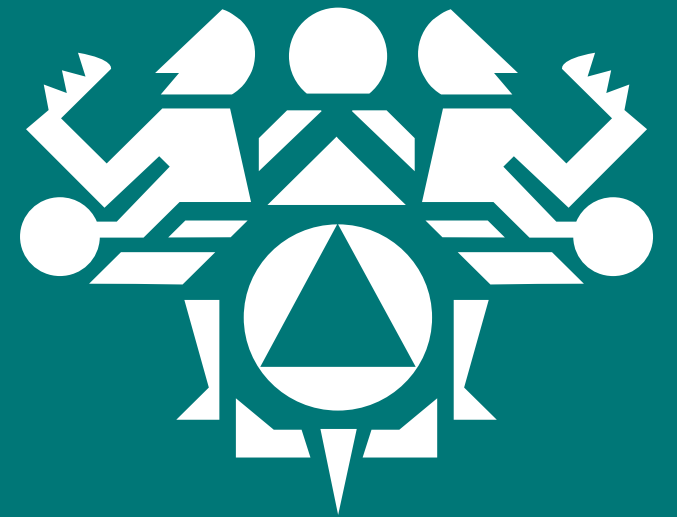


NPAIHB

Weekly Update

April 21, 2026





NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Agenda

- Welcome & Introduction: Bridget Canniff
- NPAIHB Announcements, Events, & Resources
- N CREW Research Topic Focus – Evaluation & Indigenous Values:
Dr. Rosalina James
- Communicable Diseases Updates: Dr. Tara Perti
- Questions & Comments

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

NPAIHB QBM: April 28 – 30, 2026

Join us at the NPAIHB Quarterly Board Meeting!

Hybrid: In-person and via Zoom

Dates: April 28-30, 2026

Location: Silver Reef Casino Resort,
Ferndale, Washington

More info: www.npaihb.org/apr2026qbm

[Draft Agenda](#)



Public Health Committee @ April QBM

QBM Public Health Committee

Chair: Councilwoman Judy Muschamp

Wednesday, April 29, 3:00-4:00 PM PDT (updated time)

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)

Bridget Canniff (bcanniff@npaihb.org)



SAVE THE DATE
—
2026
NORTHWEST
TRIBAL CANCER
COALITION
MEETING

THURSDAY, MAY 14TH, 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

REGISTRATION



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

[Feedback Survey](#)

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



THRIVE CONFERENCE REGISTRATION OPEN!

JUNE 22-26



SCAN QR CODE FOR REGISTRATION LINK

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

What - Three to Four interactive workshop tracks

Where - PSU Native American Student and Community Center
- 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@npaih.org
Website: www.npaihb.org/THRIVE



[REGISTER HERE](#)





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

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

Upcoming Indian Country ECHO Telehealth Opportunities

- **Virtual Care Implementation (VCI) ECHO** – 3rd Tuesday of every month at 12pm PT
 - Tuesday, April 21st at 12pm PT
 - To join via Zoom: <https://us06web.zoom.us/j/87854787166?pwd=TOZ1aWhYRFIKdVdzUTkvcUtCZ1hpQT09>
- **Hepatitis C ECHO** – 1st, 3rd & 4th Wednesday of every month at 11am PT
 - Wednesday, April 22nd at 11am PT
 - Didactic Topic: *Doxycycline Post-Exposure Prophylaxis*
 - To join via Zoom: <https://echo.zoom.us/j/537117924?pwd=OEExbERmK2pSUFFsMzV1SmVpb3g3dz09>
- **Early Relational Health (ERH) ECHO** – 4th Wednesday of every month at 12pm PT
 - Wednesday, April 22nd at 12pm PT
 - Didactic Topic: *The Continuum of Play Therapy for Connection – Indoor & Out*
 - To join via Zoom: <https://echo.zoom.us/j/86327376612?pwd=YVRiY0dxeXV1Ukl2ZE9objU2U2hrZz09>

Upcoming Indian Country ECHO Telehealth Opportunities

- **Dementia Caregiver Support ECHO** – 4th Thursday of every month at 11am PT
 - Thursday, April 23rd at 11am PT
 - Didactic Topic: *Hearing Loss & Its Effect on the Brain*
 - To join via Zoom: <https://echo.zoom.us/j/99454243940?pwd=NG9aWGUvRTdKSmgwTGlldkImVDRWUT09>
- **Journey to Health ECHO** – 2nd & 4th Thursday of every month at 7am / 12pm PT
 - Thursday, April 23rd at 12pm PT
 - Didactic Topic: *Understanding Compassion Fatigue is Self-Care*
 - To join via Zoom: <https://echo.zoom.us/j/93413601610?pwd=YVhMN1NUNllyWHZUZk1CUnF0TEY5QT09>
- **One Health Quarterly ECHO**
 - Thursday, April 23rd 12pm PM

The One Health Quarterly Webinar Series brings together professionals and partners across human, animal, and environmental health to explore the interconnected factors that impact the health of tribal communities. This series highlights emerging issues, innovative practices, and collaborative approaches that support a One Health framework within Indian Country.

Each session features subject matter experts from a range of organizations and disciplines, offering practical insights and real-world applications. Topics may include zoonotic diseases, environmental health challenges, climate impacts, food systems, and cross-sector collaboration strategies.

NPAIHB Weekly Update Schedule

REMINDER

- April 28: **No Update – QBM Week**



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

(520) 465-4512



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

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 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

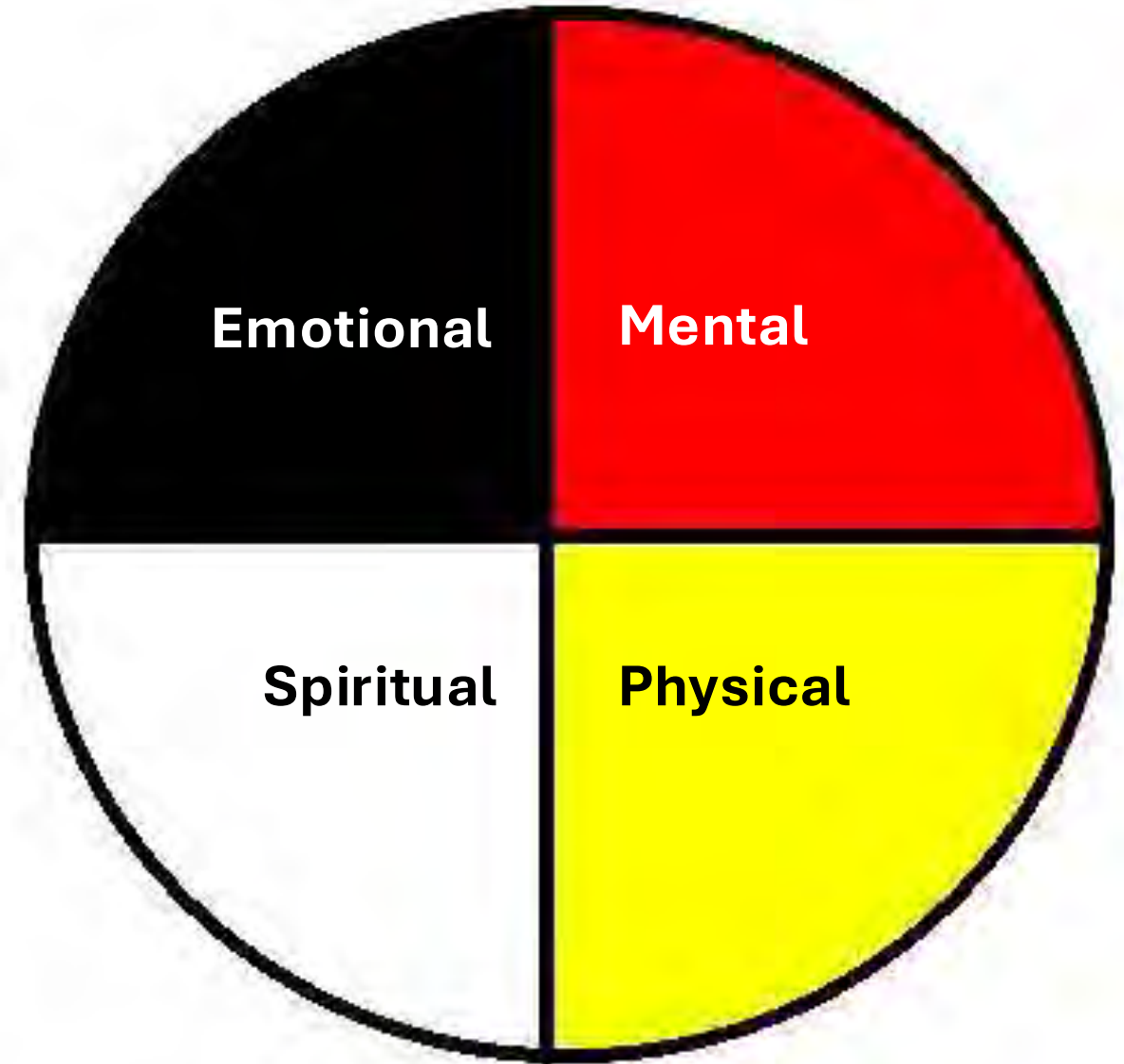
Evaluation & Indigenous Values

Rosalina James, Tsi>tsi aguelh

NPAIHB - NWTEC



Medicine Wheel



Spiritual



Court of Indian Offenses

- Established 1883: The U.S. seeks to replace ancient cultural practices with Christianity
- Political, cultural and spiritual leaders imprisoned

I desire to call your attention to...a great hindrance to the civilization of Indians

...usual practices of so-called 'medicine-men' shall be considered 'Indian offenses'

Emotional



1880 – Chemawa Indian School built in Forest Grove, OR

1881 – BIA report declares the Indian is...to live as long as the white race, or until he becomes ...assimilated with his pale brethren.

1900 – Federal government runs Tulalip boarding school with increased cultural repression. Waves of smallpox, pneumonia and tuberculosis outbreaks claim lives.

1924 – Native Americans granted citizenship and can vote under Indian Citizenship Act.

1928 - *The Problem of Indian Administration*. documents “deplorable health conditions” and “complete negation of normal family life.”

1932 – The federal Tulalip Indian School closes. NA children sent to Chemawa.

1978 – American Indian Religious Freedom Act protects NA traditional practices.

2022 – US Secretary of Interior Deb Haaland announces findings of inquiry into Hx of boarding schools.

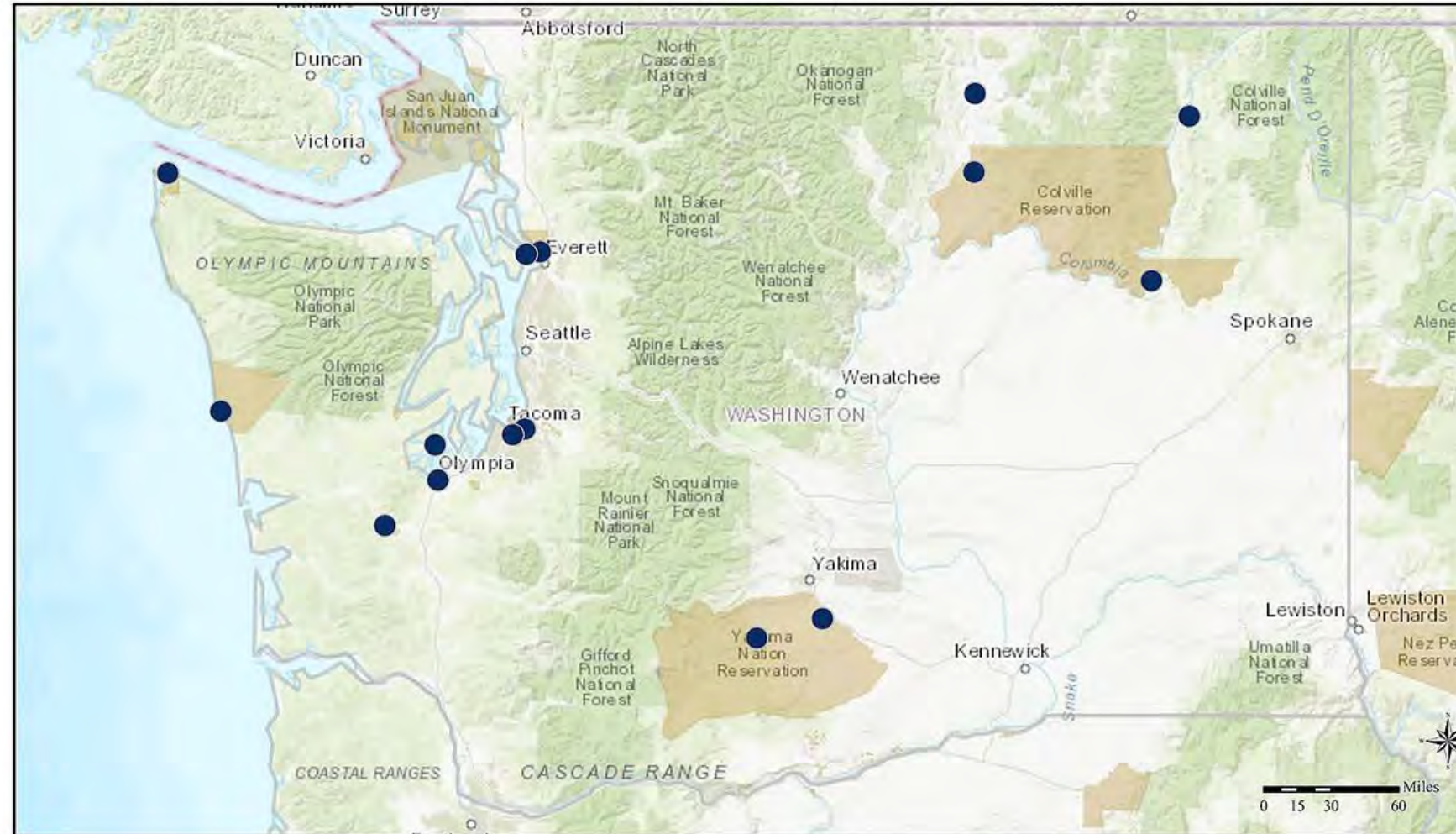
A Brief Timeline of Pacific Northwest Boarding Schools
HeraldNet (June 24, 2022)



U.S. Department of the Interior Federal Indian Boarding School Initiative

Federal Indian Boarding School Sites Identified In Washington

The content of this document may be disturbing or distressing. This version of this document is being made available to the public for informational purposes only. The information in it is subject to change or revision. While DOI strives to make the information in this version of this document as accurate as possible, DOI makes no claims, assurances, or guarantees about the accuracy, completeness, or adequacy of its contents. DOI gives no warranty of any kind, expressed or implied, with respect to its contents. DOI expressly disclaims liability for errors or omissions in the content of this version of this document or for any use of, or reliance on, its content by any person.



● Number of Federal Indian Boarding School Sites - 15

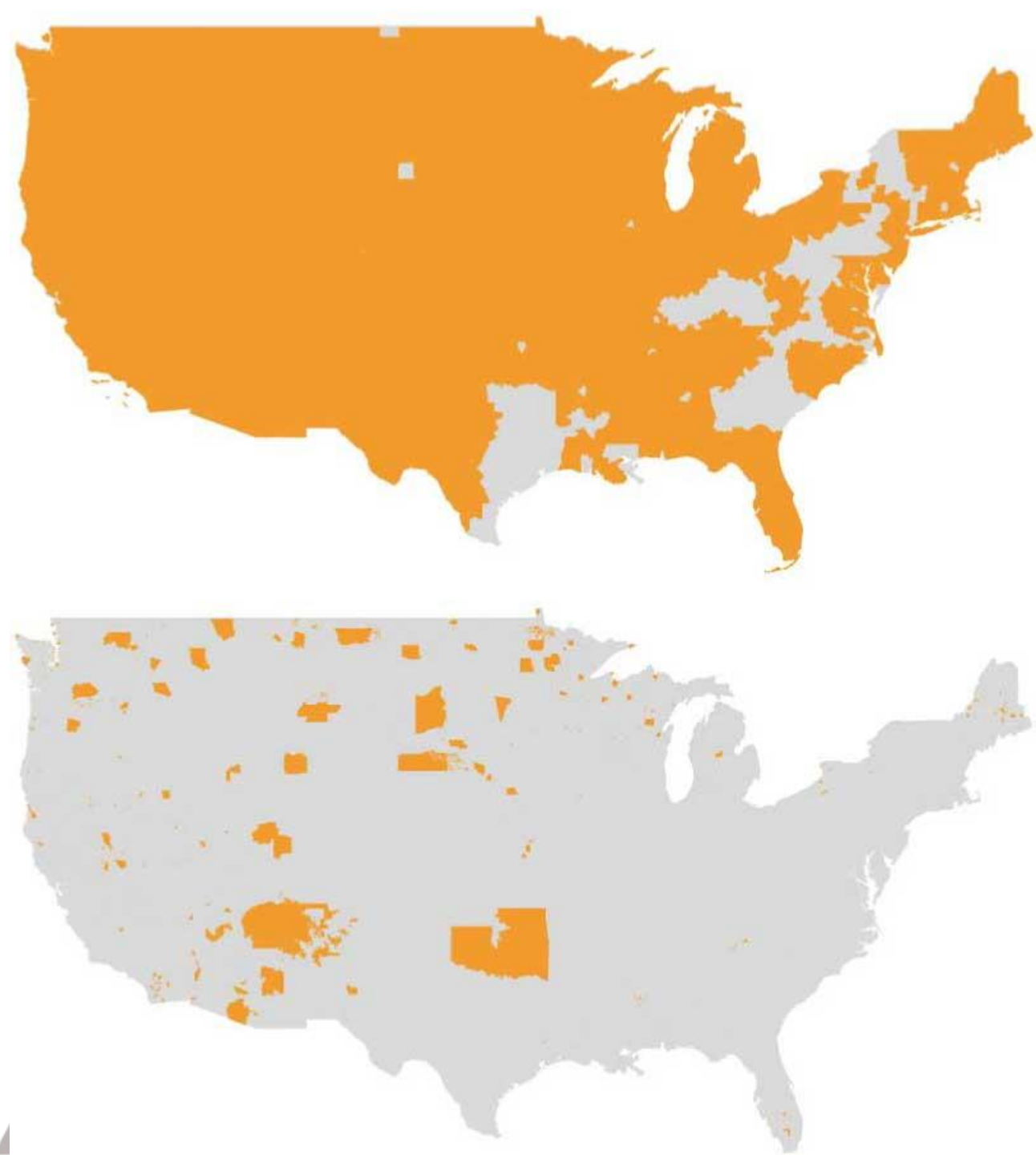
Note: An individual federal Indian boarding school may account for multiple sites as some schools changed locations over time. This represents federal Indian boarding school sites identified as of April

Mental



Centuries of Dispossession

- Quantification of land lost by Indigenous people



Physical



Research Mistreatment and Abuse

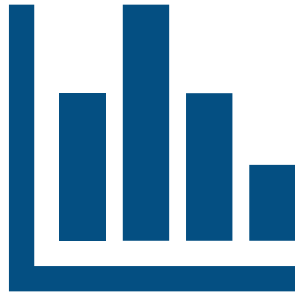
Termination Period (1946 – 1964)

- The government tried to end relationship established by treaties and executive orders, terminating status of sovereign Tribal Nations

IHS Sterilization Period (1970s – 1980s)

- >3000 Native women sterilized involuntarily
- Ages 15 to 44 years
- Lack of formal consent, coercion
- Women told they would lose BIA benefits, care, child custody

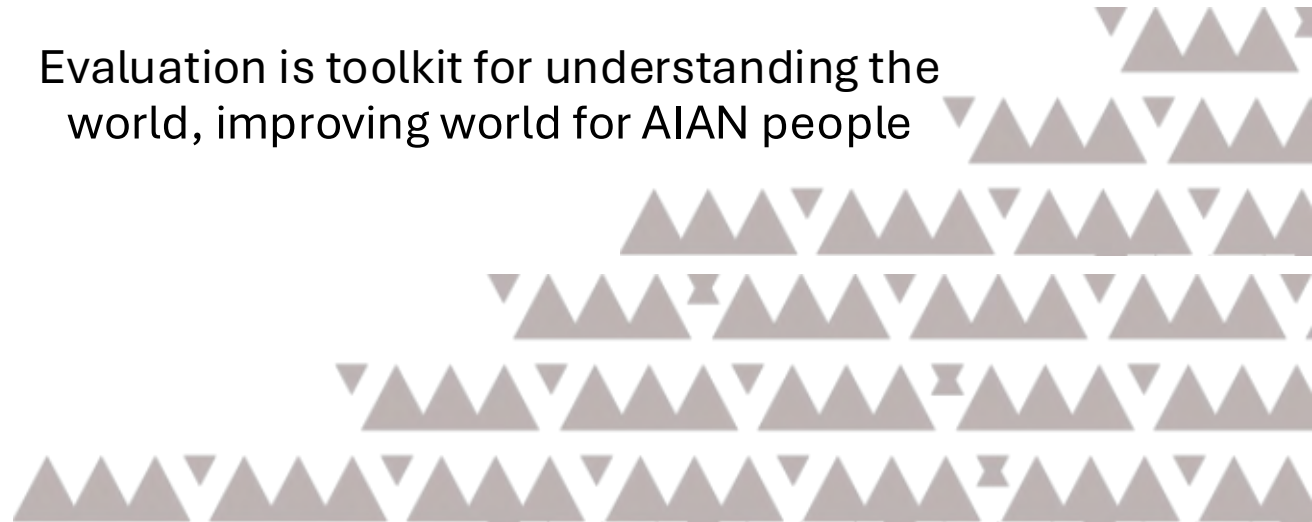
RECLAIM the Story



Data is part of our story



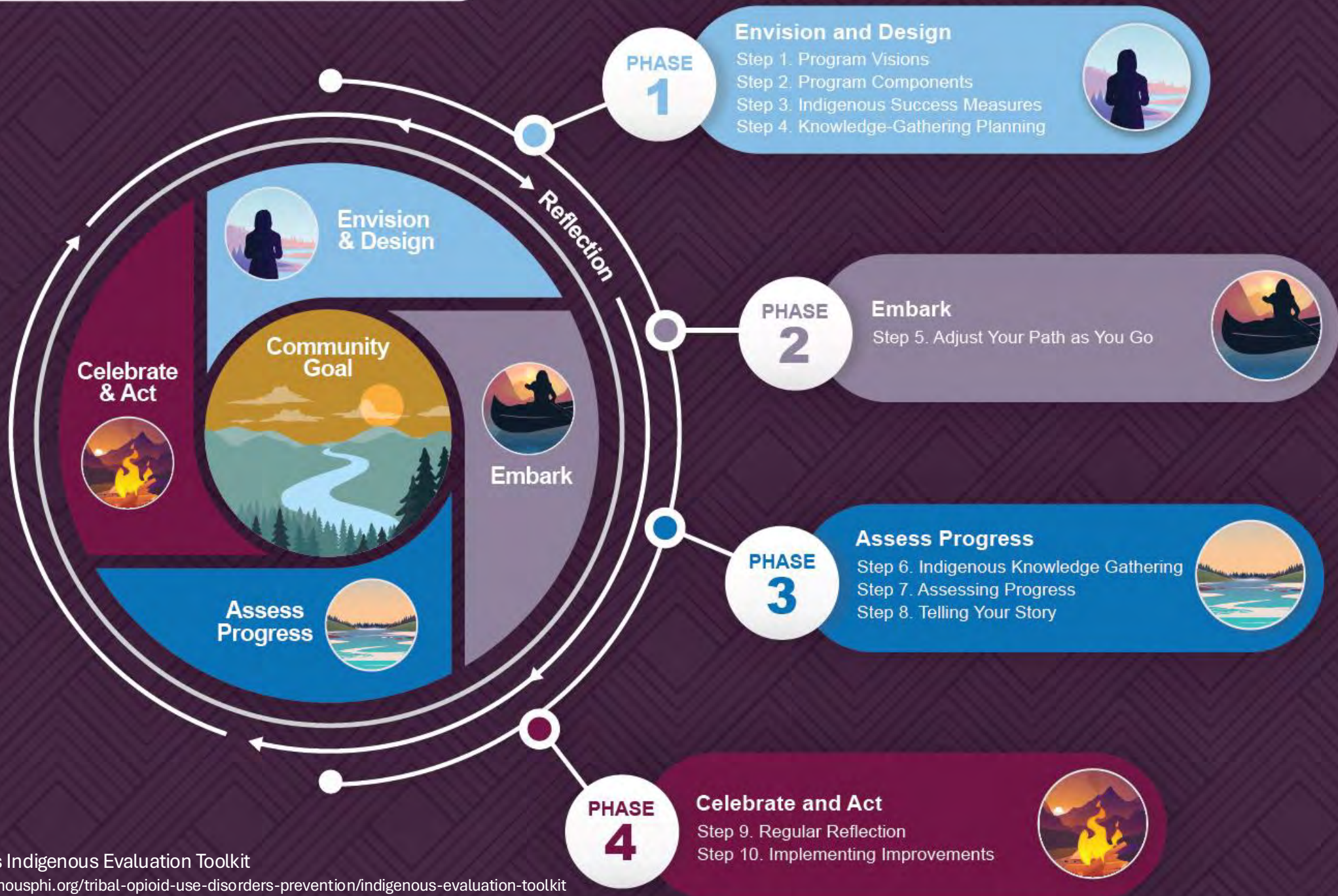
Evaluation is toolkit for understanding the world, improving world for AIAN people



REASSERT

“...aim is to...reassert Indigenous ways of measuring learning, growth, transformation, progress and success that directly align with Indigenous practices”

“...a resurgence of Indigenous ways, building upon other work being done in communities and institutions. These ways ...build on their strengths, access supports and resources, connect with community, build a sense of belonging and identity, and practice generosity and reciprocity.”



Envision and Design → Embark

What is vision for program/work?

What are the parts that need to evaluate?

How will you define success of program/work? Measure success?

Plan how will gather the knowledge

Adjust as you go

Assess Progress → Celebrate, Act

Measure changes to assess progress towards success

Tell the story of progress, lessons learned

Make adjustments to program

An Example: Substance Use Tx Program

How would you define success of the program?

How would you show (measure) program is working/successful?



Reporting/Disseminating What We Learn

- What form should the report take?
 - Written only
 - Verbal only
 - Written and verbal
- Who will be reading/listening, what are they expecting, what will happen after they receive the report?
- Replication -- a basic standard
- Answering questions
- Matching evidence with the expected level of 'proof'
- Giving good and bad news



Some References

- Canadian Centre for Policy Alternatives. Na'gah mo Waabishkizi Ojijaak Bimise Keetwaatino: Singing White Crane Flying North. March 2018. <https://canadacommons.ca/artifacts/3342465/ccpa-na-gah-mo-waabishkizi-ojijaak-bimise-keetwaatino/4141369/>
- Dept of the Interior, Office of Indian Affairs. Rules Governing the Court of Indian Offenses. March 1883.
- Ferrel J, et al. Effects of land dispossession and forced migration on Indigenous people in North America. Science (2021) v.374
- Seven Directions Indigenous Evaluation Toolkit. <https://www.indigenousphi.org/tribal-opioid-use-disorders-prevention/indigenous-evaluation-toolkit>
- UIHI. Nothing about us without us: Learning from both good and bad research in Indian Country. December 2021. <https://www.uihi.org/projects/indigenous-evaluation/#additional-resources>
- UIHI. A Snapshot: Indigenous Evaluation Annotated Bibliography. April 2020. <https://www.uihi.org/projects/indigenous-evaluation/#additional-resources>



Hysh'ke

Rose James

rjames@npaihb.org

Portland Area IHS Communicable Diseases Update

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

April 21, 2026



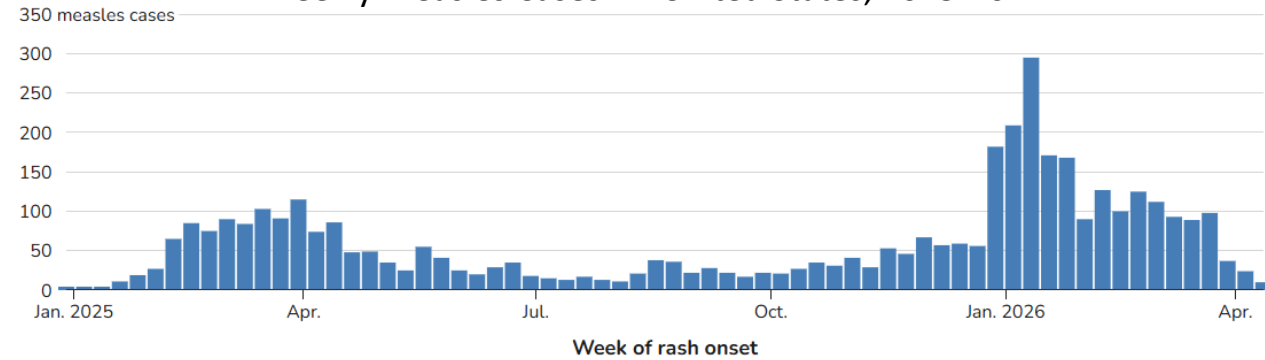
Outline

- Measles
- RSV, Influenza, and COVID-19

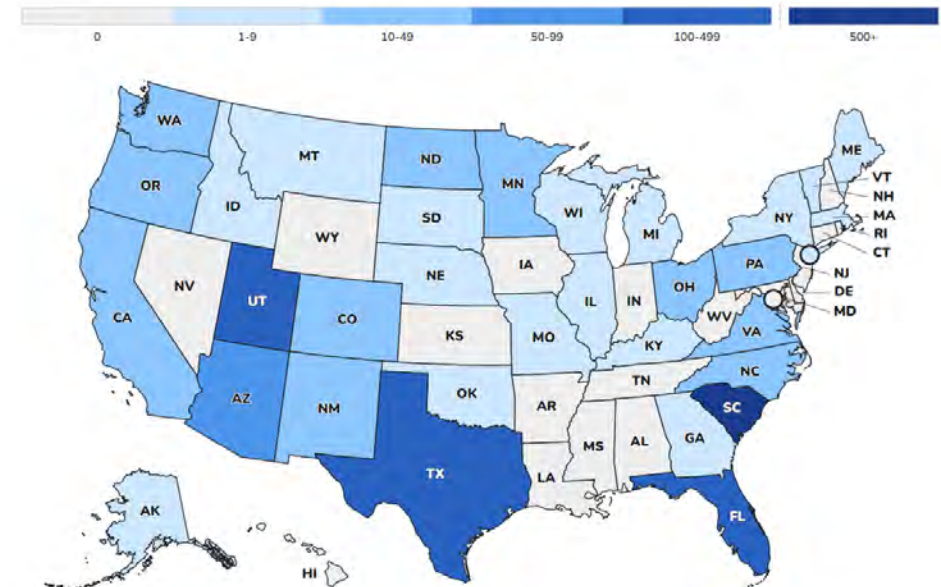
Measles — United States, 2026

- 1,748 confirmed cases among 32 states during 2026 as of 4/16 (2,288 cases during 2025).
- 94% of cases are outbreak-associated (≥ 3 related cases)
- Age: 21% <5 years-old, 51% 5-19 years-old, 27% ≥ 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, 2026 (N=37)

• **King County:**

- **Two cases (adults)** who traveled together internationally.
- **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:** Four recent cases, first case reported on 4/3/26. No source identified for case reported on 4/3. 5 cases this year (prior case in January).

- Possible public exposure location: 4/11/2026: 8:45am- 2:00pm, Kittitas Valley Healthcare (KVH) Emergency Room (ER) and KVH ER waiting room. Anyone who may have been exposed should monitor for symptoms through 5/2. For more information: <https://www.co.kittitas.wa.us/press/default.aspx?prID=12131>; <https://www.co.kittitas.wa.us/press/default.aspx?prID=12133>; <https://www.co.kittitas.wa.us/press/default.aspx?prID=12135>

• **Walla Walla County:** One case reported on 4/3/26, exposed during international travel.

- 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: 2 cases.
- Spokane County: 1 case.
- ❖ 97% of cases in Washington unvaccinated or with unknown vaccination status.

Measles — Oregon, 2026 (N=20)

- **Cases this year among Oregon residents have occurred at least in Clackamas, Multnomah, Marion, and Linn Counties with an ongoing outbreak involving non-household contacts in Clackamas and Multnomah counties** (Oregon Health Authority does not provide comprehensive details regarding the County of Residence: <https://www.oregon.gov/oha/ph/diseasesconditions/diseasesaz/pages/measles.aspx>)
- **Measles virus detected in wastewater** in the past 6 weeks ending 3/14/26:
 - **Hood River, Marion, Washington, Lane, Deschutes, and Tillamook Counties.**
- Recent possible public exposure locations in **Clackamas and Multnomah Counties**:
 - 4/1, 4/3, 4/6-4/10: Centennial Middle School, Portland. Anyone who may have been exposed should monitor for symptoms through 4/29. Anyone who may have been exposed should monitor for symptoms for 21 days (e.g. if possibly exposed on 4/10 then monitor through 5/1). For more information: <https://www.oregon.gov/oha/ERD/Pages/OHA-adds-date-to-Centennial-Middle-School-measles-exposure-list-04.14.2026.aspx>
 - 4/13: Mt Hood Community College, Gresham Campus Academic Center Building 17, Main Level. Anyone who may have been exposed should monitor for symptoms through 5/4. For more information: <https://www.oregon.gov/oha/ERD/Pages/Gresham-college-setting-becomes-latest-measles-exposure-location-04.16.2026.aspx>
 - 4/10 and 4/11: Legacy GoHealth, Oregon City. Anyone who may have been exposed should monitor for symptoms through 5/2. For more information: <https://www.oregon.gov/oha/ERD/Pages/Oregon-City-health-setting-is-latest-measles-exposure-location-04.14.2026.aspx>
- ❖ 95% of cases in Oregon unvaccinated or with unknown vaccination status.

Measles — Idaho, 2026 (N=10)

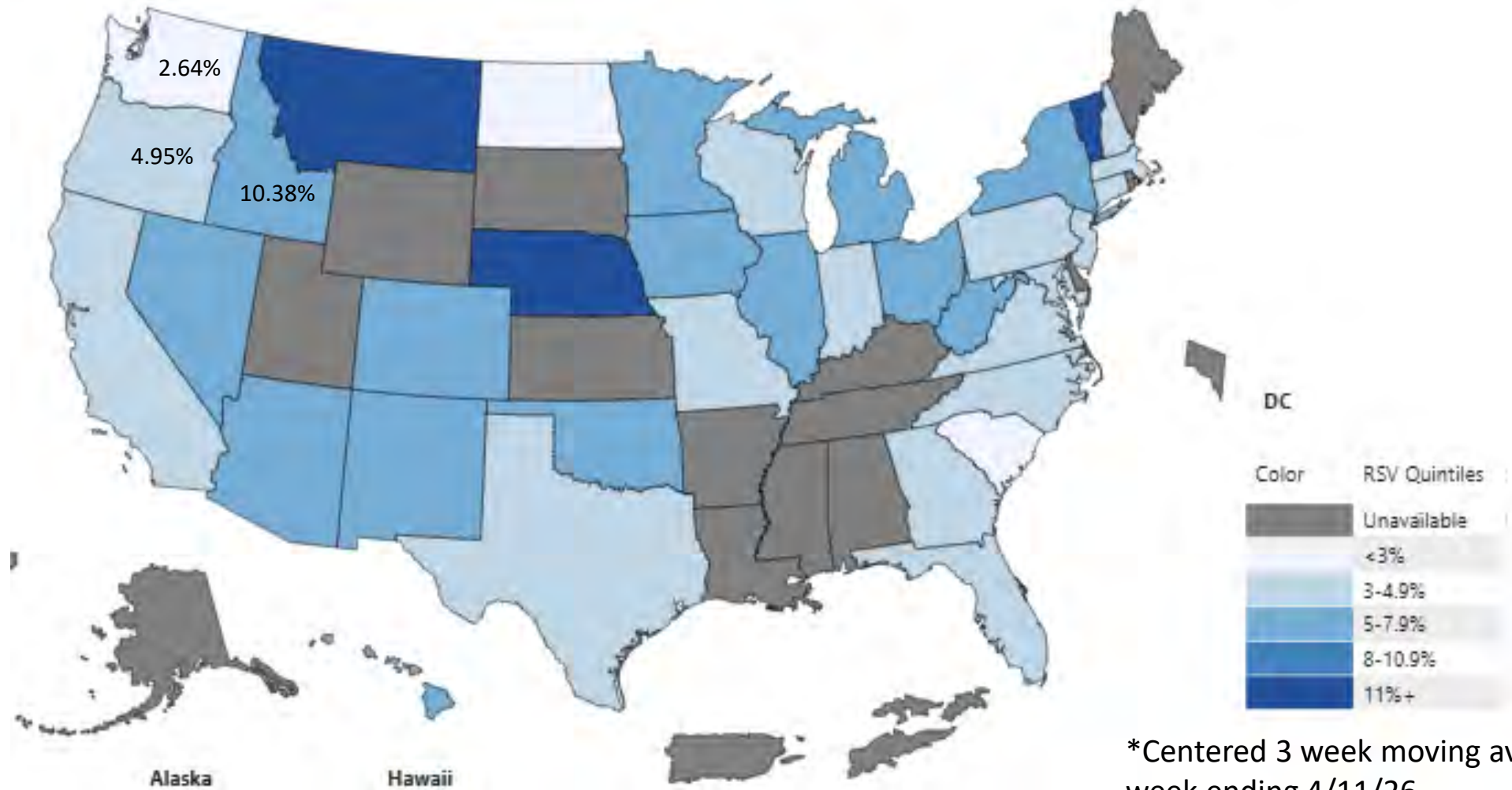
Prior Cases this Year:

- 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

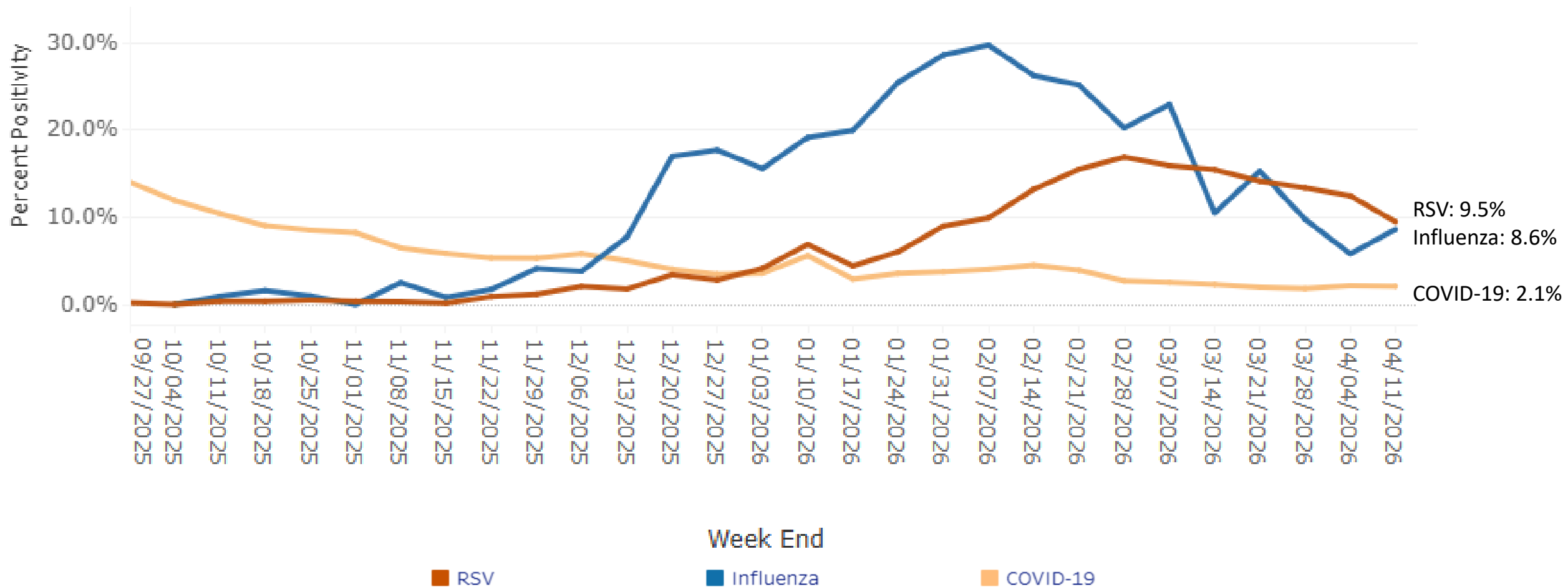
Location (State/County)	Number of Cases		Additional Cases (e.g. Among Travelers)
	2025 (N=26)	2026 (N=67)	
Washington	Total: 12	Total: 37	9 additional cases among travelers to Washington (King and Snohomish Counties) in 2025. 2 travelers in 2026 (King).
Snohomish	2	14	
Clark		8	
Kittitas		5	
Stevens		3	
King	7	3	
Grant		2	
Spokane		1	
Walla Walla		1	
Whatcom	2		
Spokane	1		
Oregon	Total: 1	Total: 20	
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.
Canyon (Southwest District Health)		6	
Madison (Eastern Idaho Public Health)		3	
Kootenai (Panhandle Health District)	1	1	
Boundary (Panhandle Health District)	6		
Bonneville (Eastern Idaho Public Health)	5		
Bonner (Panhandle Health District)	1		

Percent of Tests Positive for RSV — United States, 2025-26 (week ending 4/11/26*)



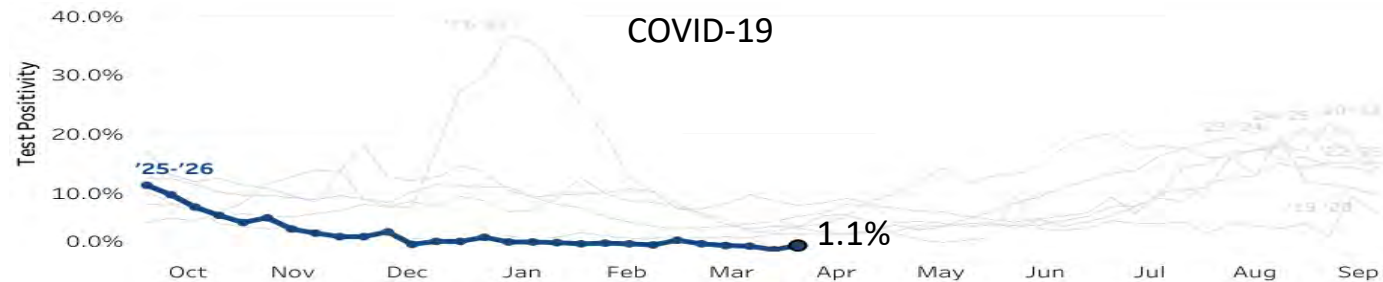
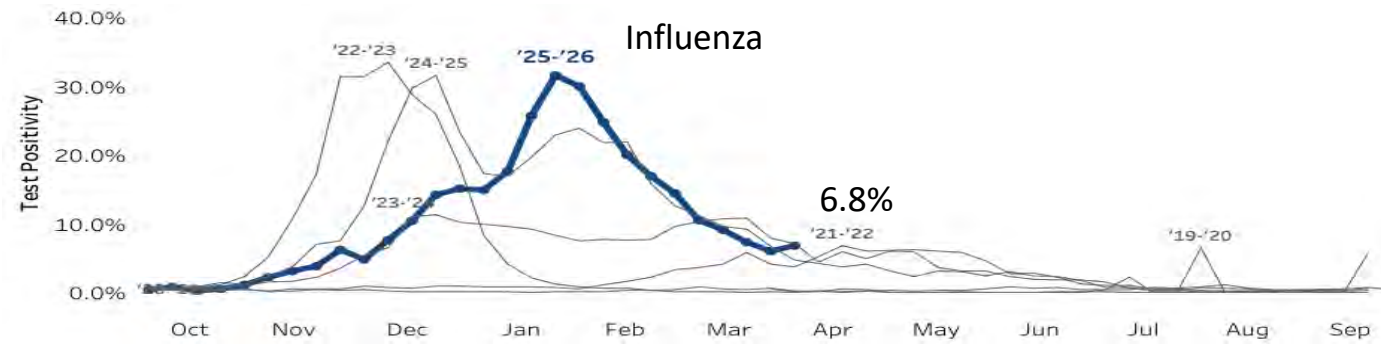
*Centered 3 week moving average for week ending 4/11/26.

Percent of Tests Positive for RSV, Influenza, and COVID-19 — Idaho, 2025-26 (through 4/11/26)

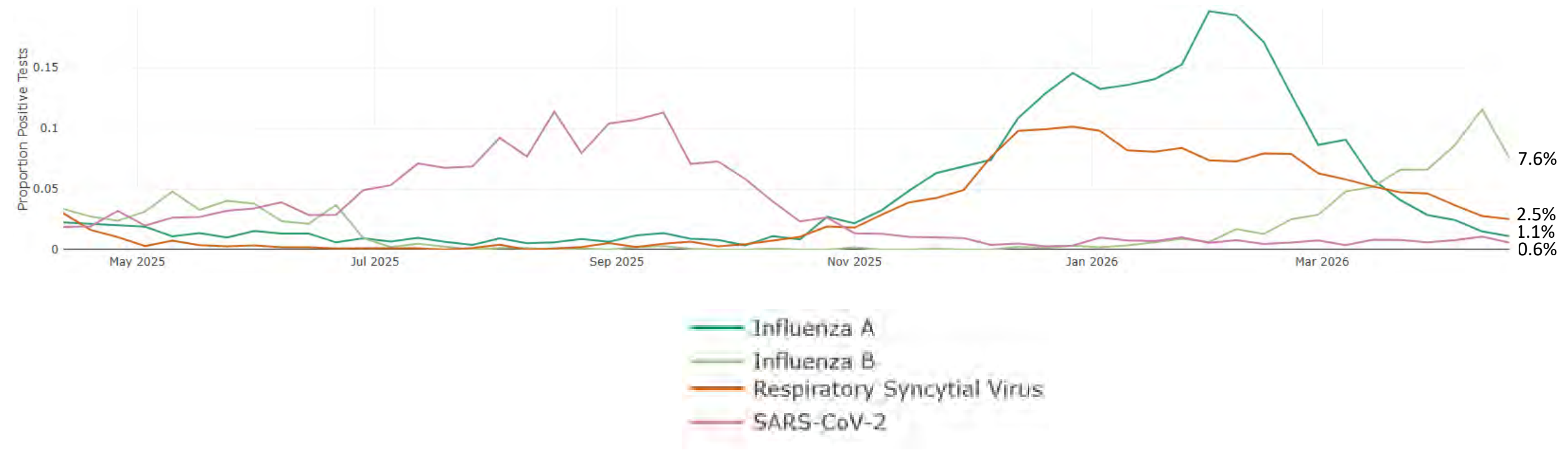


RSV: 9.5%
Influenza: 8.6%
COVID-19: 2.1%

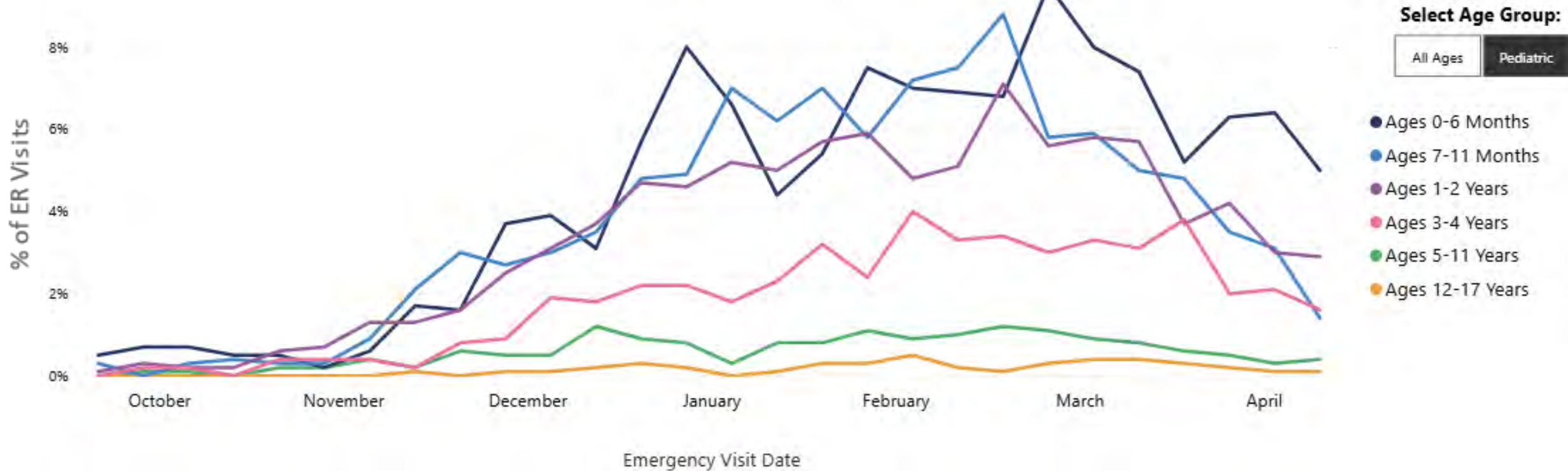
Percent of Tests Positive for RSV, Influenza, and COVID-19 — Oregon, 2025-26 (through 4/11/26)



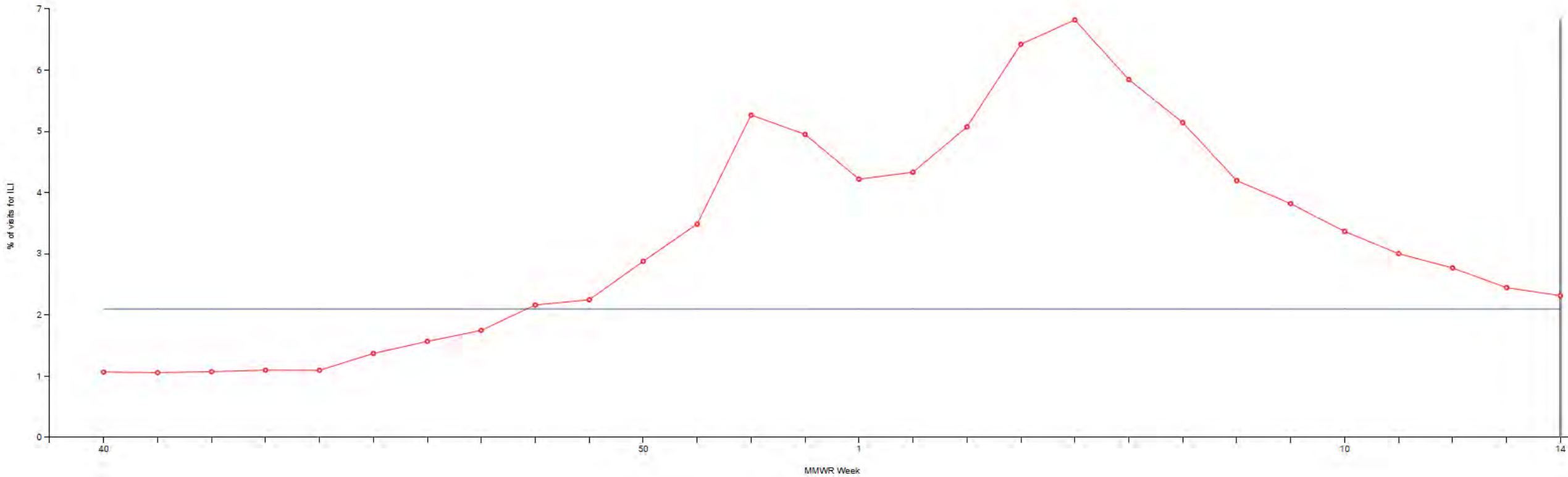
Proportion of Tests Positive for COVID-19, Influenza and RSV in the Northwest — University of Washington and Seattle Children’s Hospital, 2025-26 (through 4/18/26)



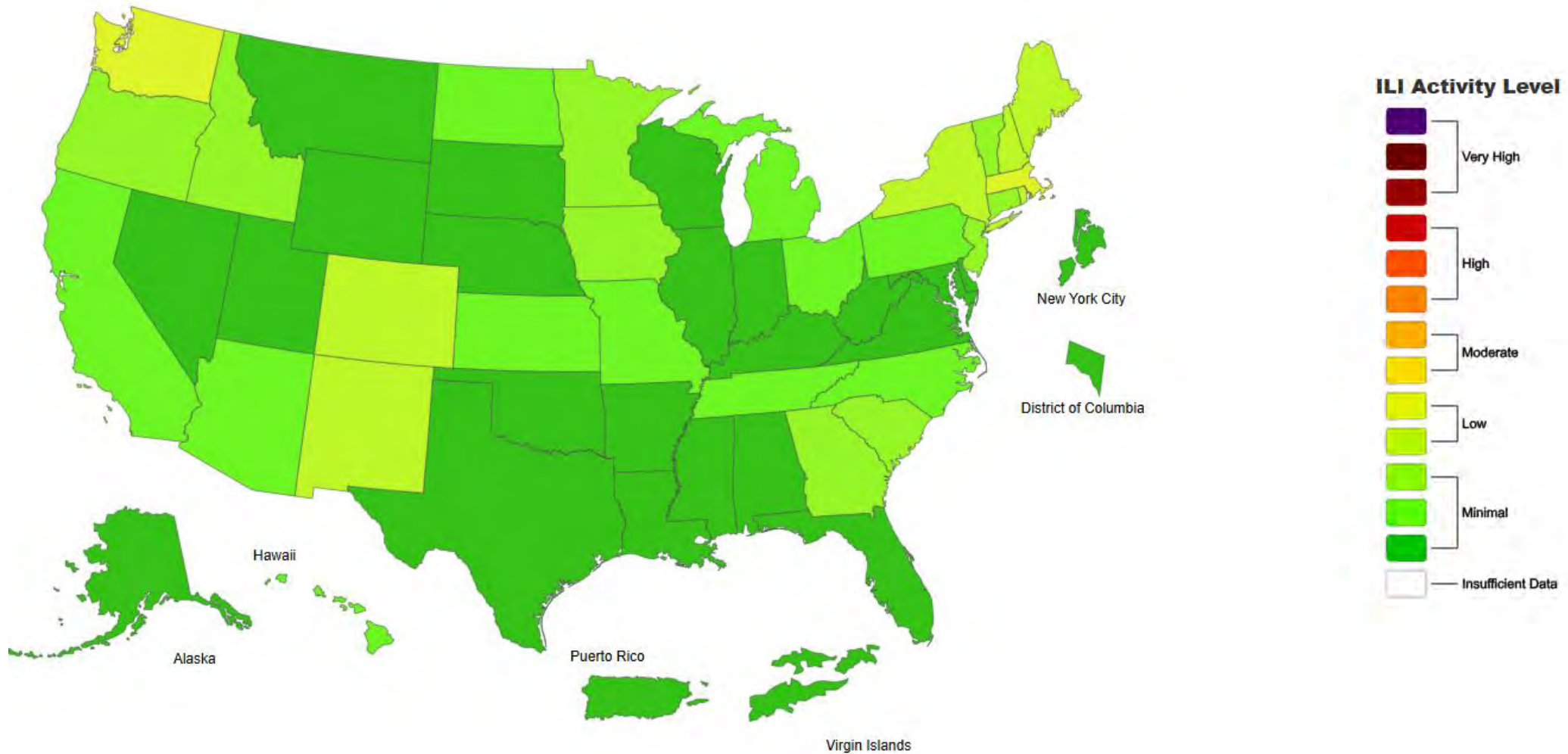
Percent of Emergency Room Visits Associated with RSV Among Children— Washington, 2025-26 (through 4/11/26)



Percentage of Outpatient Visits for ILI— HHS Region 10 (AK/WA/OR/ID), 2025-26 (through 4/11/26)



Influenza-like Illness (ILI) Activity — United States, 2025-26 (through 4/11/26)



Summary

- Measles: Portland Area, 2026 (N=67)
 - Washington (N=37)
 - Outbreak in Kittitas County with 4 recent cases (5 cases during 2026) and possible public exposure location at Kittitas Valley Healthcare ER; recent cases in King County (3) with possible public exposure locations in Seattle and Bellevue; recent case in Walla Walla County (1).
 - Oregon (N=20)
 - **Outbreak involving non-household contacts in Clackamas and Multnomah counties** with recent possible public exposure locations (cases have also occurred at least in Linn and Marion Counties this year).
 - Measles virus detected in wastewater in the past 6 weeks ending 3/21/26:
Hood River, Marion, Washington, Lane, Deschutes, and Tillamook Counties.
 - Idaho (N=10). No recent cases.
- RSV: The % of tests positive for RSV and the % of RSV-associated ER visits is declining overall. In ID and OR, the % of RSV-associated ER visits is higher for AI/AN vs. non-AI/AN.
- Influenza: ILI activity is now just above baseline for HHS region 10 (WA/OR/ID/AK), with low activity in Washington and minimal activity in Idaho and Oregon.

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.
- Continue to vaccinate Elders for RSV (everyone ≥ 75 years and those age 50-74 at increased risk).
- 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

- Ensure patients are up to date on their measles immunizations.
- Ensure all health care workers have presumptive evidence of measles immunity and that 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 (e.g. Project Firstline: Measles Infection Control Microlearn with discussion guide), including front-desk to recognize possible measles, immediately mask and bring back to a designated room (e.g. airborne infection isolation room if available).
- If a measles case is identified in your community, recommend 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 (e.g. dacron swab, viral or universal transport media).

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).

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
- FEVER
- LE
- Runny or stuffy nose
- CHILLS
- COUGH
- SORE THROAT

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.

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

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, Nantepahuk, 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.

Common side effects of the COVID-19 shots include:

- Soreness, redness, or swelling where you got the shot
- Headaches
- Fatigue
- Muscle aches

Shot Safety

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

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

— Dr. Frank Anishewat, M.D., UIC, Lakota/Glacier, UPR Eastern District 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, Misicoupa & Ogilala Lakota, Northern Anasazi, and Northern Cheyenne, Project Manager at the Northwest Portland Area Indian Health Board




Vaccination information for Natives by Natives

Vaccines and Breast/Chestfeeding

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

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

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

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

The Choice is Yours

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

Where to Get Vaccinated

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


Vaccinative

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

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

Additional Information

For additional information, check out www.IndianCountryEcho.org/Vaccinative. For questions, contact us at Vaccinative@pehnb.org.

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 4-6 years old
Pertussis	Elders (60+), and 6 mos. AND Children 12 mos.
RSV	Elders (60+), and 6 mos. AND Children 6 mos. old
COVID-19 & Flu	Everyone 6 mos. and older every year

Why Every Year? COVID-19 and flu quickly change how they look. We need updated vaccines, so our bodies know how to fight these diseases.

Vaccines are Safe. Serious reactions are rare. People are more likely to get sick by ignoring flu. Here's some strength reactions to any vaccine.

Don't Have Progress. The price of vaccines will not get the more. Making vaccines push your child to end others a strike for serious illness.

Learn more www.IndianCountryEcho.org/NativeBoost



<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