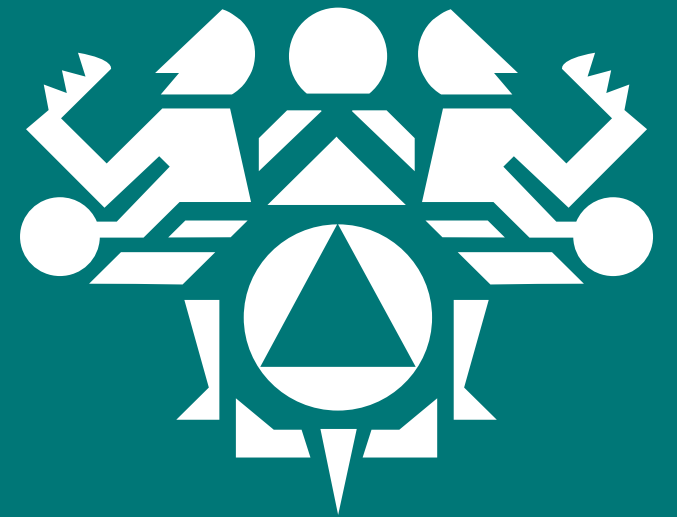


# NPAIHB

## Weekly Update

April 14, 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 & Kacey Little
- Questions & Comments

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

# 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](mailto:THRIVE@npaihb.org)  
Website: [www.npaihb.org/THRIVE](http://www.npaihb.org/THRIVE)





# 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](mailto:weave@npaihb.org) FOR MORE INFORMATION



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

### Who:

- Open to tribal/community members of the Pacific Northwest region  
Tribes: midwives, doulas, birthworkers, tribal health clinic/organization staff, people who work with mothers and families, and parents or expecting parents

### What:

- Different speakers discussing coalition building, parenthood, breastfeeding, midwifery, doulas, and other similar topics
- Interactive sessions to collaborate and share your experiences

### When:

- Tuesday, July 14 to Wednesday, July 15 – detailed agenda to follow
- Registration: opens at end of April, closes at the end of June.
- Hotel accommodation: up to 3 nights, check in July 13, check out July 16

### Where:

- [Barbie's Village](#) in Portland, OR
- Hotel accommodation TBD

[Sign up here](#) to receive Coalition updates  
Event registration link will be emailed when available

Contact: [weave@npaihb.org](mailto:weave@npaihb.org)

# Northwest Regional Research Center (NWRRC)

- We have received ample interest from Health Professionals that work within tribes but are holding space for NW Tribal members.
  - Most especially tribal elders
  - Folx with lived experience
  - Students from H.S. youth, Undergraduate, and Graduate students.



Hannah Throssell

[hthrossell@npaihb.org](mailto:hthrossell@npaihb.org)

(520) 465-4512

## Northwest Regional Research Center Requesting Community Advisory Board Members !

The NWRRC is seeking guidance from community members and practitioners!

### What will the CAB do?

- Provide guidance on the types of technical research assistance most needed by tribes in Oregon, Washington, and Idaho.
- Ensure the progress of the NWRRC centers tribal needs and improvement of Northwest AI/ANs.

### Who should join?

- Northwest tribal leaders and delegates
- Tribal health care administrators in Oregon, Washington, and Idaho.
- Tribal epidemiologists and or/public health staff .
- Individuals with experience in Tribal research, governance, data sovereignty.
- Youth and elders encouraged!

### Commitment

- Monthly meetings to start the CAB and then we will shift to quarterly meetings.
- Estimated 2 hours per meeting.
- Possible travel to NPAIHB Office in Portland, Oregon
- Honoraria will be available

If interested, please email Hannah Throssell, [hthrossell@npaihb.org](mailto:hthrossell@npaihb.org) with the following in 150-200 words.

1. An introduction
2. Interests in Indigenous health research or community wellness as it relates to opioid or substance use
3. Any lived experience that you think is valuable to the CAB
4. Why you're interested in serving on the CAB

# NPAIHB 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 contact:

**Silver Reef Casino Resort: (866) 383-0777**

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

**[Draft Agenda](#)**



# Public Health Committee @ April QBM

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## QBM Public Health Committee

Chair: Councilwoman Judy Muschamp

Wednesday, April 29, 4:00-5:00 PM PDT

Lummi Nation, Silver Reef Casino, Ferndale, WA

or on Zoom:

<https://us06web.zoom.us/j/86802474401?pwd=2rwA7FZrrAcQ6qSZuq5bB8ohiwApP7.1>

## On the Agenda:

Impacts of the WA DOH Foundational Public Health Services (FPHS), OHA OR Tribal Public Health Modernization (OTPHM) funding, and other public health program development among Northwest Tribes

## Questions or More Info:

Victoria Warren-Mears ([vwarrenmears@npaihb.org](mailto:vwarrenmears@npaihb.org))

Bridget Canniff ([bcanniff@npaihb.org](mailto:bcanniff@npaihb.org))

# Northwest Tribal Public Health Emergency Preparedness Conference & Training

**May 4 – 8, 2026**

**Quinault Beach Resort & Casino**

**78 State Route 115**

**Ocean Shores, WA 98569**

Registration link:

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

Up-to-date information & draft agenda:

[npaihb.org/TPHEP2026](http://npaihb.org/TPHEP2026)

**Registration**



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





SAVE THE DATE  
—  
**2026**  
**NORTHWEST**  
**TRIBAL CANCER**  
**COALITION**  
**MEETING**

.....  
THURSDAY, MAY 14<sup>TH</sup>, 2026

PLEASE JOIN THE NTCCP TEAM AS WE WELCOME COALITION MEMBER TRIBES TO OUR  
ANNUAL COALITION MEETING | FOSTERING COLLABORATION AMONG HEALTH  
PROFESSIONALS | PRESENTING UPDATES IN CANCER REDUCTION EFFORTS AND DATA  
TRENDS

—  
Location

Quinault Beach Resort and Casino  
78 WA-115, Ocean Shores, WA 98569

PLEASE SCAN THE QR CODE TO REGISTER



**NPAIHB**  
Indian Leadership for Indian Health

Contact: [cancer@npaihb.org](mailto:cancer@npaihb.org)



Healthy Native Youth is spring cleaning!  
Please help us to help you by sharing your feedback with us!

**How can Healthy Native Youth help you?**



**Screenshot to use QR code and offer feedback**

- Have you implemented a HNY curriculum?
- Utilized the Implementation Toolbox or any resources?
- Have you attended a Community of Practice?

Your experience is important to us!  
Thank you!

~ Healthy Native Youth, NPAIHB



# 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, April 14<sup>th</sup> at 12pm PT
  - Topic: *Traditional Native Games to Promote Movement*
  - To join via Zoom: <https://echo.zoom.us/j/82466510555?pwd=JPP3b5k9wU2dFHTxyDs7Pn7CWl5Bba.1>
- **Hepatitis C ECHO** – 1<sup>st</sup>, 3<sup>rd</sup> & 4<sup>th</sup> Wednesday of every month at 11am PT
  - Wednesday, April 15<sup>th</sup> at 11am PT
  - Didactic Topic: *Providing Buprenorphine in Primary Care*
  - To join via Zoom: <https://echo.zoom.us/j/537117924?pwd=OEExbERmK2pSUFFsMzV1SmVpb3g3dz09>
- **Infectious Disease ECHO** – 3<sup>rd</sup> Thursday of every month at 11am PT
  - Thursday, April 16<sup>th</sup> at 11am PT
  - Didactic Topic: *Diabetes-Related Foot Infections*
  - To join via Zoom: <https://echo.zoom.us/j/97240849538?pwd=TzJUMWo5M082K1kxMitOV2diY3BaQT09>
- **EMS ECHO** - 1<sup>st</sup> Tuesday & 3<sup>rd</sup> Thursday of every month at 5pm PT
  - Thursday, April 16<sup>th</sup> at 5pm PT
  - To Join via Zoom: <https://echo.zoom.us/j/84832881641?pwd=SXlINlplJa0Vta1R1c28xcUh5V1dlUT09>

# Upcoming Indian Country ECHO Telehealth Opportunities

- **Cardiology ECHO** – 3<sup>rd</sup> Monday of every month at 11am PT
  - Monday, April 20<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, April 20<sup>th</sup> at 12pm PT
  - Didactic Topic: *Using Community Data for Action*
  - 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, April 21<sup>st</sup> at 10am PT
  - Didactic Topic: *Nociplastic Pain*
  - 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, April 21<sup>st</sup> at 12pm PT
  - To join via Zoom: <https://us06web.zoom.us/j/87854787166?pwd=TOZ1aWhYRFIKdVdzUTkvcUtCZ1hpQT09>

# NPAIHB Weekly Update Schedule



- April 21: N CREW Research Topic  
Focus: Indigenous Evaluation Methods
- April 28: **No Update – QBM Week**

# Portland Area IHS Communicable Diseases Update

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

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

April 14, 2026



# Outline

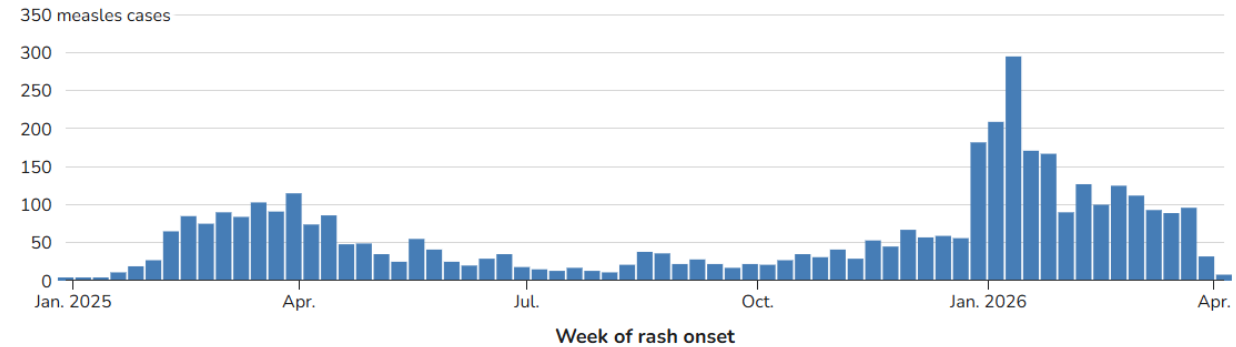
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- Measles
- RSV, Influenza, and COVID-19

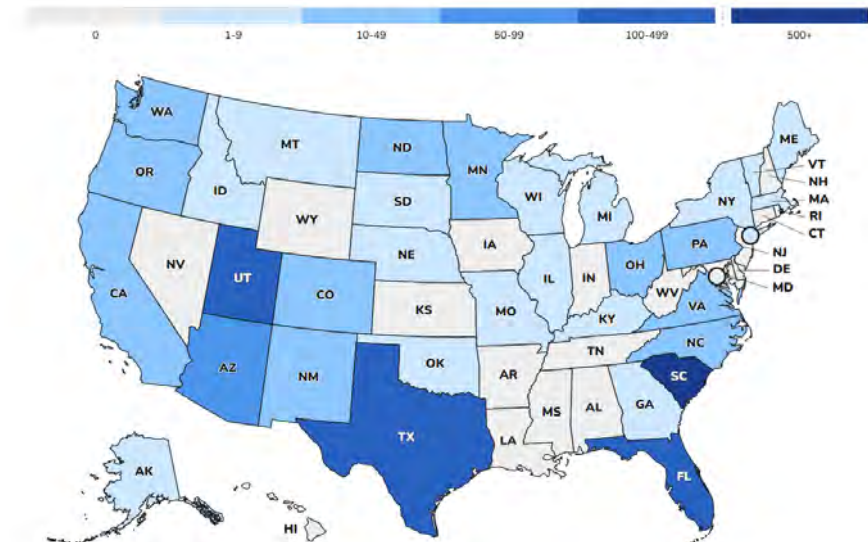
# Measles — United States, 2026

- 1,714 confirmed cases among 32 states during 2026 as of 4/9 (2,287 cases during 2025).
- 94% of cases are outbreak-associated ( $\geq 3$  related cases).
- Age: 21% <5 years-old, 52% 5-19 years-old, 27%  $\geq 20$  years-old.
- 6% 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=34)

- **King County:**
  - **Two cases (adults)** who traveled together internationally. Possible public exposure locations in **Seattle and Bellevue** for which the monitoring period has not passed:
    - 3/24-3/27: Kaiser Permanente Bellevue Medical Center Urgent Care
    - 3/28: UW Medicine Urgent Care at Ravenna/Northcut Landing Building
    - 3/28: University of Washington Medical Center
    - 3/28: Overlake Medical Center ER
    - 3/28-3/30: Northwest Hospital, 5<sup>th</sup> Floor
    - 3/28-3/29: Northwest Hospital ER
  - Anyone who may have been exposed should monitor for symptoms through 4/19.
  - For more information: <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/news/news-archive-2026/04-01-measles-exposure>
  - **Infant** who traveled internationally. Possible public exposure locations in **Seattle and Bellevue:**
    - 4/3: Safeway, 1645 140th Ave NE, Bellevue.
    - 4/3 and 4/5: Public Transit: Metro Bus route #250, Link light rail 2 line
    - 4/5: Supreme Dumplings, Bellevue
    - 4/8: Seattle Children's. Anyone who may have been exposed should monitor for symptoms through 4/29.
  - For more information: <https://kingcounty.gov/en/dept/dph/health-safety/disease-illness/measles#toc-Locations-of-potential-exposures>
- **Kittitas County:** New case reported on 4/3/26. No source identified for this recent case. (Prior case back in January)
  - <https://www.co.kittitas.wa.us/press/default.aspx?prID=12131>
- **Walla Walla County:** One case reported on 4/3/26, exposed during international travel.
  - [https://dch.wwcowa.gov/news\\_detail\\_T23\\_R112.php](https://dch.wwcowa.gov/news_detail_T23_R112.php)

## Prior Cases/Outbreaks:

- Snohomish County: Outbreak with 14 cases.
- Clark County: 8 cases (7 outbreak-associated cases)
- Stevens County: 3 cases.
- Grant County: Two prior cases.
- Spokane County: One prior case
- ❖ 97% of cases in Washington unvaccinated or with unknown vaccination status.

# Measles — Oregon, 2026 (N=14)

- 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:
  - **Lane, Marion, Washington, Deschutes, Tillamook, Benton, Coos, and Multnomah Counties.**
- Recent possible public exposure locations:
  - 3/30: **Providence Portland Medical Center** (4805 NE Glisan St), Emergency Department Waiting Room
    - Anyone who may have been exposed should monitor for symptoms through 4/20.

[Oregon Health Authority : Measles exposure location confirmed at Providence Portland Medical Center emergency department waiting room : External Relations Division : State of Oregon](#)
  - 3/26-3/29: **Safeway, 2800 SE Hawthorne Blvd., Portland**
    - Anyone who may have been exposed should monitor for symptoms through 4/19.

[Oregon Health Authority : Measles exposure location confirmed at Safeway in Portland : External Relations Division : State of Oregon](#)
  - 3/27: **Lark Café, West Linn**
    - Anyone who may have been exposed should monitor for symptoms through 4/17.
  - 3/25: **Pho.Com, Gresham**
    - Anyone who may have been exposed should monitor for symptoms through 4/15.
  - [Oregon Health Authority : Measles exposure locations confirmed at Lark Café in West Linn and Pho.Com restaurant in Gresham : External Relations Division : State of Oregon](#)
- 93% of cases in Oregon unvaccinated or with unknown vaccination status.

# Measles — Idaho, 2026 (N=10)

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- Possible measles exposure at Boise Airport on 3/29, 1:30 AM-7:40 AM.
  - Anyone who may have been exposed should monitor for symptoms through 4/19.

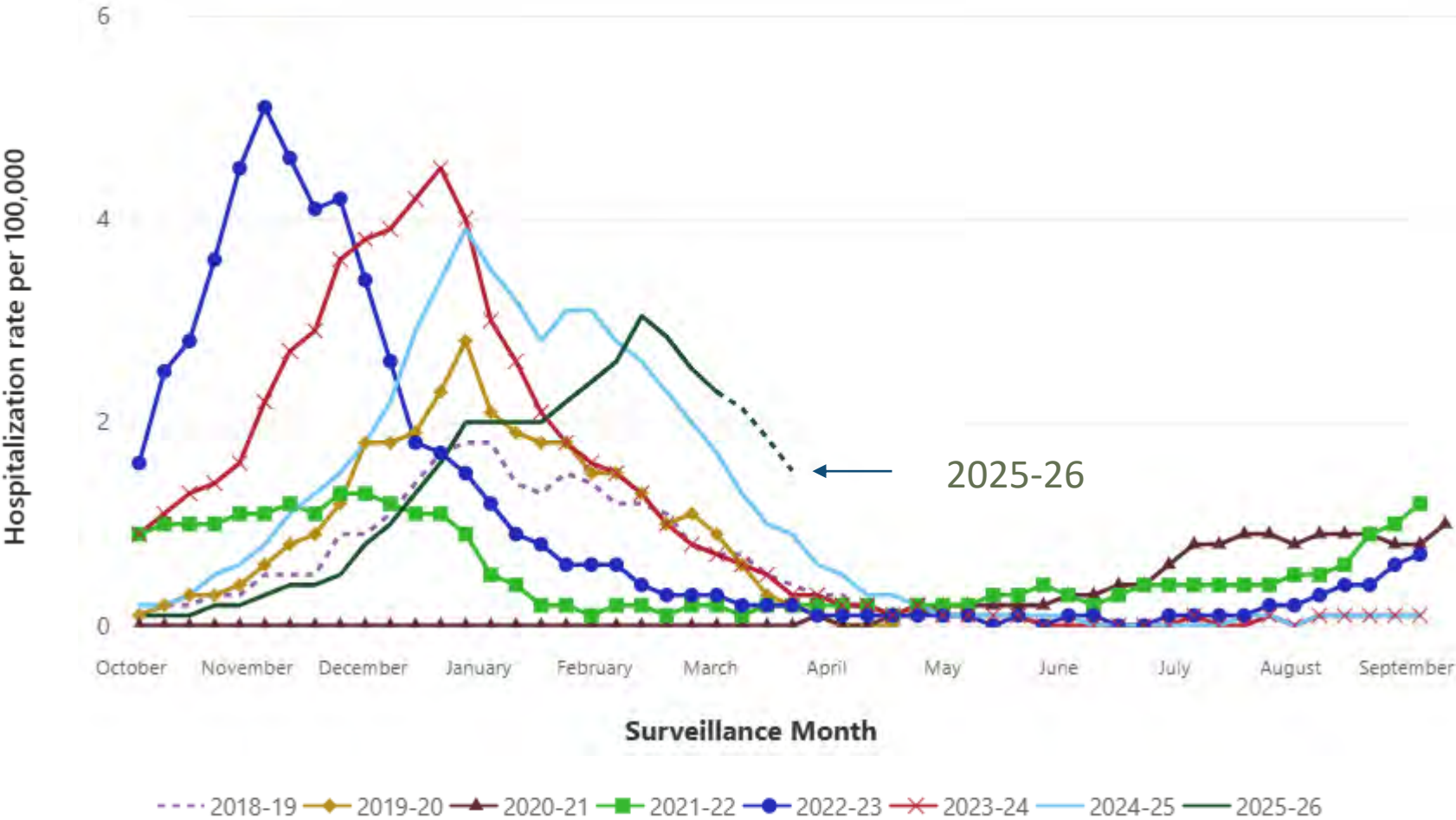
## Prior Cases

- Madison County (Eastern Idaho Public Health): 3 cases.
- Canyon County (Southwest District Health): 6 cases.
- Kootenai County (Panhandle Health District): 1 case.

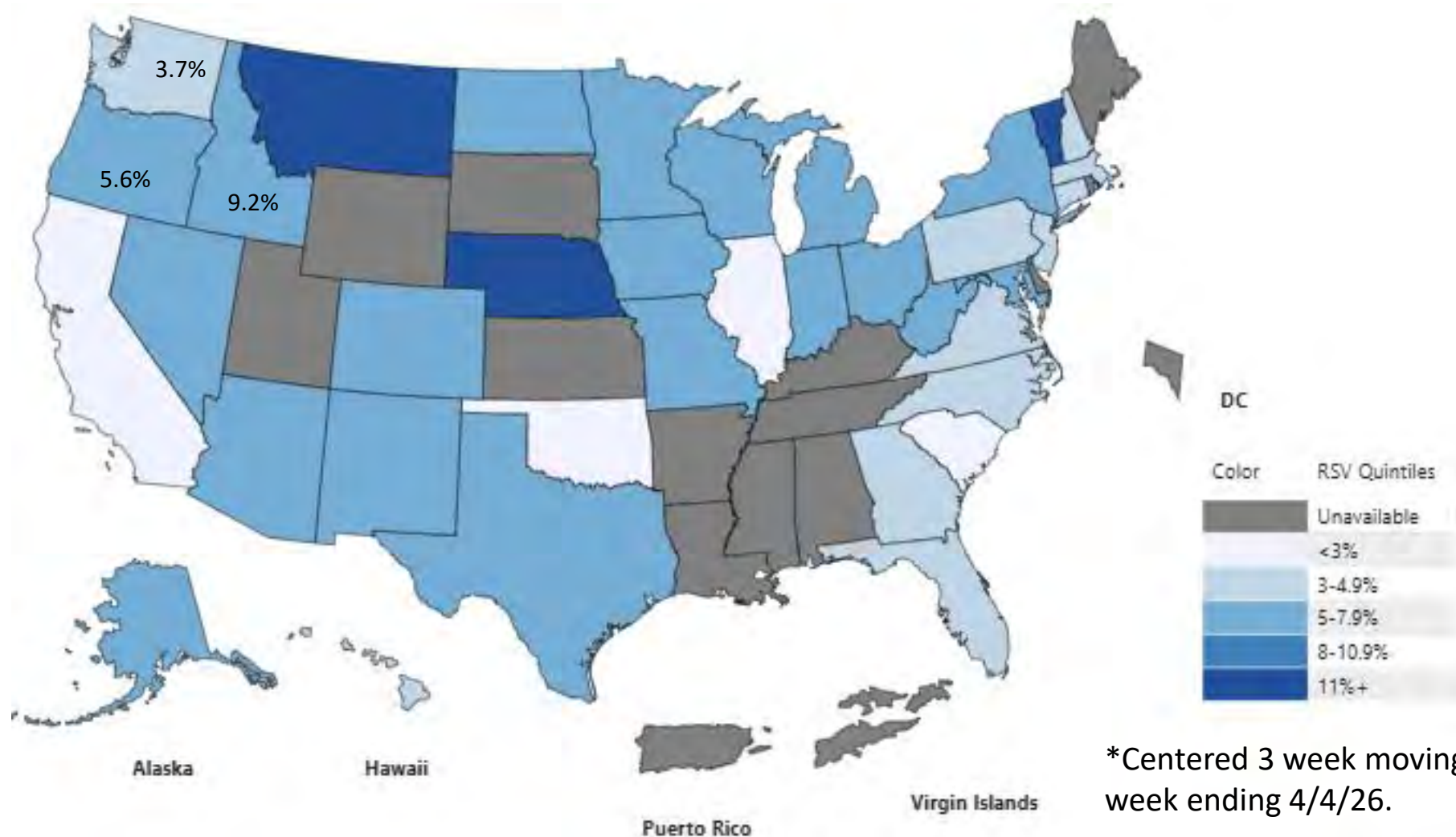
# Measles — Portland Area, 2025-26

Location (State/County)	Number of Cases		Additional Cases (e.g. Among Travelers)
	2025 (N=26)	2026 (N=58)	
Washington	Total: 12	Total: 34	9 additional cases among travelers to Washington (King and Snohomish Counties) in 2025. 2 travelers in 2026 (King).
King	7	2	
Snohomish	2	14	
Whatcom	2		
Spokane	1		
Kittitas		2	
Clark		8	
Stevens		3	
Grant		2	
Spokane		1	
Walla Walla		1	
<b>Oregon</b>	Total: 1	Total: 14	
Idaho	Total: 13	Total: 10	2 additional cases among travelers to Idaho (Bonneville and Cassia Counties) in 2025. 1 case in a traveler in 2026.
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 4/4/26) vs. Past Seven Seasons

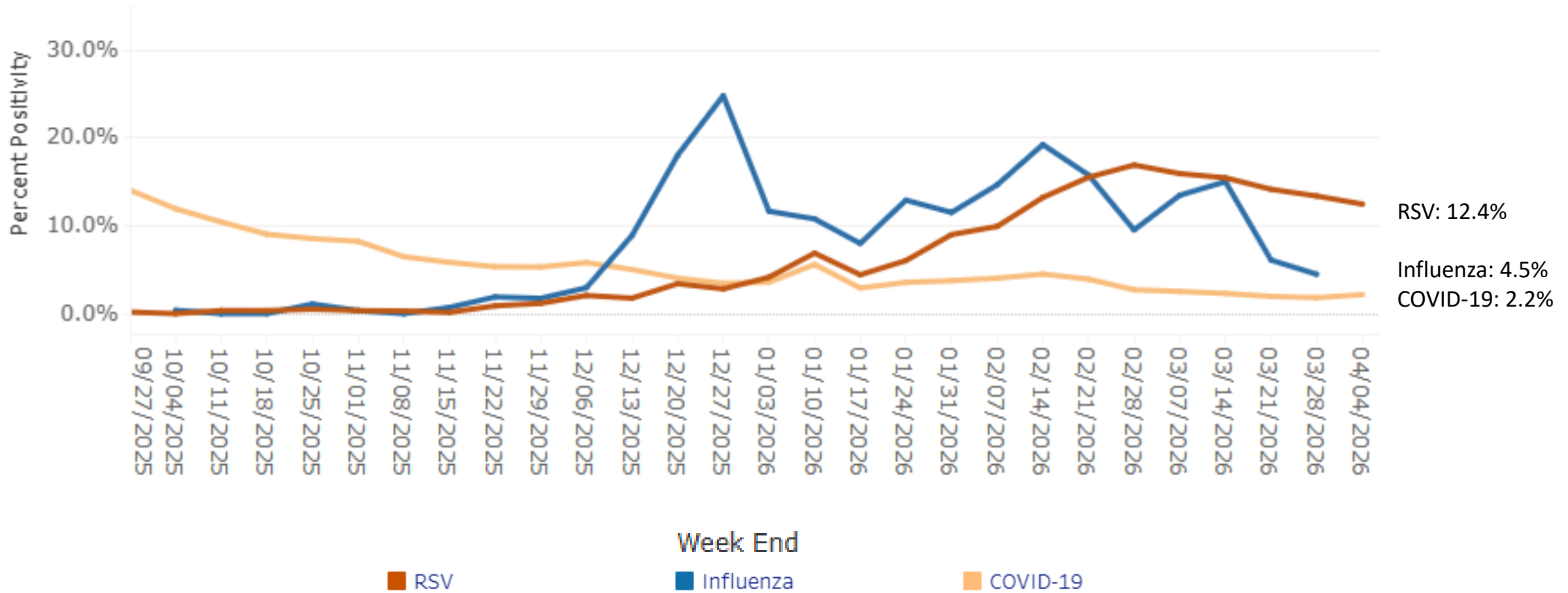


# Percent of Tests Positive for RSV — United States, 2025-26 (week ending 4/4/26\*)

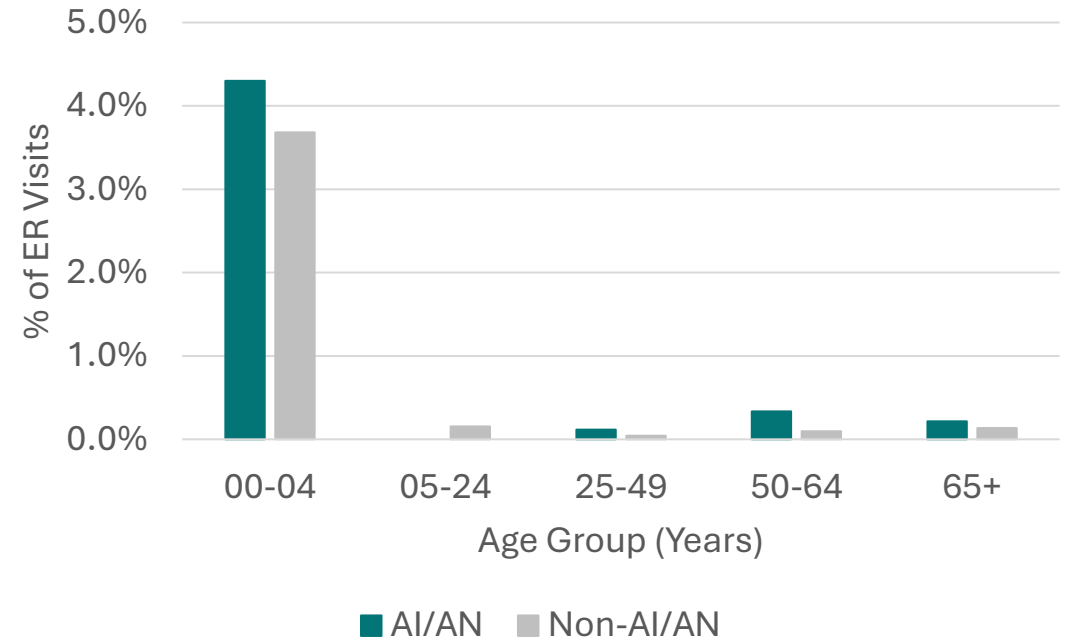
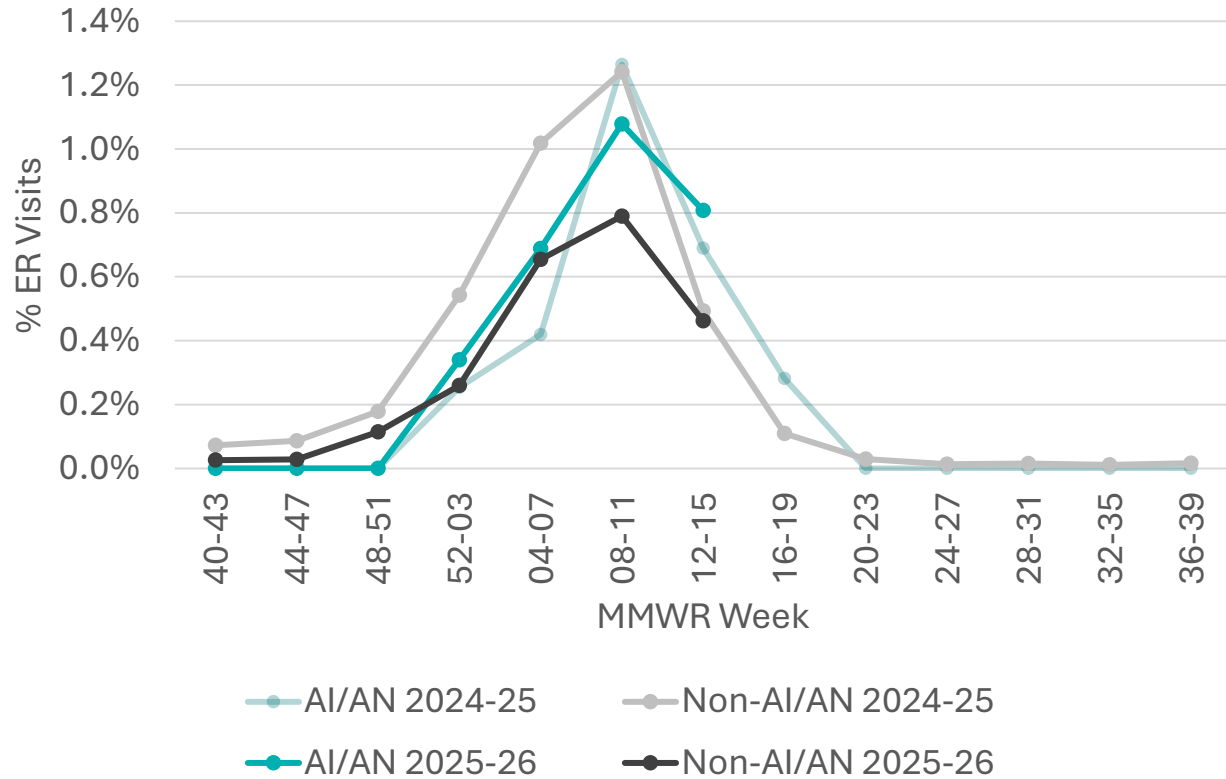


\*Centered 3 week moving average for week ending 4/4/26.

# Percent of Tests Positive for RSV, Influenza, and COVID-19 — Idaho, 2025-26 (through 4/4/26)

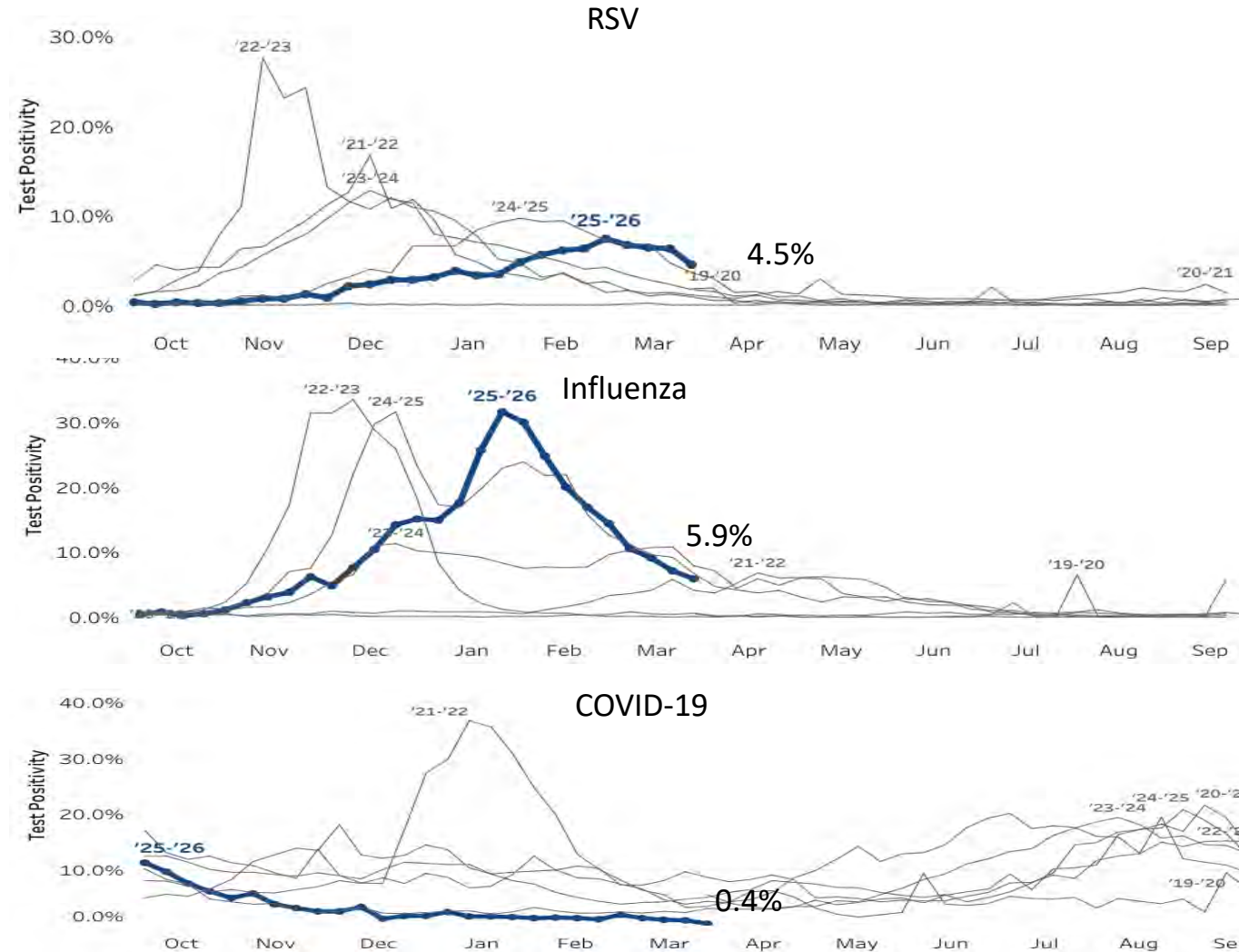


# % ER Visits Associated with RSV, AI/AN vs. non AI/AN — Idaho, 2025-26 (through week 14, 4/11/26)

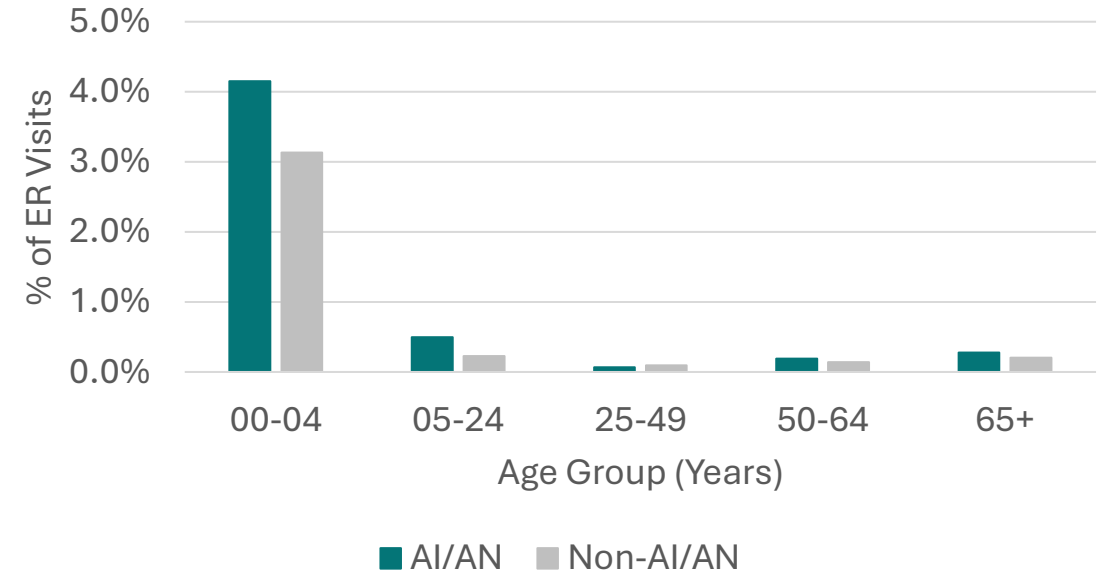
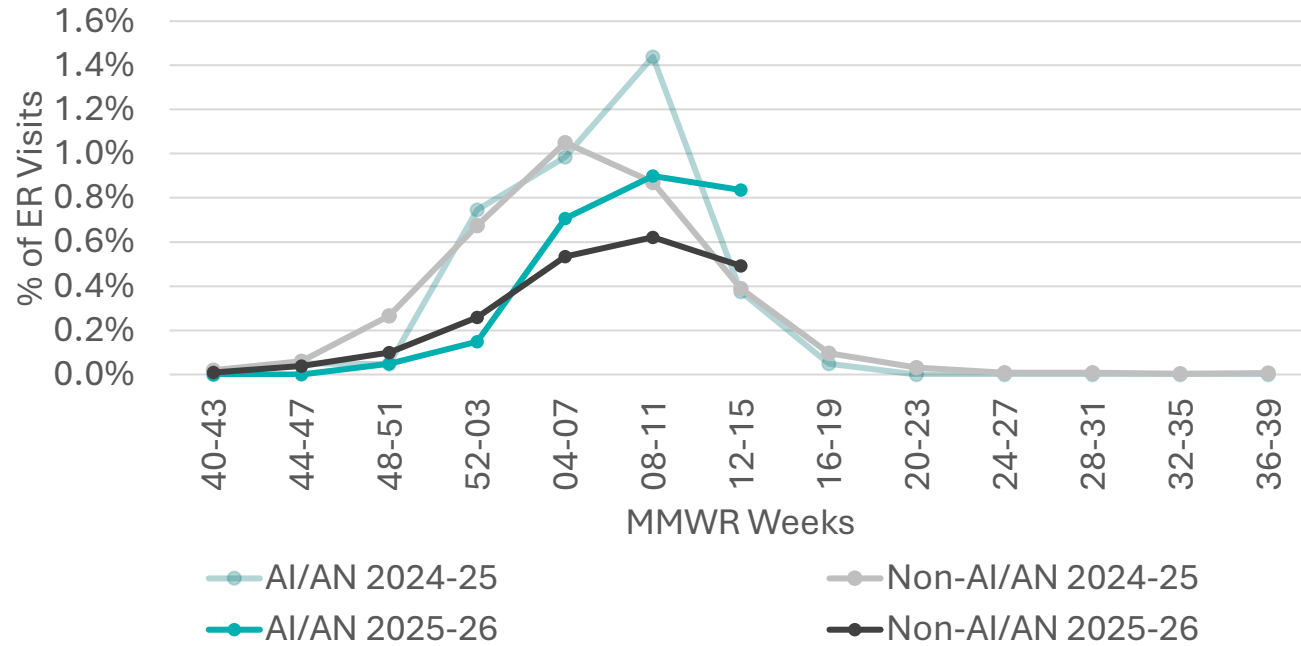


Data Source: ESSENCE.  
 Courtesy Kacey Little, MPH, NPAIHB

# Percent of Tests Positive for RSV, Influenza, and COVID-19 — Oregon, 2025-26 (through 4/4/26)



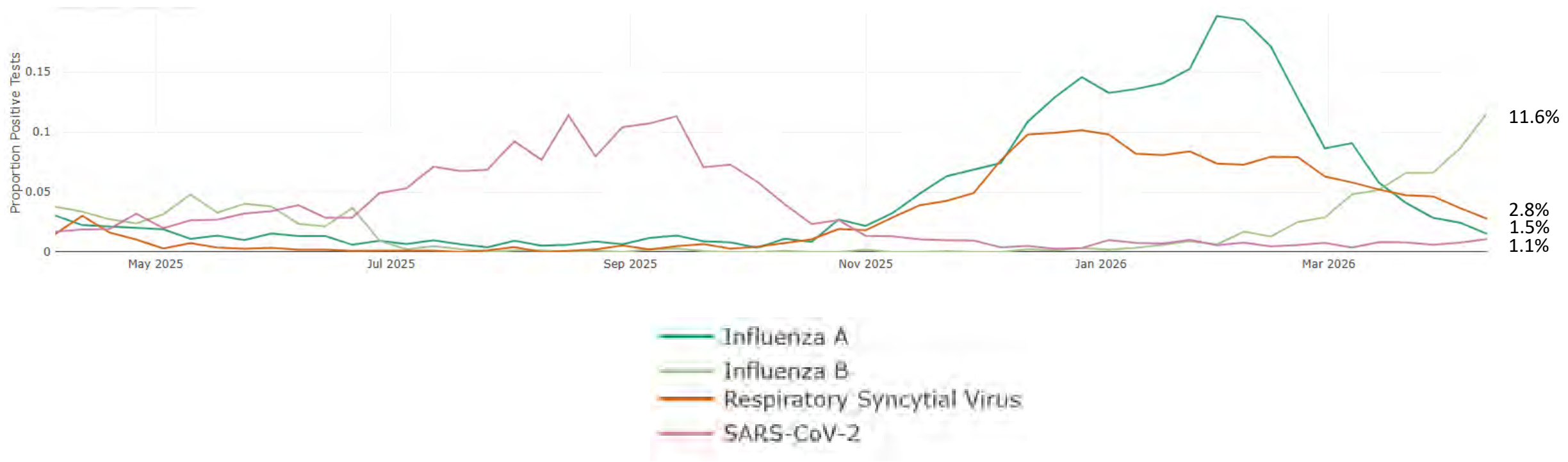
# % ER Visits Associated with RSV, AI/AN vs. non AI/AN — Oregon, 2025-26 (through week 14, 4/11/26)



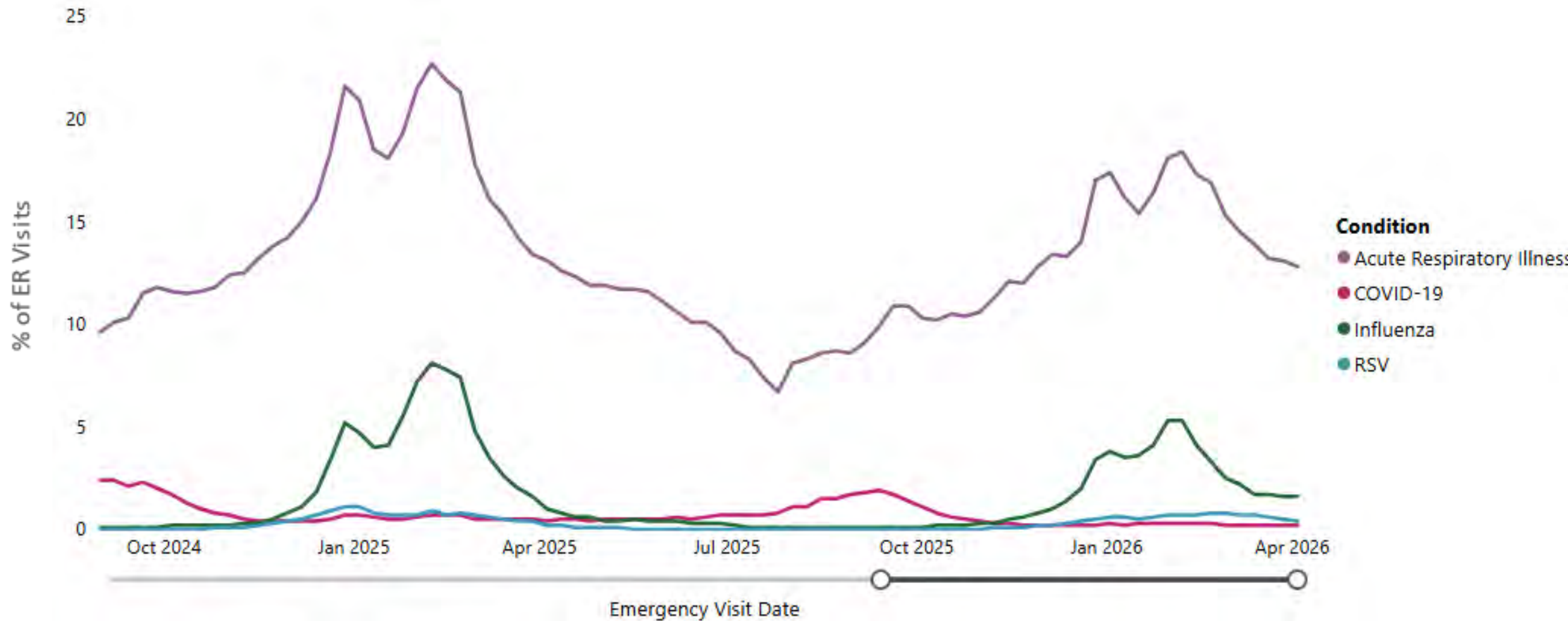
Data Source: ESSENCE.

Courtesy Kacey Little, MPH, NPAIHB

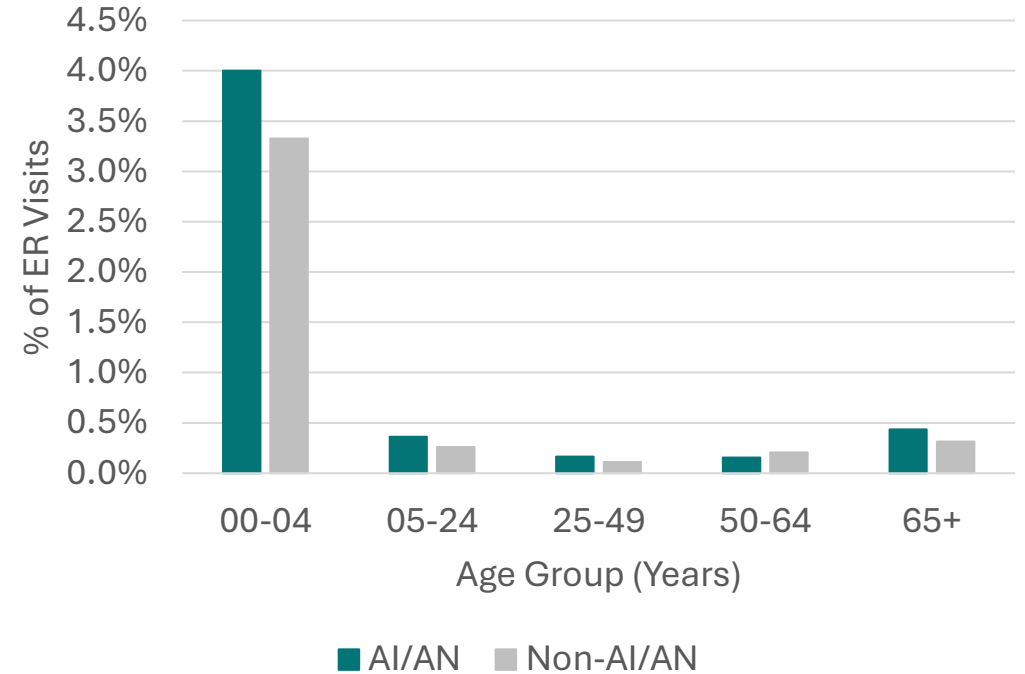
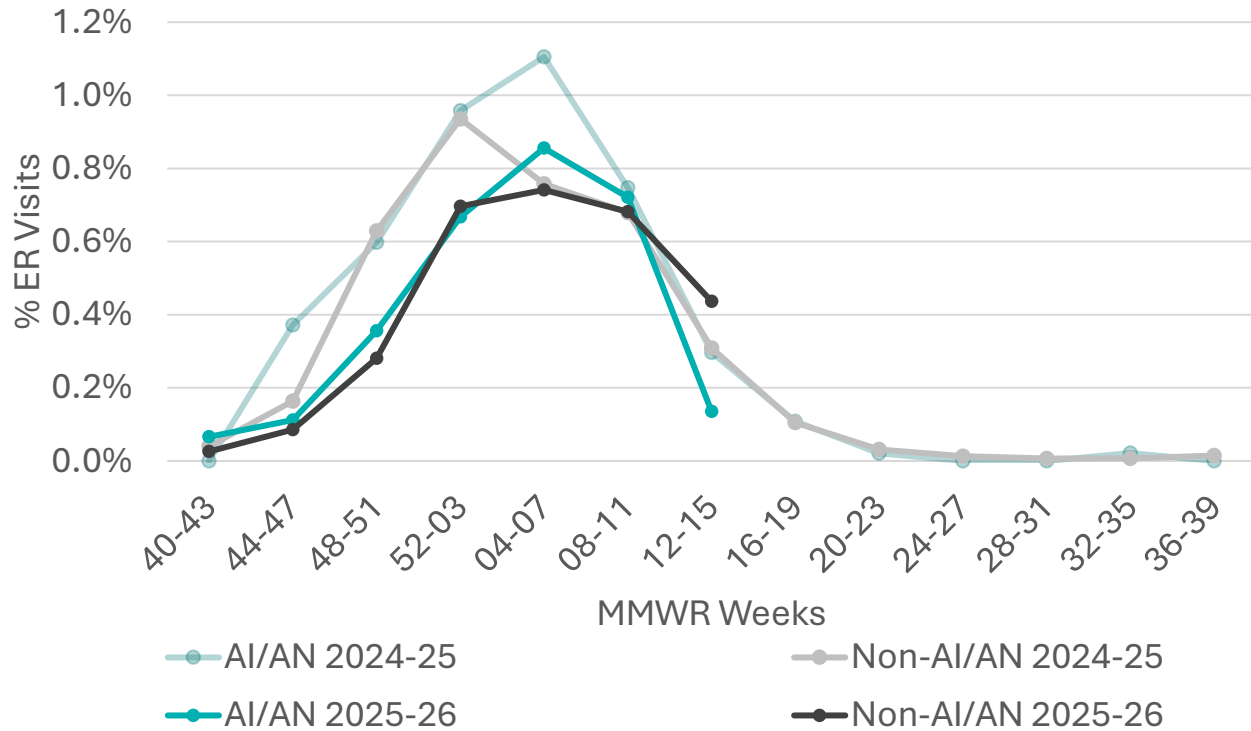
# Proportion of Tests Positive for COVID-19, Influenza and RSV in the Northwest — University of Washington and Seattle Children’s Hospital, 2025-26 (through 4/11/26)



# Percent of Emergency Room Visits for Acute Respiratory Illness, Influenza, RSV, and COVID-19 — Washington, 2024-26 (through 4/4/26)

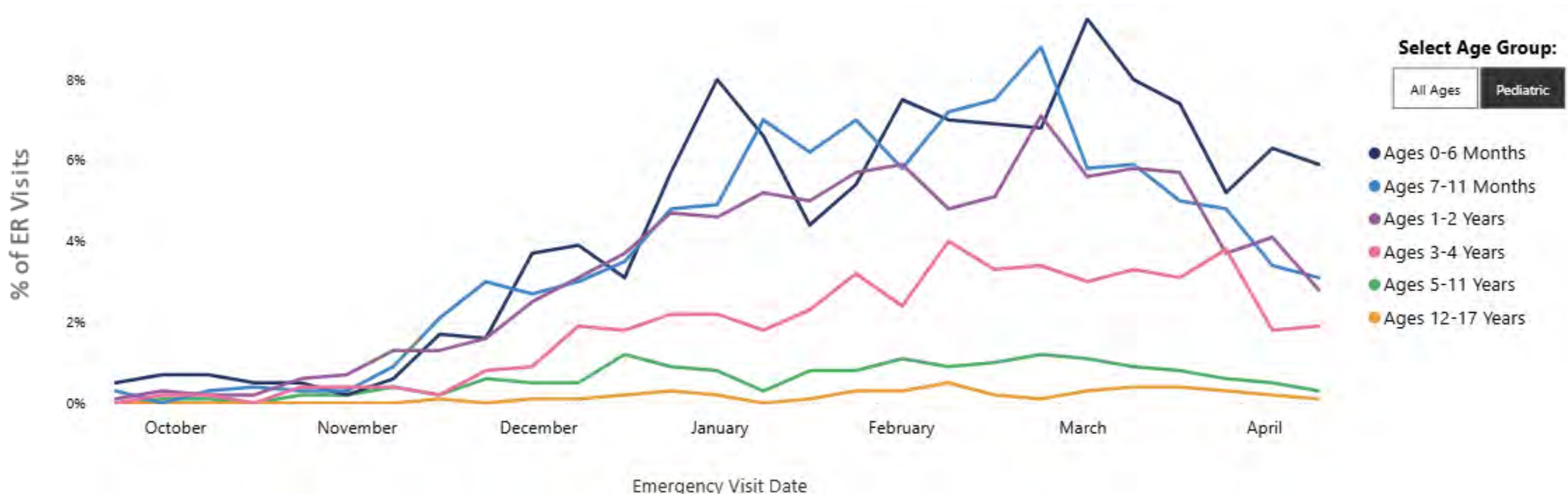


# % ER Visits Associated with RSV, AI/AN vs. non AI/AN — Washington, 2025-26 (through week 14, 4/11/26)

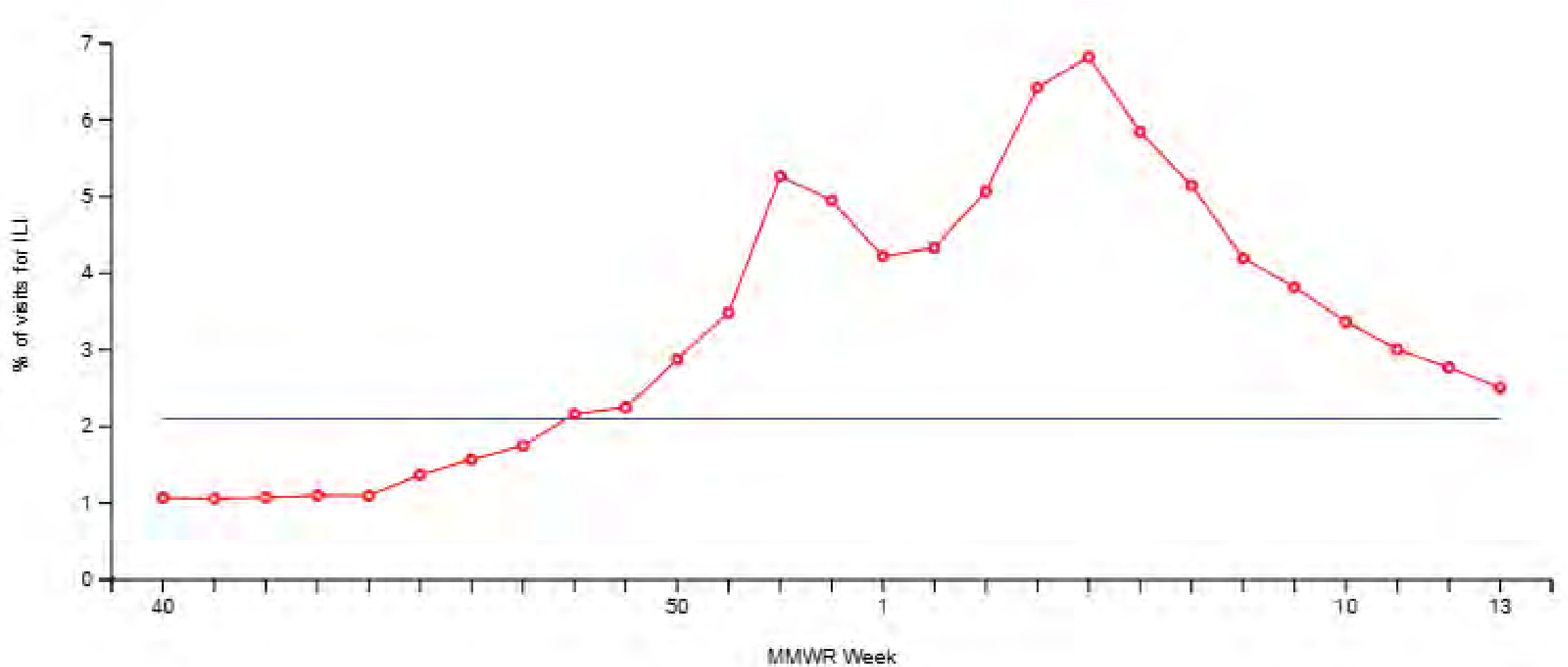


Data Source: ESSENCE.  
 Courtesy Kacey Little, MPH, NPAIHB

# Percent of Emergency Room Visits Associated with RSV Among Children— Washington, 2025-26 (through 4/4/26)



# Percentage of Outpatient Visits for ILI— HHS Region 10 (AK/WA/OR/ID), 2025-26 (through 4/4/26)





# Summary

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- Measles: Portland Area, 2026 (N=58)
  - Washington (N=34)
    - Recent cases in King County (3) with possible public exposure locations in Seattle and Bellevue, Kittitas County (1), Walla Walla County (1).
  - Oregon (N=14)
    - 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: Lane, Marion, Washington, Deschutes, Tillamook, Benton, Coos, and Multnomah Counties.
  - Idaho (N=10)
    - Possible measles exposure at Boise Airport on 3/29.
- RSV: The % of tests positive for RSV and the % of RSV-associated ER visits remains elevated in all three states, but is declining. In ID and OR, the % of RSV-associated ER visits is higher for AI/AN vs. non-AI/AN.
- Influenza: ILI activity is decreasing but still above baseline for HHS region 10 (WA/OR/ID/AK), with moderate activity in Washington and low activity in Idaho and Oregon.

# Recommendations: Seasonal Respiratory Viruses

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- 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  $\leq 19$  months during their 2<sup>nd</sup> RSV season.
- Continue to vaccinate Elders for RSV (everyone  $\geq 75$  years 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.
- Other ways to prevent infection from seasonal respiratory viruses (e.g. influenza, RSV, rhinovirus, human metapneumovirus, etc.)
  - Wash hands regularly, clean high-touch areas frequently.
  - When coughing/sneezing, cover your mouth/nose with a tissue or your sleeve and wash your hands afterwards.
  - 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.

# Recommendations: Measles

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- Ensure patients are up to date on their measles immunizations.
- Ensure all health care workers have presumptive evidence of measles immunity and that N95 Respirator Fit Testing has been done in the past year.
- 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.
- 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).
- 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).
- 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).
- Ensure you have supplies for measles testing.

# 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).

# 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>

Centers for Disease Control and Prevention. Measles. In: Hall E., Wodi A.P., Hamborsky J., et al., eds. Epidemiology and Prevention of Vaccine-Preventable Diseases. 14th ed. Washington, D.C.: Public Health Foundation; 2021. Available at: <https://www.cdc.gov/pinkbook/hcp/table-of-contents/chapter-13-measles.html>

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

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

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

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

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.

### How the Shots Work

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

### Shot Side Effects

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

### Shot Safety

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

### Who Should Get Vaccinated

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

### Where to Get Vaccinated

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

### Vaccinative

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

### Additional Information

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

We work together, using modern and traditional medicines to help keep our tribe safe from COVID-19. I got vaccinated to protect my family, my 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 HCL, LTCJ, Dohing-Glown, TSP, Ojibwa 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 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, Misquou & 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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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 (60+), and 6 mos. AND Children 12 mos. and 4-9 years old
Pertussis	Elders (60+), and 6 mos. AND Children 12 mos.
RSV	Elders (60+), and 6 mos. AND Children 12 mos. old
COVID-19 & Flu	Everyone 6 mos. and older every year

Why Every Year? COVID-19 and flu spread through the air. We need updated vaccines, so our bodies know how to fight these diseases.

Vaccines are Safe. Serious reactions are rare. People are more likely to get sick by ignoring flu. 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/ProtectYourKids](http://www.IndianCountryEcho.org/ProtectYourKids)



<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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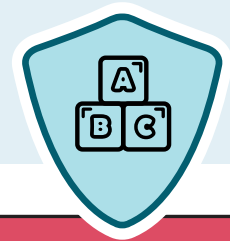






# Questions & Comments

# PREPARING AND RESPONDING TO MEASLES: Checklist for Early Care and Education Centers



## WHY SHOULD EARLY CARE AND EDUCATION CENTERS PREPARE FOR MEASLES?

**Measles is caused by a highly contagious virus that spreads through the air when an infected person coughs or sneezes. If one person has measles, up to 9 in 10 people nearby will become infected if they are not protected through vaccination or previous infection.**

**Measles can spread quickly in early care and education (ECE) centers because children and staff spend a lot of time together in close contact. Many younger children (less than 12 months of age) are not yet eligible for vaccination to protect them from infection. Children younger than 5 years of age and pregnant women are more likely to develop severe illness from measles.**

**Measles is more than just a rash** — it can cause serious health complications and even death. About 1 in 5 people who get measles will be hospitalized. The best protection is the **measles, mumps, and rubella (MMR) vaccine**.

The risk for widespread measles in the U.S. remains low. However, measles cases occur in the U.S. every year when unvaccinated travelers get measles while they are in other countries and return to the U.S. Outbreaks also occur when measles spreads in under-vaccinated communities. Anyone without immunity to measles is at risk.

## PREPARE FOR POSSIBLE MEASLES CASES

- **Know how to contact your health department** when measles is suspected. Ideally, have a point of contact ahead of time and discuss plans for how to respond to a measles case.
- **Review health department guidance, local regulations, laws, and licensing rules on measles for ECE centers.** Use your program's health experts, such as a childcare health consultant, to stay up to date and to develop policies and procedures to prevent the spread of illness. Consult the National Resource Center for Health and Safety in Child Care and Early Education's **Caring for Our Children Measles Chapter** for more information.
- **Communicate with staff, families, and caregivers** about your center's policies and procedures:
  - » **Requirements for children and staff to stay at home when they are sick.** Consider proactively sharing information about **signs and symptoms of measles** so caregivers know when to keep a child at home and when to seek medical evaluation.
  - » **Procedures for children with measles symptoms**, such as a mask being placed on the child when possible (if 2 years or older), isolating them away from other children, and requiring immediate pick-up by a caregiver and medical evaluation before returning to the ECE center.
  - » **Applicable state, local, or ECE center MMR vaccine recommendations or requirements.** The best way to prevent the spread of measles is to ensure that all eligible children and staff are vaccinated or **immune to measles**. If needed, partner with your health department and local vaccine providers, such as pharmacies or pediatric clinics, to set up ECE center-based vaccination clinics and help make MMR vaccination accessible.
- **Be watchful for children and staff who may come to the ECE center with fever and other signs and symptoms of measles.** Early symptoms can seem like a common cold and include fever; cough; runny nose; red, watery eyes; and/or tiny white spots in the mouth. A rash generally occurs 3-5 days after symptoms begin and usually appears on the face and behind the ears first and then spreads down the body.

- **Make sure your ECE center has a supply of masks** to give a person with measles symptoms. Masks **should not** be placed on children under 2 years of age.
- **Identify an isolation space** where a child with measles symptoms can wait for a caregiver to pick them up. This will help prevent other people from getting sick.
  - » **Choose a separate room (not shared with anyone else) with a door that can close and a window that can open to the outdoors, if available.** If there is no separate room available, consider identifying an outdoor space to use, weather and safety permitting.
  - » Consider placing necessary supplies in the isolation space in advance.
- **Maintain documentation of measles immunity status for all children and staff**, including any with medical or other exemptions from vaccination. **See sample documentation template.**
  - » This information will help the health department identify people who are not immune to measles, so that they can be offered vaccination or medication to prevent infection after exposure, also called **post-exposure prophylaxis**.
  - » Ensure record keeping is consistent with any state and local legal requirements and considers privacy and confidentiality.

## RESPONDING TO MEASLES IN AN ECE CENTER

### IMMEDIATE ACTIONS: WHAT TO DO IN THE FIRST 10 MINUTES AFTER MEASLES IS SUSPECTED



#### When a child or staff member has **measles symptoms**, take these actions **IMMEDIATELY**:

- ❑ **Give the person a mask** (if 2 years and older). To limit the spread of respiratory secretions, masks should be well-fitting and cover their mouth and nose.
- ❑ **Isolate the person with measles symptoms to protect others from exposure.**
  - » Move a **child with measles symptoms** to the designated isolation space and contact a caregiver to pick them up. Keep the door closed and windows to the outside open.
  - » An isolated child should be **monitored at all times** and cared for in an age-appropriate manner while in isolation (e.g., diaper changes, feeding).
  - » Staff monitoring an isolated child, and anyone else entering the isolation space, should have **evidence of immunity** to measles and wear a well-fitting **respirator** (preferred) or **disposable mask**. Minimize the number of times staff enter or exit the isolation space when occupied.
- » Instruct a **staff member with measles symptoms** to isolate at home. If they are unable to leave the ECE center immediately, have them wait in the designated isolation space until transportation is arranged.
- » If measles is suspected, advise the caregiver or staff member to seek medical care.
- » After a person with measles symptoms leaves the isolation space, it should remain vacant for at least two hours. Then, clean and disinfect the space with an **EPA-registered disinfectant** suitable for hepatitis B and HIV (these are also effective against the measles virus).
- » For items or surfaces that may be mouthed by a child or used for food preparation, rinse with potable water after the recommended disinfectant contact time to remove residue from the disinfectant.
- » Staff who monitor an isolated child and staff who clean an isolation space after use should have **evidence of immunity** to measles and should wear a well-fitting **respirator** (preferred) or **disposable mask**.

- ❑ **Contact your health department.** They will have further guidance for isolation duration, testing, care, and transport, if needed, as well as other guidance for children and staff in the ECE center. They can also help coordinate ECE center-based vaccination clinics, if needed.
- ❑ **Seek emergency care** if the person who is sick gets **rapidly worse** or if they experience trouble breathing, pain when breathing or coughing, dehydration, a fever or headache that won't stop, confusion, decreased alertness or severe weakness, blue color around the mouth, or low energy. **Notify staff at the healthcare facility of your concern for measles before arrival so that they can put procedures in place to prevent spread.**

## RESOURCES

### About Measles:

[www.cdc.gov/measles/about/index.html](http://www.cdc.gov/measles/about/index.html)

### Be Ready for Measles Toolkit:

[www.cdc.gov/measles/php/toolkit/index.html](http://www.cdc.gov/measles/php/toolkit/index.html)

### Measles Isn't Just a Little Rash Fact Sheet:

[www.cdc.gov/measles/resources/measles-isnt-just-a-little-rash-infographic.html](http://www.cdc.gov/measles/resources/measles-isnt-just-a-little-rash-infographic.html)

### Do You Think Your Child Has Measles?

[www.cdc.gov/measles/downloads/measles-factsheet-seek-care-508.pdf](http://www.cdc.gov/measles/downloads/measles-factsheet-seek-care-508.pdf)

### Preventing Measles Before and After Travel Fact Sheet:

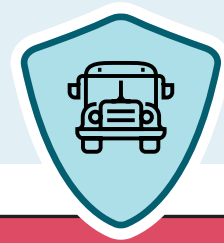
[www.cdc.gov/measles/resources/before-after-travel-fact-sheet.html](http://www.cdc.gov/measles/resources/before-after-travel-fact-sheet.html)

## ADDITIONAL ACTIONS AFTER ISOLATION

Be prepared to work with your health department on the following actions, based on their recommendations:

- **Make a list of people who might have been exposed to the person with suspected measles.** The health department might recommend that children and staff who are not immune to measles be excluded from the ECE center to protect their health and prevent further spread. The health department might also offer them vaccination or medication to prevent infection after exposure, also called **post-exposure prophylaxis**.
- **Gather information** about facility layout and ventilation to share with the health department.
- **Inform families and caregivers** that someone at their child's ECE center has had measles symptoms and let them know if their child has been exposed. Ask them to watch for measles symptoms in their children and other household members for 21 days (even if they are immune) **See sample notification templates**.
- **Ask staff to watch for measles symptoms in themselves and children at the ECE center for 21 days and seek medical care if symptoms develop.**

# PREPARING AND RESPONDING TO MEASLES: Checklist for K-12 Schools



## WHY SHOULD K-12 SCHOOLS PREPARE FOR MEASLES?

**Measles is caused by a highly contagious virus that spreads through the air when an infected person coughs or sneezes. If one person has measles, up to 9 in 10 people nearby will become infected if they are not protected through vaccination or previous infection.**

**Measles can spread quickly in schools because students and staff spend a lot of time in close contact, and outbreaks can result in time out of school that disrupts learning.**

**Measles is more than just a rash** — it can cause serious health complications and even death. About 1 in 5 people who get measles will be hospitalized. The best protection is the **measles, mumps, and rubella (MMR) vaccine**.

The risk for widespread measles in the U.S. remains low. However, measles cases occur in the U.S. every year when unvaccinated travelers get measles while they are in other countries and return to the U.S. Outbreaks also occur when measles spreads in under-vaccinated communities. Anyone without immunity to measles is at risk.

## PREPARE FOR POSSIBLE MEASLES CASES

- **Know how to contact your health department** when measles is suspected. Ideally, have a point of contact ahead of time and meet with them before school starts to discuss plans for how to respond to a measles case.
- **Review health department guidance, local regulations, and laws on measles for schools** and ensure the school emergency operations plan is up to date.
- **Communicate with staff, families, and caregivers** about your school's policies and procedures:
  - » **Requirements for students and staff to stay at home when they are sick.** Consider proactively sharing information about **signs and symptoms of measles** so families and caregivers know when to keep a child at home and when to seek medical evaluation.
  - » **Procedures for students with measles symptoms**, such as the student being required to use a mask when possible, isolated away from others, and requiring immediate pick-up by a caregiver and medical evaluation before returning to school.
- » **Applicable state, local, or school MMR vaccine requirements.** The best way to prevent the spread of measles is to ensure that all students and staff are vaccinated or **immune to measles**. If needed, partner with your health department and local vaccine providers, such as pharmacies or pediatric clinics, to set up school-based vaccination clinics and help make MMR vaccination accessible.
- **Provide training to school nurses and other school-based healthcare providers to recognize measles symptoms.** Early symptoms can seem like a common cold and include fever; cough; runny nose; red, watery eyes; and/or tiny white spots in the mouth. A rash generally occurs 3-5 days after symptoms begin and usually appears on the face and behind the ears first and then spreads down the body.
- **Make sure your school has a supply of masks** to give to a person with measles symptoms.
- **Identify an isolation space** where a student with measles symptoms can wait for a caregiver to pick them up. This will help prevent other people from getting sick.

- » **Choose a separate room (not shared with anyone else) with a door that can close and a window that can open to the outdoors, if available.** If there is no separate room available, consider identifying an outdoor space to use, weather and safety permitting.
- **Make a plan for how to continue education** for students who may need to be excluded from school due to isolation or quarantine for measles. This may include things like virtual schooling or paper-based assignments that students can complete at home.
- **Maintain documentation of measles immunity status for all students and staff**, including any with medical or other exemptions from vaccination. **See sample documentation template.**
- » This information will help the health department identify people who are not immune to measles, so that they can be offered vaccination or medication to prevent infection after exposure, also called **post-exposure prophylaxis**.
- » Ensure record keeping is consistent with any state and local legal requirements and considers privacy and confidentiality.

## RESPONDING TO MEASLES IN K-12 SCHOOLS

### IMMEDIATE ACTIONS - WHAT TO DO IN THE FIRST 10 MINUTES AFTER MEASLES IS SUSPECTED



#### When a student or staff member has **measles symptoms**, take these actions **IMMEDIATELY**:

- ❑ **Give the person a mask.** To limit the spread of respiratory secretions, masks should be well-fitting and cover their mouth and nose.
- ❑ **Isolate the person with measles symptoms to protect others from exposure.**
  - » Move a **student with measles symptoms** to the designated isolation space and contact a caregiver to pick them up. Keep the door closed and windows to the outside open.
  - » Instruct a **staff member with measles symptoms** to isolate at home. If they are unable to leave school immediately, have them wait in the designated isolation space until transportation is arranged.
  - » If measles is suspected, advise the caregiver or staff member to seek medical care.
  - » After a person with measles symptoms leaves the isolation space, it should remain vacant for at least two hours. Then, clean and disinfect the space with an **EPA-registered disinfectant** suitable for hepatitis B and HIV (these are also effective against the measles virus).
- » Staff who monitor an isolated child and staff who clean an isolation space after use should have **evidence of immunity** to measles and should wear a well-fitting **respirator** (preferred) or **disposable mask**.
- ❑ **Contact your health department.** They will have further guidance for isolation duration, testing, care, and transport, if needed, as well as other guidance for students and staff in the school. They can also help coordinate school-based vaccination clinics, if needed.
- ❑ **Seek emergency care** if the person who is sick gets **rapidly worse** or if they experience trouble breathing, pain when breathing or coughing, dehydration, a fever or headache that won't stop, confusion, decreased alertness or severe weakness, blue color around the mouth, or low energy. **Notify staff at the healthcare facility of your concern for measles before arrival so that they can put procedures in place to prevent spread.**

## ADDITIONAL ACTIONS AFTER ISOLATION

Be prepared to work with your health department on the following actions, based on their recommendations:

- **Make a list of people who might have been exposed to the person with suspected measles.** Consider movement throughout the school building including lunch periods, gym, and special events or classes. The health department might recommend that students and staff who are not immune to measles be excluded from school to protect their health and prevent further spread. The health department might also offer them vaccination or medication to prevent infection after exposure, also called **post-exposure prophylaxis**.
- **Gather information** about school's layout and ventilation to share with the health department.
- **Inform families and caregivers** that someone at their student's school has had measles symptoms and let them know if their student has been exposed. Ask them to watch for measles symptoms in their student and other household members for 21 days (even if they are immune). **See sample notification templates.**
- **Ask staff to watch for measles symptoms in themselves and students for 21 days and seek medical care if symptoms develop.**

## RESOURCES

About Measles:

[www.cdc.gov/measles/about/index.html](http://www.cdc.gov/measles/about/index.html)

Be Ready for Measles Toolkit:

[www.cdc.gov/measles/php/toolkit/index.html](http://www.cdc.gov/measles/php/toolkit/index.html)

Measles Isn't Just a Little Rash Fact Sheet:

[www.cdc.gov/measles/resources/measles-isnt-just-a-little-rash-infographic.html](http://www.cdc.gov/measles/resources/measles-isnt-just-a-little-rash-infographic.html)

Do You Think Your Child Has Measles?

[www.cdc.gov/measles/downloads/measles-factsheet-seek-care-508.pdf](http://www.cdc.gov/measles/downloads/measles-factsheet-seek-care-508.pdf)

Preventing Measles Before and After Travel Fact Sheet:

[www.cdc.gov/measles/resources/before-after-travel-fact-sheet.html](http://www.cdc.gov/measles/resources/before-after-travel-fact-sheet.html)