NPAIHB
Weekly Update

September 15, 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
- Questions & Comments

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

Upcoming Indian Country ECHO Telehealth Opportunities

- **Virtual Care Implementation (VCI) ECHO** – 3rd Tuesday of every month at 12pm PT
  - Tuesday, September 15th at 12pm PT
  - To join via Zoom: https://us06web.zoom.us/j/87854787166?pwd=T0Z1aWhYRFlKdVdzUTkvcUtCZ1hpQT09

- **Hepatitis C ECHO** – 1st, 3rd & 4th Wednesday of every month at 11am PT
  - Wednesday, September 16th at 11am PT
  - Didactic Topic: *Management of Hepatocellular Carcinoma in Patients with Hepatitis C*
  - To join via Zoom: https://echo.zoom.us/j/537117924?pwd=OEExbERmK2pSUFFsMzV1SmVpb3g3dz09

- **Infectious Disease ECHO** – 3rd Thursday of every month at 11am PT
  - Thursday, September 17th at 11am PT
  - To join via Zoom: https://echo.zoom.us/j/97240849538?pwd=TzJUMWo5M082K1kxMitOV2diY3BaQT09

- **EMS ECHO** - 1st Tuesday & 3rd Thursday of every month at 5pm PT
  - Thursday, September 17th at 5pm PT
  - Didactic Topic: *Belly Pain: Causes and Considerations*
  - To Join via Zoom: https://echo.zoom.us/j/84832881641?pwd=SXllNlpJa0Vta1R1c28xcUh5V1dlUT09

Upcoming Indian Country ECHO Telehealth Opportunities

- **emRIC ECHO** – 3rd Monday of every month at 8:30am PT
  - Monday, September 21st at 8:30am PT
  - Didactic Topic: *Initiation of Mechanical Ventilation in the ED for Specific Populations*
  - To join via Zoom: https://echo.zoom.us/j/89810907975?pwd=d1gydTAvdFUxSU4wb1d2TlNEUTlEQT09

- **Community Health Representatives (CHR) ECHO** – 3rd Monday of every month at 12pm
  - Monday, September 21st at 12pm PT
  - Didactic Topic: *Immunization Awareness & Education*
  - To join via Zoom: https://echo.zoom.us/j/85861655901?pwd=0em1G52lvvVpnihVPOoGwp1hDlPjpo.1

THRIVE
at the Northwest Portland Area Indian Health Board

988 DAY | Compassionate Help. Anytime. Anywhere.

September is Suicide Prevention Awareness Month

THRIVE
at the Northwest Portland Area Indian Health Board

HEALTHY NATIVE YOUTH
A Project of NPAIHB

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Native & Strong 988 Call Center Tour: www.youtube.com/watch?v=Ho91VR1BK2M

WE ARE CONNECTED.

We Need You Here.

To GIVE help or GET help:

Dial 988 if you are having a mental health emergency to reach the Suicide & Crisis Lifeline.

Text NATIVE to 741741 to receive free, 24/7 counseling support.

Talk to trusted elders, healers, friends, family, clergy or health professionals.

Visit WERNATIVE.ORG

www.npaihb.org | THRIVE

This document was developed, in part under grant number SM082106 from SAMHSA. The views, opinions and content of this publication are those of the authors and contributors, and do not necessarily reflect the views, opinions, or policies of CMHS, SAMHSA, or HHS, and should not be construed as such.

HEALTHY NATIVE YOUTH
A Project of NPAIHB

Download, print, and post the **Native Youth Support Resource Guide** wherever youth and community gather.

Find it at healthynativeyouth.npaihb.org

Youth Support

In crisis? Connect 24/7...

Crisis Text Line
Text: NATIVE to 741 741
WhatsApp
www.crisistextline.org/

Suicide and Crisis Lifeline
Call: 988 or 1-800-273-TALK
www.988lifeline.org/chat/

Abuse & Sexual Assault

StrongHearts Native Helpline
Call, text, or chat 24/7
1-844-7NATIVE (762-8483)
www.strongheartshelpline.org

National Sexual Assault Hotline Call
(24/7): 1-800-656-HOPE
www.rainn.org/

National Teen Dating Abuse Helpline
Call (24/7): 1-866-331-9474
Text: LOVEIS to 22522
www.loveisrespect.org

Childhelp National Child Abuse Hotline
(24/7): 1-800-4-A-Child (422-4453)
https://www.childhelphotline.org/

Drugs, Alcohol & Tobacco

National Institute on Drug Abuse for Teens
Call: 1-800-662-HELP
nida.nih.gov/research-topics/parents-educators

Truth: Smoking, Vaping, and Opioids
Get 24/7 Support
Text: DITCHVAPE to 88709
www.thetruth.com/article/this-is-quitting

Get the Facts About Drugs: Just Think Twice
Call: 1-855-378-4373
Text: 55753
www.justthinktwice.gov/

National Drug Information
Treatment & Referral Hotline
Call: 1-800-662-4357
www.samhsa.gov/find-treatment

Mental Health

Mental Health America
Call: 1-800-969-6642
Text: MHA 741 741
www.mhanational.org/

National Hotline. Reach Out & Get Help
Call: 1-800-448-3000
Text: VOICE to 20121
www.boystown.org/hotline

Teens Helping Teens
Call: 1-800-852-8336
Text: TEEN to 839 863
www.teenline.org/

Caring Messages - to remind you of how awesome you are!
Text: CARING to 65664
Text: COLLEGE to 65664

The Trevor Project
Call (24/7): 1-866-488-7386
Text: START to 678 678
www.thetrevorproject.org/

CLICK ON THE LOGOS & LINKS TO GO TO RESOURCE

Youth Support

Relationships & Dating

StrongHearts Native Helpline
Call, text, or chat 24/7
1-844-7NATIVE (762-8483)
strongheartshelpline.org/

Love is Respect
Call (24/7): 1-866-331-9474
Text: LOVEIS to 22522
www.loveisrespect.org

Futures Without Violence: Children
futureswithoutviolence.org/priority/children/

Human Trafficking Hotline
Call (24/7): 1-888-373-7888
Text HELP to 233 733
www.humantraffickinghotline.org

Sexual Health

Planned Parenthood
Call: 1-800-230-7526
Chat: https://roo.plannedparenthood.org/

We R Native: Sexual Health
Text: SEX to 94449

I Know Mine
www.iknowmine.org
I Want the Kit & Order Condoms
(AK mailing only)

Bedsidder
www.bedsider.org/

Get Yourself Tested #GYT
https://gettested.cdc.gov/

Native Youth Sexual Health Network
www.nativeyouthsexualhealth.com/

Native Test
https://nativetest.org/

Bullying

Stopbullying.gov
www.stopbullying.gov/resources/teens

Cyberbullying
cyberbullying.org/category/resources/students

CLICK ON THE LOGOS & LINKS TO GO TO RESOURCE

Youth Support

NPAIHB

WE R NATIVE

Find Help Near You

SAMHSA - Zip code locator for a treatment center closest to you
findtreatment.gov

Mental Health America - Zip code locator for a clinic closest to you
screening.mhanational.org/get-help/

CLICK ON THE LOGOS & LINKS TO GO TO RESOURCE

Text Message Campaigns

Text: NATIVE to 94449
For health & wellness tips

Caring Messages - to remind you of how awesome you are!
Text: CARING to 65664 (ages 13-24)
Text: COLLEGE to 65664 (college youth)

Text: SEX to 94449
Get tips and resources to protect your sexual health

Text: STEM to 94449
For inspiration and motivation on your journey in Health, Technology, Engineering or Math

Text: FITNESS to 94449
For inspiration and motivation to conquer your personal wellness goals and you could win fitness gear or a fitbit!!!

Text: INSPIRE 94449
Get inspired to pursue public health career pathways by hearing from your Native role models

TIP: SIGN UP FOR ONE CAMPAIGN AT A TIME. OTHERWISE YOUR MESSAGES WILL GET ALL MIXED UP

We ALL need Help...

... at different points in time. Every single one of us! Trust your gut and...

Share - any concerns you have

Talk - with someone you can trust

Report - if you're worried about someone

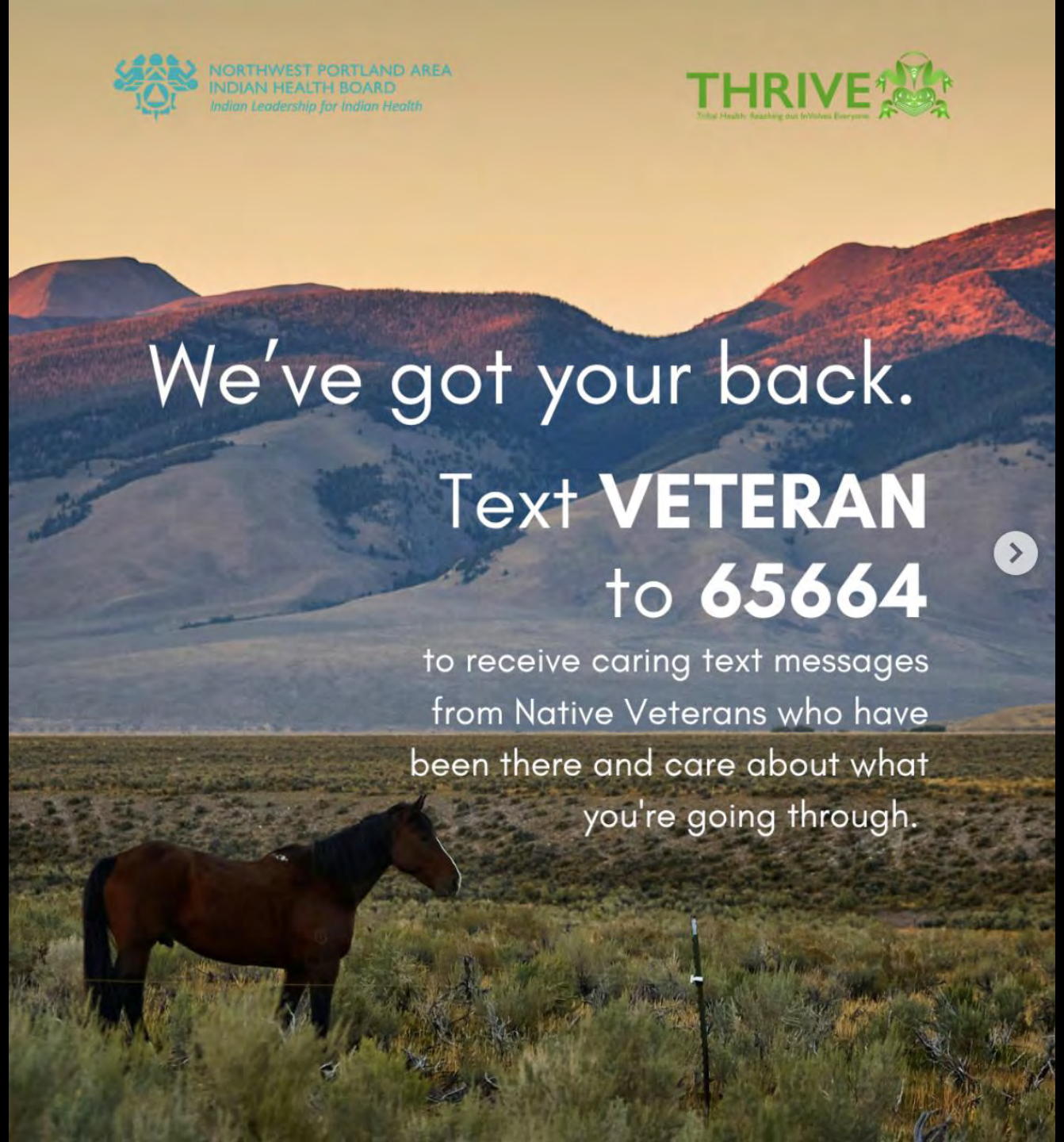
You are not alone! If you need help, Text "Native" to 741 741for FREE 24/7 Counseling support, or Dial 988.

wernative.npaihb.org/resources

Youth Support Resources

Scan the QR code with your phone for Native Youth Support Resources

Get Resources


NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health
THRIVE
We've got your back.
Text VETERAN
to 65664
to receive caring text messages
from Native Veterans who have
been there and care about what
you're going through.

Northwest Tribal Public Health Emergency Preparedness Conference & Training

May 17-21, 2027

Wildhorse Resort & Casino

Pendleton, OR

Save The Date!

Become a Sponsor! Support our upcoming conference and showcase your organization to attendees, community leaders, and industry professionals.

Contact the NPAIHB planning team at tphep@npaihb.org

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Northwest Tribal Public Health Emergency Preparedness Conference & Training

Conference topics include:

- Tribal public health emergency preparedness
- Cross-jurisdictional collaboration
- Emergency Management strategies
- Community resilience & response
- Lessons learned from recent public health events

Who should attend?

- Tribal Health Directors and Program Staff
- Tribal Public Health Professionals
- Tribal Emergency Preparedness
- Tribal Emergency Management
- Tribal Leaders
- Tribal Public Safety
- Other Tribal Program Staff: Natural Resources, Youth, Elders, Social Services, etc.
- Urban Indian Organizational Staff
- Local, State, and National Partners

Your experience matters. Share your story. Strengthen our collective preparedness.

Questions? Contact the planning team @ NPAIHB at tphep@npaihb.org
For information on last year's TPHEP conference & training, visit: NPAIHB.ORG/TPHEP2026

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Possible upcoming pre-conference trainings:

- Water safety CPR certification
- FEMA Incident command

Northwest Tribal Public Health Emergency Preparedness Conference & Training

Questions? Contact the planning team @ NPAIHB at tphep@npaihb.org

For information on last year, go to: NPAIHB.ORG/TPHEP2026

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For information on last year, go to: NPAIHB.ORG/TPHEP2026

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Washington State Department of HEALTH

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NPAIHB Weekly Update Schedule

- September 22: WA Regional Tribal Health Profiles
- September 29: Legislative & Policy Updates
- October 6: State Partner Updates & Communicable Diseases Updates
- October 13: N CREW Research Topic – Grants Budgeting (to be confirmed)
- October 20: Legislative & Policy Updates (to be confirmed)

Portland Area IHS

Communicable Diseases Update

TARA PERTI, MD, MPH

MEDICAL EPIDEMIOLOGIST

OFFICE, PORTLAND AREA IHS

September 15, 2026

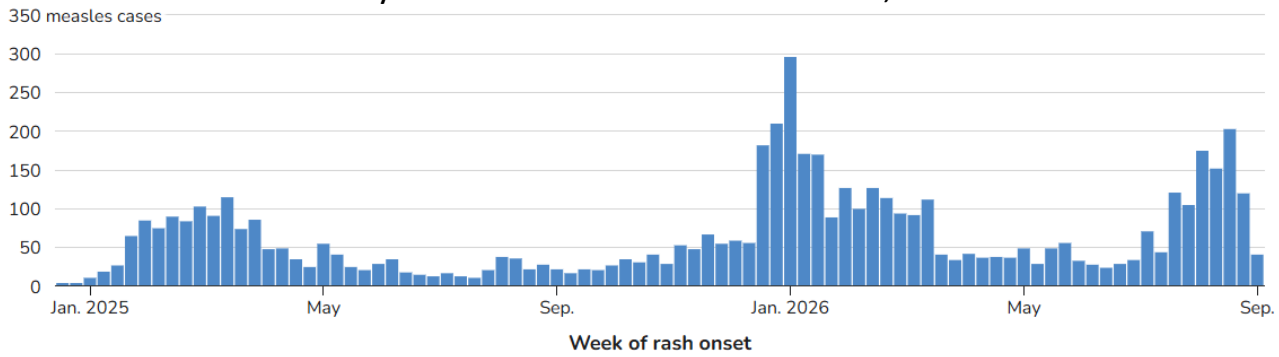
Outline

- Measles
- Seasonal Respiratory Viruses (COVID-19, Influenza, RSV)

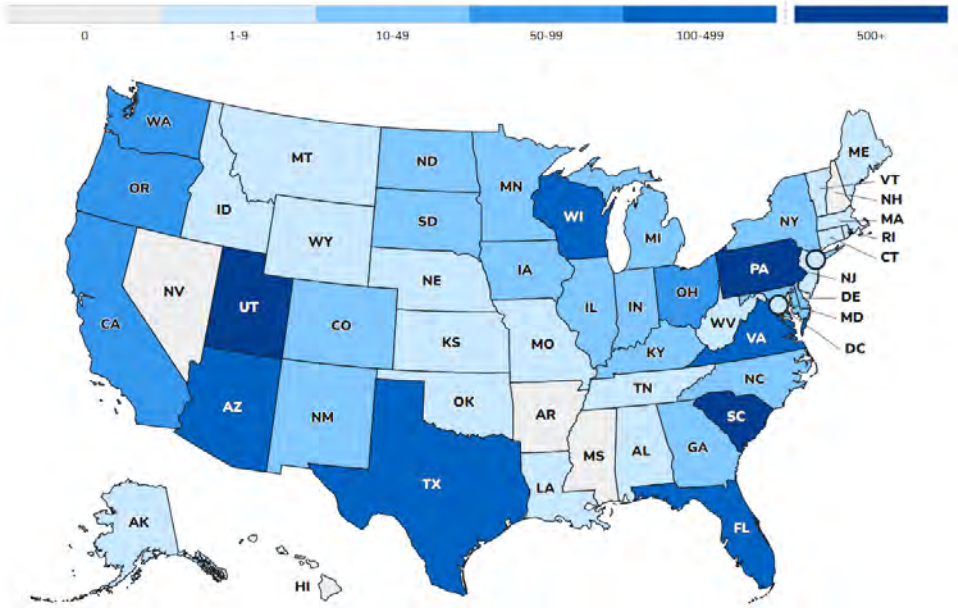
Measles — United States, 2026

- 3,294 confirmed cases during 2026 as of 9/10, exceeding the total number of cases during 2025 (n=2,289).
- Cases in U.S. residents among 47 jurisdictions.
- 95% of cases are outbreak-associated (≥3 related cases).
- Age: 18% <5 years-old, 45% 5-19 years-old, 37% ≥ 20 years-old.
- 8% hospitalized.
- Three deaths reported in Pennsylvania among persons with measles, including two infants to young to be vaccinated and and one unvaccinated adult (during 2025, 3 deaths among unvaccinated individuals, including 2 healthy school-aged children).
- 95% 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. Most recent case reported on 8/26.

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=57)

- **Ongoing outbreak in Clackamas and Multnomah counties.**

- Recent possible public exposure locations:
  - 8/29 (10:31 AM-6:07 PM): Kaiser Permanente Mt. Talbert Medical Office, Clackamas. Anyone at this location should monitor for symptoms through 9/19. For more information: https://www.oregon.gov/oha/ERD/Pages/Kaiser-Permanente-Mt.-Talbert-Medical-Office-is-latest-measles-exposure-location-09.02.2026.aspx
  - 8/30 (10:04 AM-1:49 PM): Legacy Mount Hood Medical Center ER, Gresham. Anyone at this location should monitor for symptoms through 9/20.
  - 8/28 (3:21-5:23 PM): Randall Children's Hospital ER Waiting Room, Portland. Anyone at this location should monitor for symptoms through 9/18.
  - 8/25 (1:20-4:11 PM): Randall Children's Primary Care Clinic, Legacy Emanuel Medical Center, Portland. Anyone at this location should monitor for symptoms through 9/15.
  - ➢ For more information: https://www.oregon.gov/oha/ERD/Pages/Legacy-Mount-Hood-Medical-Center-Randall-Childrens-Hospital-are-latest-measles-exposure-locations-09.01.2026.aspx

  - Measles virus was detected in wastewater during the 6-week period from 7/26/26-9/5/26 in the following counties:
    - Klamath, Josephine, Lincoln, Lane, Washington, Jackson, Douglas, Marion, Tillamook, Multnomah, Columbia, Yamhill, Malheur, Coos, Clackamas, Umatilla, Deschutes, Hood River, Wasco, and Polk Counties.

- Five people (9%) with measles have been hospitalized this year in Oregon. 93% of people with measles in Oregon were unvaccinated or with unknown vaccination status.

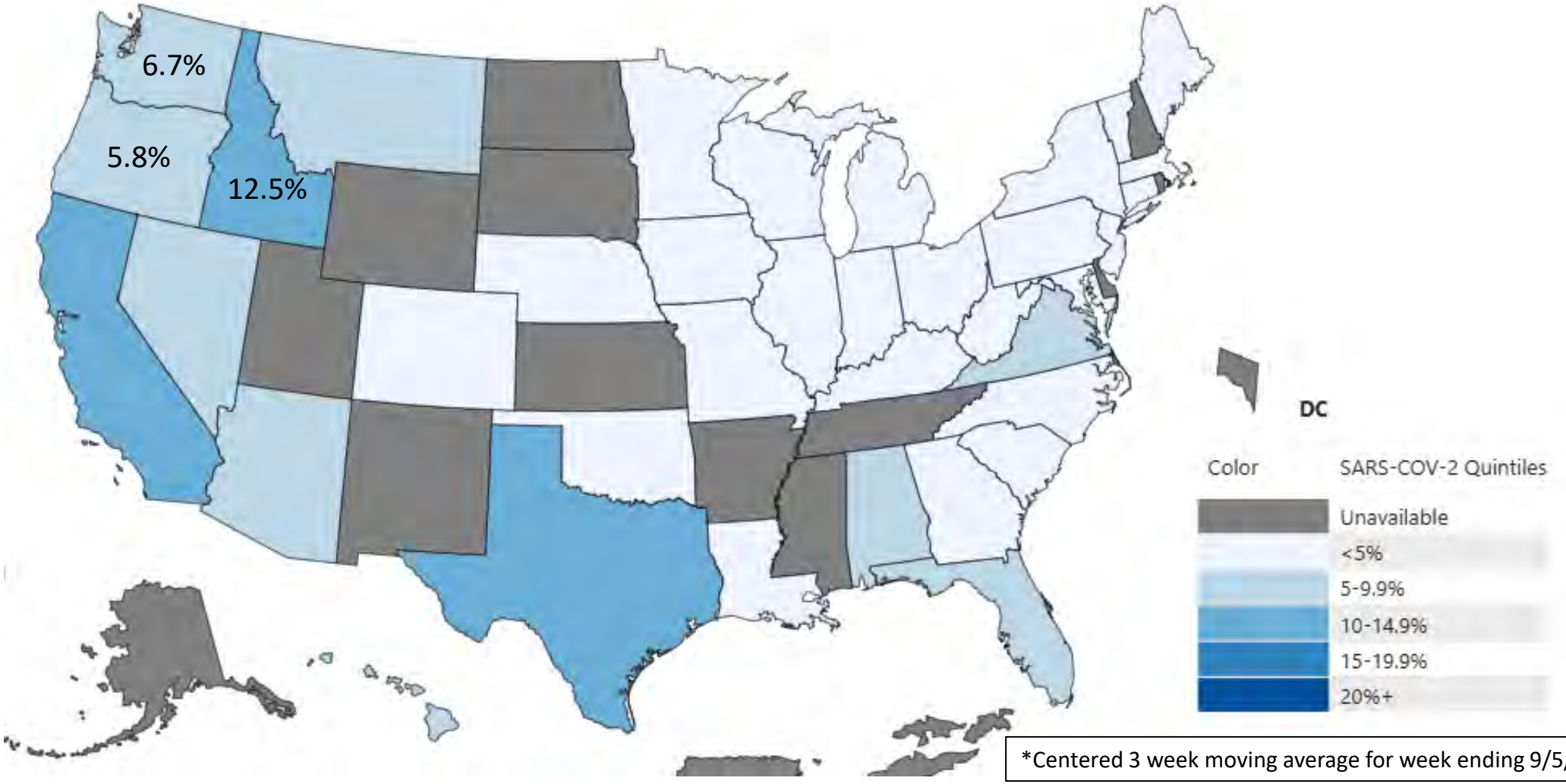
Oregon Health Authority. Measles / Rubeola (vaccine-preventable). Available at: https://www.oregon.gov/oha/ph/diseasesconditions/diseasesaz/pages/measles.aspx
Oregon Health Authority. Oregon Health Authority : Oregon reports measles outbreak; new wastewater dashboard tracks measles virus by county; Respiratory 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=121)	
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: 57	
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

Percent of Tests Positive for COVID-19 — United States, Week Ending 9/5/26*

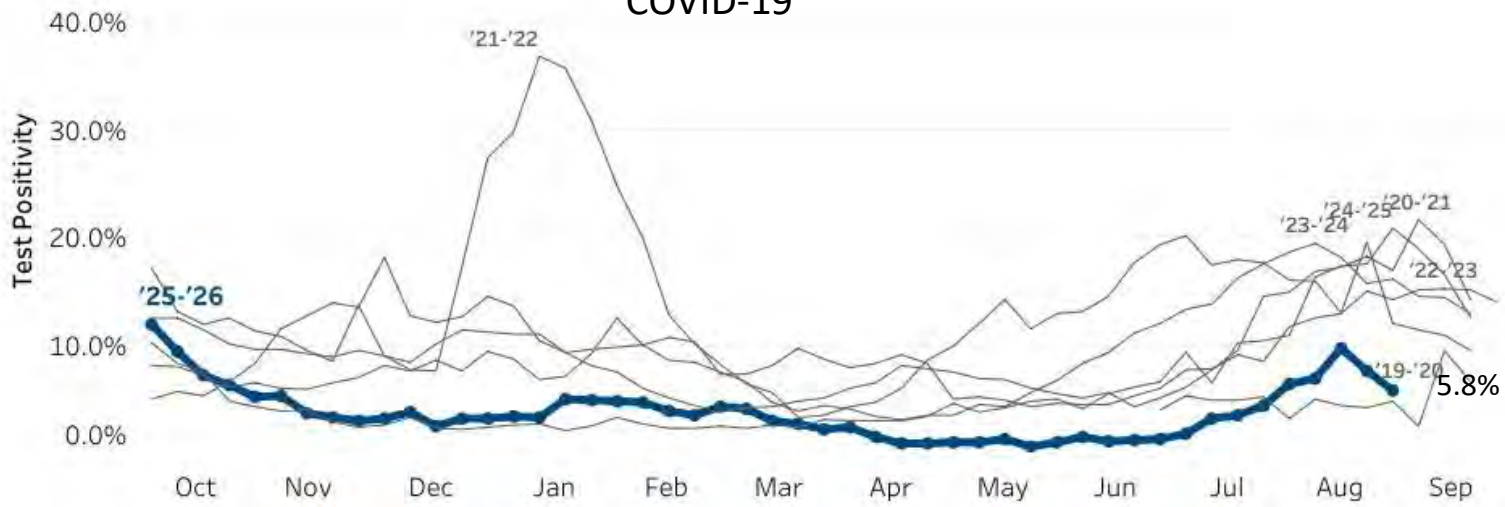


*Centered 3 week moving average for week ending 9/5/26

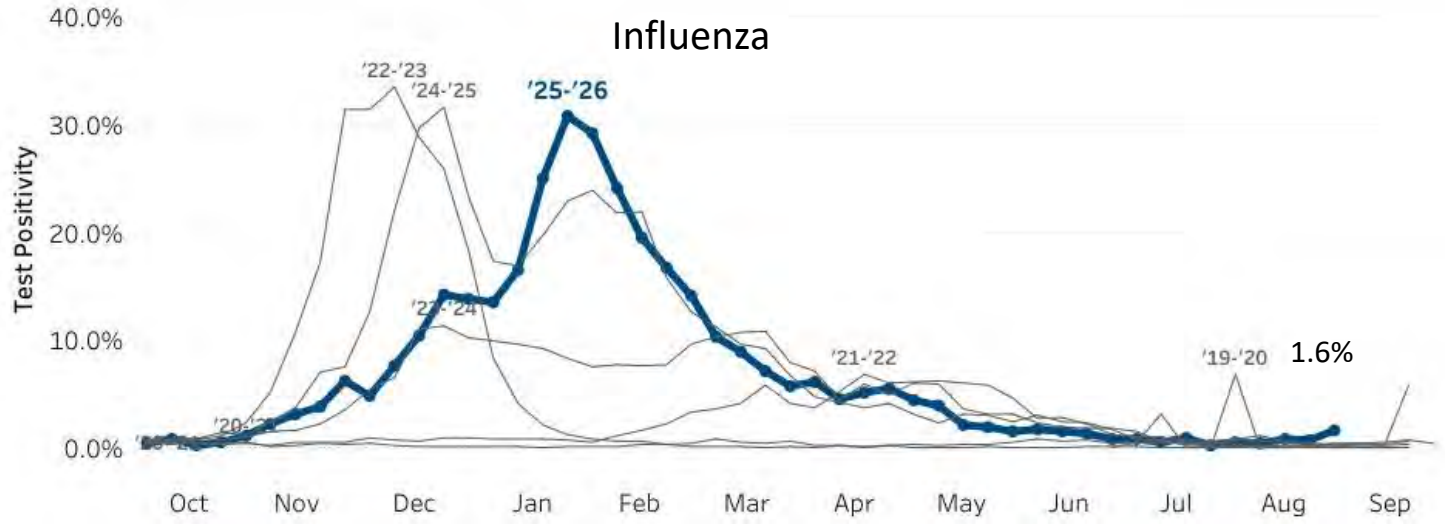
CDC. NREVSS Dashboard. Available at: https://www.cdc.gov/nrevss/php/dashboard/index.html

Percent of Tests Positive for COVID-19 and Influenza — Oregon, 2025-26 vs. Prior Seasons (through 9/5/26)

COVID-19

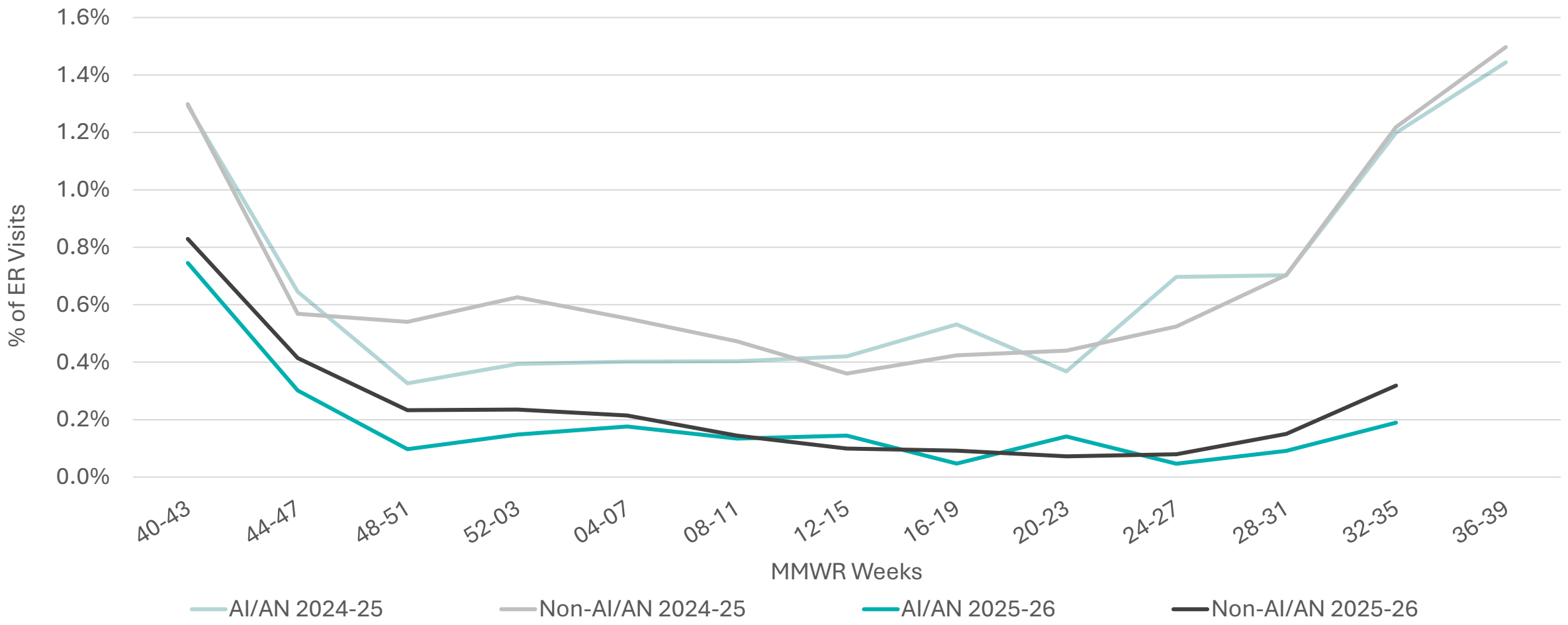


Influenza



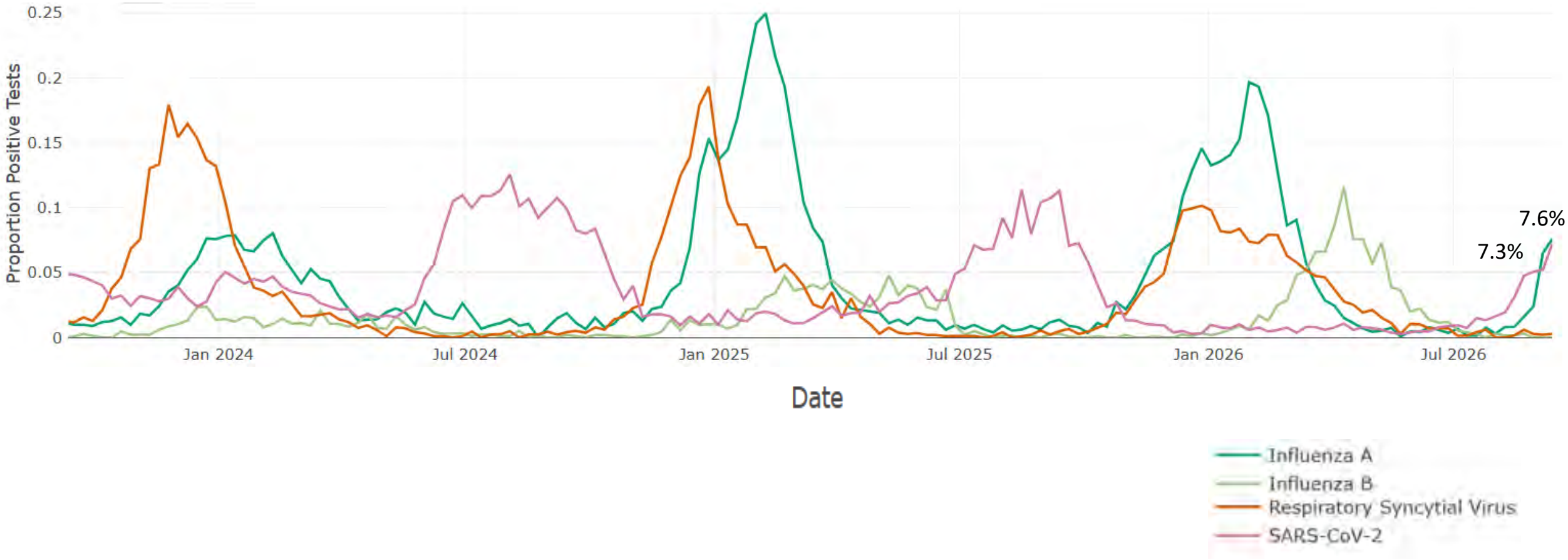
Oregon Health Authority. Oregon's Respiratory Virus Data. https://public.tableau.com/app/profile/oregon.public.health.division.acute.and.communicable.disease.pre/viz/OregonsRespiratoryVirusData/TestPositivity

% ER Visits Associated with **COVID-19**, AI/AN vs. non AI/AN — **Oregon**, 2025-26 (through week 35, ending 9/5) vs. 2024-25



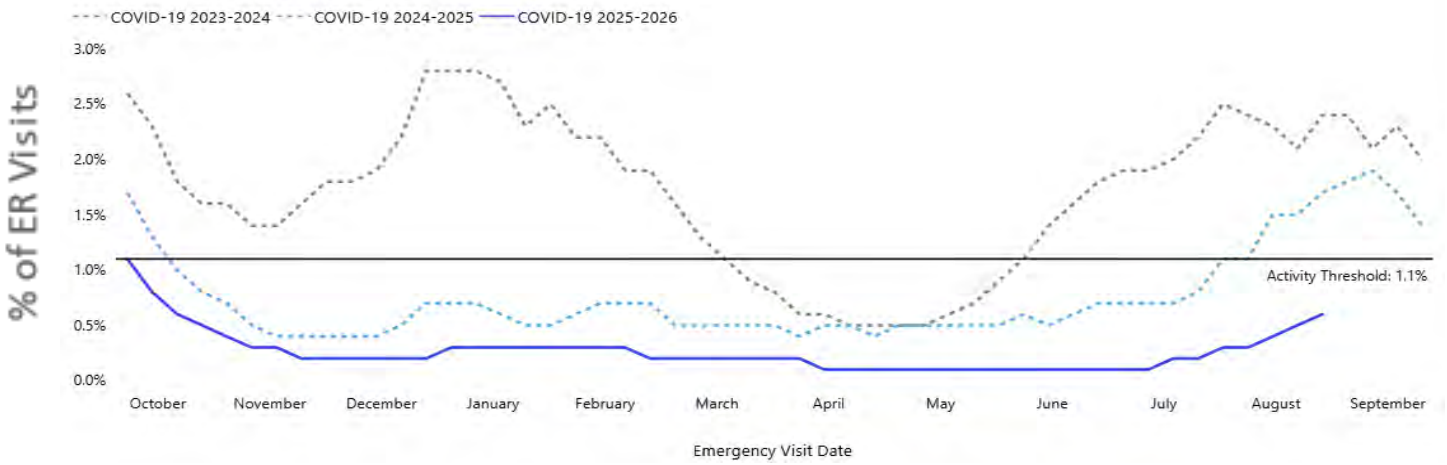
Data Source: ESSENCE
Courtesy Kacey Little, MPH, NPAIHB

Proportion of Tests Positive for COVID-19, Influenza and RSV in the Northwest — University of Washington and Seattle Children's Hospital, 2025-26 (through 9/12)

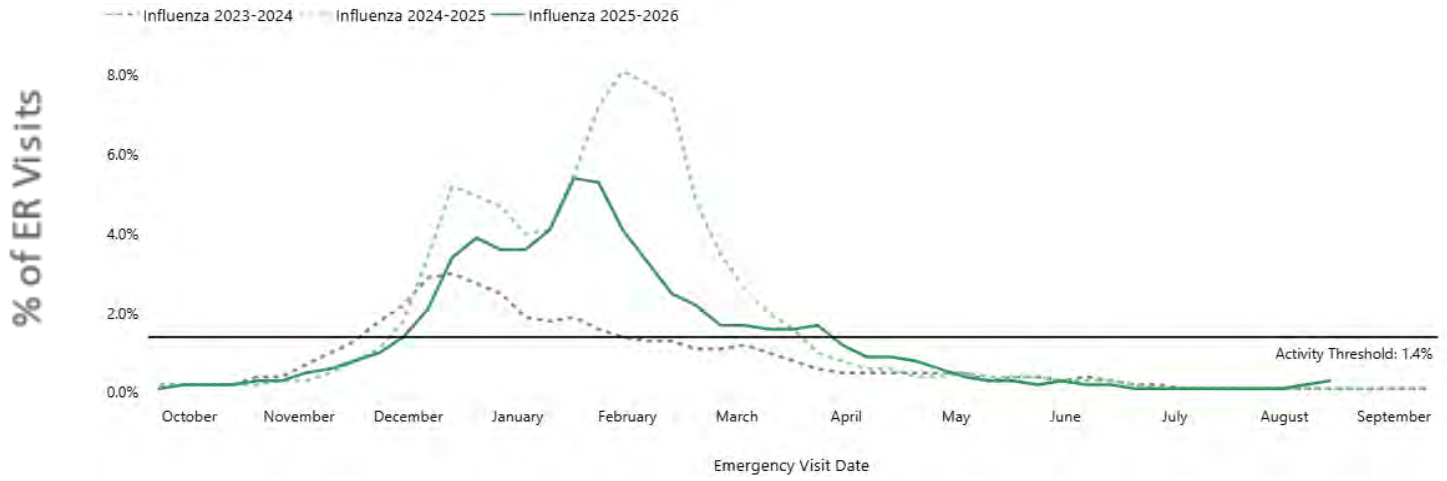


Percent of Emergency Room Visits for COVID-19 and Influenza — Washington, 2025-26 vs. Prior 2 Seasons (through 9/5/26)

COVID-19

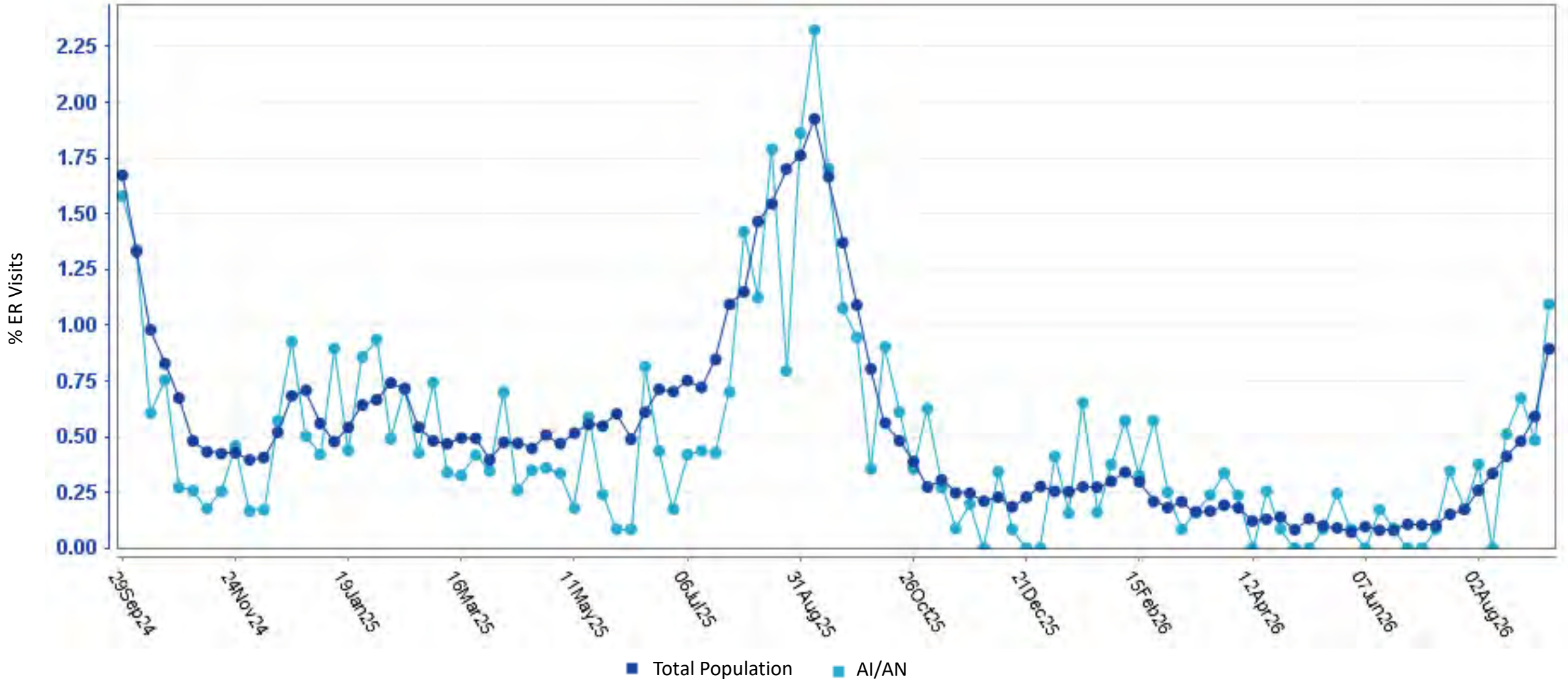


Influenza

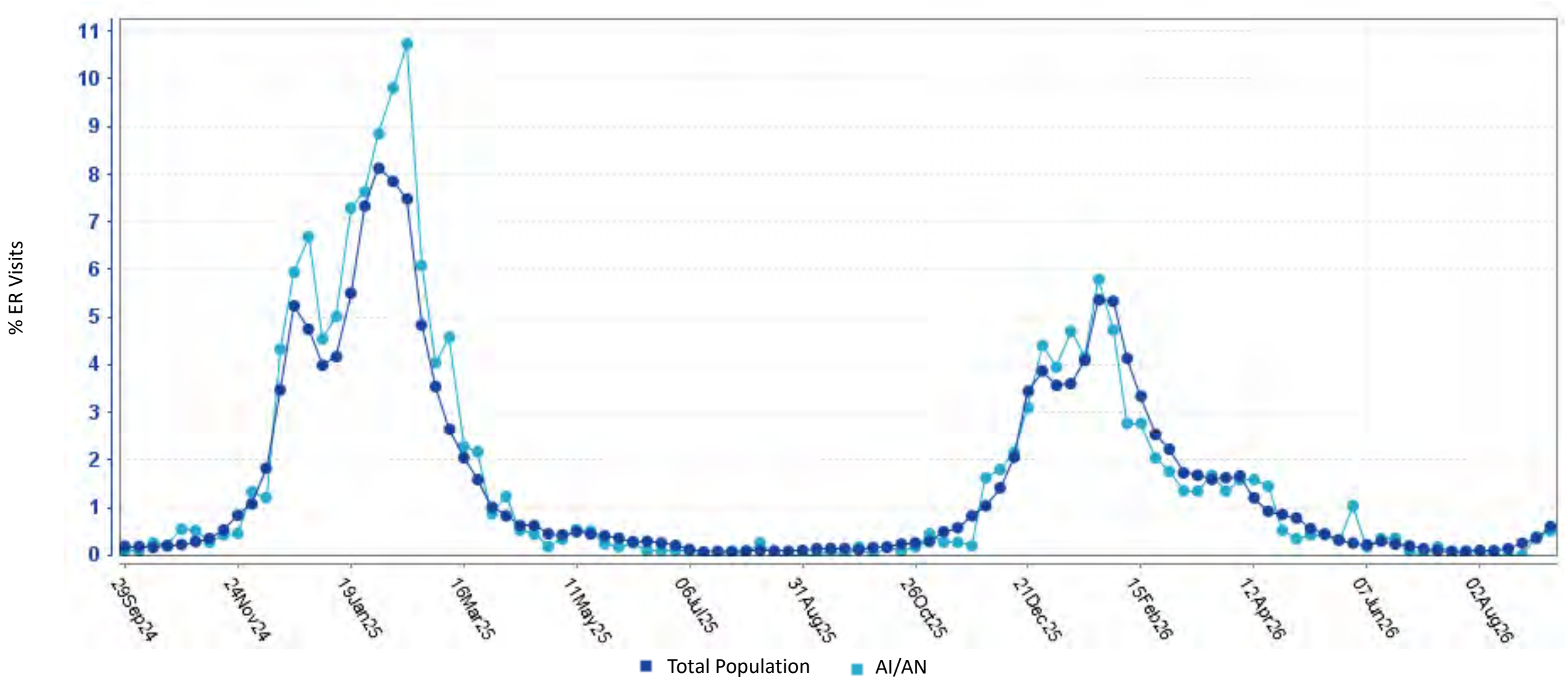


Washington State Department of Health. Respiratory Illness Data Dashboard. Available at: https://doh.wa.gov/data-and-statistical-reports/diseases-and-chronic-conditions/communicable-disease-surveillance-data/respiratory-illness-data-dashboard

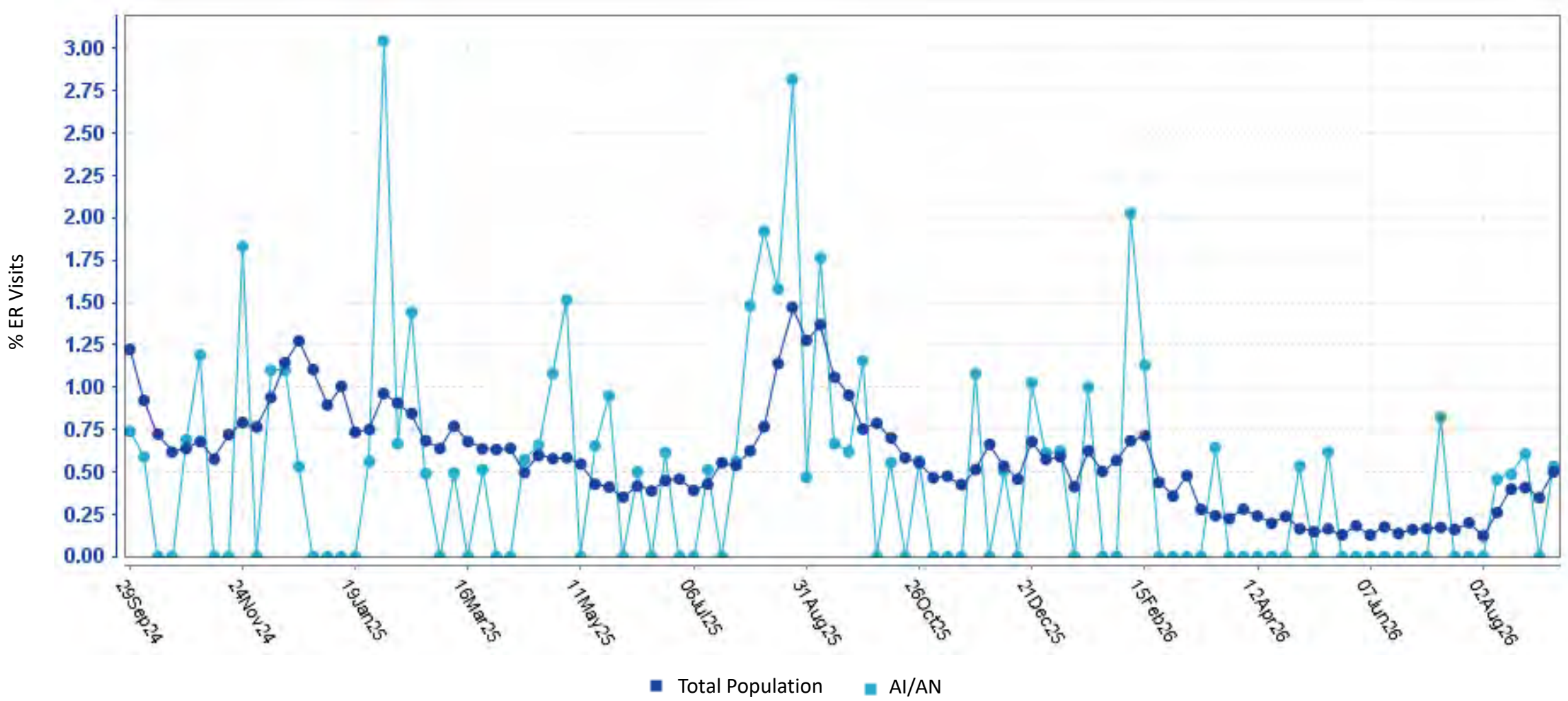
% Weekly COVID-19 ER Visits by Facility Location, Total Population vs. AI/AN — Washington, 2024-26 (through 9/12/26)



% Weekly Influenza ER Visits by Facility Location, Total Population vs. AI/AN — Washington, 2024-26 (through 9/12/26)

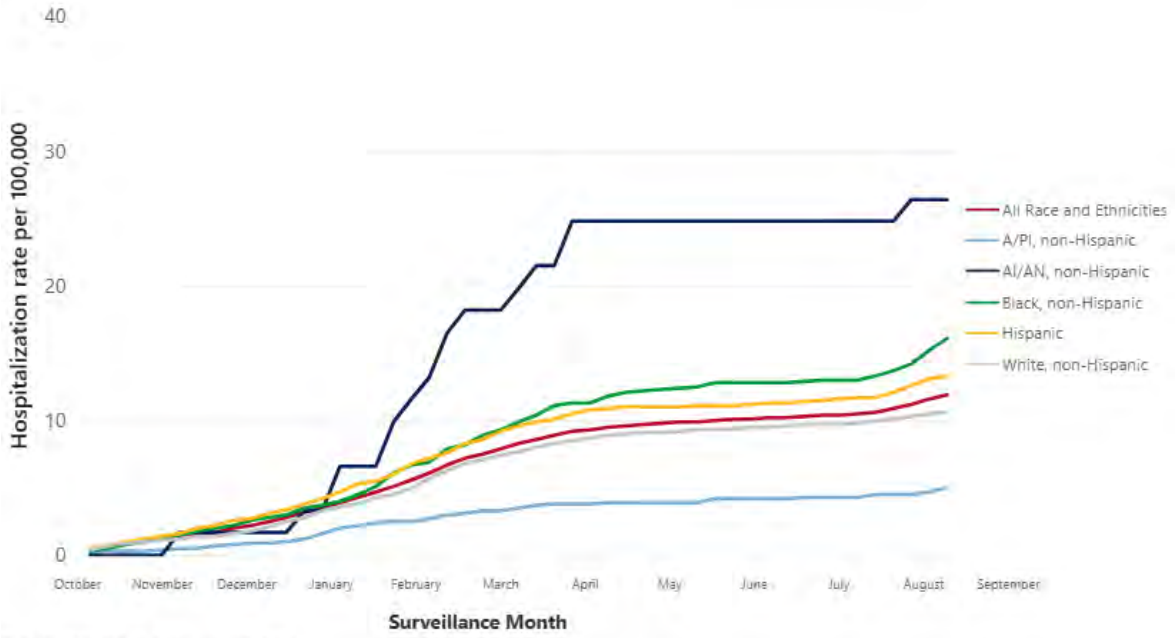


% Weekly COVID-19 ER Visits by Facility Location, Total Population vs. AI/AN — Idaho, 2024-26 (through 9/12/26)



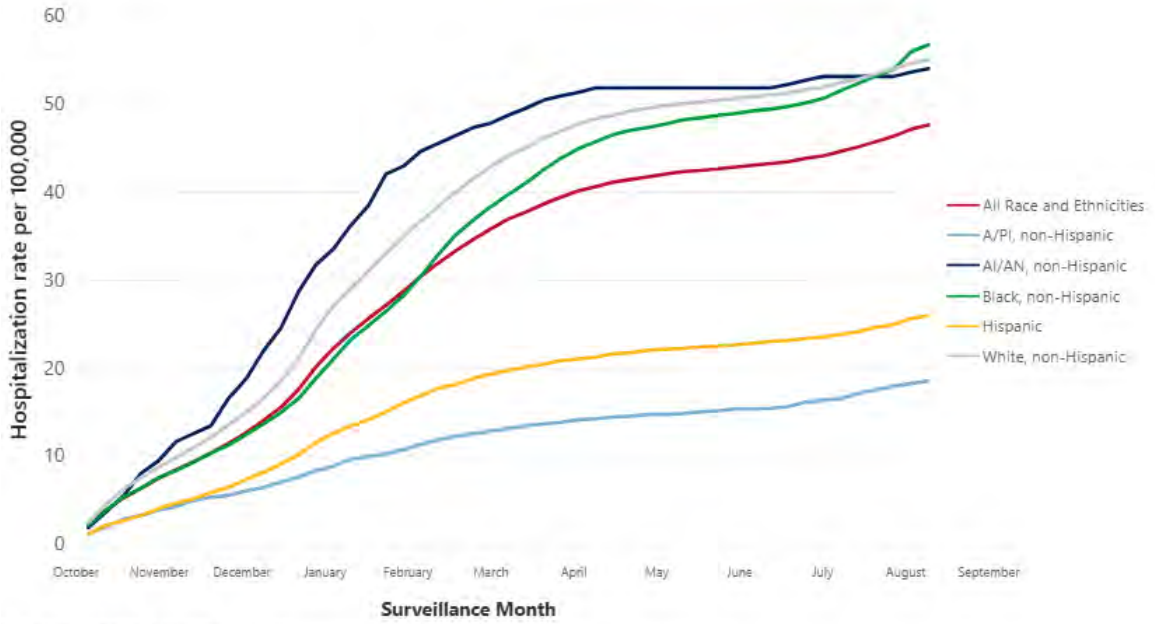
Cumulative COVID-19 Hospitalization Rates Among Children and Adults by Race/Ethnicity — United States, 2025-26

Children, Age 0-17 Years



Data Last Updated: September 10, 2026
Accessibility: Right click on the graph area to display options such as show data as table and copy visual.

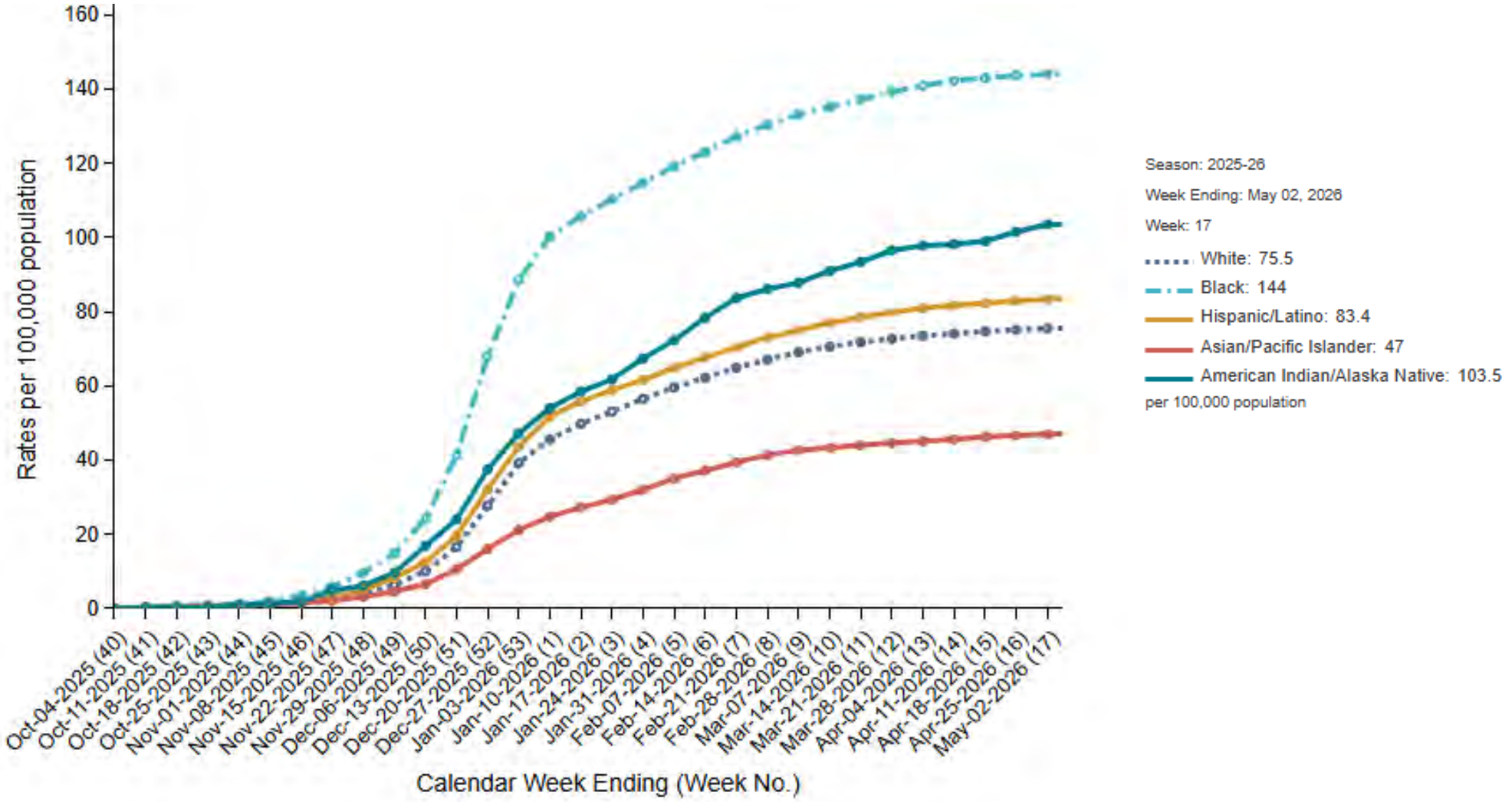
Adults, ≥ 18 Years



Data Last Updated: September 10, 2026
Accessibility: Right click on the graph area to display options such as show data as table and copy visual.

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

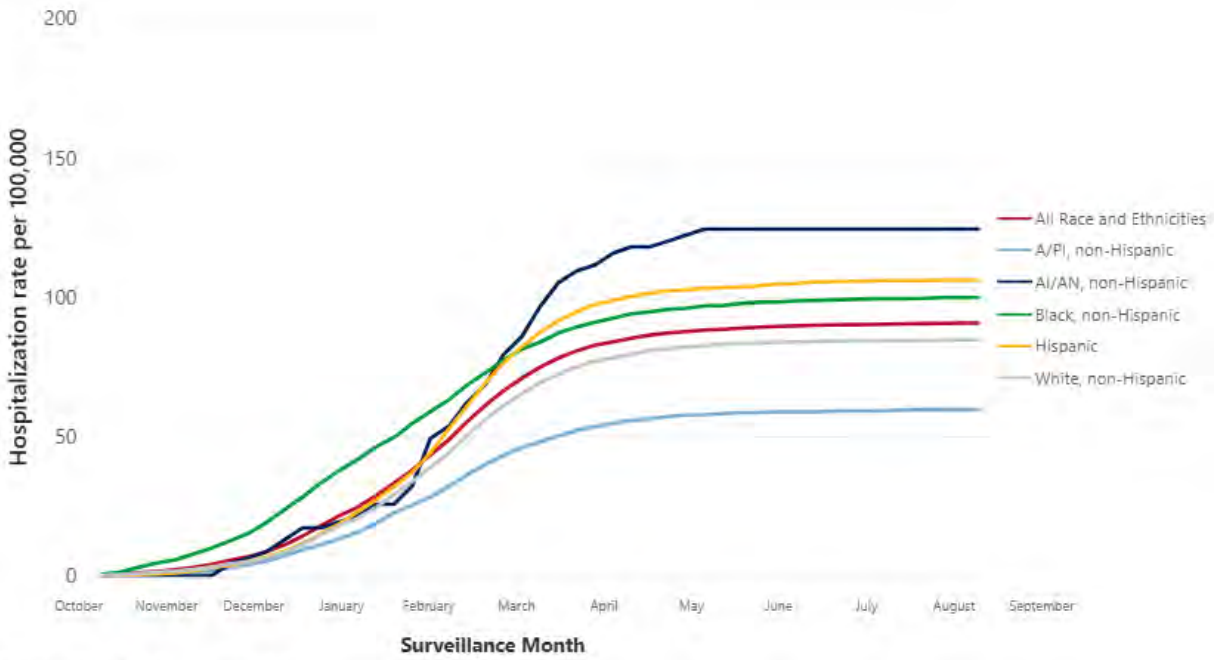
Cumulative Age-adjusted Hospitalization Rate Associated with Influenza by Race/Ethnicity — United States, 2025-26



FluSurv-NET: Influenza Hospitalization Surveillance Network. Laboratory-Confirmed Influenza Hospitalizations. Available at: https://gis.cdc.gov/GRASP/Fluview/FluHospRates.html.

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

Children, Age 0-17 Years



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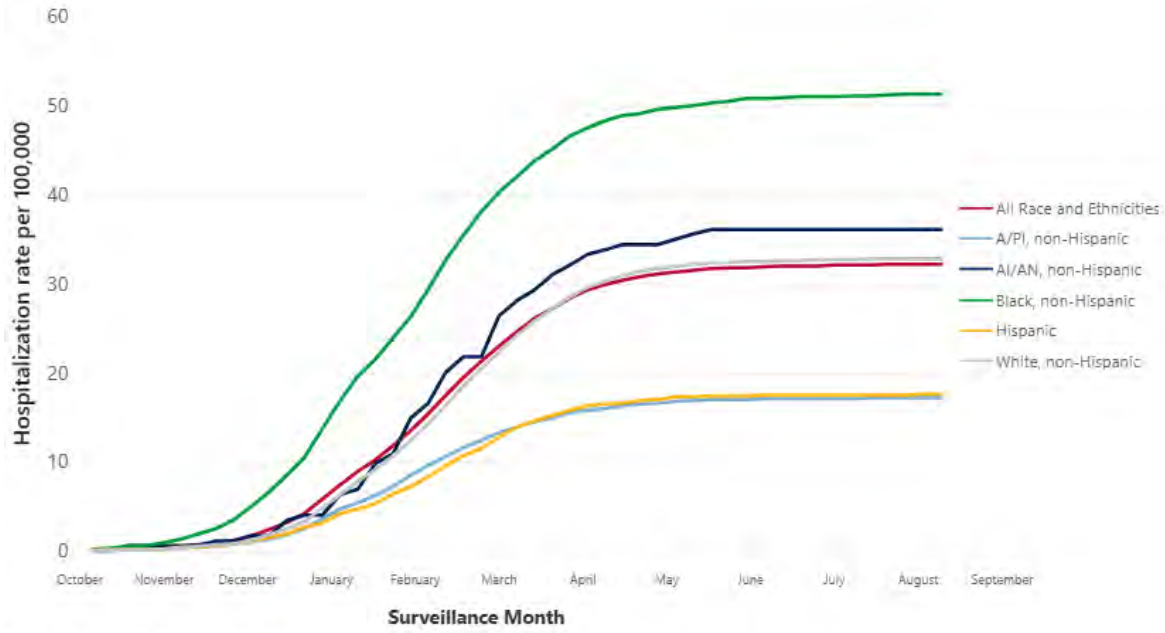
Accessibility: Right click on the graph area to display options such as show data as table and copy visual.

Adults, ≥ 18 Years



Data Last Updated: September 10, 2026
Accessibility: Right click on the graph area to display options such as show data as table and copy visual.

RSV-NET Interactive Dashboard. Available at: https://www.cdc.gov/rsv/php/surveillance/rsv-net.html

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

COVID-19 Vaccine Recommendations from Professional Medical Organizations

Age	American Academy of Pediatrics (AAP) 2026-2027	American Academy of Family Physicians (AAFP)	American College of Obstetricians and Gynecologists (ACOG)
Children 6-23 months	Everyone (without contraindications)		
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		
Adults ≥ 19 years		Everyone, with particular emphasis for the following groups: • ≥ 65 years-old (should receive a 2nd dose 6 months after the first (minimum interval 2 months) • Increased risk for severe COVID-19 infection • Never received a COVID-19 vaccine All health care personnel	
Pregnant women			All pregnant women (any gestational age) and lactating women

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, 2026-2027: Policy Statement. Available at: https://publications.aap.org/pediatrics/article/doi/10.1542/peds.2026-079045/208785/Recommendations-for-COVID-19-Vaccines-in-Infants?autologincheck=redirected
American Academy of Family Physicians. 2026-2027 influenza, RSV and SARS-CoV-2 immunization recommendations. Available at: https://www.aafp.org/assets/image/upload/v1788277985/pdf_2026_through_2027_influenza_rsv_sars_covid_2_guidance.pdf
American College of Obstetricians and Gynecologists. 2026 Maternal Immunization Schedule. Available at: https://www.acog.org/-/media/project/acog/acogorg/files/pdfs/programs/immunization/maternal-immunization-schedule.pdf?rev=69fa35f9cf3d4080b3ec8a6210031b2e&hash=716663FDEE4675D6A88003173C725B09

Influenza Vaccines: Key Points

- Influenza vaccination is recommended for everyone age 6 months or older who do not have contraindications.
- AI/AN are included in list of groups at risk for severe complications from influenza by ACIP and CDC.
- Children <9 years who have not previously received a lifetime total of ≥2 doses need 2 doses this season. First dose should be given as soon as possible to allow 2nd dose (administered ≥4 weeks later) to be given by end of October.
- Women who are pregnant or within 2 weeks post-partum are at increased risk for severe complications from influenza. Any age-appropriate inactivated influenza vaccine (IIV3) or recombinant influenza vaccine (RIV3) may be used in any trimester.
- Adults ≥65 years old are recommended to preferentially receive a high dose or adjuvanted influenza vaccine (i.e. HD-IIV3, RIV3, or aIIV3) or mRNA vaccine by the American Academy of Family Practice; another age-appropriate influenza vaccine should be used if not available.
- Be aware of contraindications/precautions for Flumist, a live attenuated influenza vaccine (LAIV3) administered as a nasal spray, approved for persons age 2 through 49 years of age.
  - LAIV3 should not be given to pregnant or immunocompromised persons, close contacts and caregivers of severely immunosuppressed persons, children < 2 years-old, children age 2-4 years with asthma or history of wheezing in the past 12 months (asthma in persons ≥ 5 years is a precaution), or children receiving aspirin or salicylate containing therapy, persons with cochlear implants or cranial CSF leak.

CDC. Interim Clinical Considerations for the Use of Seasonal Influenza Vaccines in the United States. September 1, 2026. Available at: https://www.cdc.gov/flu/hcp/vax-summary/seasonal-influenza-vaccines.html
American Academy of Family Physicians. *2026-2027 influenza, RSV and SARS-CoV-2 immunization recommendations for non-pregnant immunocompetent adults and health care personnel*. Available at: https://www.aafp.org/assets/image/upload/v1788277985/pdf_2026_through_2027_influenza_rsv_sars_covid_2_guidance.pdf.
Leroux-Roels I,et al. Efficacy and Safety of an mRNA Seasonal Influenza Vaccine in Adults. *NEJM*. 2026.

Respiratory Virus Immunization Recommendations

Respiratory Virus Immunization Recommendations

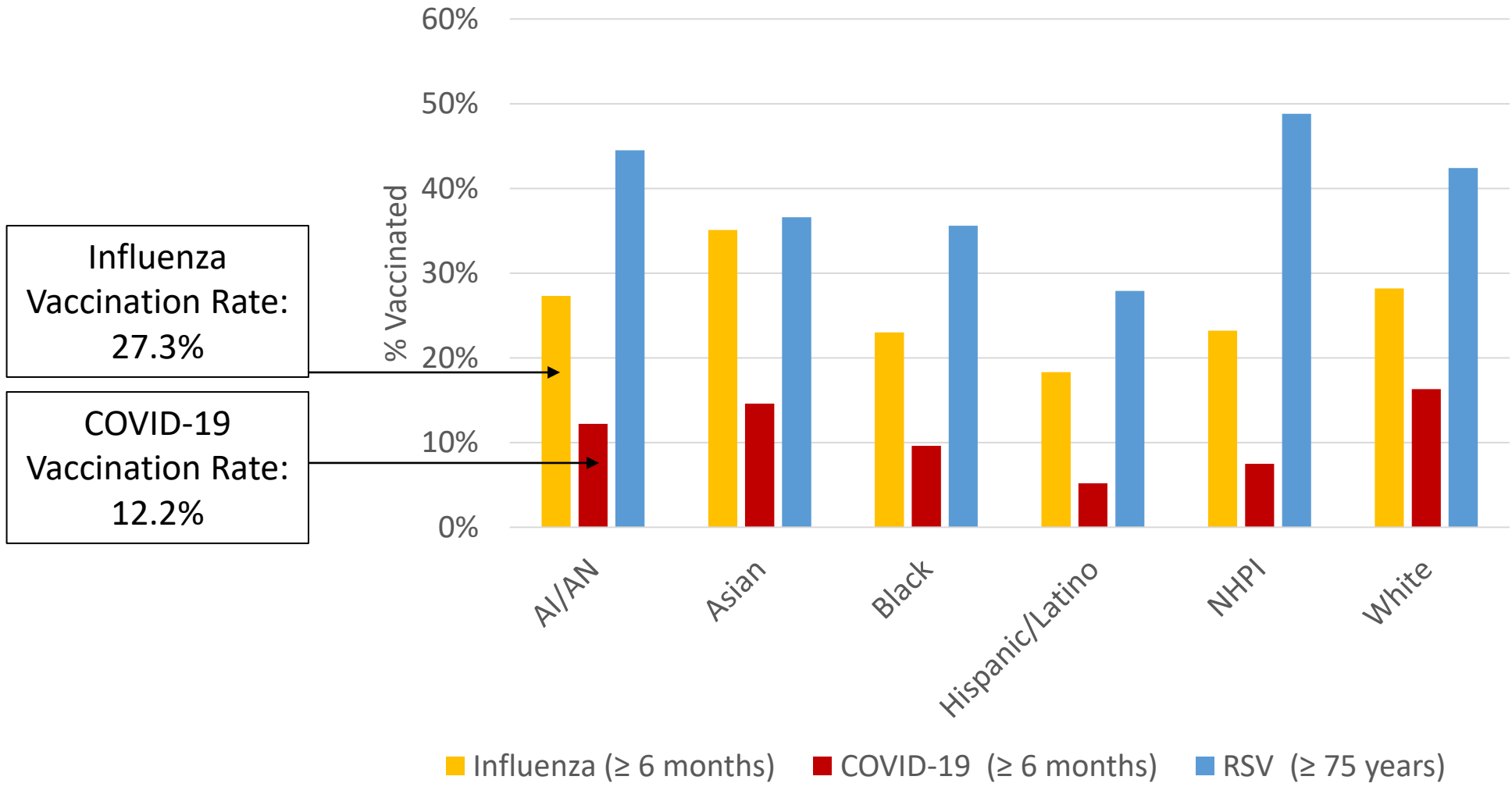
ALIGNED WITH EVIDENCE AND GUIDANCE FROM:

AAFP · American Academy of Pediatrics · AMA · Vaccine Integrity Project · ACOG · IDSA

	Influenza (flu)	Respiratory syncytial virus (RSV)	COVID-19
Children and Adolescents 0-18 years	Annual flu vaccine for all children 6 months+	All infants <8 months, if no protection from RSV vaccine during pregnancy and children 8-19 months in certain risk groups	All young children ages 6-23 months and children 2-18 years in certain risk groups or if desired
Pregnancy	Annual flu vaccine (avoid nasal spray flu vaccine)	One-time RSV vaccine in first eligible pregnancy if 32-36 weeks pregnant, given between September 1 and March 1	Annual updated COVID-19 vaccine
Adults 19-64 years	Annual flu vaccine for all adults ages 19+	One-time RSV vaccine for adults ages 50-74 at increased risk of severe RSV	Annual updated COVID-19 vaccine
Older Adults 65+ years	Annual flu vaccine for all adults, high dose for 65+, if possible	One-time RSV vaccine recommended for adults ages 50-74 at increased risk and all adults age 75+	Annual updated COVID-19 vaccine for adults 65+, followed by a second dose 6 months later to boost protection
Immunocompromised	Annual flu vaccine for those ages ≥6 months (avoid nasal spray flu vaccine)	Single dose of RSV vaccine for those ages≥18 years and for those ages <18 years, administration should be guided by shared decision making	Annual updated COVID-19 vaccine for those ages ≥6 months
Healthcare Personnel	Annual flu vaccine	Follow age- and risk-based RSV vaccine recommendations	Annual updated COVID-19 vaccine

American Medical Association. Respiratory Virus Immunization Recommendations. Available at: https://www.ama-assn.org/system/files/respiratory-virus-immunization-recommendations.pdf

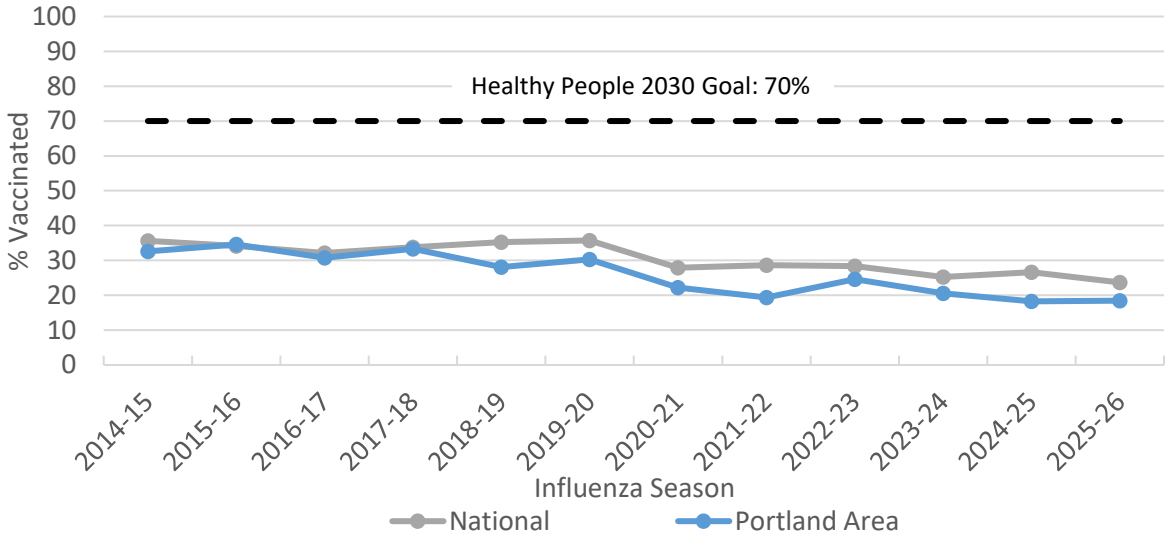
Percent of People Vaccinated for Influenza, COVID-19 and RSV by Race/Ethnicity — Washington State , 2025-26 (through 6/29/26)



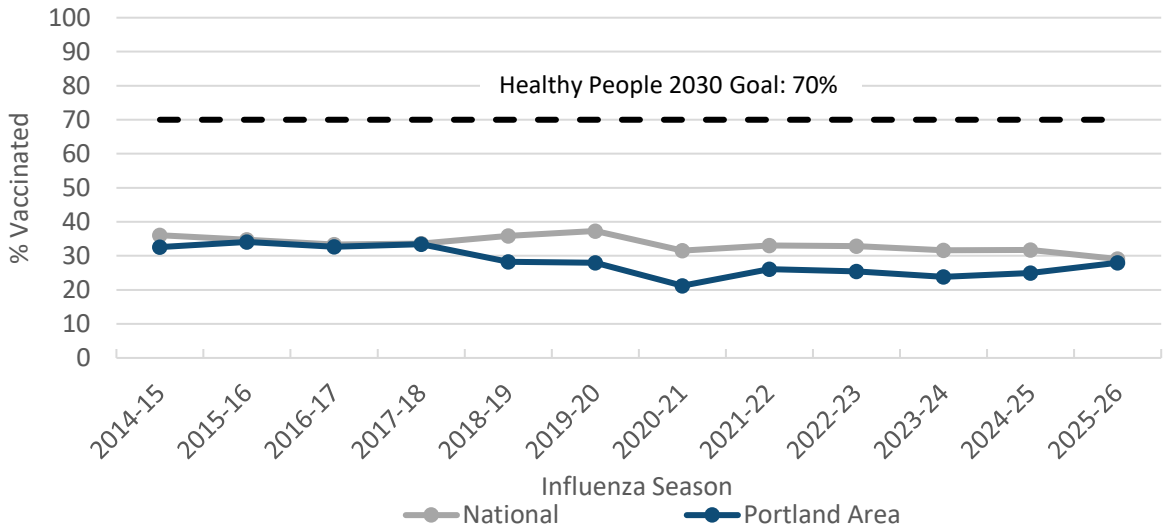
Washington DOH. Respiratory Immunization Data. Available at https://doh.wa.gov/data-statistical-reports/health-behaviors/immunization/respiratory-immunization-data

Influenza Vaccination Rates for Children and Adults – Portland Area vs. Nationally, 2014-15 through 2025-26 Seasons

Children (Age 10 months-17 years)

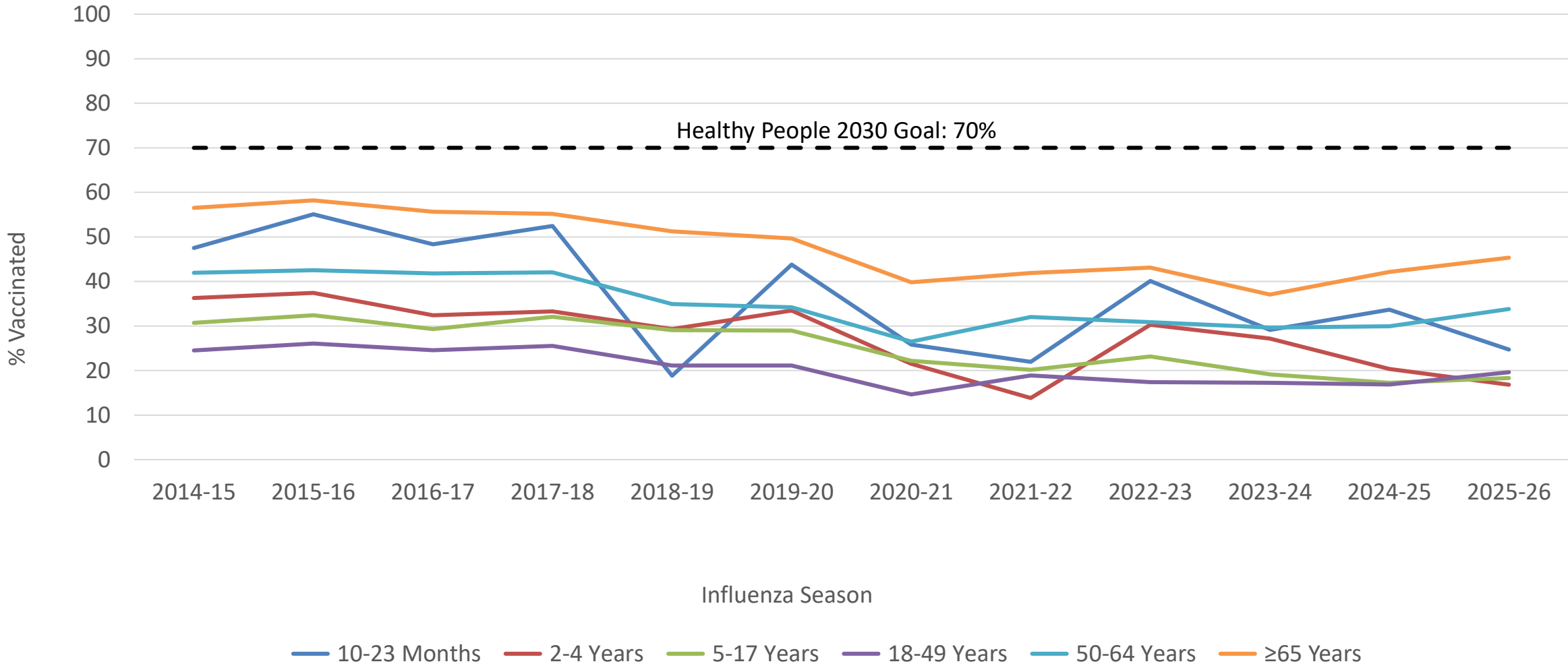


Adults ≥ 18 years



Note: Patients (active users with ≥ 2 visits/3 years) receiving at least 1 dose of Influenza vaccine. All reporting I/T/U facilities at end of 2nd Quarter of Each FY (3/31).
Source: IHS National Immunization Reporting System Influenza Immunizations Reports.

Influenza Vaccination Rates by Age Group – Portland Area, 2014-15 through 2025-26 Seasons



Note: Patients (active users with ≥ 2 visits/3 years) receiving at least 1 dose of Influenza vaccine. All reporting I/T/U facilities at end of 2nd Quarter of Each FY (3/31). Source: IHS National Immunization Reporting System Influenza Immunizations Reports

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

Influenza: Treatment

- Influenza antivirals [e.g. oral oseltamivir, for adults 75 mg twice daily X 5 d) should be started at soon as possible for adults and children with suspected or confirmed influenza, regardless of vaccination history, who have severe or progressive illness, regardless of duration, or who are at increased risk for severe influenza-associated complications.

- Antiviral treatment can be considered for those not at high risk who have suspected or confirmed influenza, regardless of vaccination history, who have had symptoms for ≤ 48 hours, who live with someone at high risk for severe influenza-associated complications (particularly those who are severely immunocompromised), or who are healthcare providers who care for patients at high risk for severe influenza-associated complications.

- Patients should be educated to present early after onset of an influenza-like or respiratory illness as influenza antivirals are most effective when started within 48 hours after symptom onset.

Uyeki TM, et al. Clinical Practice Guidelines by the Infectious Diseases Society of America: 2018 Update on Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management of Seasonal Influenza. *Clin Infect Dis*. 2019.
CDC. Influenza Antiviral Medications: Summary for Clinicians. Available at: https://www.cdc.gov/flu/hcp/antivirals/summary-clinicians.html#Table1

Influenza: Post-exposure Prophylaxis

- Considered within 48 hours of exposure, same dosage as for treatment, given for 7 days after last exposure in following situations:
  - Household exposure to influenza for those aged ≥ 3 months at very high risk for severe influenza-associated complications and who cannot be vaccinated or who are unlikely to respond to vaccine.
  - Children at high risk for severe influenza-associated complications who have not yet been vaccinated, have been vaccinated in the past 2 weeks, or when there is a poor match between the vaccine and circulating strains (AAP).
  - Unvaccinated adults and children ≥ 3 months who live with a person at very high risk of severe influenza-associated complications, given together with influenza vaccination.
  - Alternatively, patients and parents can be educated regarding early empiric initiation of influenza antiviral treatment for respiratory illnesses prior to obtaining test results.

Uyeki TM, et al. Clinical Practice Guidelines by the Infectious Diseases Society of America: 2018 Update on Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management of Seasonal Influenza. *Clin Infect Dis*. 2019.
American Academy of Pediatrics Committee on Infectious Diseases. Recommendations for Prevention and Control of Influenza in Children, 2026-2027: Policy Statement. Pediatrics. 2026:doi: 10.1542/peds.2026-078778.

Summary

- 3,294 confirmed cases of measles in the U.S. during 2026 as of 9/10, exceeding the total number of cases during 2025 (n=2,289); the number of weekly cases has been rising since mid-July.
- 95% of cases unvaccinated or with unknown vaccination status.
- Portland Area: Washington: 56 cases (current outbreak in Clark County); Oregon: 57 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.
- COVID-19 activity continuing to increase in all three states. Influenza A increasing in Washington.
- AI/AN have a higher risk of more severe disease due to Influenza and COVID-19 but vaccination coverage has significantly dropped (for WA, as of 6/29/26: 27.3% had been vaccinated for influenza and only 12.2% had received at least one 2025-26 COVID-19 vaccine).

Recommendations: Influenza, COVID-19 and RSV

- Updated Influenza and COVID-19 vaccinations decrease risk of ER visits and hospitalizations; recommend ensuring patients are up to date.
- September 1-March 1: RSV vaccination with Pfizer's Abrysvo (only RSV vaccine approved for pregnancy) recommended for those 32-36 weeks pregnant who did not receive RSV vaccine during a prior pregnancy.
- October 1- March 31: RSV monoclonal antibody recommended for AI/AN children ≤ 19 months [infants < 8 months whose mother did not receive the maternal RSV vaccine before or during current RSV season or received it <2 weeks before delivery (nirsevimab or clesrovimab) and for all children age 8-19 months (nirsevimab)].
- RSV vaccinations for adults: One time vaccine for those ≥ 75 years-old or age 50-74 at increased risk.

Recommendations: Measles

- 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

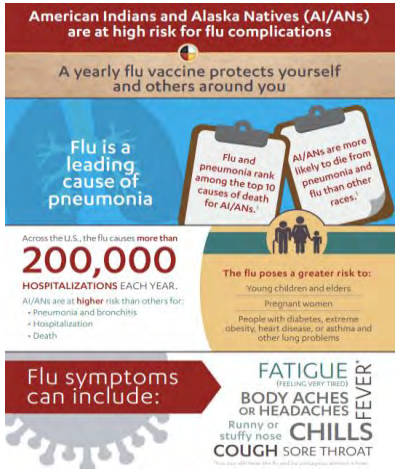
National Council of Urban Indian Health

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/


INDIAN HEALTH SERVICE
PHS · 1955 ·

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)

To request this document in another format, call 1-800-525- 0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov. **DOH 348-1177 July 2026**

doh.wa.gov/sites/default/files/2026-08/348l177-ImportantImmunizationsForAI-ANChildren.pdf