NPAIHB Weekly Update

September 1, 2026

NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Agenda

- Welcome & Introduction: Bridget Canniff
- NPAIHB Announcements, Events, & Resources
- Communicable Diseases Updates:
  Dr. Tara Perti, PAIHS & Kacey Little, NPAIHB
- Questions & Comments

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

Upcoming Indian Country ECHO Telehealth Opportunities

- **Harm Reduction ECHO** – 1st Tuesday of every month at 12pm PT
  - Tuesday, September 1st 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, September 1st at 5pm PT
  - Didactic Topic: *Drowning and Cold-Water Immersion*
  - To Join via Zoom: https://echo.zoom.us/j/84832881641?pwd=SXllNlpJa0Vta1R1c28xcUh5V1dlUT09

- **Hepatitis C ECHO** – 1st, 3rd & 4th Wednesday of every month at 11am PT
  - Wednesday, September 2nd at 11am PT
  - Didactic Topic: *HCV Screening and Treatment for Pediatrics and Pregnancy*
  - To join via Zoom: https://echo.zoom.us/j/537117924?pwd=OEExbERmK2pSUFFsMzV1SmVpb3g3dz09

- **Substance Use Disorder (SUD) ECHO** – 1st Thursday of every month at 11am PT
  - Thursday, September 3rd at 11am PT
  - Didactic Topic: *Improving Access to Evidence-Based Psychotherapies: The MyBrief CBT for Depression Program*
  - To join via Zoom: https://echo.zoom.us/j/806554798?pwd=WVQyUFJnYkR3SXBjcUdIemRnNmZ6Zz09

Tribal Youth Delegate 2026 -2027 Application

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

Get ready for Season 9 of the Healthy Native Youth Community of Practice!

Register at: healthynativeyouth.npaihb.org/community-of-practice

September 9: Community Mapping: Identify Stakeholders & Advocates

October 14: Tap into Community Needs

November 4: Native It's Your Game 2.0 (NIYG)

December 9: Winter Storytelling: Being a Good Relative

It's back-to-school for HNY! 🤓

Text
"RECOVERY"
to
65664

September 1

International Overdose Awareness Day

Tribal Opioid
RESPONSE
Healing our Nations Together

NPAIHB Weekly Update Schedule

- September 8: Environmental Public Health Updates
- September 15: N CREW Research Focus
- September 22: WA Regional Tribal Health Profiles
- September 29: Legislative & Policy Updates

Washington State Department of HEALTH

WA DOH Office of Tribal Public Health & Relations

@WaDeptHealth

Tuesday, September 01, 2026
NPAIHB Weekly Update

NPAIHB
Indian Leadership for Indian Health

Agenda

Vaccine Updates- Jessica Haag

DOH Tribal Office Reminders – Rosalinda Fivekiller

Office of Immunization

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

August 2026 WA DOH Tribal Immunization Newsletter

Available to view on [PartnerHub]

Newsletter Topics:

- Review Request: WA State Immunization Roadmap Draft – survey link closes 9/7/26
- Updated OI Organizational Chart & Resource List
- New Flyer for Health Care Providers Serving American Indian & Alaska Native Children
- Webinars
  - Vaccine Training for Medical Assistants - FREE e-Course!
  - 2026-2027 Respiratory Season Vaccine Updates Webinar
  - On the Front Lines of Trust – Vaccine Conversations for Perinatal Health Staff
- American Indian & Alaska Native Resources
  - American Indian Health Commission (AIHC)
  - National Council of Urban Indian Health (NCUIH)
  - Northwest Portland Area Indian Health Board (NPAIHB)
- Vaccine Management Program Updates
  - NEW Respiratory Vaccine Provider Feedback Form Available Now
  - Expected Fall Vaccine Ordering Timeline
  - CVP Respiratory Product Ordering
  - Placing Vaccine Orders
  - NEW CVP Respiratory Season Resources Webpage
  - Distribution Plan for Respiratory Immunization Products Now Available
  - Wildfire Impact: Program Support & Vaccine Loss
- 2026-2027 Contract Update
- 2 New Pregnancy & Immunization Newsletters

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.

August 2026 Updates

Review Request: WA State Immunization Roadmap Draft

We are delighted to share the first draft of the Washington State Immunization Roadmap, a four-year strategic framework for increasing childhood immunization rates throughout our state. This roadmap was informed by several governmental, Tribal, organizational, and community partners.

We would appreciate if you could review the draft and share your feedback through the survey found here:

The survey will be open through September 7th.

Your feedback is critical to ensuring this framework reflects the realities, priorities, and expertise of our partners.

We are interested in understanding:

- Whether the proposed priorities, goals and objectives are the right ones.
- Whether the recommended actions are practical and achievable.
- What important strategies may be missing.
- Where you believe we should focus our efforts and resources.

We will use what we learn through the survey to inform the final draft. If you have any questions, please contact Melissa Couture at Melissa.Couture@doh.wa.gov.

Thank you for your support and commitment to immunization across WA state!

Updated OI Organizational Chart & Resource List

Check out the updated OI-Org-Chart_08.20.2026 and the list of commonly asked for WA DOH Office Immunization Resources List_8.20.2026.pdf on PartnerHub!

New Flyer for Health Care Providers Serving American Indian & Alaska Native Children

Haemophilus influenzae type b (Hib) disease is a serious bacterial infection and respiratory syncytial virus (RSV) causes illness that disproportionately affects and hospitalizes American Indian and Alaska Native (AI/AN) children.

Important Immunization Recommendations for American Indian and Alaska Native Children (flyer PDF) was developed for health care providers to help them understand the two immunizations that are specifically recommended for AI/AN children because they are at higher risk for Hib and RSV diseases.

1. Vaxelis or PedvaxHIB Recommended for AI/AN Children
2. RSV Monoclonal Antibody Recommendation

Thank you to all those who helped create this resource!

Wildfire Impact: Program Support & Vaccine Loss

How we've supported affected facilities:

- Answering storage and handling questions
- Assessing vaccine viability
- Facilitating transfers between enrolled sites

Action Required:
Vaccine Loss Due to Wildfire

Any vaccine loss resulting from the wildfires should be documented in the "Corrective Action" section of the August Vaccine Loss Survey.

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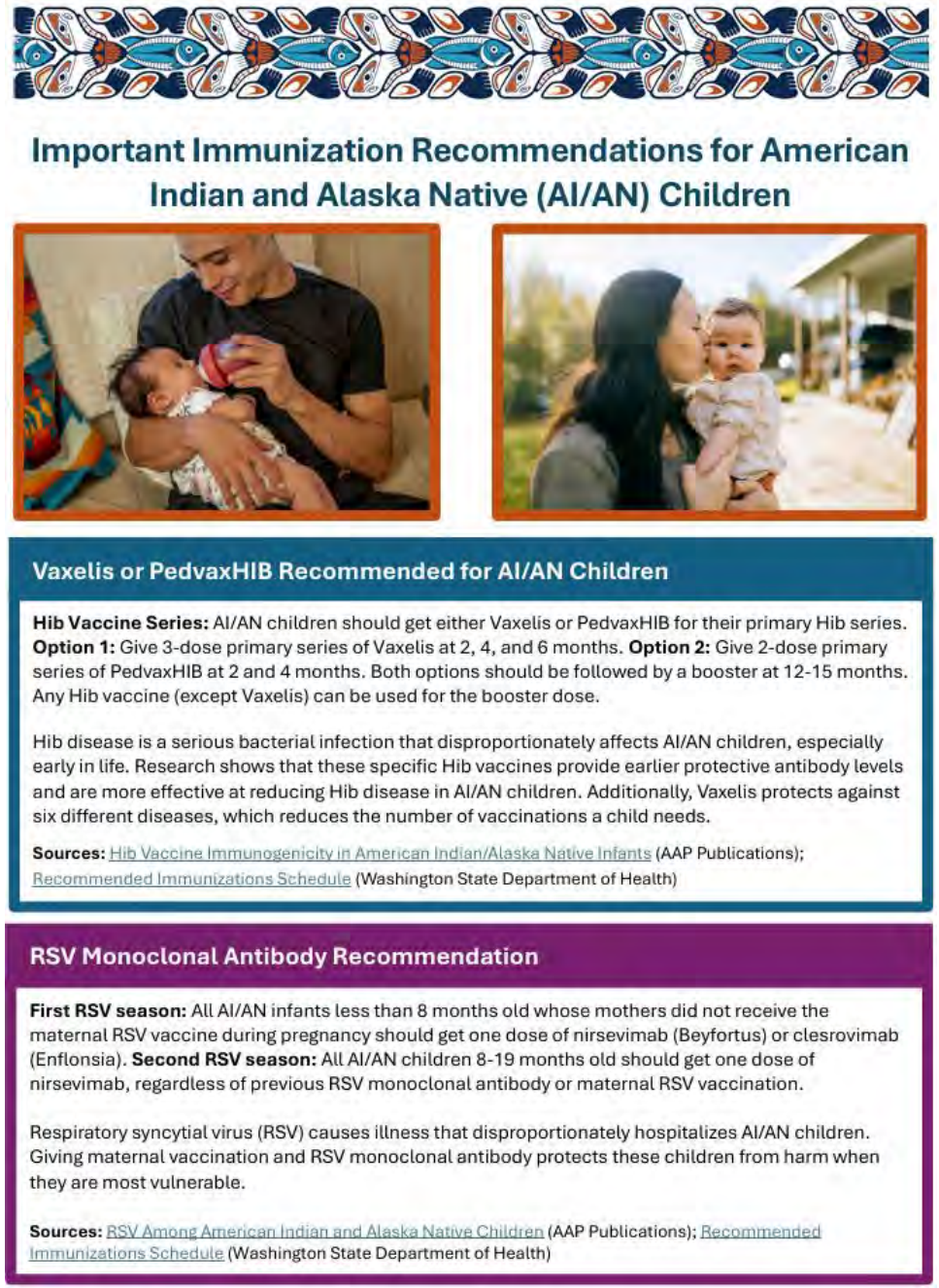

Important Immunization Recommendations for American Indian and Alaska Native (AI/AN) Children

Vaxelis or PedvaxHIB Recommended for AI/AN Children

Hib Vaccine Series: AI/AN children should get either Vaxelis or PedvaxHIB for their primary Hib series. **Option 1:** Give 3-dose primary series of Vaxelis at 2, 4, and 6 months. **Option 2:** Give 2-dose primary series of PedvaxHIB at 2 and 4 months. Both options should be followed by a booster at 12-15 months. Any Hib vaccine (except Vaxelis) can be used for the booster dose.

Hib disease is a serious bacterial infection that disproportionately affects AI/AN children, especially early in life. Research shows that these specific Hib vaccines provide earlier protective antibody levels and are more effective at reducing Hib disease in AI/AN children. Additionally, Vaxelis protects against six different diseases, which reduces the number of vaccinations a child needs.

Sources: Hib Vaccine Immunogenicity in American Indian/Alaska Native Infants (AAP Publications); Recommended Immunizations Schedule (Washington State Department of Health)

RSV Monoclonal Antibody Recommendation

First RSV season: All AI/AN infants less than 8 months old whose mothers did not receive the maternal RSV vaccine during pregnancy should get one dose of nirsevimab (Beyfortus) or clesrovimab (Enflonsia). **Second RSV season:** All AI/AN children 8-19 months old should get one dose of nirsevimab, regardless of previous RSV monoclonal antibody or maternal RSV vaccination.

Respiratory syncytial virus (RSV) causes illness that disproportionately hospitalizes AI/AN children. Giving maternal vaccination and RSV monoclonal antibody protects these children from harm when they are most vulnerable.

Sources: RSV Among American Indian and Alaska Native Children (AAP Publications); Recommended Immunizations Schedule (Washington State Department of Health)

Immunization Roadmap Survey Opportunity

Your feedback is critical to ensuring this framework reflects the realities, priorities, and expertise of our partners. We are interested in understanding:

- Whether the proposed priorities, goals, and objectives are the right ones.
- Whether the recommended actions are practical and achievable.
- What important strategies may be missing.
- Where you believe we should focus our efforts and resources.

Survey Link: https://forms.cloud.microsoft/g/CGNfTEqiNz

Closes September 7, 2026

Season Goals

Equitable, Fast Approvals

Approve orders quickly, with consideration to statewide equity, particularly at the beginning of the season when supply is limited.

Right-Sized Ordering

Allow providers to order what they need to serve patients, while avoiding over-ordering.

Stronger Communication

Strengthen both internal and external communication throughout the season.

Expected Ordering Timeline

Ordering timelines are dependent on several factors, including product availability, manufacturer shipments, and federal approval processes.

RSV Products

Opened August 10

✓

Orders processed every Thursday— must be submitted the Monday prior.

Flu Vaccine

Opened September 1

✓

Orders processed every Tuesday—must be submitted the Thursday prior.

COVID-19 Vaccine

Late Sept – Early Oct*

Dependent on FDA approval and receipt of doses from manufacturers

Orders processed every Wednesday —must be submitted the Friday prior.

**Based on recent seasons. Additional updates will be shared in the Vaccine Blurbs as information becomes available.*

Respiratory Plans

2026/2026 Distribution Plan for Respiratory Immunization Products

Detailed information about what providers/partners can expect this season.

Respiratory Vaccine Allocation and Equity Plan

Describes the vaccine allocation strategy for fall respiratory immunization products during times of limited supply.

Staying Informed

Vaccine Blurbs

Sent weekly during the respiratory season, see Vaccine Blurbs webpage.

General Immunization Resources

Sign up for the Immunization Insider Newsletter & News Between Issues page for vaccine related news, clinical updates, resources and more.

Respiratory Resources Webpage

Visit for provider resources, FAQs, announcements, and updates.

Childhood Vaccine Program – Respiratory Season Landing Page

Washington State Department of HEALTH

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In this section

- Childhood Vaccine Program
- Childhood Vaccine Program Training
- Online Accountability Reporting
- Patient Eligibility
- Provider Enrollment
- Publicly-Supplied Vaccines
- Respiratory Season Resources
- Storage and Handling
- Vaccine Blurbs
- Vaccine Ordering and Returns

Respiratory Season Resources

Find resources to help your clinic prepare for and navigate respiratory virus season. Designed for providers enrolled in the Childhood Vaccine Program, this page includes guidance, product ordering information and tools to support planning before the season begins and successful vaccine management throughout the season.

- COVID-19 Vaccines at-a-Glance (PDF)
- Flu Vaccines at-a-Glance (PDF)
- RSV Antibody Products at-a-Glance (PDF)

Distribution Plan

Thank you to everyone who participated in our respiratory season listening sessions this year. Your feedback on last season was helpful, and we have incorporated process improvements into this season's distribution plan.

- 2026/2027 Distribution Plan for Respiratory Immunization Products (PDF)

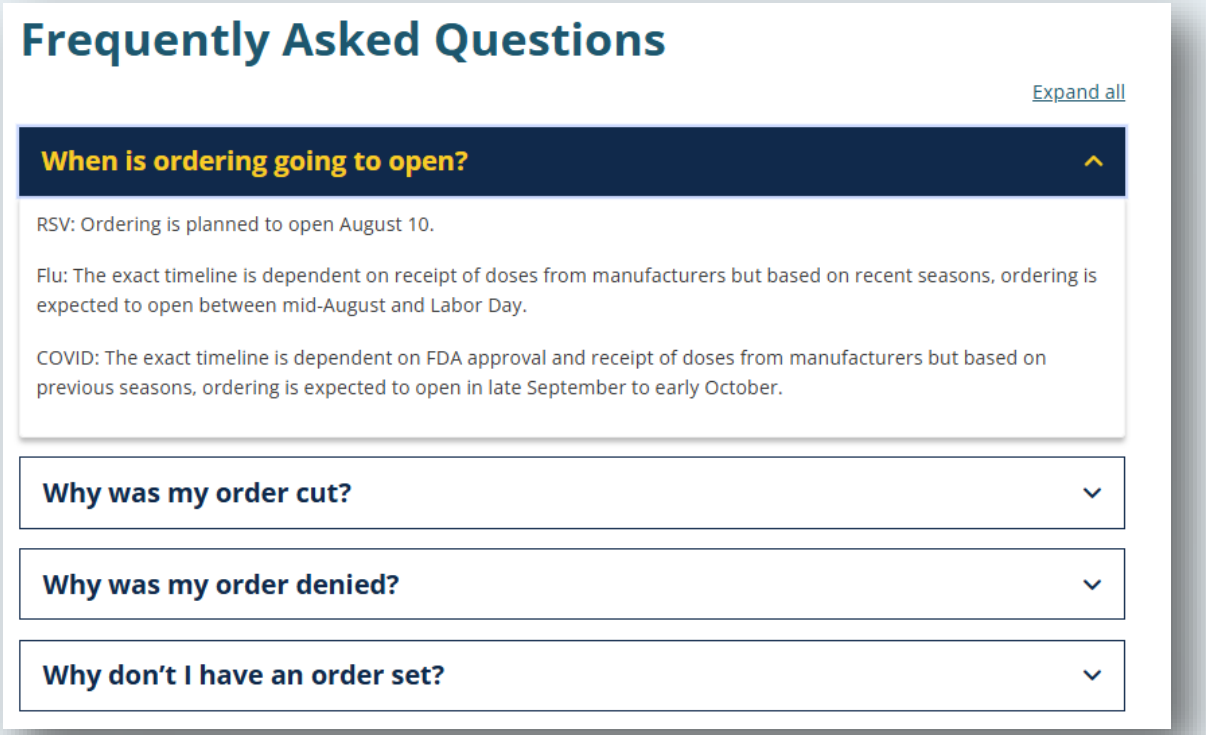
Product Ordering At-a-Glance

Vaccine or Product	Ordering Available	Under Allocation	Order Processing Frequency	Orders Processed Weekly On
Flu	September 1, 2026	Yes	Weekly	Tuesday
COVID-19	Unknown	Yes	Weekly	Wednesday
RSV	Yes	Yes	Weekly	Thursday

- Allow at least 3 days for order approval from time of submission for accountability checks.
- Orders need to be in "Pending State Approval" status in the IIS by close of business the weekday before the processing day.
- If there is not enough vaccine in allocation, orders will be reduced based on the Vaccine Allocation and Equity Plan.

Ordering Tools

- Vaccine Ordering Basics: Schedules and Quantities (PDF)
  This guide helps providers understand when to order vaccine and how much vaccine to order.



Frequently Asked Questions

Expand all

When is ordering going to open?

RSV: Ordering is planned to open August 10.

Flu: The exact timeline is dependent on receipt of doses from manufacturers but based on recent seasons, ordering is expected to open between mid-August and Labor Day.

COVID: The exact timeline is dependent on FDA approval and receipt of doses from manufacturers but based on previous seasons, ordering is expected to open in late September to early October.

Why was my order cut?

Why was my order denied?

Why don't I have an order set?

- [Respiratory Season Resources | Washington State Department of Health]
- **List current updates and FAQs for the season**

Respiratory Season Webinars

Immunization Training | WA State DOH

2026-2027 Respiratory Season Vaccine Updates Webinar

Date: **September 17, 2026**

Time: **12PM-1PM**

Register via TRAIN.org

- Respiratory season clinical overview and vaccine recommendations
- Respiratory season vaccine allocation and ordering process
- Strategies to improve clinic workflow for respiratory season vaccines

Continuing education (CE) credits are available for nurses, medical assistants, pharmacists, and pharmacy technicians.

Childhood Vaccine Program Respiratory Season Webinar 8/6/26

Recording | Training slides (PDF)

Updates on influenza, COVID-19, and RSV products for the 2026-2027 respiratory season. Focus on vaccine ordering, distribution and storage and handling requirements.

Preparing for RSV Season Webinar 6/18/26

Recording | Training slides (PDF)

Product and operational guidance from WCAAP in preparation for the upcoming RSV season.

Washington State Department of HEALTH

UPDATES & RESOURCES

Office of Tribal Public Health & Relations

Washington State Department of HEALTH

Upcoming Listening Sessions, Roundtables, & Consultations

Date/Time	Meeting Title/Type	Meeting Platform	DTLL
September 01, 2026 2:00pm - 3:30pm	Proposed Legislative Package– Listening Session #2	Zoom Link	Collaborative – 2027 proposed legislative package review (PDF)
September 16, 2026 10am - 12:00pm	Community Conversation #1	Registration Link	Informative – 988 help-seeker rights community conversations (PDF)
September 17, 2026 10am - 12:00pm	Community Conversation #2	Registration Link	Informative – 988 help-seeker rights community conversations (PDF)
October 01, 2026 8:30am - 1:30pm	Highly Pathogenic Avian Influenza Tabletop Exercise for Local Public Health	Zoom Link	Collaborative – highly pathogenic avian influenza tabletop exercise (PDF)

Dear Tribal Leader

Date	Letter Subject	Meeting Information
August 27	Informative – 988 help-seeker rights community conversations (PDF)	•Community conversation 1: 10 a.m.-noon September 2 - Registration link •Community conversation 2: 10 a.m.-noon September 3 - Registration link
August 27	Informative – information on agency rulemaking for August 1-15, 2026 (PDF)	
August 26	Collaborative – maternal and child health funding opportunity (PDF)	
August 17	Collaborative – highly pathogenic avian influenza tabletop exercise (PDF)	• Virtual-only tabletop exercise: 8:30 a.m.-1:30 p.m. October 1 • Register by August 31 to attend or participate - Registration link
August 17	Informative – second revision of information on agency rulemaking for July 16-31, 2026 (PDF)	
August 13	Collaborative – 2027 proposed legislative package review (PDF)	• Listening session: 2-3:30 p.m. September 1 - Zoom link
August 13	Collaborative – opportunity to participate in a new foundational infrastructure subcommittee for the Data@Health Collaborative (PDF)	
August 10	Informative – revised information on agency rulemaking for July 16-31, 2026 (PDF)	

Washington State Department of HEALTH

OTPHR

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Portland Area IHS

Communicable Diseases Update

TARA PERTI, MD, MPH

MEDICAL EPIDEMIOLOGIST

OFFICE, PORTLAND AREA IHS

September 1, 2026

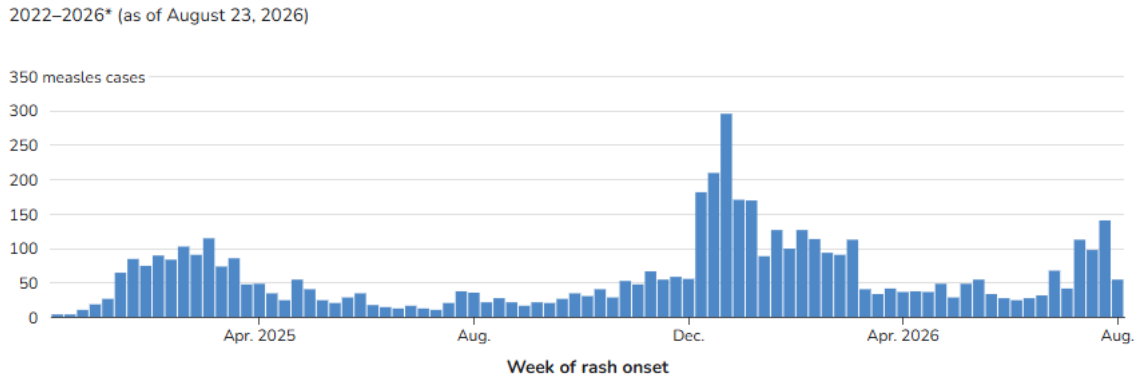
Outline

- Measles
- COVID-19

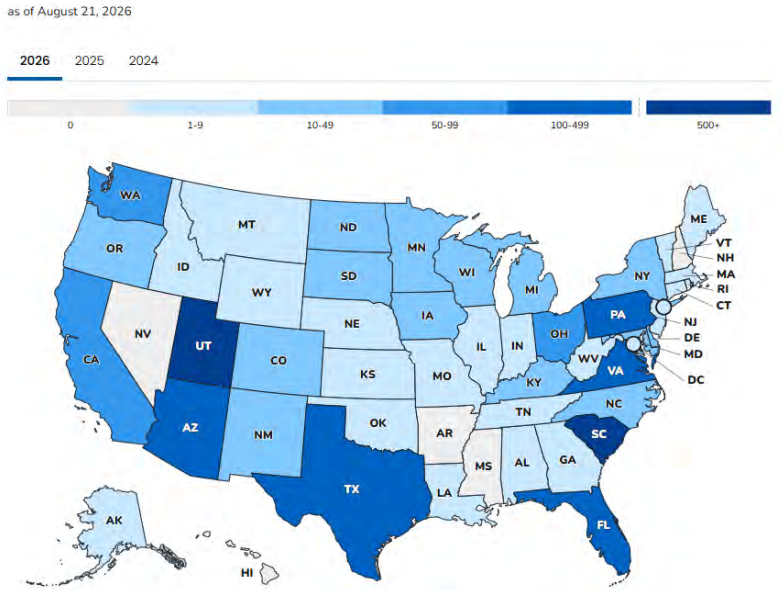
Measles — United States, 2026

- 2,903 confirmed cases during 2026 as of 8/27, 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.
- 8% hospitalized overall (during 2025, 11% hospitalized, with 18% of those <5 years-old hospitalized).
- Two deaths reported in Pennsylvania among persons with measles, including one infant; the other individual was also unvaccinated (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=56)

- Current outbreak in **Clark County:** 11 unvaccinated children with measles reported since July 22 (19 cases this year to date). The case reported on 7/22 had an unknown source of exposure.

Cases to date this year in Washington: 56

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

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
Clark County Public Health. Measles Investigation. Available at: https://clark.wa.gov/public-health/measles-investigation

Measles — Oregon, 2026 (N=50)

- **Ongoing outbreak in Clackamas and Multnomah counties.**
- Recent possible public exposure locations in Clackamas County:
  - 8/18 (7:30-11 PM): Canby Rodeo
    - Anyone at this location should monitor for symptoms through 9/8. For more information: https://www.oregon.gov/oha/ERD/Pages/Canby-Rodeo-is-latest-measles-exposure-location-08.26.2026.aspx
  - 8/17 (12:33-2:33 PM): 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
- Measles virus was detected in wastewater during the 6-week period from 7/12/26-8/22/26 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.

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=116)	
Washington	Total: 12	Total: 56	9 additional cases among travelers to Washington (King and Snohomish Counties) in 2025. 2 travelers in 2026 (King).
Clark		19	
Snohomish	2	14	
Kittitas		7	
Walla Walla		7	
Stevens		3	
King	7	3	
Grant		2	
Spokane	1	1	
Whatcom	2		
Oregon	Total: 1	Total: 50	
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		

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

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%**
Idaho	75.2%*	17.5%**
National	92.4%	4.2%

Vaccine Effectiveness:
1 dose: 93%
2 doses: 97%

≥95% coverage is needed to prevent outbreaks in communities!

MMR Vaccine Coverage for all states 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.

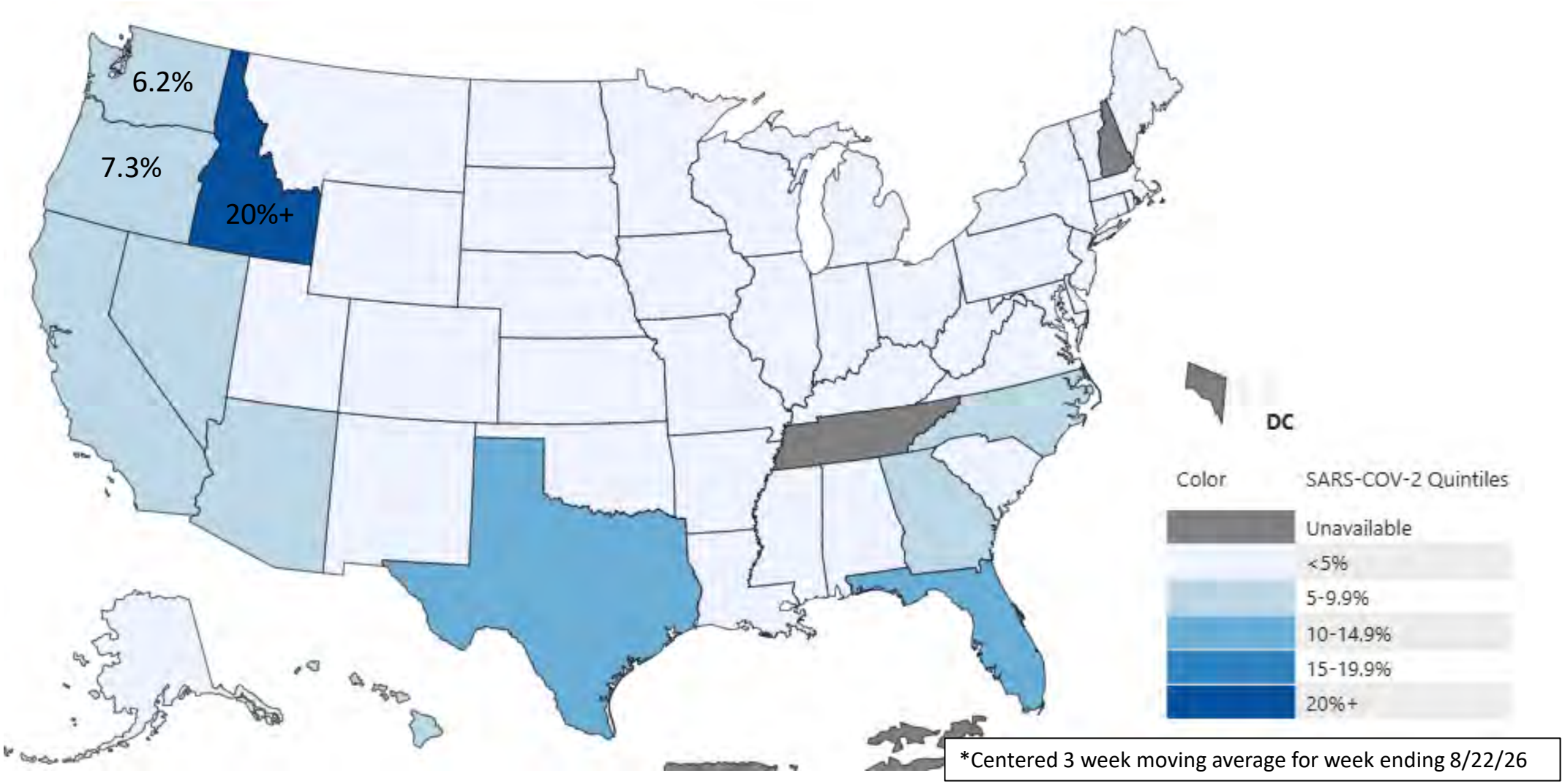
Centers for Disease Control and Prevention. Vaccine Coverage and Exemptions among Kindergartners. Available at: https://www.cdc.gov/schoolvaxview/data/index.html

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

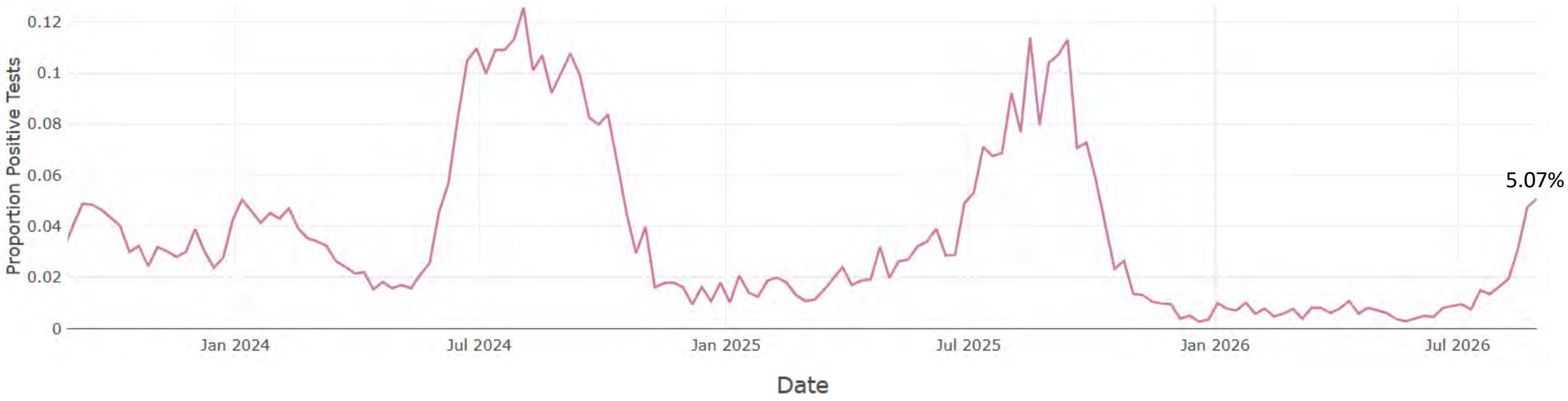
Percent of Tests Positive for COVID-19 — United States, Week Ending 8/22/26*



*Centered 3 week moving average for week ending 8/22/26

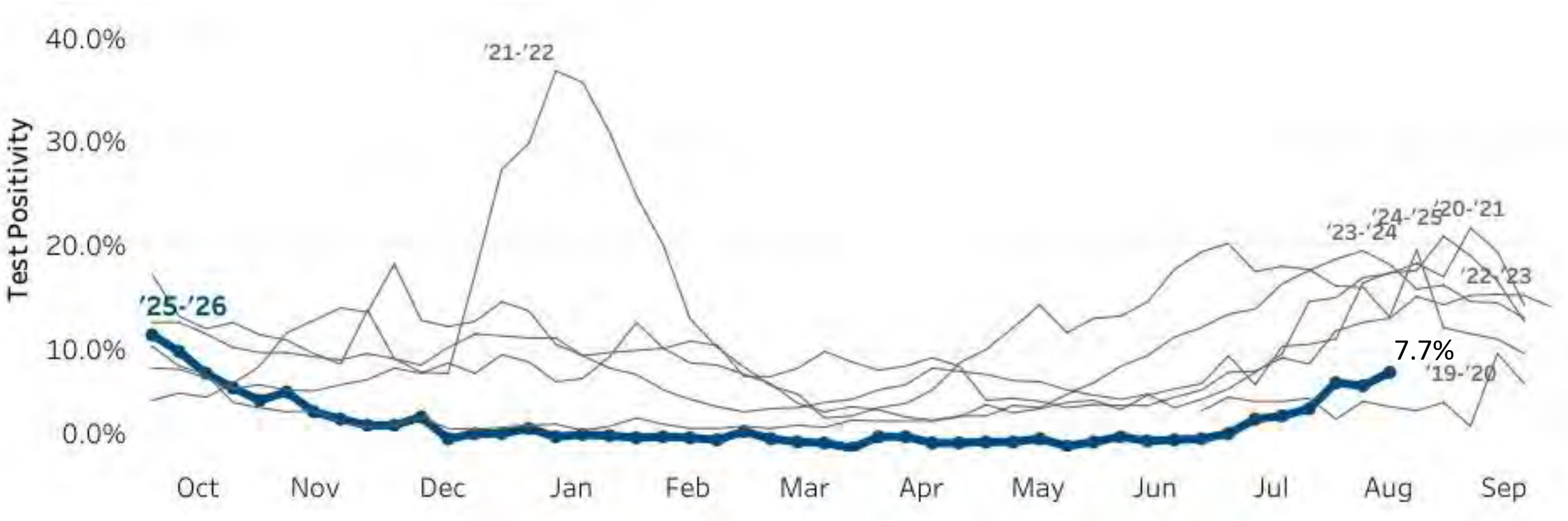
CDC. NREVSS Dashboard. Available at: https://www.cdc.gov/nrevss/php/dashboard/index.html

Proportion of Tests Positive for COVID-19 — University of Washington and Seattle Children's Hospital, 2025-26 (through 8/29)



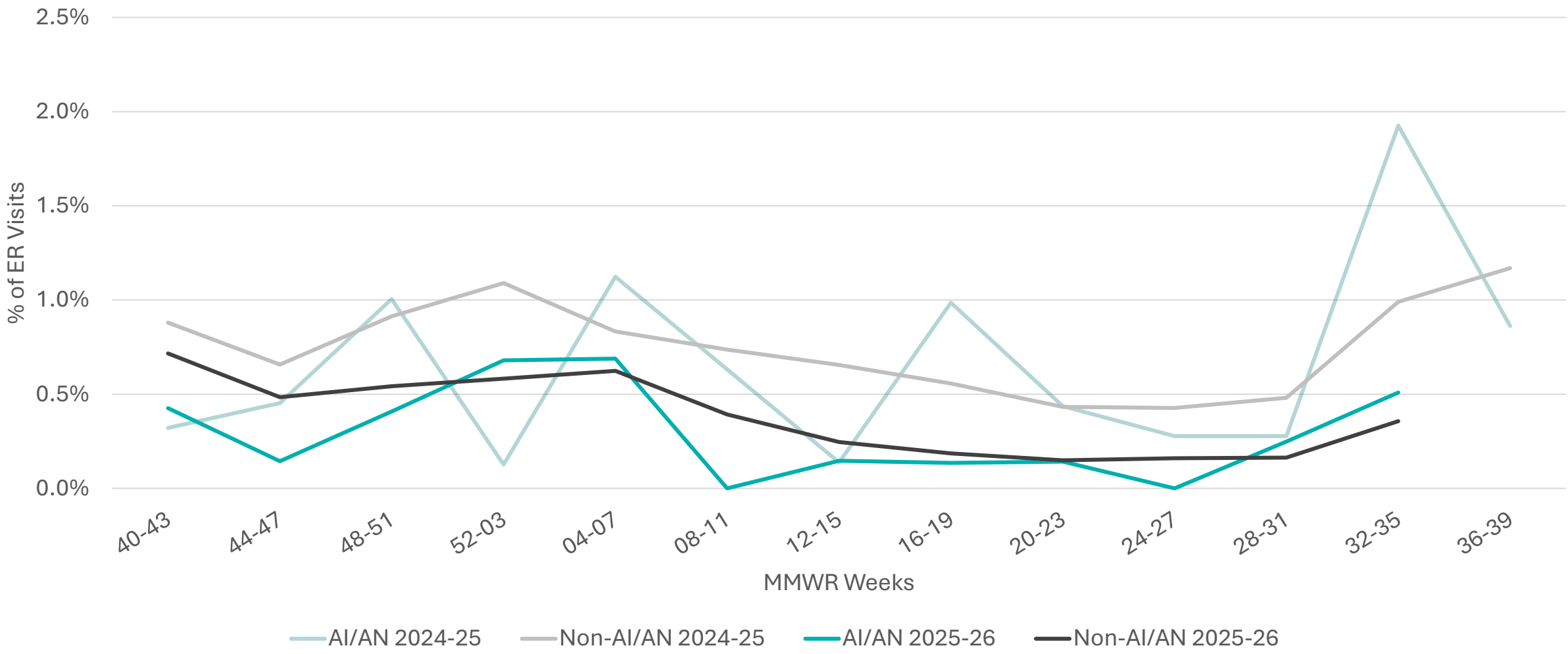
University of Washington. Pacific Northwest Respiratory Virus Epidemiology Data. Available at: https://depts.washington.edu/labmed/pnw_respiratory_dashboard/

Percent of Tests Positive for COVID-19 — Oregon, 2025-26 (through 8/22/26)



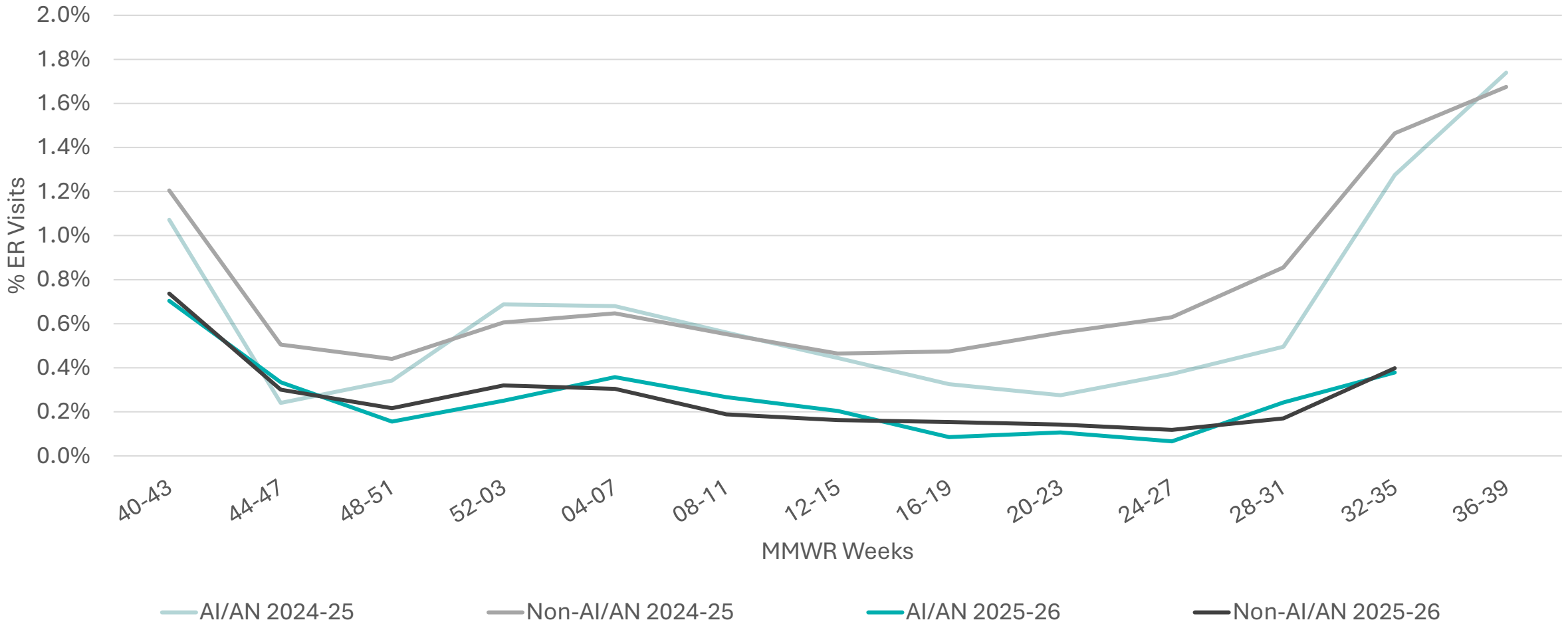
Oregon Health Authority. Oregon's Respiratory Virus Data. https://public.tableau.com/app/profile/oregon.public.health.division.acute.and.communicable.disease.pre/viz/OregonsRespiratoryVirusData/TestPositivity

% ER Visits Associated with **COVID-19**, AI/AN vs. non AI/AN — **Idaho**, 2025-26 (through week 34, ending 8/29) vs. 2024-25



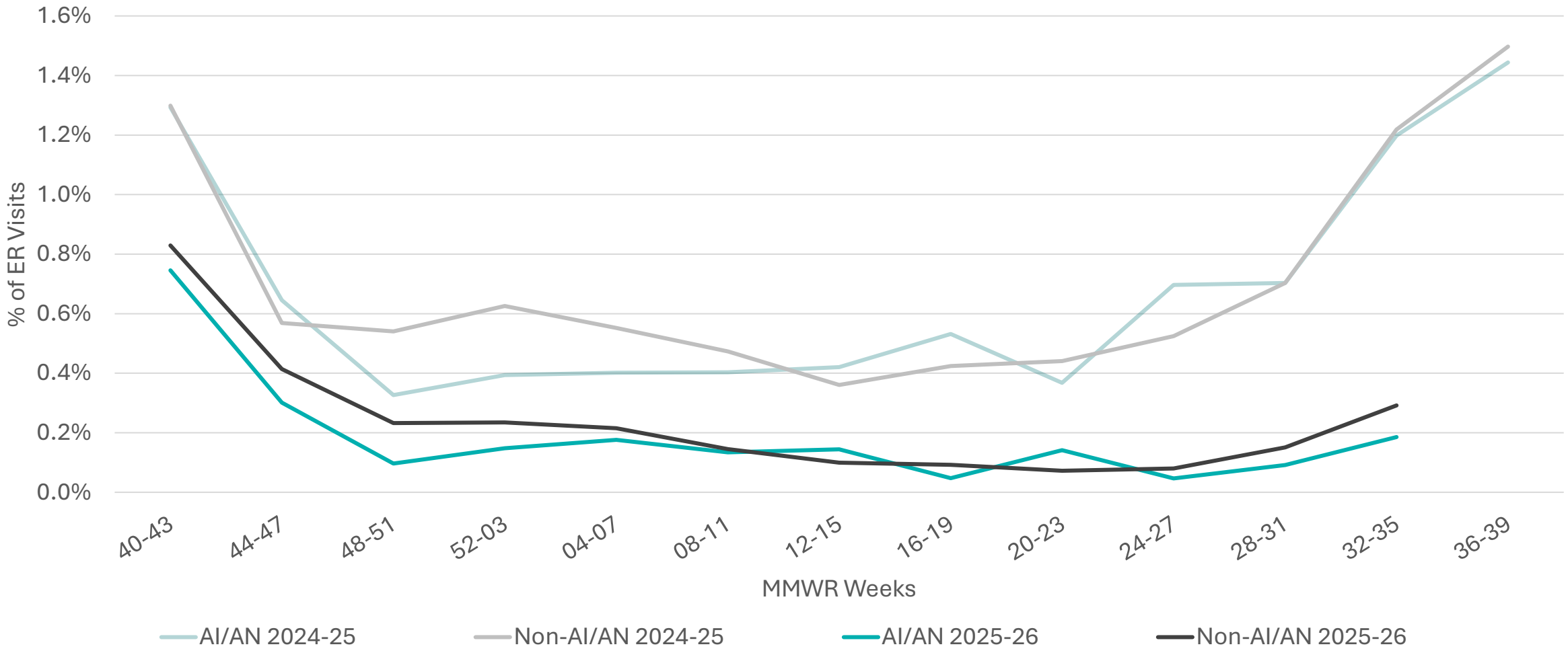
Data Source: ESSENCE
Courtesy Kacey Little, MPH, NPAIHB

% ER Visits Associated with **COVID-19**, AI/AN vs. non AI/AN — **Washington**, 2025-26 (through week 34, ending 8/29) vs. 2024-25



Data Source: ESSENCE
Courtesy Kacey Little, MPH, NPAIHB

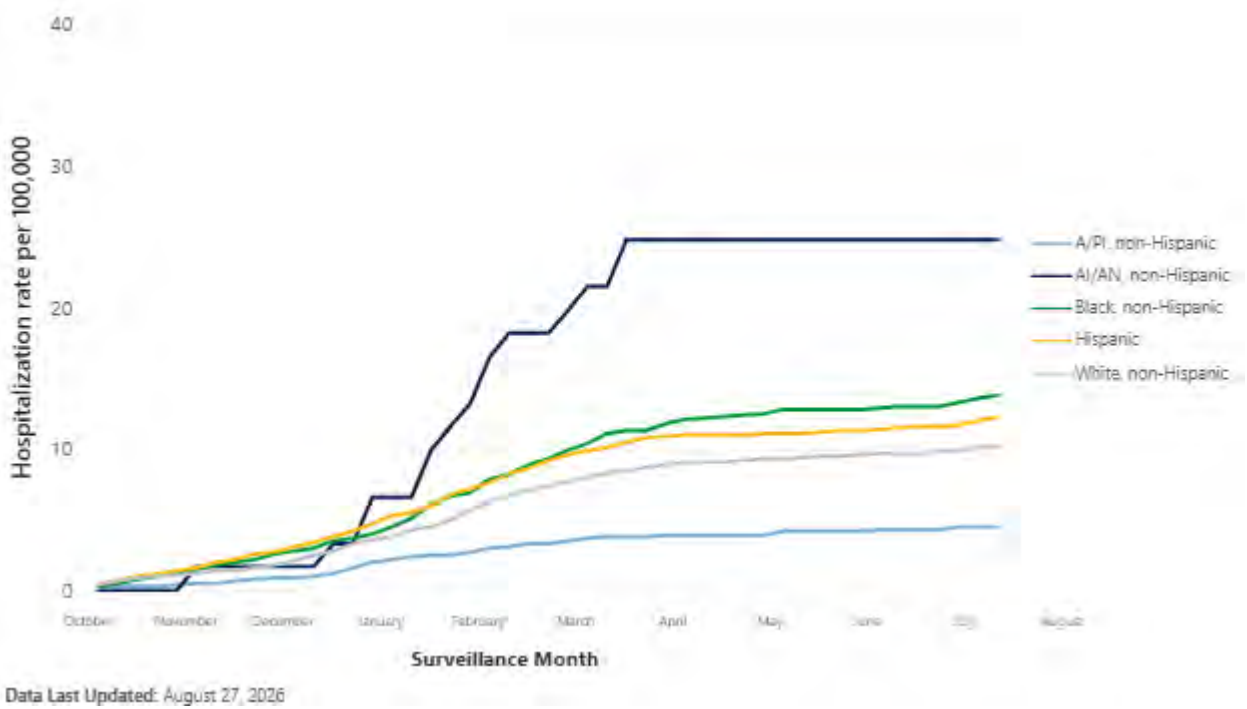
% ER Visits Associated with **COVID-19**, AI/AN vs. non AI/AN — **Oregon**, 2025-26 (through week 34, ending 8/29) vs. 2024-25



Data Source: ESSENCE
Courtesy Kacey Little, MPH, NPAIHB

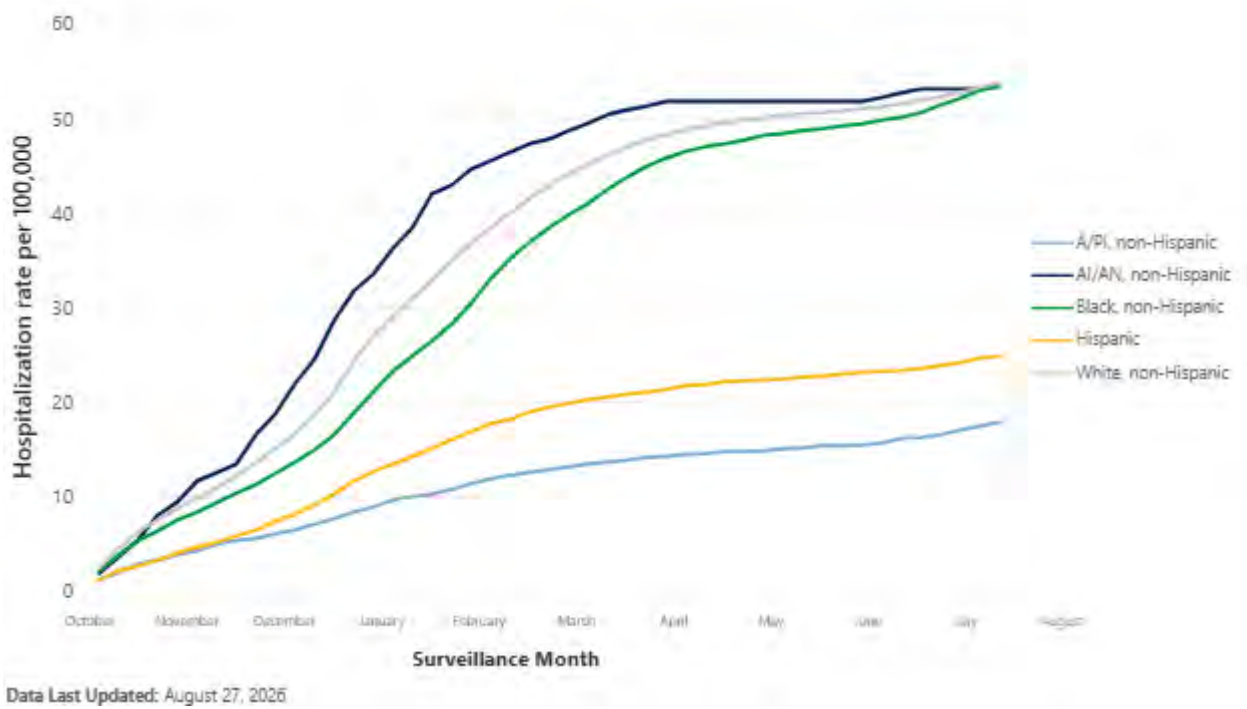
Cumulative COVID-19 Hospitalization Rates Among Children and Adults by Race/Ethnicity — United States, 2025-26

Children, Age 0-17 Years



Data Last Updated: August 27, 2026

Adults, ≥ 18 Years



Data Last Updated: August 27, 2026

COVID-NET Interactive Dashboard. Available at: https://www.cdc.gov/covid/php/covid-net/index.html

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)

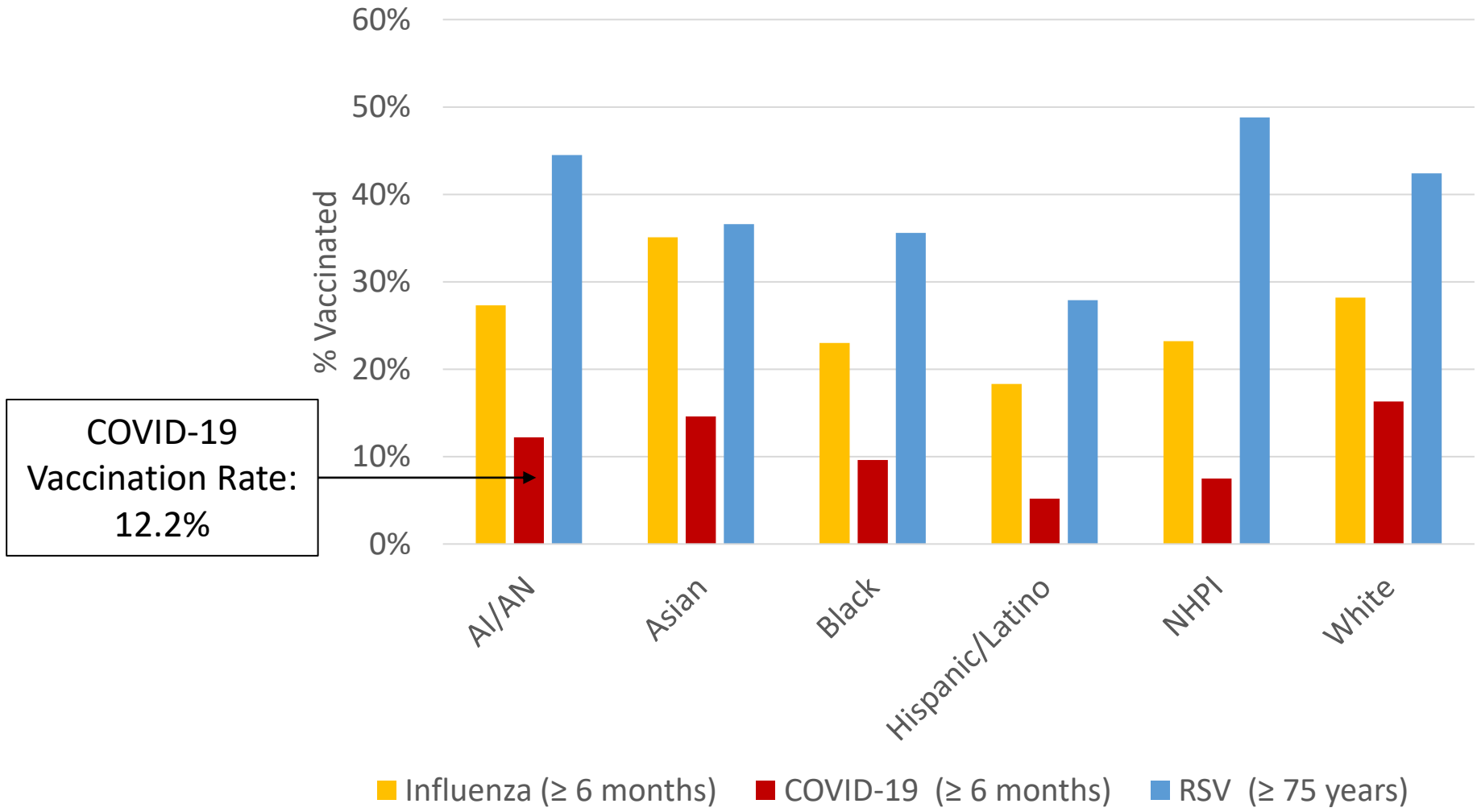
Analysis with AI/AN (N=546) and matched (age, sex, region, month/year of hospitalization) NHW (N=2645):

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)

Slutske WS, Conner KL, Kirsch JA, et al. Explaining COVID-19 related mortality disparities in American Indians and Alaska Natives. *Sci Rep*. 2023; 13:20974. Available at https://pmc.ncbi.nlm.nih.gov/articles/PMC10684501/

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



Washington DOH. Respiratory Immunization Data. Available at https://doh.wa.gov/data-statistical-reports/health-behaviors/immunization/respiratory-immunization-data

FDA Approvals for 2026-27 COVID-19 Vaccines

Manufacturer	Trade Name	Type	Target	FDA Approvals	Minimum Age
Moderna	SPIKEVAX	mRNA	XFG	≥ 65 years old 6 months – 64 years with at least one underlying condition that puts them at high risk for severe outcomes from COVID-19 Package Insert - SPIKEVAX	6 months
Pfizer-BioNTech	COMIRNATY	mRNA	XFG	≥ 65 years old 5-64 years old with at least one underlying condition that puts them at high risk for severe outcomes from COVID-19 Package Insert and Patient Package Insert - COMIRNATY	5 years
Moderna	MNEXSPIKE	mRNA	XFG	≥ 65 years old 12 – 64 years with at least one underlying condition that puts them at high risk for severe outcomes from COVID-19 Package Insert - MNEXSPIKE	12 years
Novavax	NUVAXOVID	Adjuvanted protein subunit	XFG	≥ 65 years old 12 – 64 years with at least one underlying condition that puts them at high risk for severe outcomes from COVID-19 Package Insert and Patient Package Insert - NUVAXOVID	12 years

Underlying Conditions and the Higher Risk for Severe COVID-19 | COVID-19 | CDC

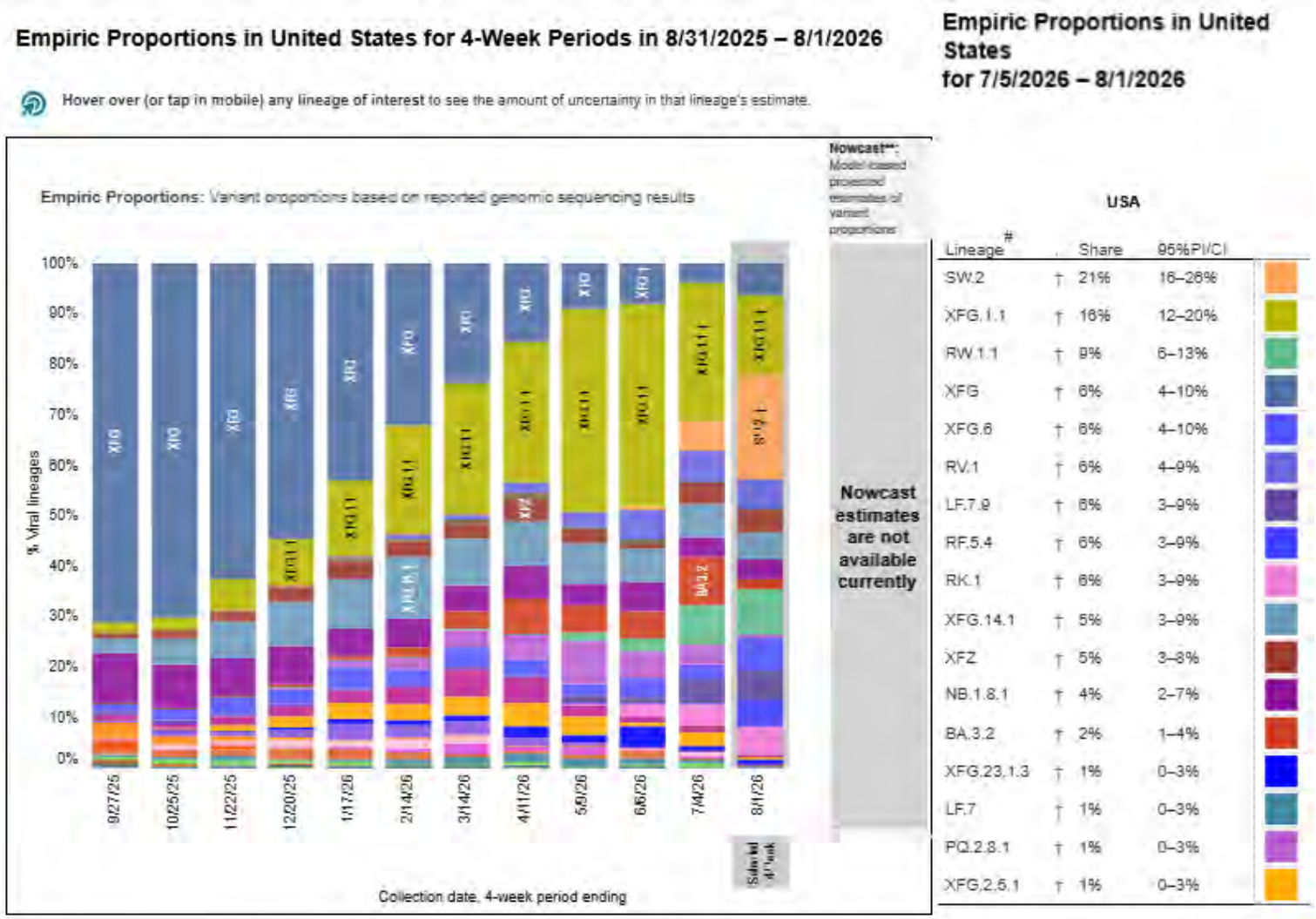
2025-26 COVID-19 Vaccine Recommendations from Professional Medical Organizations and the West Coast Health Alliance

Age	American Academy of Pediatrics (AAP)	American Academy of Family Physicians (AAFP)	West Coast Health Alliance (WCHA)
Children 6-23 months	Everyone	Everyone	Everyone
Children 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	• 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	• Risk factors • Never vaccinated against COVID-19 • In close contact with others with risk factors • All who choose protection
Adults 19-64 years		Everyone • Especially important for: • ≥ 65 years-old, with 2nd dose recommended 6 months later (minimum interval 2 months) • Increased risk for severe COVID-19 infection • Never received a COVID-19 vaccine	• Risk factors • In close contact with others with risk factors • All who choose protection
Adults ≥ 65 years			Everyone
Pregnant women		Everyone who is pregnant or lactating (in agreement with American College of Obstetricians and Gynecologists (ACOG)	Everyone who is planning pregnancy, pregnant, postpartum or lactating

HHS: All individuals are encouraged to consult with their health care providers to understand their options regarding vaccinations.

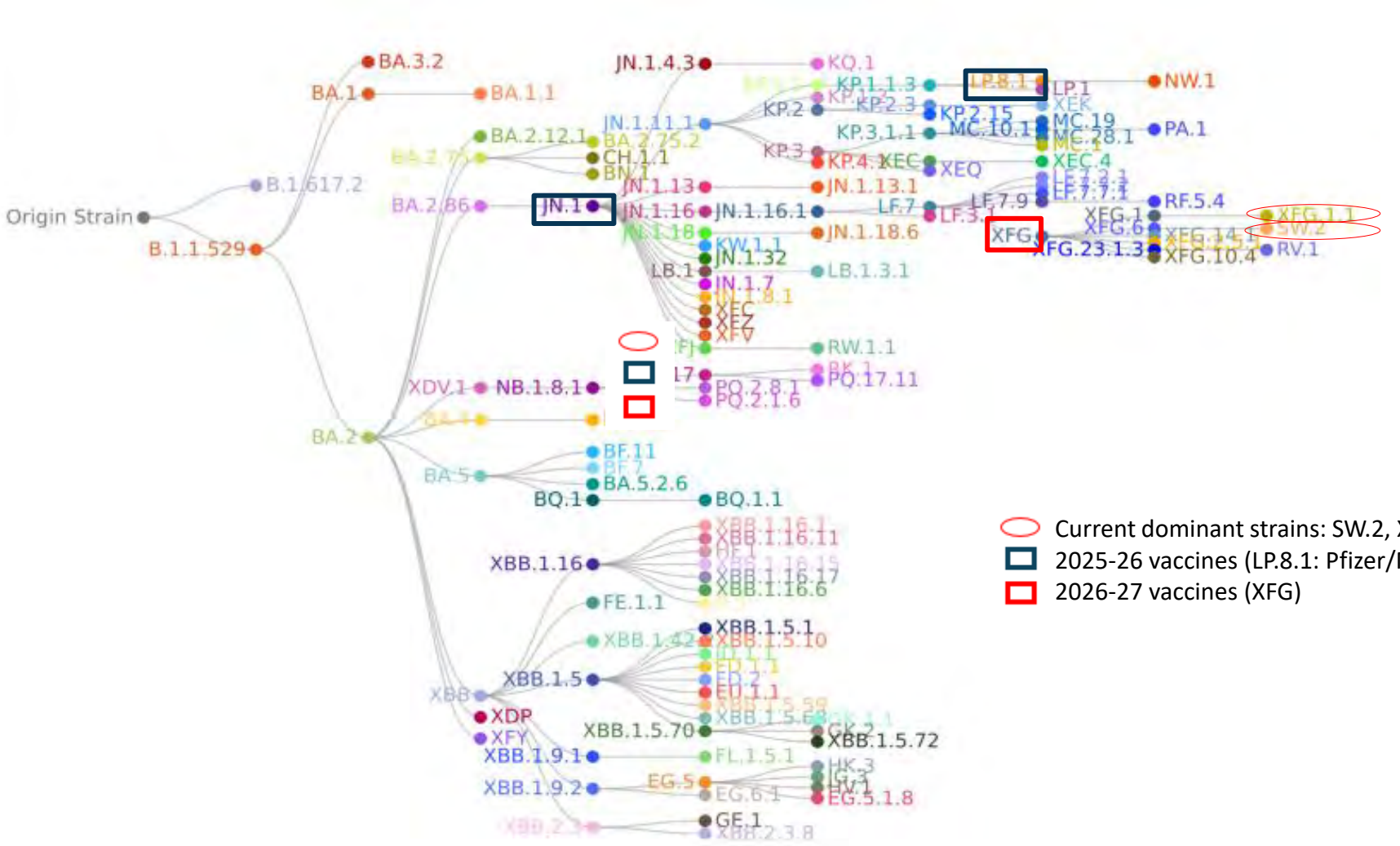
American Academy of Pediatrics. Recommendations for COVID-19 Vaccines in Infants, Children, and Adolescents: Policy Statement. Available at: https://publications.aap.org/pediatrics/article/doi/10.1542/peds.2025-073924/203222/Recommendations-for-COVID-19-Vaccines-in-Infants
American Academy of Pediatrics. Recommended Child and Adolescent Immunization Schedule. Available at: https://aap.org/immunizationschedule
American Academy of Family Physicians. Recommended Child and Adolescent Immunization Schedule by Medical Indication, United States, 2026. Available at: https://www.aafp.org/clinical-insights/immunizations-and-vaccines/immunizations-schedules-resources/childhood-vaccine-schedules
American College of Obstetricians and Gynecologist. COVID-19 Vaccination Considerations for Obstetric–Gynecologic Care. Available at: https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/12/covid-19-vaccination-considerations-for-obstetric-gynecologic-care
Washington State Department of Health. West Coast Health Alliance announces vaccine recommendations for COVID-19, flu, and RSV. Available at: https://doh.wa.gov/newsroom/west-coast-health-alliance-announces-vaccine-recommendations-covid-19-flu-and-rsv

COVID-19 Variants — United States, 2025-26



CDC. COVID. Variants and Genomic Surveillance. Available at: https://www.cdc.gov/covid/php/variants/variants-and-genomic-surveillance.html

COVID-19 Phylogenetic Tree



Current dominant strains: SW.2, XFG.1.1
2025-26 vaccines (LP.8.1: Pfizer/Moderna; JN.1: Novavax)
2026-27 vaccines (XFG)

Strategies to Increase Vaccination Rates

- Clinic processes
  - Reminder/recall: Contacting patients when due/overdue via their preferred communication method.
  - Electronic prompts to remind the provider and patient when vaccines are overdue.
  - Standing orders to allow immunizations by others without direct provider involvement (e.g. nurses or medical assistant).
  - Access: Extended hours, walk-in vaccinations, pharmacy-based immunization, transportation, home visits.
  - Provider audit and feedback with benchmarks (e.g. Healthy People 2030).

- Provider communication
  - Presumptive (assume that the patient is going to receive due vaccines today) recommendations (e.g. Tommy is due for his 12 month shots today). Also recommended for other team members to use this approach.
  - Provide clear, strong recommendations.
  - Motivational interviewing for those with vaccine hesitancy.
    - Explores individuals' reasons for vaccination to help reinforce.
    - Open-ended questions, reflective listening, affirmation of the individual, their strengths, and respect for autonomy.
    - "Elicit-provide-elicit," asking for their understanding or if they have questions, then, after asking permission to share information you have learned, providing relevant information, and then asking what they think about that information, whether it addresses their concerns, and whether you can give them or their child vaccines.
    - CASE Method: C: Corroborate (find some points you can agree on to establish respect), A: About me (tell them about you and how you developed knowledge in the area), S: Science (provide information relevant to the patient), E: Explain (give your recommendation based on science). See Indian Country ECHO/UNM Project ECHO for more info.

Cataldi JR, et al. Evidence-based strategies to increase vaccination uptake: a review. Curr Opin Pediatr. 2020.
O'Leary S. Strategies for Communicating With Parents About Vaccines. JAMA. 2025.
O'Leary ST, et al. Strategies for Improving Vaccine Communication and Uptake. Pediatrics. 2024;153. Available at: https://publications.aap.org/pediatrics/article/153/3/e2023065483/196695/Strategies-for-Improving-Vaccine-Communication-and
Community Preventive Services Task Force. Guide to Community Preventive Services. Vaccination. 2025. Available at: https://www.thecommunityguide.org/topics/vaccination.html.
Kettering C. Indian Country ECHO/UNM Project ECHO Project ECHO "Making a Strong Vaccine Recommendation: Vaccine Communication." Available at: https://projectecho.app.box.com/s/piod28mg2rv66c7zpbf13u9lr3hzhiup

Strategies to Increase Vaccination Rates (cont.)

- Public Health
  - Mass vaccination events
  - Alterative vaccination sites
  - Reviewing/addressing vaccination status with WIC beneficiaries
  - Communication (e.g. public service announcements disseminated by local tribal radio stations; tribal newspapers; social media; posters)
  - Messaging utilizing trusted messengers
- Schools
  - School-based vaccination programs or referrals for vaccinations
  - Education
- Laws
  - Vaccine requirements for school entry and child care: removal of non-medical exemptions

MMR Vaccine Coverage Among Kindergartners in States without non-Medical Exemptions, 2024-25

State	2 MMR Doses
California	96.1%
New York	97.8%
Connecticut	98.2%
Maine	97.6%
West Virginia	NR (98.3% for 2023-24)

Cataldi JR, et al. Evidence-based strategies to increase vaccination uptake: a review. Curr Opin Pediatr. 2020. Community Preventive Services Task Force. Guide to Community Preventive Services. Vaccination. 2025. Available at: https://www.thecommunityguide.org/topics/vaccination.html.
O'Leary ST, et al. Strategies for Improving Vaccine Communication and Uptake. Pediatrics. 2024;153. Available at: https://publications.aap.org/pediatrics/article/153/3/e2023065483/196695/Strategies-for-Improving-Vaccine-Communication-and
Kettering C. Indian Country ECHO/UNM Project ECHO Project ECHO "Making a Strong Vaccine Recommendation: Vaccine Communication." Available at: https://projectecho.app.box.com/s/piod28mg2rv66c7zpbf13u9lr3hzhiup
Centers for Disease Control and Prevention. Checklist of Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations. 2020. Available at: https://www.izsummitpartners.org/content/uploads/2019/02/off-site-vaccination-clinic-checklist.pdf.
Centers for Disease Control and Prevention. Vaccine Coverage and Exemptions among Kindergartners. Available at: https://www.cdc.gov/schoolvaxview/data/index.html

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

- Consider **treatment of mild-moderate infection** (O2 Sat ≥ 94% on RA) for patients with risk factors for more severe disease:
  - **Paxlovid** (nirmatrelvir/ritonavir), dosed according to eGFR (if ≥ 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:
  - **Ensitrelvir (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 (≥ 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 ≥ 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.

Bhimraj A. IDSA Guidelines on the Treatment and Management of Patients with COVID-19. 2025. Available at: https://www.idsociety.org/practice-guideline/covid-19-guideline-treatment-and-management/
Hayden FG, et al. Ensitrelvir for Covid-19 Postexposure Prophylaxis in Household Contacts. NEJM. 2026. Available at: https://www.nejm.org/doi/full/10.1056/NEJMoa2509306

Summary

- 2,903 confirmed cases of measles in the U.S. during 2026 as of 8/27, exceeding the total number of cases during 2025 (n=2,289); the number of weekly cases has been rising since mid-July.
- 94% of cases unvaccinated or with unknown vaccination status.
- Portland Area: Washington: 56 cases (current outbreak in Clark County); Oregon: 50 cases (current outbreak in Multnomah and Clackamas Counties), Idaho: 10 cases (stable).
- ≥ 95% vaccine coverage is needed to prevent measles outbreaks in communities.
- In 2025-26, MMR coverage among kindergartners continued to decline and is below the national median for all states in the Portland Area. 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.
- Elevated COVID-19 activity in Idaho, Washington, and Oregon. % test positivity increasing [very high in Idaho (data from only 5 labs); increasing in Oregon, slight increase in Washington from prior week), % ER visits increasing among AI/AN in Idaho and Washington during week ending 8/29. 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

- 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.
- Ensure your patients, families, and community are up to date on their measles immunizations (goal ≥95% up to date) and immunizations for other vaccine-preventable diseases.
- 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

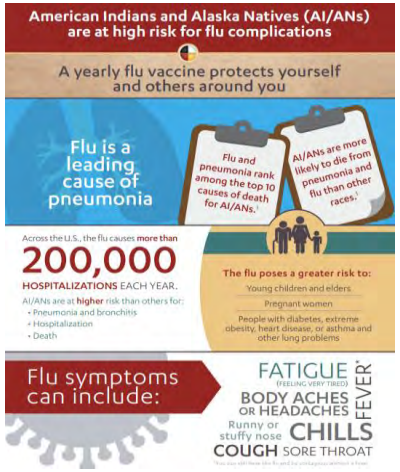
National Council of Urban Indian Health

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/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