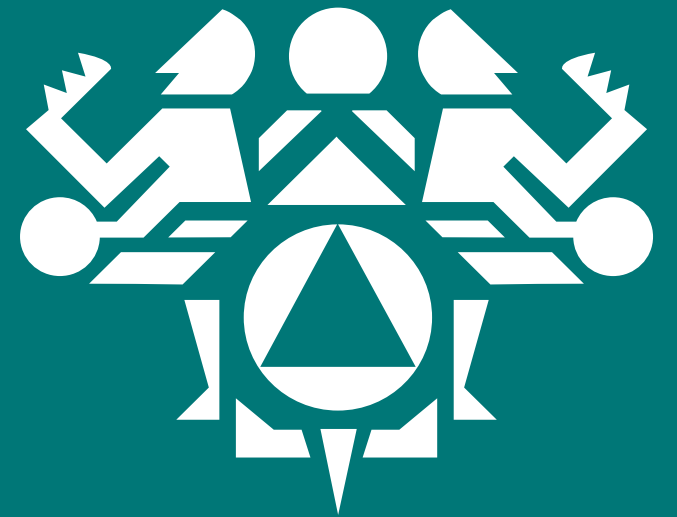


NPAIHB

Weekly Update

June 23, 2026





NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Agenda

- Welcome & Introduction: Nancy Bennett and/or Victoria Warren-Mears
- NPAIHB Announcements, Events, & Resources
- NPAIHB Project Updates – BHA/CHAP Program Updates – Katie Denny
- Communicable Disease Updates – Tara Perti, IHS
- Questions & Comments

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

NPAIHB QBM July 20 – 23 @ Siletz

Registration for the July Quarterly Board Meeting is open!

Hosted by the Confederated Tribes of Siletz Indians

Dates: July 20-23, 2026

Location: Chinook Winds Casino Resort, Lincoln City, OR

Registration: <https://npaihb.clickup.com/forms/9009195633/f/8cfuukh-51297/D5LARBYDO8N3968CIE>

Please register by July 6, 2026

Room Block: <https://reservations.travelclick.com/99805?groupID=4883563>

Reservations can also be made via phone at (888) 244-6665

When calling to book, please refer to the QBM 2026 group block

Room block closes 7/6/26



NPAIHB

Indian Leadership for Indian Health

Upcoming Indian Country ECHO Telehealth Opportunities

- **Care & Access for Pregnant People ECHO** – 4th Tuesday of every month at 11am PT
 - Tuesday, June 23rd at 11am
 - Didactic Topic: *Vaccinative and Native Boost*
 - To join via Zoom: <https://echo.zoom.us/j/87128078680?pwd=c2hMOEFnWU9QWVZMd2dpL0J0ODNidz09>
- **Hepatitis C ECHO** – 1st, 3rd & 4th Wednesday of every month at 11am PT
 - Wednesday, June 24th at 11am PT
 - Didactic Topic: *HCV 101*
 - 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, June 24th at 12pm PT
 - Didactic Topic: *Preserving Tradition: Collaborative Food Preservation with Tribes*
 - To join via Zoom: <https://echo.zoom.us/j/86327376612?pwd=YVRiY0dxeXV1Ukl2ZE9objU2U2hrZz09>
- **Opioid Treatment Program (OTP) ECHO** – 4th Wednesday of every month at 3pm PT
 - Wednesday, June 24th at 3pm PT
 - To join via Zoom: <https://echo.zoom.us/j/81911033551?pwd=aRRXX1lGQ8lQLuiA9CV7mBKXb2m4k.1>

Upcoming Indian Country ECHO Telehealth Opportunities

- **Dementia Caregiver Support ECHO** – 4th Thursday of every month at 11am PT
 - Thursday, June 25th at 11am PT
 - Didactic Topic: *Improving Communication About Changes in Cognitive Status*
 - To join via Zoom: <https://echo.zoom.us/j/99454243940?pwd=NG9aWGUvRTdKSmgwTGlldklmVDRWUT09>
- **Journey to Health ECHO** – 2nd & 4th Thursday of every month at 7am / 12pm PT
 - Thursday, June 25th at 12pm PT
 - To join via Zoom: <https://echo.zoom.us/j/93413601610?pwd=YVhMN1NUNllyWHZUZk1CUnF0TEY5QT09>

Indian Country Ending the Syndemic Training Registration (August 2026)

Staff serving Alaska Native & American Indian people are invited to participate in the Ending the Syndemic ECHO program. The program provides comprehensive information to effectively address the evolving HCV, SUD, HIV, and Syphilis syndemic. The program offers a free 2-day in-person training with both a Clinical Track, a Community Health Professionals Track & subsequent telehealth clinics.

Agenda: [To view the draft agenda, click here.](#)

The Indigenous Syndemic Pathway for **Clinicians** track will provide an overview and present implementation options, and where requested, assist with implementation. The training is not only informational—technical and other support needed to put policy and practice into place is available and encouraged. Continuing Education will be provided.

The Indigenous Syndemic Pathway for **Community Health Professionals** (CHPs) track is designed to equip CHPs with the knowledge, confidence, and tools to respond to syndemic topics that can be hard to talk about with relatives. These sessions will cover individual diseases and broader topics. Many of these presentations will include group discussion and interaction. This track is focused to provide training for Community Health Representatives, Health Aides, Peer Navigators, Social Workers, and Case Managers.



Dates: August 11th (8am-5pm PT) and August 12th (8am-4:30pm PT)

Where: Fordson Hotel, 900 W Main St, Oklahoma City, OK 73106 (Hosted by the Southern Plains Tribal Health Board) & Virtually via Zoom

How to Join: [Click here to register](#)

NPAIHB Weekly Update Schedule

- June 30: Legislative & Policy Updates
- July 7: WTDP Updates, State Partner Updates & Communicable Diseases Updates
- July 14: N CREW Research Topic focus (topic TBD)
- July 21: NO UPDATE - NPAIHB QBM



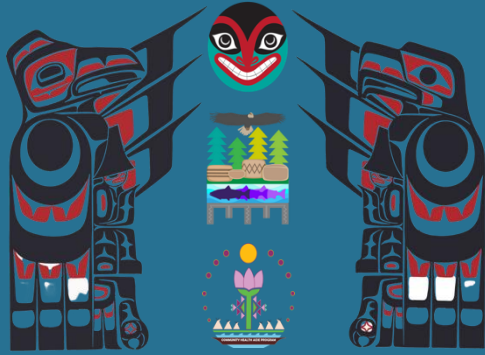
Tribal Community Health Provider Program (TCHPP) Update

Katie Denny





NPAIHB



TCHPP

TRIBAL COMMUNITY HEALTH PROVIDER PROGRAM



NPAIHB

Advancing CHAP Implementation into 2026

Community Health Aide Program (CHAP)

NPAIHB Weekly Update

Tuesday, June 23, 2026



Objectives

- Introduction to Tribal Community Health Provider Program (TCHPP)
- Provider List
- Dental Health Aide (DHA) Program Update
- Behavioral Health Aide (BHA) Program Update
- Community Health Aide (CHA) Program Update
- Portland Area CHAP State Plan Amendment Update
- CHAP Advocacy



The Northwest Portland Area Indian Health Board (NPAIHB) supports the 43 federally recognized tribes in Washington, Idaho, and Oregon



The Tribal Community Health Provider Program (TCHPP) is nestled under the NPAIHB and supports tribal innovation and leadership by facilitating programs that expand tribal community health in the Portland Area



Dental Health Aide Program (DHA/P)



Behavioral Health Aide Program (BHA/P)



Community Health Aide Program (CHA/P)



Community Health Representative (CHR)



The Portland Area CHAP Certification Board (PACCB) oversees the provider certifications for the DHA, BHA, and CHA programs

CHR is a steppingstone certification that can be earned before students enter the DHA/P, BHA/P or CHA/P programs



Dental Health Aide Program (DHA/P)

Dental Health Aides (DHAs) are primary dental providers that focus on prevention and basic oral health procedures.

There are four categories of dental health aides, all of which work under the direct, indirect, or general supervision of a licensed dentist.

DHAs focus on prevention in clinic and through outreach and can provide procedures such as fluoride treatments, dental assistant functions, and coronal prophylaxis



Behavioral Health Aide Program (BHA/P)

Behavioral Health Aides (BHAs) are counselors, health educators, and advocates. They help address individual and community-based behavioral health needs, including those related to alcohol, drug, and tobacco misuse.

They also provide trauma-informed approaches to mental and spiritual health care such as depression and anxiety resources, suicide prevention, grief support, and self-care tools.



Community Health Aide Program (CHA/P)

Community Health Aides (CHAs) are certified primary and emergency care clinicians who have close cultural ties and connections to the communities they serve.

CHAs practice under the supervision of a licensed clinical provider, such as a physician or advanced practice provider. Examples of CHA duties includes physical exams, taking vital signs, medication management and family planning.

PROGRAM STAFF



TCHPP Admin Team



Dental Health
Aide Program



Behavioral Health
Aide Program



Community Health
Aide Program



Kate Denny
TCHPP Program Manager
kdenny@npaihb.org



Pamela Ready
DHAP Director
pready@npaihb.org



Dolores Jimerson
BH Education Director
djimerson@npaihb.org



Carrie Sampson Samuels
CHA Director
csampsonsamuels@npaihb.org



Dental Health Aides Types

Primary Dental Health Aide I & II

Expanded Function Dental Health Aide I & II

Dental Health Aide Hygienist

Dental Health Aide Therapist



Primary Dental Health Aide I

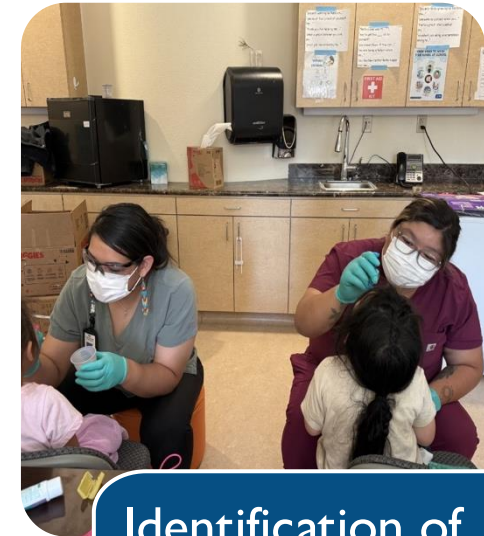


Topical
Fluoride
Application



Patient Education

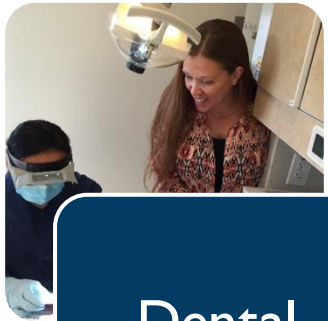
- Oral Hygiene Instruction
- Nutritional Counseling



Identification of
Potential Dental
Problems and
Appropriate
Referrals



Primary Dental Health Aide II



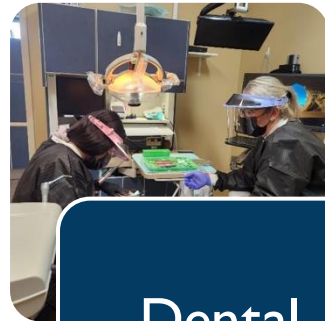
Dental Radiology



Dental Sealants



Dental Prophylaxis



Dental Assisting



Atraumatic Restorative Treatment



DHA Program Update



- The PDHA II Pilot Cohort finished the didactic education and in-person clinical skills training including the following skill sets:
 - Dental Radiology
 - Dental Assistant Functions
 - Sealants
- The PDHA I Winter 2026 Cohort began in January. Five students were enrolled from Oregon and Washington (13 total)
- Fall Cohort date: TBD



dəx^wx̣ayəbus Dental Therapy Program at Skagit Valley College

2nd Cohort

- Officially graduated

4th Cohort

- Recruitment was completed
02/2026.
 - 11 students accepted!



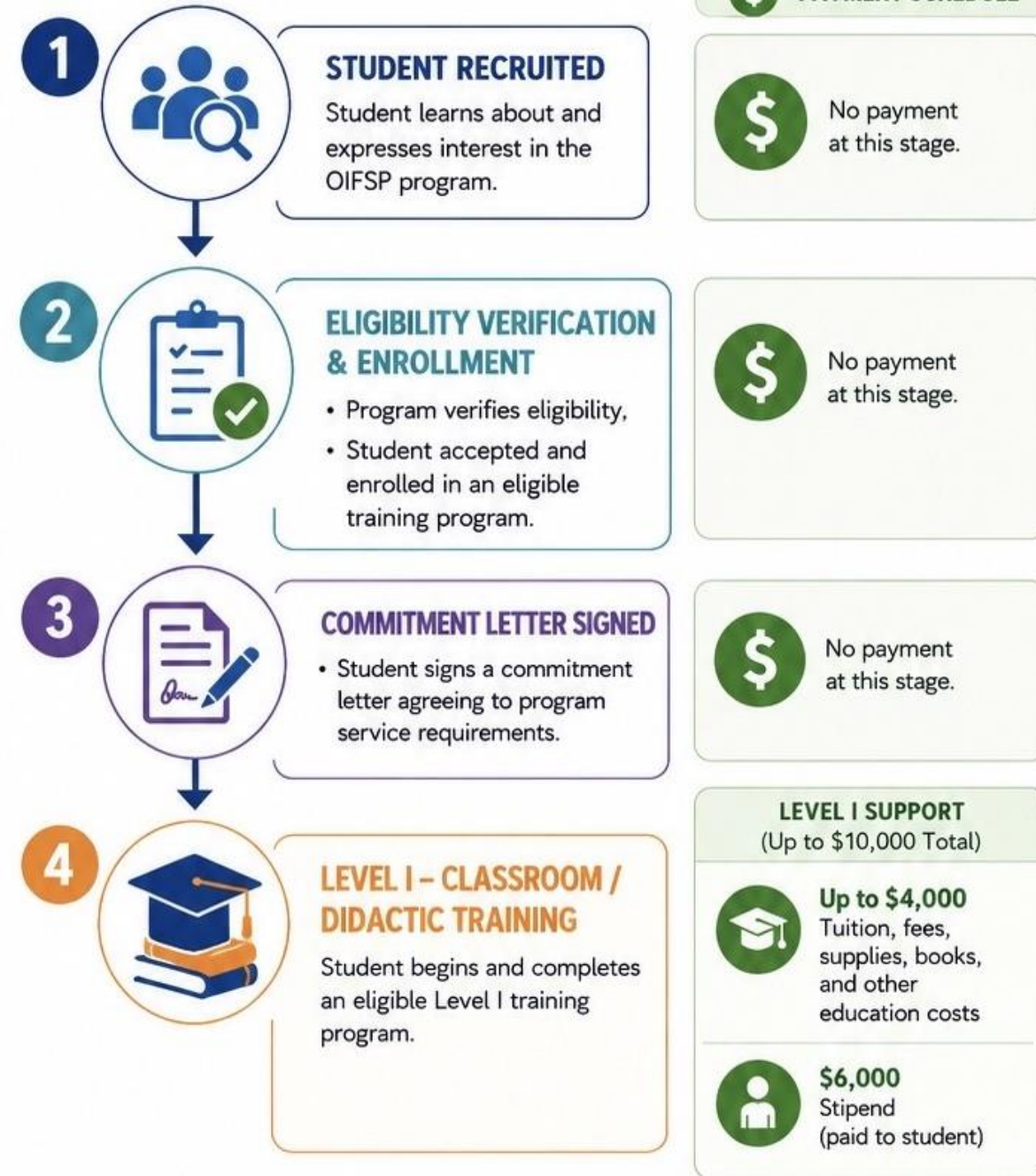
Recruiting BHA Trainees

- HRSA funded support to help grow the workforce to respond to families impacted by opioids = BHA student support and stipends.
- NWIC and Heritage University provide the BHA training in our Area.
- Email tchpp@npaihb.org



HRSA Student Support

- Offered to those pursuing the BHA Associate's degree at NWIC or the 2-year certificate at Heritage University
- Year one is \$10,000, year two is \$7,500.
- Goal is to develop work force who can support communities in responding to families impacted by the opioid crisis.



NWIC Graduation June 18, 2026



Class of 2026



- Associate of Technical Arts – Behavioral Health Aide
- Associate of Technical Arts- Chemical Dependency Studies (provides all the courses necessary to apply to be a substance use disorders professional in the State of WA)
- Several of the BHAs take the additional courses to be eligible for both the BHA and Chemical Dependency Studies degrees.
- Areas where this class is employed: Lummi, Shoshone Bannock, Chehalis, Coquille.
- Two entered the program after completing the CHR training.

Community Health Aide/Practitioner (CHA/P)

A cohort of 5 students began the NPAIHB CHA 101 Education Program with the CHA Foundations course in January 2025. With the students of the PNW, we have students from Oklahoma.

- 1 from Port Gamble S’Klallam Tribe
- 1 from Shoshone-Bannock Tribes
- 2 from Otoe Missouria, 1 withdrew.
- 1 from Ponca
- 3 from Marimn, all three withdrew.

February 3, 2026, the CHA 101 course started with all 5 students.

CHA Foundations courses were completed which included:

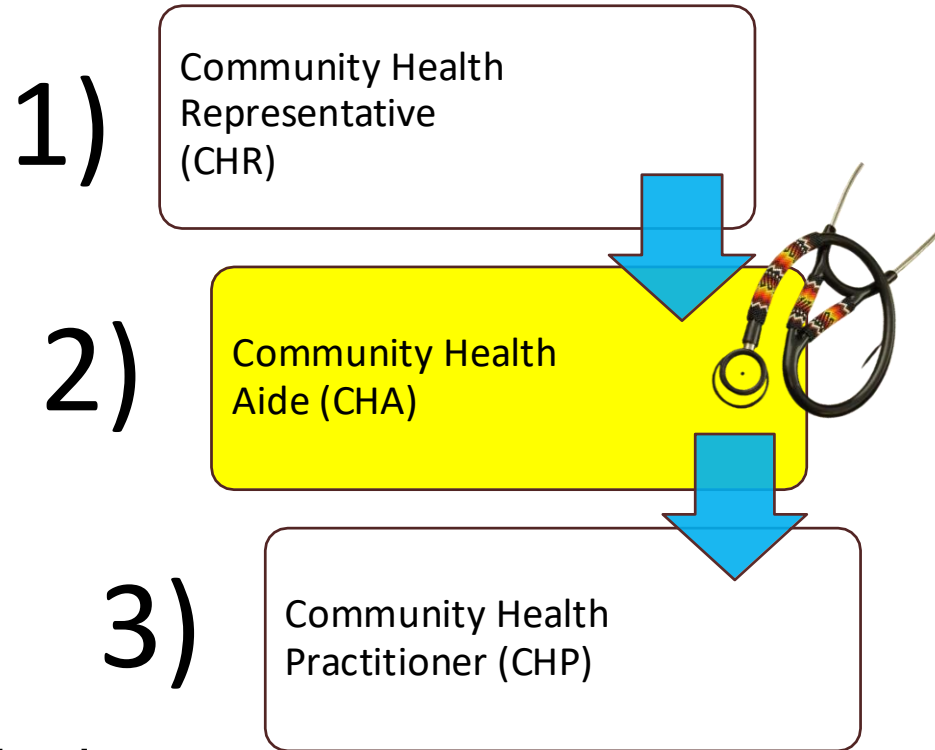
- Student Success, Medical Math & Epocrates, Anatomy & Physiology.
- Washington State OLD WAYS Certificate – July 2025 one month course for medical, pharmaceutical students designed to build their practice with Indigenous and Traditional Knowledge.

NPAIHB: Community Health Aide (CHA) 101

- Training Outline:
 - 320 hours of didactic training
 - 200 hours clinicals
 - 80 patient encountersTotal: 520 hours total to earn a CHA Certificate

Scope of Work:

- Provide acute care
- Triage basic emergency patients
- See diabetic patients: diabetes chronic care visits to include foot care maintenance
- See hypertensive patients: chronic care visits to include BP checks
- See chronic care asthma patients: To include metered dose inhaler education
- STI screening and treatment
- Elder Screening
- Recheck visits



NPAIHB: Community Health Aide (CHA/P) 101

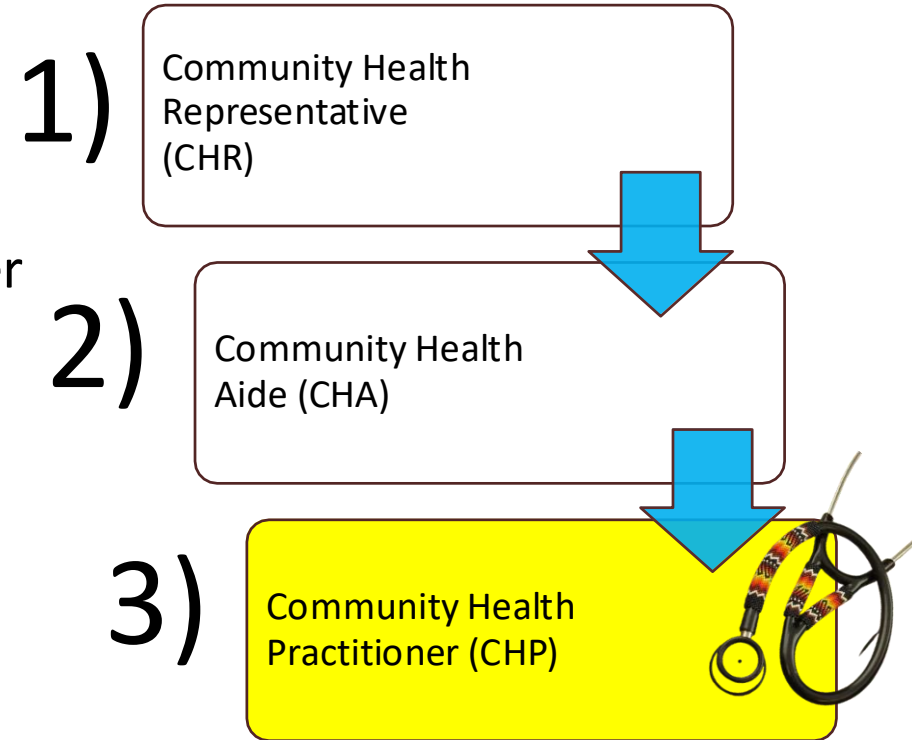
- Training Outline:

- 320 hours of didactic training
- 400 hours clinicals
- 132 patient encounters

Total: 720 hours total to earn a Community Health Practitioner Certificate

Scope of Work:

- See return prenatal patients
- See well child patients
- See Addiction Medicine patients
- Preventative health: Pap Smears, CBE
- Elder Care
- Emergent Care





CHA 101 Pilot Cohort



- CHA 101 Cohort: 5 Students (WA, ID, OK)
- Students had an in-person skills training week, 05/17 – 05/22/26.
- Students participated in a “white coat” ceremony where they took their Hippocratic Oath.
- Students participated in the Port Gamble Tribal Health Clinic’s Family Fair while onsite.
- CHA 101 classes end 07/16/2026.
- Class for Cohort 1 CHA 102 begin 09/22/2026.
- [HNN_0526_CSED.pdf](#)





CHA 101 “Skills Training”



Gratitude for PACCB & ARC Members

- Grateful for the organizations who support their staff who serve on the PACCB and our Academic Review Committees (ARCs).
 - Portland Area Behavioral Health Academic Review Committee (PA BHARC).
 - Portland Area Community Health Academic Review Committee (PA CHARC).
 - Portland Area Dental Health Academic Review Committee (PA DARC).
- ARCs review curricula, provide subject matter expertise to the PACCB, provide guidance on continuing education and supervision planning.



Portland Area CHAP Certification Board (PACCB)

- Currently, the Portland Area CHAP Certification Board has federally certified 2 CHAP Providers!
- **Oregon**
 - (6) Primary Dental Health Aide I (PDHA-I)
 - (4) Dental Health Aide Therapist (DHATs)
- **Washington**
 - (1) Primary Dental Health Aide I (PDHA-I)
 - (10) Dental Health Aide Therapist (DHATs)
 - (1) Behavioral Health Aide I (BHA-I)
 - (2) Behavioral Health Aide II (BHA-II)



Portland Area CHAP Certification Board (PACCB)

- The Portland Area CHAP Certification Board has federally certified 27 CHAP Providers!
- **Idaho**
 - (1) Behavioral Health Aide I
- **Montana**
 - (2) Primary Dental Health Aide I



CHAP Advocacy

- Student outreach and recruitment
- Workforce Development
- Medicaid Reimbursement & Sustainability
- Rural Health Transformation Funding Coordination
- National CHAP Board representation





Rural Health Transformation Funding

Opportunity: *Workforce Use of Funds*

- Recruiting and retaining clinical workforce talent to rural areas, with commitments to serve rural communities for a minimum of 5 years. Clinical workforce talent encompasses a variety of healthcare professionals who directly provide or support patient care. Examples include clinicians, allied health professionals, behavioral health providers, non-clinician providers, and clinical support staff.
- Training programs could be run by organizations, including but not limited to trade schools, community colleges, high schools, colleges, universities, technical institutes, and academic medical centers.



Portland Area CHAP SPA Implementation Updates:

Oregon Health Authority (OHA) State Plan Amendment (SPA):

- OR-23-0015
- Subject of Amendment, adding “Certified Indian Health Service Community Health Aide Program providers into the other licensed providers section of the state plan”.
- CMS Approval Date: 08/07/2023
- Currently working through SPA implementation with OHA’s Office of Tribal Affairs (OTA).

[23-0015.pdf](#)

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

August 7, 2023

David Baden, Interim Director
Oregon Health Authority
500 Summer Street Northeast, E-15
Salem, OR 97301-1079

RE: Oregon State Plan Amendment (SPA) Transmittal Number OR-23-0015

Dear Mr. Baden:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) OR-23-0015. This amendment was submitted to add **Certified Indian Health Service Community Health Aide Program providers** into the other licensed providers section of the state plan.

We conducted our review of your submittal according to statutory requirements at 42 CFR 440.60 and 42 CFR 431.110(b). This letter is to inform you that OR-23-0015 was approved on August 7, 2023, with an effective date of April 1, 2023.

If there are any questions concerning this approval, please contact me or you may contact Nikki Lemmon at Nicole.Lemmon@cms.hhs.gov or at 303-844-2641.



Portland Area CHAP SPA Implementation Updates:

Washington Health Care Authority (WHCA) State Plan Amendment (SPA):

- WA-24-007
- Subject of Amendment, adding “Community Health Aide Providers (CHAP)”.
- CMS approval date: 06/21/2024
- “Certified Community Health Aide Program (CHAP) providers, supervised by any licensed practitioner covered under this benefit within their scope of practice as defined under state law”.
- [WA-24-0007.pdf](#)

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355 (300)
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

June 21, 2024

Susan Birch, Director
Dr. Charissa Fotinos, State Medicaid Director
Washington State Health Care Authority
Post Office Box 45502
Olympia, WA 98504-5010

Re: Washington State Plan Amendment (SPA) – 24-0007

Dear Director Birch and Dr. Fotinos:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0007. **This amendment will add Community Health Aide Providers (CHAPs) to the other licensed practitioner's benefit in the state plan.**

We conducted our review of your submittal according to statutory requirements in Section 1905(a)(6) of the Act and 42 CFR 440.60. This letter informs you that Washington State Plan Amendment (SPA) – 24-0007 was approved on June 21, 2024, with an effective date of April 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Washington State Plan.



CHAP Resources

Tribal Community Health
Provider Program (TCHPP):

[TCHPP](#)

[For Students - TCHPP](#)

[For Providers - TCHPP](#)

[For Academic Review](#)

[Committees \(ARCs\) - TCHPP](#)

Indian Health Service (IHS):

[FAQs | Community Health Aide
Program Expansion](#)

[CHAP Authorization |
Community Health Aide
Program Expansion](#)

[Community Health Aide
Program | 2024](#)



NPAIHB Resources:



- Northwest Portland Area Indian Health Board website: [Home NPAIHB](#)
- NPAIHB's Resource Directory: [Jan-2026_Resource-Directory-NPAIHB.pdf](#)
- NPAIHB's CHAP ECHO Series: [CHAP ECHO Learning Collaborative - Indian Country ECHO](#)
- Tribal Community Health Provider Program (THCPP) website:
 - [Promoting AI/AN leadership in healthcare for AI/AN communities – TCHPP](#)
- PACCB Webpage & Resources:
 - Students, Providers, PACCB (password protected) and ARCs (password protected).

Questions?

Dolores Jimerson

BHA Director

Djimerson@npaihb.org

Kate Denny

TCHPP Manager

Kdenny@npaihb.org



IHS Communicable Disease Update

Dr. Tara Perti





Questions & Comments

Portland Area IHS

Communicable Diseases Update

TARA PERTI, MD, MPH

MEDICAL EPIDEMIOLOGIST

OFFICE, PORTLAND AREA IHS

June 23, 2026



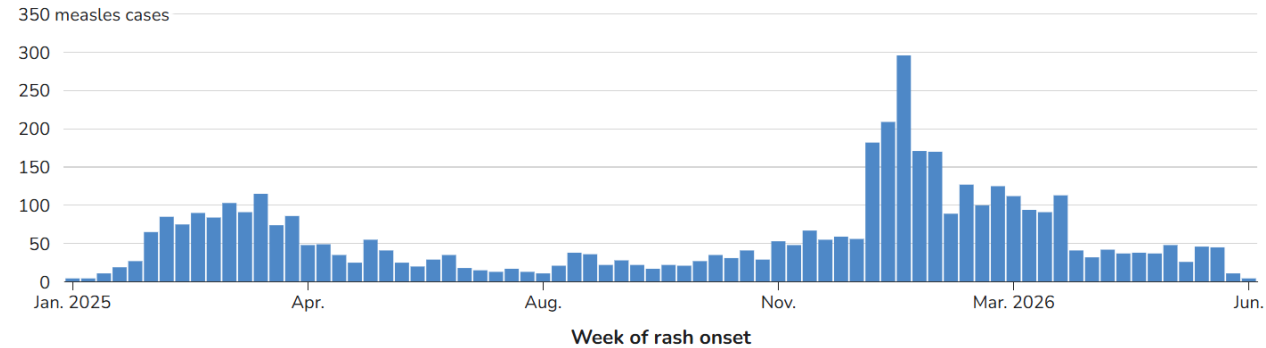
Outline

- Measles
- New World Screwworm
- Infant Botulism Outbreak Linked to Nara Organics Whole Milk Organic Infant Formula
- In the News (Hantaviruses/Bundibugyo Virus Disease) Updates

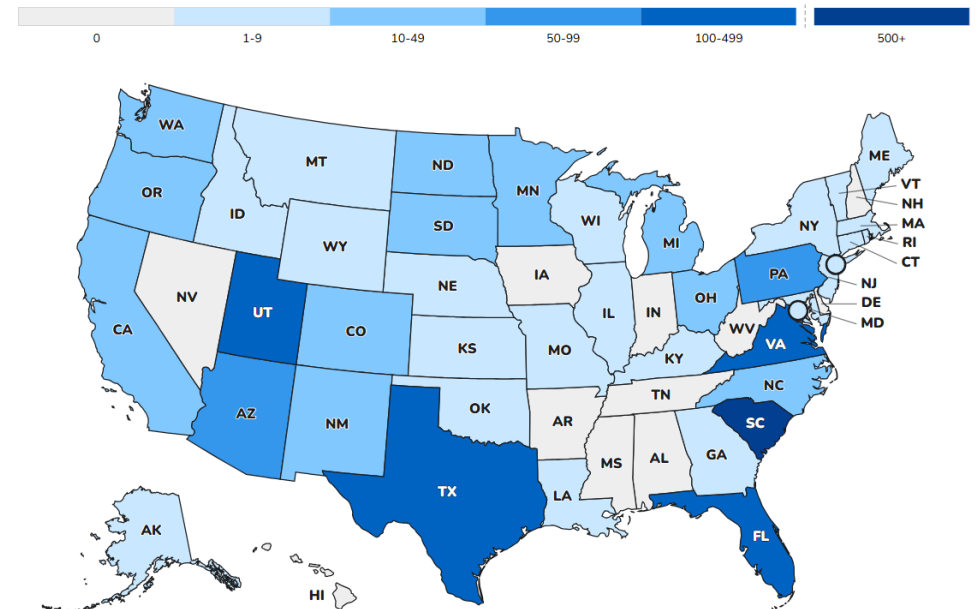
Measles — United States, 2026

- 2,104 confirmed cases among 41 jurisdictions (including NYC, NY state, and D.C.) during 2026 as of 6/18. 92% of total cases for 2025.
- 93% of cases are outbreak-associated (≥ 3 related cases)
- Age: 21% <5 years-old, 51% 5-19 years-old, 28% ≥ 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).
- 93% 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=45)

Current outbreaks

- **Walla Walla County:** Seven cases; initial two cases likely exposed during international travel.
- ❖ 98% of cases in Washington unvaccinated or with unknown vaccination status.

Measles — Oregon, 2026 (N=23)

- Cases this year have occurred at least in Clackamas, Multnomah, Marion, and Linn Counties.
- There has been an ongoing outbreak involving non-household contacts in Clackamas and Multnomah counties.
- Measles virus detected in wastewater during 6 week period from 5/3/26-6/13/26 (during latest week only 1 county reported data):
 - Lincoln, Umatilla, Washington, Multnomah, Lane, Clackamas, Jackson, Josephine, Polk, Hood River, and Marion Counties.
- 96% of cases in Oregon unvaccinated or with unknown vaccination status.

Measles — Idaho, 2026 (N=10)

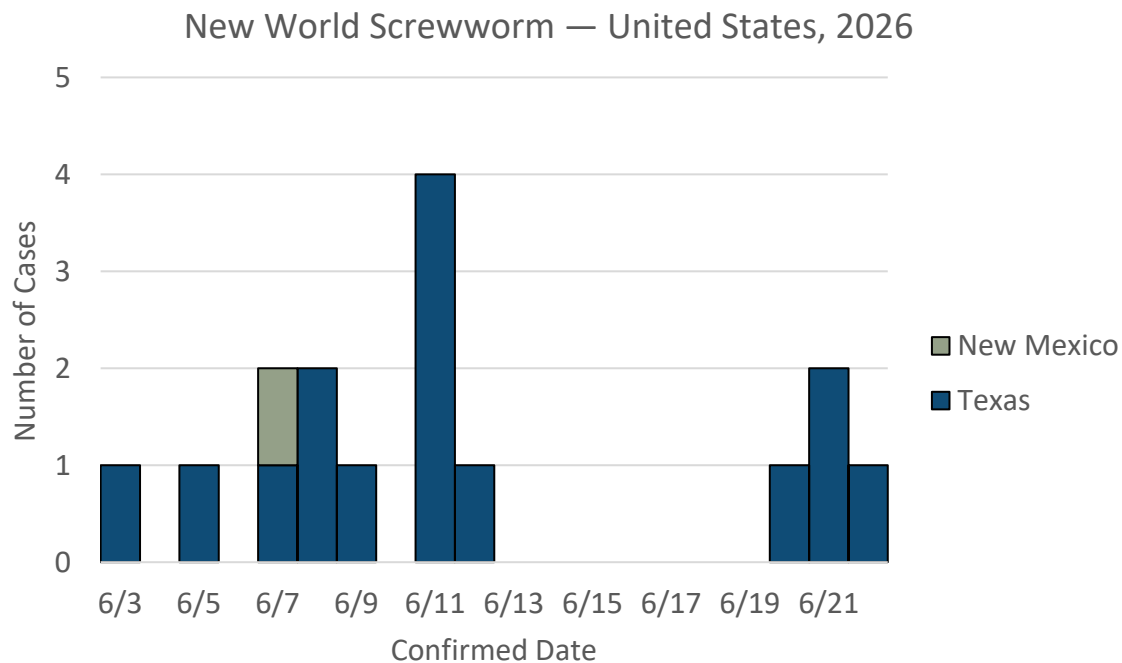
- No recent cases reported.
- Prior Cases this Year:
 - Madison County (Eastern Idaho Public Health): 3 cases.
 - Canyon County (Southwest District Health): 6 cases.
 - Kootenai County (Panhandle Health District): 1 case.

Measles — Portland Area, 2025-26

Location (State/County)	Number of Cases		Additional Cases (e.g. Among Travelers)
	2025 (N=26)	2026 (N=78)	
Washington	Total: 12	Total: 45	9 additional cases among travelers to Washington (King and Snohomish Counties) in 2025. 2 travelers in 2026 (King).
Snohomish	2	14	
Clark		8	
Kittitas		7	
Walla Walla		7	
Stevens		3	
King	7	3	
Grant		2	
Spokane	1	1	
Whatcom	2		
Oregon	Total: 1	Total: 23	
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		

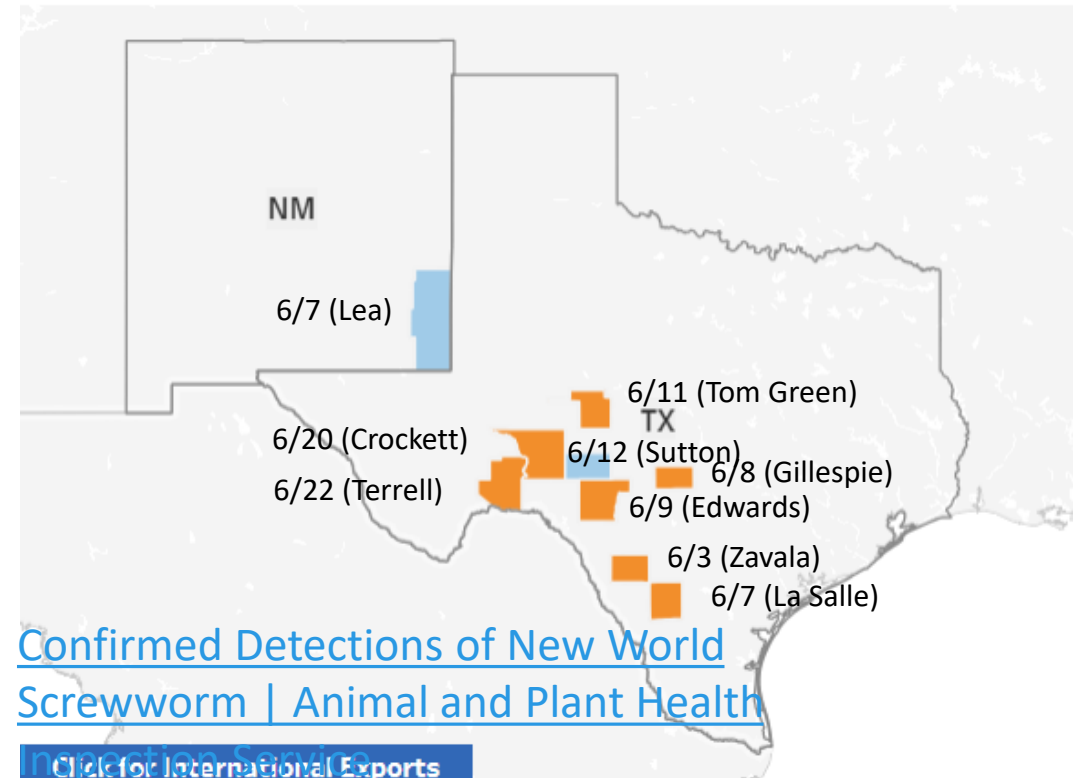
New World Screwworm

- 6/3/26: First case confirmed in U.S., calf identified in Zavala County, Texas.
- Animal cases to date in US: 16 (11 in Texas, 1 in New Mexico); Cattle (10), Goats (3), Sheep (2), Dog (1).
- No human cases identified in the U.S. to date.



Map of Counties with Detections Last 30 Days

Time Period: Last 30 Days | Selected Type: (All) | County Status: Active Inactive Fly Trap Detection

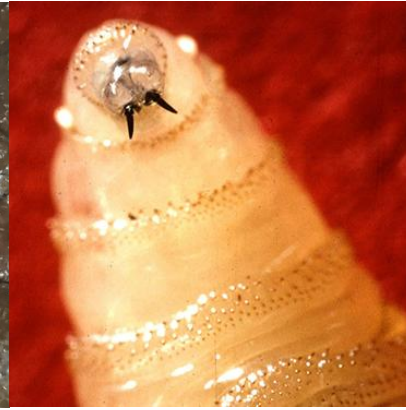


New World Screwworm (cont.)

- The adult screwworm fly lays eggs in wounds or body openings/mucous membranes (e.g. nose, ears, eyes, mouth, genitalia, navel of newborn animals).
- Larvae (maggots) burrow and feed on healthy tissue causing wounds.
- Affects livestock, pets, wildlife and, less commonly humans and birds.

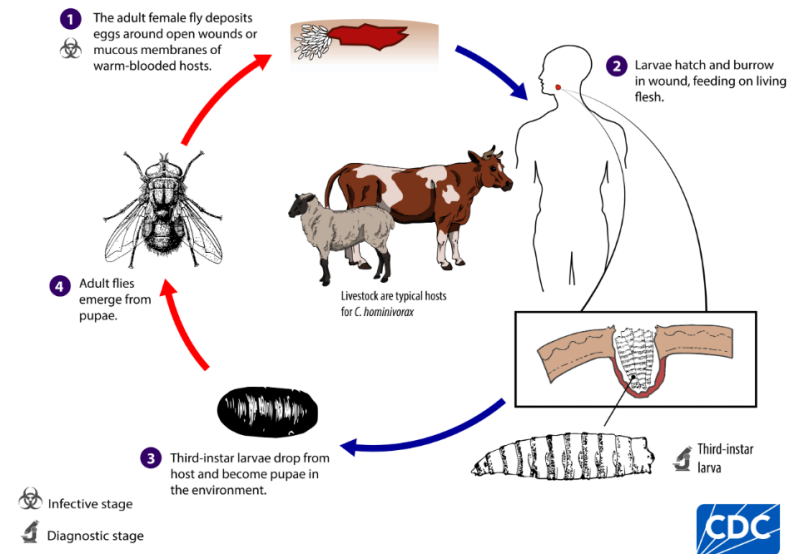


USDA



Cochliomyia hominivorax

DPDx



New World Screwworm: What to Do if you Have a Suspected Case

Suspected human cases:

- History: Travel in past 10 days before symptom onset (e.g. to Texas, New Mexico, Mexico, Central or South America), exposure to animals.
- Larvae should be removed and placed in $\geq 70\%$ ethanol or isopropranol (5-10% formalin can also be used) in sealed, leak-proof container for identification. Do NOT leave larvae outside or throw larvae in the trash. Larvae not sent for identification should be submerged in alcohol and placed in a sealed plastic bag before disposing.
- Evaluate for and treat any secondary bacterial infections, provide wound care. Re-examine wound in 24-48 hours to assess for any additional larvae.
- Contact your Local or Tribal health department to report suspected cases.
- CDC's Parasitic Disease Hotline: 404-718-4745 (outside of business hours, EOC: 770-488-7100).
- Larval species identification
 - CDC's Diagnostic Parasitology Laboratory (dpdx@cdc.gov) – send at least 10 larvae if possible, with a representative sample of different larval stages present.

Reporting suspected animal cases:

- Livestock
 - Contact USDA Animal and Plant Health Inspection Service Veterinarian in charge for State: [Contacts - Animal Health | Animal and Plant Health Inspection Service](#)
 - AND
 - Washington State Dept. of Agriculture: <https://fortress.wa.gov/agr/apps/rad/> (360) 902-1878. [New World Screwworm | Washington State Department of Agriculture](#)
 - Idaho State Department of Agriculture: (208) 332-8500. [New World Screwworm | Idaho State Department of Agriculture](#)
 - Oregon Department of Agriculture Animal Health Disease Reporting Hotline: 503-986-4711. [ODA : New World Screwworm : New World Screwworm : State of Oregon](#)
- Wildlife: [Wildlife Services Contacts | Animal and Plant Health Inspection Service](#)
- Pets
 - Contact USDA Animal and Plant Health Inspection Service Veterinarian in charge for State: [Contacts - Animal Health | Animal and Plant Health Inspection Service](#)
 - Contact State Veterinarian: [USAHA | SAHO](#)
- Larval species identification: National Veterinary Services Laboratories (with [Parasite Submission Form](#))

New World Screwworm: Prevention

If in an area with New World Screwworm:

- Covers wounds.
- Wear long-sleeved clothes, hat, socks.
- Use an EPA-registered insect repellent (e.g. with DEET).
- Treat clothes and gear with 0.5% permethrin.
- Sleep indoors with window closed or use a bed net or screened tent.

Prevention in livestock:

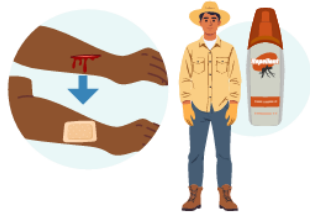
- <https://www.aphis.usda.gov/livestock-poultry-disease/cattle/ticks/screwworm>
- <https://www.oregon.gov/oda/animal-health-feeds-livestock-id/animal-diseases/new-world-screwworm/Pages/NWS-in-Livestock.aspx>

New World Screwworm: Communication Resources

Stop New World Screwworm

New World screwworm (NWS) flies lay eggs in open wounds on animals and people. Their maggots eat living flesh, making wounds larger and more painful. Flies can lay eggs in wounds as small as a bug bite.

NWS is a danger to people and animals. Here's how you can help stop the spread of NWS:



Protect your skin.

- Clean and cover any cuts and wounds.
- Wear long-sleeved shirts, pants, socks, and hats to prevent bug bites.
- Wear bug repellent spray.
- Do not apply insecticide meant for use on animals to your skin.



Know the symptoms.

- Maggots in wounds or open sores
- Painful or stinky wounds that won't heal
- Movement or an itching sensation in the wound



Get help.

- Tell a supervisor if you see any sign of maggots in people or animals.
- Do not try to remove the maggots yourself.
- See a healthcare provider to get treatment right away if you think you have an NWS infestation.



Learn more:
www.screwworm.gov



VE020206.03



New World Screwworm INFORMATION FOR LIVESTOCK OWNERS

August 2025

New World screwworm (NWS) is a parasitic fly that infests warm-blooded animals and can cause significant financial losses for cattle producers. The female lays eggs in wounds, and the hatching larvae eat living tissue and can lead to death of the animal. NWS was eradicated from the United States in 1966 and periodically returns. The flies re-established in North America in 2023 and now threaten the U.S. southern border.

How to Recognize New World Screwworm

Wounds as small as a tick bite can be infested with NWS, and they are more likely to be around the face and genitals. Animals will be off-feed, painful, and often exhibit scratching and head shaking. Infested wounds may smell like dead carcass, have dripping bloody discharge or pus, and may suddenly get bigger. The ridged larvae can get up to 17 mm (2/3 in) long and generally burrow too deep to see but they may be visible. White eggs may be seen along the edges of the wound. The flies are the size of a typical house fly with orange eyes and green iridescent bodies.

How to Prevent New World Screwworm

- Wound prevention: delay dehorning, branding, castration, shearing, and vaccination until after fly season
- Inspect pens for sharp objects
- Treat for ticks
- Treat wounds promptly, including the umbilical stump of young animals. Use fly spray and bandage when possible
- Closely monitor the herd for wounds around face and genitals

If You Suspect New World Screwworm

Contact your veterinarian, and report to the ODA State Veterinarian at 503.986.4711

What to Expect if Infestation is Confirmed

Animal health officials will quarantine the animal until daily wound care and treatments with larvicides and insecticides have successfully eliminated the screwworm larvae. The USDA and ODA will investigate the case to determine if additional control measures of environmental treatment or sterile fly release is warranted. Treatment does not include destruction of livestock. The animal(s) may be released from quarantine when it is confirmed that no screwworm larvae remain.

ODA Animal Health Program • <https://oda.direct/AnimalHealth>

<https://www.oregon.gov/oda/Documents/Publications/AnimalHealth/AnimalDiseases/NewWorldScrewworm/NWS%20Livestock%20Producer%20Handout.pdf>



Closeup of an adult New World screwworm fly



Closeup of a New World screwworm larva, showing mouth hooks



Closeup of two New World screwworm larvae
Photos courtesy of USDA



New World Screwworm: A Threat to Wildlife

Information for Hunters

New World screwworm (NWS) is a serious pest. When NWS fly larvae (maggots) burrow into the flesh of a living animal, they cause severe, often deadly damage to the animal, especially if treatment is delayed or not possible. NWS can infest livestock, pets, wildlife, and less commonly, people and birds.

NWS flies are attracted to open wounds, including tick bites, where they lay hundreds of eggs. The eggs hatch into larvae, which feed on living tissue to complete their life cycle. Newborn animals, animals that have recently given birth, or animals that have suffered an injury are most vulnerable. The flies may also be attracted to antler bases after shedding and mucous membranes.

State and Federal agencies are collaborating to wildlife, domestic animals, and people from NWS

Why does NWS matter to hunters?

- **Reduced game populations** — Deer and other species are vulnerable to NW infestation, which can reduce the number of that survive and grow into adults. Untreated infested animals will die, leading to herds, fewer tags, and more restrictive seasons.

Restricted movement and disrupt

Wildlife management organizations could require additional physical check stations for game! Additional surveillance or control activities in areas could lead to closed hunting areas and



Adult screwworm flies are about the size of a common housefly (or slightly larger). They have red eyes and a metallic blue-green body with three black stripes on their back.



Screwworm larvae (maggots) cause extensive damage by tearing at the host's living tissue with sharp mouth hooks.



Larvae (maggots) burrow into a wound, feeding as they go. Wounds become deeper and larger as more larvae hatch and feed on living tissue.

What should you look for?

- Larvae (maggots) on live or very recently dead animals, because NWS feeds on living tissue.
- Larvae (maggots) in wounds or other body openings, such as the nose, ears, genitalia, and the navels of newborn animals.
- Wounds that have bloody discharge and foul odor.
- Animals that are in pain, lethargic, or aggravated.

What should you do if you see signs of NWS?

- Call your local Wildlife Services office at **866-4USDA-WS** (866-487-3297) as soon as possible.
- Record the location (using GPS if possible).
- Take photos of the wounds and larvae if possible.
- Do not handle or transport the animal.

Help us protect animals and people!

Because NWS can spread quickly to new areas on infested animals, reporting signs of NWS is critical. Hunters and outdoor enthusiasts can be part of the first line of defense. We need your help to look out for this serious threat to U.S. agriculture, wildlife, and people. Even information about suspected cases of NWS (like pictures/videos from trail cameras) is helpful. Share this flyer with your organizations and communities to spread awareness!

How to protect yourself.

The following tips can help you avoid contact with flying insects, including NWS flies.

- Make sure all wounds are clean and completely covered.
- Use a U.S. Environmental Protection Agency-registered insect repellent. Use clothing and gear that has been treated with 0.5% permethrin.
- Avoid sleeping outdoors and protect sleeping accommodations with screens or bed nets.
- Check all harvested animals and yourself for larvae (maggots) after hunting.
- If you see or feel maggots (larvae) in or on a wound or other area of your body, contact your healthcare provider immediately.

Report signs of NWS immediately!

Call **866-4USDA-WS** (866-487-3297) to immediately report any suspicious wounds, maggots, or infestations to your local U.S. Department of Agriculture Wildlife Services office.



<https://www.aphis.usda.gov/sites/default/files/factsheet-nws-hunters-508.pdf>

Infant Botulism Outbreak Linked to Nara Organics Whole Milk Organic Infant Formula

- All lots of Nara Organics Whole Milk Organic Infant Formula have been recalled on 6/13/26 due to cases of infant botulism: [NARA ORGANICS RECALLS ALL LOTS OF NARA INFANT FORMULA BECAUSE OF POSSIBLE HEALTH RISK | FDA](#). Product sold at Target and Nara.com.
- 3 infants hospitalized in Washington, California, and Pennsylvania and treated with BabyBIG. No deaths.
- Parents/caregivers are advised to stop using and discard/return any unopened Nara Organics Whole Milk Organic Infant Formula; for opened products, take a picture, recording lot number. Anything in contact with the formula should be washed in hot soapy water.
- Symptoms can occur in 3-30 days after ingestion.
- Symptoms: constipation, difficulty feeding, weak cry, loss of muscle tone with drooping eyelids, loss of head control, followed by a progressive, descending paralysis that can be associated with respiratory failure. Health care should be sought immediately if symptoms develop.



In the News

M/V Hondius Andes Virus Outbreak Update

- Outbreak of Andes virus infections among passengers of the M/V Hondius departing from Argentina on 4/1. Index case symptom onset: 4/6. 13 cases, including 12 laboratory-confirmed and 1 probable case; 3 deaths.
- There have been no cases in the U.S.
- The last day of monitoring for persons in the U.S. who were on the cruise ship and disembarked on 5/10 was on 6/21.

Summary: Measles

- 2,104 confirmed cases among 41 jurisdictions during 2026 as of 6/18. 93% of cases unvaccinated or with unknown vaccination status.
- Portland Area: Washington: 45 cases; Oregon: 23 cases, Idaho: 10 cases.
- $\geq 95\%$ vaccine coverage is needed to prevent measles outbreaks in communities.
- In 2024-25, MMR coverage among kindergartners continued to decline. Washington: 90.9%, Oregon: 90.5%, and Idaho: 78.5%. Idaho and Oregon have the highest and 2nd highest exemption rates in the country.
- Portland Area (IHS National Immunization Reporting System Reports): 80.1% of 19-35 month old children vaccinated with 1 dose of MMR and 91.6% of 13-17 yo adolescents vaccinated with 2 doses of MMR during the quarter ending on 3/31/26 according to data entered by facilities into NIRS.

Recommendations

- Ensure your patients, families, and community are up to date on their measles immunizations (goal $\geq 95\%$ up to date).
- 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, exposure to a measles case, or who meets clinical criteria and is unvaccinated. 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).
- Immediately report suspected cases to local or Tribal public health and recommend testing performed in collaboration (nasopharyngeal or throat swab for measles PCR, urine for PCR particularly if ≥ 72 hrs after rash onset, sent to state PHL if possible; blood for measles IgM and IgG sent to a commercial laboratory).
- Advise patients with suspected measles to isolate at home, away from others through 4 days after rash onset (for severely immunocompromised persons, the infectious period is through the illness duration) or measles has been ruled out.

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](#)

Indian Country ECHO/UNM Project ECHO: [Making a Strong Vaccine Recommendation: Vaccine Communication](#), [MMR Vaccine Outreach Strategies](#), [Current Measles Response and Clinical and Prevention Best Practices](#)

American Academy of Pediatrics: [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. [Maternal Immunization Schedule](#)

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](#)); [Vaccines and Infectious Diseases in the News](#)

Immunize.org: [Clinical Resources A-Z](#); [Influenza \(Flu\)](#)

[Boost Oregon](#): [Videos and Resources](#)

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

Washington State Department of Health: [Immunizations and Vaccines](#) | [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](#); [Measles](#) | [Washington State Department of Health](#); [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](#); [Respiratory Illness Data Dashboard](#).

Oregon Health Authority: [Immunization Resources](#); [Flu Prevention](#); [Measles / Rubeola \(vaccine-preventable\)](#) : [Diseases A to Z : State of Oregon](#); [Oregon's Respiratory Virus Data](#).

Idaho Department of Health & Welfare: [Child and Adolescent Immunization and Adult Immunization](#); [Flu \(Seasonal and Pandemic\)](#); [COVID-19](#); [Measles](#) | [Idaho Department of Health and Welfare](#); [Idaho Weekly Statewide Viral Respiratory Disease Indicators](#).

Centers for Disease Control and Prevention: [Preventing Seasonal Flu](#); [Flu Resources](#); [Preventing Spread of Respiratory Viruses When You're Sick](#); [RSV](#); [About Measles](#) | [Measles \(Rubeola\)](#) | [CDC](#); [Measles Resources](#) | [Measles \(Rubeola\)](#) | [CDC](#); [Measles Videos](#) | [Measles \(Rubeola\)](#) | [CDC](#)

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
- 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.

CDC

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 Elders 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.”

— Iana Schendelina, 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, Naturopathic Doctor, D.D.

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 I from COVID-19. COVID vaccines are safe, and the benefits of getting a COVID vaccine outweigh the risk of getting COVID-19 infection.”

— Dr. Frank Antiniewicz MD, UBS Odawa Citizen, UBS Odawa Indian Tribe Clinic, Medical Director and 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.

Who Should Get Vaccinated

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

Where to Get Vaccinated

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

Vaccinative

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

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

Additional Information

For additional information, including info on long COVID, check out www.IndianCountryECHO.org/Vaccinative. For questions, contact us at Vaccinative@npaihb.org.

How Vaccines Work

Within our bodies, each of us has warrior cells that stand guard and attack diseases. Vaccines help our warrior cells see and fight disease. For example, when we get the flu shot, the ingredients in the shot tell our warrior cells how to recognize and fight the flu. That is why if you get a flu shot, you are less likely to get sick with the flu. Getting vaccinated can also reduce the seriousness of illness if you happen to get sick.

Vaccines Protect You and Baby During Pregnancy

When you get vaccinated during pregnancy and your warrior cells learn to recognize and fight a particular illness, this information gets shared with your unborn baby. However, the protection offered to your baby starts to fade in the weeks and months after birth. That's why it's important to talk with your health provider about what vaccines both you and your newborn need to stay healthy.

Vaccines to Get When You're Pregnant

Several vaccines are recommended for pregnant people. These include:

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

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

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

— Tami Eagle Staff, Minicoupa & Ogilala Lakota, Northern Anapsoh, 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.

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

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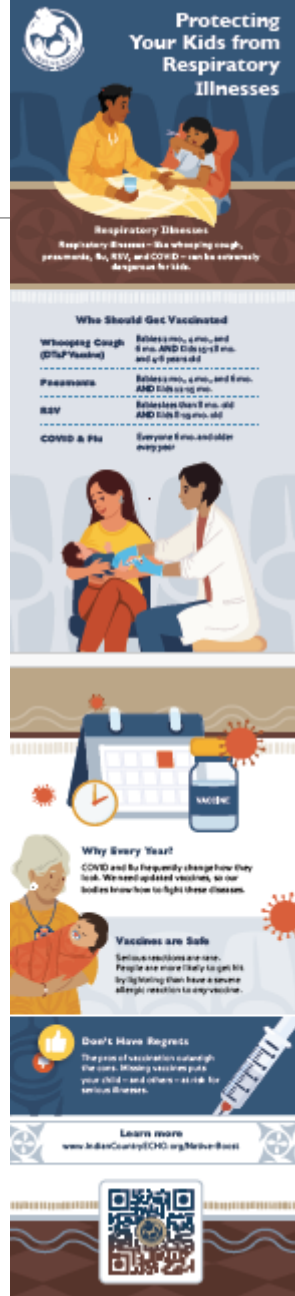
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Additional Information

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

“One of the most common questions I get asked from many 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, ND, Medical Provider and Navajo Tribe Tribal Member

Protecting Your Kids from Respiratory Illnesses

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

Who Should Get Vaccinated

Whooping Cough (DTPa/DTaP)	Babies 2, 4, and 6 mos. AND 15 to 18 mos. and 4 to 6 years old
Pneumonia	Babies 2, 4, 6, and 12 mos. AND 15 to 18 mos.
RSV	Between 6 and 18 mos. AND 18 to 24 mos. old
COVID & Flu	Every year 6 mos. and older every year

Why Every Year?
COVID and flu regularly 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 hit by big things than have a severe allergic reaction to any vaccine.

Don't Have Regrets
The pros of vaccinations outweigh the cons. Missing vaccines puts your child – and others – at risk for serious illnesses.

Learn more www.IndianCountryECHO.org/NativeBoost



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

