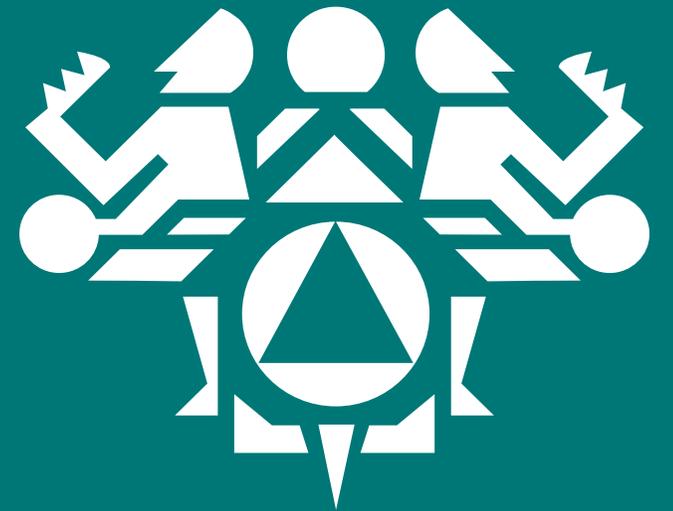


# NPAIHB

# Weekly Update

March 3, 2026

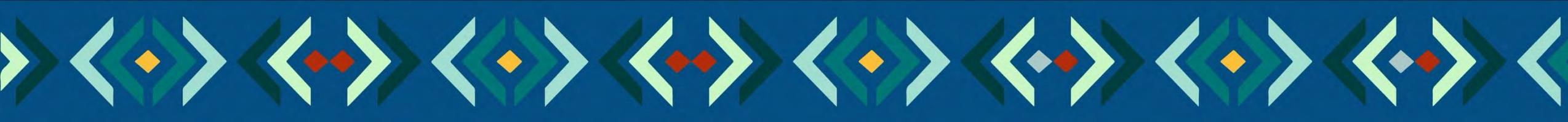




# Agenda

- Welcome & Introduction: Bridget Canniff
- NPAIHB Announcements, Events, & Resources
- NARCH Summer Research Training Institute: Dr. Tom Becker
- Communicable Diseases Updates: Dr. Tara Perti, PAIHS  
& Kacey Little, NPAIHB
- WA DOH Updates: Rosalinda Fivekiller, Jessica Haag, Emily Laskowski  
& Amanda Tjemsland
- Questions & Comments

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



# Northwest Tribal Public Health Emergency Preparedness Conference & Training

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

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

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

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

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



# Upcoming Indian Country ECHO Telehealth Opportunities

- **Harm Reduction ECHO** - 1<sup>st</sup> Tuesday of every month at 12pm PT
  - Tuesday, March 3<sup>rd</sup> at 12pm PT
  - To Join via Zoom: <https://echo.zoom.us/j/99009428799?pwd=TFVRa1FPSDU5M2lvTTNwbGo3ZjdyZz09>
- **EMS ECHO** - 1<sup>st</sup> Tuesday & 3<sup>rd</sup> Thursday of every month at 5pm PT
  - Tuesday, March 3<sup>rd</sup> 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=SXlINlpJa0Vta1R1c28xcUh5V1dlUT09>
- **Hepatitis C ECHO** – 1<sup>st</sup>, 3<sup>rd</sup> & 4<sup>th</sup> Wednesday of every month at 11am PT
  - Wednesday, March 4<sup>th</sup> at 11am PT
  - Didactic Topic: *Long-Acting Injectable HIV PrEP*
  - To join via Zoom: <https://echo.zoom.us/j/537117924?pwd=OEExbERmK2pSUFFsMzV1SmVpb3g3dz09>
- **Substance Use Disorder (SUD) ECHO** – 1<sup>st</sup> Thursday of every month at 11am PT
  - Thursday, March 5<sup>th</sup> at 11am PT
  - To join via Zoom: <https://echo.zoom.us/j/806554798?pwd=WVQyUFJnYkR3SXBjcUdlemRnNmZ6Zz09>

# QBM April 28 – 30, 2026

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**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](#)



# NPAIHB Weekly Update Schedule

- March 10: NPAIHB Program Updates & Communicable Diseases Updates
- March 17: N CREW Research Topic: Indigenous Evaluation Methods
- March 24: TBD
- March 31: Legislative & Policy Updates





# NW NARCH

Northwest Native American  
Research Center for Health

Dr. Tom Becker

# NW Native American Research Center for Health (NARCH)

- Key participants: Warren-Mears, Craig-Rushing, Thomas, Cunningham, C. Ghost Dog, McGeshick, Fassler, Becker, and multiple consultant faculty
- Current projects:
  - Cancer prevention and control fellowships
  - Graduate school fellowships
  - Summer Research training institute
  - Data science seminars
  - High school public health academy
- Pending: additional training grants in sciences and First Responder grant
- Preparing now: new career development scholarship grant for tribal students in the sciences

# NARCH Options for Delegates & Tribal Staff

- Summer research training program will be held in June in Portland; some of our week-long classes may be of interest to you or to people in your offices (examples: grant writing, grant management)
- Announcements of courses and dates and times of the courses to be sent out soon...we are juggling instructor schedules now
- Most classes will be in person

# Summer Research TRAINING INSTITUTE

for American Indian and Alaska Native Health Professionals and Students



The Summer Research Training Institute (SRTI) is a program designed for health professionals and students interested in Native health research. Each week features short, skill-building courses in research methods, data science, and project implementation.

 June 8-19, 2026

 9AM-4:30PM

 Portland, Oregon

Register Now



Deadline to register: 5/1/26  
<https://cvent.me/P81e9D>

Register here:

<https://cvent.me/P81e9D>

[Download the SRTI  
Brochure](#)

## SPONSORS

National Institutes of Health under Award Number 1S06GM141002  
Northwest Portland Area Indian Health Board  
Native American Research Center for Health





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](http://www.npaihb.org/nw-narch)



NPAIHB

NIGMS Under Award Number 1S06GM141002

[www.npaihb.org/nw-narch](http://www.npaihb.org/nw-narch)



Partner Updates:  
Portland Area  
Indian Health Service

# Portland Area IHS Communicable Diseases Update

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

KACEY LITTLE, MPH  
BIostatistician  
NORTHWEST TRIBAL EPIDEMIOLOGY CENTER  
NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

March 3, 2026



# Outline

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- Measles
- Influenza, RSV, and COVID-19





# 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 2<sup>nd</sup> MMR vaccine as soon as eligible (if first dose was MMR, then 2<sup>nd</sup> dose at least 28 days later; if the first dose was MMRV then 2<sup>nd</sup> dose at least 3 months later).
  - **Clark County: 8 cases. 7 outbreak-associated;** initial case in an adult who traveled out of state. The most recent case, reported on 2/6, 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 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=6)

- **Linn County: 3 cases**. Two cases among unvaccinated individuals with no travel outside Oregon reported on 1/10. (Third case reported in media).
- **Clackamas County: 3 cases**. 1 case in an unvaccinated individual reported on 1/16 with a 2<sup>nd</sup> linked case reported on 1/28.
  - Latest case, with possible public exposure location:
  - Providence Willamette Falls Medical Center ER Waiting Room in Oregon City, 2/25 9:57 PM – 2/26 12:22 AM.
    - Anyone at this location should check their immunization records to see if they are protected from measles and to ensure they get vaccinated if not immune.
    - Anyone at this location should monitor for symptoms through 3/19/26. If symptoms develop, they should call the clinic or hospital ahead to notify them of the need for evaluation for measles.

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

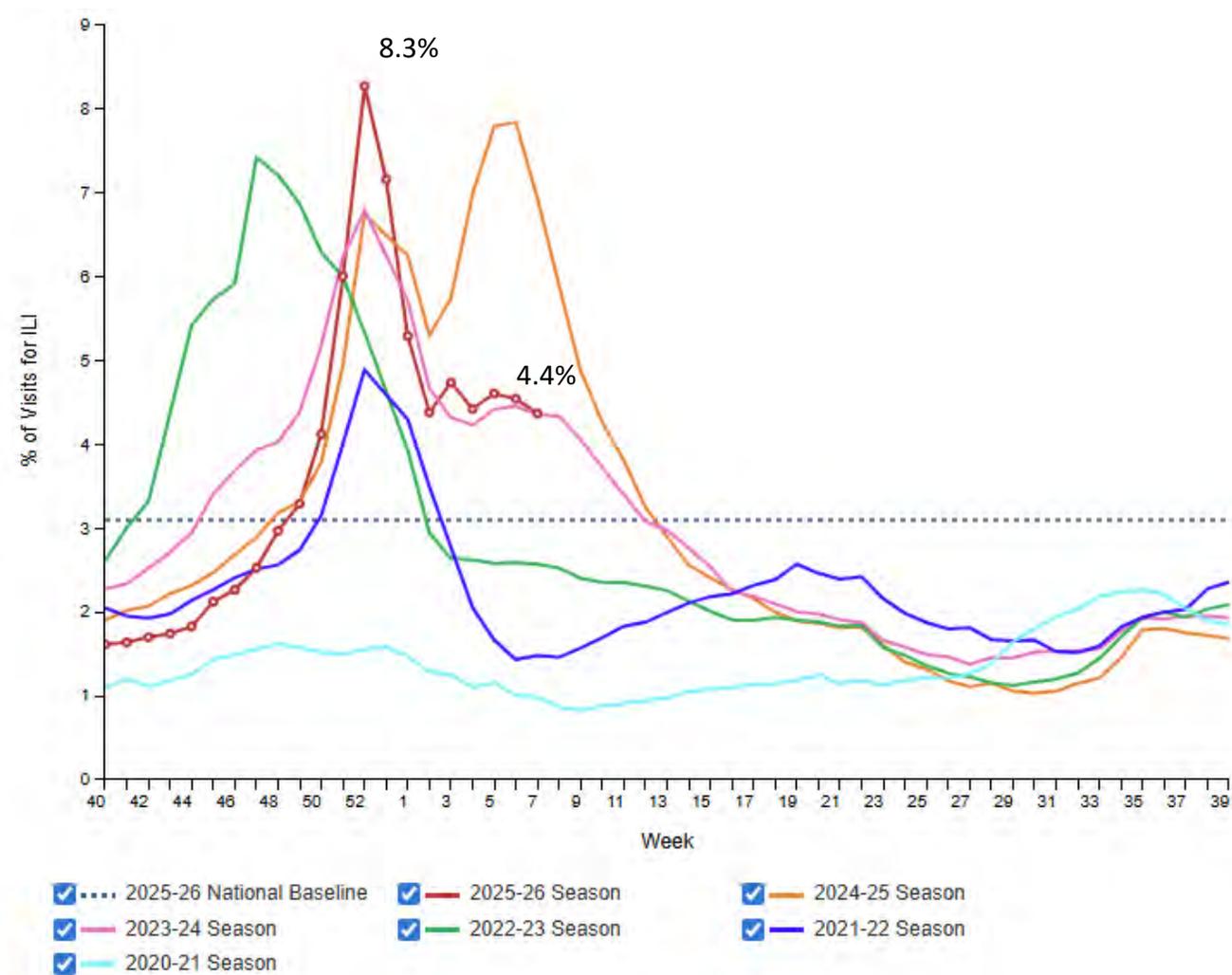
❖ Measles virus detected in wastewater in the past 6 weeks ending 2/21/26:

- Benton, Clackamas, Clatsop, Douglas, Hood River, Jackson, Josephine, Lincoln, Linn, Marion, Morrow, Multnomah, Umatilla, Washington

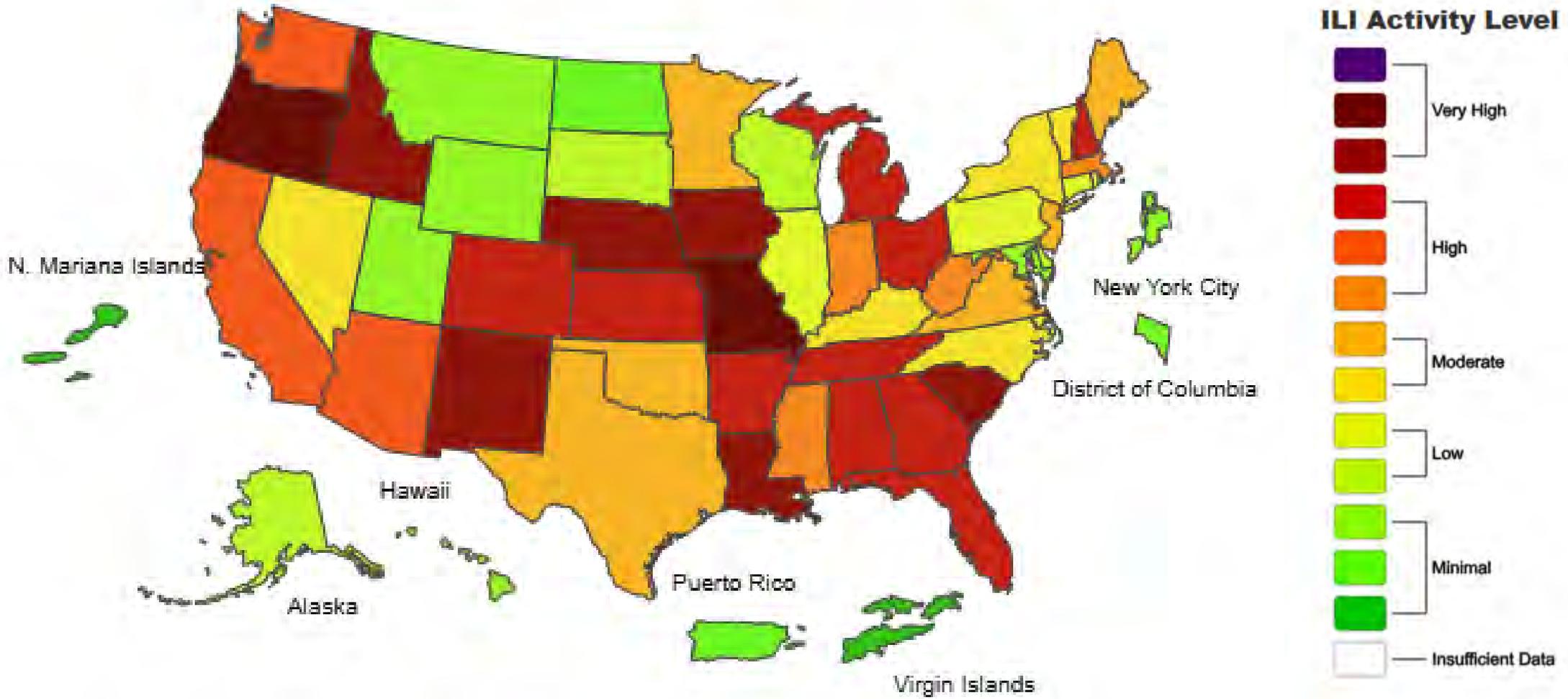
# Measles — Portland Area, 2025-26

Location (State/County)	Number of Cases		Additional Cases (e.g. Among Travelers)
	2025 (N=26)	2026 (N=40)	
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: 6	
Multnomah	1		
Linn		3	
Clackamas		3	
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	

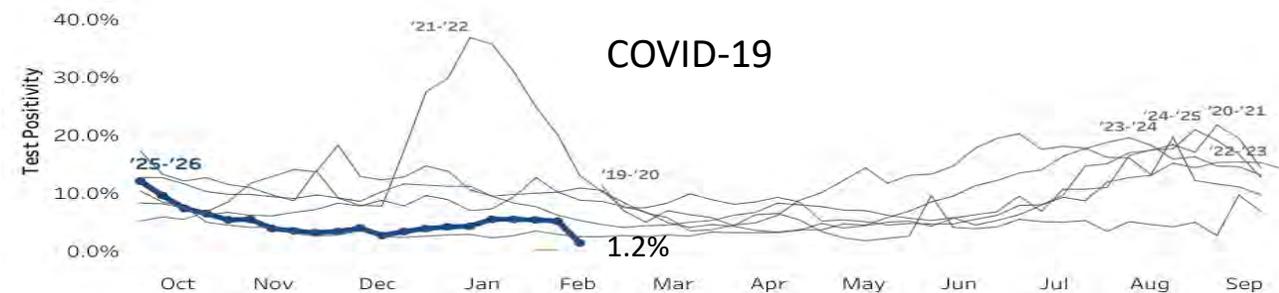
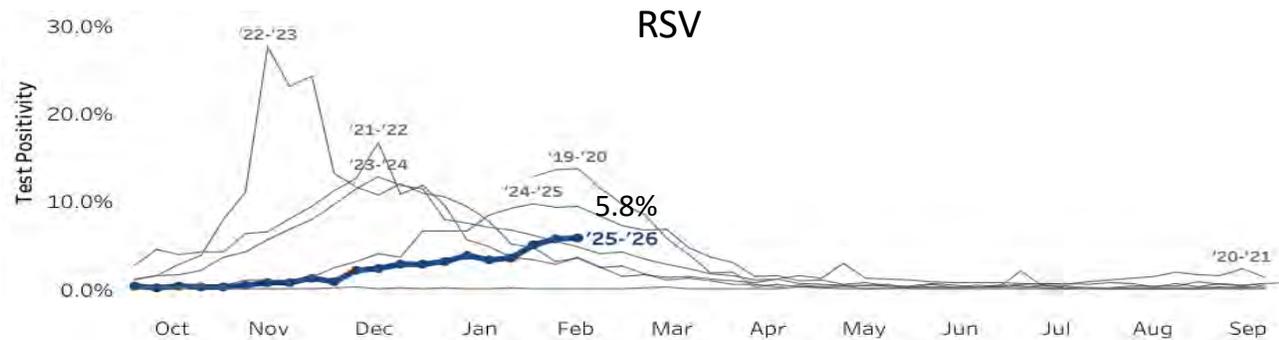
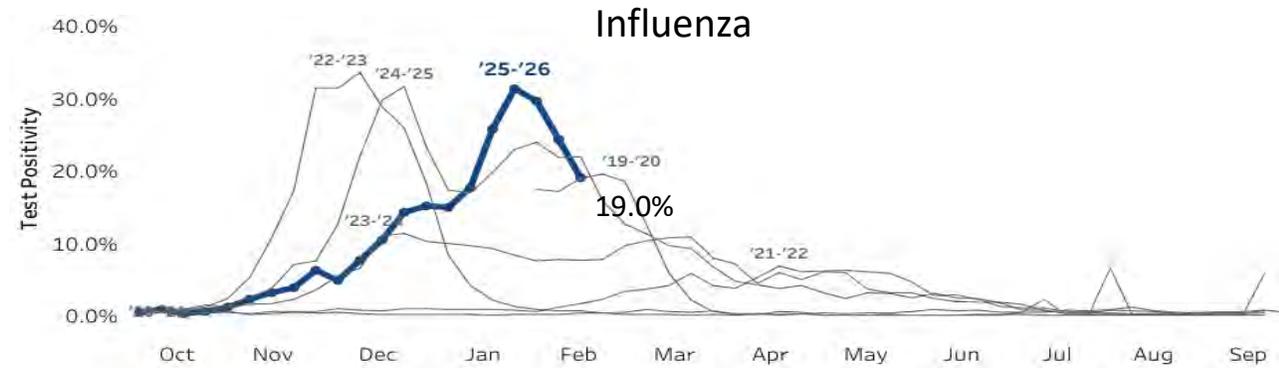
# Percentage of Outpatients Visits for Influenza-like Illness (ILI) — United States, 2025-26 (through 2/21/26)



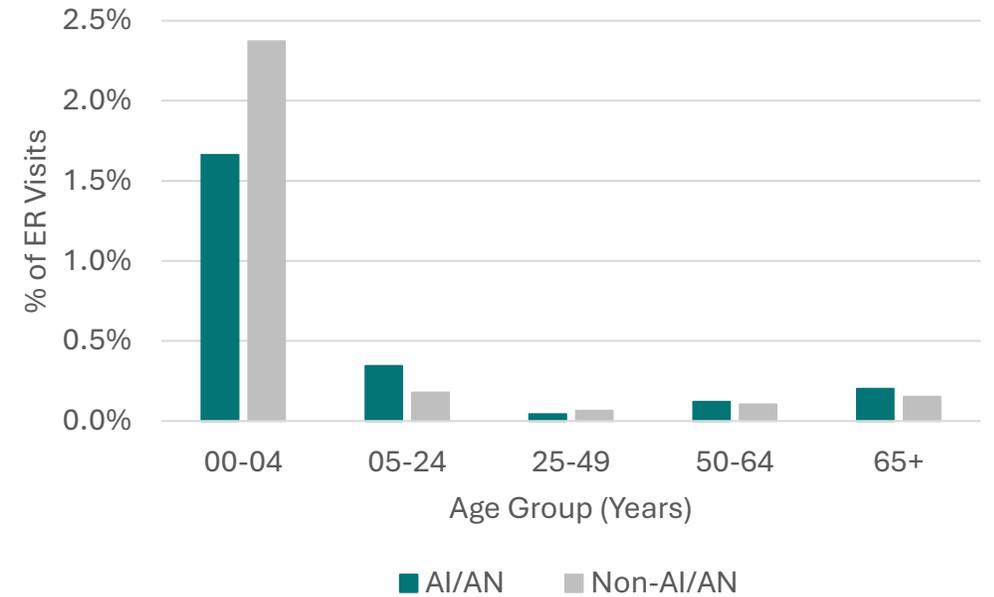
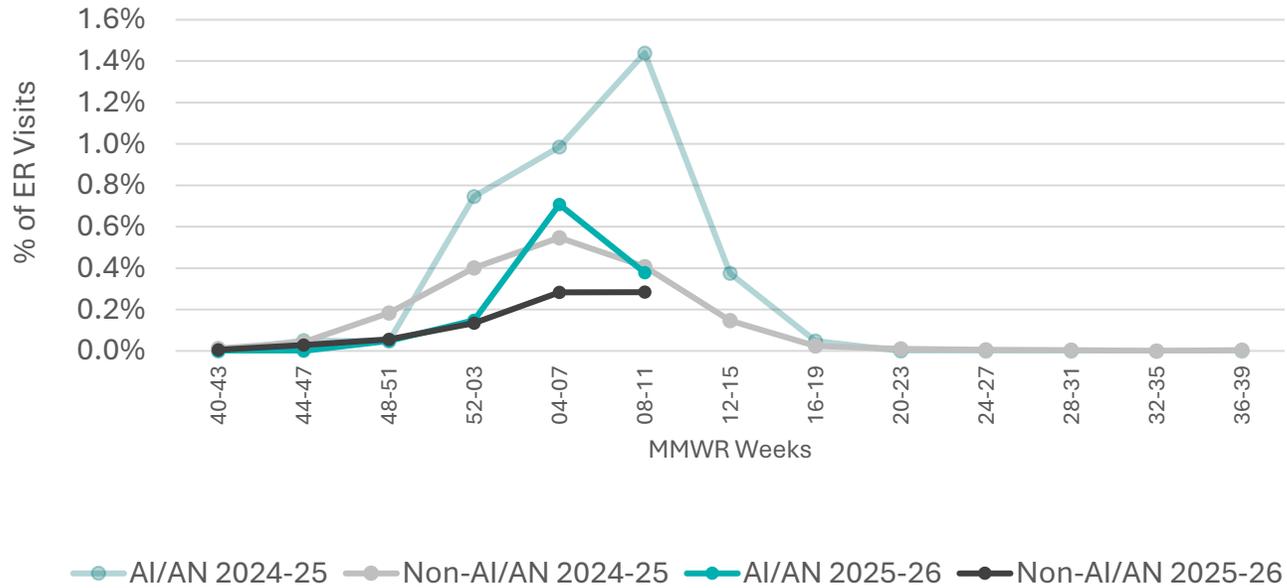
# ILI Activity — United States, 2025-26 (week ending 2/21/26)



# Percent of Tests Positive for Influenza, RSV, and COVID-19 — Oregon, 2025-26 (through 2/21/26)

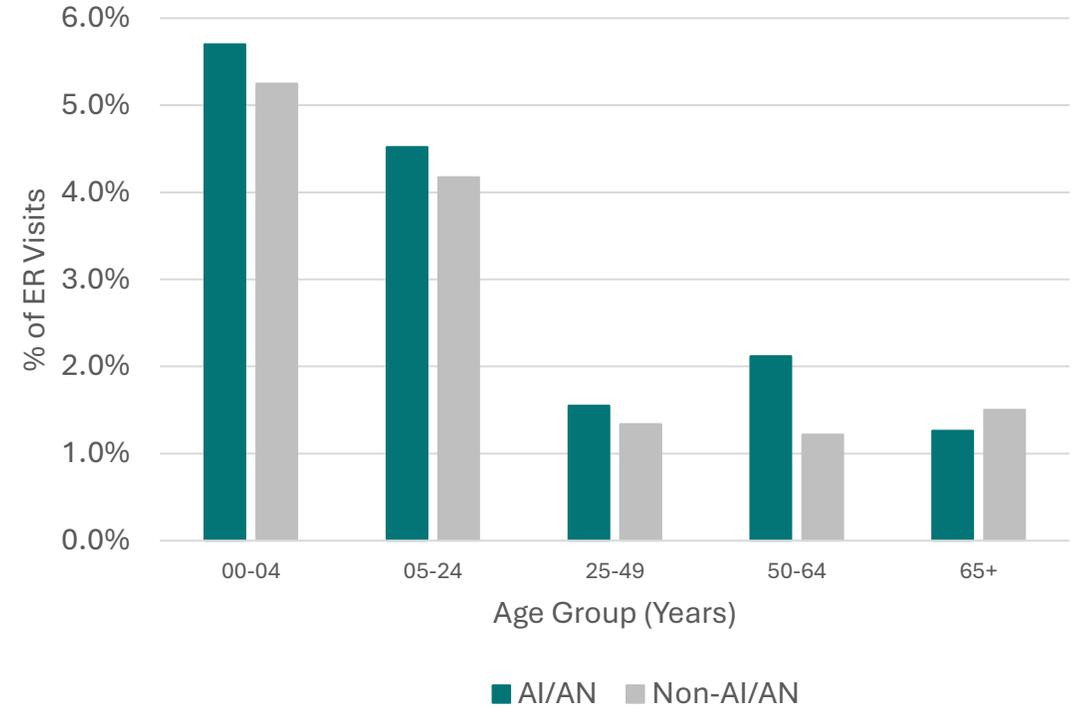
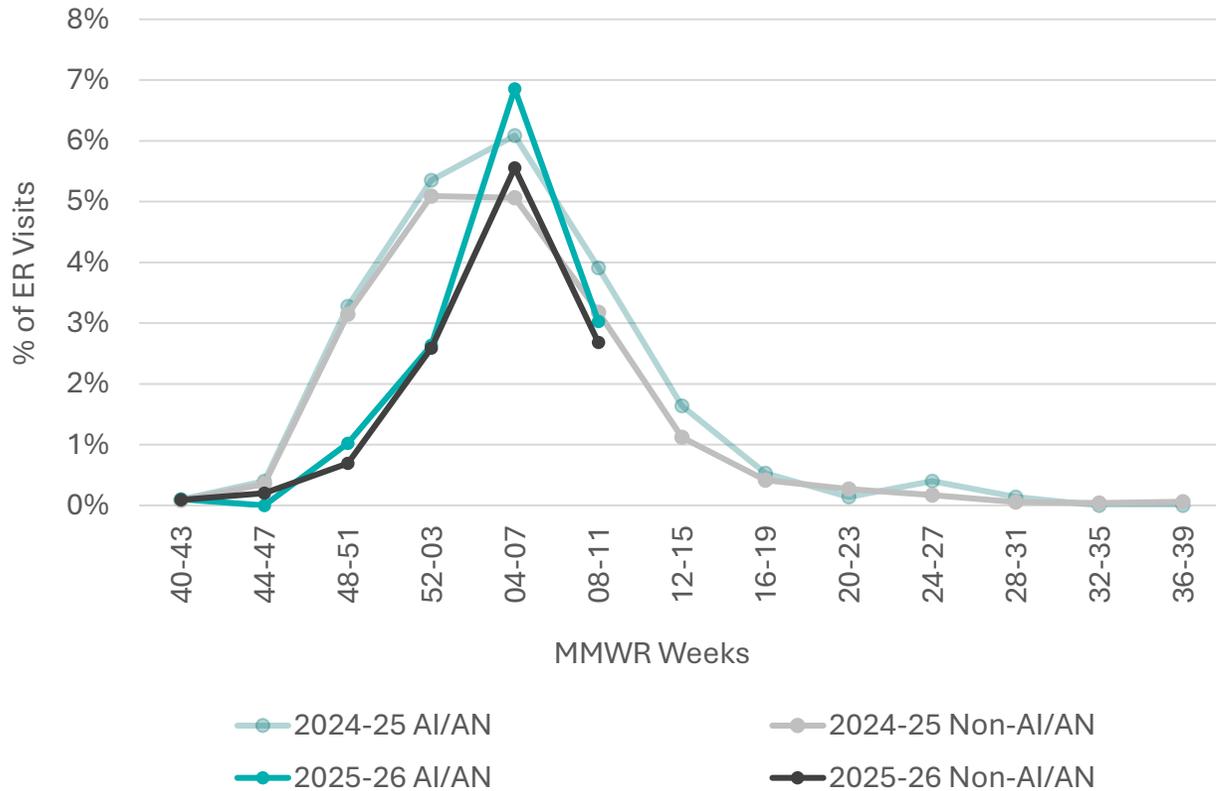


# % ER Visits Associated with RSV, AI/AN vs. non AI/AN — Oregon, 2025-26 (through 2/28/26)



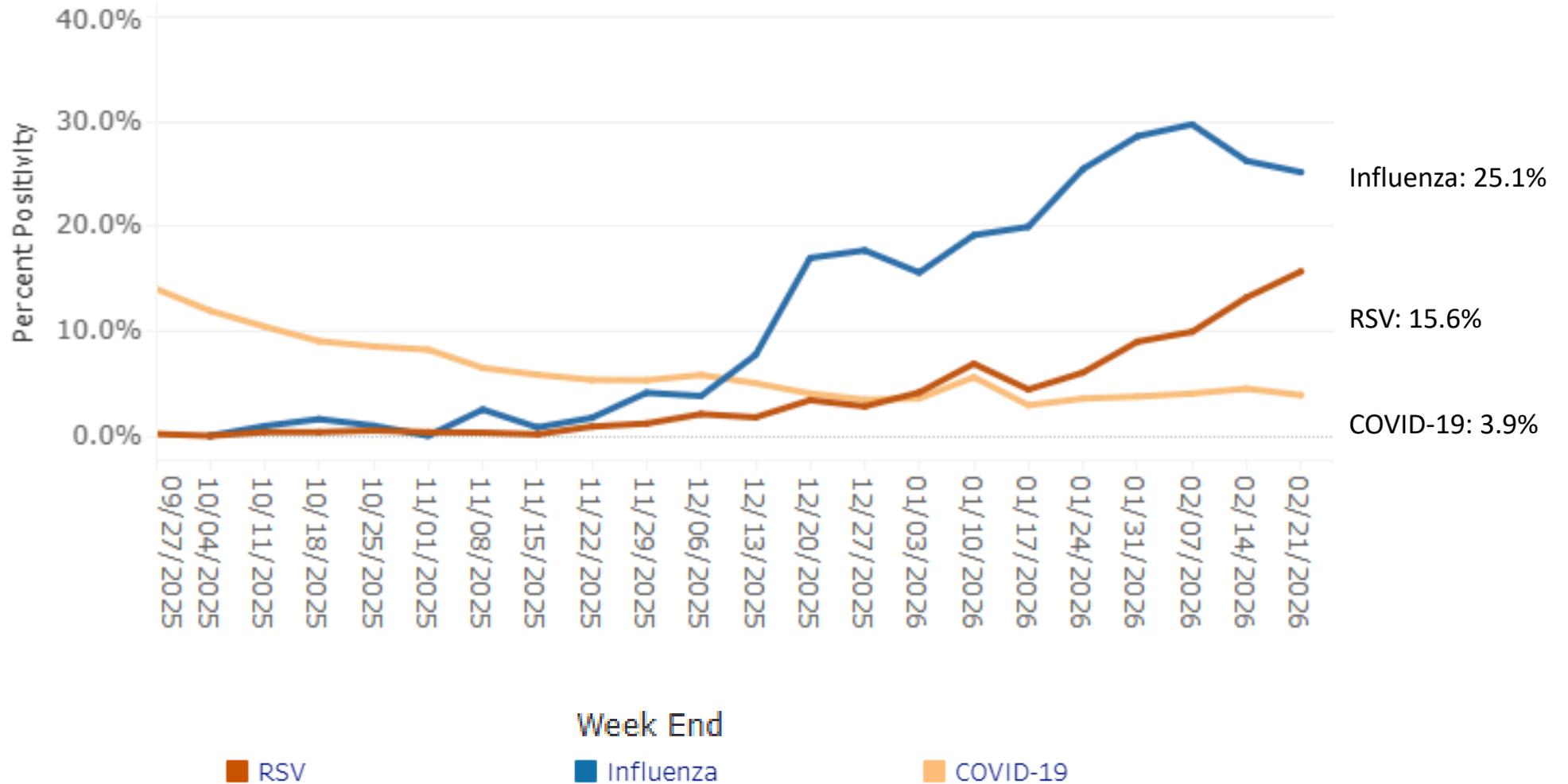
Data Source: ESSENCE.  
 Courtesy Kacey Little, MPH, NPAIHB.

# % ER Visits Associated with Influenza, AI/AN vs. non AI/AN — Oregon, 2025-26 (through 2/28/26)

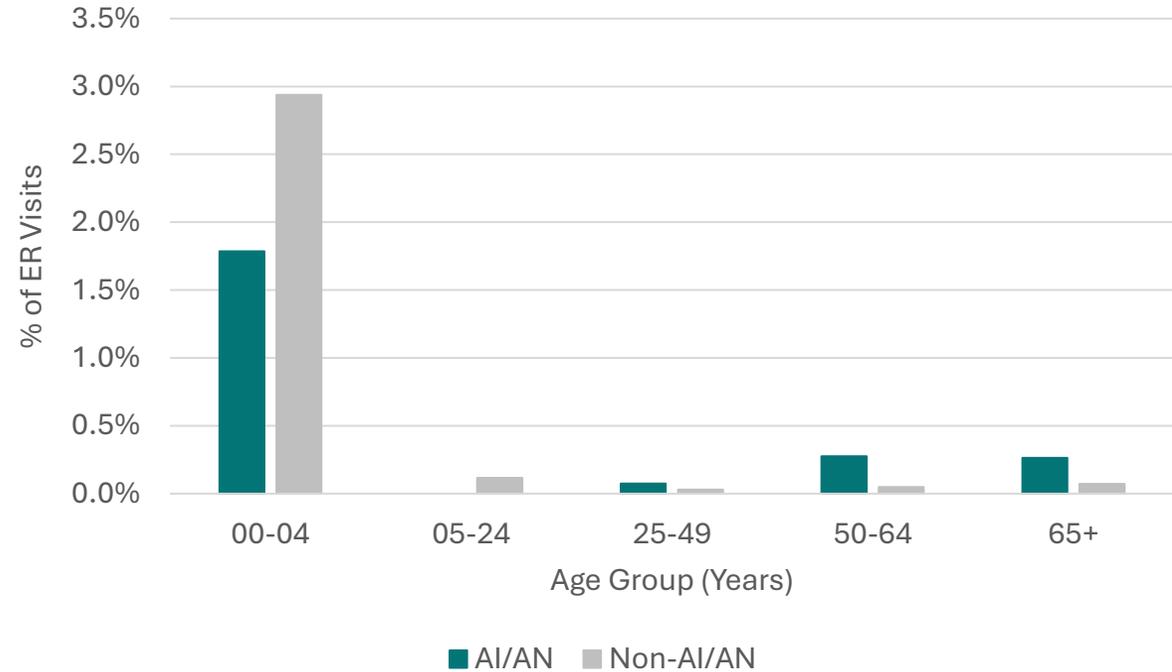
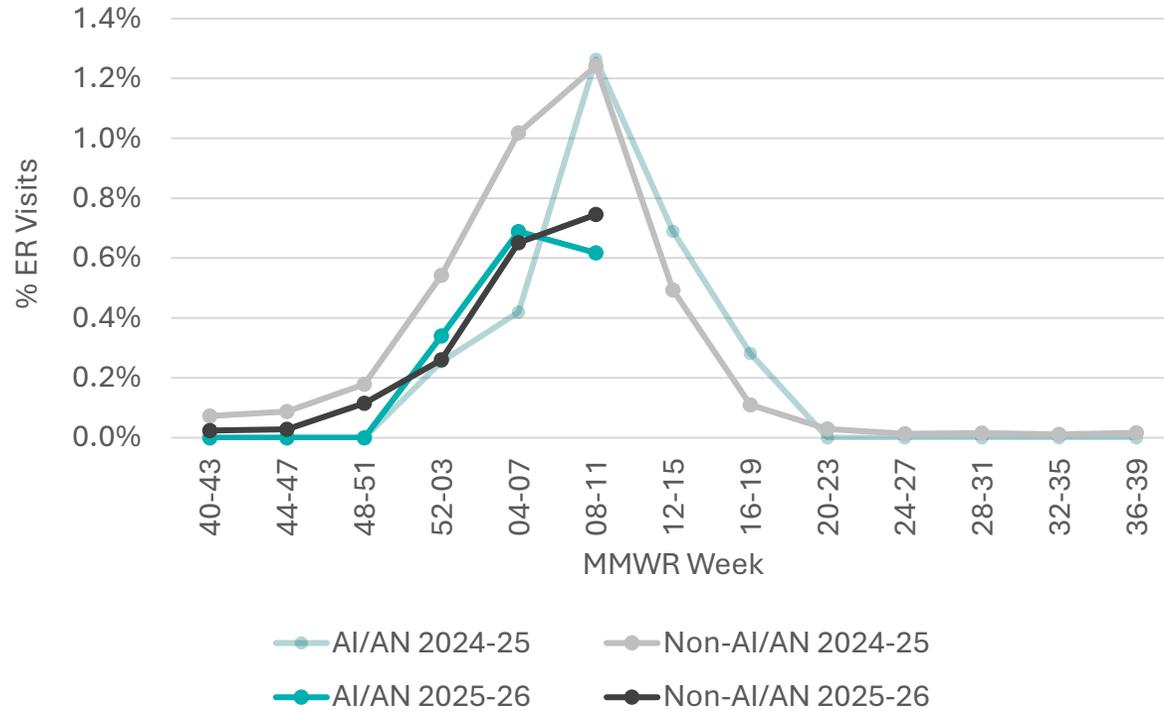


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# Percent of Tests Positive for Influenza, RSV, and COVID-19 — Idaho, 2025-26 (through 2/21/26)

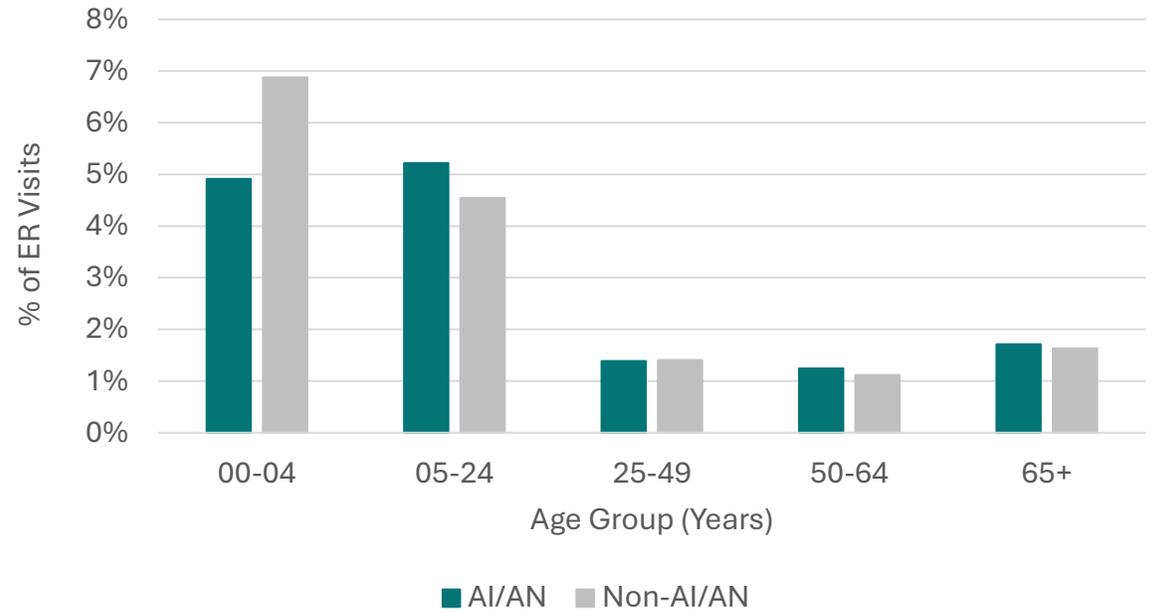
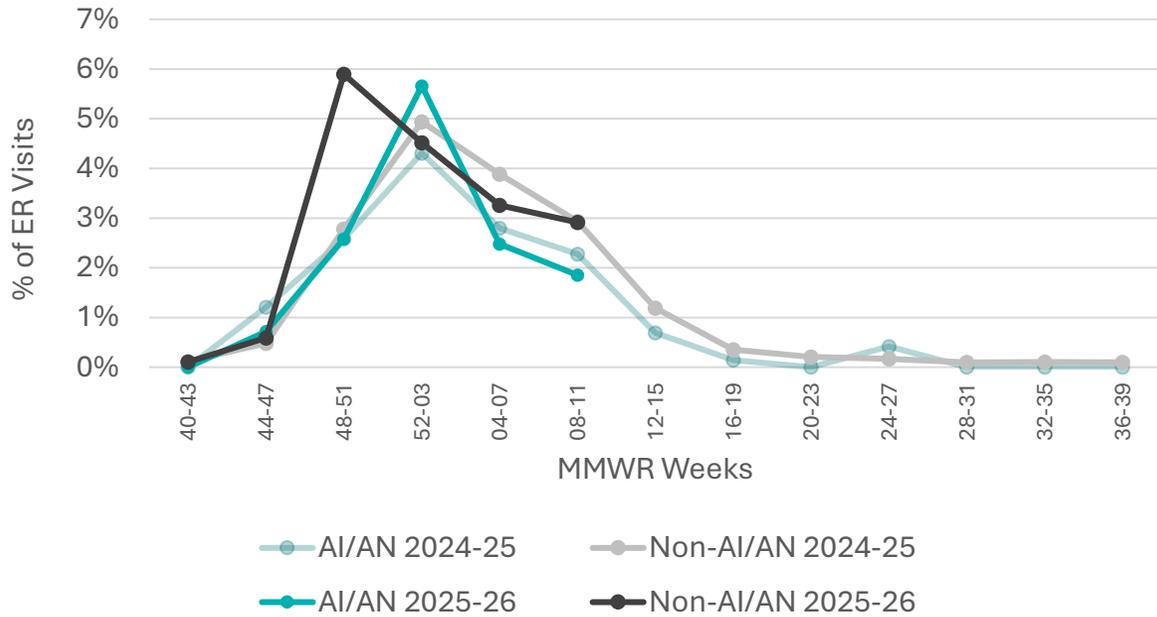


# % ER Visits Associated with RSV, AI/AN vs. non AI/AN — Idaho, 2025-26 (through 2/28/26)



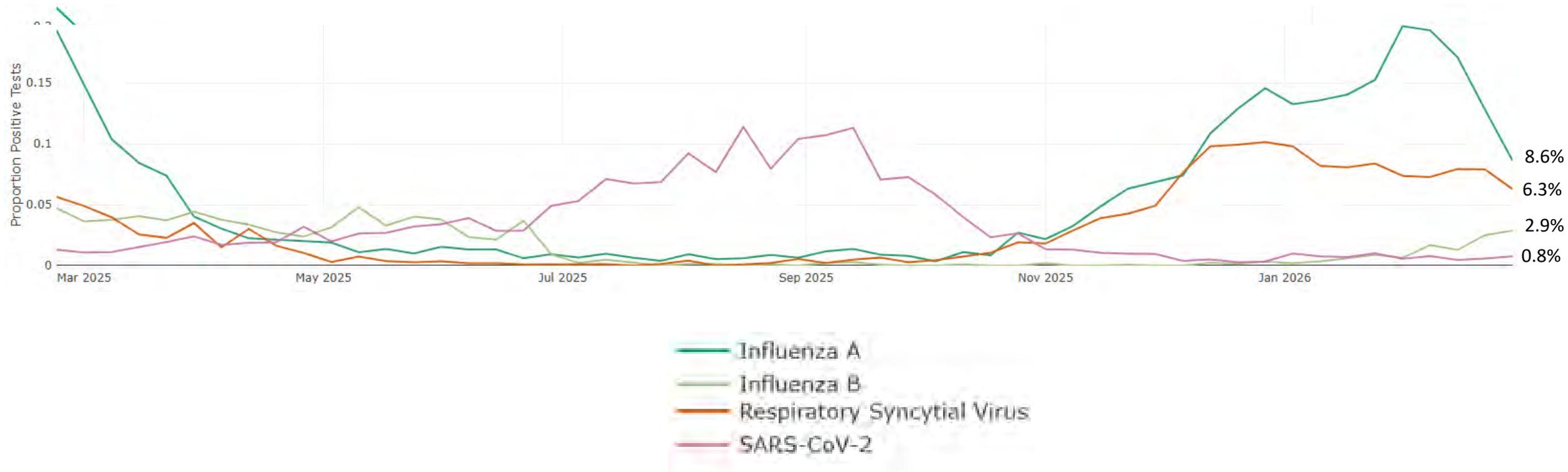
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# % ER Visits Associated with Influenza, AI/AN vs. non AI/AN — Idaho, 2025-26 (through 2/28/26)

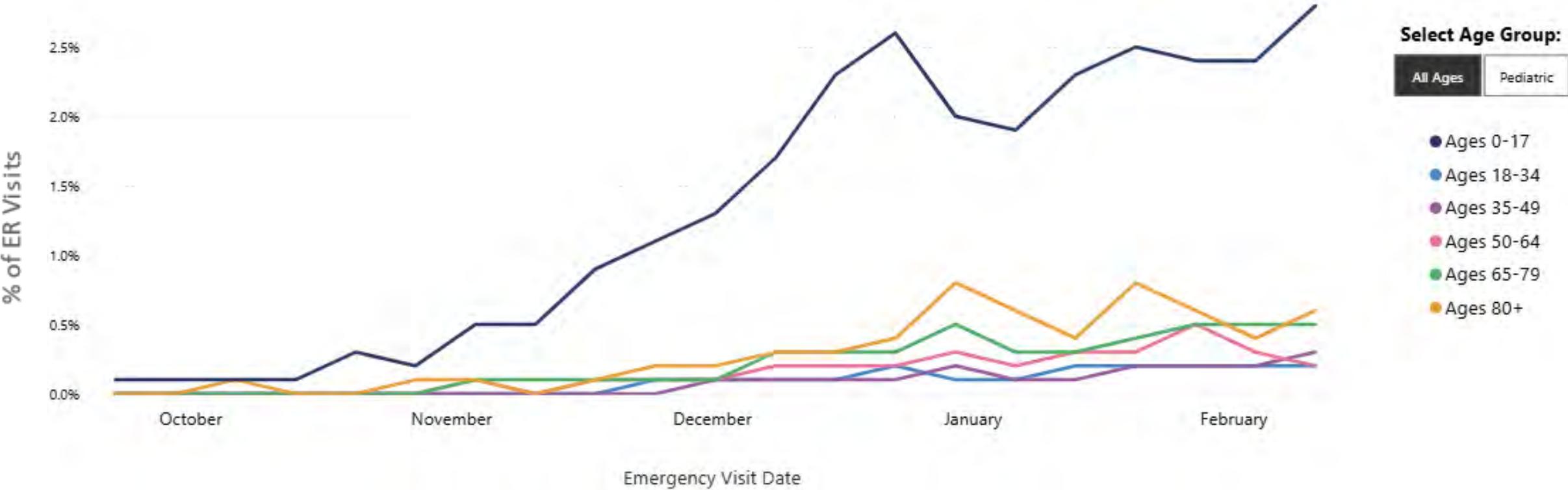


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 Courtesy Kacey Little, MPH, NPAIHB.

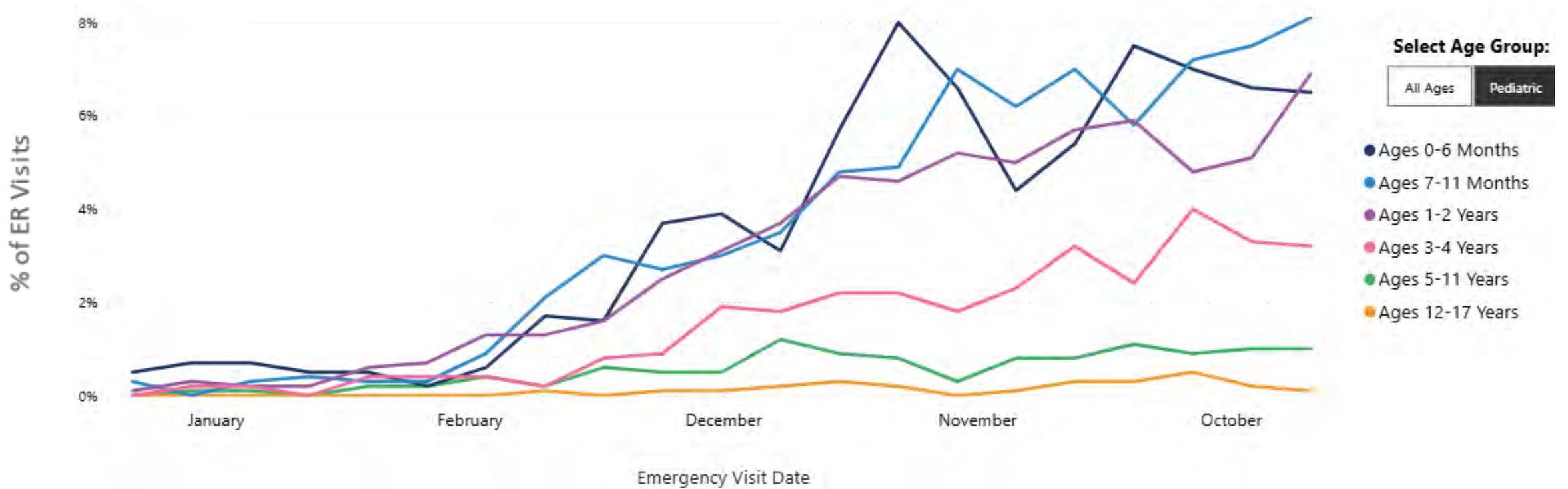
# Proportion of Tests Positive for COVID-19, Influenza and RSV in the Northwest — University of Washington and Seattle Children’s Hospital, 2025-26 (through 2/28)



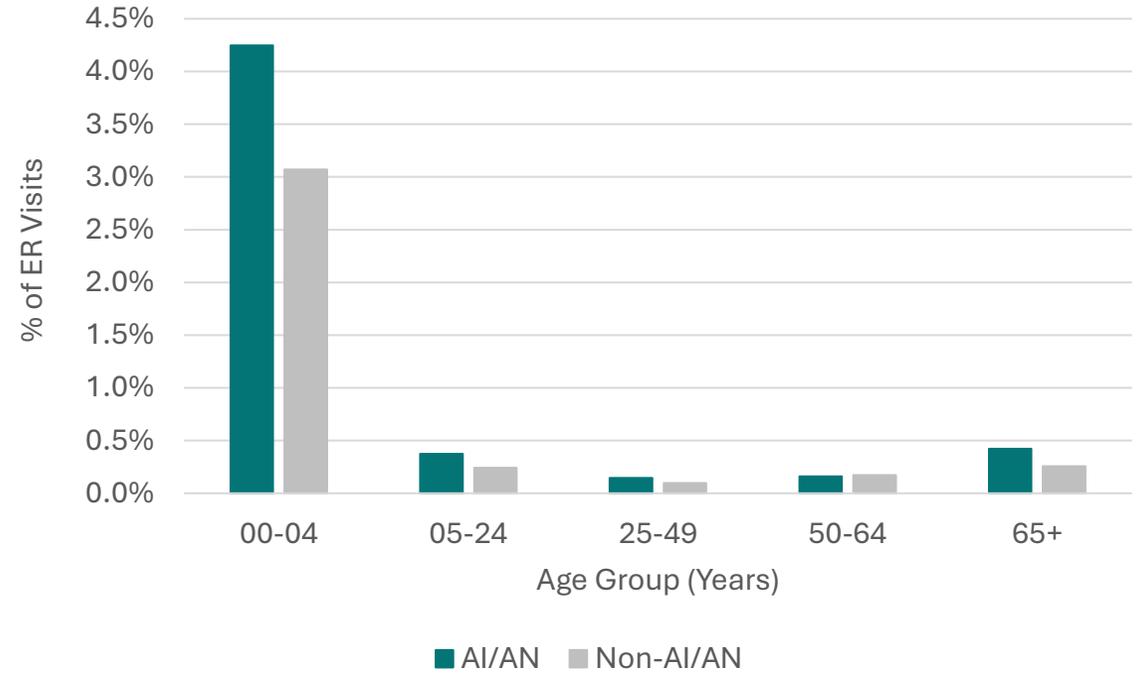
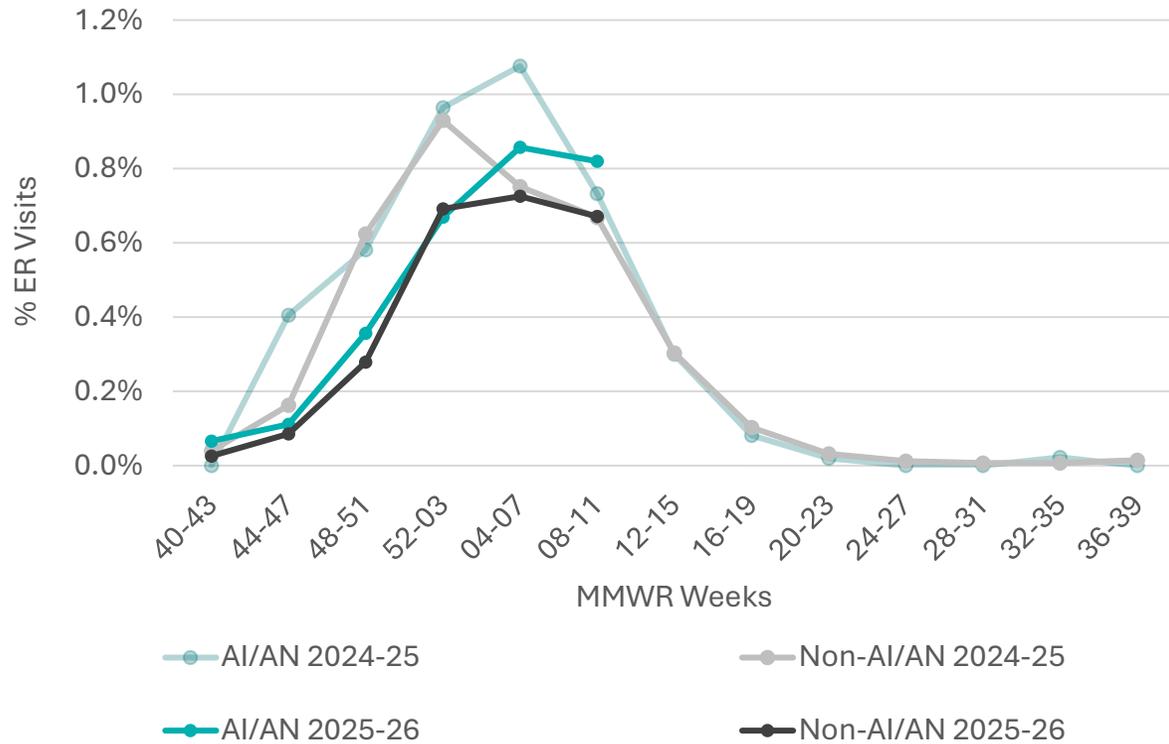
# Percent of Emergency Room Visits Associated with RSV by Age — Washington, 2025-26 (through 2/21/26)



# Percent of Emergency Room Visits Associated with RSV Among Children— Washington, 2025-26 (through 2/21/26)

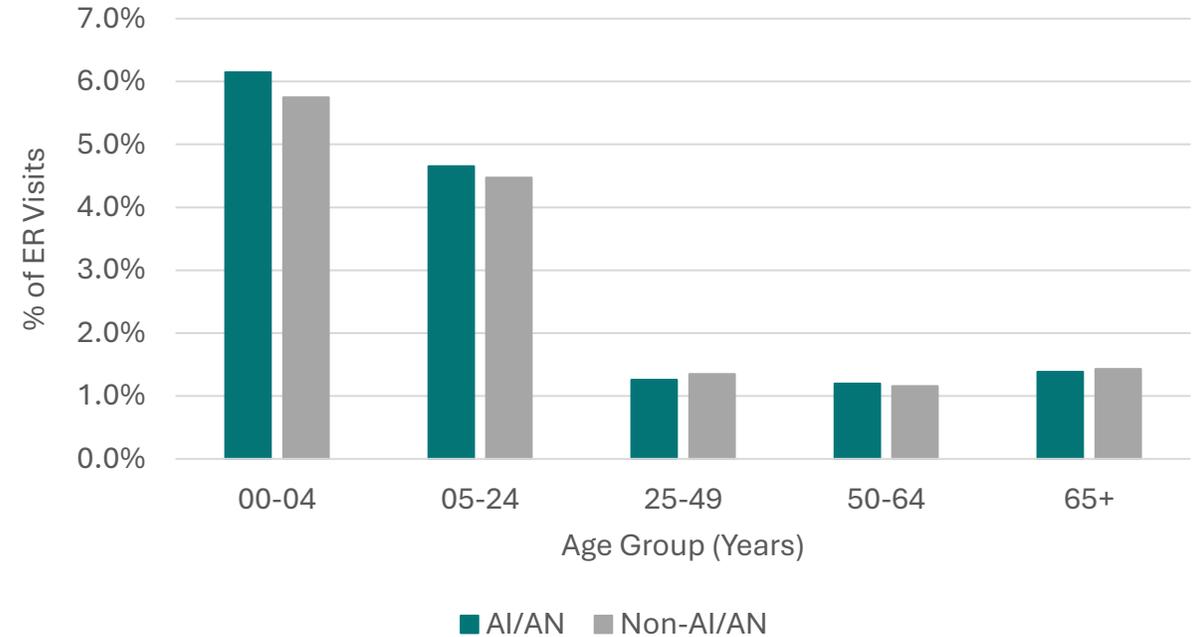
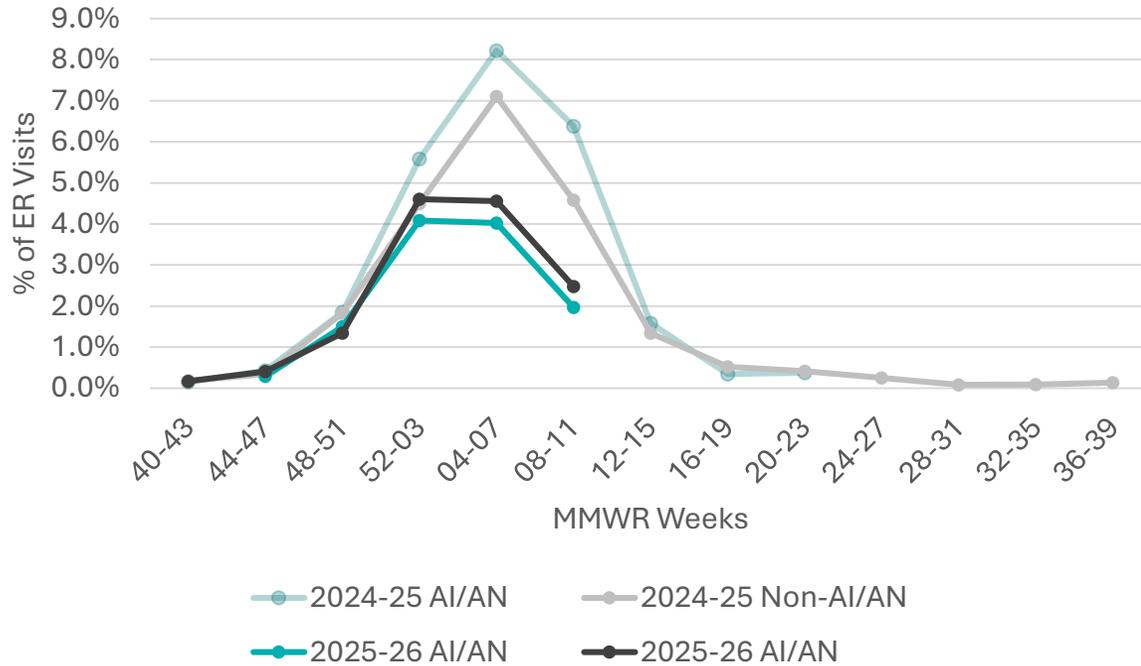


# % ER Visits Associated with RSV, AI/AN vs. non AI/AN — Washington, 2025-26 (through 2/28/26)



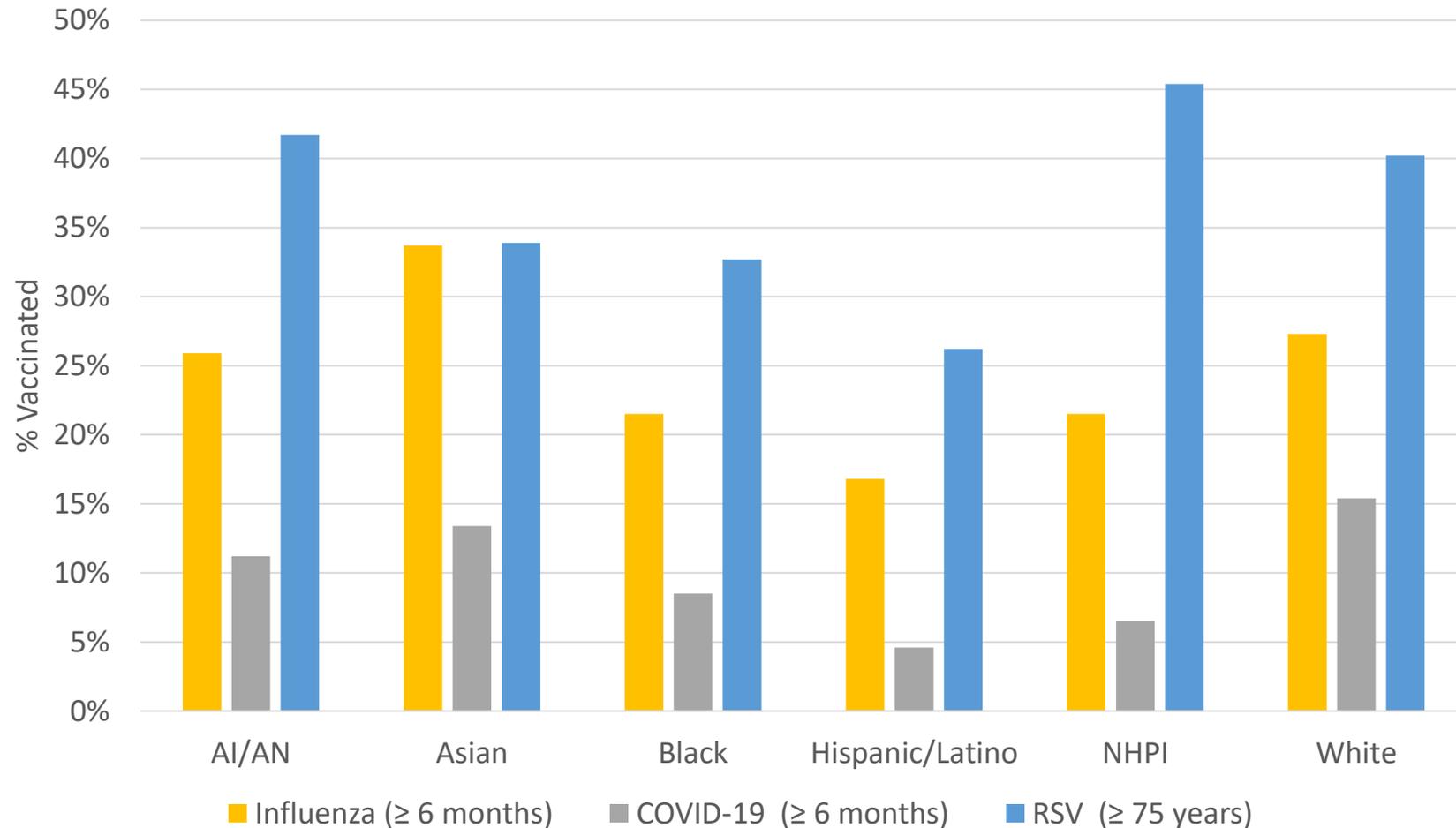
Data Source: ESSENCE.  
 Courtesy Kacey Little, MPH, NPAIHB.

# % ER Visits Associated with Influenza, AI/AN vs. non AI/AN — Washington, 2025-26 (through 2/28/26)



Data Source: ESSENCE.  
 Courtesy Kacey Little, MPH, NPAIHB.

# Percent of People Vaccinated for Influenza, COVID-19 and RSV by Race/Ethnicity — Washington State , 2025-26 (through 2/23/26)



# Summary

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- 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), last case with rash onset on 1/21/26
    - Outbreak in Madison County, with 3 cases.
    - Outbreak in Canyon County, with 5 cases.
  - Oregon (N=6)
    - Linn County: 3 cases.
    - Clackamas County: 3 cases.
    - 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.
- Influenza
  - ILI activity is still very high in Oregon and Idaho and high in Washington.
  - The % of tests positive for influenza and % of influenza-associated ER visits is now decreasing in all 3 states.
  - There have been 79 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 69,000.
- RSV: The % of tests positive for RSV is increasing in Idaho and Oregon and remains elevated for Washington.
- 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 2/23): Influenza, 25.9%; COVID-19, 11.2%; RSV (age 75+), 41.7%].

# Recommendations: Seasonal Respiratory Viruses

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- 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) through the end of March; public health authorities may revise this guidance based on local epidemiology.
- 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 2<sup>nd</sup> MMR vaccine as soon as eligible (if first dose was MMR, then 2<sup>nd</sup> dose at least 28 days later; if the first dose was MMRV then 2<sup>nd</sup> dose at least 3 months later).
  - Anyone traveling internationally (e.g. Mexico and Canada) or to a community with an outbreak (if advised by the local health jurisdiction) without presumptive evidence of measles immunity should be vaccinated at least 2 weeks prior to travel (those  $\geq 12$  months old: 2 doses at least 28 days apart, infants  $\geq 6$  months old: 1 dose (revaccinated with 2 dose series starting at 12 months)).
- Adults without presumptive evidence of immunity (i.e. documentation of 1 or 2 doses of MMR vaccine (depending upon risk), laboratory evidence of immunity, laboratory-confirmed disease, or birth before 1957) should also be immunized, with the number of doses depending upon their risk.
  - Those who should receive 2 doses of MMR vaccine (separated by at least 28 days):
    - International travelers (2<sup>nd</sup> dose at least two weeks prior to travel). This should also be considered for those living or traveling to a community with an outbreak.
    - College students.
    - Household/close contacts of immunosuppressed persons.
    - People with HIV infection with CD4  $>200$  (live vaccines contraindicated in immunosuppressed persons and pregnant women).
    - Healthcare workers (those born before 1957 and without presumptive immunity should consider 2 doses of MMR vaccine; this is more strongly recommended for communities with outbreaks).
    - Those vaccinated between 1963-1967 and received a killed or unknown type of measles vaccine or a measles vaccine given together with immune globulin should also be immunized (2 doses if above risk factors).

# Recommendations: Measles (cont.)

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

# Patient Education Resources for Respiratory Viruses/Immunizations

IHS Division of Epidemiology and Disease Prevention Educational Resources;

National IHS Public Health Council Public Health Messaging

Northwest Portland Area Indian Health Board (NPAIHB): [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](#)

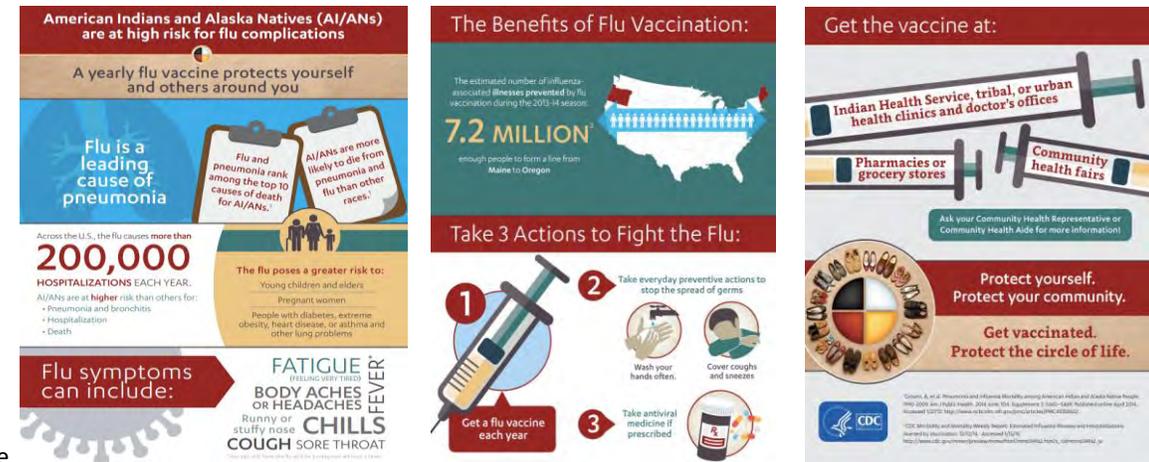
[COVID-19](#); [DOH COVID-19 Vaccine Schedule](#); [Washington State Statewide Standing Order for COVID-19 Vaccine FAQs for the Public](#); [West Coast Health Alliance announces vaccine recommendations for COVID-19, flu, and RSV](#) | [Washington State Department of Health](#)

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

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

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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>

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

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

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

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

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

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

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

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

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

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

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



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

### Common COVID-19 Symptoms

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

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

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

### How COVID-19 Spreads

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



Vaccination information for Natives by Natives

Vaccines 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, Nonspeckville, Dakota, Dine

### 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.

### 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.

### Who Should Get Vaccinated

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

### Where to Get Vaccinated

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

### Vaccinative

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

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

### Additional Information

For additional information, including info on long COVID, check out [www.IndianCountryEcho.org/Vaccinative](http://www.IndianCountryEcho.org/Vaccinative). For questions, contact us at [Vaccinative@npsihb.org](mailto:Vaccinative@npsihb.org).

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

— Dr. Frank Anishewat HCL, LTCs (Retired) Glorion, 1199 Olatava Indian Tribal Clinic, Medical Director, Treaty Medicine Physician



Vaccination information for Natives by Natives

## Vaccines When You Are Pregnant or Breast/Chestfeeding

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

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

### 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.

### 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's 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, Minoowagan & Ogilala Lakota, Northern Arapaho, and Northern Cheyenne, Project Manager at the Northwest Portland Area Indian Health Board



### Vaccines and Breast/Chestfeeding

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

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

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

— Dr. Lakota Scott, M.D., Medical Provider and Treaty Medicine Tribal Member

### The Choice is Yours

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

### Where to Get Vaccinated

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

### Vaccinative

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

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

### Additional Information

For additional information, check out [www.IndianCountryEcho.org/Vaccinative](http://www.IndianCountryEcho.org/Vaccinative). For questions, contact us at [Vaccinative@npsihb.org](mailto:Vaccinative@npsihb.org).

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



**Protecting Your Kids from Respiratory Illnesses**

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

**Who Should Get Vaccinated**

<b>Whooping Cough (Pertussis)</b>	Elders (6 mo., 4 yr., and 6 mo.) AND Children (2 mo. and 4 yr. old)
<b>Pertussis</b>	Elders (6 mo., 4 yr., and 6 mo.) AND Children (2 mo.)
<b>RSV</b>	Elders (6 mo. - 4 yr.) AND Children (6 mo. - 4 yr.)
<b>COVID-19 &amp; Flu</b>	Everyone (6 mo. 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**  
 Serious reactions are rare. People are more likely to get sick by ignoring flu. Here's some strength reactions to any vaccine.

**Don't Have Progress**  
 The price of vaccines will not change. Making vaccines more affordable for everyone.

Learn more: [www.IndianCountryEcho.org/Protect-Your-Kids](http://www.IndianCountryEcho.org/Protect-Your-Kids)



# 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.



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

Scan code for more information.







# Partner Updates: WA DOH



**WA DOH Office of Tribal  
Public Health & Relations**

 @WaDeptHealth

**Tuesday March 03, 2026  
NPAIHB Weekly Update**



# Agenda

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FIFA World Cup Epidemiology  
Resources

---

Immunization Updates

---

OTPHR Updates

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Contact Info & Closing





## FIFA World Cup Information and Update

Tuesday March 03, 2026  
NPAIHB Weekly Update

Emily Laskowski, MPH, CSTE  
Applied Epidemiology Fellow  
Amanda Tjemsland, MPH, Senior  
Tribal Epidemiologist

# FIFA World Cup 2026

- Largest sporting event in the world
- June 11 – July 19, 2026
- 104 matches
- 48 teams
- 16 host cities, 3 countries



# Washington Events

- 6 Matches
- 1 Fan Celebration
- 9 Fan Zones
- 2 Possible Base Camps
- Additional Events



# Public Health Surveillance Planning Considerations

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- Large number of visitors (400k to 750k)
- Ongoing, multi-day event
- Seasonality -> summer health hazards
- Significant regional travel
  - Transportation impacts
  - Hotel & housing impacts
  - Increase in tourism throughout the state
- Potential health, safety, and health care system impacts

# Possible Health Impacts of Large Events

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- Greatest health risks at summertime large sporting events:
  - Heat exposure
  - Alcohol and drug intoxication
  - Injury and violence
- Communicable disease risks include:
  - Respiratory illnesses (COVID, Flu, RSV, common cold)
  - Foodborne illnesses (salmonella, norovirus)
  - Vaccine preventable diseases (measles)
  - Sporadic imported cases of non-endemic or uncommon diseases

Gallien et al: [Epidemiological surveillance and infectious disease outbreaks during mass international summertime sports gatherings: A narrative review](#)

Gautret and Steffan: [Communicable diseases as health risks at mass gatherings other than Hajj: what is the evidence?](#)

# Public Health Surveillance and Epi Challenges

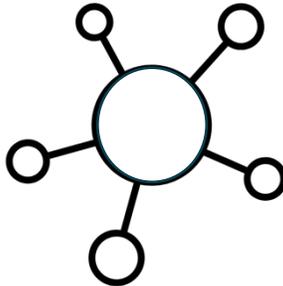
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Conduct regular  
Public Health  
functions



Prepare for:  
MORE of the usual impacts  
&  
NEW health impacts



Gather & summarize  
health/epi data from  
multiple sources



Complex contact tracing/  
investigation situations

# WC Public Health Surveillance & Epi Workgroup

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

Reach out to [emily.laskowski@doh.wa.gov](mailto:emily.laskowski@doh.wa.gov) to be added to meeting series

# PH Surveillance & Epi Workgroup Resources

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- Literature review report
- Priority diseases and conditions for monitoring
- Public health surveillance event action plan
  - Contact lists
  - Resource guides
  - Communications resources
- Public health surveillance and epidemiology exercises
- Situational awareness tools and resources
  - Data dashboard
  - Situational reports
- Training for existing staff and surge staff
- After action reporting and evaluation

# **Emily Laskowski**

CSTE Applied Epidemiology Fellow

Disaster Epidemiology- Office of Communicable  
Disease Epidemiology

Washington State Department of Health

[Emily.laskowski@doh.wa.gov](mailto:Emily.laskowski@doh.wa.gov)



# Office of Immunization



DOH Office of Immunization Update  
March 3, 2026

## Limited CAV support for Measles Outbreak Response

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- Office of Immunization has limited funding available to support small-scale outbreak response.
- Funds will support 14 mobile MMR vaccination events through Care-A-Van (CAV) and in coordination with impacted jurisdictions.
- Impacted jurisdictions can route a 213 Resource Request form to the DOH Duty Officer to formally request the resource.
- For questions and coordination, please reach out to the CAV team: [rebecca.baron@doh.wa.gov](mailto:rebecca.baron@doh.wa.gov) or [care-a-van@doh.wa.gov](mailto:care-a-van@doh.wa.gov)



# Mpox Vaccine (JYNNEOS): Limited doses available to providers at no cost

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The Washington State Department of Health (DOH) is offering limited doses of JYNNEOS vaccine to providers in Washington State who serve individuals recommended to receive the vaccine for mpox prevention.

- These doses can be administered to adult patients with any insurance status.
- Visit [Mpox Vaccine Opportunity](#) to learn more about:
  - Requesting these MPOX doses
  - Review and Shipment Process
  - Technical Assistance
  - Program Questions and Answers

**\*If you are able to help use doses already in the field that expire at the end of April 2026, please contact [mpoxconsult@doh.wa.gov](mailto:mpoxconsult@doh.wa.gov)**

*For questions about this program, please contact [mpoxconsult@doh.wa.gov](mailto:mpoxconsult@doh.wa.gov)*

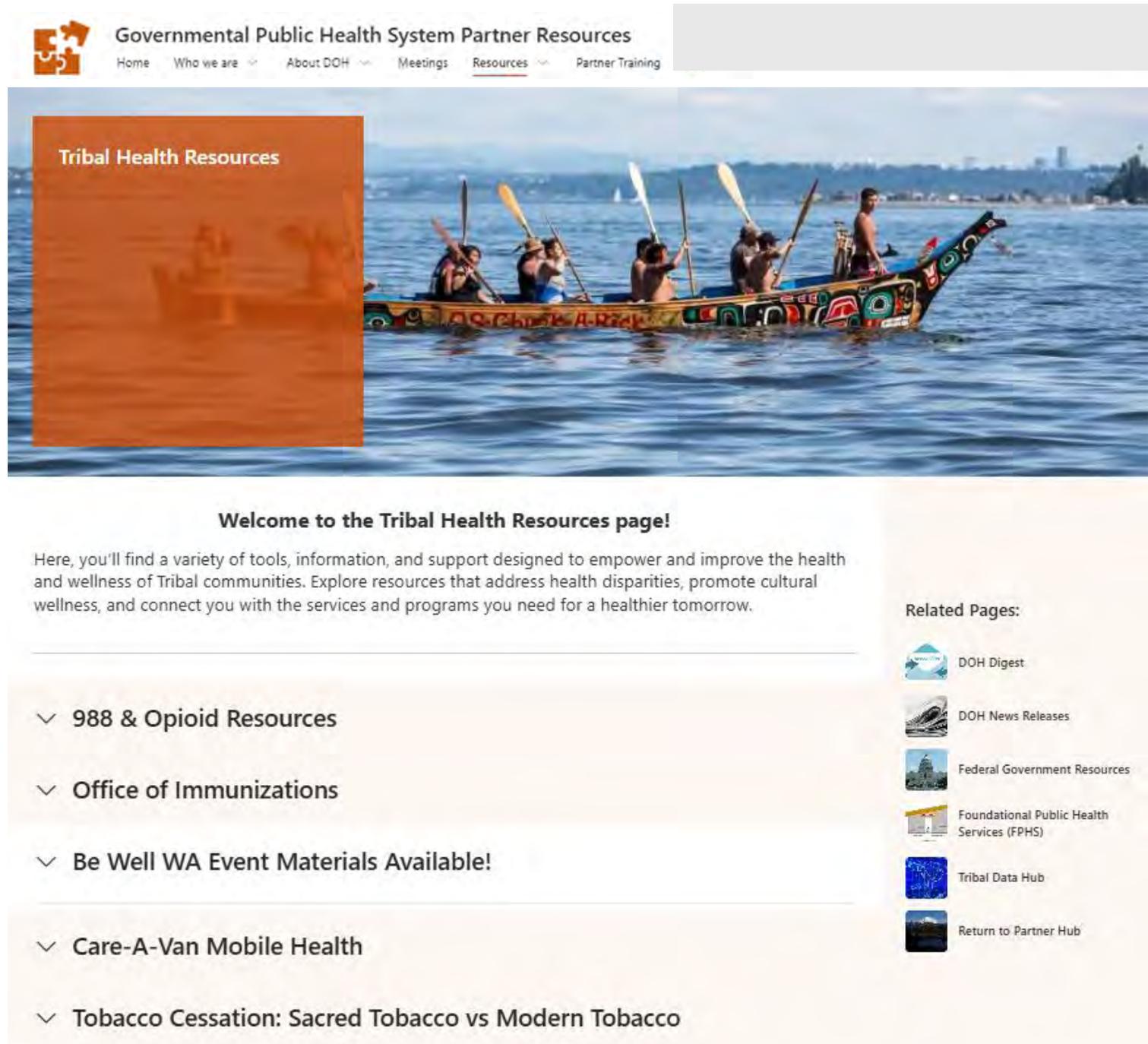
# WA DOH Key Office of Immunization Messages

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1. Vaccines saves lives and are our best defense against disease. Benefits of vaccines outweigh the risks.
2. Childhood Vaccine Program continues to provide vaccine at NO cost to all children under 19 years of age, regardless of insurance status.
3. [DOH and WCHA recommends](#) all providers follow the [2026 AAP Immunization Schedule](#).
4. We are committed to science-based vaccine policy and making sure vaccines stay accessible and equitable for everyone in Washington state.
5. We continue to monitor federal updates on vaccine recommendations, assess how any changes may impact the health and safety of Washington state residents, and communicate with our partners.
6. DOH is actively collaborating with immunization-focused alliances, committees, and boards at both regional and national levels to align strategy and coordinate response.

# For Office of Immunization Updates

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



The screenshot shows the 'Tribal Health Resources' page. At the top, there is a navigation bar with the title 'Governmental Public Health System Partner Resources' and links for Home, Who we are, About DOH, Meetings, Resources, and Partner Training. Below the navigation bar is a large banner image of a traditional wooden canoe with several people paddling on a body of water. The text 'Tribal Health Resources' is overlaid on the left side of the banner. Below the banner, there is a welcome message: 'Welcome to the Tribal Health Resources page! Here, you'll find a variety of tools, information, and support designed to empower and improve the health and wellness of Tribal communities. Explore resources that address health disparities, promote cultural wellness, and connect you with the services and programs you need for a healthier tomorrow.' To the right of the main content is a 'Related Pages' section with icons and links to 'DOH Digest', 'DOH News Releases', 'Federal Government Resources', 'Foundational Public Health Services (FPHS)', 'Tribal Data Hub', and 'Return to Partner Hub'. The main content area contains a list of resources with expandable arrows: '988 & Opioid Resources', 'Office of Immunizations', 'Be Well WA Event Materials Available!', 'Care-A-Van Mobile Health', and 'Tobacco Cessation: Sacred Tobacco vs Modern Tobacco'.

Governmental Public Health System Partner Resources

Home Who we are About DOH Meetings Resources Partner Training

Tribal Health Resources

**Welcome to the Tribal Health Resources page!**

Here, you'll find a variety of tools, information, and support designed to empower and improve the health and wellness of Tribal communities. Explore resources that address health disparities, promote cultural wellness, and connect you with the services and programs you need for a healthier tomorrow.

Related Pages:

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

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

# Jessica Haag, MPH, CHES

Immunization Liaison and Vaccine Equity Coordinator

Office of Immunization

Washington State Department of Health

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

(564) 233-9027



# Agency Updates



# DOH Monthly Tribal Meetings

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**Wednesday, March 11, 2026**

**10:30am – 12pm**

Presentation:

Join Zoom Meeting

<https://us02web.zoom.us/j/89323444594>

Meeting ID: 893 2344 4594



Washington State Department of

**HEALTH**

## Executive Order 25-10 A New Foundation for Washington State's Governmental Relations with Sovereign Tribal Nations

### EO 2025-10 Highlights:

- ***Implementing Meaningful Government-to-Government Relationships***
- Providing ***Tribal Relations Training*** for Washington State Employees
- Developing *Tribal Consultation Guidelines*
- Updating Consultation & Collaboration Procedure to **Tribal Consultation Policy**
- Improving State–**Tribal Contracting Processes**
- Protecting **Sensitive Information** in Government-to-Government Engagements
- Indigenous Knowledge & Artwork

# Dear Tribal Leader Letters

Date	Letter Subject	Meeting Information
February 24	<a href="#">Collaborative – opportunity to participate in the DOH Data@Health Collaborative (PDF)</a>	
February 24	<a href="#">Informative – Attorney General’s Office reporting proviso (PDF)</a>	
February 24	<a href="#">Informative – information on agency rulemaking for January 16-31, 2026 (PDF)</a>	
February 23	<a href="#">Collaborative – emergency medical countermeasures plan update (PDF)</a>	<ul style="list-style-type: none"> <li>Listening session 1: 3:30-5 p.m. <b>March 11</b> - <a href="#">Zoom link</a></li> <li>Listening session 2: 1:30-3 p.m. <b>March 18</b> - <a href="#">Zoom link</a></li> </ul>
February 19	<a href="#">Informative – resource for preparing for measles in carceral facilities (PDF)</a>	
February 10	<a href="#">Informative – environmental health disparities map listening sessions (PDF)</a>	
February 3	<a href="#">Collaborative – listening sessions for governor’s Public Health Advisory Board seeking feedback on public health system performance monitoring (PDF)</a>	<ul style="list-style-type: none"> <li>Listening session 1: 1:30-3:30p.m. <b>February 25</b> - <a href="#">Zoom link</a></li> <li>Listening session 2: 10-11:30a.m. <b>March 4</b> - <a href="#">Zoom link</a></li> </ul>



# 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](mailto:otphr@doh.wa.gov) and [gina.legaz@doh.wa.gov](mailto: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](#)



# HEAL Tribal Capacity grant

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

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

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

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

**Number of Tribes applied so far:** 6

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

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

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

# Workplace Safety for Workers Affected by Climate Change grant

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

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

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

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

**Number of Tribes applied so far:** 9

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

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

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



# Tribal Health Resources on the Partner Hub



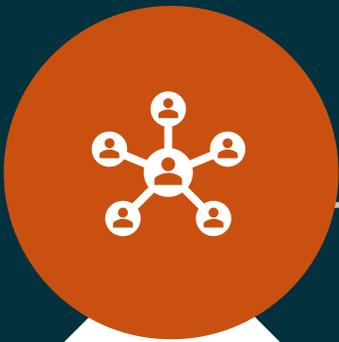
Washington State Department of Health



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



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



As part of the broader [Partner Hub](#), the [Tribal Health Resources page](#) reflects the priorities of Tribal Leaders across WA. It supports a stronger, more resilient, and better-connected public health system.



[The Partner Hub](#) is designed to:

- Connect our Tribal partners with relevant information.
- Serve as a central location to find DOH resources, meeting information, program sites, and more.
- Host relevant public health training.



[The Partner Hub](#)

doesn't replace one-on-one interactions with Department of Health. If you would like to connect with DOH leaders, staff, or resources, reach out to us!

Let us know what you would like to see on the Tribal Health Resources page!

**Are you a Governmental Public Health System Partner?**

Register for [The Partner Hub](#) by visiting the website or emailing [PartnerHub@doh.wa.gov](mailto:PartnerHub@doh.wa.gov)



# Care Van

Caravana de Salud

**HEALTH IN MOTION** 



[WWW.DOH.WA.GOV](http://WWW.DOH.WA.GOV)



### Mobile Health Services:

- Naloxone (Narcan) Distribution
- Blood Pressure Screening
- BP Management Education
- A1C & Blood Glucose Screening
- Pre-Diabetes, Prevention, & Diabetic Management Guidance
- BMI Screening
- Nutritional Counseling
- No Cost Telehealth Referral
- Mental Health Screening
- Local Health Insurance Enrollment Specialists
- Dental Service
- Vision Testing

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

- As of 7/1/25, Care-A-Van is fully operational and continuing to expand its health and social care services, with a special focus on underserved communities.
- We currently do not provide immunizations, but we are exploring partnerships to offer vaccines again soon.
- **We are always looking for new partners and more event opportunities. Please contact us to discuss collaborating together at [care-a-van@doh.wa.gov](mailto:care-a-van@doh.wa.gov).**



### Community Events:

- Insurance Is Not Required
- All Ages Welcome
- Walk-up Service
- No cost for event or services
- We bring staff and equipment to create accessible pop-up clinics.

**Request a clinic or review upcoming events**  
[doh.wa.gov/careavan](http://doh.wa.gov/careavan) to find one near you.



# DOH Naloxone Finder Tool

The Naloxone Finder is now hosted on the DOH website, making it easier for the public to find **free** naloxone in their area.

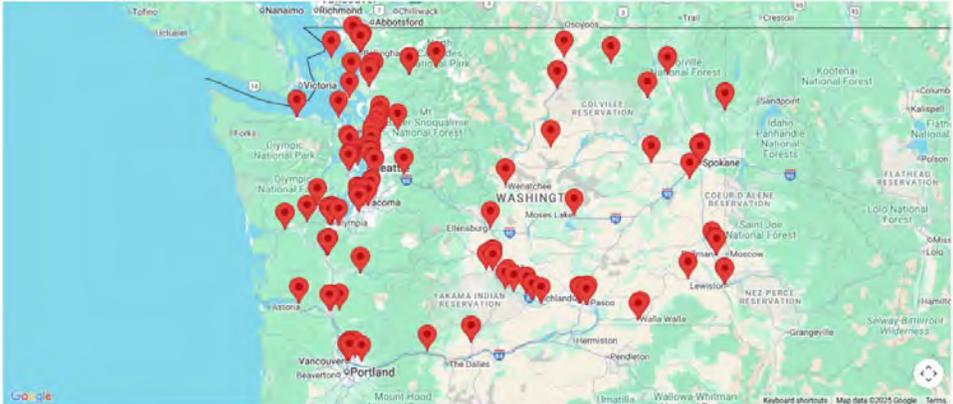
Map data is from organizations that provide free naloxone to the public

If your organization provides access to free naloxone, list your program on this website by completing this form.

### Naloxone Finder

Naloxone is available over the counter at many pharmacies and major retailers. If you are able to do so, please purchase naloxone or use insurance. Otherwise, you can find free naloxone near you using the map below.

Program Type:  County:  Zip Code:



Location	Contact Information	Naloxone Program Type	Hours of Operation
415 West - Safe Stay Community 415 W 11th St Vancouver, WA 98660	(360) 836-8942 <a href="#">Email</a> <a href="#">Website</a>	Community based organization	Open 24/7

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

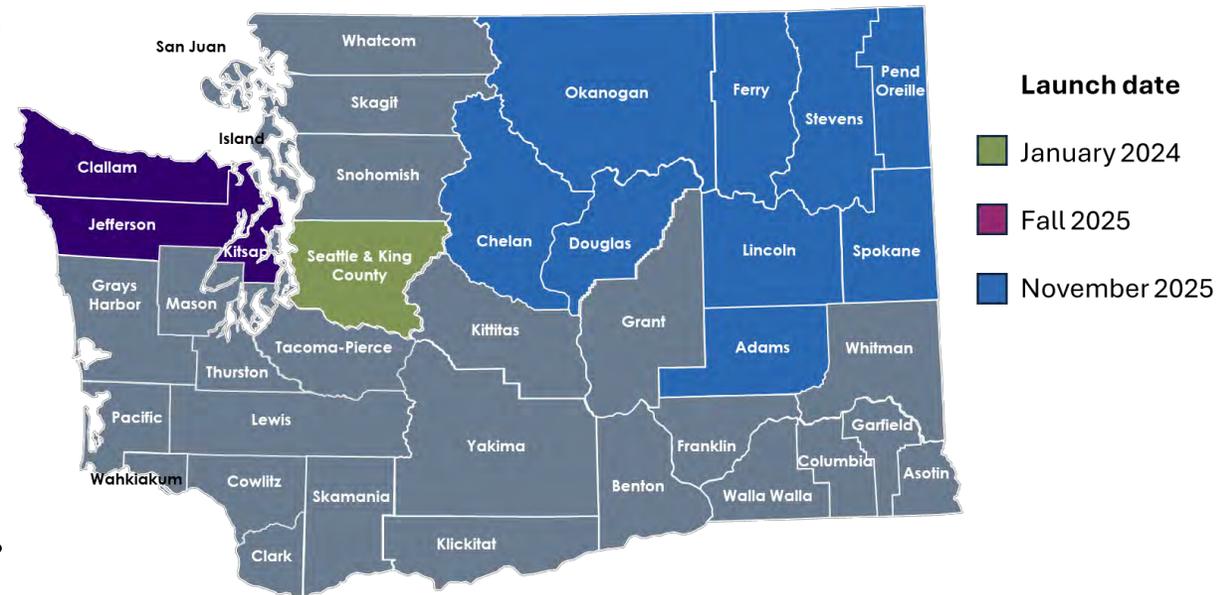
- [Find Free Naloxone Near You - 8.5x11 Flyer](#)
- [Find Free Naloxone Near You - 5.5x8.5 Handout - 2UP](#)

# WA Telebuprenorphine Hotline

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

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

## Statewide Expansion



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



# Rosalinda Fivekiller, MPA

**hCWY, Citizen of Cherokee Nation**

Tribal Engagement Director

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Executive Office of Government and Community  
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Washington State Department of Health

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[Book time to meet with me](#)



# OTPHR



Washington State Department of  
**HEALTH**

Office of Tribal Public Health & Relations

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

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To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).



# Questions & Comments