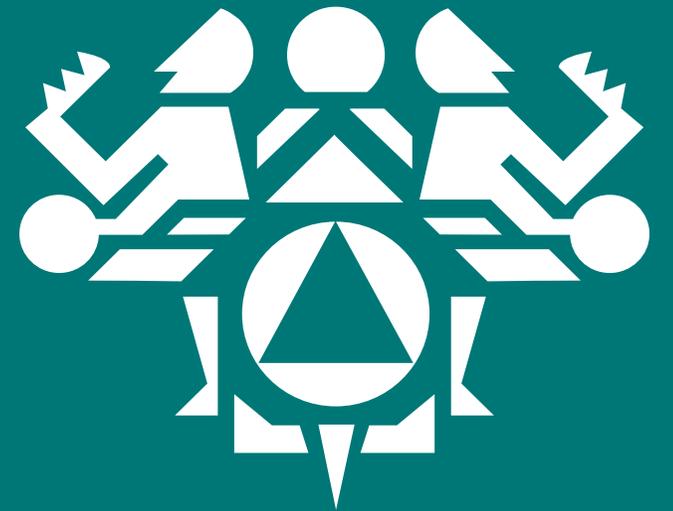


# NPAIHB

## Weekly Update

March 10, 2026





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

# Agenda

- Welcome & Introduction: Bridget Canniff
- NPAIHB Announcements, Events, & Resources
- Communicable Diseases Updates: Dr. Tara Perti, PAIHS
- Other Partner Updates
- Questions & Comments

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

# 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](#)



# 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



**NW NARCH  
Indigenous Addiction  
Research Program**

June 22-26, 2026  
Portland, OR

**APPLY  
NOW**

Apply at  
[forms.office.com/r/cj4G4Mv7Yb](https://forms.office.com/r/cj4G4Mv7Yb)

An intensive short course on substance misuse prevention, treatment, recovery, and research methods.

<https://forms.office.com/r/cj4G4Mv7Yb>.



# Upcoming Indian Country ECHO Telehealth Opportunities

- **Indian Country Elders, Knowledge Holders & Culture Keepers ECHO** – 2<sup>nd</sup> Tuesday of every month at 12pm PT
  - Tuesday, March 10<sup>th</sup> at 12pm PT
  - Topic: *The Spirit of Running and the Next 7 Generations*
  - To join via Zoom: <https://echo.zoom.us/j/82466510555?pwd=JPP3b5k9wU2dFHTxyDs7Pn7CWl5Bba.1>
- **Trauma Rounds ECHO** – 2<sup>nd</sup> Wednesday of every month at 6:30am PT
  - Wednesday, March 11<sup>th</sup> at 6:30am PT
  - Didactic Topic: *Urologic Trauma*
  - To join via Zoom: <https://echo.zoom.us/j/93729666650?pwd=bFhTZnA4NnlqTmR6Ylg4bnM1R1lZQT09>
- **Adolescent Health ECHO** – 2<sup>nd</sup> Wednesday of every month at 12pm PT
  - Wednesday, March 11<sup>th</sup> at 12pm PT
  - Didactic Topic: *Dermatology*
  - To join via Zoom: <https://echo.zoom.us/j/88393600100?pwd=Amim4GLLWnPrPj1nhlm3K6q2ricsUj.1>
- **Journey to Health ECHO** – 2<sup>nd</sup> & 4<sup>th</sup> Thursday of every month at 7am/12pm PT
  - Thursday, March 12<sup>th</sup> at 7am PT
  - Didactic Topic: *Journey of Transformation*
  - To join via Zoom: <https://echo.zoom.us/j/93413601610?pwd=YVhMN1NUNllyWHZUZk1CUf0TEY5QT09>

# Upcoming Indian Country ECHO Telehealth Opportunities

- **Clinical Dementia ECHO** – 2<sup>nd</sup> Thursday of every month at 11am PT
  - Thursday, March 12<sup>th</sup> at 11am PT
  - Topic: *Early Onset of Dementia*
  - To join via Zoom: <https://echo.zoom.us/j/99454243940?pwd=NG9aWGUvRTdKSmgwTGllcklmVDRWUT09>
- **Diabetes ECHO** – 2<sup>nd</sup> Thursday of every month at 12pm PT
  - Thursday, March 12<sup>th</sup> at 11am PT
  - Didactic Topic: *Maturity Onset Diabetes in the Young (MODY)*
  - To join via Zoom: <https://zoom.us/j/91887405371?pwd=ekFJTUJiV2hWQ0ZPZEwrUDQ4eGxTZz09>
- **Dermatology ECHO** – 2<sup>nd</sup> Friday of every month at 11am PT
  - Friday, March 13<sup>th</sup> at 11am PT
  - Didactic Topic: *Infestation & Bites*
  - To join via Zoom: <https://echo.zoom.us/j/81553202302?pwd=ZXplMERZSlpSSnJ5Y2VOam10NHpmdz09>
- **Emergency Medicine in Rural & Indigenous Communities (emRIC) ECHO** – 3<sup>rd</sup> Monday of every month at 8:30am PT
  - Monday, March 16<sup>th</sup> at 8:30am PT
  - To Join via Zoom: <https://echo.zoom.us/j/89810907975?pwd=d1gydTAvdFUxSU4wb1d2TINEUTIEQT09>

# Upcoming Indian Country ECHO Telehealth Opportunities

- **Cardiology ECHO** – 3<sup>rd</sup> Monday of every month at 11am PT
  - Monday, March 16<sup>th</sup> at 11am PT
  - Didactic Topic: *Evaluation of Chest Pain*
  - To join via Zoom: <https://echo.zoom.us/j/81476475100?pwd=ZnBsK2xmYnFYRW9tUVdxWDROeWtMQT09>
- **Community Health Representatives (CHR) ECHO** – 3<sup>rd</sup> Monday of every month at 12pm
  - Monday, March 16<sup>th</sup> at 12pm PT
  - Didactic Topic: *Sexual Health & STI's (Sexually Transmitted Infections) 101*
  - To join via Zoom: <https://echo.zoom.us/j/85861655901?pwd=0em1G52lVVpniHVP0oGwp1hDlPjpo.1>
- **Pharmacy SUD ECHO** – 3<sup>rd</sup> Tuesday of every month at 10am PT
  - Tuesday, March 17<sup>th</sup> at 10am PT
  - Didactic Topic: *Peer Recovery*
  - To join via Zoom: <https://echo.zoom.us/j/98430834267?pwd=WnhaSVZrbW9PcjMycDNmUjZDaWhwZz09>
- **Virtual Care Implementation (VCI) ECHO** – 3<sup>rd</sup> Tuesday of every month at 12pm PT
  - Tuesday, March 17<sup>th</sup> at 12pm PT
  - To join via Zoom: <https://us06web.zoom.us/j/87854787166?pwd=TOZ1aWhYRFIKdVdzUTkvcUtCZ1hpQT09>

# NPAIHB Weekly Update Schedule

- March 17: N CREW Research Topic: Indigenous Evaluation Methods
- March 24: NPAIHB Program Updates & Communicable Diseases Updates
- March 31: Legislative & Policy Updates
- April 7: Data Hub Update: Leading Causes of Death Dashboard



# Portland Area IHS Communicable Diseases Update

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

March 10, 2026



# Outline

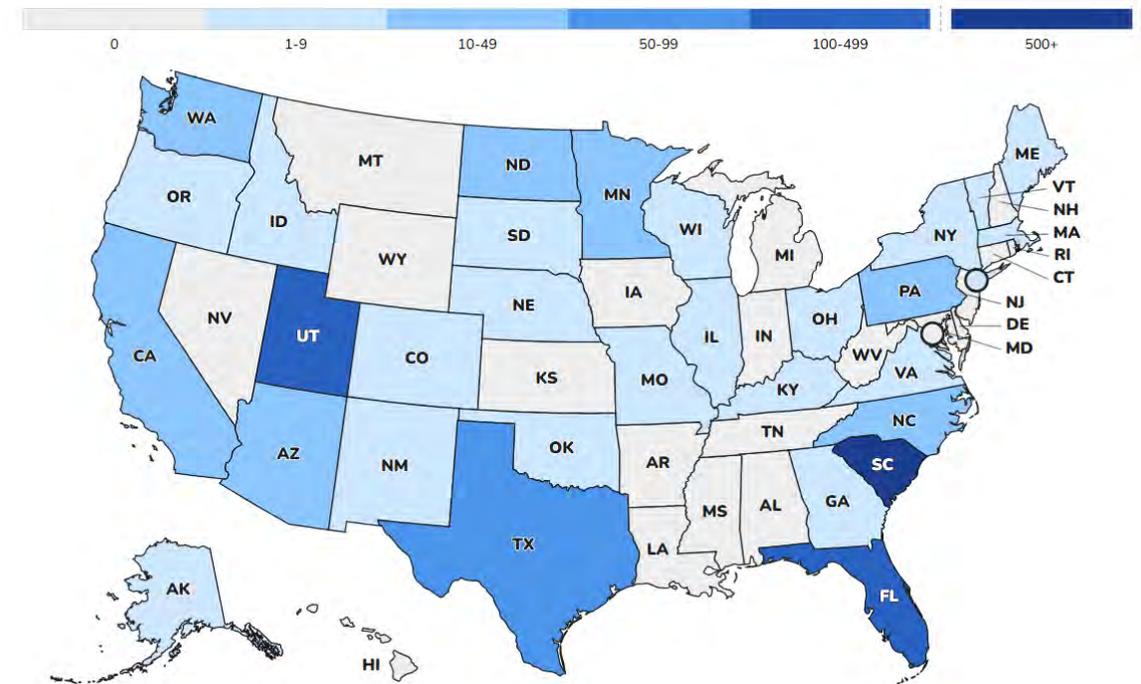
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- Measles
- RSV, Influenza, and COVID-19



# Measles — United States, 2026

- 1,281 confirmed cases among 30 states during 2026 as of 3/5 (2,283 cases during 2025).
- 90% of cases are outbreak-associated ( $\geq 3$  related cases).
- Age: 23% <5 years-old, 54% 5-19 years-old, 22%  $\geq 20$  years-old.
- 5% hospitalized overall (during 2025, 11% hospitalized, with 18% of those <5 years-old hospitalized).
- 0 deaths (during 2025, 3 deaths among unvaccinated individuals, including 2 healthy school-aged children).
- 93% unvaccinated or with unknown vaccination status, 4% one MMR dose, 4% two MMR doses.



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

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- **Snohomish County: Outbreak 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: One case** 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=9)

- **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 **6 cases**. One child traveled out of state. **Most recent case with rash onset on 2/24/26.**

## 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.

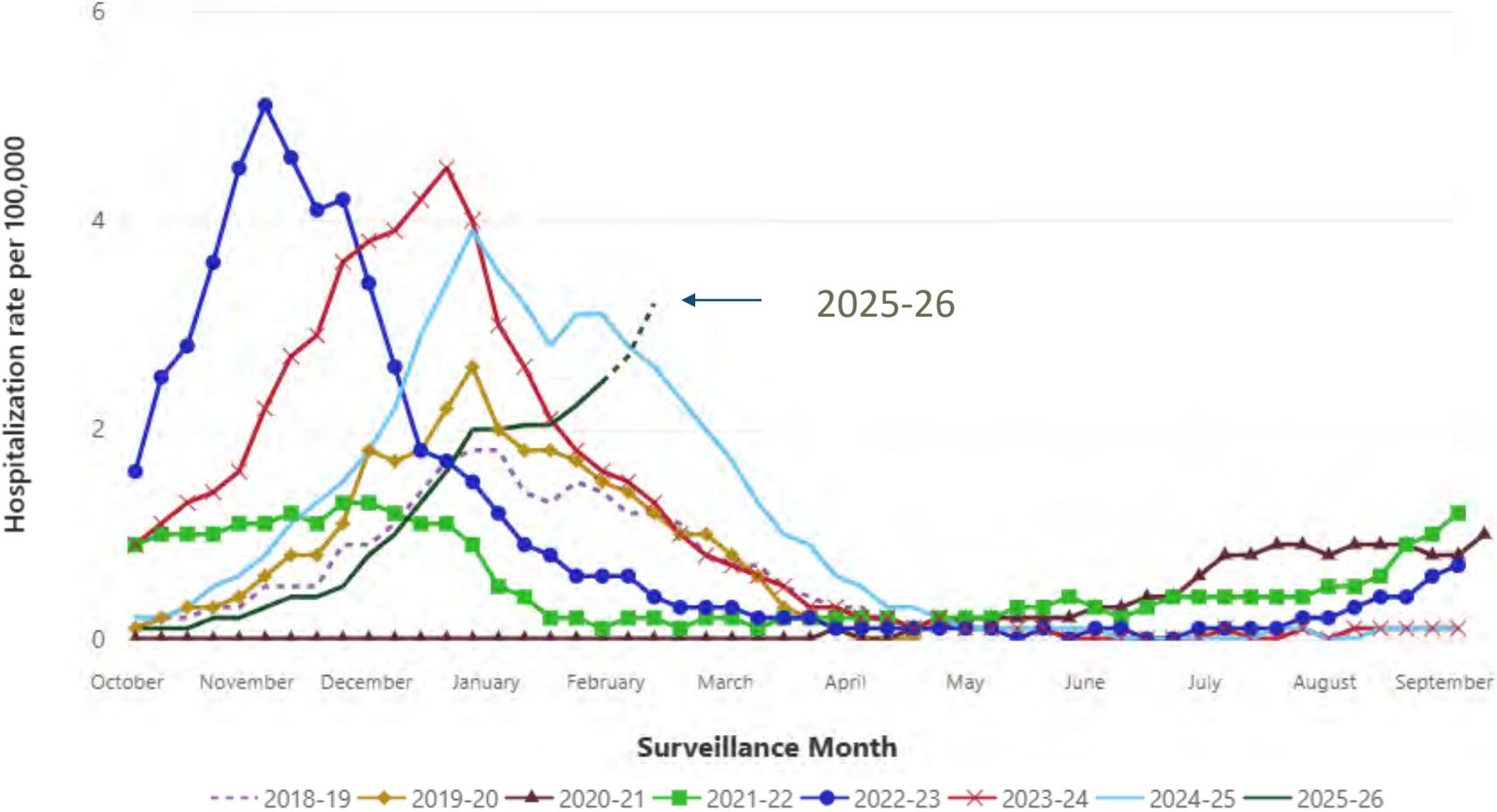
❖ Measles virus detected in wastewater in the past 6 weeks ending 2/28/26:

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

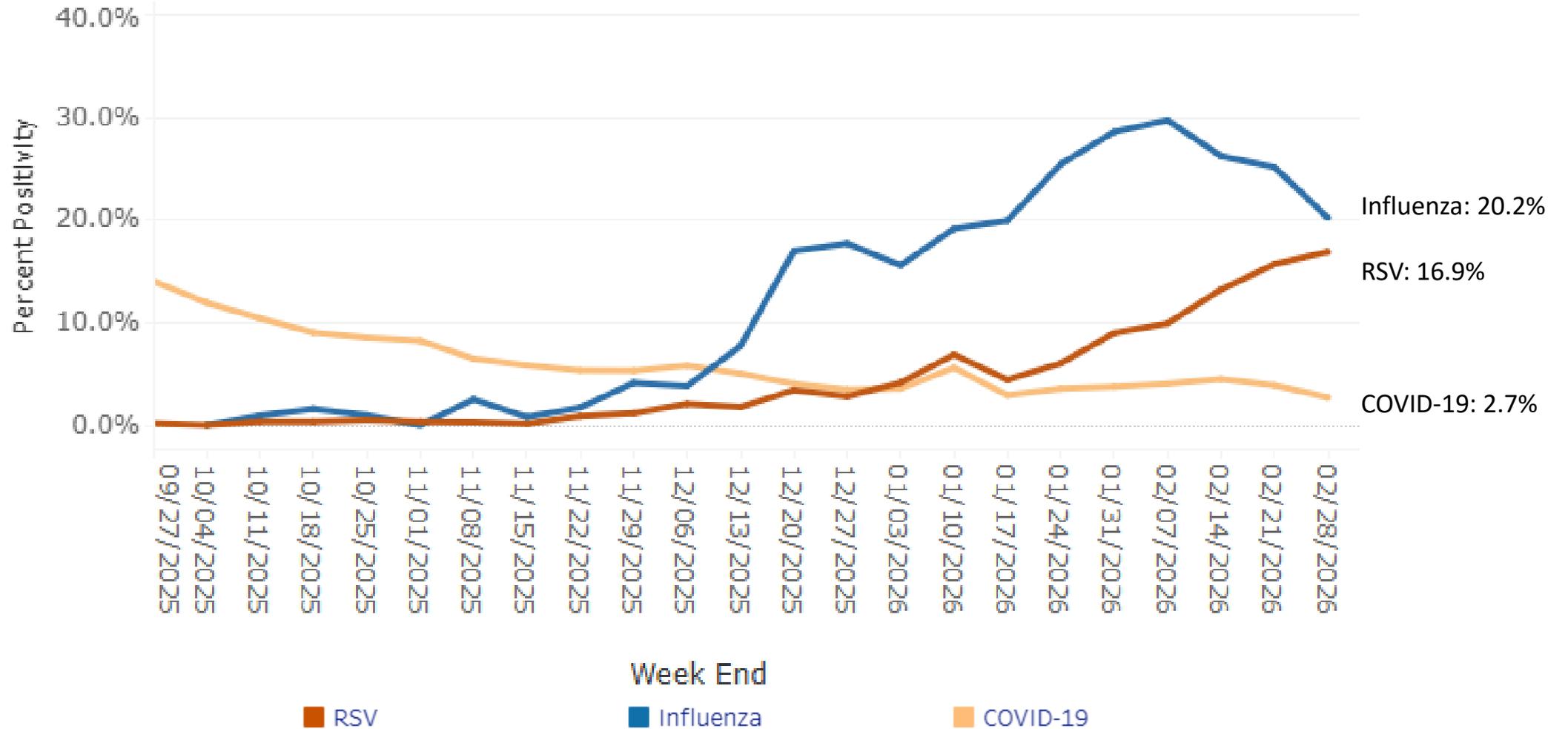
# Measles — Portland Area, 2025-26

Location (State/County)	Number of Cases		Additional Cases (e.g. Among Travelers)
	2025 (N=26)	2026 (N=41)	
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: 9	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)		6	

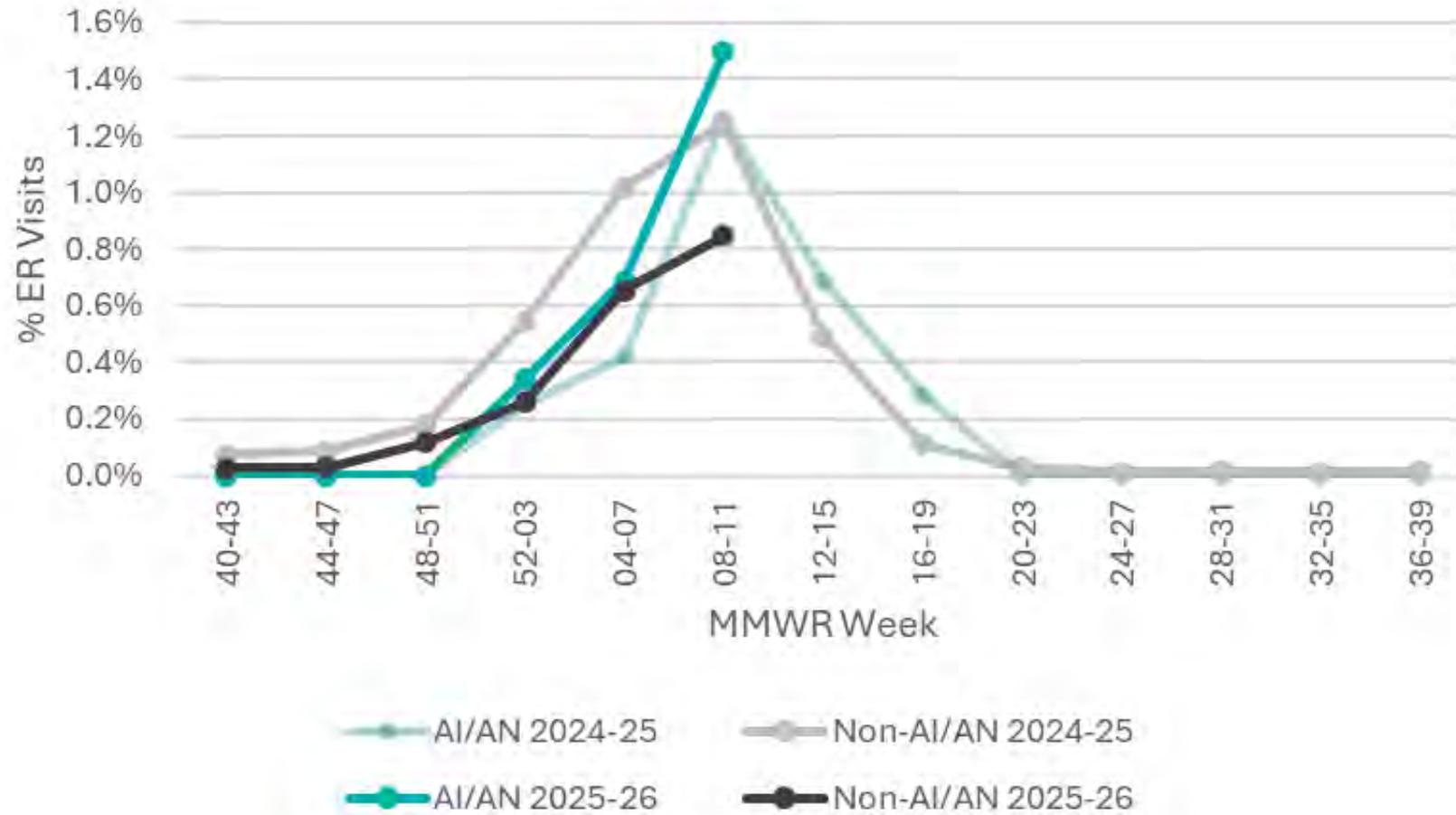
# Weekly Hospitalization Rate Associated with RSV — United States, 2025-26 (through 2/21/26) vs. Past Seven Seasons



# Percent of Tests Positive for Influenza, RSV, and COVID-19 — Idaho, 2025-26 (through 2/28/26)

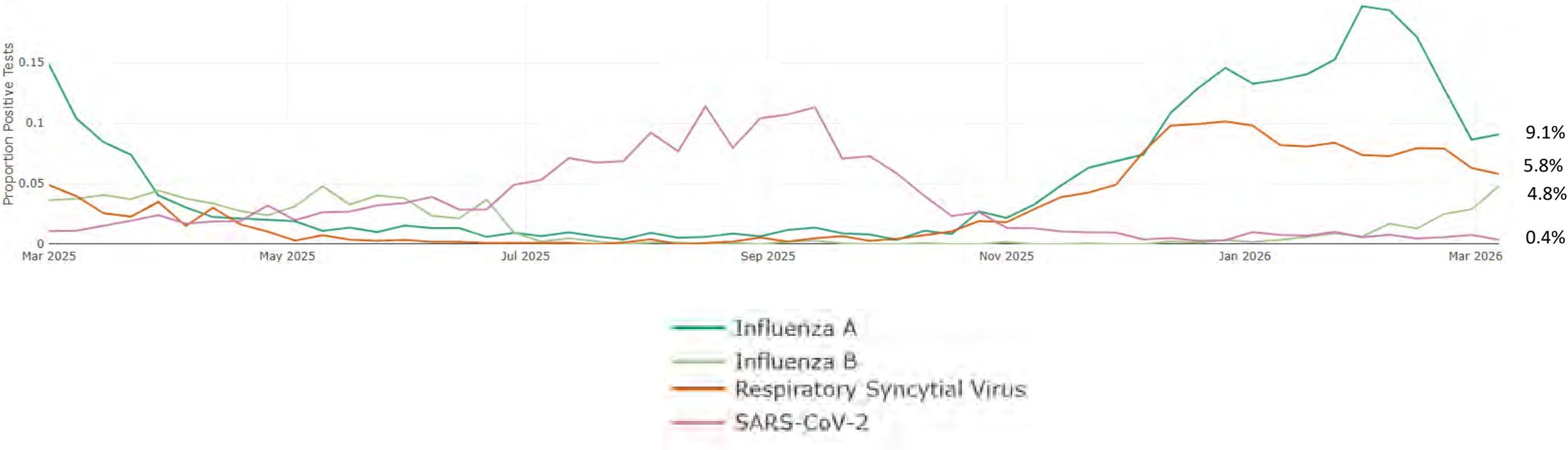


# % ER Visits Associated with RSV, AI/AN vs. non AI/AN — Idaho, 2025-26 (through week 9, 3/7/26)

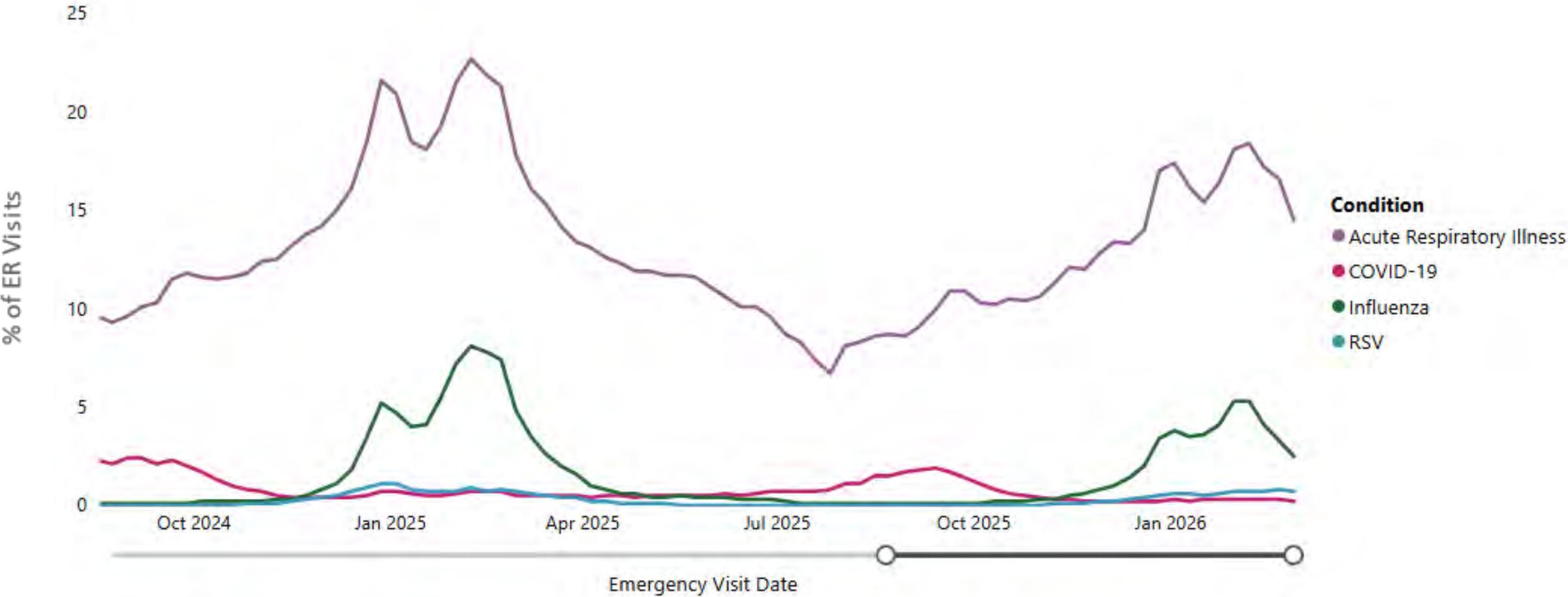


Data Source: ESSENCE.  
Courtesy Kacey Little, MPH, NPAIHB.

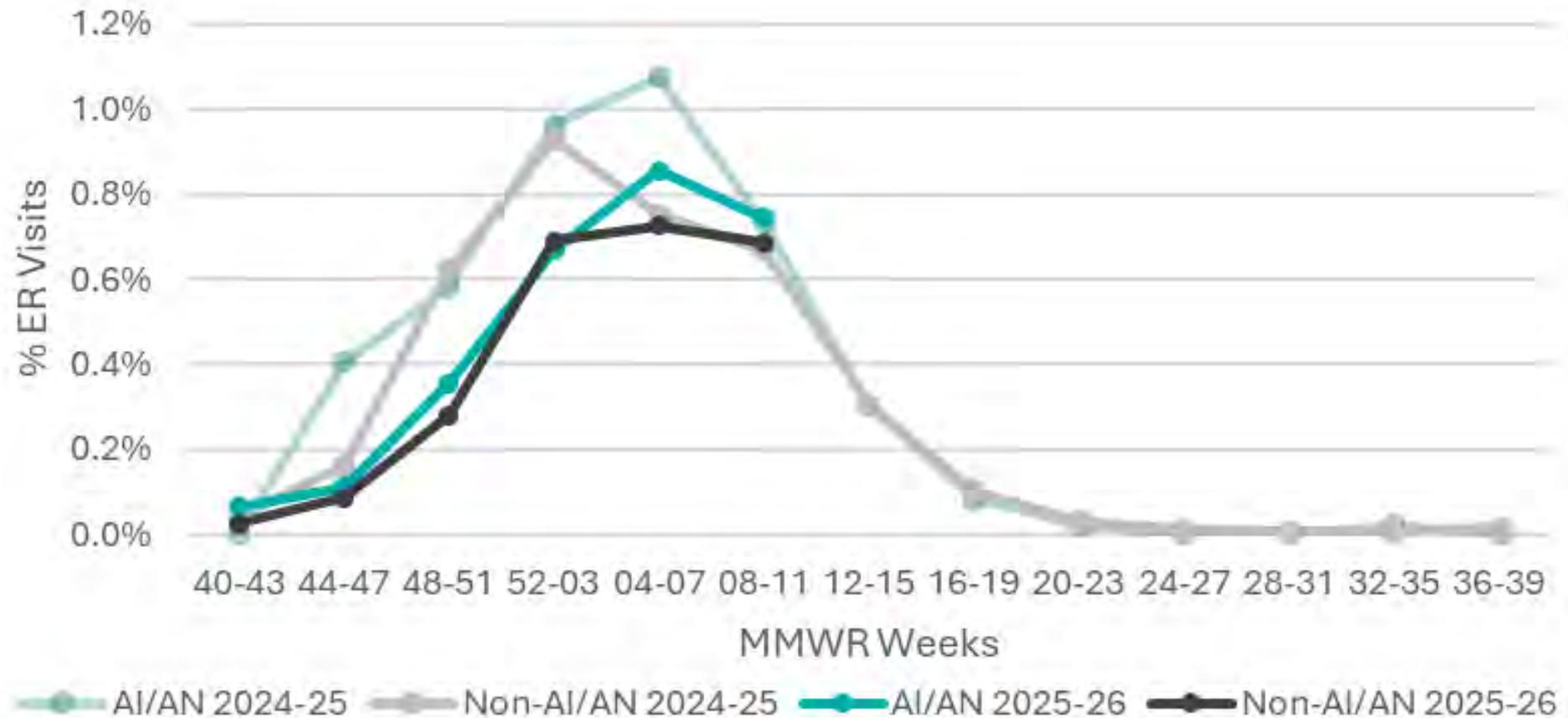
# Proportion of Tests Positive for COVID-19, Influenza and RSV in the Northwest — University of Washington and Seattle Children’s Hospital, 2025-26 (through 3/7)



# Percent of Emergency Room Visits for Acute Respiratory Illness, Influenza, RSV, and COVID-19 — Washington, 2024-26 (through 2/28/26)

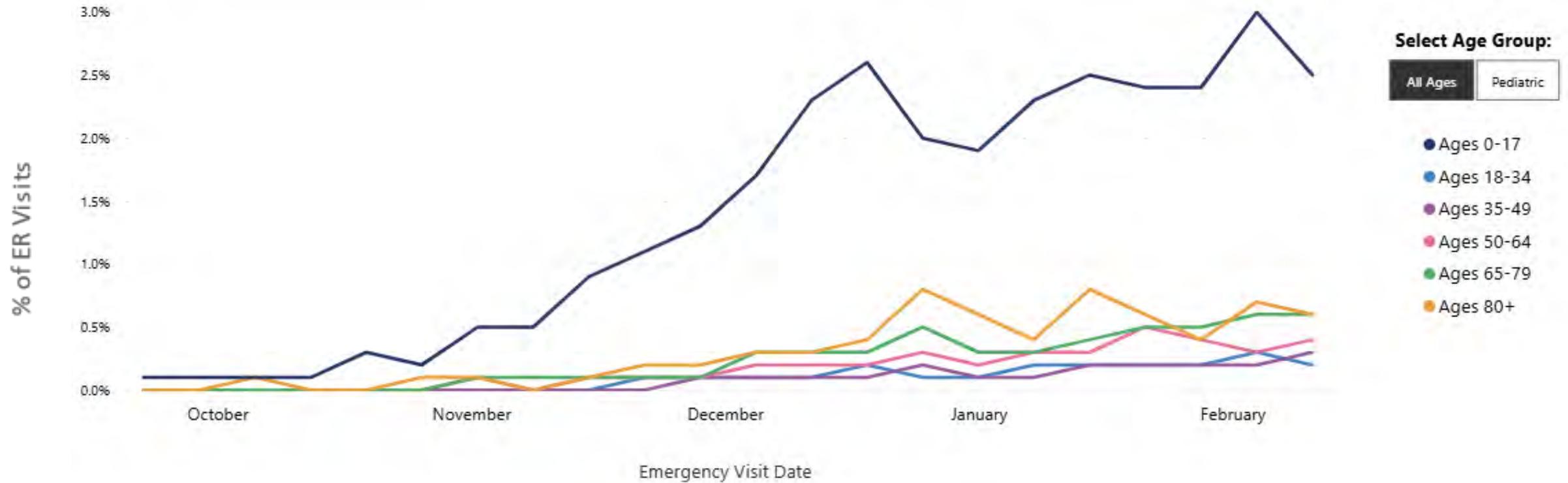


# % ER Visits Associated with RSV, AI/AN vs. non AI/AN — Washington, 2025-26 (through week 9, 3/7/26)

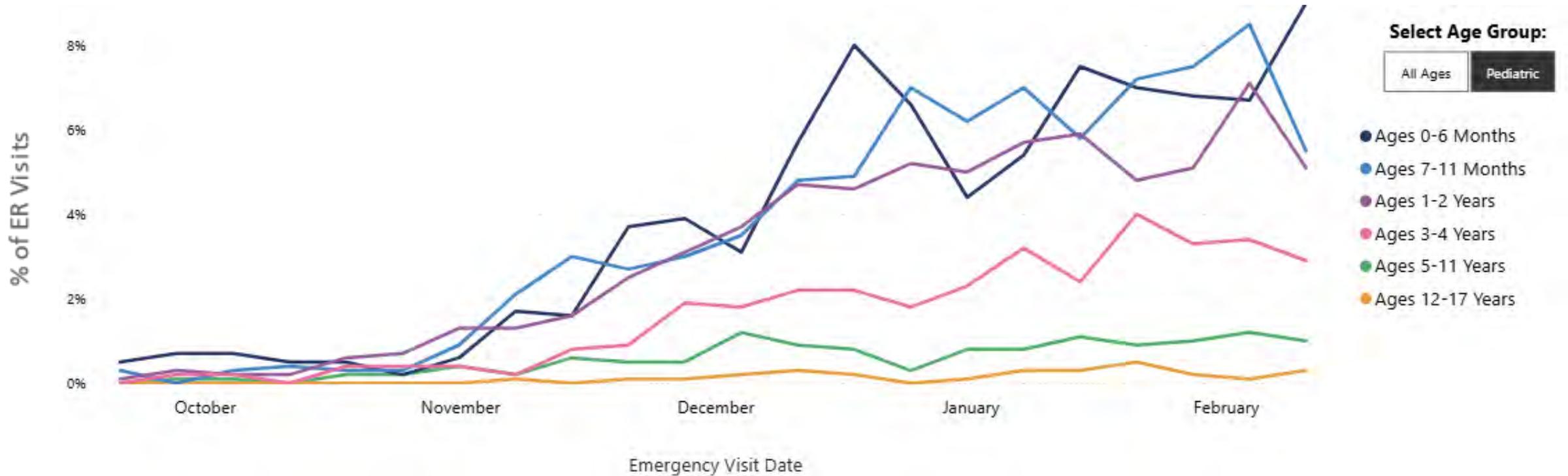


Data Source: ESSENCE.  
Courtesy Kacey Little, MPH, NPAIHB.

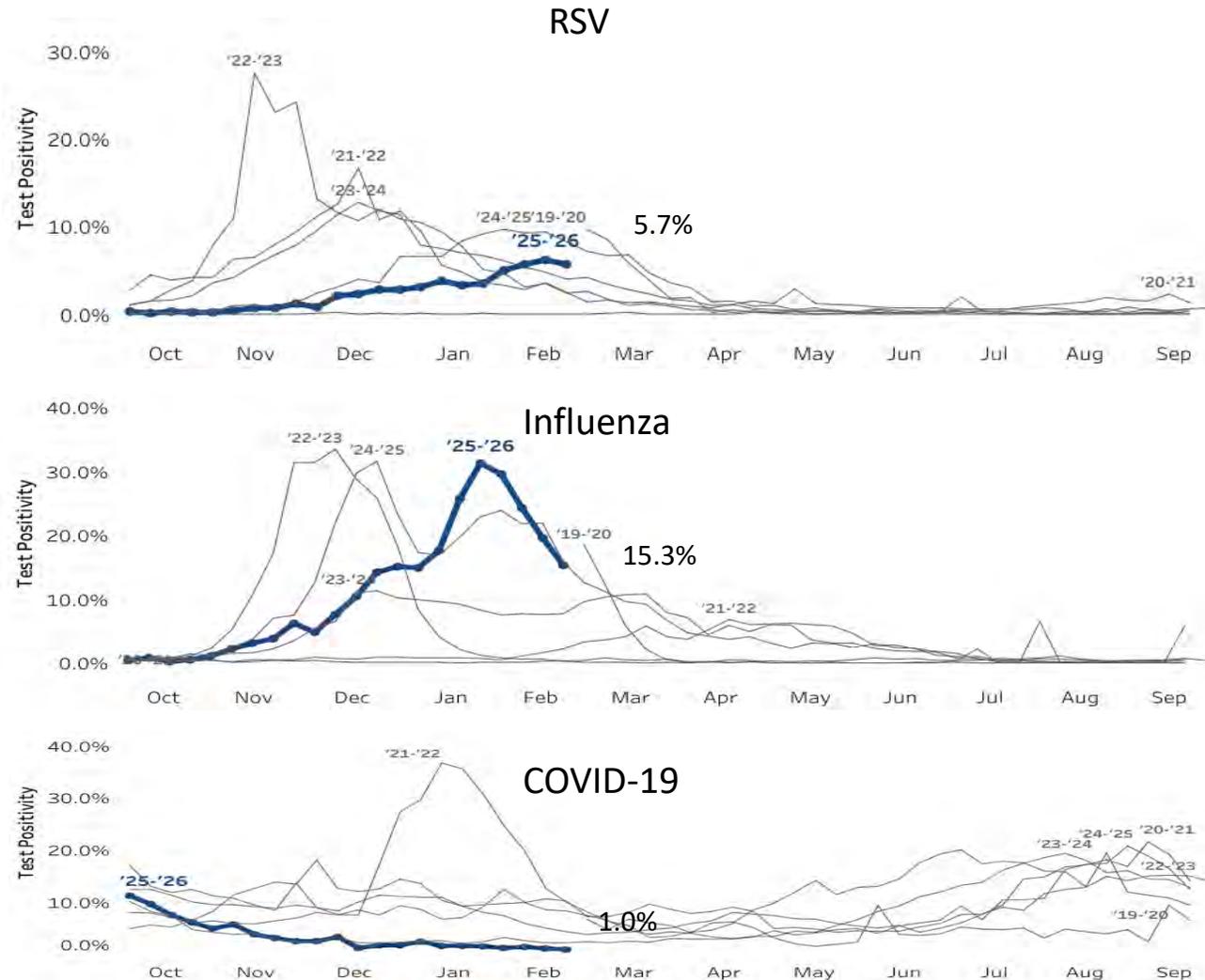
# Percent of Emergency Room Visits Associated with RSV by Age — Washington, 2025-26 (through 2/28/26)



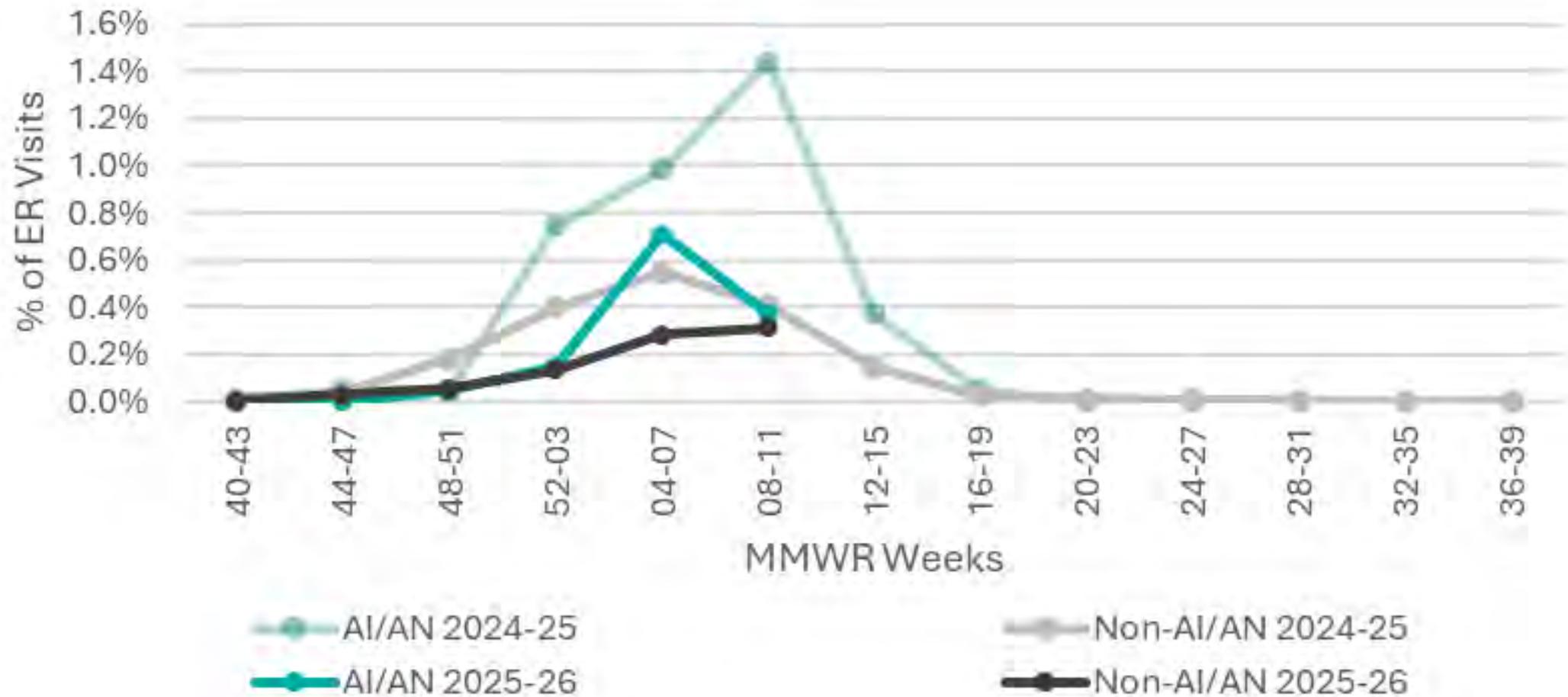
# Percent of Emergency Room Visits Associated with RSV Among Children— Washington, 2025-26 (through 2/28/26)



# Percent of Tests Positive for RSV, Influenza, and COVID-19 — Oregon, 2025-26 (through 2/28/26)



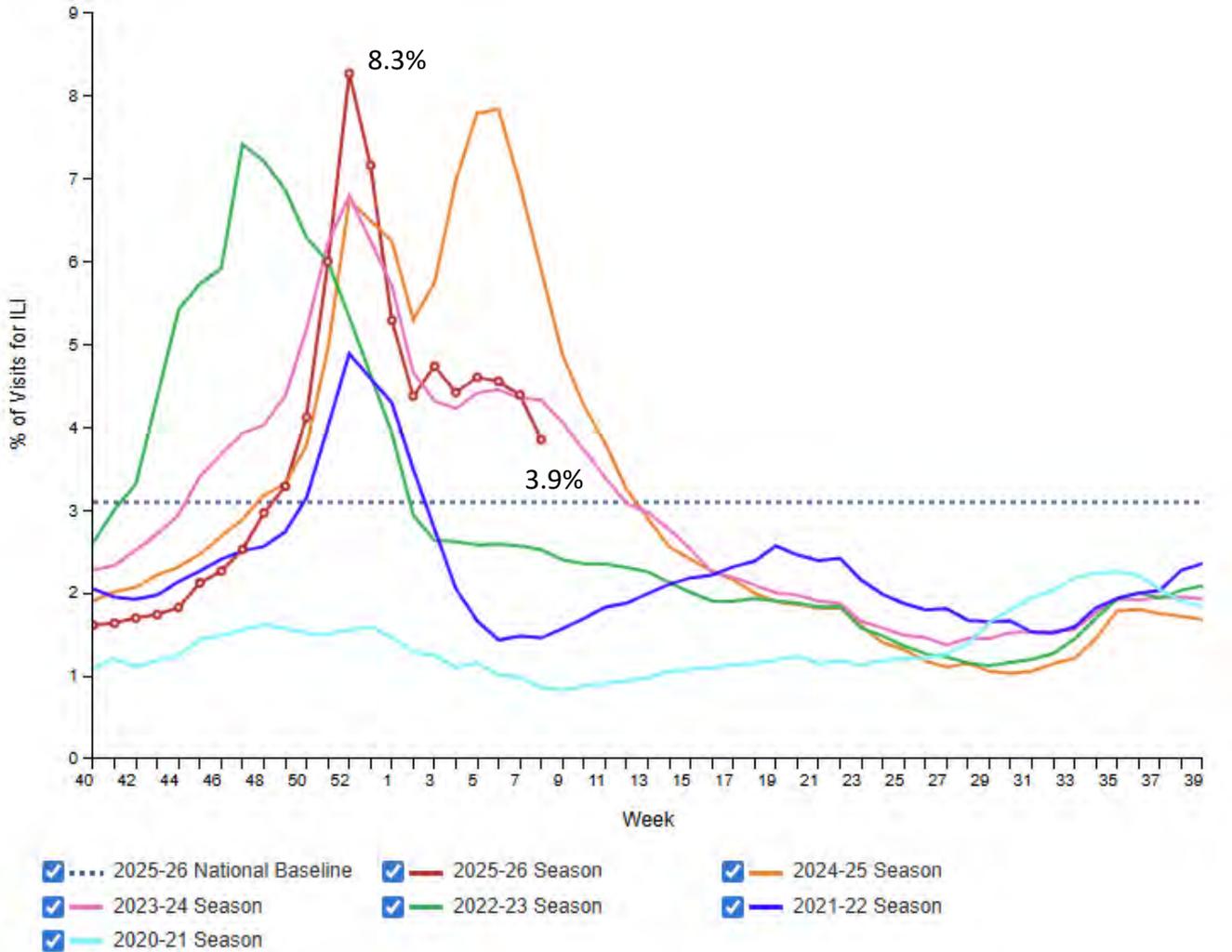
# % ER Visits Associated with RSV, AI/AN vs. non AI/AN — Oregon, 2025-26 (through week 9, 3/7/26)



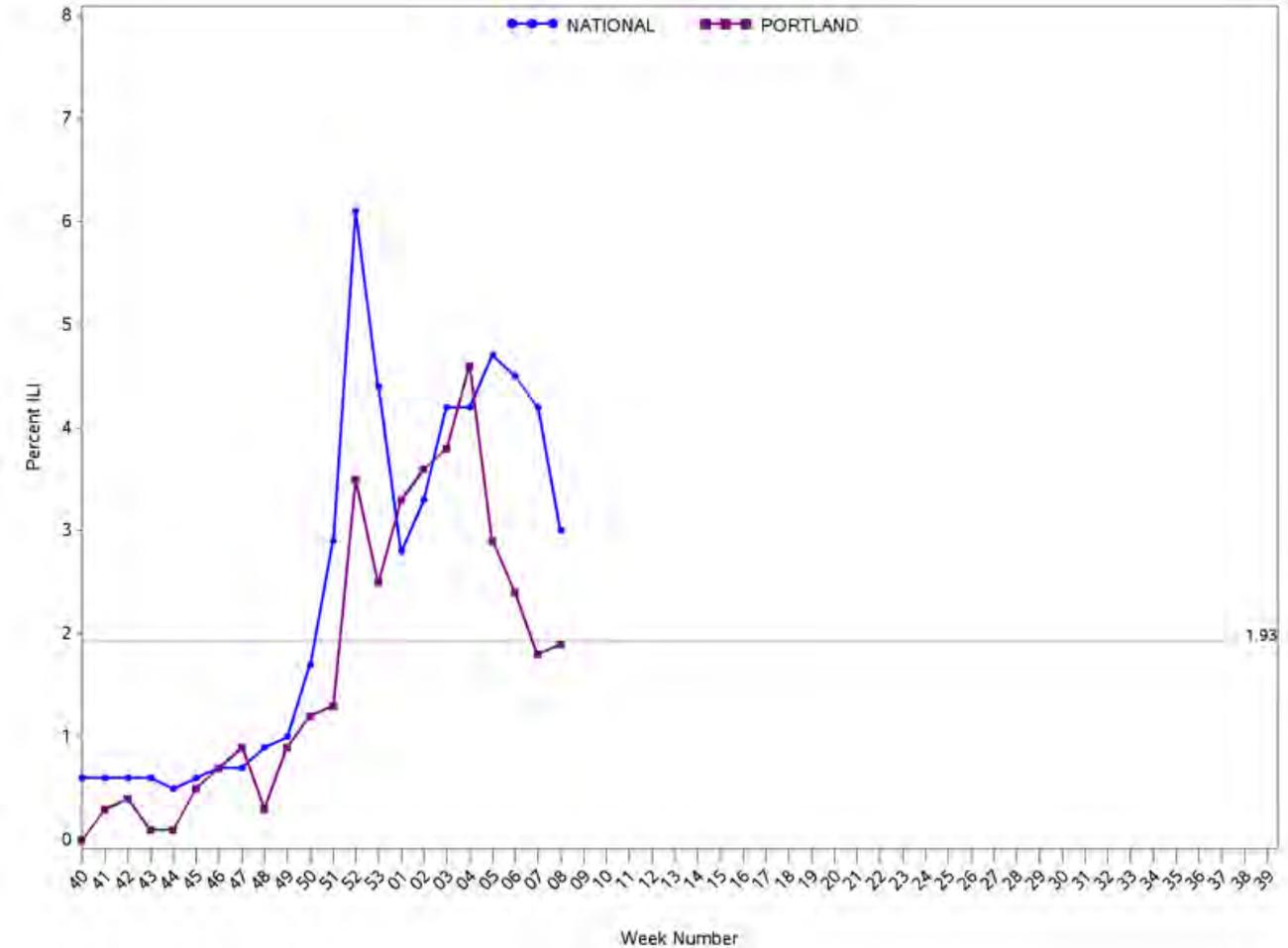
Data Source: ESSENCE.

Courtesy Kacey Little, MPH, NPAIHB.

# Percentage of Outpatients Visits for Influenza-like Illness (ILI) — United States, 2025-26 (through 2/28/26)



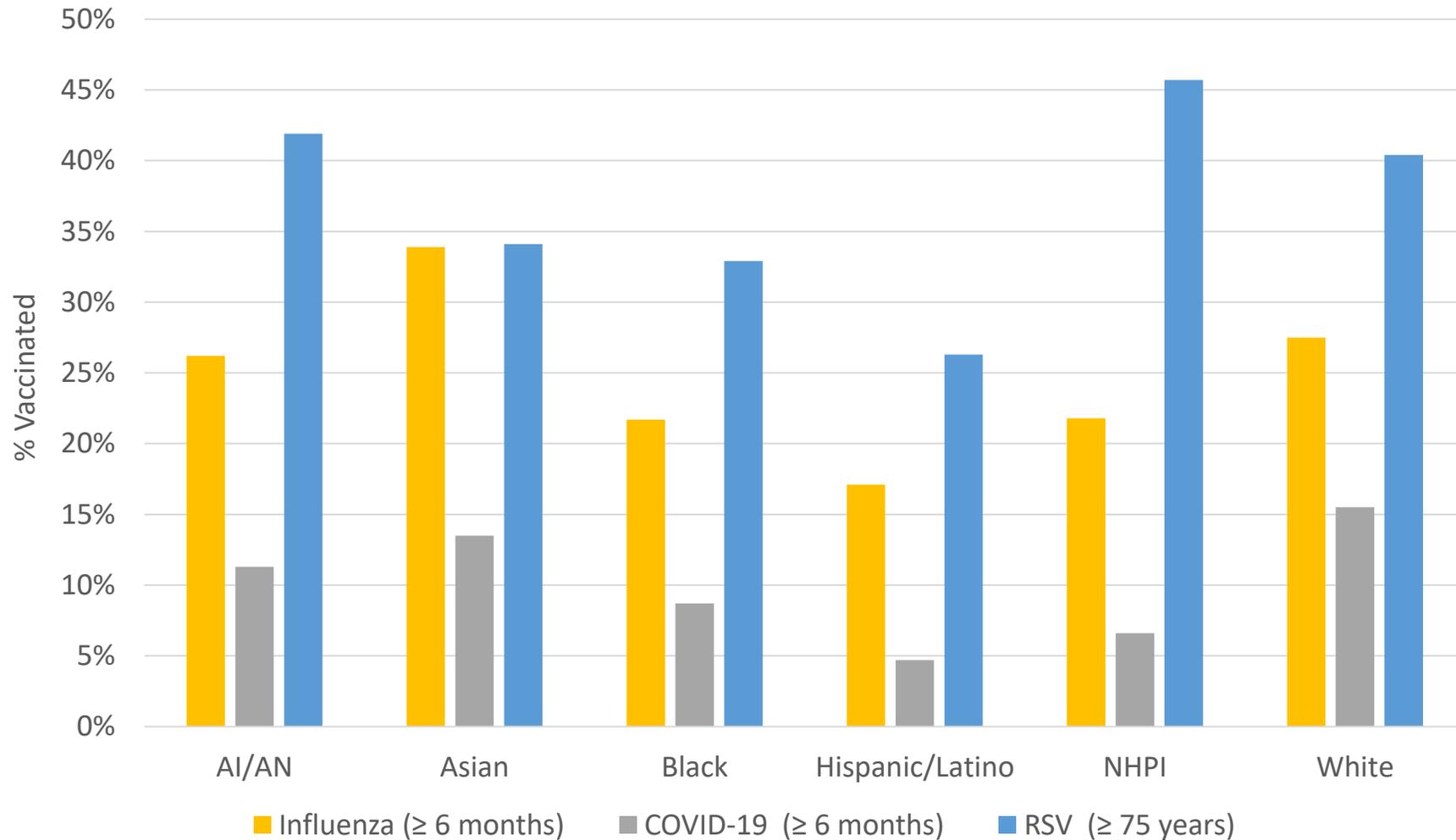
# Percentage of Weekly Outpatient Visits for Influenza-Like Illness (ILI) — IHS (National vs. Portland Area), 2025-26 (through 2/28/26)



\* Portland Area data based on 8 reporting I/T/U facilities



# Percent of People Vaccinated for Influenza, COVID-19 and RSV by Race/Ethnicity — Washington State , 2025-26 (through 3/2/26)



# Summary

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- Measles: Portland Area, 2026
  - Washington (N=26)
    - Outbreak in Snohomish County, now with 14 cases. Most recent cases with rash onset on 2/17.
    - 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=9)
    - Prior outbreak in Madison County, with 3 cases.
    - Outbreak in Canyon County, now with 6 cases. Most recent case with rash onset on 2/24.
  - Oregon (N=6)
    - Cases in Linn and Clackamas Counties.
    - Measles virus detected in wastewater in the past 6 weeks: Polk, Benton, Clackamas, Clatsop, Douglas, Hood River, Jackson, Josephine, Lincoln, Linn, Marion, Morrow, Multnomah, Umatilla, Washington.
- RSV: Activity remains elevated throughout the Portland Area and is increasing in Idaho.
- Influenza
  - ILI activity is still very high for Oregon and Idaho and is now moderate for Washington.
  - The % of tests positive for influenza and % of influenza-associated ER visits has decreased in all 3 states.
- 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 3/2): Influenza, 26.2%; COVID-19, 11.3%; RSV (age 75+), 41.9%].

# Recommendations: Seasonal Respiratory Viruses

- Continue to give RSV monoclonal antibody to eligible AI/AN children (infants prior to/during their first RSV season whose mothers did not receive the maternal RSV vaccine during the pregnancy or received it <2 weeks before delivery and for all AI/AN children ≤19 months prior to/during their 2<sup>nd</sup> RSV season) – recommend ongoing outreach to those who are not currently protected.
  - Washington State DoH has recommended extending Nirsevimab from March through April.
  - IHS HQ has indicated that maternal RSV vaccination may be extended through March 31 and that RSV monoclonal antibodies for infants/toddlers can also potentially be extended based on local epidemiology.
- Continue to vaccinate Elders for RSV (everyone ≥75 years and for RSV and those age 50-74 at increased risk).
- Vaccination for influenza is recommended for patients 6 months + as long as there is increased flu activity.
- 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](#)

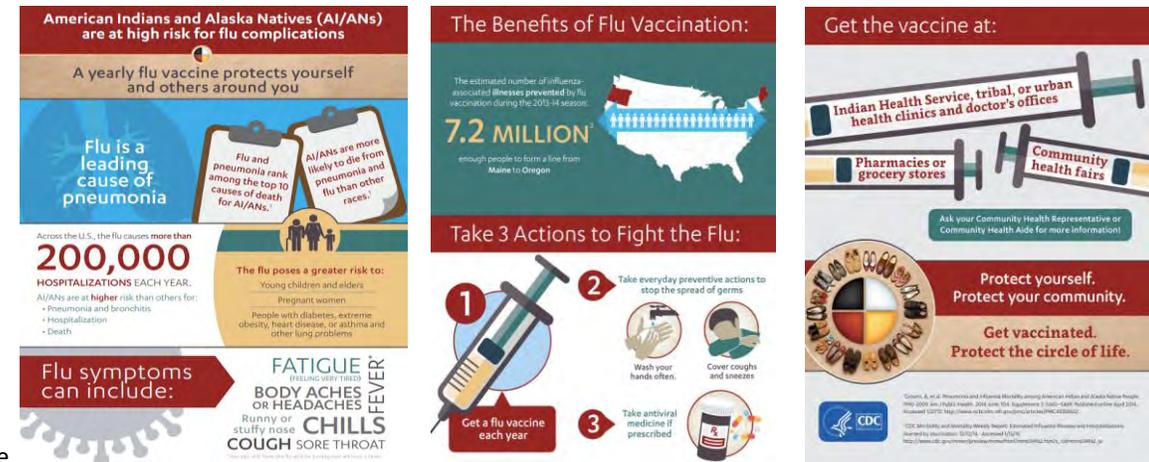
[COVID-19](#); [DOH COVID-19 Vaccine Schedule](#); [Washington State Statewide Standing Order for COVID-19 Vaccine FAQs for the Public](#); [West Coast Health Alliance announces vaccine recommendations for COVID-19, flu, and RSV](#) | [Washington State Department of Health](#)

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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# 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, Nantepahki, Doctor, DHA

### How to Protect Yourself

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

### Who Should Get Vaccinated

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

### Where to Get Vaccinated

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

### Vaccinative

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

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

### Additional Information

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

### 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
- Headaches
- 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.

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

— Dr. Frank Anishewat, M.D., IHS, Lakota/Glacier, 1799 Olathe Indian Tribal Clinic, Medical Director, Family 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, Misquou & Ogilala Lakota, Northern Anasazi, 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 Family 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.

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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

Whooping Cough (pertussis)	Elders 6 mo., and 6 mo. AND children 1 mo. and 4 yr olds
Pertussis	Elders 6 mo., and 6 mo. AND children 1 mo.
RSV	Elders 6 mo. and 6 mo. AND children 6 mo. old
COVID-19 Flu	Everyone 6 mo. and older every year

Why Every Year? COVID-19 and flu spread through the air. We need to get 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. There is a severe shortage of vaccines to give everyone.

Don't Have Progress. The price of vaccines will not go down. Making vaccines affordable for everyone is a goal for everyone.

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



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

# Flyer and Social Media Posts from IHS



## Protect the Ones We Love.

The MMR vaccine can prevent measles, mumps and rubella. Nearly all people who get the MMR vaccine are protected for life.

### The MMR Vaccine

**What is Measles?**  
Measles causes high fever, cough, runny nose, and watery, red eyes, followed by a rash. Measles spreads easily and can cause hospitalization, pneumonia, and death.

**What is Mumps?**  
Mumps causes fever, muscle aches, tiredness, and swelling of the saliva glands in the cheek and jaw. Mumps can cause arthritis, ovary or testicle swelling, deafness, brain swelling, and, rarely, death.

**What is Rubella?**  
Rubella may cause mild fever, sore throat, headache, and a rash. Some people have no symptoms, and women may have joint pain. Rubella is very dangerous for unborn babies and can cause miscarriage or birth defects.

**Who Can Get Vaccinated?**  
Children need two doses of the MMR vaccine:

- First dose: 12-15 months of age
- Second dose: 4-6 years of age

Most adults need 1 or 2 doses of MMR vaccine in a lifetime, depending on risk factors.



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

Scan code for more information.



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