NPAIHB Weekly Update

July 7, 2026

NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Agenda

- Welcome & Introduction: Victoria Warren-Mears
- NPAIHB Announcements, Events, & Resources
- Diabetes Prevention Program: Don Head & Alyssa Farrow
- Washington DOH Updates: Jill Edgin & Jessica Haag
- Communicable Disease Updates: Dr. Tara Perti, PAIHS
- 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 10, 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 Is Closed

NPAIHB
Indian Leadership for Indian Health

Upcoming Indian Country ECHO Telehealth Opportunities

- **Harm Reduction ECHO** – 1st Tuesday of every month at 12pm PT
  - Tuesday, July 7th at 12pm PT
  - To Join via Zoom: https://echo.zoom.us/j/99009428799?pwd=TFVRa1FPSDU5M2IvTTNwbGo3ZjdyZz09

- **EMS ECHO -** 1st Tuesday & 3rd Thursday of every month at 5pm PT
  - Tuesday, July 7th at 5pm PT
  - Didactic Topic: *EMS on the Fireground*
  - To Join via Zoom: https://echo.zoom.us/j/84832881641?pwd=SXllNlpJa0Vta1R1c28xcUh5V1dlUT09

- **Trauma Rounds ECHO –** 2nd Wednesday of every month at 6:30am PT
  - Wednesday, July 8th at 6:30am PT
  - Didactic Topic: *Interpersonal Violence and Nonfatal Strangulation*
  - Didactic Topic: To join via Zoom: https://echo.zoom.us/j/93729666650?pwd=bFhTZnA4NnlqTmR6Ylg4bnM1R1lZQT09

- **Adolescent Health ECHO –** 2nd Wednesday of every month at 12pm PT
  - Wednesday, July 8th at 12pm PT
  - Didactic Topic: *Caring for Adolescents with Foster Care Experience*
  - To join via Zoom: https://echo.zoom.us/j/88393600100?pwd=Amim4GLLWnPrPj1nhlm3K6q2ricsUj.1

Upcoming Indian Country ECHO Telehealth Opportunities

- **Journey to Health ECHO** – 2nd & 4th Thursday of every month at 7am/12pm PT
  - Thursday, July 9th at 7am PT
  - To join via Zoom: https://echo.zoom.us/j/93413601610?pwd=YVhMN1NUNllYWHZUZk1CUnF0TEY5QT09

- **Clinical Dementia ECHO** – 2nd Thursday of every month at 11am PT
  - Thursday, July 9th at 11am PT
  - Didactic Topic: *Transitions of Care & Care Settings*
  - To join via Zoom: https://echo.zoom.us/j/99454243940?pwd=NG9aWGUvRTdKSmgwTGlldklmVDRWUT09

- **Diabetes ECHO** – 2nd Thursday of every month at 12pm PT
  - Thursday, July 9th at 11am PT
  - Didactic Topic: *Who Needs What When?*
  - To join via Zoom: https://zoom.us/j/91887405371?pwd=ekFJTUJiV2hWQ0ZPZEwrUDQ4eGxTZz09

Tribal Disease Intervention Training – July 2026

The US as a whole, and Indian Country, in particular, are seeing surges in the 'syndemic' of interrelated disease states of sexually transmitted infections, hepatitis C virus, HIV and substance use disorder. We can reduce the incidence and impact of the syndemic via policy and practice modifications that fit the context of each community and health facility. These options include expanded screening, amplifying the roles of Tribal public health and clinic staff, and more. This two-day Tribal Disease Intervention (TDI) training strengthens the knowledge, skills, and confidence needed to carry out disease investigation, linkage to care, and partner services for those impacted by the syndemic in ways that honor Tribal values, relationships, and community strengths.

Through practical tools and culturally responsive communication strategies, participants will deepen their ability to reduce stigma, protect confidentiality, and coordinate care with compassion and respect. Grounded in relational accountability, this training supports Tribal public health professionals in helping individuals access prevention and treatment services while strengthening the health and healing of the broader community.

To View Agenda click here

Dates: July 13th – July 15th

Where: The Porter Portland, 1355 SW 2nd Ave, Portland, OR 97201

How to Join: Click here to register

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

- July 14: N CREW Research Topic focus
- July 21: NO UPDATE - NPAIHB QBM
- July 28: TBD
- August 4: State Partner Updates, Communicable Disease Updates

Diabetes Prevention Program Tribal Umbrella Hub at the NW Tribal Epicenter

Western Tribal Diabetes Project (WTDP)

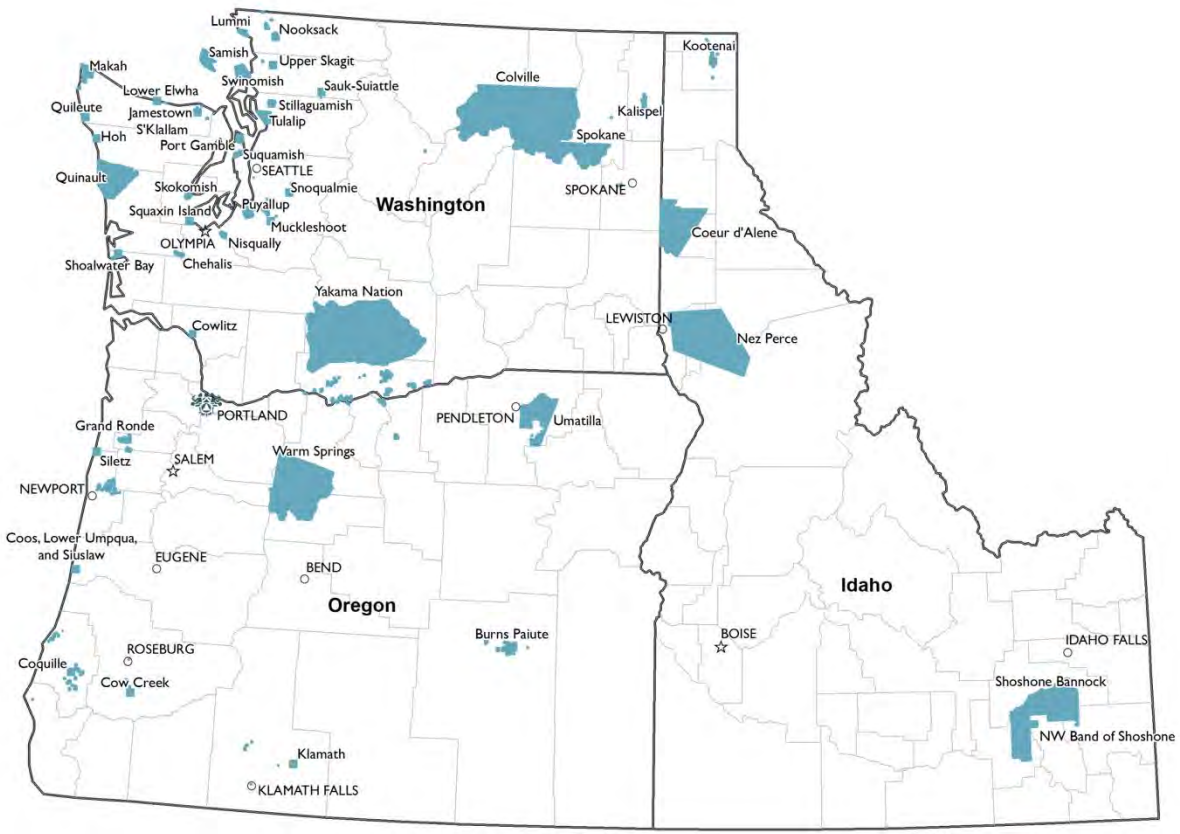
Alyssa Farrow, Specialist

Don Head, Manager

Project Overview

The mission of the Western Tribal Diabetes Project (WTDP) is to empower tribal communities to utilize diabetes data at the local level to track the Indian Health Service Standards of Care for Patients with Type 2 Diabetes, ensure patients receive timely care, improve case management, identify gaps in care, and better address program planning.

The Western Tribal Diabetes Project serves the 43 federally recognized tribes in Idaho, Oregon, and Washington, as well as the national SDPI grantees.



Technical Support

- Diabetes Management System (DMS) quarterly trainings (outside Area upon request)
- IHS Diabetes Care & Outcomes Audit
- Health Status Reports
- Site visits to NW Tribal Communities


Diabetes Health Status Report

Portland Area

Information from the 2021
Indian Health Service Annual Diabetes Audi

Prepared by the Western Tribal Diabetes Project

Northwest Portland Area Indian Health Board


Diabetes Audit Results, Portland Area, 2004-2021

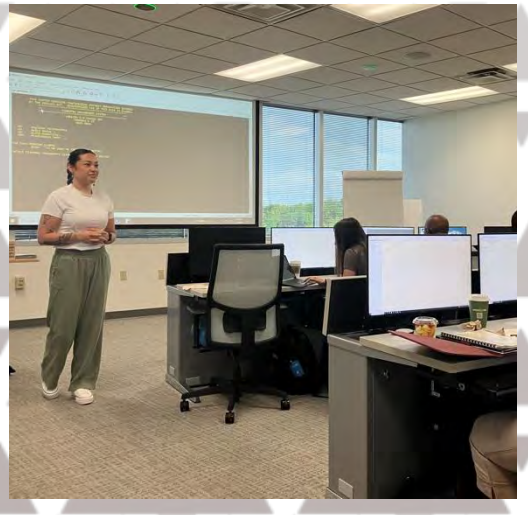
Site-Specific Trends

The following report contains information from your program's annual diabetes audit submission to the Indian Health Service over the past few years. The report was prepared for your site by the Western Tribal Diabetes Project at the Northwest Portland Area Indian Health Board, which receives Special Diabetes Program for Indians (SDPI) funding to assist Northwest tribes in managing their diabetes information. If you have any questions about the report, or if you would like this report in Excel format, please contact the Western Tribal Diabetes Project at wtdp@npaihb.org or (800) 862-5497.

Notes:
- Due to rounding, charts will occasionally not add up to 100%.
- Data are presented by the year in which the data were submitted. Most likely, the patient care reflected in the audit was delivered in the previous year. For example, the columns 2013 in these charts reflect care that was delivered in 2012.
- Blank spaces have been left for some indicators in years when information was not reported.

Patients in the Diabetes Register

	2004	2018	2019	2020	2021
Charts audited	3877	6942	7419	7409	6399
Total active on register	4986	7555	7513	7576	6912



Upcoming Events

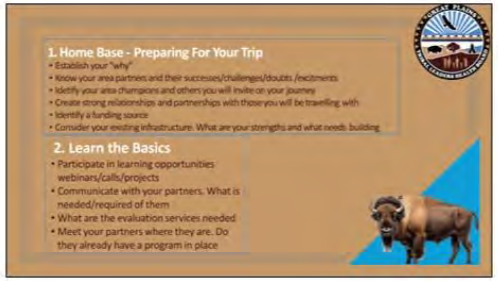
Diabetes Prevention Program Tribal Umbrella Hub Arrangement - Background

- Tribal interest (Siletz Tribal Diabetes Program – Kim Lane)
- WEAVE-NW (Good Health and Wellness In Indian Country Program – Tammie Scott)
- Western Tribal Diabetes Project (SDPI – Dondi Head)
- Washington DPP Task Force (Comagine Health – Shelby Benally)

Diabetes Prevention Program Tribal Umbrella Hub Arrangement – Current Ground

- National Association of Chronic Disease Directors (NACDD) and Maven Collective Consulting
  - Inter-Tribal Council of Arizona Tribal DPP Umbrella Hub for Southern Plains region
  - Great Plains Tribal Health
  - Southern Plains Tribal Health Board Umbrella Hub Organization (Oklahoma City Area)
- Native Diabetes Gathering, June 22-23, 2026


1
Starting Point
Learn how to best provide NDPP training and technical assistance to Tribes
2
Learning the Basics
Partnered with DTTAC for training and NACDD to learn about UHA/O
3
Assess Needs & Engage Partners
GHWIC Subawardees interested in NDPP and Tribal peer networking
4
Sharing Feedback to Stakeholders
NACDD and the Maven Collective have been instrumental in feedback to CDC
5
Implement Your Plan
Established Tribal MOAs & monthly check-ins with informal Tribal network
6
Sustain & Evaluate
Goal to work with CHRs for reimbursement and get Tribes setup for success
7
Additional Steps & Considerations
Learning where we fit was a journey, we're still adapting and learning
8


1. Home Base - Preparing For Your Trip
• Establish your "why"
• Know your area partners and their successes/challenges/doubts /excitments
• Identify your area champions and others you will invite on your journey
• Create strong relationships and partnerships with those you will be travelling with
• Identify a funding source
• Consider your existing infrastructure. What are your strengths and what needs building
2. Learn the Basics
• Participate in learning opportunities webinars/calls/projects
• Communicate with your partners. What is needed/required of them
• What are the evaluation services needed
• Meet your partners where they are. Do they already have a program in place

1


3. Assess Needs & Engage Partners
• Partner site visits. Personal discussion of needs and concerns with delivering the program. Share understanding of barriers and solutions to overcome them
• Informal needs assesments
• Provide trainings and educational materials for a clear description of program and what your organization will be able to provide for techincal assistance
• Will your partner be starting from the beginning or building off an already structured program

2


4. Make a Plan - What will your Organization provide?
• Provide ongoing trainings and support, i.e. lifestyle coach trainings
• Provide/create educational materials and resources for program and community members
• Funding availability to provide participant incentives
• Facilitate a Community of Practice for lifestyle coaches and administration to provide peer-to-peer support
• Host in-person gathering for all Diabetes Prevention Programs including SDPI and other


5. Implement and Sustain
• Partner retention and recruitment
• Addition of any exisitng DPRP programs within the Great Plains to join alongside champion partner
• Edcuate and recruit non DPRP Tribal diabetes prevention programs with assitance of champion partner
• Continuation of adpating materials that best fit the needs of each community. Have an understanding of "not one size fits all"

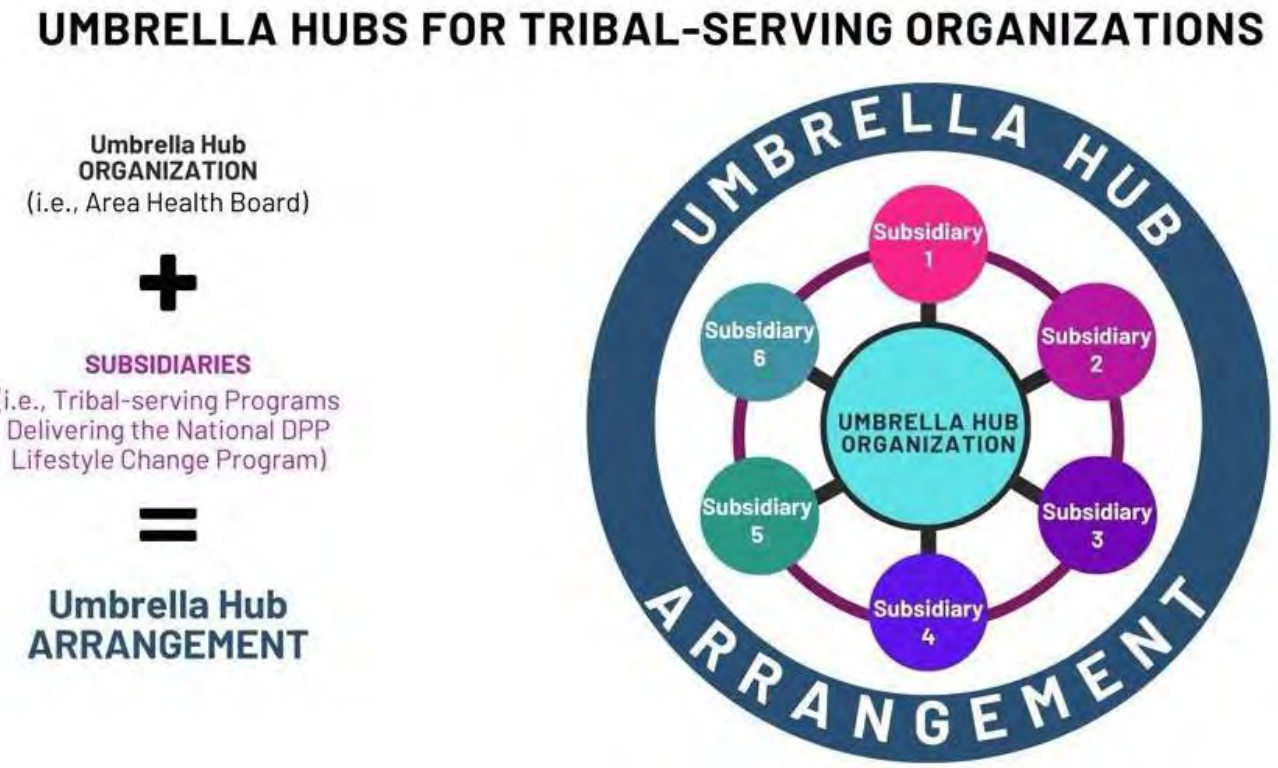
4

Diabetes Prevention Program Tribal Umbrella Hub Arrangement – Future Ground

- Next steps
  - Feedback from Northwest Tribes
    - Community of Health Gathering ✔
    - Northwest Gathering of SDPI Grantees ✔
    - July NPAIHB Quarterly Board Meeting Presentation and Resolution
  - Community of Practice calls and meetings
    - NW Tribal Epidemiology Center would enter cohort with Montana-Wyoming Tribal Leaders Council for the following year
  - YMCA of Greater Seattle collaboration

Diabetes Prevention Program Tribal Umbrella Hub Arrangement – Potential Ground

- Administrative support
  - Training opportunities
  - Addressing barriers to participation
  - Connection to health care payment for sustainable reimbursement for DPP



Questions and feedback

- Don Head, Gwich’in Nation
- Alyssa Farrow, Confederated Tribes of the Cayuse, Umatilla, Walla Walla

WTDP Information

Alyssa Farrow, Specialist

afarrow@npaihb.org

Don Head, Manager

dhead@npaihb.org

Victoria Warren-Mears, NWTEC Director

vwarrenmears@npaihb.org

wtdp@npaihb.org

State & Federal Partner Updates

Washington State Department of HEALTH

WA DOH Office of Tribal Public Health & Relations

@WaDeptHealth

Tuesday, July 07, 2026
NPAIHB Weekly Update

NPAIHB
Indian Leadership for Indian Health

Agenda

Vaccine Updates- Jessica Haag

DOH Tribal Office Reminders – Jill Edgin

Office of Immunization

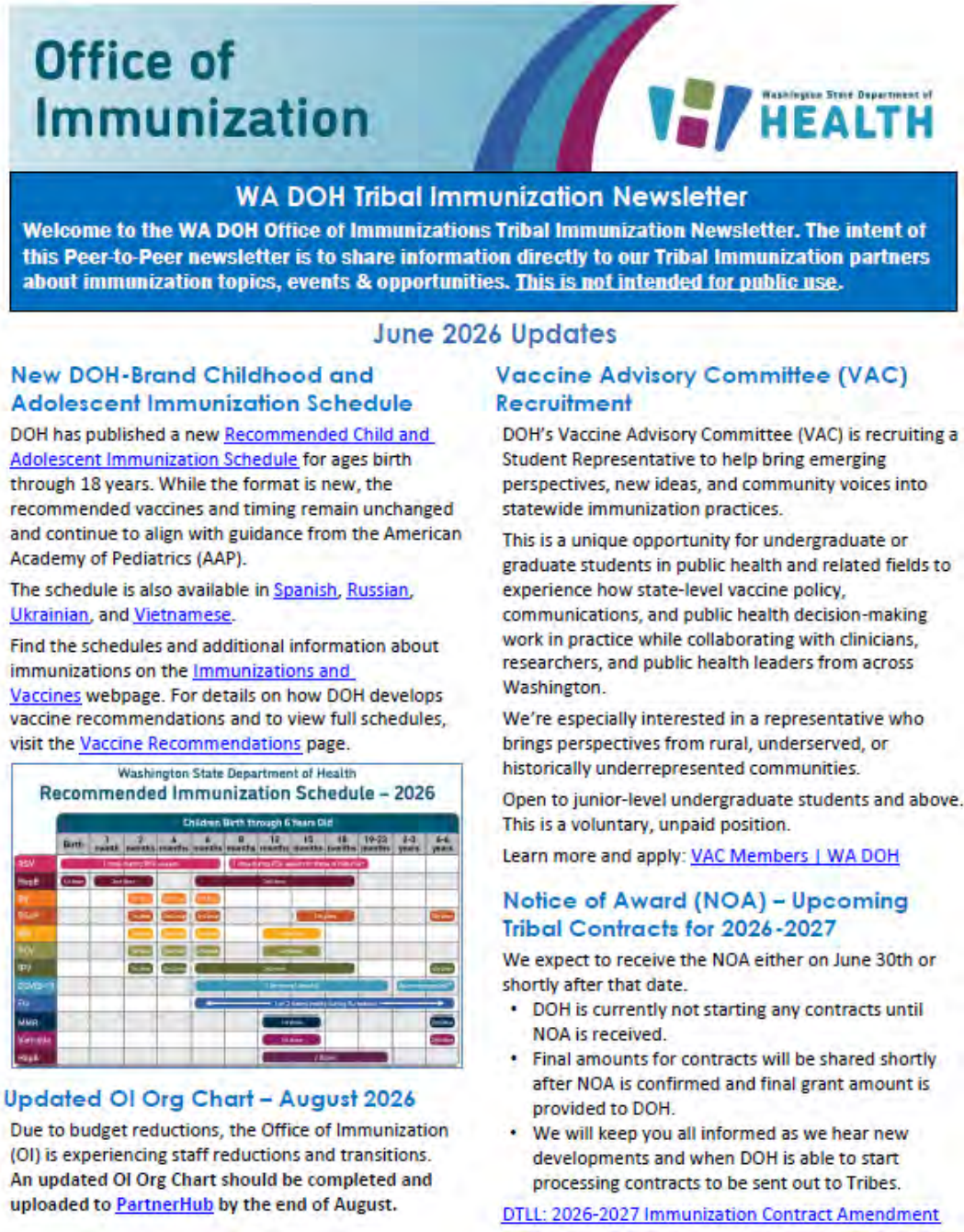
Jessica Haag, Office of Immunization Liaison
jessica.haag@doh.wa.gov

June 2026 WA DOH Tribal Immunization Newsletter

Available to view on **PartnerHub**

June newsletter topics include:

- New DOH-Brand Childhood and Adolescent Immunization Schedule
- New Office of Immunization Organizational Chart
- Vaccine Advisory Committee (VAC) Recruitment
- Notice of Award (NOA) – Upcoming Tribal Contracts for 2026-2027
- Together for Health CHW Vaccine Confidence Toolkit
- Long COVID Toolkit – New!
- Immunize WA Award Nominations
- Vaccine Management Program Updates
  - AVP Enrollment/ Re-Enrollment is Open!
  - Vaccine Choice: CVP & Seasonal Respiratory Vaccines
- Upcoming and Recorded Webinars
  - CVP Training Series: Partnering for Better Immunization Rates - IQIP & Immunize WA
  - CVP Training Series: Preparing for RSV Season with WCAAP



Office of Immunization

Washington State Department of HEALTH

WA DOH Tribal Immunization Newsletter

Welcome to the WA DOH Office of Immunizations Tribal Immunization Newsletter. The intent of this Peer-to-Peer newsletter is to share information directly to our Tribal Immunization partners about immunization topics, events & opportunities. This is not intended for public use.

June 2026 Updates

New DOH-Brand Childhood and Adolescent Immunization Schedule

DOH has published a new Recommended Child and Adolescent Immunization Schedule for ages birth through 18 years. While the format is new, the recommended vaccines and timing remain unchanged and continue to align with guidance from the American Academy of Pediatrics (AAP).

The schedule is also available in Spanish, Russian, Ukrainian, and Vietnamese.

Find the schedules and additional information about immunizations on the Immunizations and Vaccines webpage. For details on how DOH develops vaccine recommendations and to view full schedules, visit the Vaccine Recommendations page.

Washington State Department of Health
Recommended Immunization Schedule – 2026

Updated OI Org Chart – August 2026

Due to budget reductions, the Office of Immunization (OI) is experiencing staff reductions and transitions. An updated OI Org Chart should be completed and uploaded to PartnerHub by the end of August.

Vaccine Advisory Committee (VAC) Recruitment

DOH's Vaccine Advisory Committee (VAC) is recruiting a Student Representative to help bring emerging perspectives, new ideas, and community voices into statewide immunization practices.

This is a unique opportunity for undergraduate or graduate students in public health and related fields to experience how state-level vaccine policy, communications, and public health decision-making work in practice while collaborating with clinicians, researchers, and public health leaders from across Washington.

We're especially interested in a representative who brings perspectives from rural, underserved, or historically underrepresented communities.

Open to junior-level undergraduate students and above. This is a voluntary, unpaid position.

Learn more and apply: VAC Members | WA DOH

Notice of Award (NOA) – Upcoming Tribal Contracts for 2026-2027

We expect to receive the NOA either on June 30th or shortly after that date.

- DOH is currently not starting any contracts until NOA is received.
- Final amounts for contracts will be shared shortly after NOA is confirmed and final grant amount is provided to DOH.
- We will keep you all informed as we hear new developments and when DOH is able to start processing contracts to be sent out to Tribes.

DTLL: 2026-2027 Immunization Contract Amendment

AVP Enrollment/ Re-Enrollment is Open

Provider enrollment and re-enrollment for the Adult Vaccine Program opened on June 1.

If you are a provider who was enrolled in AVP last year:

- AVP re-enrollment emails were sent out to facility contacts on June 1, 2026. These emails contained a link to each facility's pre-populated, facility specific provider agreement to update and sign.
    - If you did not receive an email with a link, please reach out to us at WAAdultVaccines@doh.wa.gov

Providers NOT enrolled in AVP last year:

- Review the Adult Vaccine Program Enrollment Guide to walk you through the process
- To enroll, complete the Adult Vaccine Program Provider Application Inquiry
- Look for an email within 72 hours with a link to complete the full AVP Provider Agreement

→ **Enrollment Deadline: July 17, 2026**

- Required for providers who wish to participate in the upcoming **fall order cycle**
- Early submission is strongly encouraged

Together for Health CHW Vaccine Confidence Toolkit

We are excited to announce the completion of the Together for Health Community Health Worker Vaccine Confidence Toolkit!

A resource for community health workers to have engaging conversations about vaccines.

The Together for Health vaccine confidence toolkit supports CHWs in talking clearly and effectively about vaccines. The materials work together as a comprehensive guide, but you can also study each piece on its own based on your experience and interests. Use the toolkit on your own or practice with other CHWs, and share select resources with clients.

The toolkit materials were reviewed by funded community-based organization partners and are available in nine languages: Amharic, English, Marshallese, Russian, Somali, Spanish, Tagalog, Ukrainian, and Vietnamese.

All toolkit pieces are available as print and digital options, and with or without the DOH logo on them.

The toolkit is now available on the Healthier Washington Collaboration Portal: [CHW Vaccine Confidence Toolkit | Healthier Washington Collaboration Portal]

Long COVID Toolkit

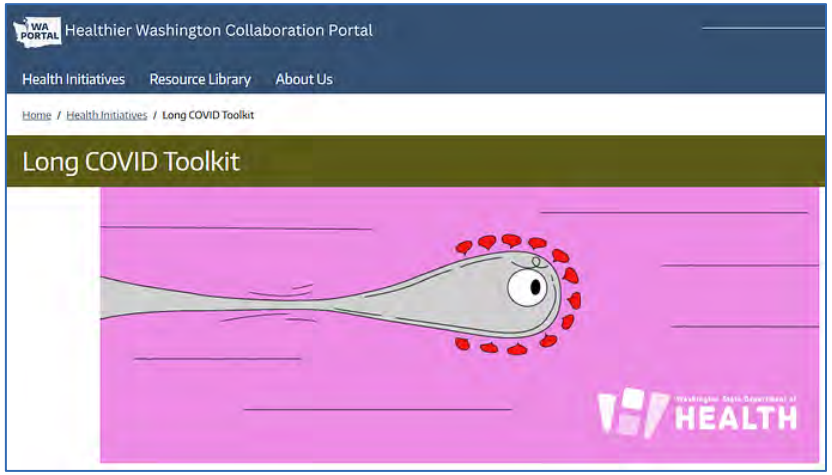
This toolkit is designed to help health care providers, public health jurisdictional authorities, and community-based organizations (CBOs) support their patients and clients with understanding Long COVID. Long COVID is a chronic condition that is often misunderstood and misdiagnosed. These materials offer clear information on its signs, symptoms, and management, helping users more accurately identify the condition and communicate about it with patients and clients.

The toolkit was written and designed with support from providers and people who have lived experiences with Long COVID.

It addresses topics such as:

- How to recognize common Long COVID symptoms
- How to have conversations about Long COVID
- How to support someone with Long COVID
- How people living with Long COVID can manage their symptoms

The materials are separated into two categories: those that are intended for provider, CBO, and public health jurisdiction staff education, and those that can be distributed in your offices or handed out to patients and clients.



Long COVID Toolkit | Healthier Washington Collaboration Portal

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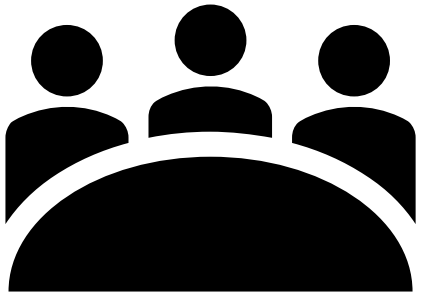


Learn more and apply: VAC Members | Washington State Department of Health

Immunize WA Award Nominations

The Immunize WA awards recognize clinics achieving immunization coverage goals for children, adolescents, and HPV vaccination initiation among 9- 10-year-olds.

- **Providers must self-nominate.**
- **Nominations are open June 1 – July 15, 2026.**

Winners will be announced **August 25, 2026,** during National Immunization Awareness Month.

To nominate your clinic:

1. Watch the short video on running your coverage rate report
2. Complete the nomination form
3. Submit your coverage report to immunizewa@doh.wa.gov
4. Include your **VFC pin** in the subject line

2026 marks the program's 12th anniversary!

Visit the Immunize WA web page for details.

Washington State Department of HEALTH

UPDATES & RESOURCES

Office of Tribal Public Health & Relations

New recurring meeting!

Measles Surveillance and Response Community of Practice

An informal, collaborative space for LHJ and Tribal epidemiologists, case investigators, public health nurses, health officers, and other staff in Washington State to:

- Discuss experiences and challenges relating to identifying, investigating, and responding to cases of measles.
- Ask questions and raise issues with DOH.
- Learn about measles together.

This fully optional meeting is intended **only** for staff at Local Health Jurisdictions (LHJs), Tribal Health Organizations, and DOH.

Current monthly schedule:

- 2nd Thursday, 11 am – noon
- 4th Wednesday, 11 am – noon

Calendar invites are posted in the CDEpi Portal: https://stateofwa.sharepoint.com/sites/DOH-CDEpiPortal (request access if needed)

Hosted by WA DOH Vaccine-Preventable Disease (VPD) Team
Email: vpd-cde@doh.wa.gov
Phone: 206-418-5500
Point of contact: Nick Graff
nicholas.graff@doh.wa.gov

Pending Maternal Child Health Block Grant

- Pending Funding availability follows listening sessions and DTLL August 2023
- Funding intended for Tribes and Tribal serving organizations
- Anticipated amount 200-400k
- Proposal submission end of September 2026 Start date of work November 2026
- More information to come at July MTM

Dear Tribal Leader Letters

Date	Letter Subject	Meeting Information
June 29	Collaborative – 2027 proposed legislative priorities (PDF)	• Listening session: **July 7,** 1:30-3 p.m. - Zoom link
June 29	Collaborative – Washington interagency smoke and extreme heat planning (PDF)	• Listening session 1: **August 10,** 2-3:30 p.m. - Zoom link • Listening session 2: **August 12,** 3:30-5 p.m. - Zoom link
June 23	Collaborative – opportunity to participate in the Data@Health Collaborative (PDF)	
June 23	Informative – conclusion of the government-to-government collaboration on the Tribal Shellfish Consent Decree and attachments of minimum position requirements (PDF)	
June 23	Informative – DOH Workforce Pathways paid professional opportunity for Tribal community members (PDF)	
June 23	Informative – Early Hearing Detection, Diagnosis and Intervention (EHDDI) program funding opportunity (PDF)	
June 17	Informative – information on agency rulemaking for June 1-15, 2026 (PDF)	

Washington State Department of HEALTH

Washington State Department of HEALTH

Upcoming Listening Sessions, Roundtables, & Consultations

Date/Time	Meeting Title/Type	Meeting Platform	DTLL
July 7, 2026 1:30-3pm	2027 Proposed Legislative Priorities – Listening Session	Zoom link	Collaborative – 2027 proposed legislative priorities (PDF)
July 20, 2026 10-11:30 a.m.	Molecular Epidemiology – Listening Session #1	Zoom link	Collaborative – molecular epidemiology listening sessions (PDF)
July 23, 2026 2-3:30 p.m.	Molecular Epidemiology – Listening Session #2	Zoom link	Collaborative – molecular epidemiology listening sessions (PDF)
August 10, 2026 2-3:30pm	Washington Interagency Smoke & Extreme Heat Planning – Listening Session #1	Zoom link	Collaborative – Washington interagency smoke and extreme heat planning (PDF)
August 12, 2026 3:30-5pm	Washington Interagency Smoke & Extreme Heat Planning – Listening Session #2	Zoom link	Collaborative – Washington interagency smoke and extreme heat planning (PDF)

OTPHR

Office of Tribal Public Health & Relations

OTPHR@doh.wa.gov

Candice Wilson Quatz'tenaut – Lummi	Jill Edgin	Amber Arndt Nisqually	Rosalinda Fivekiller-Turk Cherokee	Lois Scott
Executive Director candice.wilson@doh.wa.gov 360.819.7626	**Deputy Director** jill.edgin@doh.wa.gov	**Tribal Policy Director** amber.arndt@doh.wa.gov	**Tribal Engagement Director** rosalinda.fivekiller@doh.wa.gov	**Administrative Assistant 5** lois.scott@doh.wa.gov

Portland Area IHS

Communicable Diseases Update

TARA PERTI, MD, MPH

MEDICAL EPIDEMIOLOGIST

OFFICE, PORTLAND AREA IHS

July 7, 2026

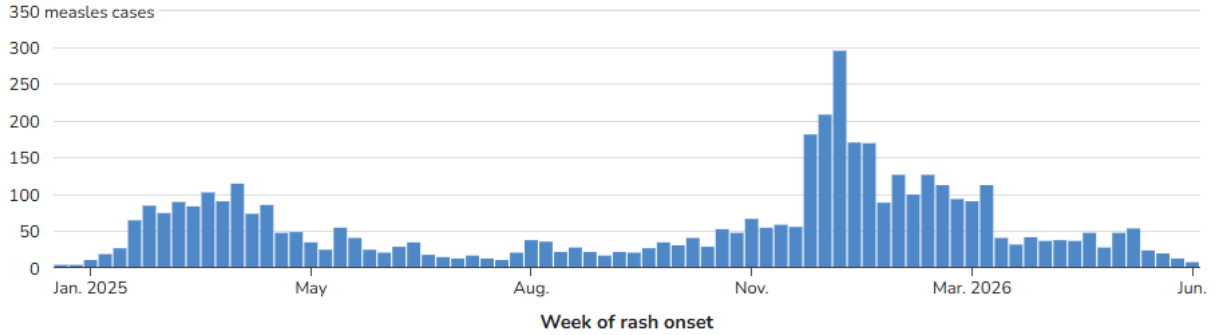
Outline

- Measles
- New World Screwworm
- Resources for Heat Preparedness
- In the News: Bundibugyo Virus Disease Updates

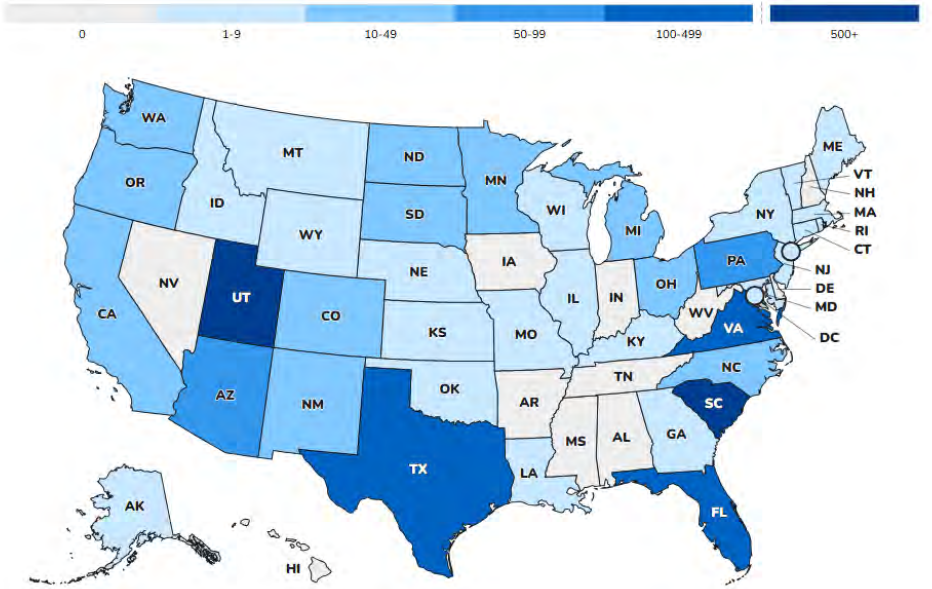
Measles — United States, 2026

- 2,170 confirmed cases among 41 jurisdictions (including NYC, NY state, and D.C.) during 2026 as of 7/2. 95% of 2,289 total cases for 2025.
- 93% of cases are outbreak-associated (≥3 related cases).
- Age: 20% <5 years-old, 51% 5-19 years-old, 29% ≥ 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



Centers for Disease Control and Prevention. Measles Cases and Outbreaks. Available at: https://www.cdc.gov/measles/data-research/index.html

Measles — Oregon, 2026 (N=24)

- Cases this year have occurred at least in Clackamas, Multnomah, Marion, and Linn Counties. One new case since last update.
- There has been an outbreak involving non-household contacts in Clackamas and Multnomah counties.
- Measles virus detected in wastewater during 6 week period from 5/17/26-6/27/26:
  - Deschutes, Coos, Columbia, Marion, Lane, Linn, Lincoln, Clatsop, Umatilla, Washington, Multnomah, Clackamas, Jackson, Josephine, and Polk Counties.
- 96% of cases in Oregon unvaccinated or with unknown vaccination status.

Oregon Health Authority. Measles / Rubeola (vaccine-preventable). Available at: https://www.oregon.gov/oha/ph/diseasesconditions/diseasesaz/pages/measles.aspx
Oregon Health Authority. Oregon Health Authority : Oregon reports measles outbreak; new wastewater dashboard tracks measles virus by county; Respiratory Viral Pathogen Wastewater Monitoring Dashboard. Available at: https://public.tableau.com/app/profile/oregon.public.health.division.acute.and.communicable.disease.pre/viz/OregonsRVPWastewaterMonitoring/Mainpage?publish=yes&utm_medium=email&utm_source=govdelivery;

Measles — Portland Area, 2025-26

Location (State/County)	Number of Cases		Additional Cases (e.g. Among Travelers)
	2025 (N=26)	2026 (N=79)	
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: 24	
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		

Washington State Department of Health. Measles Cases in Washington State. Available at: https://doh.wa.gov/you-and-your-family/illness-and-disease-z/measles/measles-cases-washington-state
Idaho Department of Health and Welfare. Tracking Measles in Idaho. Available at: https://public.tableau.com/app/profile/idaho.division.of.public.health/viz/TrackingIdahoMeasles/StatewideSummary?publish=yes
Oregon Health Authority. Measles / Rubeola (vaccine-preventable). Available at: https://www.oregon.gov/oha/ph/diseasesconditions/diseasesaz/pages/measles.aspx

Summary: Measles

- 2,170 confirmed cases among 41 jurisdictions during 2026 as of 7/2. 93% of cases unvaccinated or with unknown vaccination status.
- Portland Area: Washington: 45 cases (stable); Oregon: 24 cases (increased), Idaho: 10 cases (stable).
- ≥ 95% vaccine coverage is needed to prevent measles outbreaks in communities.
- In 2024-25, MMR coverage among kindergartners continued to decline. Washington: 90.9% (90.6% for 2025-26) , Oregon: 90.5% (89.6% for 2025-26), and Idaho: 78.5%. Idaho and Oregon have the highest and 2nd highest exemption rates in the country.

Recommendations

- Ensure your patients, families, and community are up to date on their measles immunizations (goal ≥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

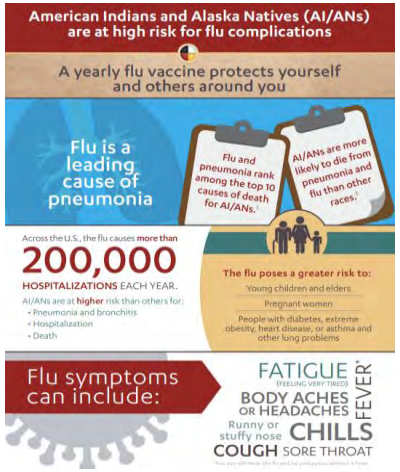
National Council of Urban Indian Health

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.

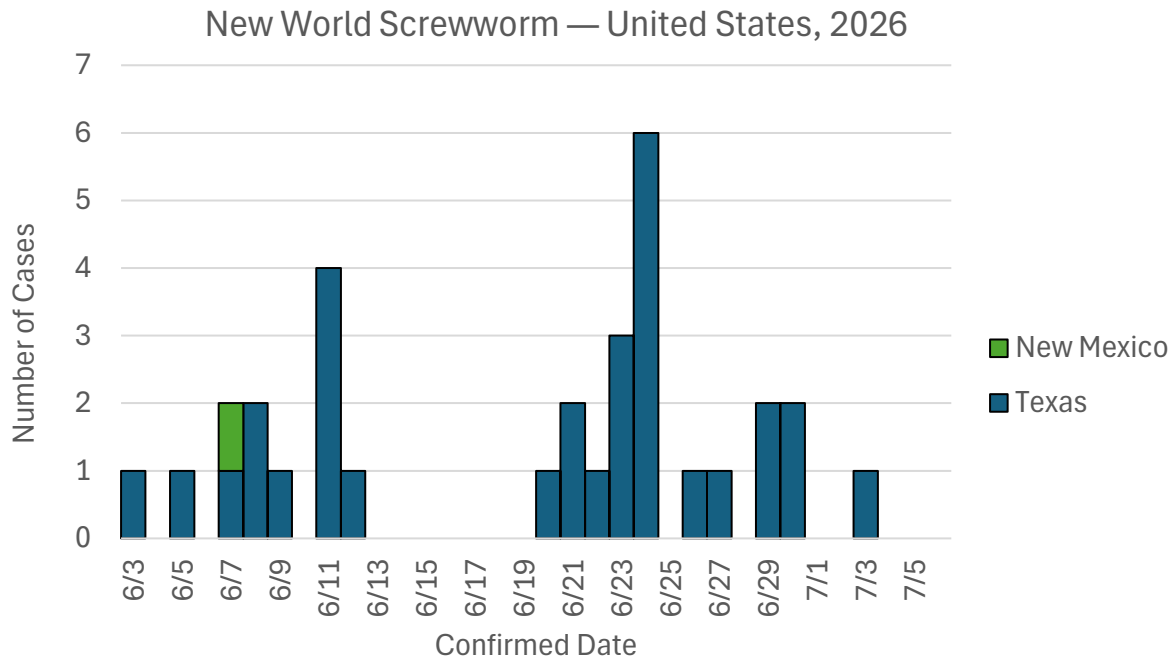
Centers for Disease Control and Prevention: Preventing Seasonal Flu; Flu Resources; Preventing Spread of Respiratory Viruses When You're Sick; RSV; About Measles | Measles (Rubeola) | CDC; Measles Resources | Measles (Rubeola) | CDC; Measles Videos | Measles (Rubeola) | CDC

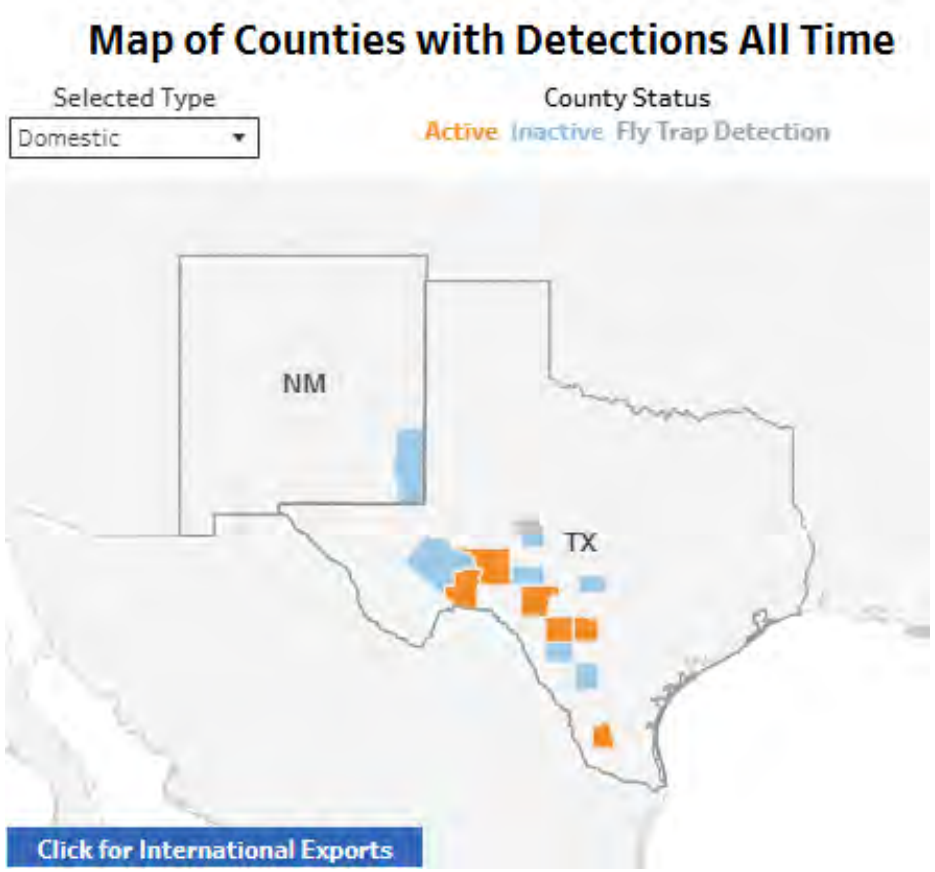
Examples of Patient Education Resources from the Northwest Portland Area Indian Health Board (NPAIHB)

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

New World Screwworm

- 6/3/26: First case confirmed in U.S., calf identified in Zavala County, Texas.
- Animal cases to date in US (through 7/6/26: 32 (31 in Texas, 1 in New Mexico); Cattle (17), Sheep (10), Goats (3), Dogs (2).
- No human cases identified in the U.S. to date.

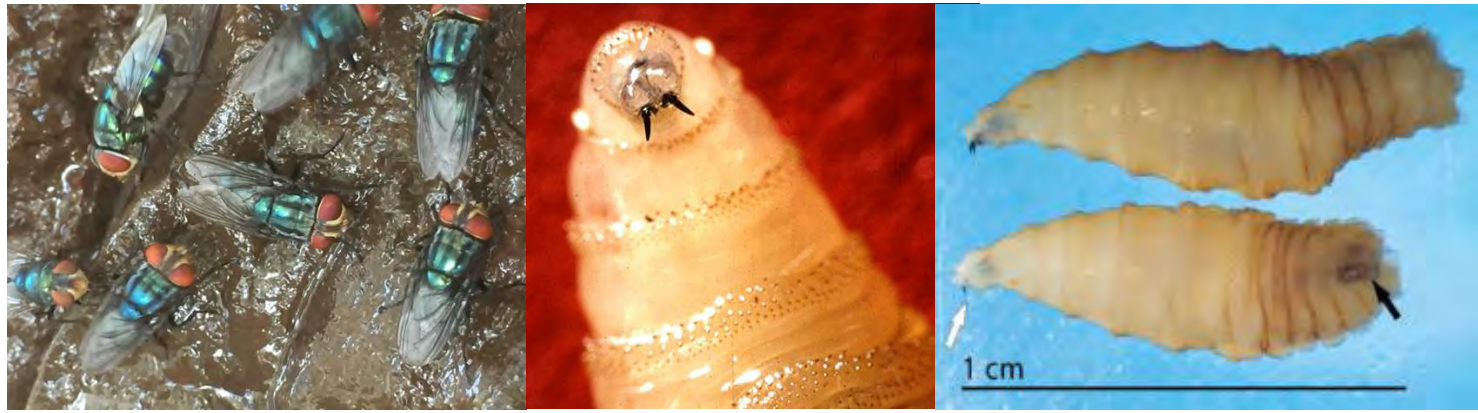




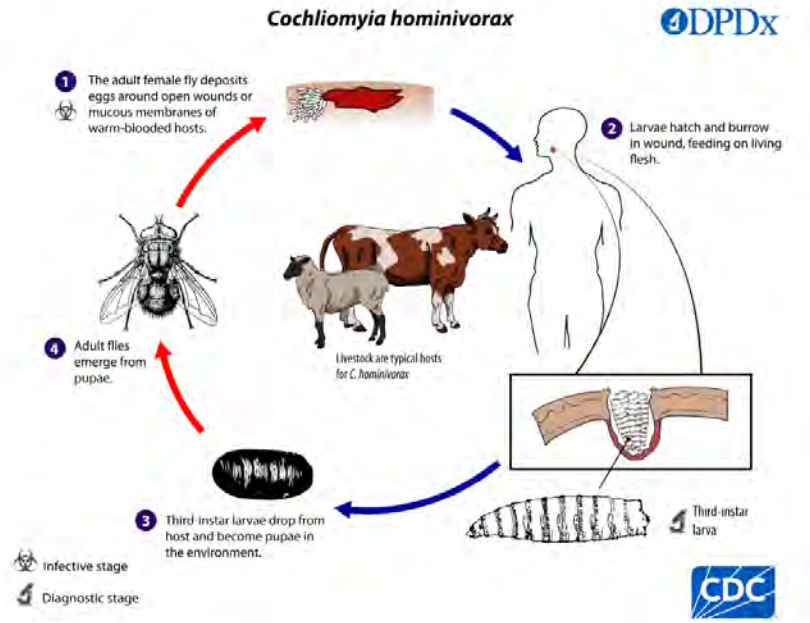
[Confirmed Detections of New World Screwworm | Animal and Plant Health Inspection Service]

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



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 ≥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)

CDC. Clinical Overview of New World Screwworm. Available at: https://www.cdc.gov/new-world-screwworm/hcp/clinical-overview/index.html

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 repellant (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

CDC. New World Screwworm Outbreak. Available at: https://www.cdc.gov/new-world-screwworm/situation-summary/index.html; https://www.cdc.gov/new-world-screwworm/about/index.html

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.

CDC

Learn more:
www.screwworm.gov

https://www.cdc.gov/new-world-screwworm/media/pdfs/2026/02/NWS-ag-emp-CDC-logo-508.p
Communication Resources | New World Screwworm | CDC

OREGON DEPARTMENT OF AGRICULTURE

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.

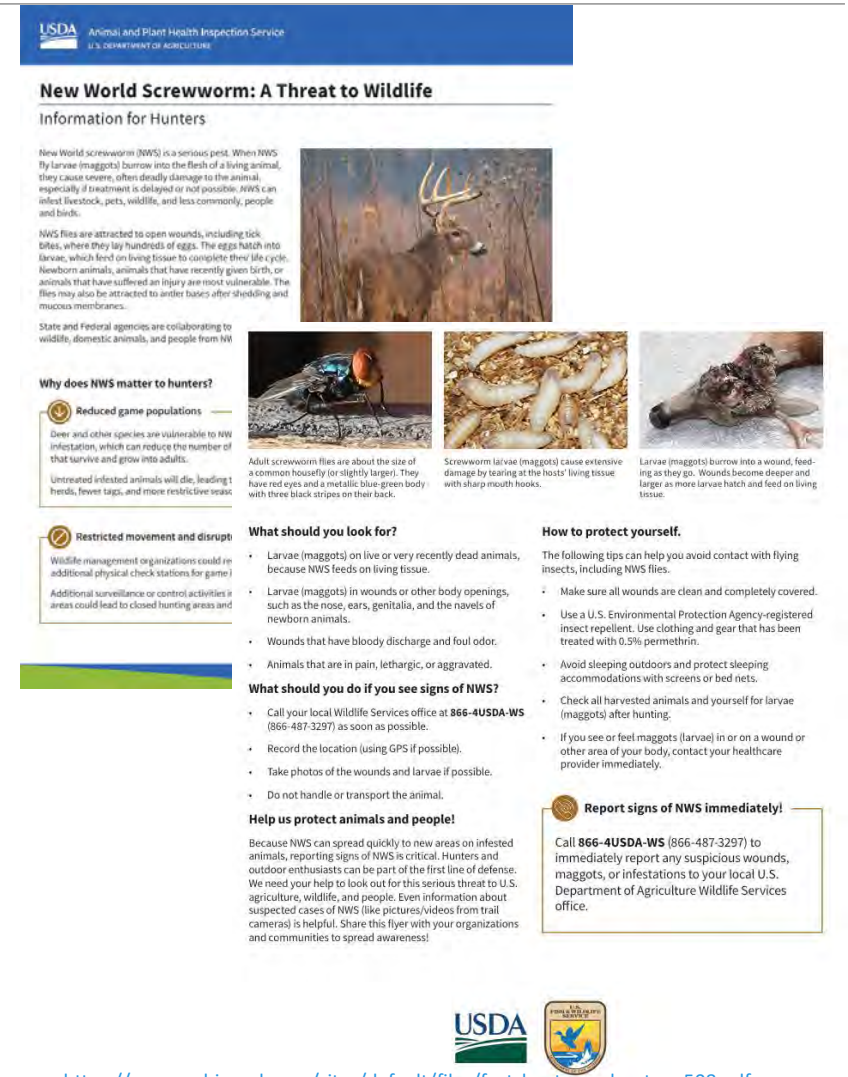
Closeup of an adult New World screwworm fly

Closeup of a New World screwworm larva, showing mouth hooks

Closeup of two New World screwworm larvae
Photos courtesy of USDA

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

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



USDA Animal and Plant Health Inspection Service
U.S. DEPARTMENT OF AGRICULTURE

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 NW

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 t herds, fewer tags, and more restrictive seasc

Restricted movement and disrupt

Wildlife management organizations could re additional physical check stations for game

Additional surveillance or control activities i 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 hosts' 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.

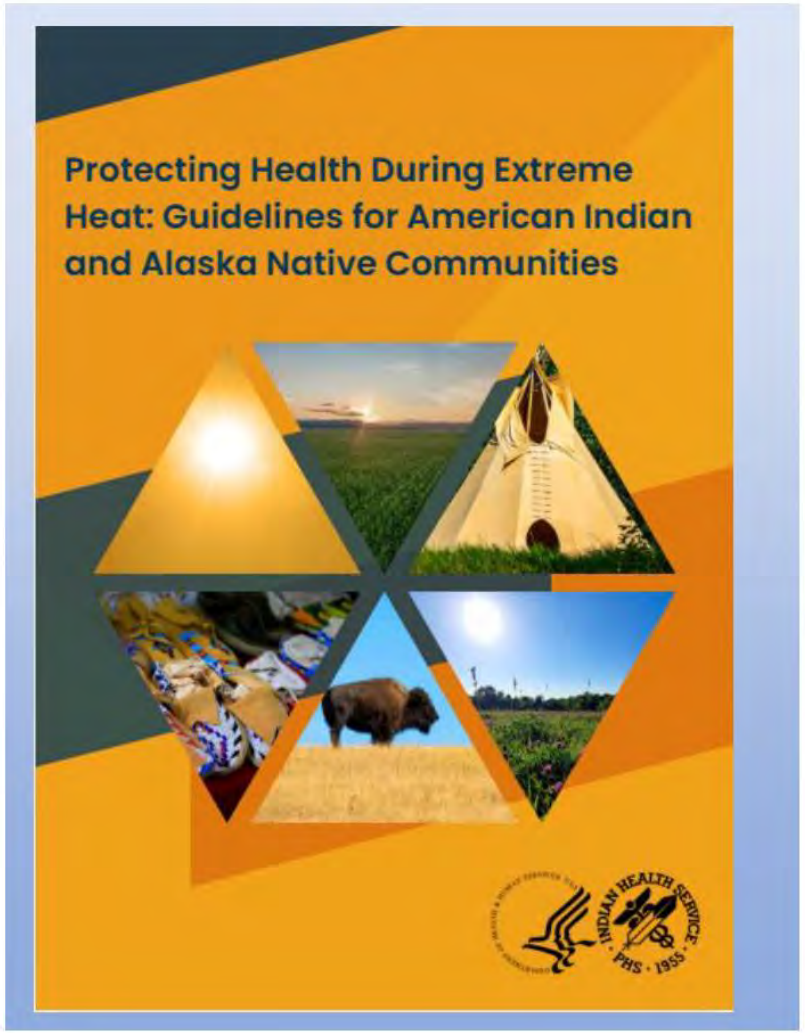
Report signs of NWS immediately!

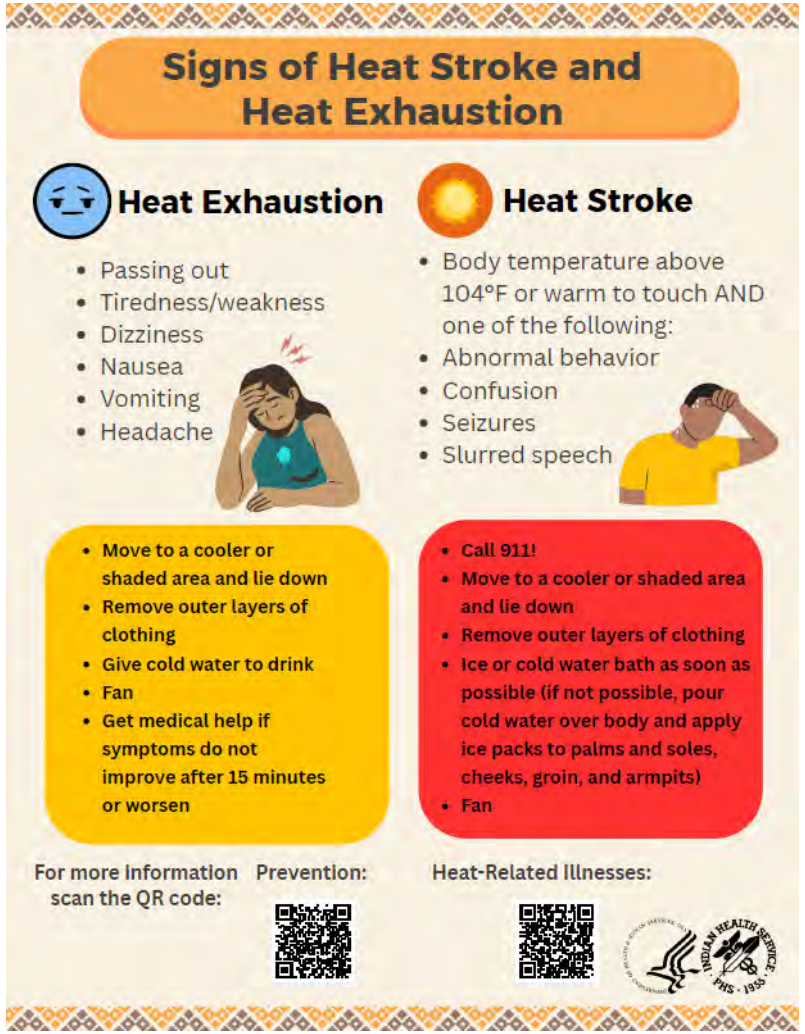
Call **866-4USDA-WS** (866-487-3297) to immediately report any suspicious wounds, maggots, or infestations to your local U.S. Department of Agriculture Wildlife Services office.

USDA

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

Resources for Heat Preparedness





Flyer on Signs of Heat Stroke and Heat Exhaustion

National IHS Public Health Council – Other Materials:

Heat Preparedness Flyer

National Heat Awareness Month Flyer (July)

National Heat Awareness FB Post (July)

Additional Resources:

Heat Exhaustion vs. Heat Stroke Infographic

National Weather Service: Heat Safety for You and Your Family

OSHA: Prevent Heat Illness at Work

California Area IHS: Extreme Heat Toolkit for Tribes

Extreme Heat | Washington State Department of Health

Oregon Health Authority : Extreme Heat : Get Prepared : State of Oregon

Warmer, drier conditions raise risk of summer health hazards | Idaho Department of Health and Welfare

In the News

Bundibugyo Virus Disease (BVD)

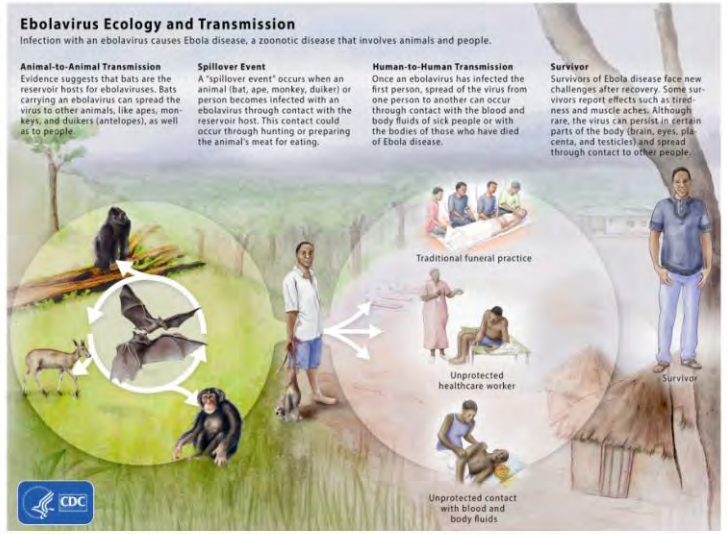
- Ongoing outbreak of Bundibugyo virus, a species of orthoebolaviruses which cause Ebola disease, in the Democratic Republic of the Congo (DRC) and Uganda.
  - As of 7/4, the DRC has reported 1,561 confirmed cases and 506 confirmed deaths (32% case fatality).
  - As of 7/6, Uganda has reported 20 confirmed cases, 1 probable case, 2 confirmed deaths and 1 probable death (14% case fatality).
  - On 6/24, France reported a case of Ebola in a physician who had worked in the DRC with the Alliance for International Medical Action; this person has now recovered and been discharged.
  - One American was previously flown from the DRC to Germany where they were treated and released. High-risk contacts were being monitored during the 21 day incubation period in Germany and the Czech Republic and have been released.

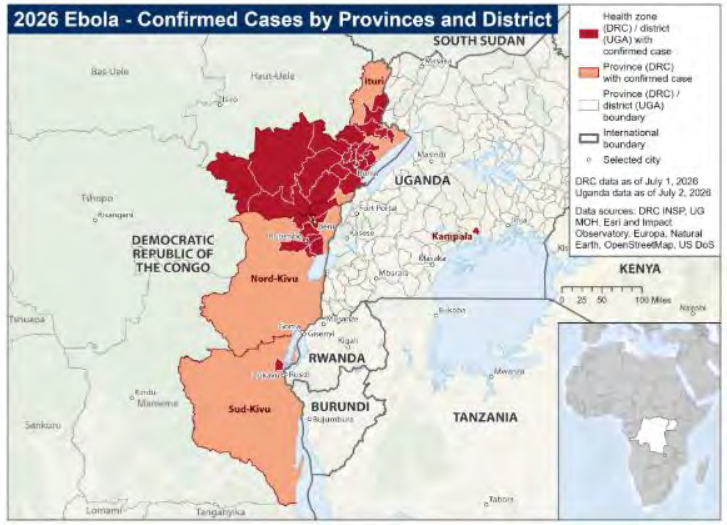
- Impact on Portland Area IHS: USPHS has been deploying officers to Kenya with plan to monitor Americans exposed to Ebola and to provide treatment as needed. 5/28: Court injunction stopping construction of facility in Kenya; next hearing July 23.
  - https://www.nytimes.com/2026/05/26/us/politics/trump-ebola-kenya.html; https://www.nytimes.com/2026/06/02/world/africa/kenya-ebola-us-quarantine-unit-court.html.

- Incubation period: 2-21 days.

- Those returning from Ebola-affected areas should monitor for symptoms for 21 days after leaving the outbreak area. Infected persons cannot transmit ebolaviruses before they are symptomatic.

- Symptoms: Fever, severe fatigue, weakness, headache, myalgias/arthralgias, sore throat followed by decreased appetite, nausea/vomiting, diarrhea, abdominal pain, unexplained bleeding.





CDC. Ebola Disease: Current Situation. Available at: https://www.cdc.gov/ebola/situation-summary/index.html


INDIAN HEALTH SERVICE
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Questions
&
Comments