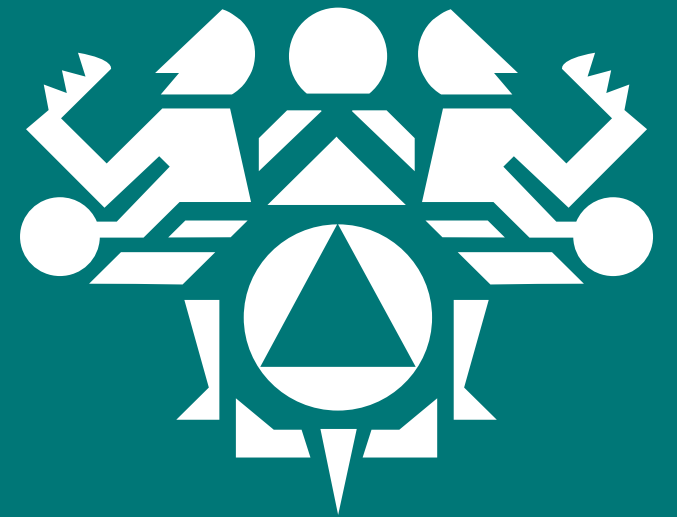


NPAIHB

Weekly Update

March 31, 2026





NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Agenda

- Welcome & Introduction: Bridget Canniff
- NPAIHB Announcements, Events, & Resources
- Legislative & Policy Updates: Pakak Sophie Boerner and Veronica Smith
- Communicable Diseases Updates: Dr. Tara Perti, PAIHS
- Questions & Comments

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

Northwest Tribal Public Health Emergency Preparedness Conference & Training

May 4 – 8, 2026
Quinault Beach Resort & Casino
78 State Route 115
Ocean Shores, WA 98569

Lodging: Reduced rate \$169.00 (Ocean view) or \$129.00
(Non view) rooms available until April 3, 2026,
Call 888-461-2214 group code 4961 (online not available)

Registration link:

<https://tinyurl.com/2026tphepReg>

Up-to-date information & draft agenda:

npaihb.org/TPHEP2026

Registration



Questions? Contact the planning team @ NPAIHB at tphep@npaihb.org





Northwest Intertribal Breastfeeding Coalition's

2026 Breastfeeding Gathering

SAVE THE DATE!

WHEN: July 14-15, 2026

WHERE: Portland, OR



Share your stories and learn
about other's experiences with
breastfeeding, midwifery, being
a doula, and more



Talking circle
Speakers from the Division of Indian Work
Minnesota and others
Coalition building
and more!

REGISTRATION DETAILS AND ACCOMMODATION
ARRANGEMENTS TO FOLLOW

EMAIL WEAVE@NPAIHB.ORG FOR MORE INFORMATION



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Upcoming Indian Country ECHO Telehealth Opportunities

- **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

- 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**



Legislative & Policy Update

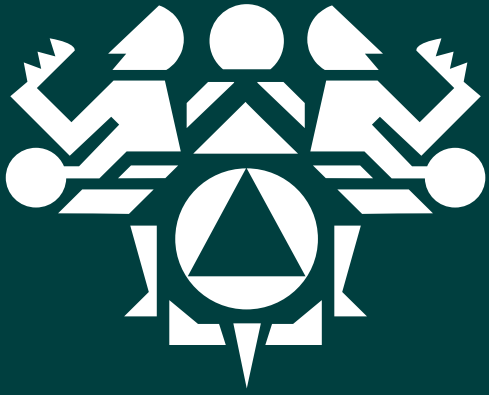
March 31, 2026



Agenda

- I. Congressional Updates
- II. Federal Updates
- III. DTLL
- IV. Announcements
- V. Regional & National Meetings and Conferences
- VI. Policy Resources





Congressional Updates

Department of Homeland Security (DHS) Appropriations

Timeline:

- **February 3:** President signed all remaining appropriations into law except for the DHS appropriation bill. DHS received a continuing resolution (C.R.) that expired February 13.
- **February 14:** DHS C.R. lapsed, leading to a partial government shutdown.
- **March 27:** Senate passed the DHS appropriations bill, except for additional funds for Immigration and Customs Enforcement (ICE) and Customs and Border Protection (CBP)

The President's Fiscal Year 2027 Budget

- **February 2:** President's FY27 Budget was due
- **April 3:** Budget request will be sent to Congress
- Despite the delay's Congress has begun to draft FY27 spending bills.
- President's Budget will emphasis the Administration's priorities for the year.

House Committee on Appropriations, Subcommittee on Interior, Environment, and Related Agencies AI/AN Public Witness Hearing

“As we talk to you as our elected officials, we really do hope that you hear our words because these words have been shared time and time again, year after year, the same message over and over.

Yet there's little to no action that has [had] a great impact. And so, that's not going to deter us from coming here time and time again to share the same message over and over again until we are heard, so that we can ensure that the services that are supposed to be provided to our people are met.”

To watch Chair Hines' testimony, please follow the link [here](#).

To read Chair Hines' testimony, please follow the link [here](#).



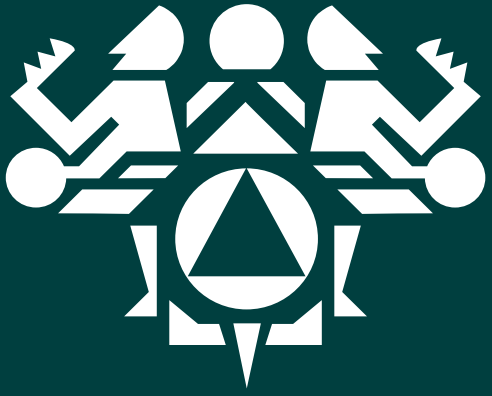
March Congressional Visits

NPAIHB Chair, Aaron Hines, and NPAIHB Director of Legal and Government Affairs, Hilary Edwards, were in Washington, D.C. early March for the House Committee on Appropriations, Subcommittee on Interior, Environment, and Related Agencies American Indian and Alaska Native Public Witness Hearing - Fiscal Year 2027.

In addition to testifying, they visited the following congressional offices to continue advocacy efforts on behalf of NPAIHB's 43 Member Tribes:

- Pramila Jayapal (WA 7th-D)
- Rick Larsen (WA 2nd-D)
- Emily Randall (WA 6th-D)
- Andrea Salina (OR 6th-D)
- Kim Schrier (WA 8th-D)
- Marilyn Strickland (WA 10th-D)





Federal Updates

Health and Human Services (HHS) Office of the Inspector General (OIG) Current Work Plan:

- **Audit of State Medicaid Claims Reimbursed at the Enhanced FMAP Rate of 100%** (Feb 17, 2026)
- **IHS's Administration of the Catastrophic Health Emergency Fund** (Jan 15, 2026)
- **Series: Audits of Tribal Controls Over Indian Health Service Sanitation Facilities Construction Program Costs** (Nov 30, 2023)
 - **Data Brief: Snapshot of Indian Health Service Sanitation Facilities Construction Projects Funded Under the Infrastructure Investment and Jobs Act (IIJA)** (Apr 15, 2025)

Substance Abuse and Mental Health Services Administration Tribal Technical Advisory Committee (SAMHSA TTAC)

Feb 4, 2026 Meeting Summary:

- Recommended 10-year time from for all SAMHSA grants
- Proposed exemptions from any grant terminations
- Discussed workforce development needs in Indian Country

Indian Health Services Facilities Appropriations Advisory Board (IHS-FAAB)

March 10 – 11, 2026 Meeting Summary:

- \$1 billion pledges to address the 1992 IHS National Priority List
- 2026 Facilities Needs Assessment Workgroup Report to Congress
- Long-Term Care Joint Venture Construction Program
- Sanitation Facilities Construction under IIJA

Indian Health Service Tribal Leaders Diabetes Committee (IHS-TLDC)

Mar 17 – 18, 2026 Meeting Summary:

- Currently funded at \$200 million for fiscal year 2026
- Unobligated balances
- Grant cycle ends Dec 31, 2027
- Recommendations from the TLDC:
 - Administrative supplements
 - Tribal consultation
 - Data impact statements
 - Transparency related to Area level unobligated balances

Center for Medicare and Medicaid Services Tribal Technical Advisory Group (CMS-TTAG)

March 24 – 26, 2026 Meeting Summary:

- Medicare and Medicaid Health Policy Reform Committee
 - [Request for Information \(RFI\) Related to Comprehensive Regulations To Uncover Suspicious Healthcare \(CRUSH\)](#)
- CMS-TTAG
 - No story without data; no data without a story
 - Implementing the Working Families Tax Cuts and Jobs Act
 - Rural Health Transformation Fund
 - National Association of Medicaid Directors
- CMS TTAG Strategic Planning

Health Resources and Services Administration Tribal Advisory Committee (HRSA TAC)

March 30, 2026, Meeting Summary:

- 340B Request for Information
- HRSA Health Professional Shortage Areas
- Uniform Data System Plus (UDS+) Reporting

Dear Tribal Leader Letters



Annual Tribal Budget Consultation

This critical government-to-government forum allows Tribal Nations to collectively share priorities regarding national health and human services funding and provide direct recommendations for the **Department's FY 2028 budget request**.

The 28th U.S. Department of Health and Human Services (HHS) Virtual Annual Tribal Budget (ATBC) planning meeting will be held on April 1, 2026, at 12:00 PM PST.

Virtual: [Registration Link](#)

The in-person ATBC consultation will be held on April 21-22, 2026, in the Great Hall of the Hubert H. Humphrey Building in Washington, DC.

Written comments can also be submitted for the consultation record by April 24, 2026, by 5:00 PM ET to consultation@hhs.gov with the subject line "HHS Annual Tribal Budget Consultation."

FY 2026 Catastrophic Health Emergency Fund (CHEF) Threshold

- Fiscal Year (FY) 2026 CHEF threshold increased to \$19,630
- FY 2025 CHEF rate was \$19,095
- 2.8% increase

IHS Health Information Technology (HIT) Modernization Program

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

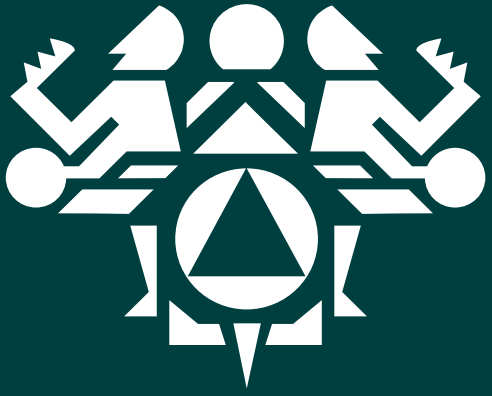
- **March 5, 2026:** Health IT Modernization Program leadership will provide program and pilot site updates, focusing on enterprise acceptance of PATH EHR, End-User Training, Four Directions Warehouse, Patient Portal, site design workshops, and Change Impacts.
- **August 6, 2026:** will provide an overview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

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

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

Subject Line:

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



Announcements

April 28 – 30, QBM 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 contact:

Silver Reef Casino Resort: (866) 383-0777

When reserving rooms mention that you are booking for the NPAIHB April Quarterly Board Meeting.



2026 Tribal Leader Priorities Survey

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

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

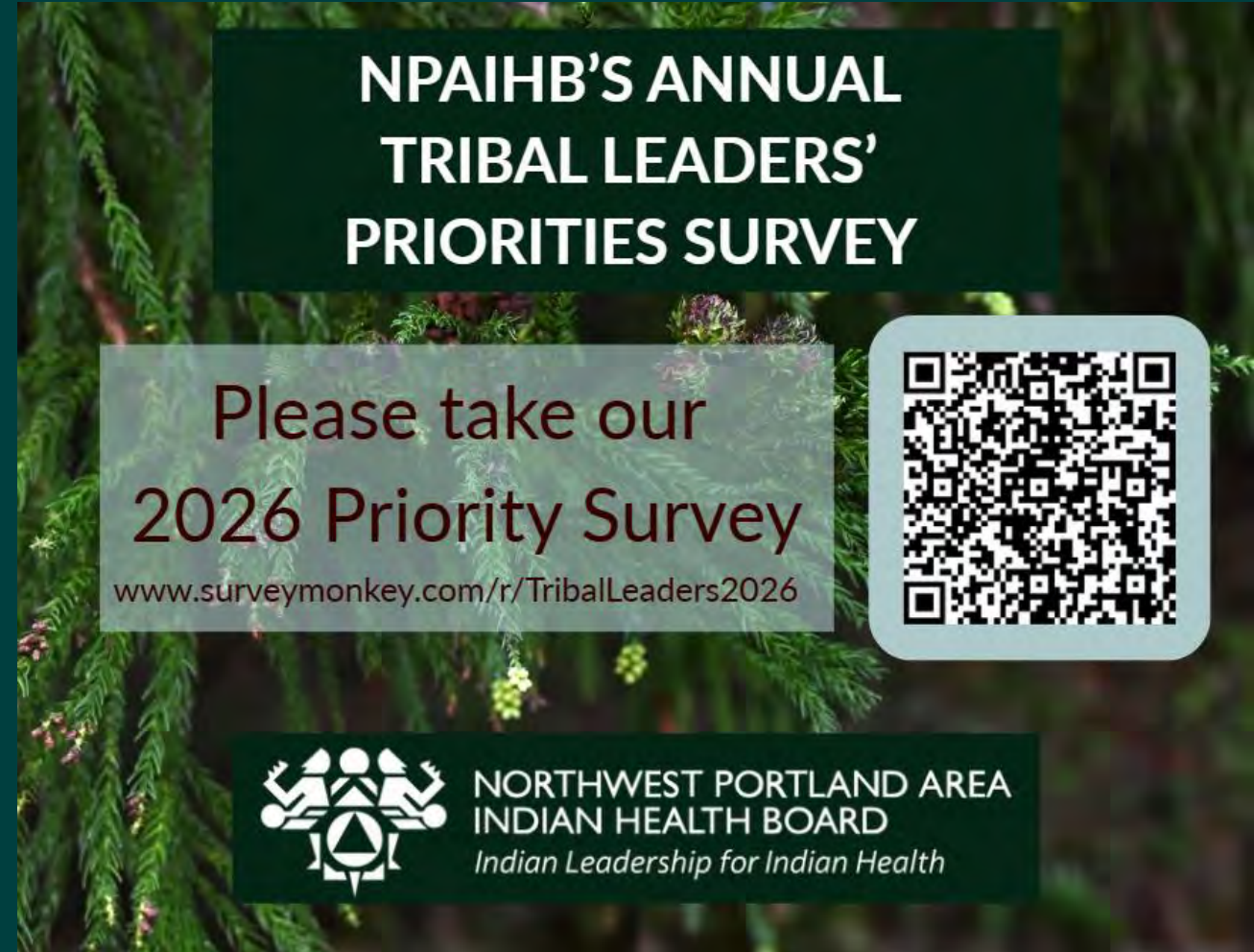
If you have any questions about this survey, don't hesitate to contact:

Victoria Warren-Mears,

Director, NWTEC



503-998-6063

vwarrenmears@npaihb.org

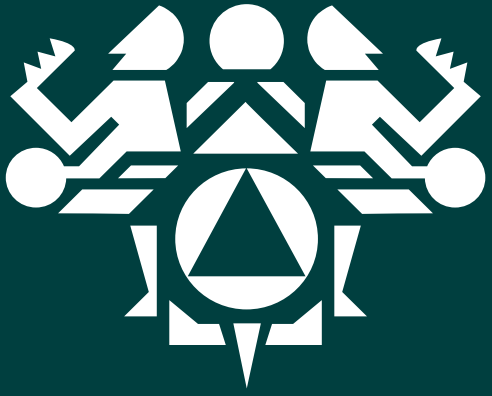


**NPAIHB'S ANNUAL
TRIBAL LEADERS'
PRIORITIES SURVEY**

Please take our
2026 Priority Survey
www.surveymonkey.com/r/TribalLeaders2026



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



Regional & National Meetings

Meetings

**SB 770
Health &
Human
Services
Cluster**
Date: April 1,
2026
Virtual: [Zoom
Link](#)

**National
CHAP
Board
Meeting**
Date: April 1,
2026

**ATBC
Planning
Session**
Date: April 1,
2026
Location:
Virtual
[Registration
Link](#)

**Indian
Country
Elders,
Knowledge
Holders &
Culture
Keepers
ECHO**
Date: April
14,2026
Virtual: [Zoom
Link](#)
Password:
ECHO

**WA DOH
Listening
Session**
Date: April 15,
2026
Location:
Virtual
Meeting
ID: [897 3153
5582](#)
Passcode:
331491

Meetings

DSTAC Monthly Call

Date: April 16,
2026

Virtual: [Zoom
Link](#)

HHS Annual Tribal Budget Consultation

Date: April 21-
22, 2026

Location:
Washington D.C.

DOH Listening Session I: WA SHIP

Date: April 23,
2026

**Meeting
ID:** [844 5366
4425](#)

Passcode:
755481

DOH Listening Session II: Mental & BH

Date: April 28,
2026

**Meeting
ID:** [874 9868
3748](#)

Passcode:
025627

HHS NIH TAC

Date: April 29-
30, 2026

Location:
Hamilton, MT

Upcoming Conferences

Tribal Self-Governance Conference (TSGC)

Date: April 7-9, 2026

Location: Gila River Wild Horse Pass Resort & Casino, Chandler, Arizona

Link: [Event Registration](#)

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Affiliated Tribes of Northwest Indians (ATNI) Mid-Year

Date: May 18-21, 2026

Location: Silver Reef Casino Resort, Ferndale, Washington

Link: [Event Registration](#)

National Congress of American Indians (NCAI) Mid-Year

Date: June 15-19, 2026

Location: Memphis, Tennessee

Link: [Event Registration](#)

2026 National Tribal Health Conference (NTHC)

Date: August 17-21, 2026

Location: Phoenix, Arizona

Link: [Event Registration](#)



Policy Resources

Policy Resources

Weekly

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

Monthly

- NPAIHB Legislative and Policy Update – last Tuesday of the month
- Next Update is May 26, 2026.

Quarterly

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

Contact Us



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Pakak Sophie Boerner

Health Policy Specialist

(Iñupiaq, Native Village of Kiana)

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Email policy at: PolicyTeam@npaihb.org



Partner Updates:
Portland Area
Indian Health Service

Portland Area IHS Communicable Diseases Update

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

March 31, 2026



Outline

- Measles
- RSV, Influenza, and COVID-19

Measles — Washington State Residents, 2026 (N=29)

- **Snohomish County: Outbreak with 14 confirmed cases.** Most recent cases with rash onset on 2/17.
 - **Clark County: 8 cases. Prior outbreak with 7 outbreak-associated cases.** The most recent case, reported on 2/6, was infected while traveling out of state.
 - **Kittitas County: One prior case,** rash onset 1/12.
 - **Stevens County: Three prior cases.** 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 infectious 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.
 - **Spokane County: One case**
 - Possible public exposure locations:
 - 3/11, 3/15-3/18: Shadle Park Walmart, Spokane
 - 3/11: Outback Steak House, Spokane Valley
 - 3/11 and 3/18: Black Pearl Casino, Spokane Valley
 - 3/12: Frank's Diner, Spokane
 - 3/12: Airway Heights Walmart, Spokane
 - 3/12: Five Guys, Spokane
 - 3/15: Applebee's, Spokane
 - 3/18: Chili's Grill and Bar, Spokane
 - 3/19: Kaiser Permanente Riverfront Medical Center, Spokane
 - 3/14 and 3/15: Providence Sacred Heart Pediatric and Adult Emergency Departments, Spokane (case from Idaho)
 - For additional details: <https://srhd.org/health-topics/diseases-conditions/measles/measles-local>. Anyone at these locations at the times specified in the link should monitor for symptoms through 4/9.
- ❖ All cases in Washington unvaccinated or with unknown vaccination status.

Measles — Oregon, 2026 (N=11)

- 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 3/21/26:
 - **Deschutes, Lane, Marion, Tillamook, Benton, Coos, Multnomah, Polk, Linn, and Washington Counties.**
- **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>
- ❖ 91% of cases in Oregon unvaccinated or with unknown vaccination status.

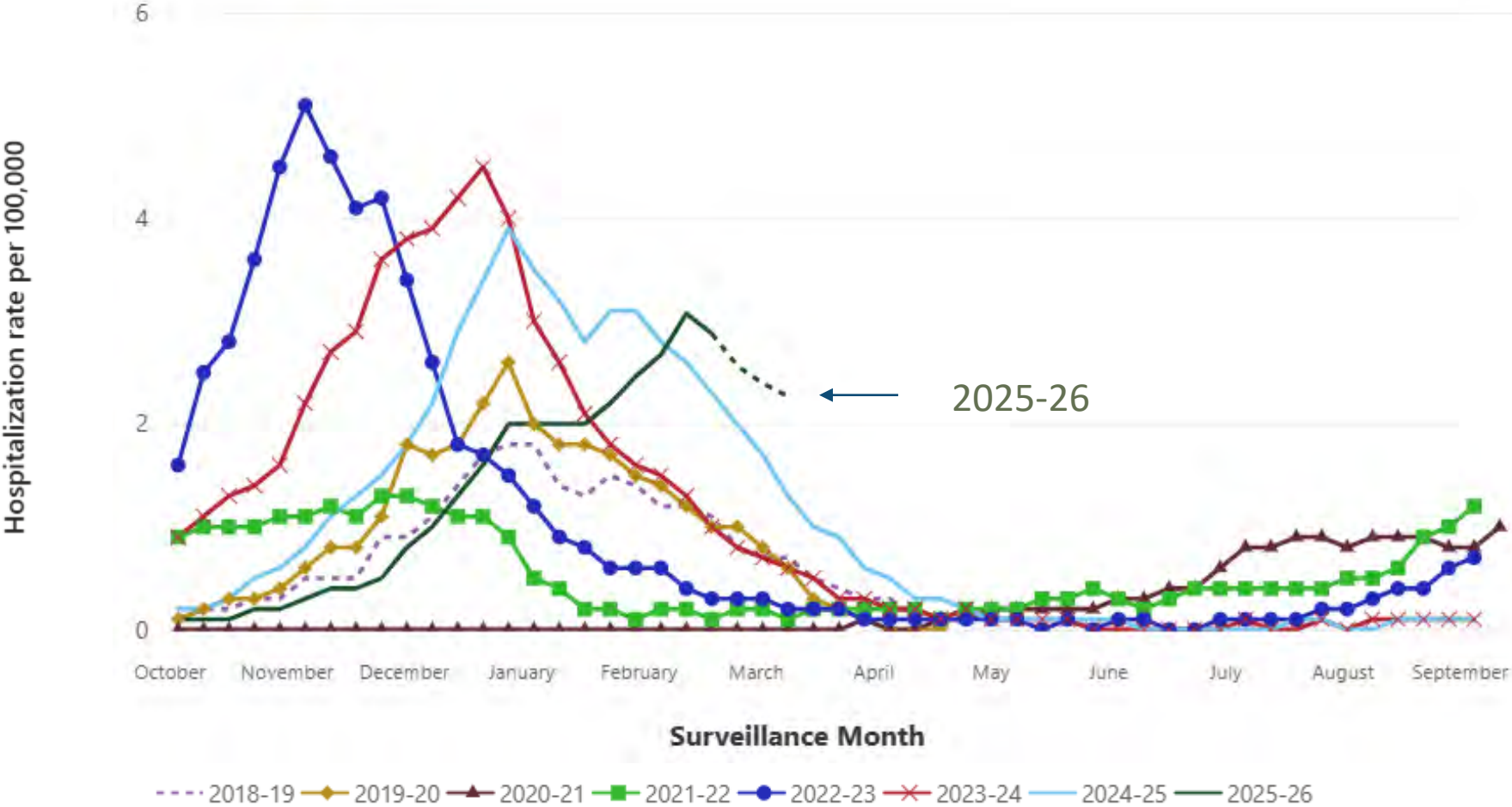
Measles — Idaho, 2026 (N=10)

- **Madison County** (Eastern Idaho Public Health): Prior 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 recent case identified. Possible public exposure location at Providence Sacred Heart Pediatric and Adult Emergency Departments in Spokane, WA on 3/14 and 3/15.

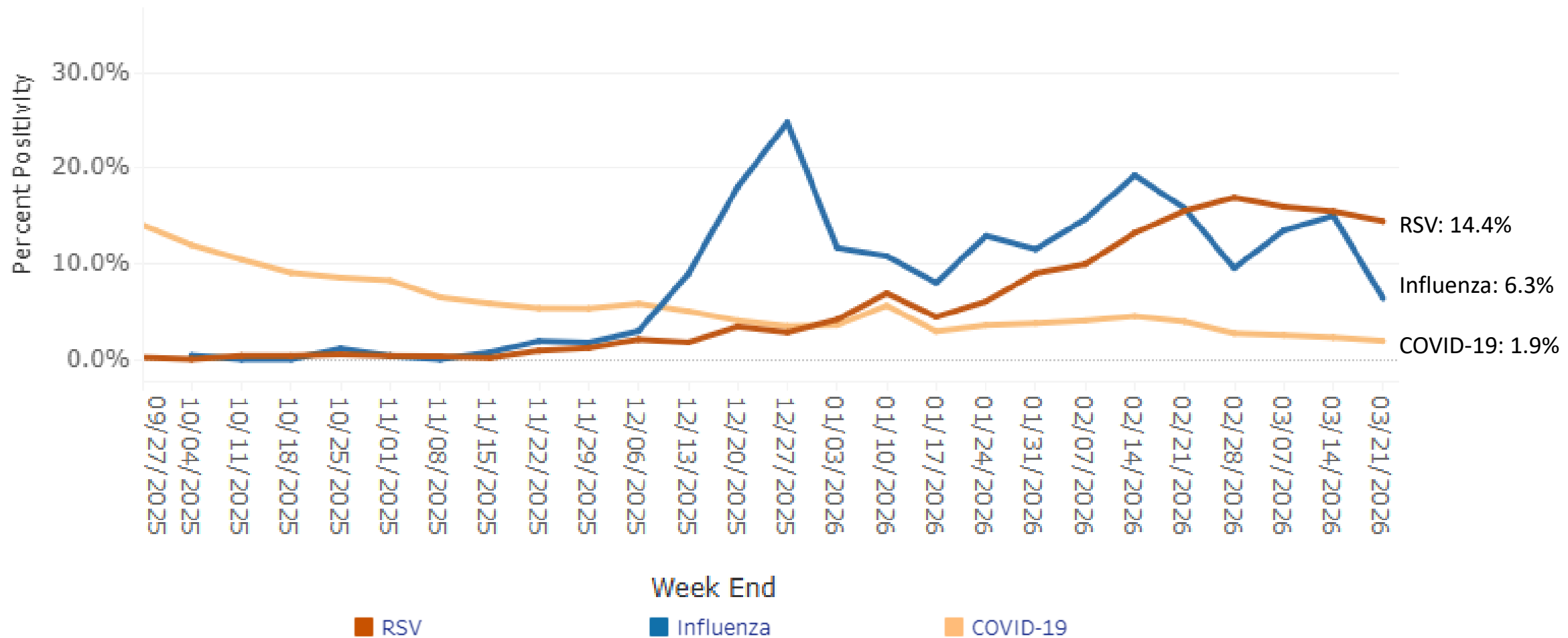
Measles — Portland Area, 2025-26

Location (State/County)	Number of Cases		Additional Cases (e.g. Among Travelers)
	2025 (N=26)	2026 (N=50)	
Washington	Total: 12	Total: 29	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	
Spokane		1	
Oregon	Total: 1	Total: 11	
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)	1	1	
Bonneville (Eastern Idaho Public Health)	5		
Madison (Eastern Idaho Public Health)		3	
Canyon (Southwest District Health)		6	

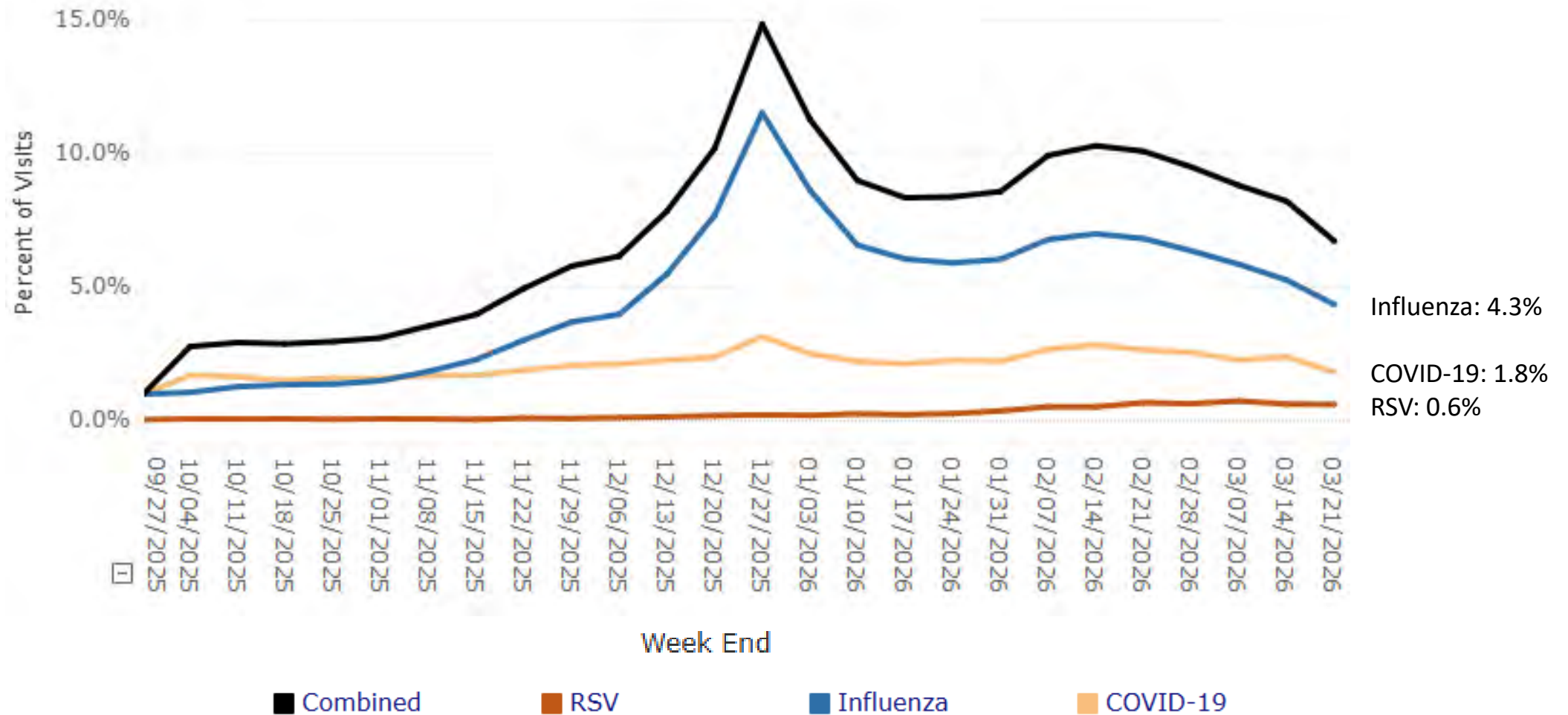
Weekly Hospitalization Rate Associated with RSV — United States, 2025-26 (through 3/21/26) vs. Past Seven Seasons



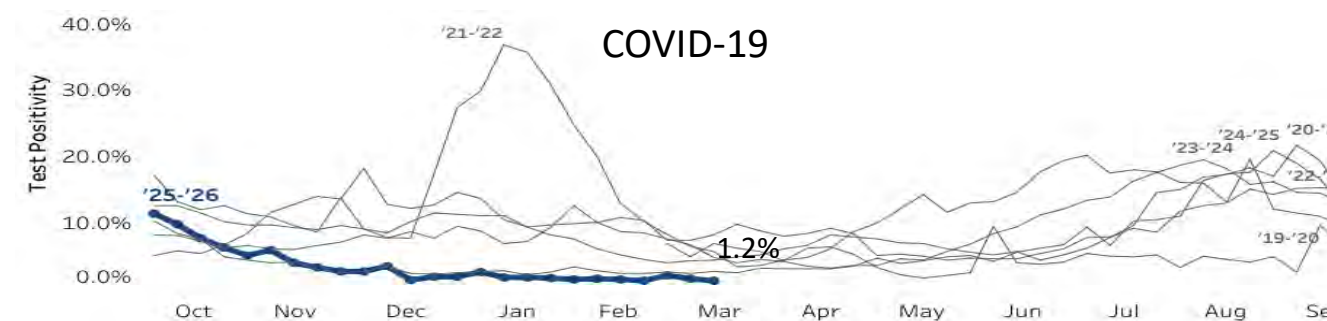
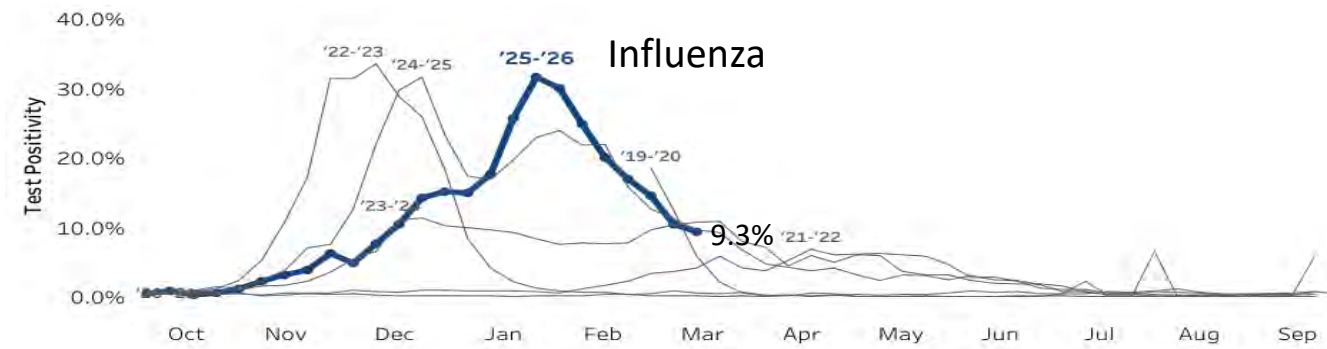
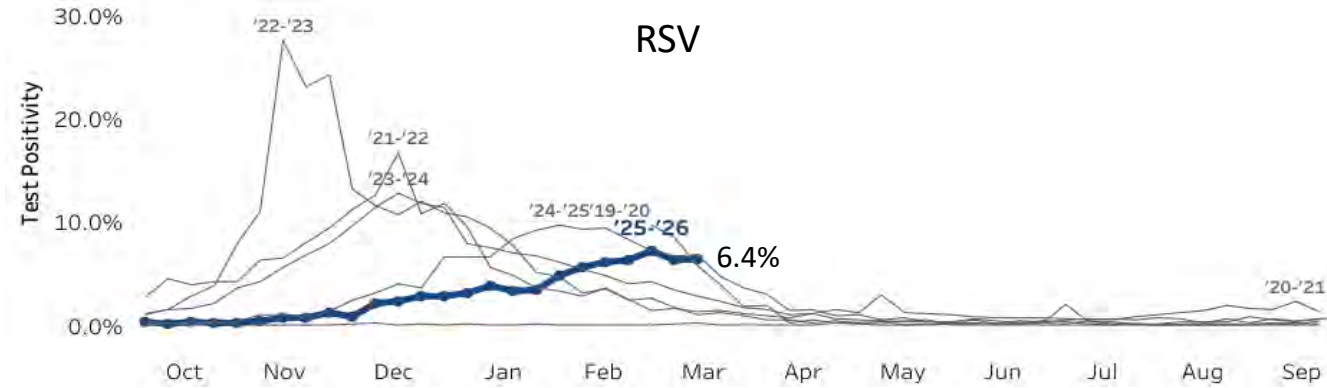
Percent of Tests Positive for RSV, Influenza, and COVID-19 — Idaho, 2025-26 (through 3/21/26)



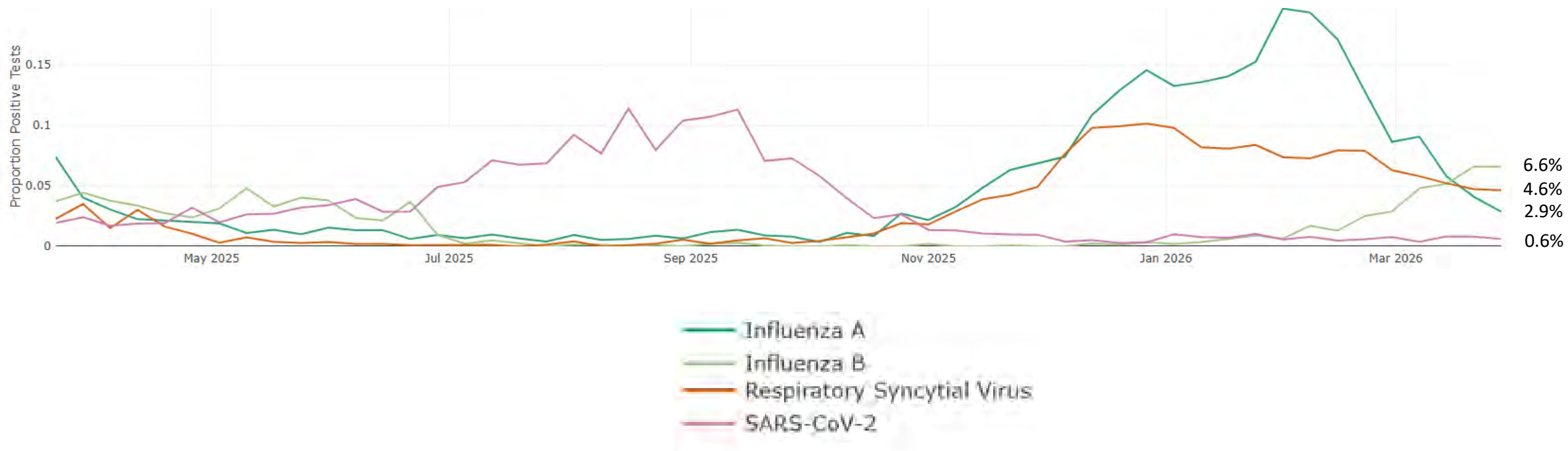
Percent of Healthcare Visits for Influenza, COVID-19 and RSV — Idaho, 2025-26 (through 3/21/26)



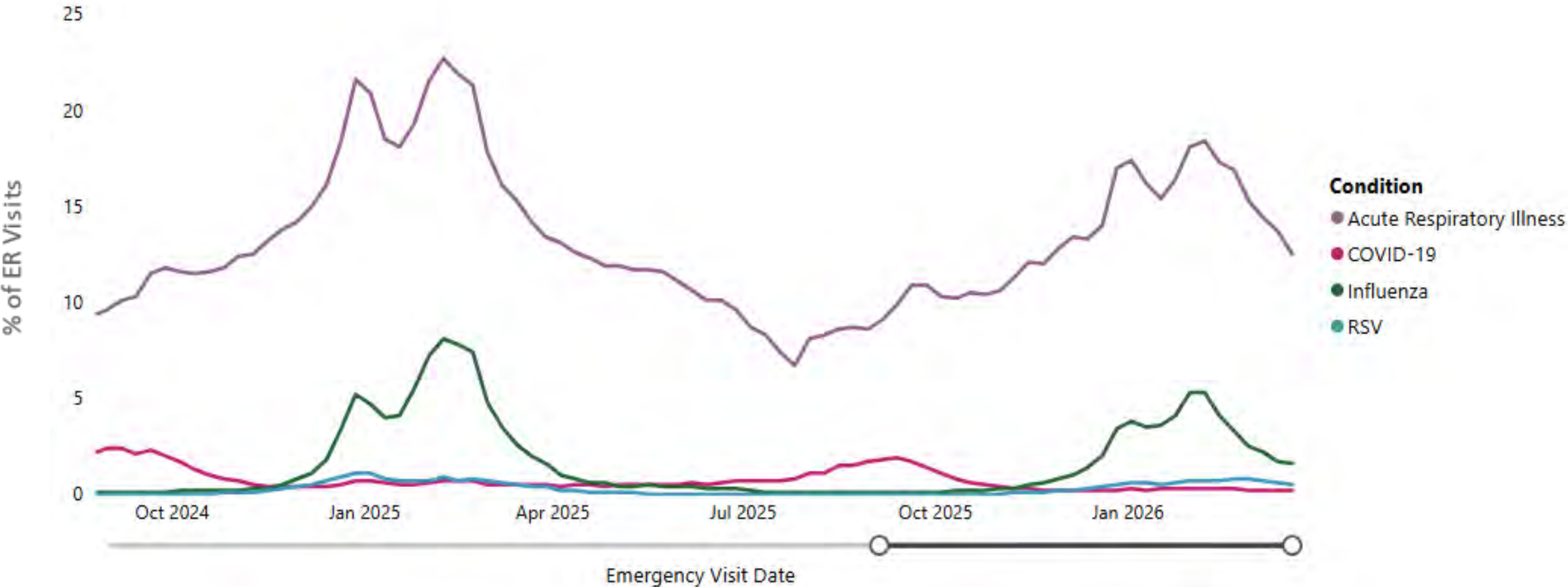
Percent of Tests Positive for RSV, Influenza, and COVID-19 — Oregon, 2025-26 (through 3/21/26)



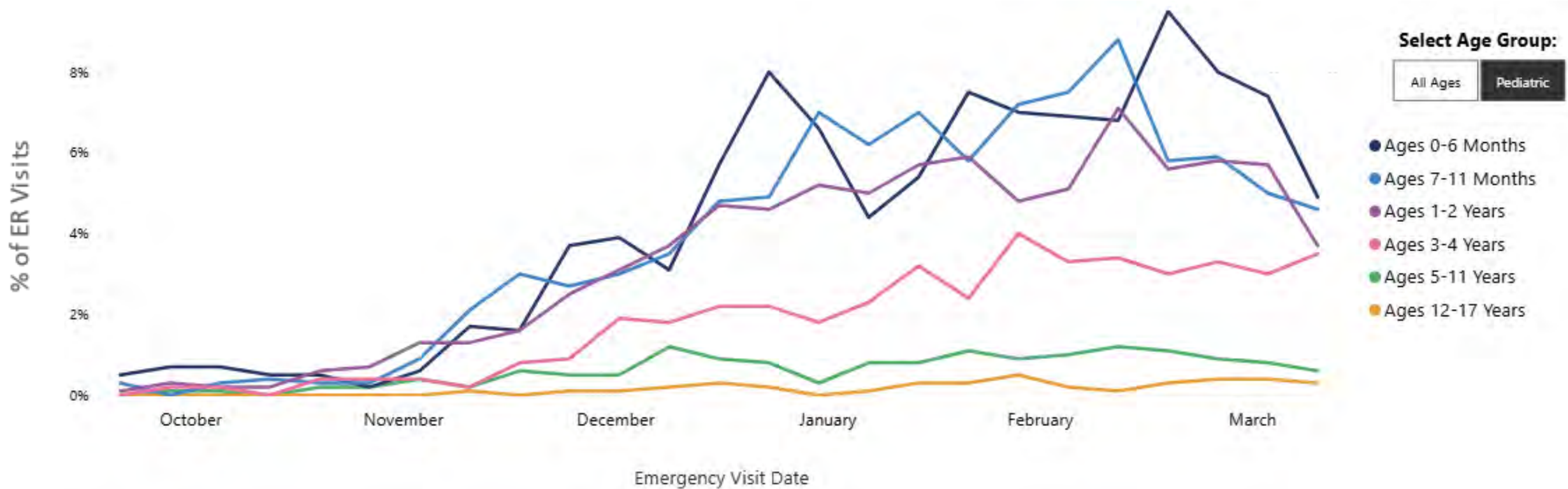
Proportion of Tests Positive for COVID-19, Influenza and RSV in the Northwest — University of Washington and Seattle Children’s Hospital, 2025-26 (through 3/28)



Percent of Emergency Room Visits for Acute Respiratory Illness, Influenza, RSV, and COVID-19 — Washington, 2024-26 (through 3/21/26)



Percent of Emergency Room Visits Associated with RSV Among Children— Washington, 2025-26 (through 3/21/26)



Summary

- Measles: Portland Area, 2026 (N=50)
 - Washington (N=29)
 - Outbreak in Snohomish County with 14 cases. Most recent cases with rash onset on 2/17.
 - Prior outbreak in Clark County, with 7 outbreak-associated cases and 1 non outbreak-associated case.
 - 1 recent case in Spokane County with possible public exposure locations in Spokane and Spokane Valley.
 - 2 recent cases in Grant County with possible public exposure locations in Moses Lake.
 - 1 prior case in Kittitas County.
 - 3 prior cases in Stevens County.
 - Oregon (N=11)
 - 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 3/21/26: Deschutes, Lane, Marion, Tillamook, Benton, Coos, Multnomah, Polk, Linn, and Washington Counties.
 - Idaho (N=10)
 - Prior outbreak in Madison County, with 3 cases.
 - Outbreak in Canyon County, with 6 cases. Most recent case with rash onset on 2/24.
 - Recent case in Kootenai County, with possible public exposure location at Providence Sacred Heart in Spokane, WA.
- 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 through April 30:
 - 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.
 - All AI/AN children ≤ 19 months during their 2nd RSV season.
 - Recommend ongoing outreach to families of infants and toddlers who are not currently protected.
- 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](#)

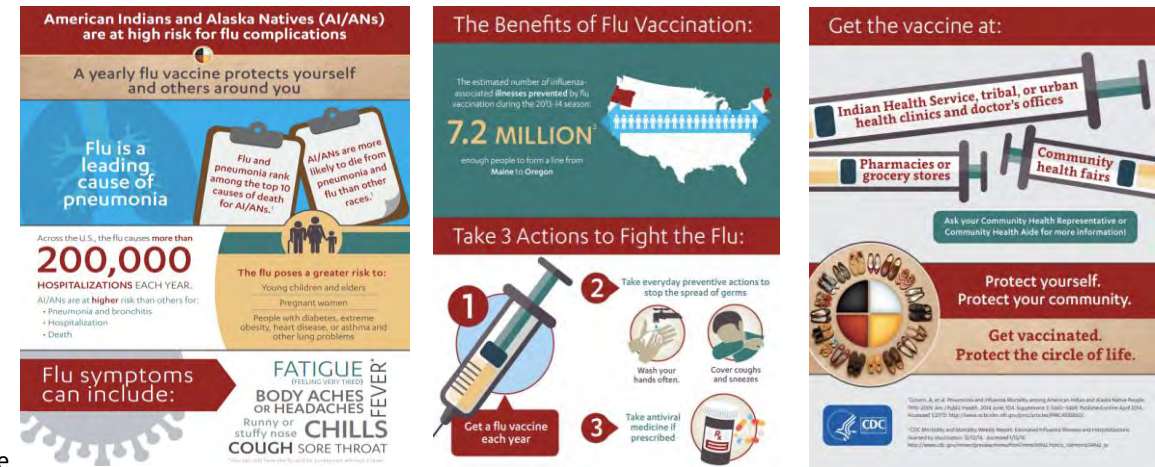
[COVID-19](#); [DOH COVID-19 Vaccine Schedule](#); [Washington State Statewide Standing Order for COVID-19 Vaccine FAQs for the Public](#); [West Coast Health Alliance announces vaccine recommendations for COVID-19, flu, and RSV](#) | [Washington State Department of Health](#)

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](#)



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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, Nonspecific 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 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. (LTC) (Retired) (Crow), 1399 Oxtown Industrial Way, 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 is up to date on our vaccines gives me peace of mind that we are all doing what we can to stay healthy. I also feel like I am honoring our ancestors who did not always have access to these medicines.

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

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- Flu vaccine
- COVID-19 vaccine

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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



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.

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.

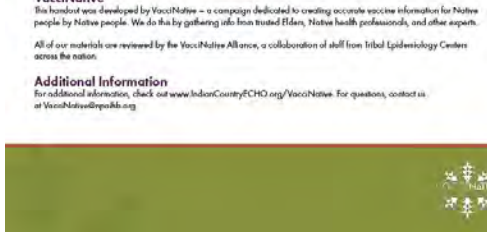
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Additional Information

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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., 4 yrs., and 6 mo.) AND Children (2 mo. and 4 yrs old)
Pertussis	Elders (6 mo., 4 yrs., and 6 mo.) AND Children (2 mo.)
RSV	Elders (6 mo. - 4 yrs.) AND Children (6 mo. - 4 yrs.)
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 vaccinated every year to keep our kids safe from these illnesses.

Vaccines are Safe. Serious reactions are rare. People are more likely to get sick by ignoring flu, RSV, and whooping cough than by getting vaccinated.

Don't Have Progress. The price of medicines is rising. The more medicines you take, the more you pay. Get vaccinated to keep your child and others safe from serious illnesses.

Learn more www.IndianCountryEcho.org/Protecting-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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Questions & Comments