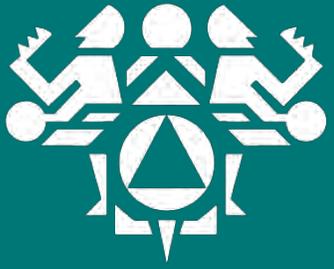


NPAIHB

Weekly Update

March 24, 2026





NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Agenda

- Welcome & Introduction: Bridget Canniff
- NPAIHB Announcements, Events, & Resources
- THRIVE / 988 Suicide Prevention Project Updates: Krystie Holder
- Communicable Diseases Updates: Dr. Tara Perti, PAIHS
- Questions & Comments

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

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>

SPONSORS

National Institutes of Health under Award Number 1506GM141002

Northwest Portland Area Indian Health Board

Native American Research Center for Health



Register here:

<https://cvent.me/P81e9D>

[Download the SRTI Brochure](#)

Open courses (as of 3/23) include:

American Indian/Alaska Native Adolescent Health

Introduction to Epidemiology

Introduction to Grant Writing

Graphic Design for Health Promotion

Research, Ethics, & Values in Indian Country

Data Wrangling & Summarizing in R



**NW NARCH
Indigenous Addiction
Research Program**

June 22-26, 2026
Portland, OR

**APPLY
NOW**

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

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



Apply at
forms.office.com/r/cj4G4Mv7Yb



www.npaihb.org/nw-narch

QBM April 28 – 30, 2026

Registration for the April Quarterly Board Meeting is open

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

Dates: April 28-30, 2026

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

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

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

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

Please reserve your room by March 26, 2026.

[April QBM info page](#)



Upcoming Indian Country ECHO Telehealth Opportunities

- **Care & Access for Pregnant People ECHO** – 4th Tuesday of every month at 11am PT
 - Tuesday, March 24th at **11:30am PT** (*The start time has changed only for this session.)
 - Didactic Topic: *Past Policies, Present Outcomes – Historical Trauma & Maternal-Child Health Today*
 - To join via Zoom: <https://echo.zoom.us/j/87128078680?pwd=c2hMOEFnWU9QWVZMd2dpLOJ0ODNidz09>
- **Hepatitis C (HCV) ECHO** – 1st, 3rd & 4th Wednesday of every month at 11am PT
 - Wednesday, March 25th at 11am PT
 - Didactic Topic: *Ending the Syndemic in Indian Country*
 - To join via Zoom: <https://echo.zoom.us/j/537117924?pwd=OEExbERmK2pSUFFsMzV1SmVpb3g3dz09>
- **Dementia Caregiver Support ECHO** – 4th Thursday of every month at 11am PT
 - Thursday, March 26th at 11am PT
 - Didactic Topic: *Falls & Mobility*
 - To join via Zoom: <https://echo.zoom.us/j/99454243940?pwd=NG9aWGUvRTdKSmgwTGlldklmVDRWUT09>
- **Journey to Health ECHO** – 2nd & 4th Thursday of every month at 7am / 12pm PT
 - Thursday, March 26th at 12pm PT
 - Didactic Topic: *ACEs Impacts Adult Health*
 - To join via Zoom: <https://echo.zoom.us/j/93413601610?pwd=YVhMN1NUNllyWHZUZk1CUnF0TEY5QT09>

Upcoming Indian Country ECHO Telehealth Opportunities

- **General Session**

- Friday, March 27th at 11am PT
- Didactic Topic: *Using an Artificial Intelligence Engine Designed for Clinicians*
- To join via Zoom: <https://echo.zoom.us/j/99475693462?pwd=NGlaMjBrNHZkcjBOSXRySHNHMzB4Zz09>

- **Hepatitis C (HCV) ECHO** – 1st, 3rd & 4th Wednesday of every month at 11am PT

- Wednesday, April 1st at 11am PT
- To join via Zoom: <https://echo.zoom.us/j/537117924?pwd=OEExbERmK2pSUFFsMzV1SmVpb3g3dz09>

- **Substance Use Disorder (SUD) ECHO** – 1st Thursday of every month at 11am PT

- Thursday, April 2nd at 11am PT
- To join via Zoom: <https://echo.zoom.us/j/806554798?pwd=WVQyUFJnYkR3SXBjcUdlemRnNmZ6Zz09>

- **Harm Reduction ECHO** - 1st Tuesday of every month at 12pm PT

- Tuesday, April 7th at 12pm PT
- To Join via Zoom: <https://echo.zoom.us/j/99009428799?pwd=TFVRa1FPSDU5M2lvTTNwbGo3ZjdyZz09>

NPAIHB Weekly Update Schedule

- March 31: Legislative & Policy Updates
- April 7: Data Hub Update: Leading Causes of Death Dashboard
- April 14: Communicable Diseases Updates
- April 21: N CREW Research Topic Focus
- April 28: No Update – QBM Week



NCHHSTP
National Center for HIV, Viral Hepatitis, STD, and Tuberculosis

Tribal Listening Session: Facilitating Data-Sharing for HIV, Viral Hepatitis, STDs, and TB Prevention Programs

[Register Here!](#)

Tuesday, March 31, 2026
1:00 - 2:30 PM ET

Listening Session Details

CDC is hosting a **90-minute listening session** to learn from tribal partners about their experiences, both challenges and successes, when requesting and sharing data with state and local health departments. Input from this discussion will inform updates to the [Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, STD, and TB programs](#).

As part of this revision, [NCHHSTP](#) incorporated real-world data-sharing scenarios into an appendix developed by a Council of State and Territorial Epidemiologists (CSTE) Workgroup. The updated appendix features two example tribal data-sharing pathways:

1. Data-sharing between a health department and a tribe, and
2. Data-sharing between a health department and a TEC.

Facilitators



Renáta D. Ellington, PhD, MEd

Acting Director, National Center for HIV, Viral Hepatitis, STD and TB Prevention



Anes Aref, MS

Associate Director for Informatics, National Center for HIV, Viral Hepatitis, STD and TB Prevention



Sharon Stanphill, DrPH, MPH

Cow Creek Band of Umpqua Tribe of Indians
Chief Health Officer, Cow Creek Health & Wellness Center

Intended Audience

NCHHSTP invites tribal leaders, tribal public health professionals, tribal data experts, and Tribal Epidemiology Center (TEC) directors and staff.

Tribal partners may submit additional written comments within two weeks, by **Wednesday, April 15, 2026**, to tribalsupport@cdc.gov.

CSTE Conference Sponsorships Available!

The Council of State and Territorial Epidemiologists has **ten sponsorships available** for the Tribal Workshop at the CSTE 2026 Annual Conference, May 31-June 4 in Boston, MA.

"Reforming the Health Data Ecosystem for Tribal Inclusion"

Sponsorship includes conference registration, airfare, per diem, hotel, and group transportation! Typically, these are completed via reimbursement post conference; however, there are two direct billing slots available for those who need it.



Apply [here](#) no later than **March 27, 2026**. Questions? Contact Colin Gerber cgerber@cste.org.

NPAIHB THRIVE

988 Suicide Prevention Project



THRIVE 988 Team Contacts



Shane Lopez Johnston, 988 Tribal Project Director
slopezjohnston@npaib.org



Krystie Holder, THRIVE 988 Tribal Project Coordinator
kholder@npaihb.org



Colbie Caughlan, TOR & THRIVE Project Director
ccaughlan@npaihb.org

THRIVE CONFERENCE

Save
the
Date



JUNE 22-26, 2026
PORTLAND, OR

REGISTRATION IS FREE AND WILL OPEN THE FIRST WEEK OF APRIL

Who - American Indian and Alaska Native youth 13-19 years old

What - Three to Four interactive workshop tracks

Where - Portland, OR

Why - Participants will:

- Build protective factors through creative self-expression using traditional learning strategies
- Connect with other Native youth and mentors
- Learn about healthy behaviors and develop healthy coping mechanisms
- Embrace their cultural pride and enhance resiliency

Northwest Portland Area Indian Health Board
THRIVE Project
Ph: (971) 282-4010
Email: THRIVE@npaihb.org
Website: www.npaihb.org/THRIVE

The conference was established in 2011 through an IHS grant and evolved into its current form through sustained support, made possible by consistently incorporating it into grants.

The annual THRIVE Youth Conference is a suicide prevention conference for youth to experience culture, laughter, education, and community engagement, exploring different workshops that support their interest.

For questions, reach out to
THRIVE@npaihb.org

Suicide & Crisis Lifeline

Dial 988

for mental health emergencies.

Text **NATIVE** to 741741
for free, 24/7 support.

#WeNeedYouHere



To **GIVE** help
or **GET** help:

**WE ARE
CONNECTED.**
We Need You Here.

Dial 988 if you are having a mental health emergency to reach the Suicide & Crisis Lifeline.

Text **NATIVE** to 741741 to receive free, 24/7 counseling support.

Talk to trusted elders, healers, friends, family, clergy or health professionals.

Visit  WE.NATIVE.org



 
The National Professional Association of Indigenous Health Beings (NPAIHB) is a 501(c)(3) non-profit organization. We are proud to be a part of the Native community and to support the health and well-being of all Native people. We are committed to providing a safe and supportive space for all Native people to share their stories and to heal. We are committed to providing a safe and supportive space for all Native people to share their stories and to heal. We are committed to providing a safe and supportive space for all Native people to share their stories and to heal.

YOU PROTECTED US.

LET US WALK WITH YOU.

#WENEEDYOUHERE



LOVED & ACCEPTED

#WENEEDYOUHERE



PREVENT SUICIDE.

TO GIVE HELP OR GET HELP:

- CALL THE TREVOR LIFELINE FOR LGBTQ YOUTH AT **1.866.488.7386**
- **DIAL 988** TO REACH THE SUICIDE & CRISIS LIFELINE
- **Text "NATIVE" to 741741** FOR FREE 24/7 SUPPORT
- VISIT **WWW.WERNATIVE.ORG** TO LEARN ABOUT SUICIDE SIGNS AND PREVENTION RESOURCES
- TALK TO TRUSTED ELDERS, HEALERS, FRIENDS, FAMILY MEMBERS OR HEALTH PROFESSIONALS



This marketing document was developed in part with grant numbers 5R01T320 and 5R02T300 from SAMHSA. The views, opinions and content of all publications are those of the authors and contributors, and do not necessarily reflect the views, opinions, or policies of CHRS, SAMHSA, or HHS, and should not be construed as such.

Scan QR Code for THRIVE Linktree

To Get Mental Health Resources



NPAIHB

#WeNeedYouHere[®]



THRIVE

Check out our social media for more updates



Our website:

<https://www.npaihb.org/thrive/>



Our Instagram page:

<https://www.instagram.com/npaihb?igsh=YWJhY3V0NTdlN21w>



Our YouTube Playlist:

https://www.youtube.com/playlist?list=PL_vWmLe1vncQ1L2l8GZkOKHTiFSQ7BbtC



Partner Updates:
Portland Area
Indian Health Service

Portland Area IHS Communicable Diseases Update

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

March 24, 2026



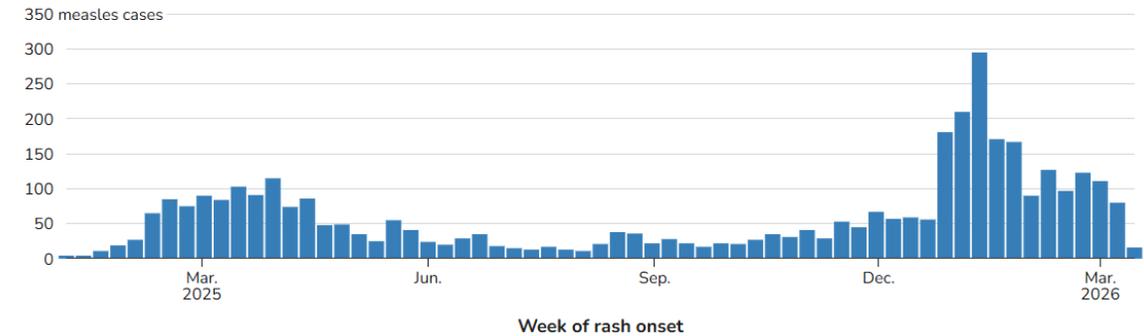
Outline

- Measles
- RSV, Influenza, and COVID-19

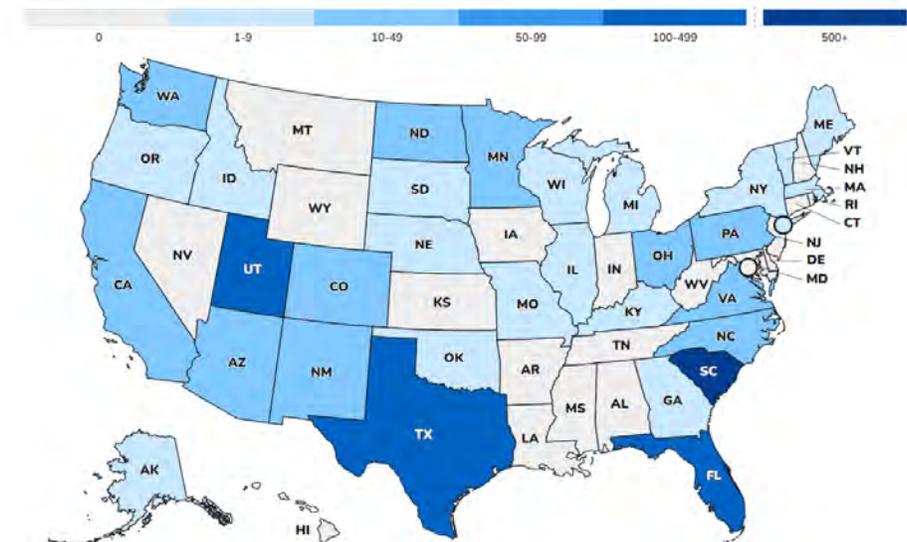
Measles — United States, 2026

- 1,487 confirmed cases among 31 states during 2026 as of 3/19 (2,285 cases during 2025).
- 94% of cases are outbreak-associated (≥ 3 related cases).
- Age: 21% <5 years-old, 53% 5-19 years-old, 26% ≥ 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).
- 92% unvaccinated or with unknown vaccination status, 4% one MMR dose, 4% two MMR doses.

Weekly Measles Cases — United States, 2025-26



Measles Cases Among U.S. Residents, 2026



Measles — Washington State Residents, 2026 (N=28)

- **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 2nd MMR vaccine as soon as eligible (if first dose was MMR, then 2nd dose at least 28 days later; if the first dose was MMRV then 2nd dose at least 3 months later).
- **Clark County: 8 cases. 7 outbreak-associated;** initial case in an adult who traveled out of state. The most recent case, 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. The latest two cases were not linked to the first and were not in the county during their infections period:
- **Grant County: Two cases (children)** from the same household with history of international travel.
 - Possible public exposure locations in Moses Lake:
 - 3/7 Confluence Direct Care
 - 3/9 Samaritan CareToday
 - 3/11 and 3/12 Samaritan Emergency Department
 - For additional details: <https://www.granthealth.org/m/newsflash/home/detail/129>
 - Anyone at these locations should monitor for symptoms through 4/2/26. If symptoms develop, they should call the clinic or hospital ahead to notify them of the need for evaluation for measles.
- ❖ All cases in Washington unvaccinated or with unknown vaccination status.
- Possible measles exposure at Sea-Tac on 3/9/26 from 2-5 PM. Anyone at this location should monitor for symptoms through 3/30.
 - For additional details: <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/news/news-archive-2026/03-20-measles-exposure>

Measles — Oregon, 2026 (N=10)

- Oregon Health Authority is not providing details regarding the County of Residence:
<https://www.oregon.gov/oha/ph/diseasesconditions/diseasesaz/pages/measles.aspx>
- **Cases this year among Oregon residents have occurred at least in Linn, Clackamas, Multnomah, and Marion Counties.**
- **Measles virus detected in wastewater** in the past 6 weeks ending 3/14/26:
 - **Benton, Coos, Deschutes, Multnomah, Tillamook, Polk, Linn, Washington, Marion, Hood River.**
- **Multnomah County**, possible public exposure location:
 - 3/7: WinCo Foods in Gresham.
 - Anyone who may have been exposed should monitor for symptoms through 3/28.
Additional Details: <https://content.govdelivery.com/accounts/ORHA/bulletins/40e0859>
- **Marion County**, possible public exposure locations:
 - 3/13: Kaiser Permanente Skyline Medical Office, 2nd Floor
 - 3/16: Salem Health Hospital Emergency Department Waiting Room
 - Anyone who may have been exposed should monitor for symptoms through 4/6.
Additional details: <https://content.govdelivery.com/accounts/ORHA/bulletins/40f26ed>
- ❖ All cases in Oregon unvaccinated or with unknown vaccination status.

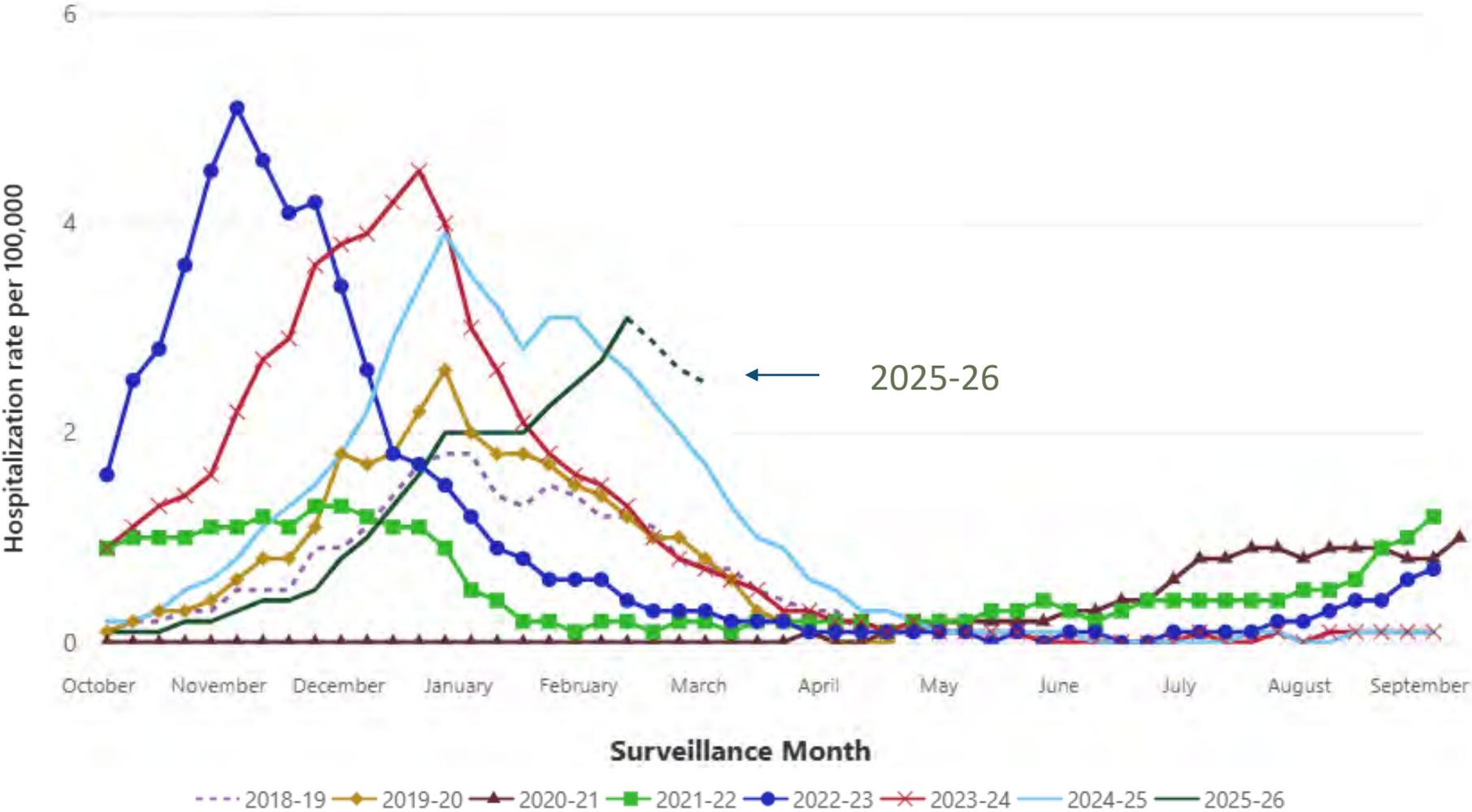
Measles — Idaho, 2026 (N=10)

- **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.**
- **Kootenai County** (Panhandle Health District): One case identified.
Possible public exposure locations:
Saturday, March 14, 12:48 p.m.-5:52 p.m. and Sunday, March 15, 10:41 a.m.-4:53 p.m: Providence Sacred Heart Pediatric and Adult Emergency Departments.
 - Anyone at this location at one of these times should monitor for symptoms through 4/5/26. If symptoms develop, they should call the clinic or hospital ahead to notify them of the need for evaluation for measles.

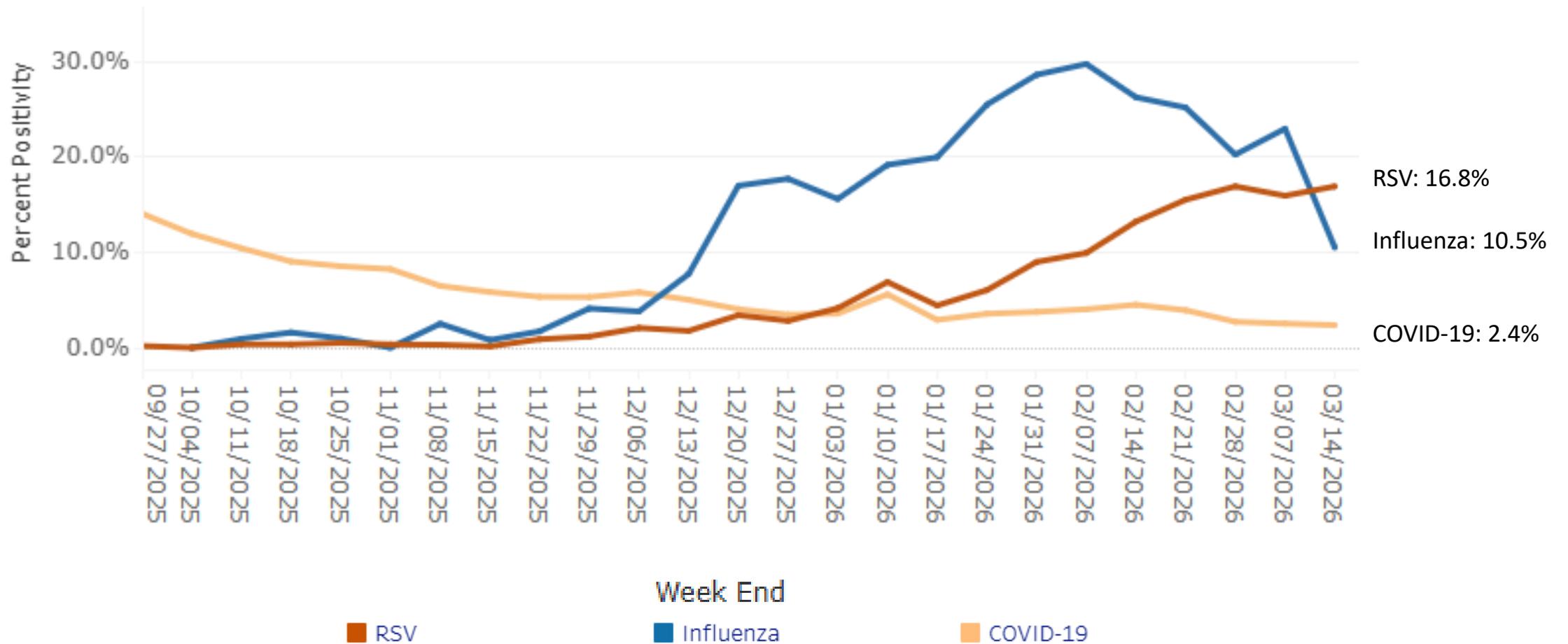
Measles — Portland Area, 2025-26

Location (State/County)	Number of Cases		Additional Cases (e.g. Among Travelers)
	2025 (N=26)	2026 (N=47)	
Washington	Total: 12	Total: 28	9 additional cases among travelers to Washington (King and Snohomish Counties) in 2025. 2 travelers in 2026 (King).
King	7		
Snohomish	2	14	
Whatcom	2		
Spokane	1		
Kittitas		1	
Clark		8	
Stevens		3	
Grant		2	
Oregon	Total: 1	Total: 10	
Idaho	Total: 13	Total: 10	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)	2		
Bonneville (Eastern Idaho Public Health)	5		
Madison (Eastern Idaho Public Health)		3	
Canyon (Southwest District Health)		6	

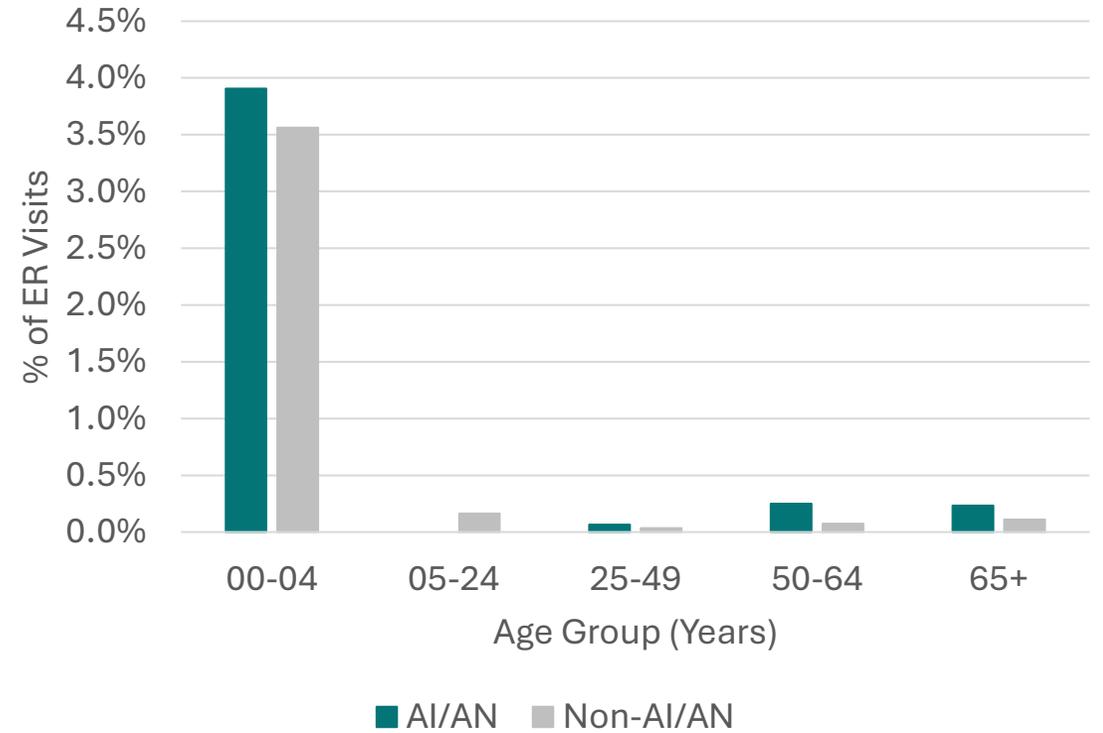
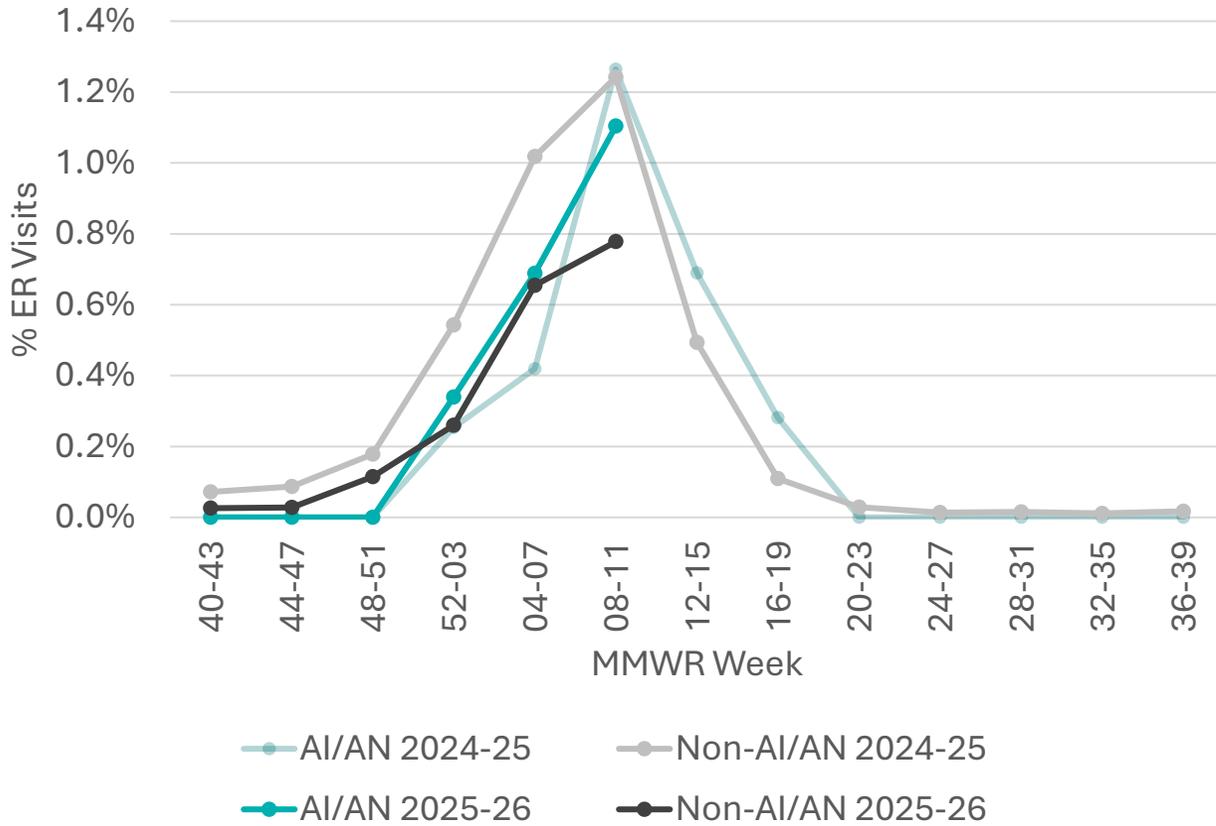
Weekly Hospitalization Rate Associated with RSV — United States, 2025-26 (through 3/14/26) vs. Past Seven Seasons



Percent of Tests Positive for RSV, Influenza, and COVID-19 — Idaho, 2025-26 (through 3/14/26)

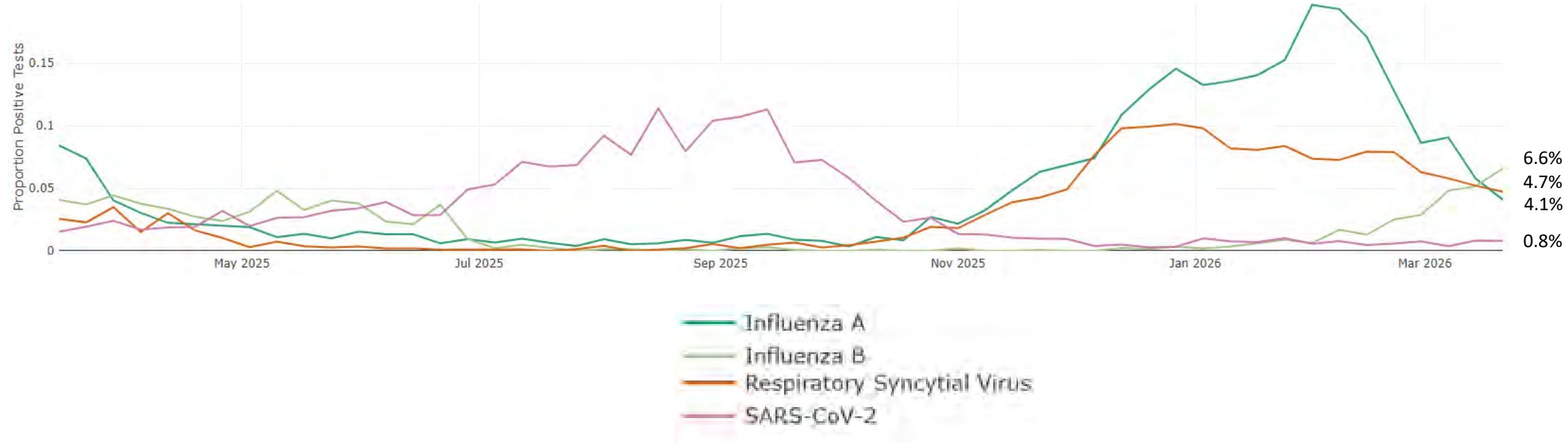


% ER Visits Associated with RSV, AI/AN vs. non AI/AN — Idaho, 2025-26 (through week 10, 3/14/26)

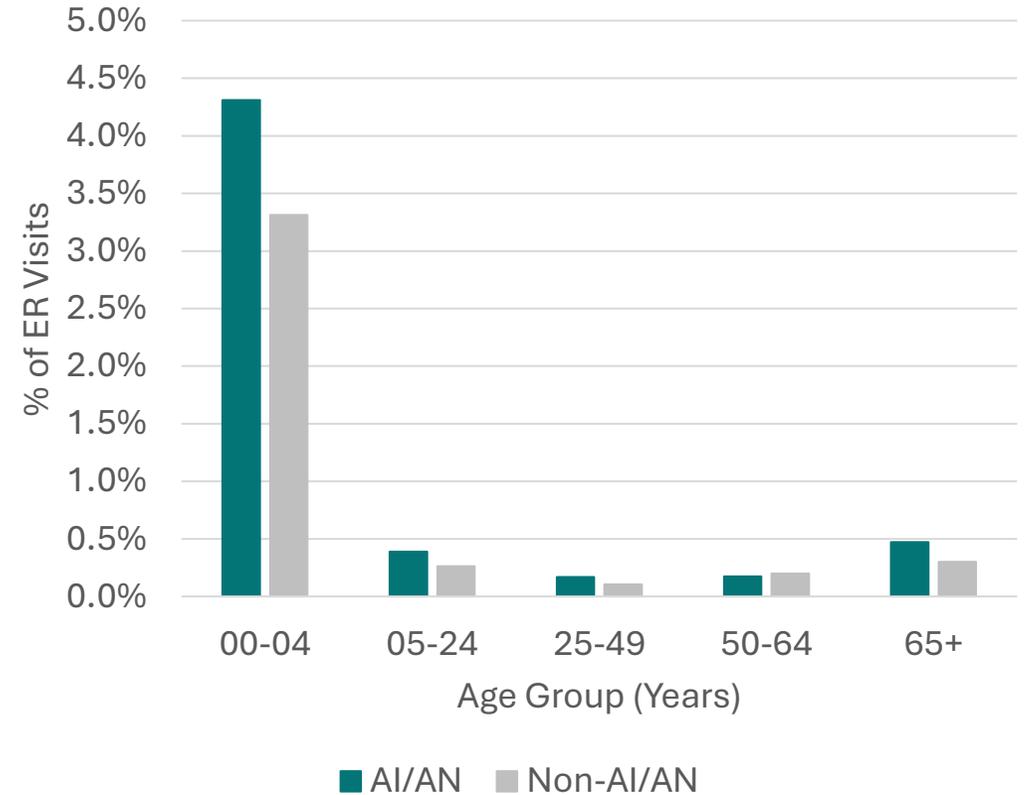
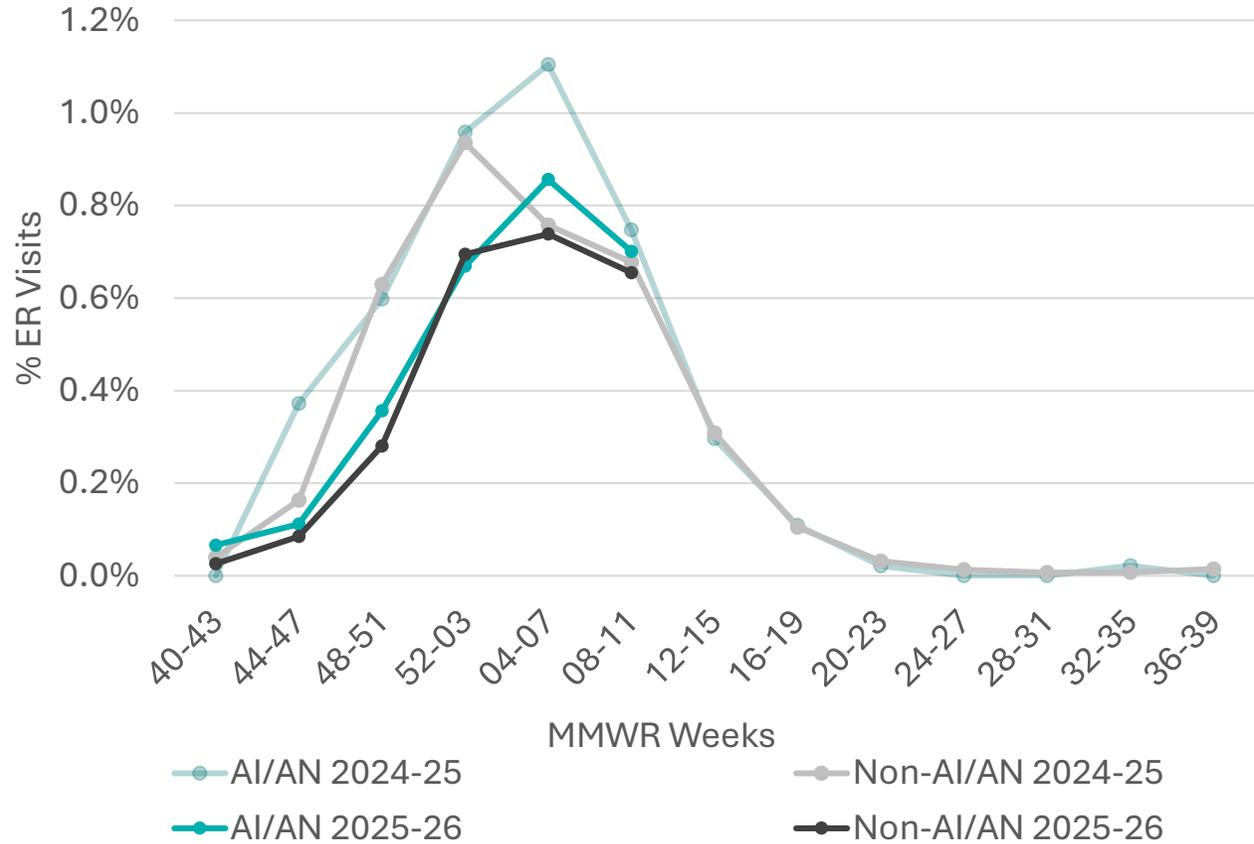


Data Source: ESSENCE.
 Courtesy Kacey Little, MPH, NPAIHB

Proportion of Tests Positive for COVID-19, Influenza and RSV in the Northwest — University of Washington and Seattle Children’s Hospital, 2025-26 (through 3/21)



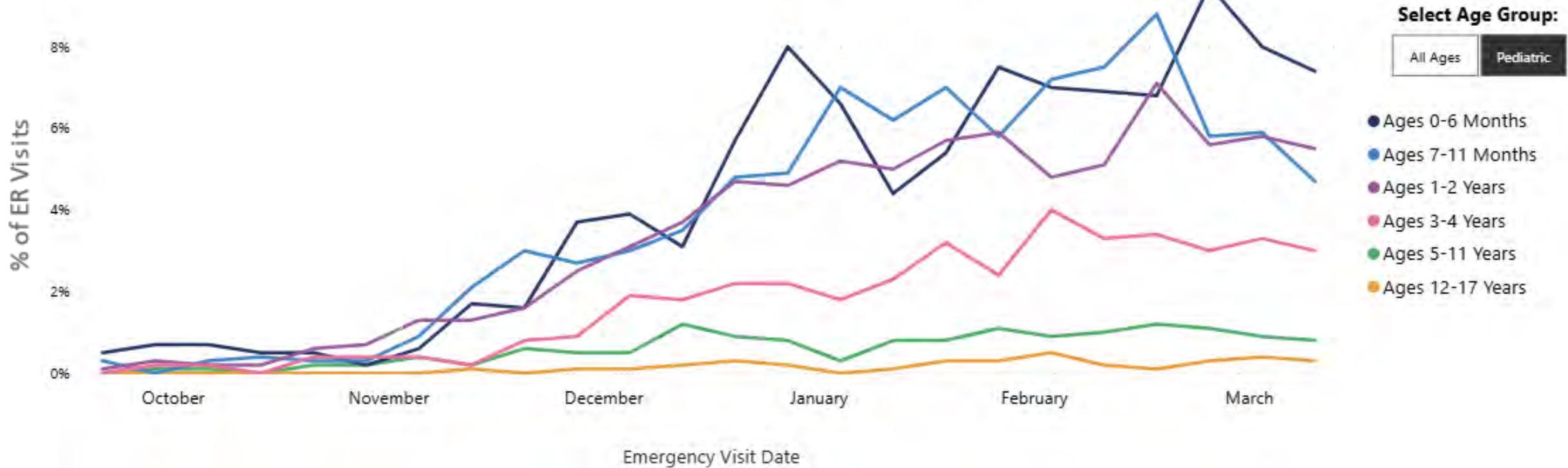
% ER Visits Associated with RSV, AI/AN vs. non AI/AN — Washington, 2025-26 (through week 10, 3/14/26)



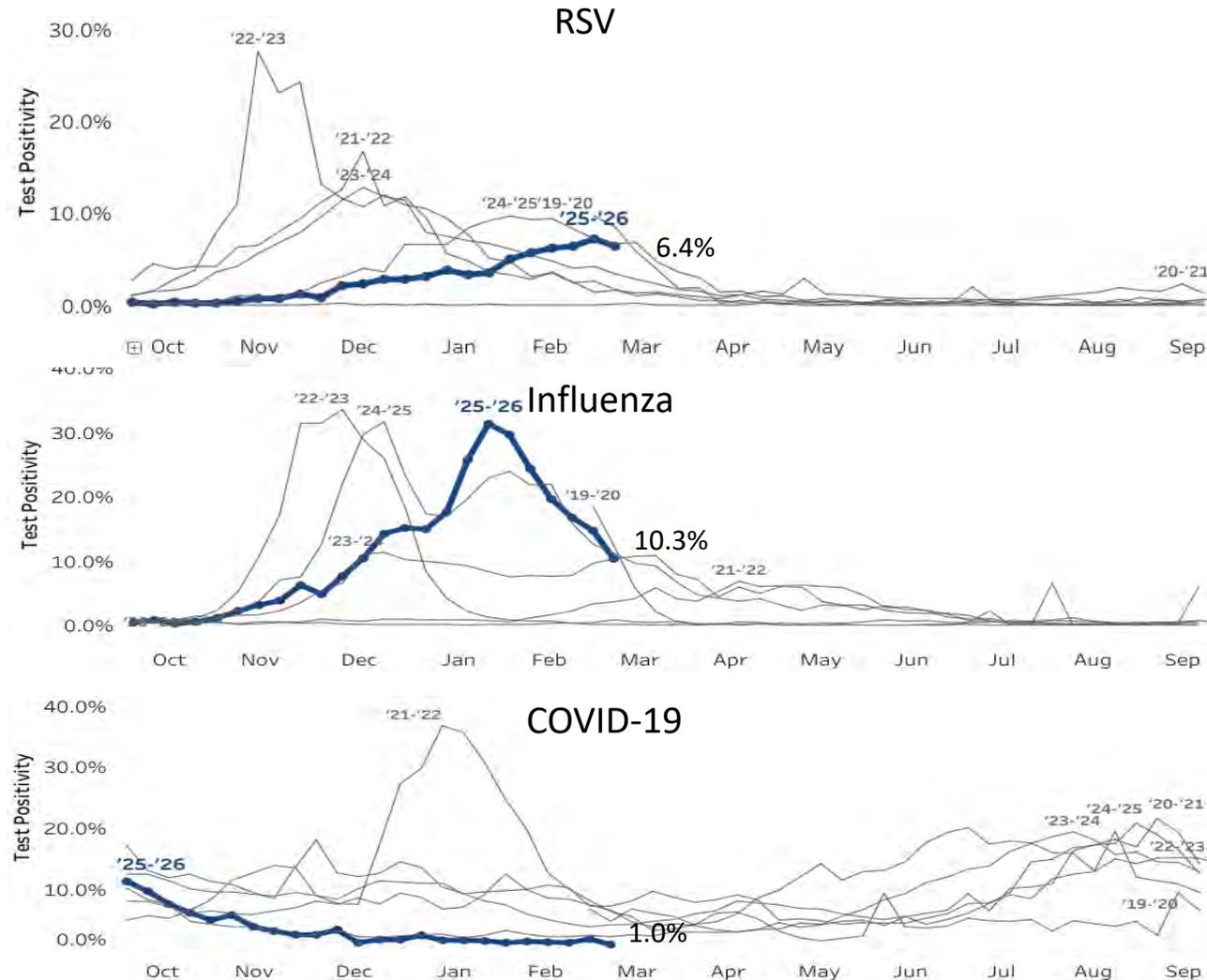
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Courtesy Kacey Little, MPH, NPAIHB

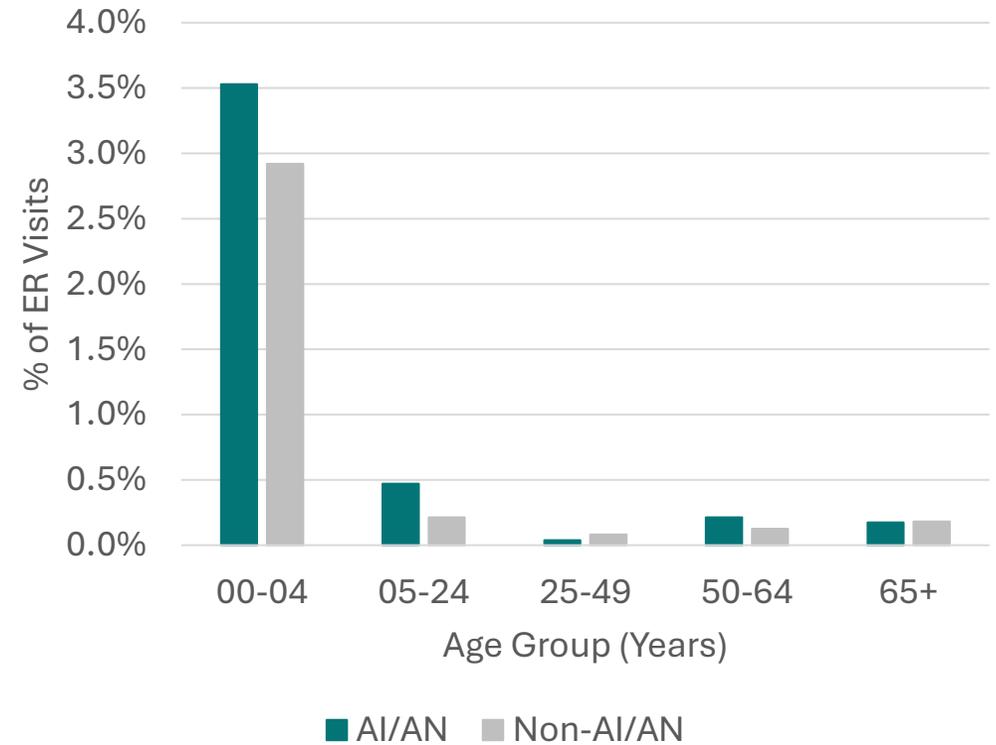
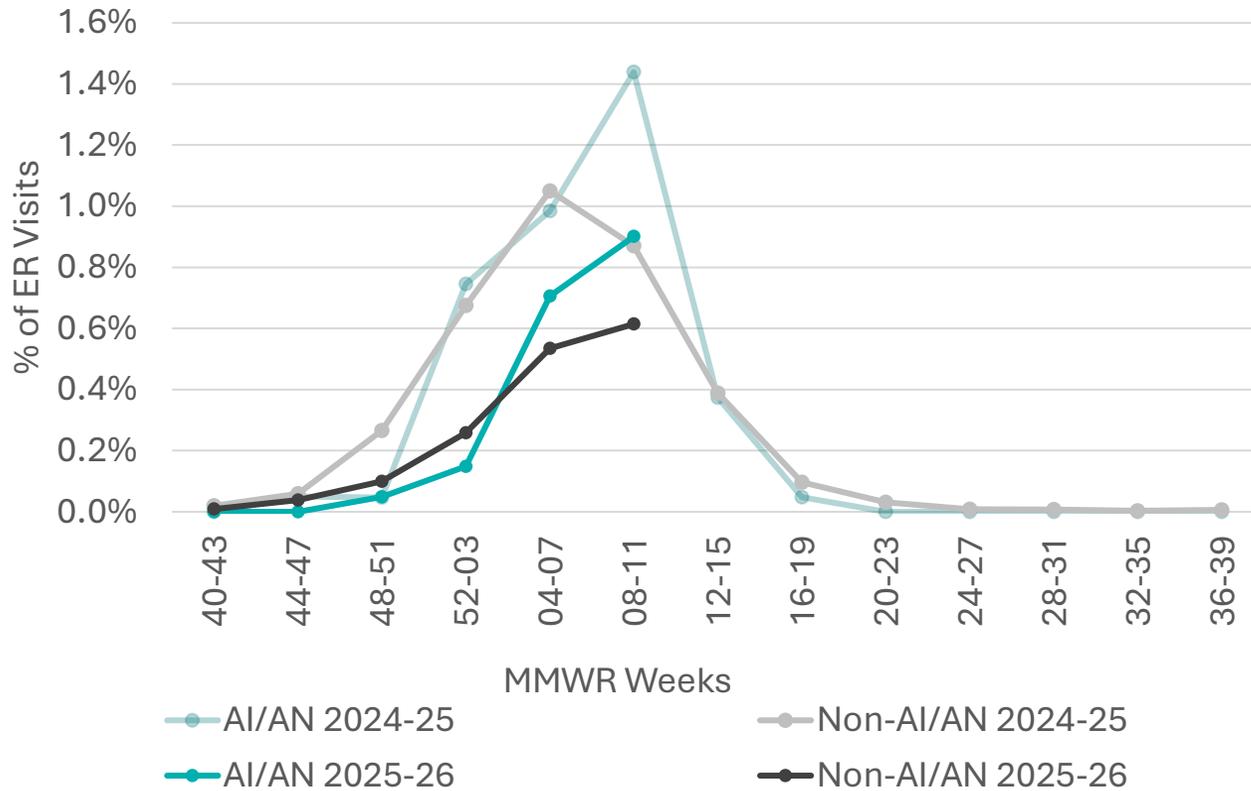
Percent of Emergency Room Visits Associated with RSV Among Children— Washington, 2025-26 (through 3/14/26)



Percent of Tests Positive for RSV, Influenza, and COVID-19 — Oregon, 2025-26 (through 3/14/26)



% ER Visits Associated with RSV, AI/AN vs. non AI/AN — Oregon, 2025-26 (through week 10, 3/14/26)

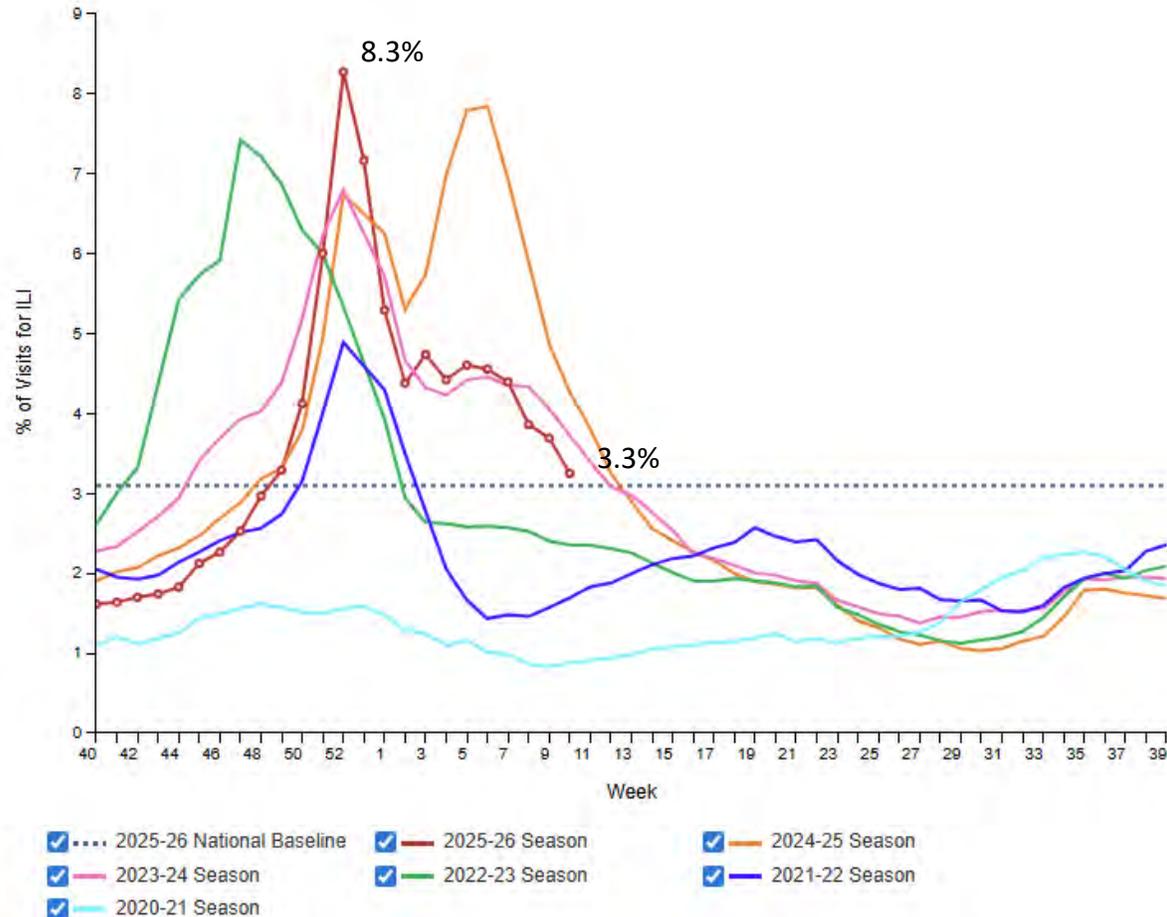


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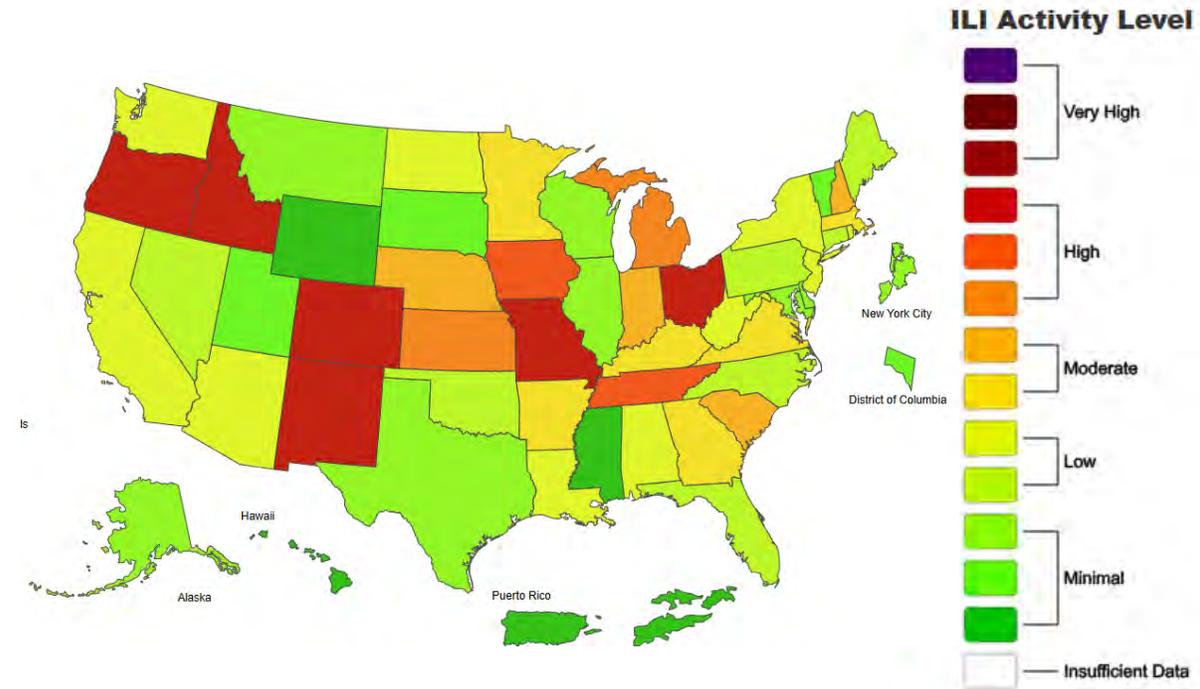
Courtesy Kacey Little, MPH, NPAIHB

Influenza-like Illness (ILI) Activity — United States, 2025-26 (through 3/14/26)

Percentage of Outpatients Visits for ILI



ILI Activity (week ending 3/14/26)



Summary

- Measles: Portland Area, 2026
 - Washington (N=28)
 - Outbreak in Snohomish County 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.
 - 2 new cases in Grant County.
 - 1 prior case in Kittitas County.
 - 3 prior cases in Stevens County.
 - Idaho (N=9)
 - Prior outbreak in Madison County, with 3 cases.
 - Outbreak in Canyon County, with 6 cases. Most recent case with rash onset on 2/24.
 - New case in Kootenai County.
 - Oregon (N=10)
 - Oregon Health Authority is not providing details regarding the County of Residence; cases have occurred at least in Linn, Clackamas, Multnomah, and Marion Counties.
 - Measles virus detected in wastewater in the past 6 weeks ending 3/14/26:
 - Benton, Coos, Deschutes, Multnomah, Tillamook, Polk, Linn, Washington, Marion, Hood River.
- RSV: The % of tests positive for RSV and the % of RSV-associated ER visits remains elevated in all three states.
- Influenza: ILI activity is still high in Idaho and Oregon and low in Washington. The % of influenza-associated ER visits is decreasing in all three states.

Recommendations: Seasonal Respiratory Viruses

- Continue to give RSV monoclonal antibody to eligible AI/AN children (infants 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 all AI/AN children ≤19 months during their 2nd 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.
 - Based on local epidemiology, with ongoing elevated RSV activity in all three states, recommend extending RSV protection for infants and toddlers through April.
- 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.

Recommendations: MMR Immunization for Measles Prevention

- Ensure patients at your clinics and your families and communities are up to date on their immunizations!
- Children: Dose #1 at 12-15 months; Dose #2 at 4-6 years old, before school entry.
 - Washington State DOH has recommended that children who live in or visit Snohomish County receive their 2nd MMR vaccine as soon as eligible (if first dose was MMR, then 2nd dose at least 28 days later; if the first dose was MMRV then 2nd dose at least 3 months later).
 - Anyone traveling internationally (e.g. Mexico and Canada) or to a community with an outbreak (if advised by the local health jurisdiction) without presumptive evidence of measles immunity should be vaccinated at least 2 weeks prior to travel (those ≥ 12 months old: 2 doses at least 28 days apart, infants ≥ 6 months old: 1 dose (revaccinated with 2 dose series starting at 12 months)).
- Adults without presumptive evidence of immunity (i.e. documentation of 1 or 2 doses of MMR vaccine (depending upon risk), laboratory evidence of immunity, laboratory-confirmed disease, or birth before 1957) should also be immunized, with the number of doses depending upon their risk.
 - Those who should receive 2 doses of MMR vaccine (separated by at least 28 days):
 - International travelers (2nd dose at least two weeks prior to travel). This should also be considered for those living or traveling to a community with an outbreak.
 - College students.
 - Household/close contacts of immunosuppressed persons.
 - People with HIV infection with CD4 >200 (live vaccines contraindicated in immunosuppressed persons and pregnant women).
 - Healthcare workers (those born before 1957 and without presumptive immunity should consider 2 doses of MMR vaccine; this is more strongly recommended for communities with outbreaks).
 - Those vaccinated between 1963-1967 and received a killed or unknown type of measles vaccine or a measles vaccine given together with immune globulin should also be immunized (2 doses if above risk factors).

Recommendations: Measles (cont.)

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

Patient Education Resources for Respiratory Viruses/Immunizations

IHS Division of Epidemiology and Disease Prevention Educational Resources;

National IHS Public Health Council Public Health Messaging

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

Johns Hopkins Center for Indigenous Health. [Knowledge Center](#): [Resource Library](#)

American Academy of Family Physicians. [COVID-19 Vaccine: Fall 2025-26 Immunization Recommendations](#)

American Academy of Pediatrics: [Recommendations for COVID-19 Vaccines in Infants, Children, and Adolescents: Policy Statement](#). [Recommended Child and Adolescent Immunization Schedule](#) <https://www.aap.org/immunization>; <https://www.healthychildren.org/immunizations> (e.g. [COVID-19 What Families Need to Know](#))

American College of Obstetricians and Gynecologists. [COVID-19 Vaccination Considerations for Obstetric–Gynecologic Care](#)

Children’s Hospital of Philadelphia: [Vaccine Education Center](#); [Vaccine and Vaccine Safety-Related Q&A Sheets](#) (e.g. [Q&A COVID-19 Vaccines What You Should Know](#); [Protecting Babies from RSV: What You should Know](#); [RSV & Adults: What You Should Know](#)); [Influenza: What You Should Know](#)).

[Boost Oregon: Videos and Resources](#)

Personal Testimonies: [Families Fighting Flu: Our Stories](#)

Washington State Department of Health: [Flu Overview](#); [Materials and Resources](#); [Influenza \(Flu\) Information for Public Health and Healthcare](#); [Measles Communications Toolkit for Washington State Partners](#)

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

Oregon Health Authority: [Flu Prevention](#); [Immunization Resources](#); [Immunize.org: Influenza \(Flu\)](#)

Idaho Department of Health & Welfare: [Flu \(Seasonal and Pandemic\)](#); [Child and Adolescent Immunization](#) and [Adult Immunization](#); [COVID-19](#)

Centers for Disease Control and Prevention: [Respiratory Illness Season Toolkit](#); [Preventing Seasonal Flu](#); [Flu Resources](#); [Preventing Spread of Respiratory Viruses When You're Sick](#); [RSV](#)

[Indian Country ECHO/UNM Project ECHO: Making a Strong Vaccine Recommendation: Vaccine Communication](#)

American Indians and Alaska Natives (AI/ANs) are at high risk for flu complications

A yearly flu vaccine protects yourself and others around you

Flu is a leading cause of pneumonia

Flu and pneumonia rank among the top 10 causes of death for AI/ANs.

AI/ANs are more likely to die from pneumonia and flu than other races.

Across the U.S., the flu causes more than **200,000** HOSPITALIZATIONS EACH YEAR.

AI/ANs are at higher risk than others for:

- Pneumonia and bronchitis
- Hospitalization
- Death

The flu poses a greater risk to:

- Young children and elders
- Pregnant women
- People with diabetes, extreme obesity, heart disease, or asthma and other lung problems

Flu symptoms can include:

- FATIGUE
- BODY ACHES OR HEADACHES
- Runny or stuffy nose
- COUGH
- SORE THROAT
- CHILLS

The Benefits of Flu Vaccination:

The estimated number of influenza-associated illnesses prevented by flu vaccination during the 2018-19 season:

7.2 MILLION

enough people to form a line from Maine to Oregon

Take 3 Actions to Fight the Flu:

1. Get a flu vaccine each year
2. Take everyday preventive actions to stop the spread of germs
 - Wash your hands often.
 - Cover coughs and sneezes
3. Take antiviral medicine if prescribed

Get the vaccine at:

- Indian Health Service, tribal, or urban health clinics and doctor's offices
- Pharmacies or grocery stores
- Community health fairs

Ask your Community Health Representative or Community Health Aide for more information!

Protect yourself. Protect your community. Get vaccinated. Protect the circle of life.

CDC

Additional Resources for Measles

American Academy of Pediatrics. Measles. In: Kimberlin DW, Banerjee R, Barnett ED, Lynfield R, Sawyer MH, Long SS, eds. Red Book: 2024–2027 Report of the Committee on Infectious Diseases. 33rd Edition. Itasca, IL: American Academy of Pediatrics; 2024: 570-585.

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

Centers for Disease Control and Prevention. Adult Immunization Schedule by Age. Available at: <https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.html>.

Centers for Disease Control and Prevention. Be Ready for Measles Toolkit. Available at: <https://www.cdc.gov/measles/php/toolkit/index.html>

Centers for Disease Control and Prevention. Child and Adolescent Immunization Schedule by Age. Available at: <https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html>

Centers for Disease Control and Prevention. Guidelines for Environmental Infection Control in Health-Care Facilities. Available at: <https://www.cdc.gov/infection-control/media/pdfs/guideline-environmental-h.pdf>. 2003.

Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings. Available at: <https://www.cdc.gov/infection-control/hcp/measles/index.html>

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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

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 When You Are Pregnant or Breast/Chestfeeding

Vaccines are just one type of medicine we have to protect ourselves, our families, and our communities. The COVID-19 vaccines allow me to safely be around my family, friends, and the Elders in my life.”

— Dr. Lakota Scott, Nonspeaking, Doctor, 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.

Who Should Get Vaccinated

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

Where to Get Vaccinated

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

Vaccinative

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

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

Additional Information

For additional information, including info on long COVID, check out www.IndianCountryECHO.org/Vaccinative. For questions, contact us at Vaccinative@npsihb.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 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., UIC, Lakota/Glaxo, UIC, Ojibwa/Indians/7th/8th Clinic, Medical Director, Family Medicine Physician



Vaccination information for Natives by Natives

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.

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 to Get When You're Pregnant

Several vaccines are recommended for pregnant people. These include:

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

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

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

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

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Vaccination information for Natives by Natives

Who Should Get Vaccinated

Whooping Cough (Tdap/Boosting)	Elders 6 mo., 6 mo., and 6 mo. AND Children 6 mo. and 6 yrs old
Pneumonia	Elders 6 mo., 6 mo., and 6 mo. AND Children 6 mo.
RSV	Elders 6 mo. and 6 mo. AND Children 6 mo. old
COVID-19 & Flu	Everyone 6 mo. and older every year

Who Should Get Vaccinated

Whooping Cough (Tdap/Boosting): Elders 6 mo., 6 mo., and 6 mo. AND Children 6 mo. and 6 yrs old

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RSV: Elders 6 mo. and 6 mo. AND Children 6 mo. old

COVID-19 & Flu: Everyone 6 mo. and older every year



Protecting Your Kids from Respiratory Illnesses

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

Who Should Get Vaccinated

Whooping Cough (Tdap/Boosting)	Elders 6 mo., 6 mo., and 6 mo. AND Children 6 mo. and 6 yrs old
Pneumonia	Elders 6 mo., 6 mo., and 6 mo. AND Children 6 mo.
RSV	Elders 6 mo. and 6 mo. AND Children 6 mo. old
COVID-19 & Flu	Everyone 6 mo. and older every year

Who Should Get Vaccinated

Whooping Cough (Tdap/Boosting): Elders 6 mo., 6 mo., and 6 mo. AND Children 6 mo. and 6 yrs old

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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 are especially dangerous for your tribe. We need updated vaccines, so our tribes know how to fight these diseases.

Vaccines are Safe

Series vaccines are safe. People are more likely to get sick by ignoring flu than by having flu. There is a very strong evidence to support this.

Don't Have Progress

The price of vaccines will not change. Making vaccines more affordable for your child and others is a goal for our tribe.

Learn more: www.IndianCountryECHO.org/Member-8188



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

Flyer and Social Media Posts from IHS



Protect the Ones We Love.

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

The MMR Vaccine

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

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

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

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

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

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



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



Scan code for more information.



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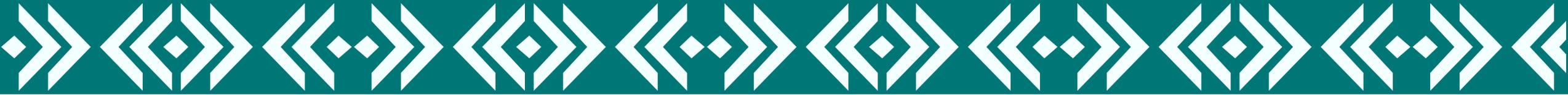


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Questions & Comments