 30 days** following each scheduled session.

Email: consultation@ihs.gov or urbanconfer@ihs.gov.

Subject Line:

- Health IT Modernization CY 03-5-2026
- Health IT Modernization CY 08-6-2026

Federal Register Notice (FRN) for the calendar year (CY) 2026 All-Inclusive Rates (AIR)

On January 22 IHS Acting Director Clayton Fulton announced that the Federal Register Notice (FRN) for the calendar year (CY) 2026 All-Inclusive Rates (AIR) was published.

The CY 2026 rates can be accessed [here](#).

Additionally, the Centers for Medicare & Medicaid Services (CMS) has issued a Final Rule to continue to pay an add-on to the Medicare Outpatient Per Visit Rate for certain high-cost drugs for people with Medicare who receive care at IHS or Tribal hospitals for CY 2026

High-cost drug list can be accessed [here](#).

National, Regional, State
Meetings



Meetings

Idaho Dept. of Health & Wellness Tribal Quarterly Meeting

Date: February 25

Time: 8:00 AM – 11:00 AM PST

Virtual: [Webex Link](#)

IHS HIT Modernization Consultation (1 of 2)

Date: March 5,
Time: 10:30 AM - 12:00 PM

[Registration](#)

WA Tribal-State Monthly Meeting

Date: March 10-12,
Tuesday:

Behavioral Health
Wednesday: Public Health

Thursday: Quarterly AIHC Delegates Meeting.

Location: TBD

Virtual: TBD

IHS FAAB Virtual Meeting

Date: March 10 – 11

Virtual: TBD

NIHB Strategic Planning Listening Session

Date: March 11

Location: 1401 SW Naito Pkwy, Portland, OR 97201

Time: 10 AM – 12 PM PST

[Registration](#)

Meetings

**30th Bi-Annual
CDC/ATSDR TAC**

Date: March 11 –
12, 2026

Virtual: [Zoom Link](#)

**OHA Tribal Affairs
Monthly Meeting**

Date: March 13,
2026

Time: 9:00 AM –
3:00 PM

Location: HSB 500
Summer St. NE,
Salem, OR 97301
Room 166

Virtual: [Zoom Link](#)

**North Star Winter
Gathering**

Date: March 17-18,
2026

Location:
Swinomish Casino
& Lodge 12885
Casino Drive,
Anacortes, WA
98221

[Registration](#)

**Upcoming
Webinar:
National Public
Health Approach
to Long COVID**

Webinar
February 26, 2026
[Registration](#)

**Upcoming
Webinar:
Tribal
Immunization
ECHO session:**
March 4, 2026
[Registration](#)

Upcoming Conferences

Tribal Self-Governance Conference

- Date: April 7-9, 2026
- Location: Gila River Wild Horse Pass Resort & Casino, Chandler, Arizona
- Link: [Event Registration](#)

2026 NIHB National Tribal Health Conference (NTHC)

- Date: August 16-21, 2026
- Location: Sheraton Grand at Wild Horse Pass, Chandler, Arizona
- Link: [Event Registration](#)

QBM April 28 – 30, 2026

Registration for the April Quarterly Board Meeting is open

The Lummi Nation has graciously offered to host the April QBM.

Dates: April 28-30, 2026

Location: [Silver Reef Casino Resort](#), Ferndale, Washington

NPAIHB kindly requests that attendees complete the registration form prior to **April 17, 2026**, for our planning purposes.

To book your hotel please call Silver Reef Casino at **(866) 383-0777**

When reserving rooms, mention that you are booking for the NPAIHB April Quarterly Board Meeting (QBM) for the best rates.

Please reserve your room by March 26, 2026.

[April QBM info page](#)



Consultations, Listening Sessions, & Written Comments



AI/AN Public Witness Hearings

The House Appropriations Interior, Environment, and Related Agencies Subcommittee announced the Fiscal Year 2027 American Indian and Alaska Native public witness hearing dates and instructions for providing a written public testimony.

Dates: March 17 – 18, 2026

Written Testimony Submission deadline: Friday April 24, 2026

[Instructions for submitting written testimonies](#)



Announcements:

Request for Information: 340B Rebate Model Pilot Program

HRSA **issued a Request for Information** (RFI) to gather input from interested parties regarding the potential use of rebates to effectuate the ceiling price under the 340B Program, including the standards and procedures that should govern the approval of manufacturer rebate plans and the impacts on all stakeholders. This RFI seeks comments on whether HRSA should implement a rebate model under the 340B Program and how best to operationalize any such rebate framework for stakeholders.

Please review the RFI and provide your feedback by **Thursday, March 19.**



Announcements:

Seeking a Direct Service Tribes Advisory Committee Representative

The Direct Service Tribes Advisory Committee (DSTAC) was established in 2005 to provide leadership that advises the Indian Health Service (IHS) Director on the development of health policy and participates in IHS decision-making that affects the delivery of health care. The DSTAC offers advocacy and policy guidance by regularly providing recommendations to the Agency.

DSTAC is currently missing a representative from the PNW area, therefore we kindly request our direct service Tribes to contact NPAIHB with recommendations/nominations for the TAC position.

Policy Resources



2026 Tribal Leader Priorities Survey

This survey is for Tribal Leaders, NPAIHB Delegates, and Tribal Health Directors. Your responses directly influences the work and direction of NPAIHB to ensure we are serving the 43 federally-recognized Tribes of Idaho, Oregon, and Washington.

This [survey](#) will ask about your tribe's public health priorities, policy priorities, technical assistance needs, and some technical questions.

If you have any questions about this survey, don't hesitate to contact:

Victoria Warren-Mears

Director, NWTEC

503-998-6063

vwarrenmears@npaihb.org

**NPAIHB'S ANNUAL
TRIBAL LEADERS'
PRIORITIES SURVEY**

Please take our
2026 Priority Survey

www.surveymonkey.com/r/TribalLeaders2026



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

Policy Resources

Weekly

- Seventh Signal Newsletter
- Thursday Delegate/THD/Policy Staff call

Monthly

- NPAIHB Legislative and Policy Update at the NPAIHB Weekly Update:
4th/last Tuesday of the month

Quarterly

- Affiliated Tribes of the Northwest Indians
 - Health Committee: Legislative and Policy Update

Contact Us



Hilary Edwards

Dir. of Legal & Government Affairs

(Swinomish Indian Tribal
Community)

E: hedwards@npaihb.org

P: 971-484-2731



Pakak Sophie Boerner

Health Policy Specialist

(Iñupiaq, Native Village of Kiana)

E: psophieboerner@npaihb.org

Email policy at: PolicyTeam@npaihb.org



Partner Updates:
Portland Area
Indian Health Service

Portland Area IHS Communicable Diseases Update

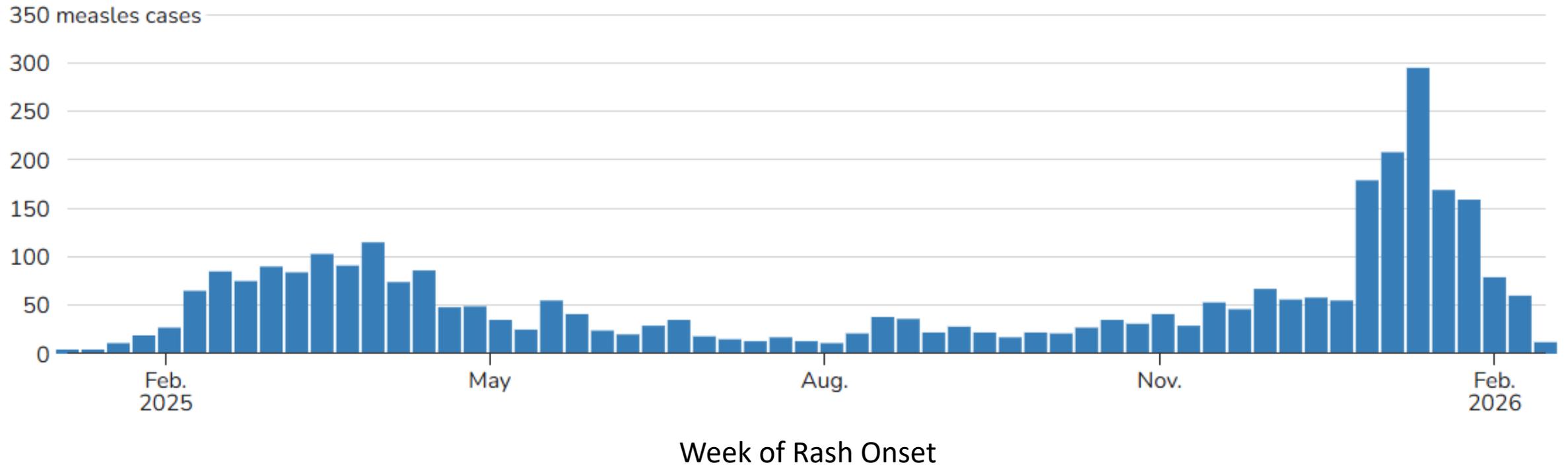
TARA PERTI, MD, MPH
MEDICAL EPIDEMIOLOGIST
IHS, PORTLAND AREA OFFICE
February 24, 2026



Outline

- Measles
- Influenza, RSV, and COVID-19

Measles – United States, 2025-26 (through 2/19/26)



Measles — Washington State Residents, 2026 (N=26)

- **Snohomish County: Outbreak, now with 14 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 2/17.
 - 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.

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)

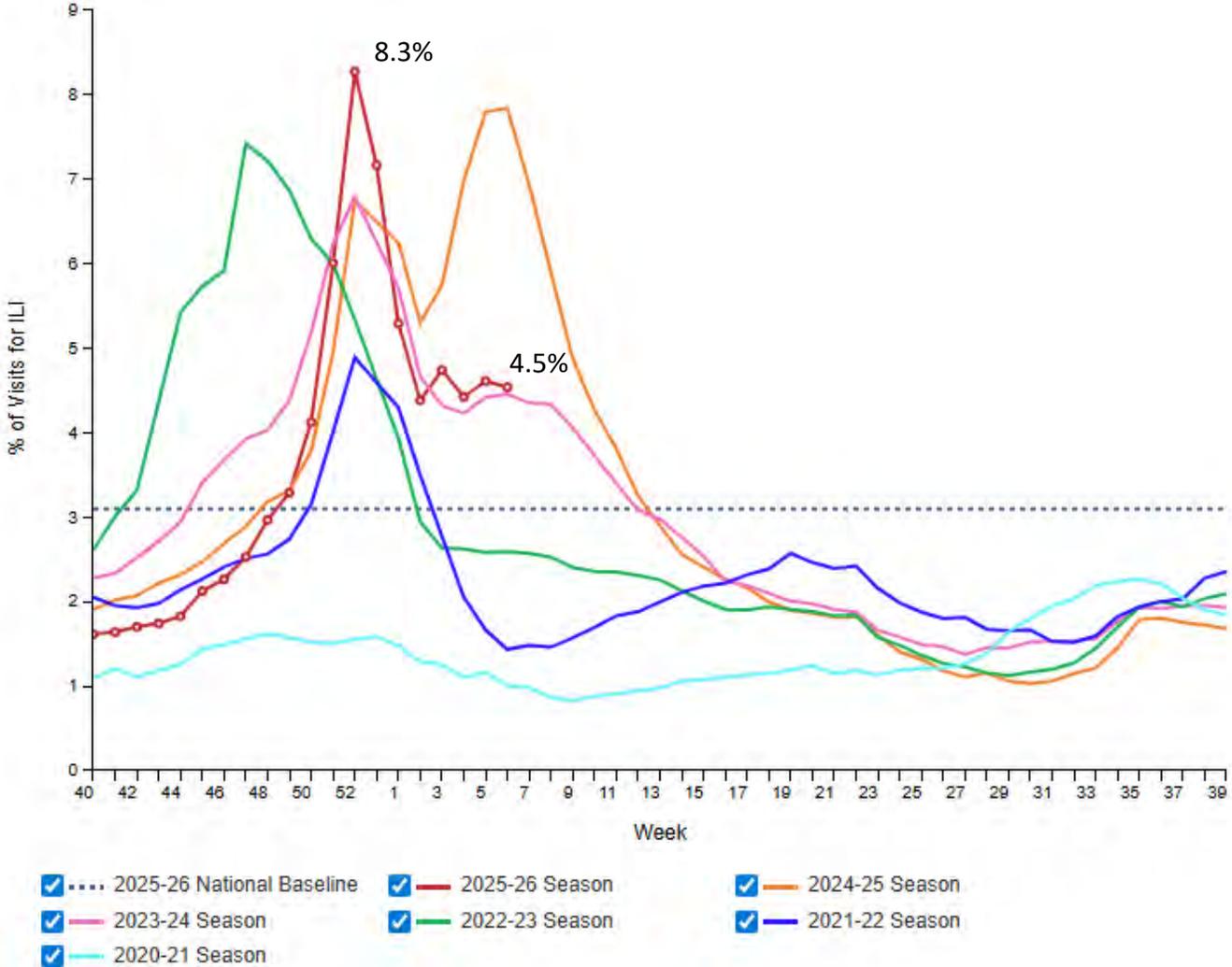
- **Linn County: 3 cases**. Two cases among unvaccinated individuals with no travel outside Oregon reported on 1/10. A third case was reported in media.
- **Clackamas County: 2 cases**. 1 case in an unvaccinated individual reported on 1/16 with a 2nd linked case reported on 1/28.
- ❖ All cases in Oregon unvaccinated or with unknown vaccination status.

- OHA has found low-levels of measles activity across the state:
- Measles virus detected in wastewater in the past 6 weeks:
 - Benton, Clackamas, Clatsop, Douglas, Hood River, Jackson, Josephine, Lincoln, Linn, Marion, Morrow, Multnomah, Umatilla, Washington

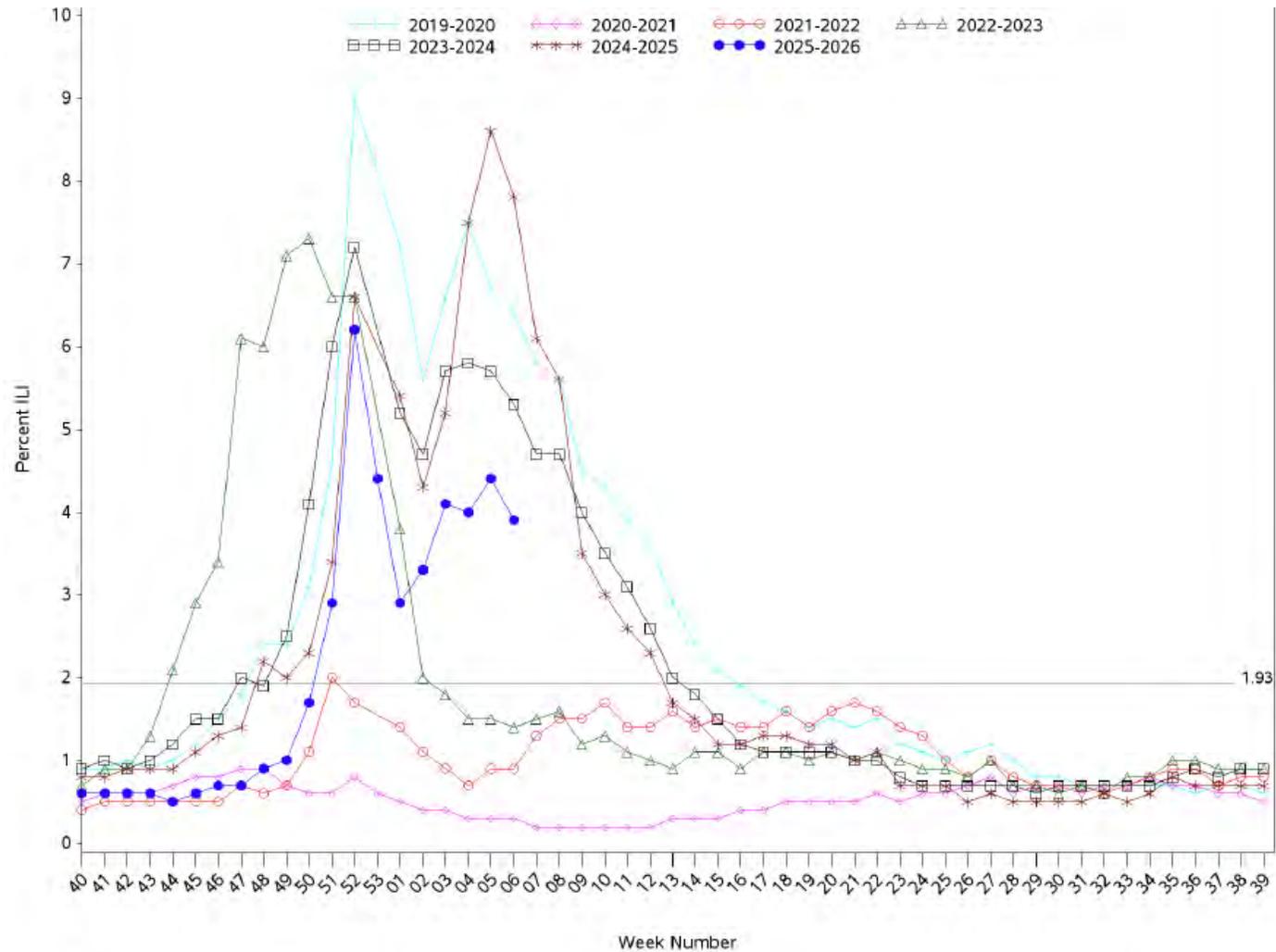
Measles — Portland Area, 2025-26

Location (State/County)	Number of Cases		Additional Cases (e.g. Among Travelers)
	2025 (N=26)	2026 (N=39)	
Washington	Total: 12	Total: 26	9 additional cases among travelers to Washington (King and Snohomish Counties) in 2025. 1 traveler in 2026 (King).
King	7		
Snohomish	2	14	
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	

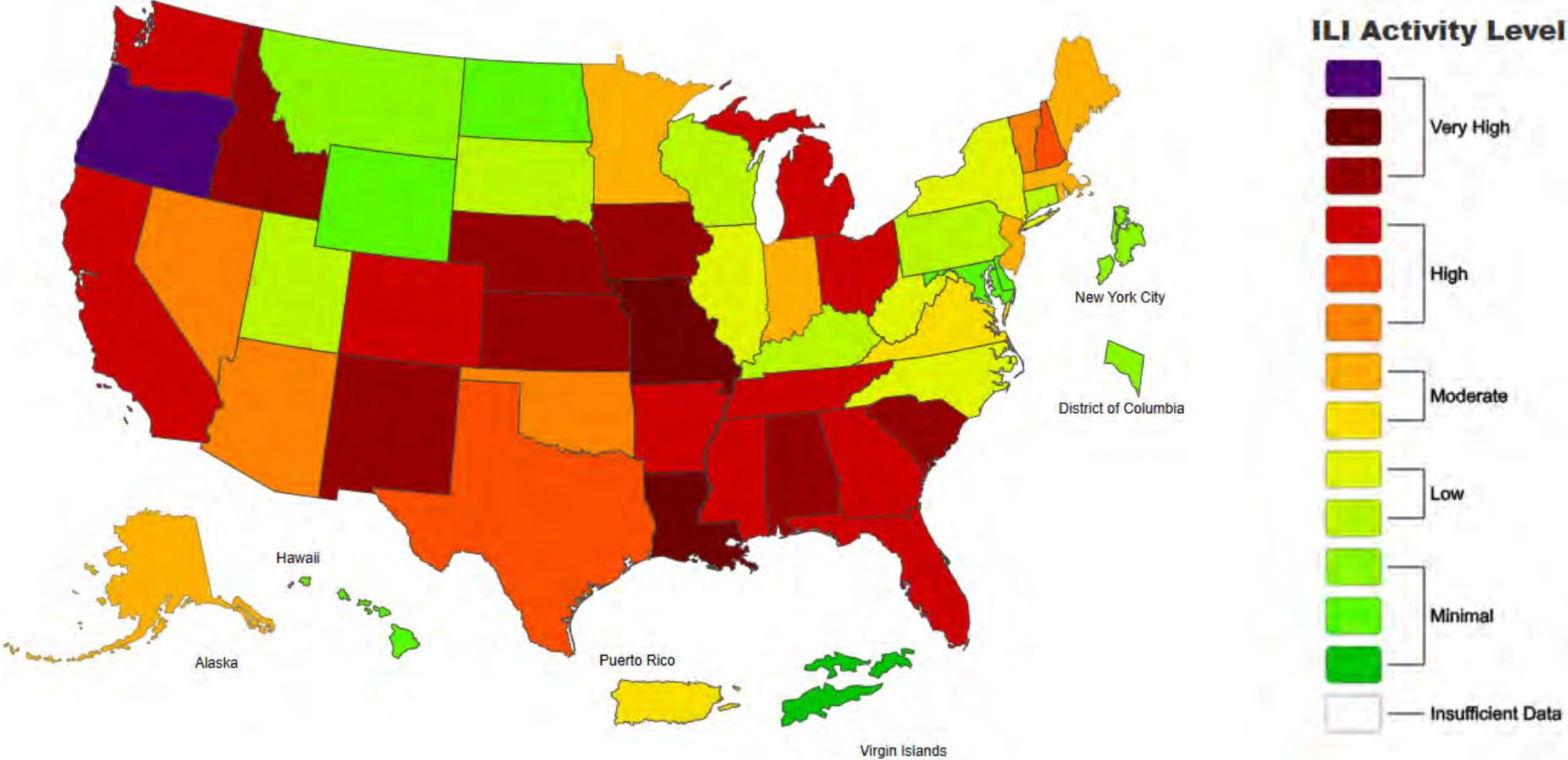
Percentage of Outpatients Visits for Influenza-like Illness (ILI) — United States, 2025-26 (through 2/14/26)



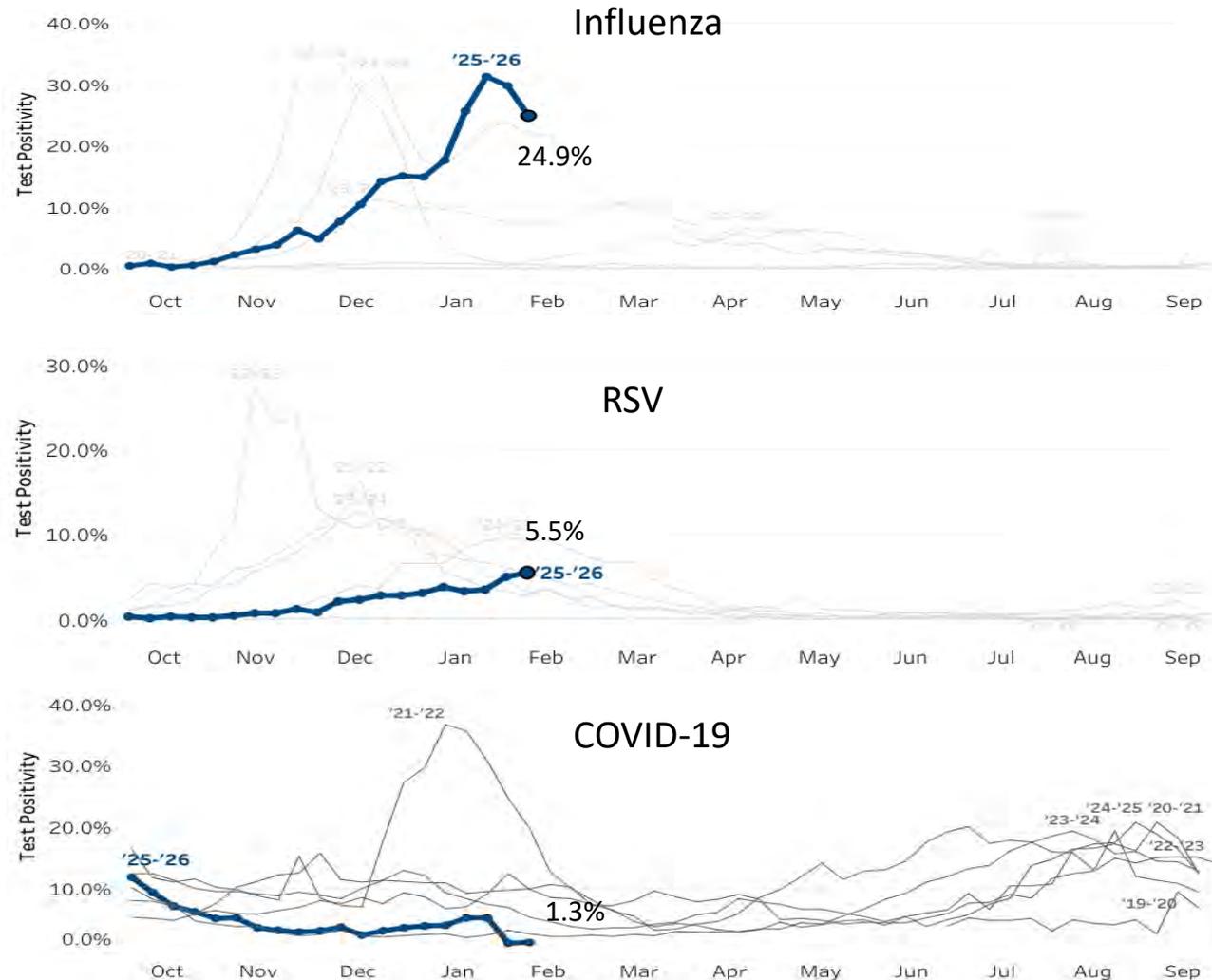
Percentage of Weekly Outpatient Visits for Influenza-Like Illness (ILI) — IHS, 2025-26 (through 2/14/26)



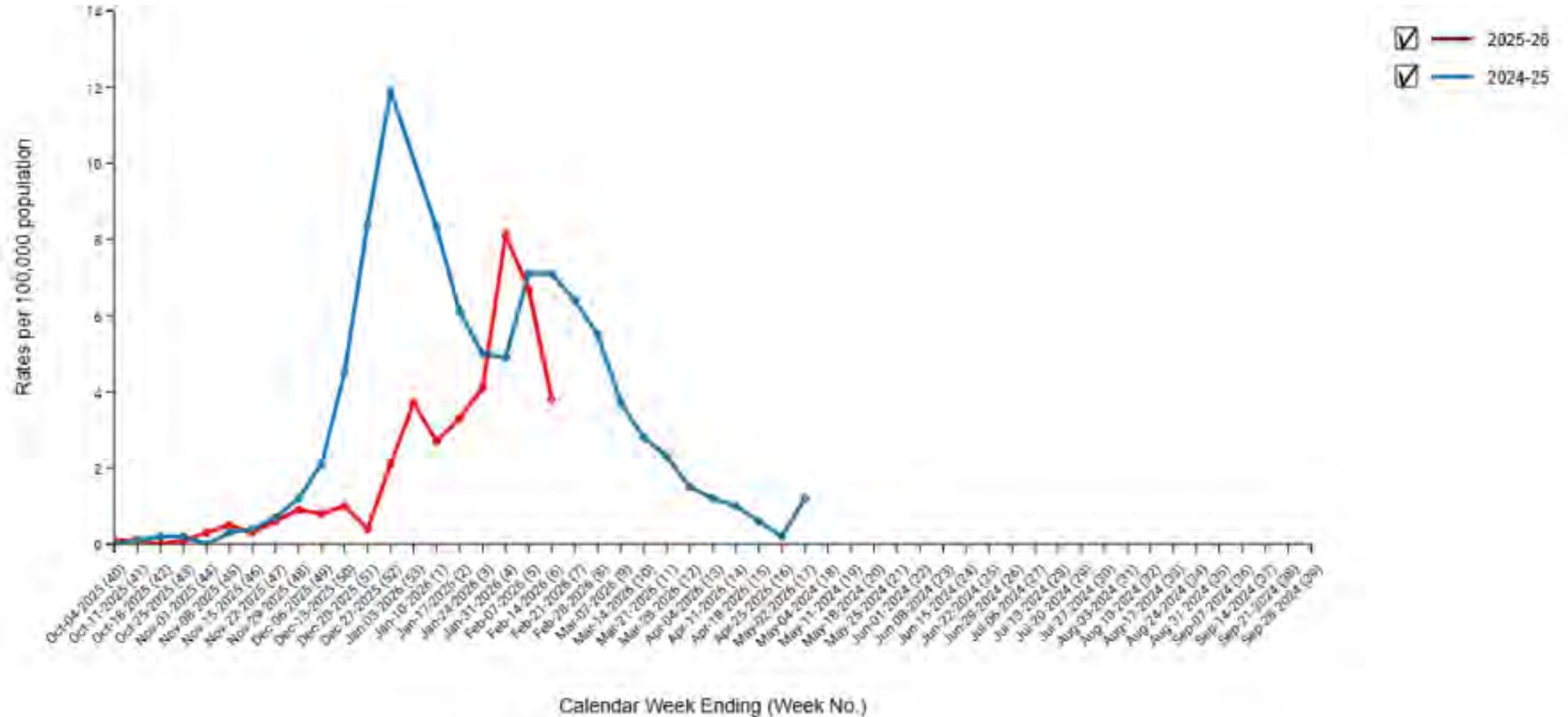
ILI Activity — United States, 2025-26 (week ending 2/14/26)



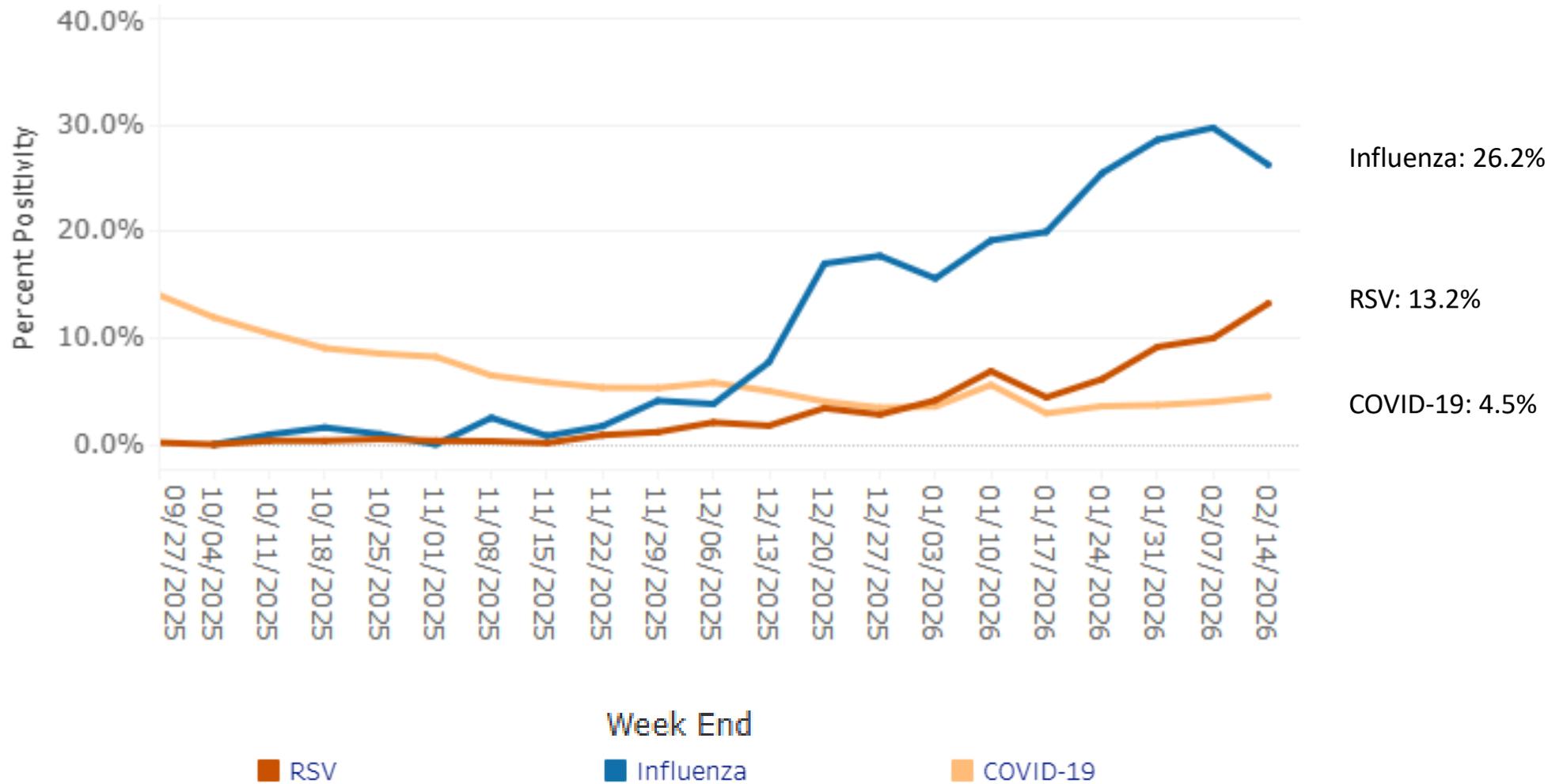
Percent of Tests Positive for Influenza, RSV, and COVID-19 — Oregon, 2025-26 (through 2/14/26)



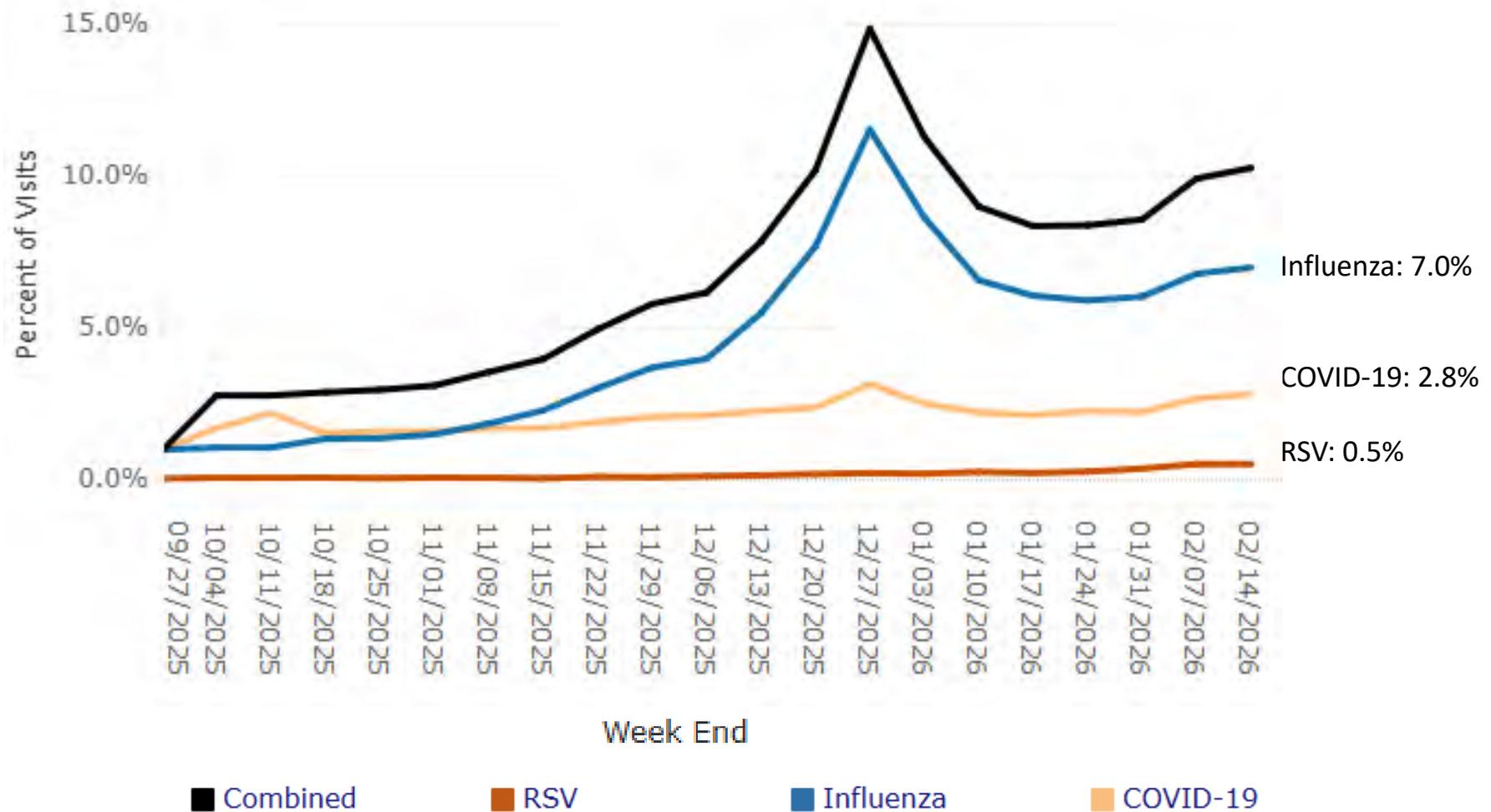
Weekly Hospitalization Rate Associated with Influenza — Oregon, 2024-26 (through 2/14/26)



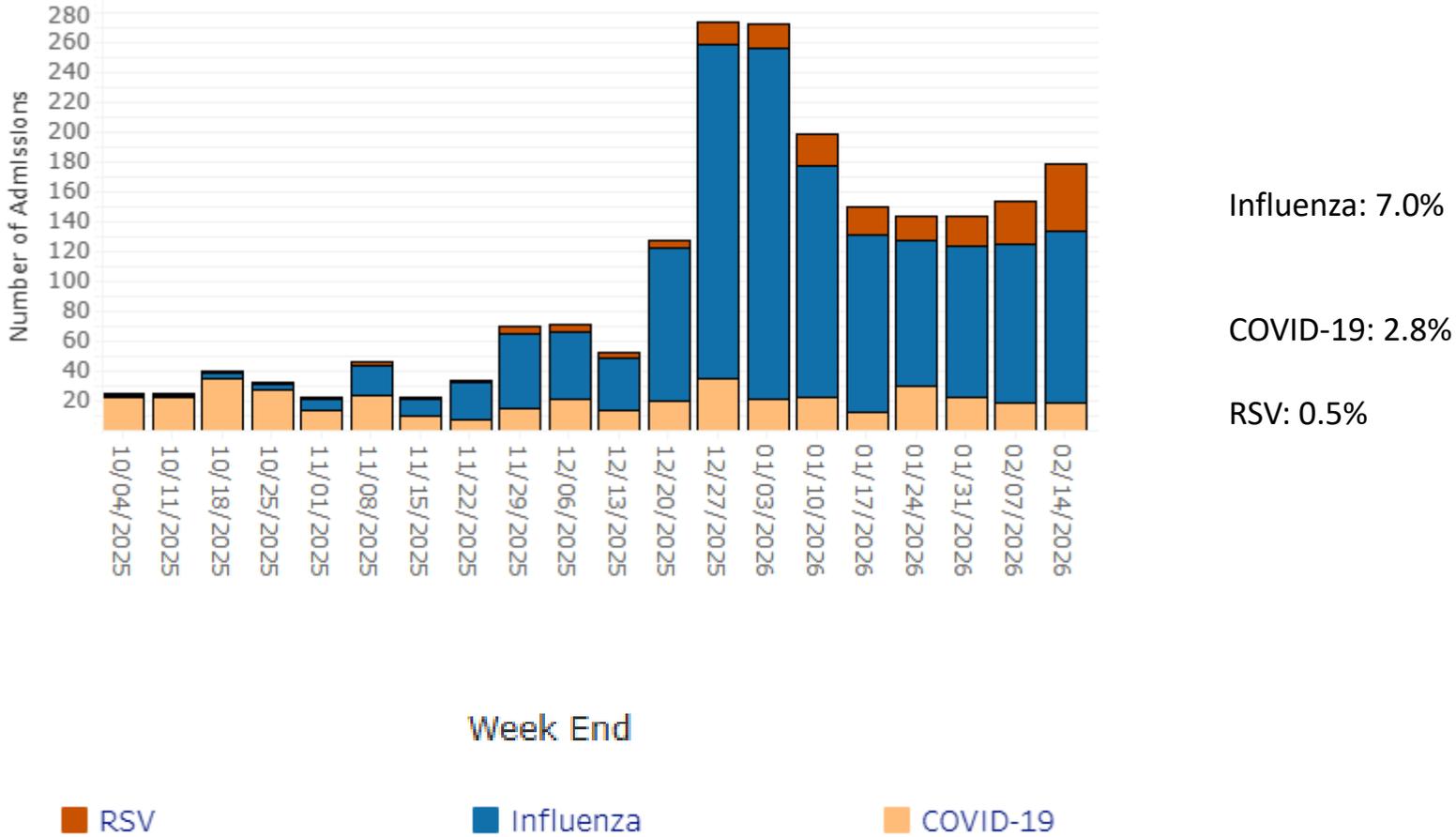
Percent of Tests Positive for Influenza, RSV, and COVID-19 — Idaho, 2025-26 (through 2/14/26)



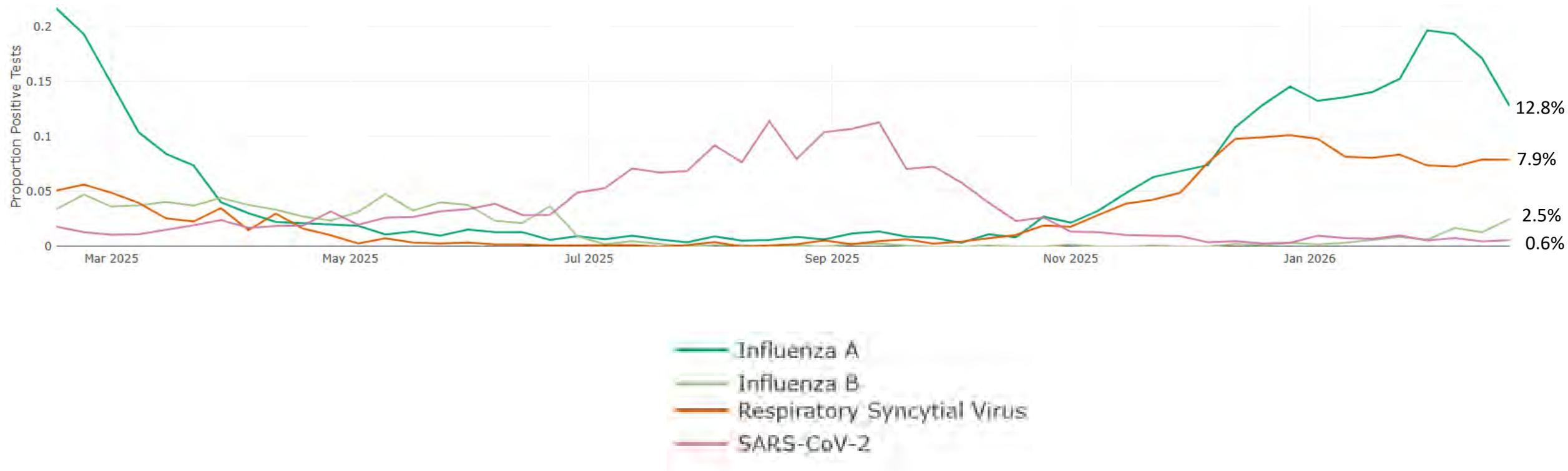
Percent of Healthcare Visits for Influenza, COVID-19 and RSV — Idaho, 2025-26 (through 2/14/26)



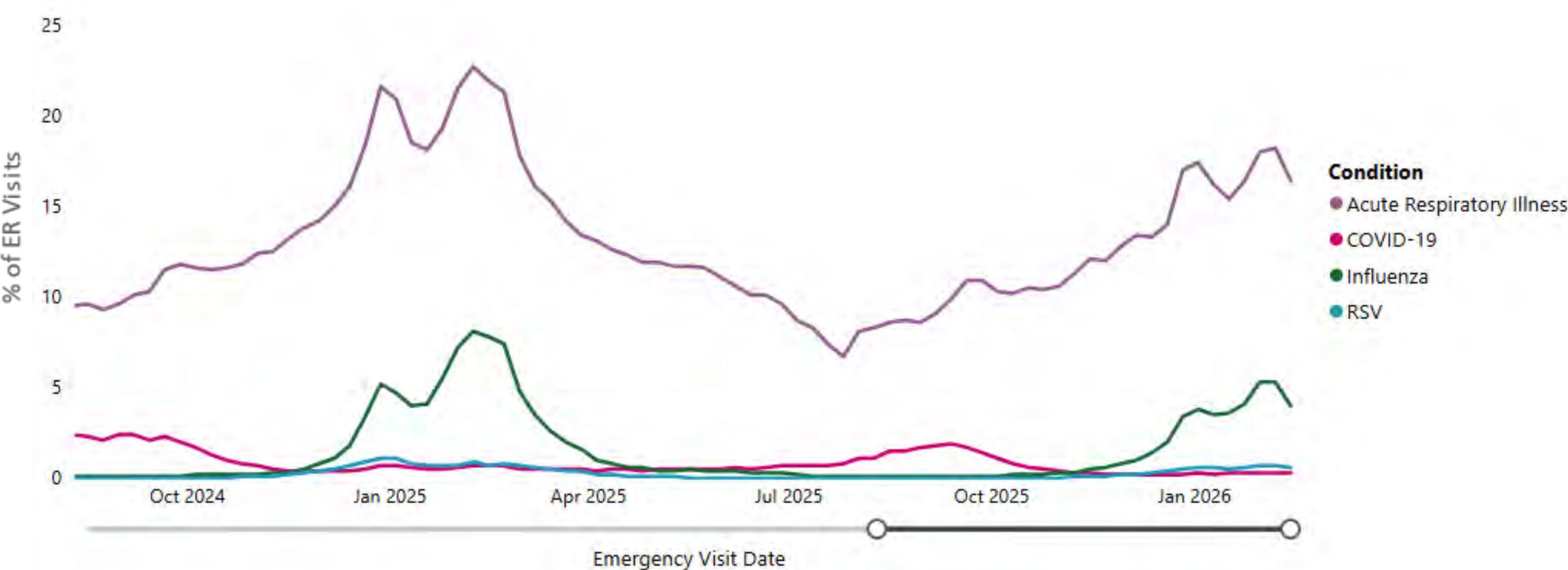
Number of Weekly Hospitalizations Associated with Influenza, COVID-19 and RSV — Idaho, 2025-26 (through 2/14/26)



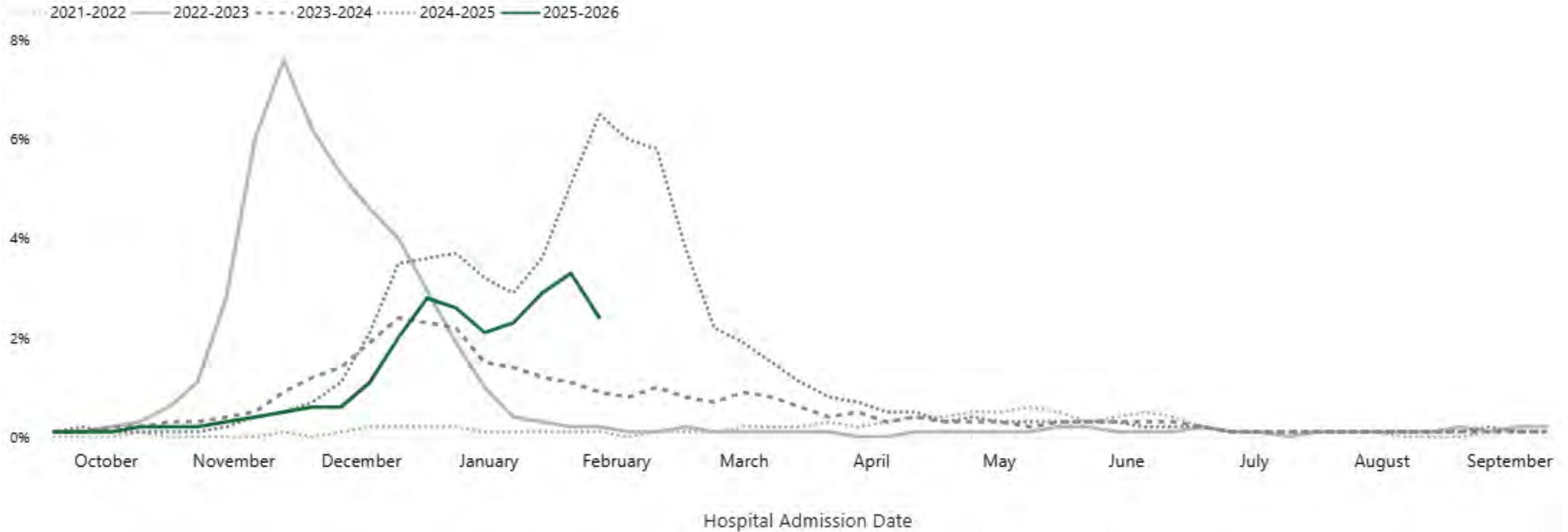
Proportion of Tests Positive for COVID-19, Influenza and RSV in the Northwest — University of Washington and Seattle Children’s Hospital, 2025-26 (through 2/21)



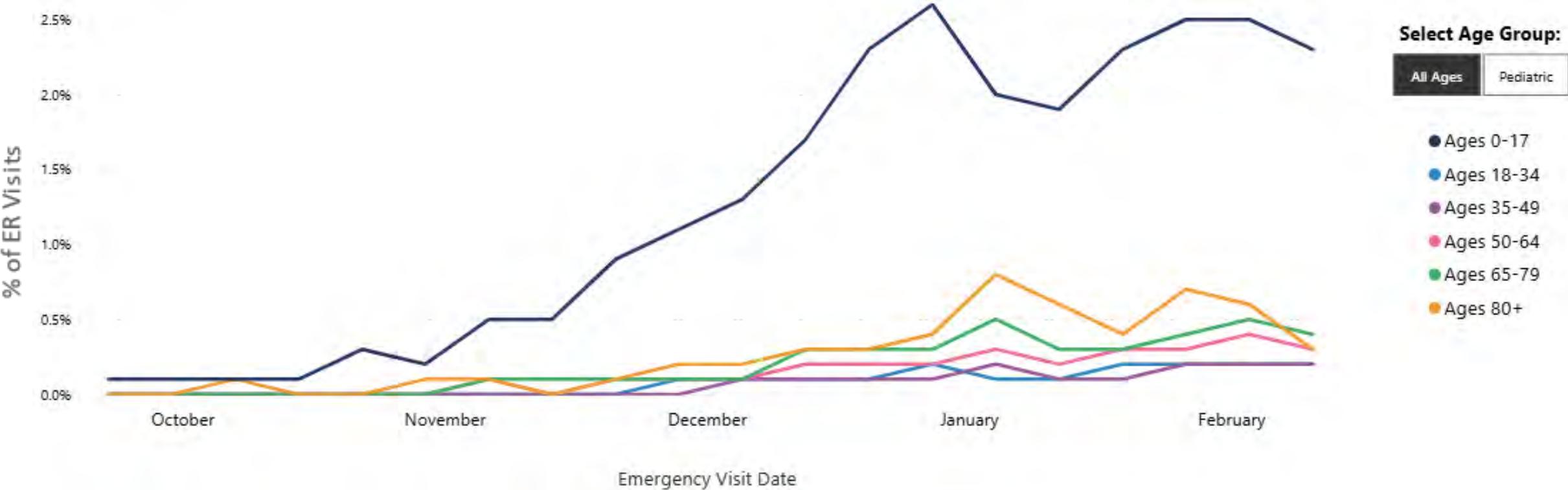
Percent of Emergency Room Visits for Acute Respiratory Illness, Influenza, RSV, and COVID-19 — Washington, 2024-26 (through 2/14/26)



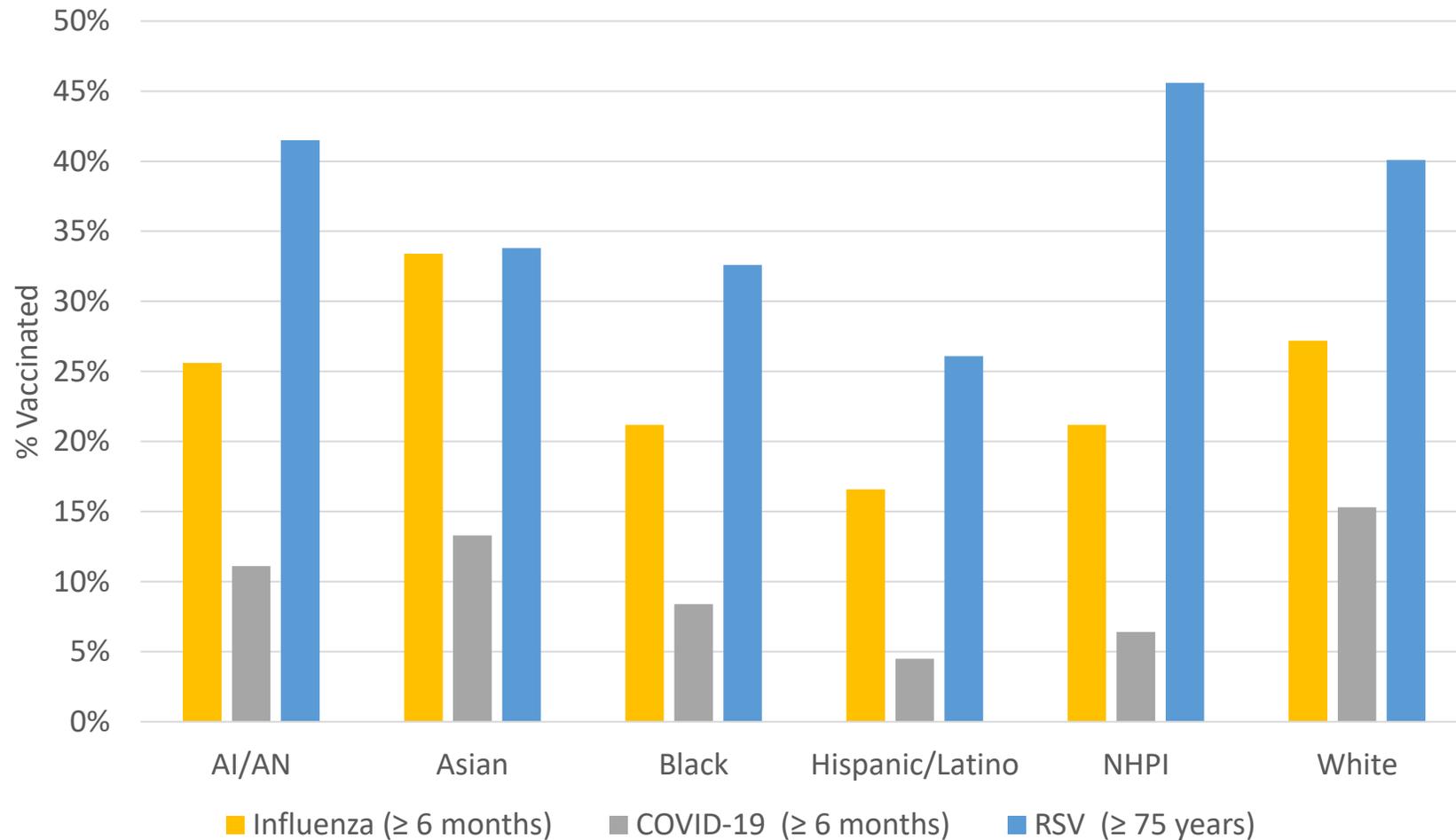
Percent of Hospitalizations for Influenza — Washington, 2025-26 (through 2/14/26)



Percent of Emergency Room Visits Associated with RSV by Age — Washington, 2025-26 (through 2/14/26)



Percent of People Vaccinated for Influenza, COVID-19 and RSV by Race/Ethnicity — Washington State , 2025-26 (through 2/16/26)



Summary

- Measles: Portland Area, 2026
 - Washington (N=26)
 - Outbreak in Snohomish County, now with 14 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 Oregon and Idaho and high in Washington.
 - The % of tests positive for influenza remains high, though has started to decrease in all 3 states. The % of influenza-associated healthcare visits and hospitalizations continues to increase in Idaho.
 - There have been 71 children with influenza-related deaths in the U.S. already this season. CDC's estimates there have been at least 20,000 deaths overall, though possibly up to 66,000.
- RSV: The % of tests positive for RSV is increasing in Idaho and Oregon and remains elevated for Washington. RSV-associated hospitalizations are increasing in ID. In WA, in children < 5 years-old, the % of ER visits associated with RSV remains elevated.
- 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 2/16): Influenza, 25.6%; COVID-19, 11.1%; RSV (age 75+), 41.5%].

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).

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.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 Schaefer, Elder and Crow Tribal Member



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 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, Nantopahuk, Doctor, DHA



Vaccination information for Natives by Natives

How Vaccines Work

Within our bodies, each of us has warrior cells that stand guard and attack diseases. Vaccines help our warrior cells see and fight disease. For example, when we get the flu shot, the ingredients in the shot tell our warrior cells how to recognize and fight the flu. That is why if you get a flu shot, you are less likely to get sick with the flu. Getting vaccinated can also reduce the seriousness of illness if you happen to get sick.

“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 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 Anishewat, M.D., U.S. Army (Retired), 139th Detachment, 78th Medical Detachment, Family Medicine Physician



Vaccination information for Natives by Natives

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.

“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 Provider and Family Medicine, 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.

How to Protect Yourself

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

How the Shots Work

Within our bodies, each of us has warrior cells that stand guard and attack diseases. When we get the COVID-19 shots, the ingredients tell our warrior cells how to recognize and fight COVID-19. That is why if you get the COVID-19 vaccine series and get boosted, you are less likely to get sick with COVID-19. It can also reduce the seriousness of illness if you happen to get sick.

Shot Side Effects

You may experience side effects from the COVID-19 shots. This does not mean you are getting sick with COVID-19. Most side effects are mild and go away within a few days. Mild side effects are a good sign that your warrior cells are preparing to recognize and fight COVID-19.

Common side effects of the COVID-19 shots include:

- Soreness, redness, or swelling where you got the shot
- Headache
- Fatigue
- Muscle aches

Shot Safety

Millions of Americans have safely received the COVID-19 shots. This includes American Indians and Alaska Natives. Like all vaccines in the U.S., the COVID-19 shots are monitored for safety.

Where to Get Vaccinated

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

Vaccines Protect You and Baby During Pregnancy

When you get vaccinated during pregnancy and your warrior cells learn to recognize and fight a particular illness, this information gets shared with your unborn baby. However, the protection offered to your baby starts to fade in the weeks and months after birth. That's why it's important to talk with your health provider about what vaccines both you and your newborn need to stay healthy.

Vaccines to Get When You're Pregnant

Several vaccines are recommended for pregnant people. These include:

- Tdap (whooping cough) vaccine
- Flu vaccine
- COVID-19 vaccine

Depending on your history, you and your doctor may decide that you need additional vaccines.

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

— Tami Eagle Staff, Misicoupa & Ogilala Lakota, Northern Anasazi, and Northern Cheyenne, Project Manager at the Northwest Portland Area Indian Health Board

Who Should Get Vaccinated

Whooping Cough (DTP/DTaP)	Elders (60+), 4-6, and 6 mos. AND 15 to 18 mos. and 4 to 6 years old
Pneumonia	Elders (60+), 4-6, and 6 mos. AND 15 to 18 mos. and 4 to 6 years old
RSV	Elders (60+), 4-6, and 6 mos. AND 15 to 18 mos. and 4 to 6 years old
COVID-19 & Flu	Everyone 6 mos. and older every year

Where to Get Vaccinated

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

Additional Information

For additional information, check out www.IndianCountryEcho.org/Vaccinative. For questions, contact us at Vaccinative@ipeahb.org.

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



Protecting Your Kids from Respiratory Illnesses

Respiratory illnesses like whooping cough, pneumonia, flu, RSV, and COVID-19 can be seriously dangerous for kids.

Who Should Get Vaccinated

Whooping Cough (DTP/DTaP)	Elders (60+), 4-6, and 6 mos. AND 15 to 18 mos. and 4 to 6 years old
Pneumonia	Elders (60+), 4-6, and 6 mos. AND 15 to 18 mos. and 4 to 6 years old
RSV	Elders (60+), 4-6, and 6 mos. AND 15 to 18 mos. and 4 to 6 years old
COVID-19 & Flu	Everyone 6 mos. and older every year

Why Every Year?

COVID-19 and flu quickly change how they look. We need updated vaccines, so our bodies know how to fight these diseases.

Vaccines are Safe

Series vaccines are safe. People are more likely to get sick by ignoring them. There is some strength in numbers to stay healthy.

Don't Have Progress

The price of vaccines will not change. Making vaccines more affordable for everyone is our goal.

Learn more: www.IndianCountryEcho.org/Vaccinative



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.



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.

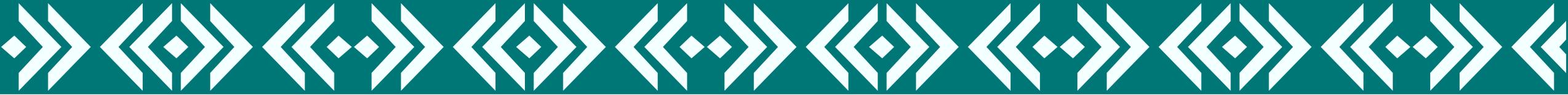


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Scan code for more information.







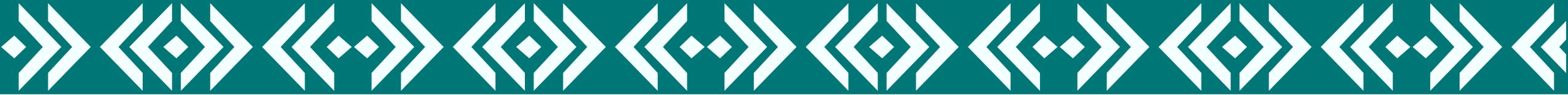
Partner Updates: WA DOH

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