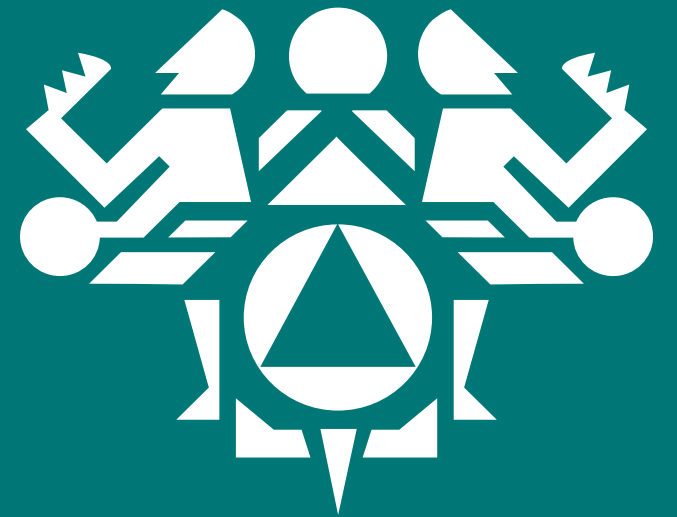


NPAIHB

Weekly Update

August 25, 2026





NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Agenda

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

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

Upcoming Indian Country ECHO Telehealth Opportunities

- **Indian Country General Session**
 - Tuesday, August 25th at 12pm PT
 - Didactic Topic: *Pediatric Cerebral Palsy (CP) presented by Gillette Children's Hospital*
 - To join via Zoom: <https://echo.zoom.us/j/99475693462?pwd=NGlaMjBrNHZkcjBOSXRySHNHMzB4Zz09>
- **Care & Access for Pregnant People ECHO** – 4th Tuesday of every month at 11am PT
 - Tuesday, August 25th at 11am
 - Didactic Topic: *Maternal Mental Health*
 - 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, August 26th at 11am PT
 - Didactic Topic: *Treating HCV in patients with HCC*
 - 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, August 26th at 12pm PT
 - Didactic Topic: *Storytelling Changes Lives: Our Stories as Prevention, Protection and Power*
 - To join via Zoom: <https://echo.zoom.us/j/86327376612?pwd=YVRiY0dxeXV1Ukl2ZE9objU2U2hrZz09>

Upcoming Indian Country ECHO Telehealth Opportunities

- **Opioid Treatment Program (OTP) ECHO** – 4th Wednesday of every month at 3pm PT
 - Wednesday, August 26th at 3pm PT
 - To join via Zoom: <https://echo.zoom.us/j/81911033551?pwd=aRRXX1lGQ8lQLuilA9CV7mBKXb2m4k.1>
- **Dementia Caregiver Support ECHO** – 4th Thursday of every month at 11am PT
 - Thursday, August 27th at 11am PT
 - Didactic Topic: *Dementia and Pain*
 - To join via Zoom: <https://echo.zoom.us/j/99454243940?pwd=NG9aWGUVRTdKSmgwTGllcklmVDRWUT09>
- **Journey to Health ECHO** – 2nd & 4th Thursday of every month at 7am / 12pm PT
 - Thursday, August 27th at 12pm PT
 - Didactic Topic: *Resiliency and Motivational Interviewing*
 - To join via Zoom: <https://echo.zoom.us/j/93413601610?pwd=YVhMN1NUNllyWHZUZk1CUmF0TEY5QT09>

NPAIHB Weekly Update Schedule

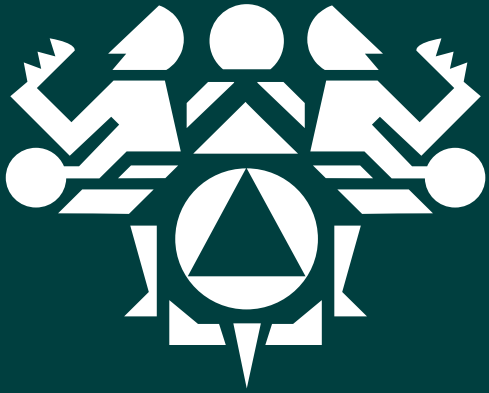
- September 1: State Partner Updates & Communicable Diseases Updates
- September 8: WA Regional Tribal Health Profiles
- September 15: N CREW Research Focus
- September 22: TBD
- September 29: Legislative & Policy Updates



Legislative & Policy Update

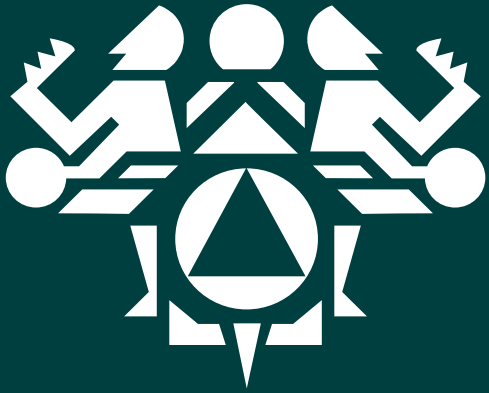
August 25, 2026





Agenda:

- I. Congressional Updates
- II. Federal Updates
- III. Dear Tribal Leader Letters
- IV. Announcements
- V. Regional and National Meetings
- VI. Policy Resources



Congressional Updates

Congressional Updates

Congress is on Recess:

- House will be back in session from August 31, 2026, until September 6, 2026
- Both chambers will be on recess the week of Labor Day, September 7, 2026
- The Senate will be back after September 11, 2026
- Before going on recess, both the Senate and the House passed differing continuing resolutions (CR)
 - The Senate-passed CR would fund the federal government through December 11, 2026
 - Senate CR also delays implementation of recent Office of Management and Budget rule change regarding grant oversight by political appointees and increases Federal Emergency Management Agency (FEMA) funding

Congressional Updates Continued

- 2026 Midterms:
 - Senate: 35 seats up for election including
 - AK, AL, AR, CO, DE, FL, GA, IA, **ID**, IL, KY, KS, LA, MA, ME, MI, MN, MS, MT, NC, NE, NH, NJ, NM, OH, OK, **OR**, RI, SC, SD, TN, TX, VA, WV, WY
 - House: All 435 Congressional Representatives will be up for election
 - Idaho has two Congressional Representatives
 - Oregon has six Congressional Representatives
 - Washington has ten Congressional Representatives
- Elections will take place on **November 3, 2026**, and winners will be sworn in to serve the 120th Congress in January 2027

Director of Indian Health Service (IHS)

- Mark Cruz (Klamath) has been confirmed by the U.S. Senate to be the Director of IHS
 - Mr. Cruz's nomination was confirmed by the Senate on August 7, 2026
 - President Trump signed his commission last week
 - He will remain as the HHS Senior Advisor and Director of IHS
- NIHB NTHC
 - On Monday August 17, 2026, NTHC hosted a Meet and Greet with incoming IHS Director Mark Cruz

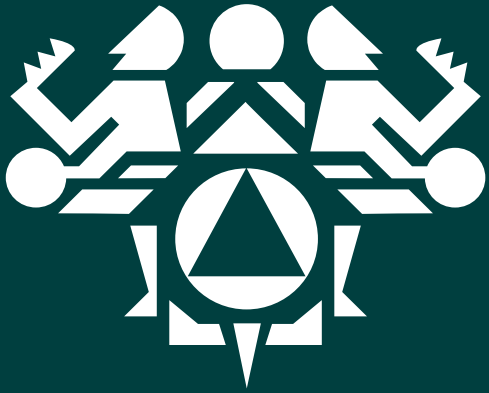


July Hill Visits to Advocate for TTAG & MMPC Priorities

NPAIHB Congressional Visits

- The Northwest Portland Area Indian Health Board was back in Washington, D.C., last to share CMS TTAG priorities with Congressional leaders and engage with Federal partners during the Tribal Self-Governance Advisory Committee meeting.
- Northwest Leaders had the opportunity to share CMS TTAG Medicare and Medicaid priorities with Senator Merkley





Federal Updates

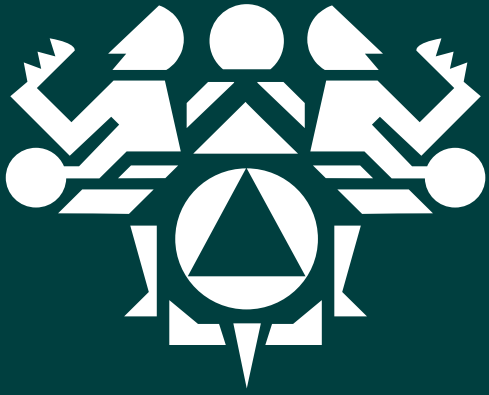
IHS & HHS Leadership visits to Washington July 29-30, 2026

Muckleshoot Indian Tribe



Jamestown S'Klallam Tribe





Dear Tribal Leader Letters (DTLL)

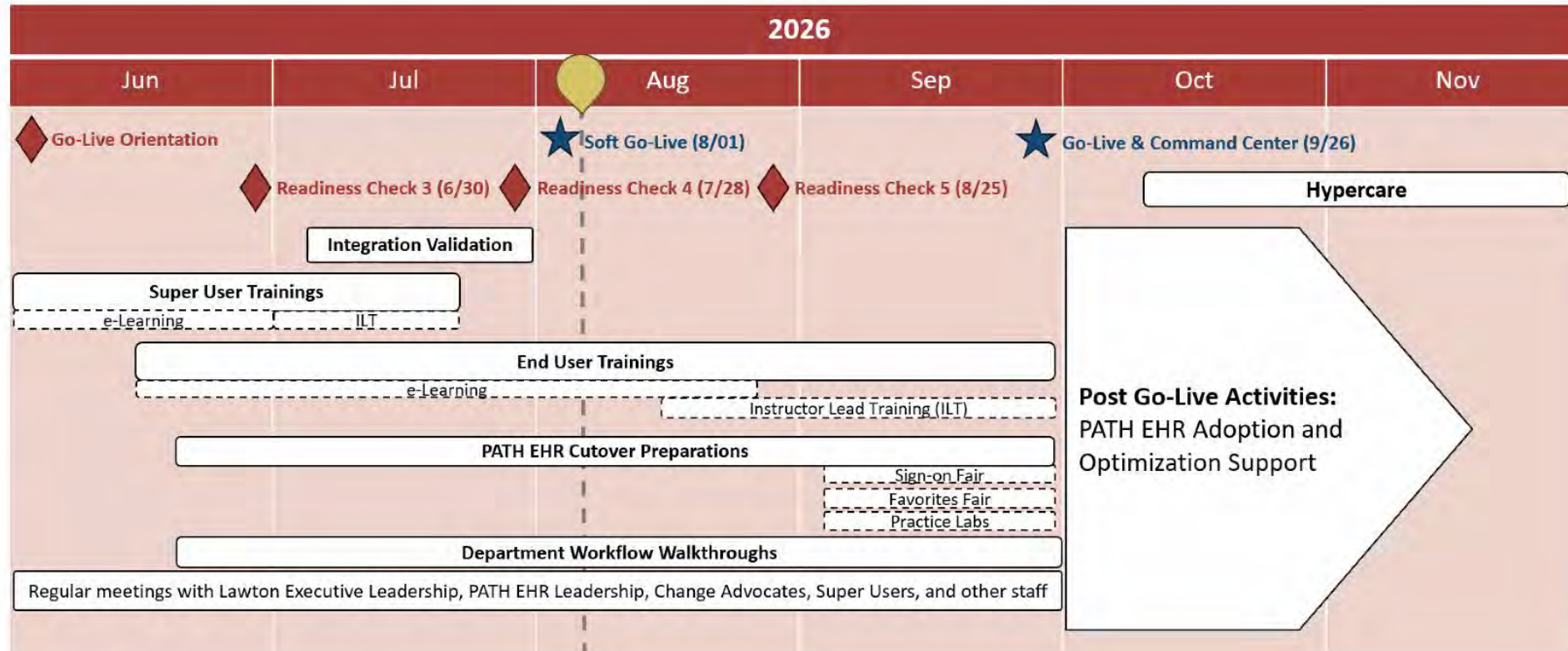
IHS HIT Modernization Consultation

PATH EHR Lawton Timeline

The PATH Team partners with Lawton leaders and staff to track activities needed for Go-Live.

LEGEND:

- ◆ Key Milestone Event
- ▭ Recurring Activity
- ★ Soft Go-Live/Go-Live



Combating Syphilis in AIAN Communities

- On August 19, 2026, the IHS Chief Medical Officer shared updates and resources that may be useful in combatting the syphilis epidemic within American Indian and Alaska Native communities.
 - [IHS Recommended Guidelines for Testing, Treatment, and Prevention](#)
 - [IHS Sexually Transmitted Infection Resources](#)

For questions or comments, please contact Mr. Rick Haverkate, Branch Chief, HIV/HCV/STI, directly by email at richard.haverkate@ihs.gov.

Indian Child Protection and Family Violence Prevention Act

On July 28, 2026, the IHS Chief of Staff wrote to Tribal Leaders to announce the availability of an Agency developed educational video to help Tribes and Tribal Organizations implement and document compliance with the Indian Child Protection and Family Violence Prevention Act

- Training video: [https://youtu.be/cq9v1U6bTQw.](https://youtu.be/cq9v1U6bTQw)
- Fact sheet: <https://www.ihs.gov/selfgovernance/resources/>

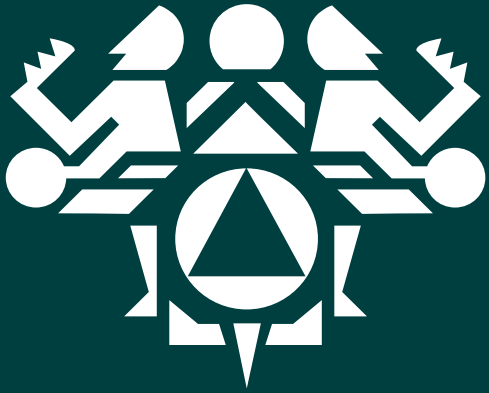
Special Diabetes Program for Indians

- On July 13, 2026, the IHS Chief of Staff wrote to Tribal Leaders and Urban Indian Organization Leaders to initiate Tribal Consultation and Urban Confer to request feedback and recommendations regarding the use of approximately \$70 million in Special Diabetes Program for Indians funding available for diabetes treatment and prevention activities.
- Written Comments and Recommendations were due on August 12, 2026.
- NPAIHB distributed a template comment letter for Tribes and submitted a comment letter.

IHS Scholarship Program (SP) in academic year 2027-2028 and the IHS Loan Repayment Program (LRP) in fiscal year (FY) 2027

On July 9, 2026, IHS Division of Health Professions Support reached out seeking assistance to identifying Priority Health Professions to be included in the IHS Scholarship Program (SP) in academic year 2027-2028 and the IHS Loan Repayment Program (LRP) in fiscal year (FY) 2027.

The deadline for comments was on August 3, 2026.



Announcements

NIHB 2026 National Tribal Health Conference

- HHS Senior Advisor and IHS Director, Mark Cruz
- HRSA Administrator Thomas Engels
- Northwest Speakers:
 - Summer Hammons (Tulalip)
 - Brenda Meade (Coquille)
 - Kelly Rowe (Grand Ronde)
 - Sarah Sullivan (Swinomish)
 - Angie Wilson (Klamath)





Northwest Represents!

National Indian Health Board
National Tribal Health
Conference

Chandler, AZ – August 16-20

Tribal Youth Delegate 2026 -2027 Application



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Calling all Northwest Tribal Youth

Applications are officially open for the Northwest Portland Area Indian Health Board (NPAIHB) Tribal Youth Delegate (TYD) Program 2026-2027!
<https://heyor.ca/Va4WmF>

The NPAIHB TYD program is designed to equip Northwest Tribal Youth with foundational leadership skills and holistic health knowledge, empowering them to grow as health advocates.

You should apply if you are a:

- Tribal Member and/or descendant of one of NPAIHB's 43 Member Tribes in Idaho, Oregon, or Washington
- 16-24 years old, as of September 2026
- Interested in expanding your knowledge into the development, advocacy, and implementation of Indian health legislation, regulations, policies and programs

Apply online to be a NPAIHB TYD for 2026-2027

NPAIHB TYD Application link: <https://heyor.ca/PEs61O>

Applications close September 1, 2026 Learn more about the NPAIHB TYD Program: <https://heyor.ca/Va4WmF>

Contact: Hilary Edwards, NPAIHB Director of Legal and Government Affairs, at hedwards@npaihb.org

Learn More: <https://heyor.ca/Va4WmF>

Apply Online: <https://heyor.ca/PEs61O>

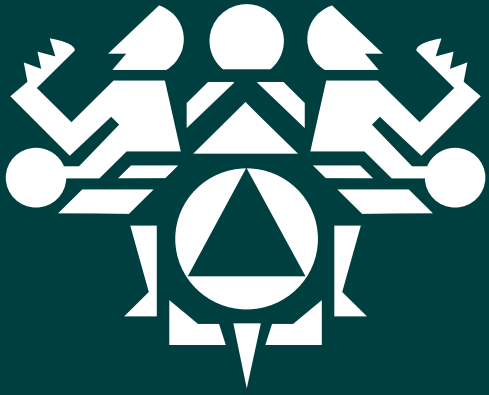
Applications close September 1, 2026

Contact:

Hilary Edwards

Director of Legal & Government Affairs

hedwards@npaihb.org



Regional & National Meetings



Regional & National Meetings

2026 Affiliated Tribes of Northwest Indians (ATNI)

- September 14-17, 2026
- Hosted by the Snoqualmie Tribe at Snoqualmie Casino & Hotel, Snoqualmie, WA

2026 National Congress of American Indians Tribal Impact Days

- September 15-17, 2026
- Washington DC

National Congress of American Indians (NCAI) Annual Convention

- October 19-22, 2026
- Palm Springs, CA

NPAIHB Quarterly Board Meeting

- October 26-29, 2026
- Hosted by the Snoqualmie Tribe at Snoqualmie Casino & Hotel, Snoqualmie, WA

Contact Us



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Pakak Sophie Boerner

Health Policy Specialist

(Iñupiaq, Native Village of Kiana)

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Email policy at: policy@npaihb.org

Portland Area IHS

Communicable Diseases Update

TARA PERTI, MD, MPH
MEDICAL EPIDEMIOLOGIST
OFFICE, PORTLAND AREA IHS
August 25, 2026



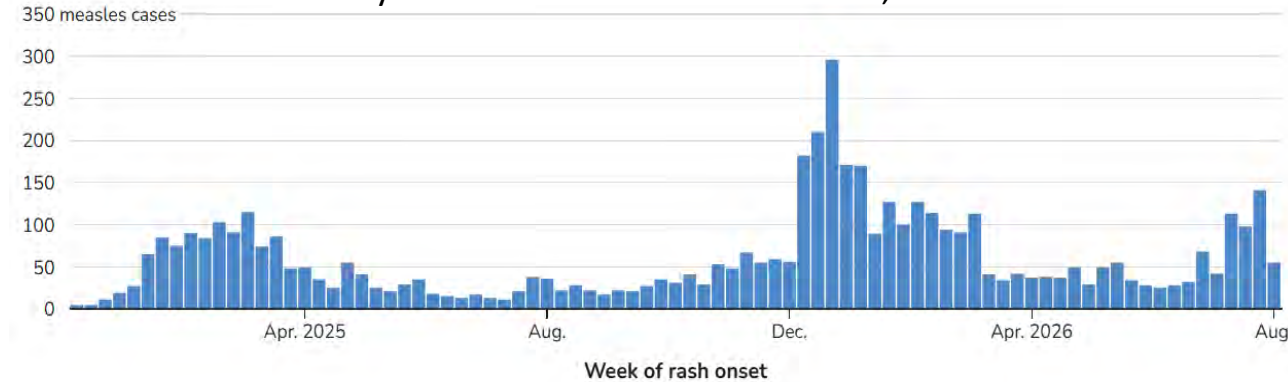
Outline

- Measles
- COVID-19

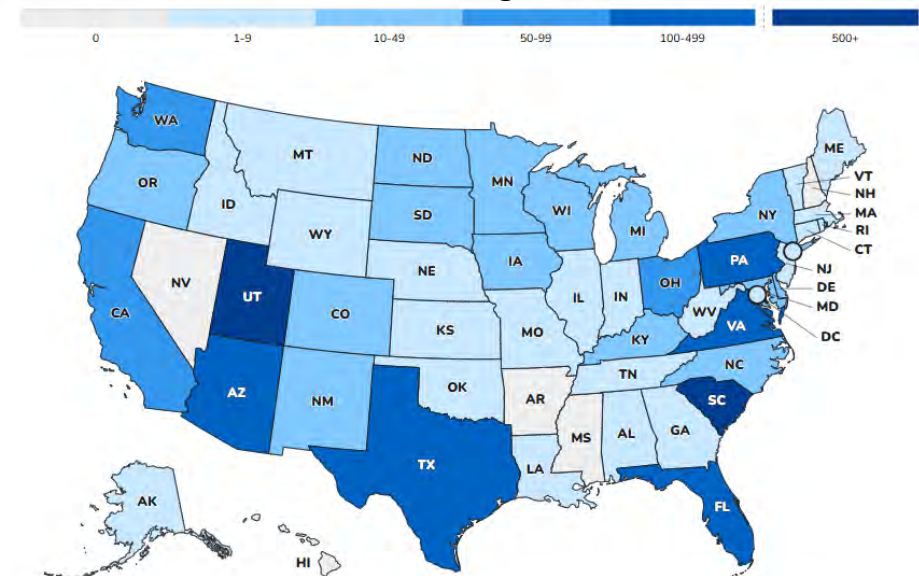
Measles — United States, 2026

- 2,777 confirmed cases during 2026 as of 8/20, exceeding the total number of cases during 2025 (n=2,289).
- Cases in U.S. residents among 47 jurisdictions.
- 94% of cases are outbreak-associated (≥ 3 related cases).
- Age: 19% <5 years-old, 47% 5-19 years-old, 34% ≥ 20 years-old.
- 7% hospitalized overall (during 2025, 11% hospitalized, with 18% of those <5 years-old hospitalized).
- Two deaths reported in Pennsylvania among unvaccinated individuals (during 2025, 3 deaths among unvaccinated individuals, including 2 healthy school-aged children).
- 94% unvaccinated or with unknown vaccination status, 3% one MMR dose, 3% two MMR doses.

Weekly Measles Cases — United States, 2025-26



Measles Cases Among U.S. Residents, 2026



Measles — Washington, 2026 (N=55)

Current outbreak

- **Clark County:** 10 unvaccinated children with measles reported since July 22 (18 cases this year to date). The case reported on 7/22 had an unknown source of exposure.
 - Recent possible public exposure location:
 - 8/7 (2-6:30 PM): AFC Urgent Care Camas, Vancouver. Anyone at this location should monitor for symptoms through 8/28. For more information: <https://clark.wa.gov/public-health/public-health-investigating-confirmed-measles-case-clark-county-child>

Cases to date this year in Washington: 55

- ❖ 98% of cases unvaccinated or with unknown vaccination status.
- ❖ Four people (7%) have been hospitalized.

Measles — Oregon, 2026 (N=46)

- Cases this year have occurred at least in Clackamas, Multnomah, Marion, and Linn Counties, with an **ongoing outbreak involving non-household contacts in Clackamas and Multnomah counties**.
- Recent possible public exposure locations in Multnomah and Clackamas Counties:
 - 8/17: Kaiser Permanente Sunnyside Medical Center
 - Anyone at this location should monitor for symptoms through 9/7. For more information: <https://www.oregon.gov/oha/ERD/Pages/Kaiser-Permanente-Sunnyside-Medical-Center-is-latest-measles-exposure-location-08.19.2026.aspx>
 - 8/8: Legacy Mount Hood Medical Center ER, Gresham
 - Anyone at this location should monitor for symptoms through 8/29. For more information: <https://www.oregon.gov/oha/ERD/Pages/Legacy-Mount-Hood-Medical-Center-is-latest-measles-exposure-location-08.11.2026.aspx>
 - 8/6: Kaiser Permanente Mt. Scott Medical Office, 9800 SE Sunnyside Rd., Clackamas
 - Anyone at this location should monitor for symptoms through 8/27. For more information: <https://www.oregon.gov/oha/ERD/Pages/Clackamas-medical-office-is-latest-measles-exposure-location-08.07.2026.aspx>
 - 8/3, 8/5: Randall Children's Hospital ED, Portland
 - Anyone at this location should monitor for symptoms through 8/26. For more information: <https://www.oregon.gov/oha/ERD/Pages/Randall-Childrens-Hospital-is-latest-measles-exposure-location-08.06.2026.aspx>
- Measles virus was detected in wastewater during the 6-week period from 7/5/26-8/15/26 in the following counties:
 - Klamath, Multnomah, Clackamas, Josephine, Polk, Marion, Washington, Lincoln, Umatilla, Lane, Jackson, and Douglas Counties.
- Two people (4%) with measles have been hospitalized this year in Oregon.
- 93% of people with measles in Oregon were unvaccinated or with unknown vaccination status.

Measles — Portland Area, 2025-26

Location (State/County)	Number of Cases		Additional Cases (e.g. Among Travelers)
	2025 (N=26)	2026 (N=111)	
Washington	Total: 12	Total: 55	9 additional cases among travelers to Washington (King and Snohomish Counties) in 2025. 2 travelers in 2026 (King).
Clark		18	
Snohomish	2	14	
Kittitas		7	
Walla Walla		7	
Stevens		3	
King	7	3	
Grant		2	
Spokane	1	1	
Whatcom	2		
Oregon	Total: 1	Total: 46	
Idaho	Total: 14	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)	1	2	
Kootenai (Panhandle Health District)	1	1	
Teton (Eastern Idaho Public Health)		1	
Boundary (Panhandle Health District)	6		
Bonneville (Eastern Idaho Public Health)	5		
Bonner (Panhandle Health District)	1		

MMR Vaccine Coverage Among Kindergartners – Washington, Oregon, Idaho and the United States, 2025-26

	2 MMR Doses	Exemption from ≥ 1 vaccine	
Washington	90.6%	5.3%	
Oregon	89.6%	11.0%**	Vaccine Effectiveness: 1 dose: 93% 2 doses: 97%
Idaho	75.2%*	17.5%**	
National	92.4%	4.2%	

$\geq 95\%$ coverage is needed to prevent outbreaks in communities!

MMR Vaccine Coverage in the Portland Area is below the national median (91.5%).

* Idaho has the lowest MMR vaccine coverage rate among all states in the U.S.

** Idaho and Oregon have the highest and 3rd highest exemption rates in the country.

MMR Vaccination Rates by IHS Area, June 30, 2026

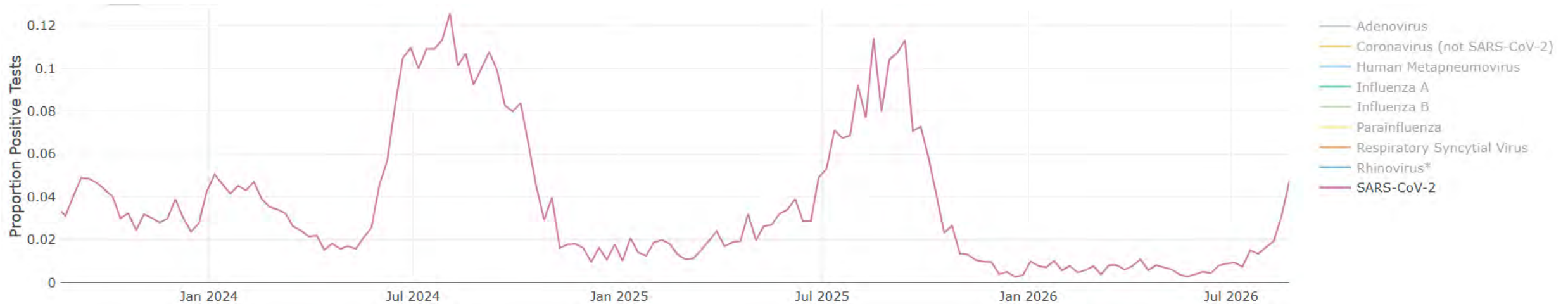
	19-35 months % Vaccinated with 1 dose of MMR		13-17 years % Vaccinated with 2 doses of MMR	
	March 31	June 30	March 31	June 30
National	80.8	81.9	86.2	92.9
Alaska	85.1	84.3	75.2	97.0
Albuquerque	82.0	82.2	95.3	95.1
Bemidji	69.7	75.3	63.5	62.7
Billings	79.8	73.6	77.2	90.8
California	62.9	63.6	59.7	79.0
Great Plains	83.2	89.0	97.9	97.4
Nashville	59.1	75.1	86.2	90.7
Navajo	91.4	95.4	96.2	98.0
Oklahoma	73.8	73.1	91.9	90.7
Phoenix	75.7	78.6	96.7	94.5
Portland*	80.1	81.6	91.6	98.2
Tucson	85.6	85.9	98.0	98.1

*As of 8/17/26. Based on 9 reporting facilities in March and 7 reporting facilities in June.
 IHS National Immunization Reporting System Reports. Available at: <https://www.ihs.gov/nonmedicalprograms/ihpes/immunizations/index.cfm?module=immunizations&option=reports>

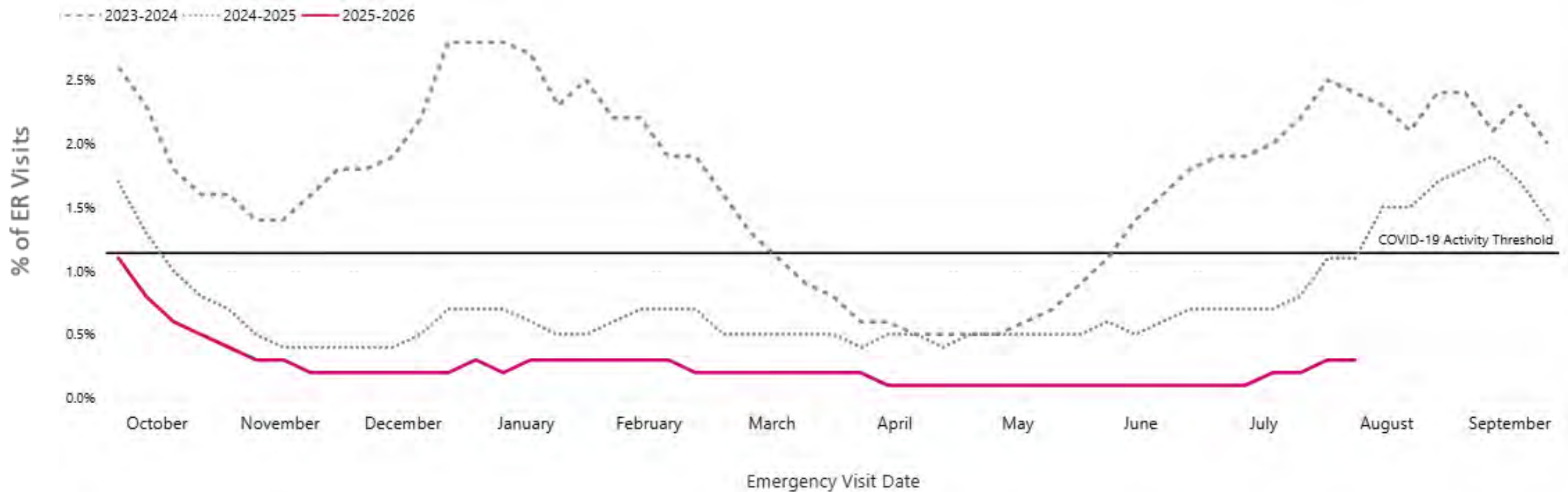
Percent of Tests Positive for COVID-19 — United States, Week Ending 8/15/26*



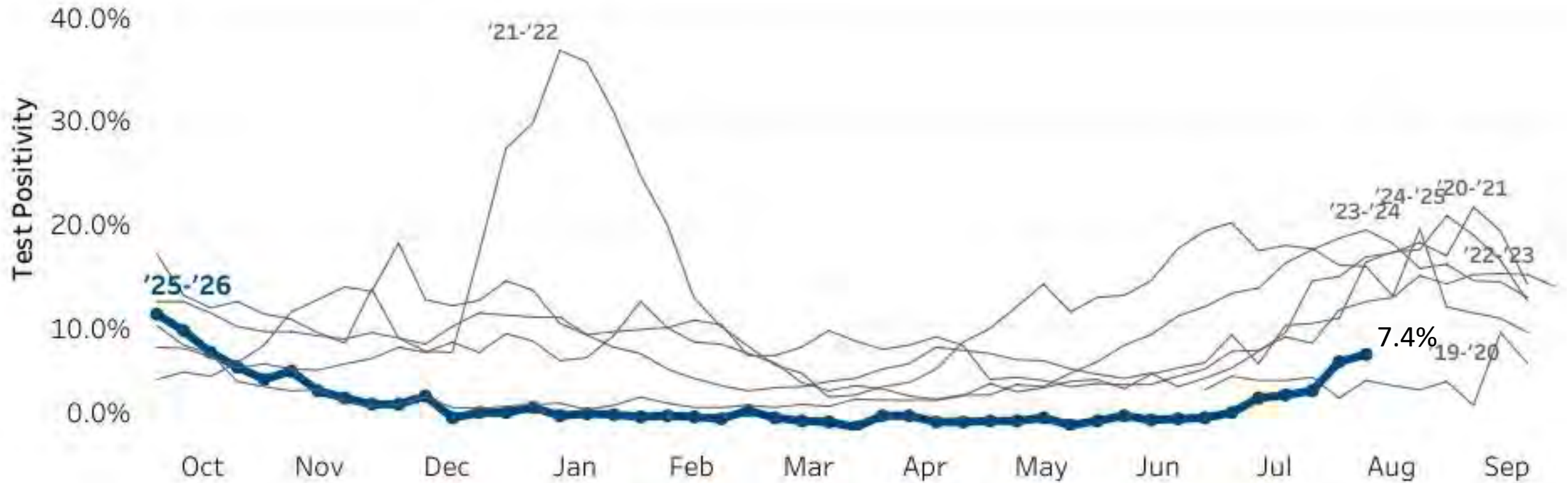
Proportion of Tests Positive for COVID-19 — University of Washington and Seattle Children's Hospital, 2025-26 (through 8/22)



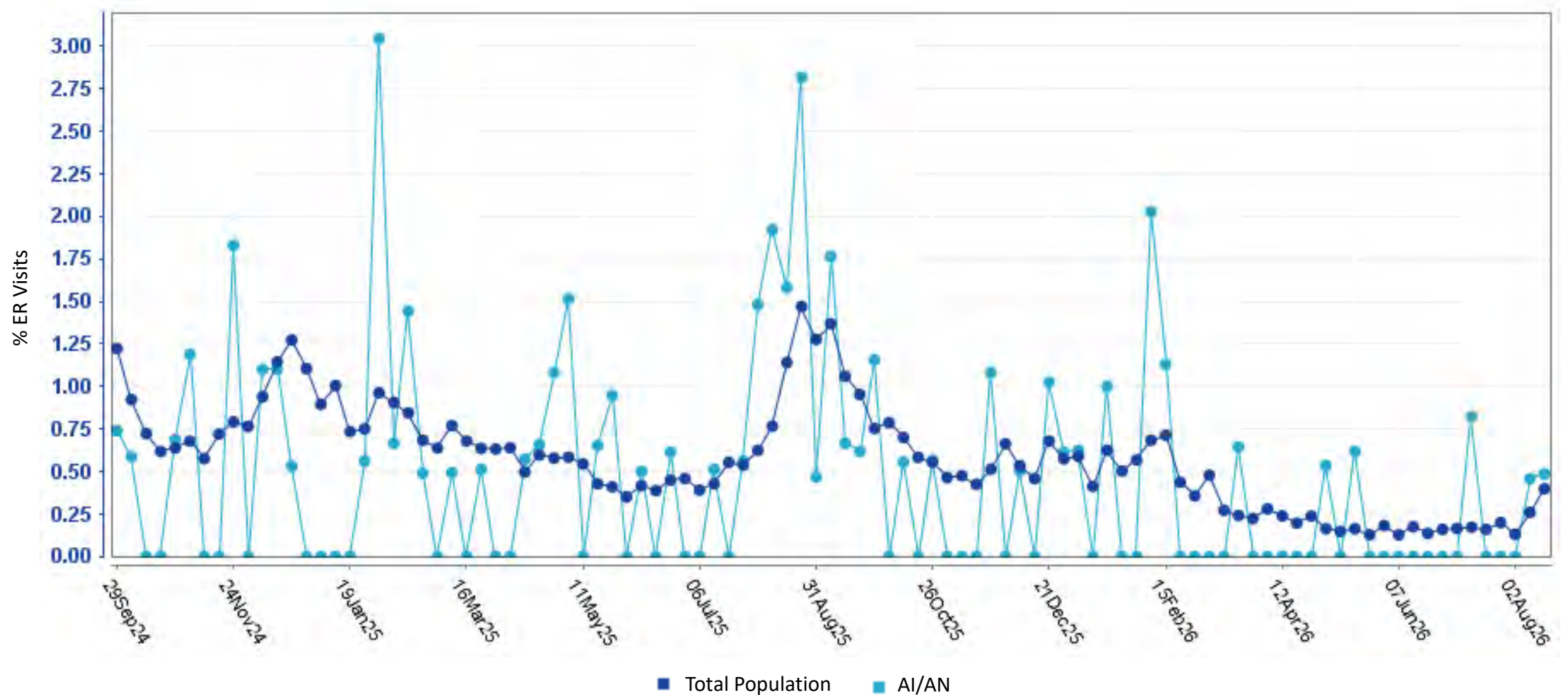
Percent of Emergency Room Visits for COVID-19 by Facility Location — Washington, 2023-26 (through 8/15/26)



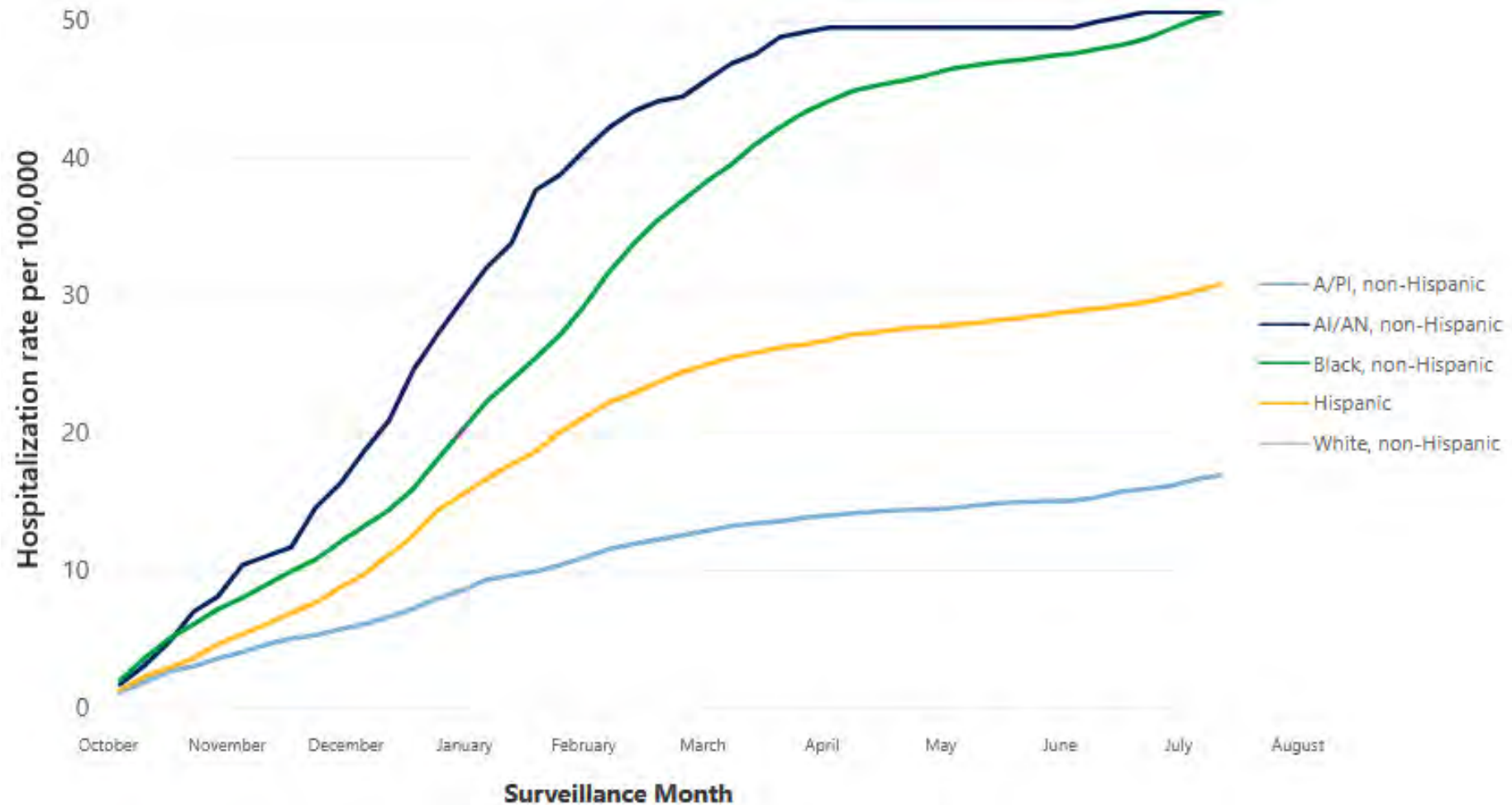
Percent of Tests Positive for COVID-19 — Oregon, 2025-26 (through 8/15/26)



% Weekly COVID-19 ER Visits by Facility Location, Total Population vs. AI/AN — Idaho, 2024-26 (through 8/22/26)



Cumulative Age-adjusted COVID-19 Hospitalization Rates by Race/Ethnicity — United States, 2025-26



Inpatient Case Fatality Rates Among AI/AN vs. NHW Adults — United States, February 1, 2020-January 31, 2022

21 health systems across the U.S. including AI/AN (N=546) and NHW (78,128) inpatients

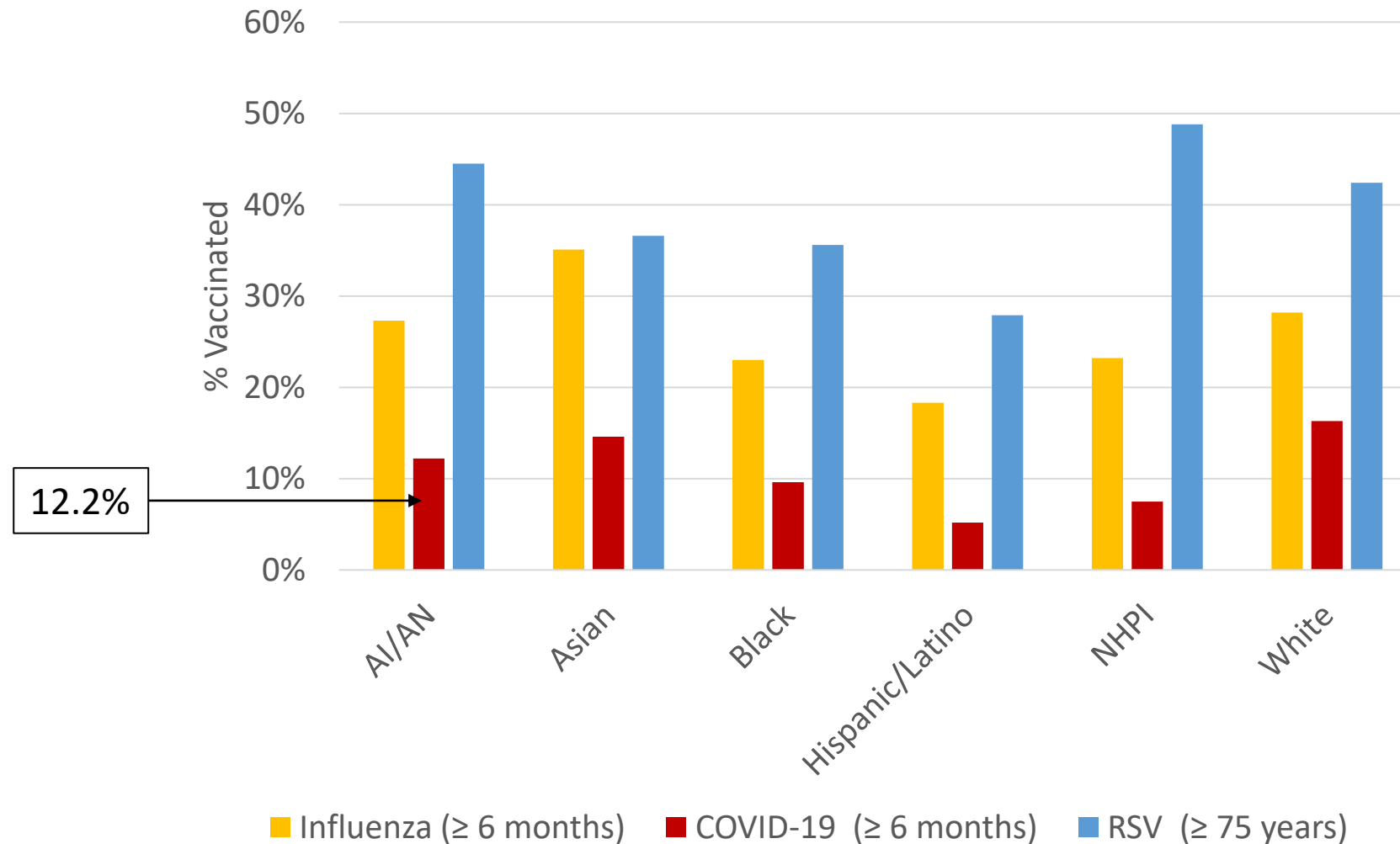
Mean age at death: AI/AN 64.5 vs. NHW 73.9 (P<0.001)

Analysis with AI/AN (N=546) and matched (age, sex, region, month/year of hospitalization) NHW (N=2645):

Case fatality for AI/AN vs. NHW inpatients: 13.2% vs. 7.1%, OR: 1.98 (95% CI, 1.48-2.65)

Adjusted for medical comorbidities, OR 1.82 (95% CI, 1.35-2.46)

Percent of People Vaccinated for Influenza, COVID-19 and RSV by Race/Ethnicity — Washington State , 2025-26 (through 6/29/26)



Summary

- 2,777 confirmed cases of measles in the U.S. during 2026 as of 8/20, exceeding the total number of cases during 2025 (n=2,289); the number of weekly cases has been rising since mid-July.
- Two deaths due to measles in the U.S. during 2026 and three deaths during 2025 among unvaccinated individuals.
- 94% of cases unvaccinated or with unknown vaccination status.
- Portland Area: Washington: 55 cases (current outbreak in Clark County); Oregon: 46 cases (current outbreak in Multnomah and Clackamas Counties), Idaho: 10 cases (stable).
- $\geq 95\%$ vaccine coverage is needed to prevent measles outbreaks in communities.
- In 2025-26, MMR coverage among kindergartners continued to decline. Nationally: 92.4%, Washington: 90.6%, Oregon: 89.6%, and Idaho: 75.2%. Idaho and Oregon have the highest and 3rd highest exemption rates in the country.
- Increasing COVID-19 activity in Oregon, Washington, and Idaho (test positivity and % of ER visits), though levels are currently lower than last year.
- AI/AN have a higher risk of more severe disease due to COVID-19 but vaccination coverage has significantly dropped (for WA, as of 6/29/26: 12.2% had received at least one 2025-26 vaccine).

Recommendations: COVID-19

- Updated COVID-19 vaccination decreases risk of ER visits and hospitalizations; recommend ensuring patients are up to date during summer surge. Prepare for increasing cases of COVID-19, ensuring adequate supplies of test kits and PPE.

Recommendations from the American Academy of Pediatrics	
Age	Indication
6-23 months	Everyone without contraindications (due to high risk for severe COVID-19)
2-18 years	- High-risk for severe COVID-19 - Residents of long-term care facilities or other congregate settings - Never been vaccinated against COVID-19 - Household contacts at high risk for severe COVID-19 - Parent/guardian desires their protection against COVID-19

Additional Recommendations from the American Academy of Family Physicians	
Group	Indication
≥ 18 years	All adults. Especially important for those: ≥ 65 years-old, with 2nd dose recommended 6 months later (minimum interval 2 months) - At increased risk for severe COVID-19 infection - Never received a COVID-19 vaccine.
Pregnant women	Recommended for pregnant women during any trimester and during lactation.

COVID-19: Outpatient Treatment of Mild-Moderate Infection and Post-Exposure Prophylaxis

- Consider **treatment of mild-moderate infection** (O2 Sat $\geq$ 94% on RA) for patients with risk factors for more severe disease:
 - **Paxlovid** (nirmatrelvir/ritonavir), dosed according to eGFR (if $\geq$ 60 ml/min: nirmatrelvir (two 150 mg tablets) + ritonavir (one 100 mg tablet) twice daily X 5 days). Check for drug interactions ([Liverpool COVID-19 Interactions](#)). Start within 5 days of symptom onset.
 - Decreased risk of hospitalization, RR 0.17 (95% CI, 0.10-0.31) and shortened duration of symptoms (median time to resolution 16 days vs. 19 days).
 - **Remdesivir** 200 mg IV X 1 followed by 100 mg IV daily for 2 days. Use if drug interactions prevent use of Paxlovid. Start within 7 days of symptom onset.
 - Decreased risk of hospitalization, RR 0.28 (95% CI, 0.10-0.75) and COVID-19 related medical visits, RR 0.19 (95% CI, 0.07-0.56).
- Consider **post-exposure prophylaxis** for contacts at increased risk:
 - **Ensirelvir (Xocova)**: Three 125 mg tablets on day 1, one 125 mg daily on day 2-5.
 - RCT of ensitrelvir vs. placebo, provided to household contacts ($\geq$ 12 years old) of a patient with COVID-19 (given within 72 hours after symptom onset of case; tested negative COVID-19).
 - Confirmed COVID-19 with at least one symptom for $\geq$ 48 hours [2.9% vs. 9.0%; RR: 0.33 (95% CI, 0.22-0.49)]
 - Check for drug interactions ([Liverpool COVID-19 Interactions](#)) before prescribing.

Recommendations: Measles

- 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](#)

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](#)

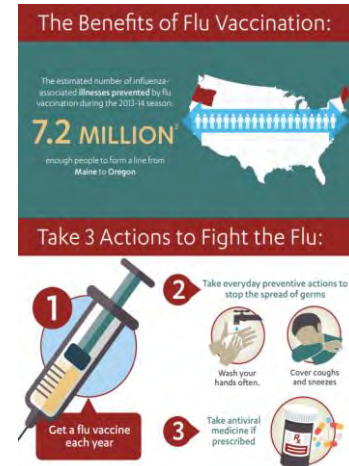
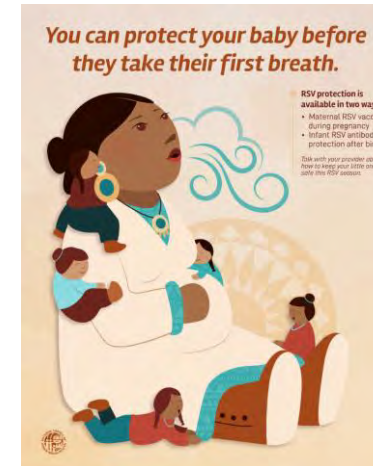
Personal Testimonies: [Families Fighting Flu: Our Stories](#)

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)



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 Elders and our culture. We have to protect our people. And vaccines do help with that. Even if your body is strong and healthy, it's still important to get vaccinated.”

— Lana 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.



Vaccination information for Natives by Natives

Vaccines When You Are Pregnant or Breast/Chestfeeding



Pregnancy and parenthood are sacred times when we make plans to care for ourselves and our babies. Part of this preparation includes keeping up to date on our vaccines.

While getting vaccinated is always something to discuss with your health provider, there are some important things to consider if you are pregnant or breast/chestfeeding.

How Vaccines Work

Within our bodies, each of us has warrior cells that stand guard and attack diseases. Vaccines help our warrior cells see and fight disease. For example, when we get the flu shot, the ingredients in the shot tell our warrior cells how to recognize and fight the flu. That's 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.



Vaccination information for Natives by Natives

COVID-19 Vaccine

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, Napaepahli, Doctor, Dine

How to Protect Yourself

To be fully vaccinated against COVID-19, you need to complete the vaccine series and get boosted. For most people, the vaccine series consists of two shots. You get the first shot, then the second one about 25 days later. Five months after completing the vaccine series, you get boosted. We may also need additional boosters after that. Why? Booster shots contain the most up-to-date instructions for fighting against the latest versions of COVID-19.

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's 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
- Fatigue
- Muscle aches
- Headaches
- Shortness of breath
- Congestion
- Sore throat

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.



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Protecting Your Kids from Respiratory Illnesses

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

Who Should Get Vaccinated

Whooping Cough (pertussis)	Babies 2 mos., 4 mos., and 6 mos. AND kids 4 yrs. and 6 yrs. old
Pneumonia	Babies 2 mos., 4 mos., and 6 mos. AND kids 2 yrs. and 4 yrs. old
RSV	Babies less than 6 mos. old AND kids 6 yrs. and older
COVID-19	Everyone 6 mos. and older every year

Why Buggy Buddies?

COVID-19 and flu are quickly changing their tricks. We need updated vaccines, so our bodies know how to fight these diseases.

Vaccines are Safe

Science and studies are clear. People are more likely to get sick by ignoring their bodies than by getting vaccinated to stay healthy.

Don't Have Regrets

Thousands of kids are getting vaccinated every year. Missing vaccines puts your child's health at risk for serious illnesses.

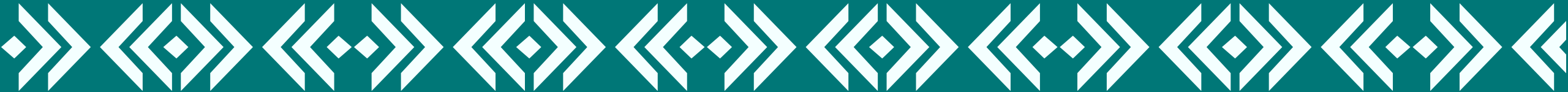
Learn more

www.IndianCountryEcho.org/NativeBoost



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





Questions & Comments